Injuries have a major, but often preventable, impact on the health of Australians of all ages. It is the largest cause of death for those aged under 35, and leaves many with serious disability or long-term conditions. While the majority of injuries are relatively minor and require little or no treatment, more serious injuries may require hospital care or result in death.

**Deaths due to injury**

- Injury was recorded as a cause of 10,668 deaths in 2009–10 in Australia, or 7.6% of all deaths.
- One-third of male injury deaths and almost two-thirds of female cases occurred at ages 65 and older. Less than 2% of cases were at ages younger than 15.
- The most common causes of injury deaths in 2009–10 were falls (32.2%), intentional self-harm (20.8%) and transport accidents (13.9%).
- From 1999–00 to 2009–10, injury deaths comprised a fairly constant proportion of all deaths in Australia, ranging from 7.4% to 8.1%.
- Adjusting for age, injury deaths decreased from 55.1 per 100,000 population in 1999–00 to 46.8 in 2004–05, with little change in more recent years. The injury death rate was 45.4 per 100,000 population in 2009–10.
- For most external causes, rates of injury deaths tended to decline from 1999–00 to 2007–08—by 3.8% per year for transport injury, 3.3% for thermal injury (that is, exposure to smoke, fire, heat and hot substances), 5.5% for drowning, 3.2% for suicide and 5.5% for homicide. Rates of poisoning deaths involving pharmaceuticals fell sharply to 2001–02, then rose by 2.2% per year to 2007–08.
- Rates of fall injury deaths did not show a marked trend (AIHW, forthcoming).

**Hospitalisations due to injury**

- In 2010–11, there were 472,000 hospitalisations due to injury, or 5% of all hospitalisations. Given that some injuries result in more than 1 stay in hospital, it is estimated that these stays involved just over 438,000 people.
- The age group with the highest number of injury-related hospitalisations was people aged 85 and older, at 10,945 hospitalisations per 100,000 population.
- Males were more likely than females to be hospitalised for most types of injury.
- Falls (40%), other unintentional injury (33%) and transport accidents (12%) (mostly motor vehicles) were the 3 main causes of injury. Other unintentional injury covers a broad range of causes, including exposure to electric currents, contact with venomous animals and plants, and being caught or jammed between objects.
• The age-standardised rates of injury-related hospitalisations rose between 1999–00 and 2010–11 by an average of 1% per year. During this time, there were rises in the rates of injury-related hospitalisations due to falls (2% per year), intentional self-harm (1% per year), and assaults (1% per year). There were falls in the rates of injury-related hospitalisations due to poisoning by pharmaceuticals (5% per year) and by other substances (4% per year), and drowning and near drowning (1% per year, and 3% for children aged under 5) (Figure 4.15).

• The number of injury-related hospitalisations per 100,000 population continued to be higher for Aboriginal and Torres Strait Islander people (3,838) than other Australians (1,897).

Note that these data exclude complications of medical and surgical care and conditions that are the consequence of previous injury. The ‘Hospitalisations for injury and poisoning’ indicator in Chapter 9 includes those types of injury.

Figure 4.15

Number of injury-related hospitalisations, by broad type of injury, 1999–00 to 2010–11
What is missing from the picture?
Detailed information on injuries that do not require hospitalisation is not routinely available in Australia. People with less serious injuries often do not seek health care, or interact with the health system by visiting a general practitioner or an emergency department.

There is a lack of detailed information on primary health care (including general practitioners) in Australia. And current national emergency department presentation data do not include information on cause or nature of injury. That type of information will be available as part of the Non-admitted Patient Emergency Department Care National Minimum Data Set from late 2014, so work can begin now on how to best use these data for reporting on injury.

Information on injury could be collected in national population health surveys, as occurs for other health conditions. Injury information was not collected in the latest Australian Bureau of Statistics Australian Health Survey (for 2011–12), nor in recent predecessor surveys.

Where do I go for more information?

Reference
AIHW. Trends in injury deaths, Australia, 1999–00 to 2009–10. Injury research and statistics series. Canberra: AIHW.