

Mortality, males, injury and poisoning (ICD E800–E999)



Figure 1: Age-standardised male death rates, injury and poisoning, 1992



Figure 2: Changes in male death rates, injury and poisoning, 1950-54 to 1992

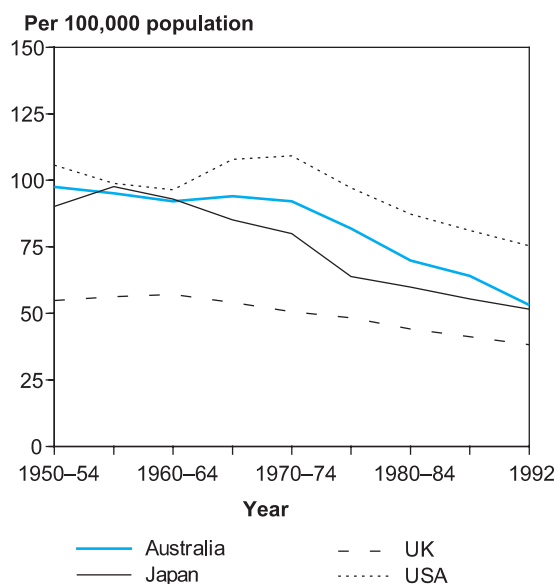


Figure 3: Trends in male death rates, injury and poisoning, 1950-54 to 1992

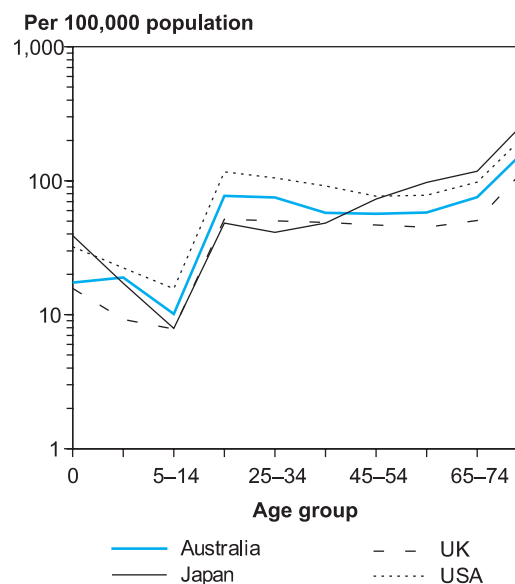


Figure 4: Age-specific male death rates, injury and poisoning, 1992

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Death rates^(a), males, injury and poisoning (per 100,000 population)

Country	1950–54	1960–64	1970–74	1980–84	1992	1993	1994	% change 1950–54 to 1992
Australia	97.5	92.1	92.1	69.8	53.1	50.9	51.2	–45.5
Canada	94.6	92.3	102.0	78.3	56.6	56.6		–40.2
Denmark	79.7	72.7	79.0	74.3	62.9			–21.1
France	91.1	98.5	107.2	96.6	79.0	78.2		–13.3
Germany (FRG)	99.3	97.8	98.9	72.0	56.0	53.4	52.6	–43.6
Greece	—	51.2	53.3	56.8	50.4	51.7	52.3	—
Hong Kong	—	56.9	61.4	44.1	34.3	32.9	30.4	—
Ireland	38.0	43.0	64.3	60.3	52.2			37.4
Israel	—	—	—	47.1	46.6	45.7		—
Italy	62.7	71.5	69.5	57.9	51.9			–17.2
Japan	90.2	93.0	79.9	59.8	51.6	50.4	51.3	–42.8
Netherlands	56.1	59.5	62.8	44.1	34.5	33.8	33.6	–38.5
New Zealand	82.6	74.6	85.7	73.2	71.4	67.0		–13.6
Norway	70.4	69.8	74.1	67.4	56.7	54.1		–19.5
Singapore	—	—	77.1	59.1	53.5	49.5	52.6	—
Spain	48.1	55.4	59.6	54.2	57.2			18.9
Sweden	75.3	75.3	79.4	65.5	50.2	49.1		–33.3
Switzerland	110.1	106.6	99.1	85.4	76.0	68.7	68.6	–31.0
UK	54.8	57.1	50.6	44.1	38.2	36.3	36.1	–30.3
USA	105.7	96.4	109.2	87.3	75.4			–28.7

(a) Age-standardised to the World Standard Population.

Sources: WHO 1988, 1994, 1995a, 1996d.

- The category 'Injury and poisoning' includes several different causes of death, such as road accidents, suicide, accidental falls and homicide. Although the numbers of deaths due to injury and poisoning are evenly distributed among age groups, it is a leading cause of death among adolescents and young adults. In 1996, injury and poisoning accounted for 6% of all deaths in Australia, and 71% of deaths among persons aged 15–24 (ABS 1997).
- The 1992 male death rate for injury and poisoning varied by as much as 100% between developed countries. The rate among Australian males (53 deaths per 100,000 population) is moderate compared to countries such as France, Switzerland, the United States and New Zealand, which had rates in excess of 70 deaths per 100,000 population that year (Figure 1). In contrast, the United Kingdom, the Netherlands and Hong Kong had rates lower than 40 deaths per 100,000 population in 1992. There was only a small variation between the sixth ranked country, Spain, and the 16th ranked country, Sweden.
- Death rates for injury and poisoning have been declining over the past several decades in most developed countries (Figures 2 and 3). The rate for males in Australia declined by an

average of 1.1% per annum between 1950–54 and 1992. This rate of decline was the largest among all comparison countries, and is attributed largely to the decline in fatal road accidents. In contrast, death rates in Spain and Ireland increased since 1950–54.

- Injury and poisoning death rates are the highest in old age (Figure 4). In 1996, accidental falls accounted for 61% of all injury and poisoning deaths for persons aged 75 and over in Australia. This rose to 77% for persons aged 85 and over.

For more information, see:

Commonwealth Department of Health and Family Services and Australian Institute of Health and Welfare 1998. National Health Priority Areas Report: Injury Prevention and Control 1997. Canberra: DHFS and AIHW.
 Bordeaux S & Harrison J 1996. Injury mortality Australia, 1994. Australian Injury Prevention Bulletin, Issue 13. Adelaide: AIHW National Injury Surveillance Unit.

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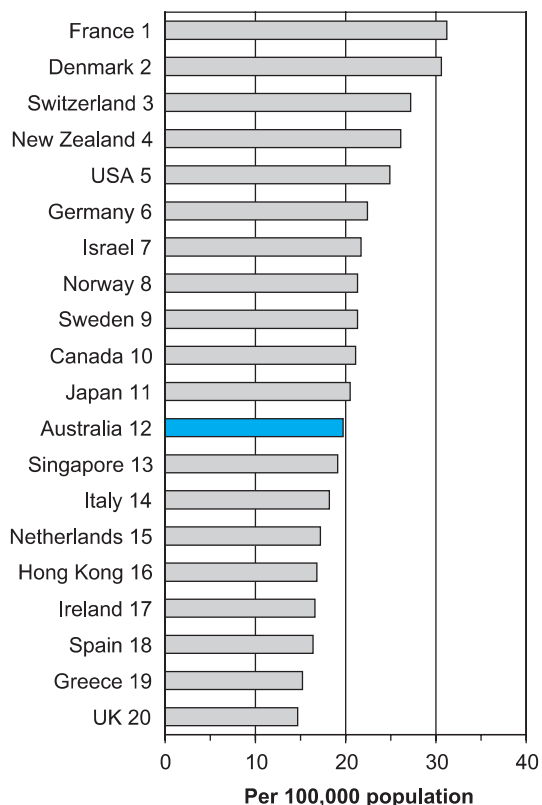


Figure 1: Age-standardised female death rates, injury and poisoning, 1992

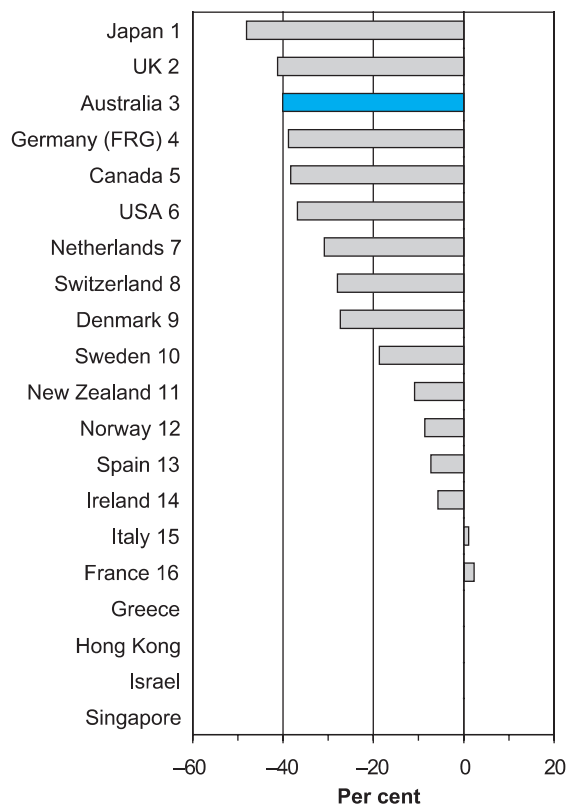


Figure 2: Changes in female death rates, injury and poisoning, 1950-54 to 1992

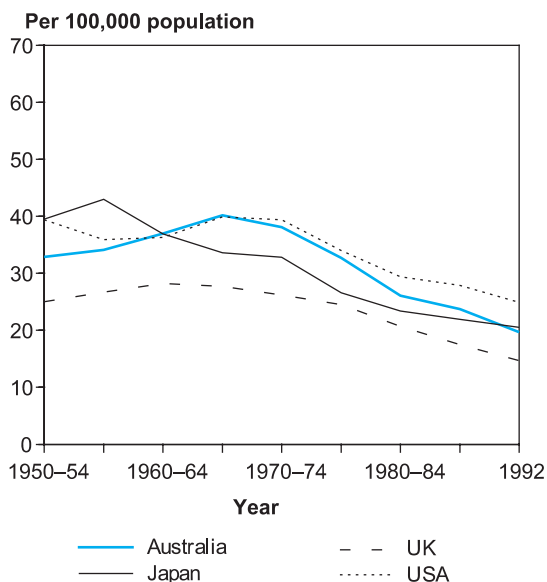


Figure 3: Trends in female death rates, injury and poisoning, 1950-54 to 1992

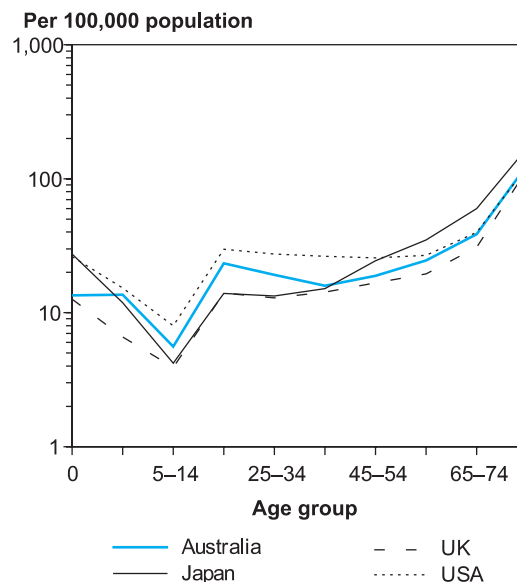


Figure 4: Age-specific female death rates, injury and poisoning, 1992

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Death rates^(a), females, injury and poisoning (per 100,000 population)

Country	1950–54	1960–64	1970–74	1980–84	1992	1993	1994	% change 1950–54 to 1992
Australia	32.9	37.0	38.1	26.1	19.7	17.2	17.9	-40.1
Canada	34.2	33.4	39.8	28.9	21.1	21.6		-38.3
Denmark	42.1	40.3	40.7	38.7	30.6			-27.3
France	30.5	36.8	43.8	40.1	31.2	31.2		2.3
Germany (FRG)	36.6	40.1	44.2	31.9	22.4	20.9	19.6	-38.8
Greece	—	22.5	22.5	23.4	15.2	15.8	16.4	—
Hong Kong	—	30.7	30.9	23.6	16.8	15.9	17.8	—
Ireland	17.6	19.2	27.8	24.3	16.6			-5.7
Israel	—	—	—	21.9	21.7	19.3		—
Italy	18.0	22.7	24.5	21.9	18.2			1.1
Japan	39.5	36.9	32.8	23.4	20.5	19.7	19.7	-48.1
Netherlands	24.9	26.8	32.5	22.7	17.2	15.7	15.6	-30.9
New Zealand	29.3	32.3	40.2	31.6	26.1	23.9		-10.9
Norway	23.3	24.4	25.1	24.3	21.3	19.6		-8.6
Singapore	—	—	26.2	21.9	19.1	16.7	17.3	—
Spain	17.7	16.2	19.2	18.2	16.4			-7.3
Sweden	26.2	29.4	33.2	25.9	21.3	20.7		-18.7
Switzerland	37.8	39.8	39.2	34.1	27.2	26.5	27.3	-28.0
UK	25.0	28.2	26.2	20.7	14.7	14.2	13.5	-41.2
USA	39.4	36.3	39.4	29.4	24.9			-36.8

(a) Age-standardised to the World Standard Population.

Sources: WHO 1988, 1994, 1995a, 1996d.

- Death rates from injury and poisoning are known to be consistently lower for females than for males. In 1992, male:female rate ratios varied from 2.0 in the Netherlands and Hong Kong to 3.5 in Spain. In Australia in 1992, the male rate was 2.7 times higher than the female rate. Death rates for accidental falls, however, are usually higher among females than males.
- Like the male rate, the Australian female death rate of 19.7 per 100,000 population in 1992 was moderate when compared to many other developed countries (Figure 1). France, Denmark, Switzerland and New Zealand had the highest rates—in excess of 25 deaths per 100,000 population—and the United Kingdom the lowest rate at under 15 deaths per 100,000 population.
- In 1992, the contribution of various causes of injury and poisoning fatal outcomes varied markedly between countries. Road accidents accounted for only a small proportion (9–12%) of injury and poisoning deaths in the Scandinavian countries (Denmark, Norway and Sweden), but a large proportion in Greece and Spain (51% and 36%). Suicide accounted for small proportions of injury and poisoning deaths in Greece, Spain and Italy (7–16%), but larger proportions in Asian countries such as Hong Kong and Singapore (53% and 43% respectively). Accidental falls were low in Asian countries (6–10%), and higher in Denmark and Norway (47% and 57% respectively). In Australia, road accidents, suicide and accidental falls accounted for 29%, 21% and 23% respectively of all female injury and poisoning deaths in 1992.
- Injury and poisoning death rates among females in Australia declined by over 40% between 1950–54 and 1992 (Figure 2). This decline was similar in magnitude to that for males. Japan and the United Kingdom also recorded declines in excess of 40%, whereas Italy and France experienced slight increases. The decline in rates for Australian males accelerated in the early 1970s; in contrast, the decline for females began in the mid-1960s (Figure 3).
- Age-specific death rates for injury and poisoning do not rise significantly with increasing age, except for the oldest age groups (Figure 4). The nature and type of injury, however, varies markedly with age.

For more information, see:

Bordeaux S & Harrison J 1996. Injury mortality Australia, 1994. Australian Injury Prevention Bulletin, Issue 13. Adelaide: AIHW National Injury Surveillance Unit.