

Department of Paediatrics and Adolescent Medicine
Li Ka Shing Faculty of Medicine, The University of Hong Kong

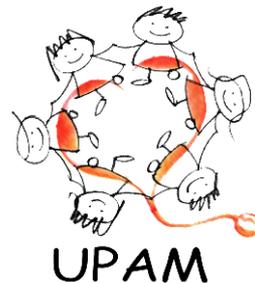
HKU Releases Children Injury Research Report of 18 Districts in Hong Kong

Press Conference

April 26, 2017



LI KA SHING FACULTY OF MEDICINE
THE UNIVERSITY OF HONG KONG
香港大學李嘉誠醫學院



Speakers

Dr Patrick Ip

Clinical Associate Professor

Department of Paediatrics and Adolescent Medicine

Li Ka Shing Faculty of Medicine, HKU

Dr Chow Chun-bong

Honorary Clinical Professor

Department of Paediatrics and Adolescent Medicine

Li Ka Shing Faculty of Medicine, HKU

Mr Wilfred Wong Hing-sang

Honorary Tutor

Department of Paediatrics and Adolescent Medicine

Li Ka Shing Faculty of Medicine, HKU

PRESS CONFERENCE RUNDOWN

- Research objectives and overview
- Research results
 - Hong Kong children's injury situation
 - By district children's injury situation
 - Accidental injury: Fall
 - Intentional injury: Abuse
- Recommendations

RESEARCH OBJECTIVES



Investigate the **incidence and trends** of children seeking A&E services due to injury



Explore the **difference between districts** and in relations to socioeconomic indicators



Summarise and quantify injury pattern of 18 districts and distribute to District Councils for preventive measure implementation



Dig into **specific injury type** and its trend for the design of special preventive measures

RESEARCH OVERVIEW

- **Research Period:** 2001 – 2012 (12 years)
- **No. of research cases:** 742,552
- **Research subjects:** 0-19 children received Accident and Emergency (A&E) services under Hospital Authority (HA) due to injury

DATA COLLECTION METHOD

- There are 3 main datasets:
 1. **Population data** (collect from Census Department)
 2. **Social indicators** (collect from Census Department)
 - i. Household size
 - ii. Median household income
 - iii. Tenure of accommodation
 - iv. Labor force participation
 3. **A&E attendance** (collect from Hospital Authority Patient Database – CDARS system)

CLINICAL DATA ANALYSIS & REPORTING SYSTEM (CDARS)

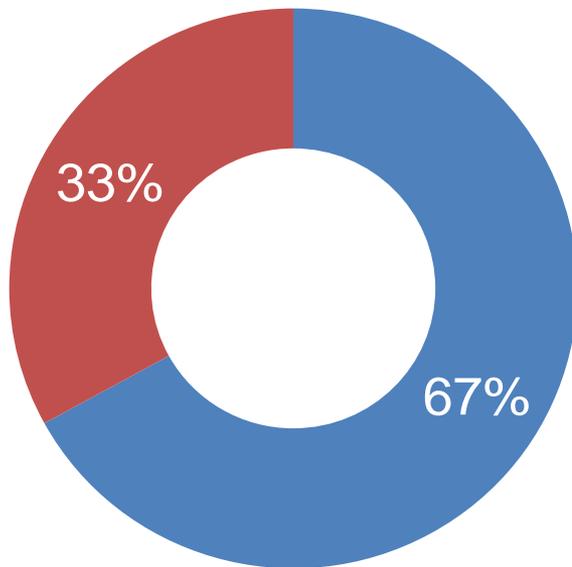
- A tool developed by Hospital Authority (HA) to help users retrieving clinical information captured by other HA IT systems
- A retrospective decision supportive system to support:
 - Clinical Auditing
 - Data analysis and reporting
 - Research
- The injury type, gender and age of the subject, living district and outcome had been retrieved from CDARS for analysis

HONG KONG & BY DISTRICT CHILD INJURY SITUATION

HK CHILD INJURY SITUATION 2001-2012

INJURY CASES AT A&E – SEX & AGE DISTRIBUTION

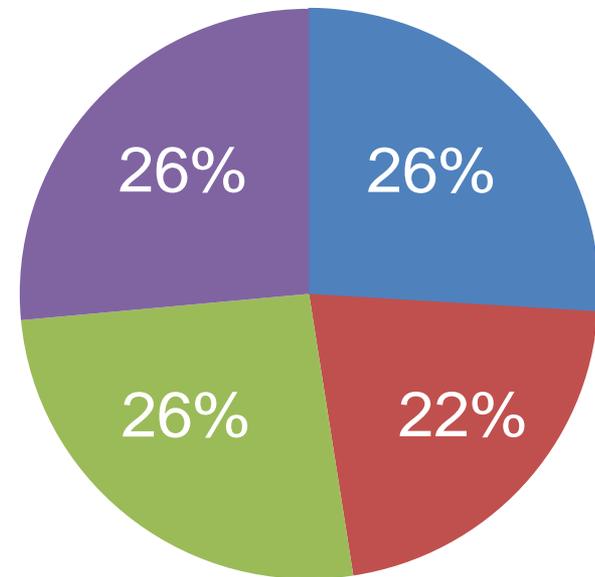
Sex



■ Male ■ Female

Male injury rate **doubled** that of female's.

Age

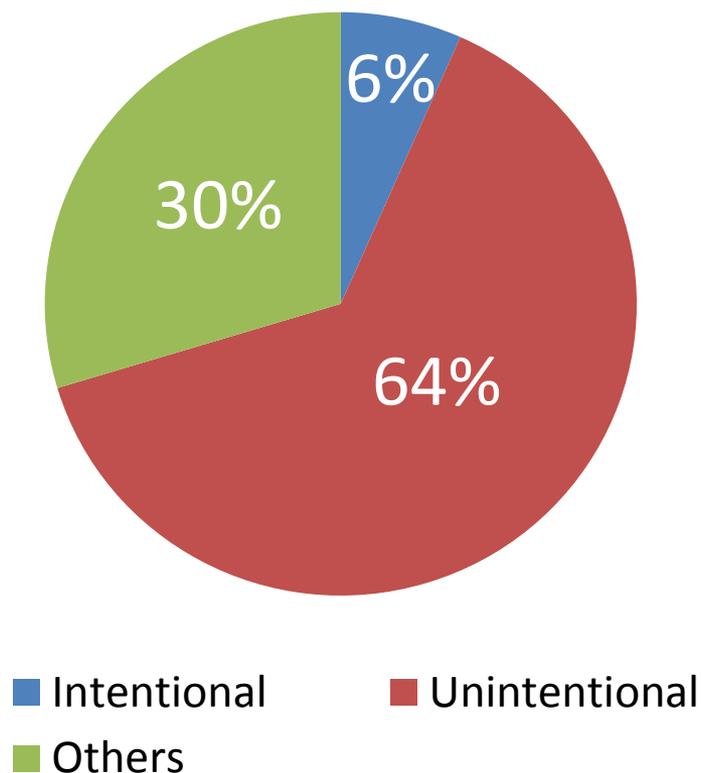


■ 0-4 years old ■ 5-9 years old
■ 10-14 years old ■ 15-19 years old

HK CHILD INJURY SITUATION 2001-2012

RANKING OF INTENTIONAL & UNINTENTIONAL INJURY

Intentional & Unintentional Injury

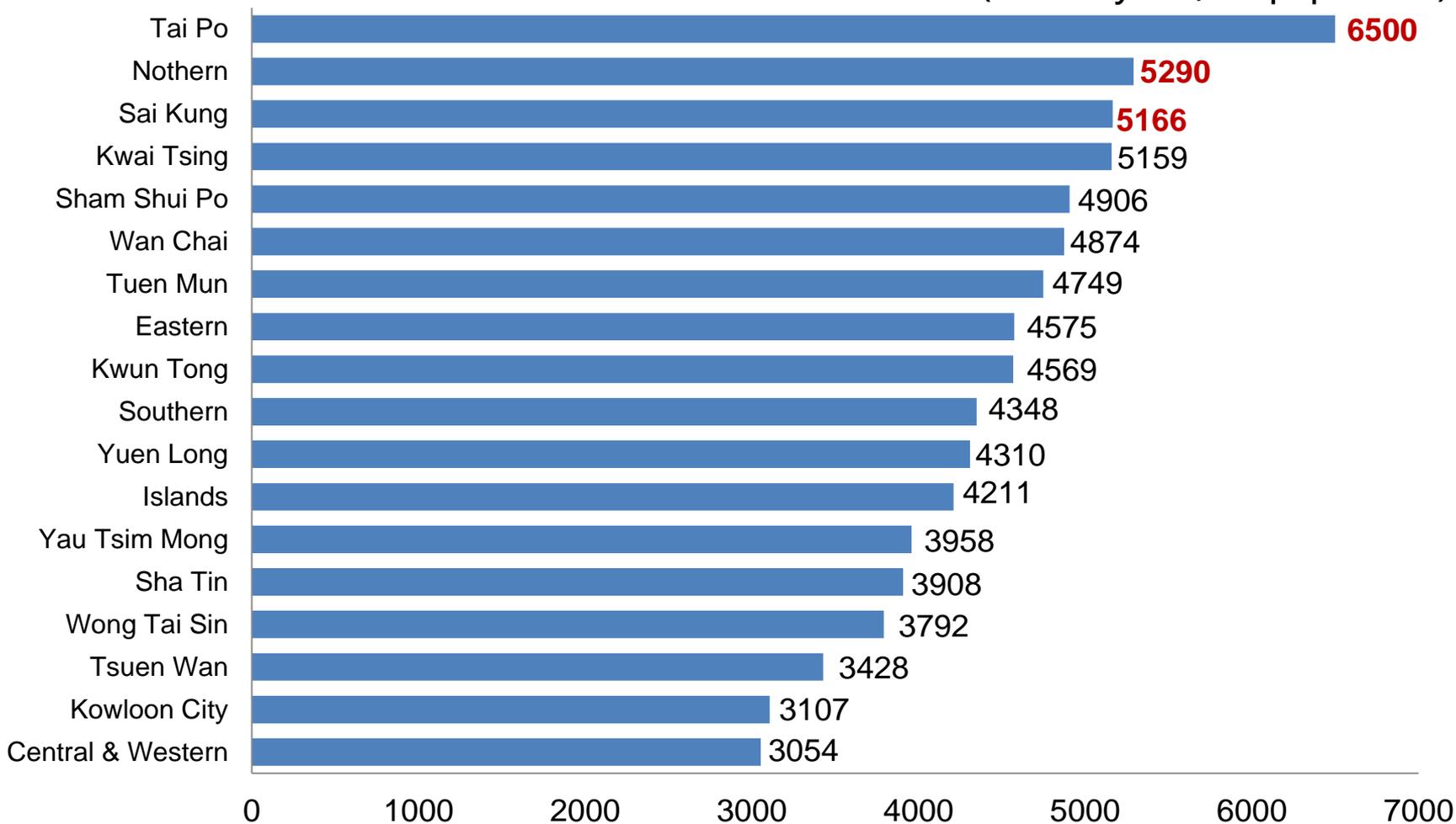


	Injury Type	Category
1.	Domestic	Unintentional
2.	Sports	Unintentional
3.	Common assault	Intentional
4.	Traffic accident	Unintentional
5.	Industrial	Unintentional
6.	Self-harm	Intentional
7.	Abuse	Intentional
8.	Indecent Assault	Intentional

HK CHILD INJURY SITUATION 2001-2012

Highest injury incidence: Tai Po District, Kwai Tsing District & Northern District

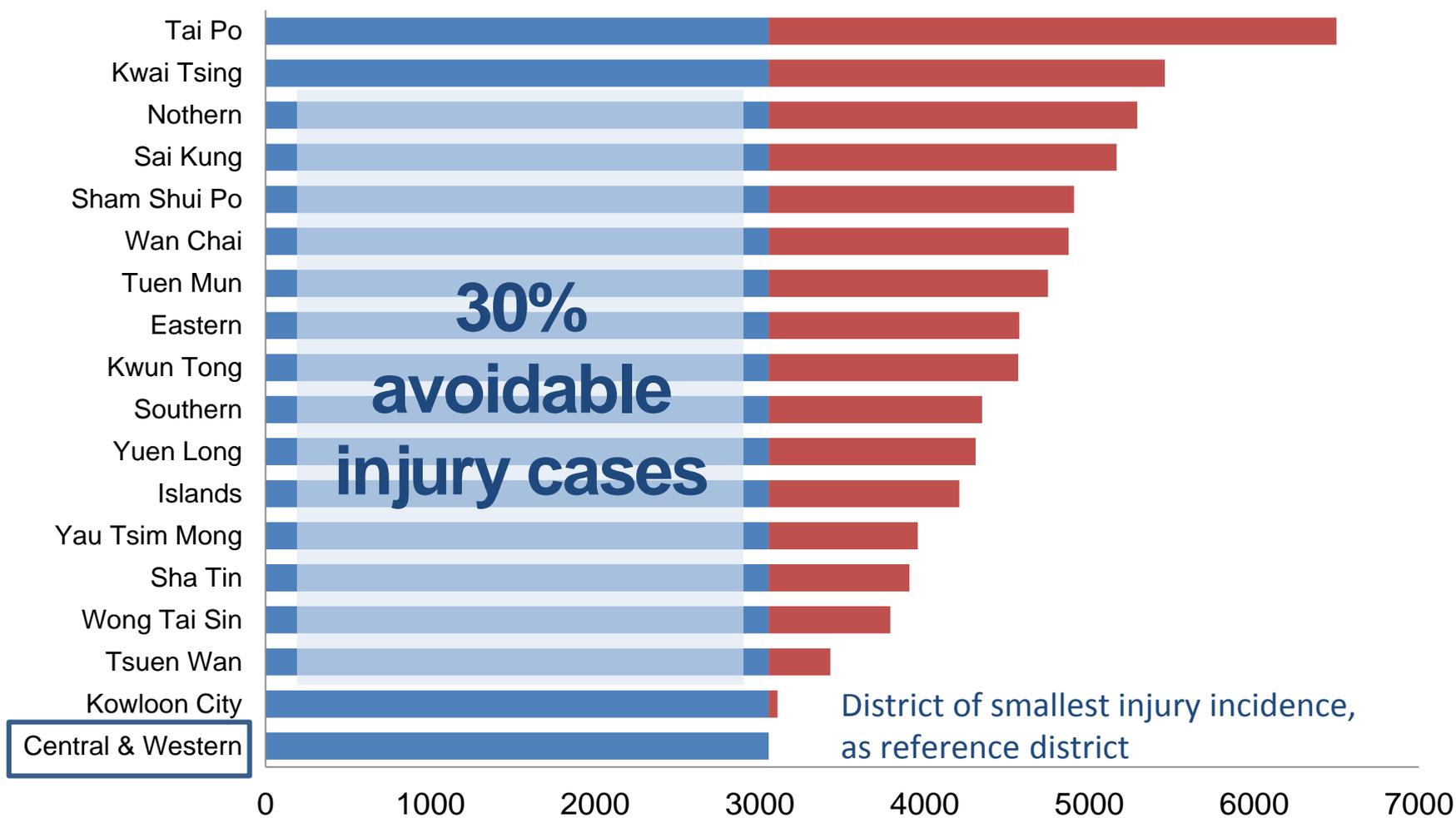
(Per every 100,000 population)



HK CHILD INJURY SITUATION 2001-2012

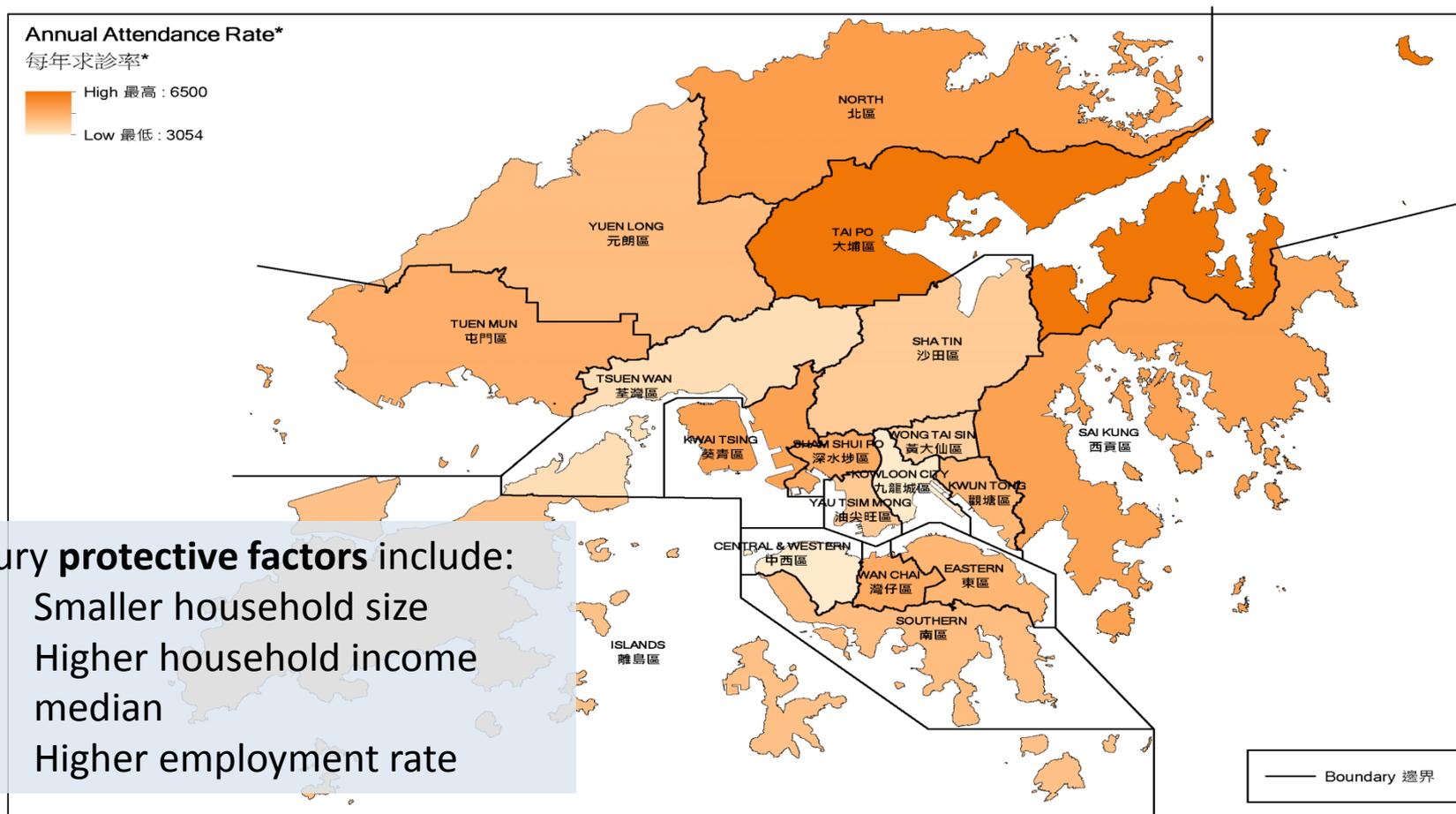
30% of injuries are avoidable, equivalent to HK\$13.6M annually

Avoidable injury : The remainder if all districts reach minimal injury rate



BY DISTRICT CHILD INJURY SITUATION 2001-2012

High socioeconomic districts have lower risks of injury



Injury protective factors include:

1. Smaller household size
2. Higher household income median
3. Higher employment rate

Annual Injury AED Attendance Rates among Children 0-19 Years Old, by District, Hong Kong, 2001-2012

2001-2012年香港按區議會分區0-19歲兒童每年損到症室求診率

*Annual Injury AED Attendance Rate per 100,000 Population 每年每十萬人損傷急症室求診率

Data Source: CDARS, Hospital Authority
資料來源：醫院管理局臨床資料系統

BY DISTRICT CHILD INJURY SITUATION 2001-2012

ANNUAL CHILD INJURY RATE RANKING (FOR EVERY 100,000 POPULATION)

District \ Injury Type	All Injury	Common assault	Indecent assault	Abuse	Self-harm	Traffic accidents	Industrial accidents	Domestic accidents	Sport injury
Tai Po	1	1	10	14	3	1	1	3	1
Northern	2	2	13	11	9	2	4	8	5
Sai Kung	3	9	5	10	6	9	8	5	2
Kwai Tsing	4	4	9	3	15	8	2	2	3
Sham Shui Po	5	6	6	5	10	15	5	1	7
Wan Chai	6	15	11	8	17	5	16	6	4
Tuen Mun	7	5	4	2	13	4	3	16	11
Eastern	8	10	12	9	5	13	13	7	6
Kwun Tong	9	7	2	15	12	14	9	10	9
Southern	10	13	14	4	7	6	10	4	8
Yeun Long	11	3	3	1	14	3	6	17	13
Islands	12	12	8	6	11	17	11	9	10
Yau Tsim Mong	13	11	16	13	2	12	12	11	16
Sha Tin	14	14	17	18	1	7	14	18	14
Wong Tai Sin	15	8	1	7	4	10	7	14	12
Tsuen Wan	16	17	18	16	18	18	15	12	15
Kowloon City	17	16	7	12	8	11	17	15	18
Central & Western	18	18	15	17	16	16	18	13	17

BY DISTRICT CHILD INJURY SITUATION 2001-2012

TAI PO DISTRICT: INTENTIONAL INJURY RANKING & TREND

Intentional Injury				
2001-2012	1	10	14	3
2001-2004	1	7	16	3
2005-2008	1	9	7	2
2009-2012	2	18	17	10
	Common assault	Indecent assault	Abuse	Self-harm

- **Injury of significant improvement:**
Indecent assault, self-harm
- **Injury needing further improvement:**
Common assault

BY DISTRICT CHILD INJURY SITUATION 2001-2012

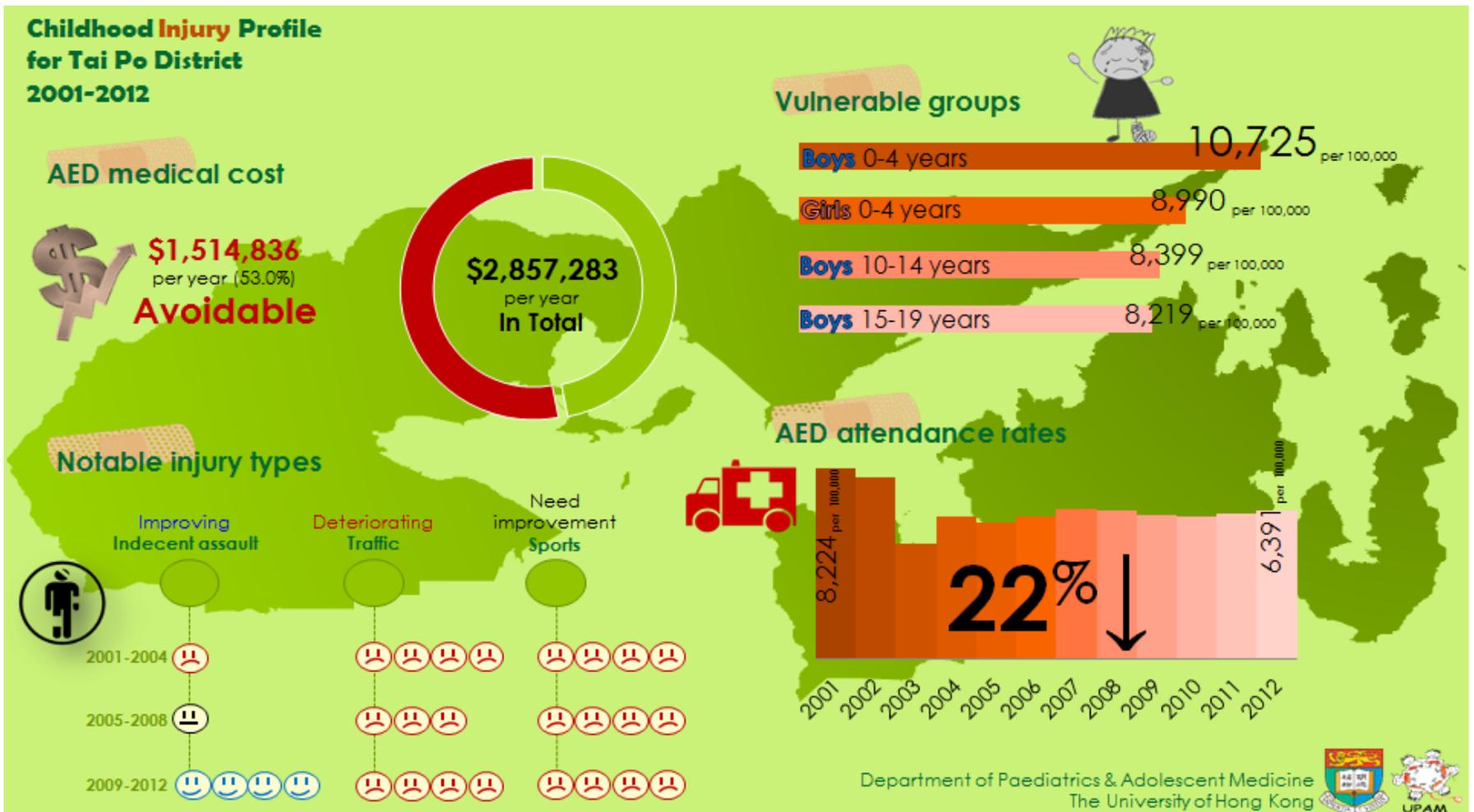
TAI PO DISTRICT: INTENTIONAL INJURY RANKING & TREND

	Unintentional injury			
2001-2012	1	1	3	1
2001-2004	2	1	3	1
2005-2008	4	1	4	1
2009-2012	1	2	5	1
	Traffic accident	Industrial accident	Domestic accident	Sport injury

- Unintentional injury situation is more serious than intentional ones in Tai Po
- **Improved injury:** Domestic & Industrial accident
- **Worsened injury:** Traffic accident

BY DISTRICT CHILD INJURY SITUATION 2001-2012

Child injury pattern by district, for District Councils to follow-up and facilitate understanding of children and the public



SPECIFIC INJURY TYPES:

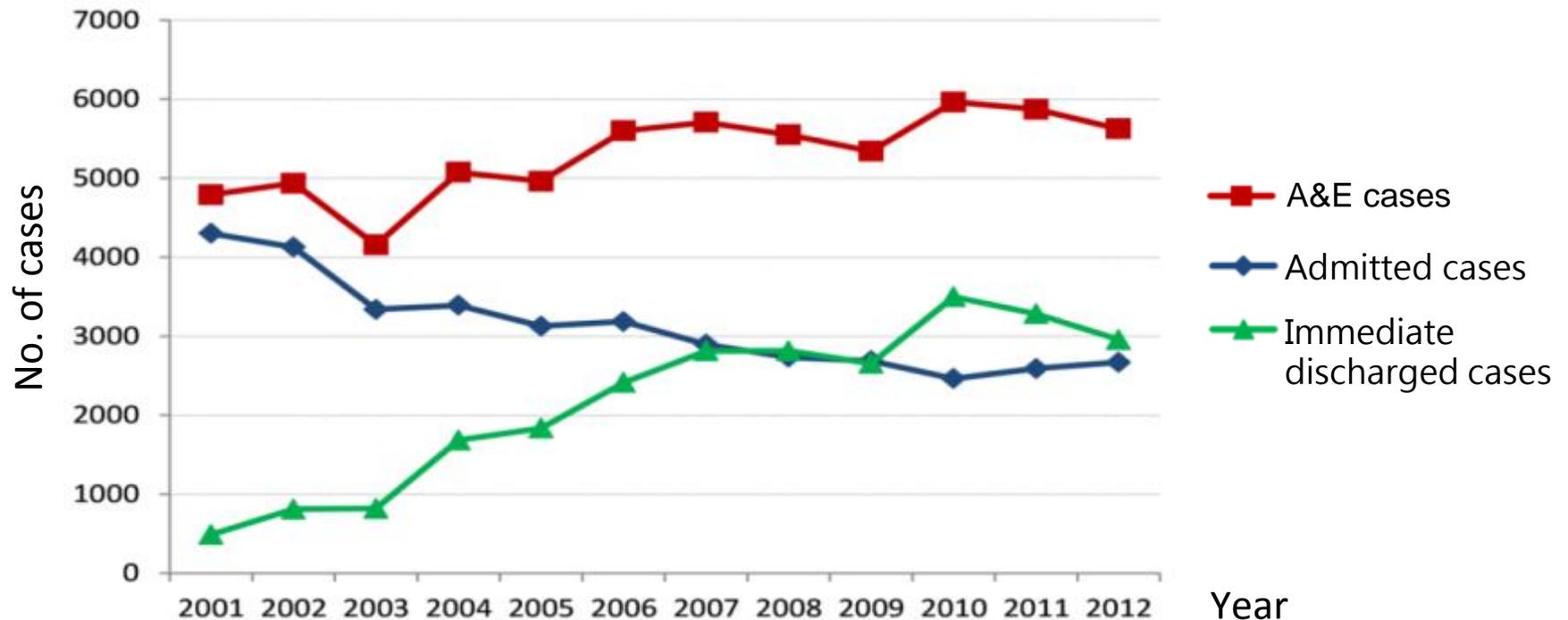
FALL (UNINTENTIONAL INJURY)

ABUSE (INTENTIONAL INJURY)

FALL (UNINTENTIONAL INJURY)

Children's fall cases have an increasing trend

- On average, there are around **5,300 annual cases** using A&E services due to fall
- The increasing trend may be due to parents and caregivers are more aware of injury situations and willing to seek medical assistance.



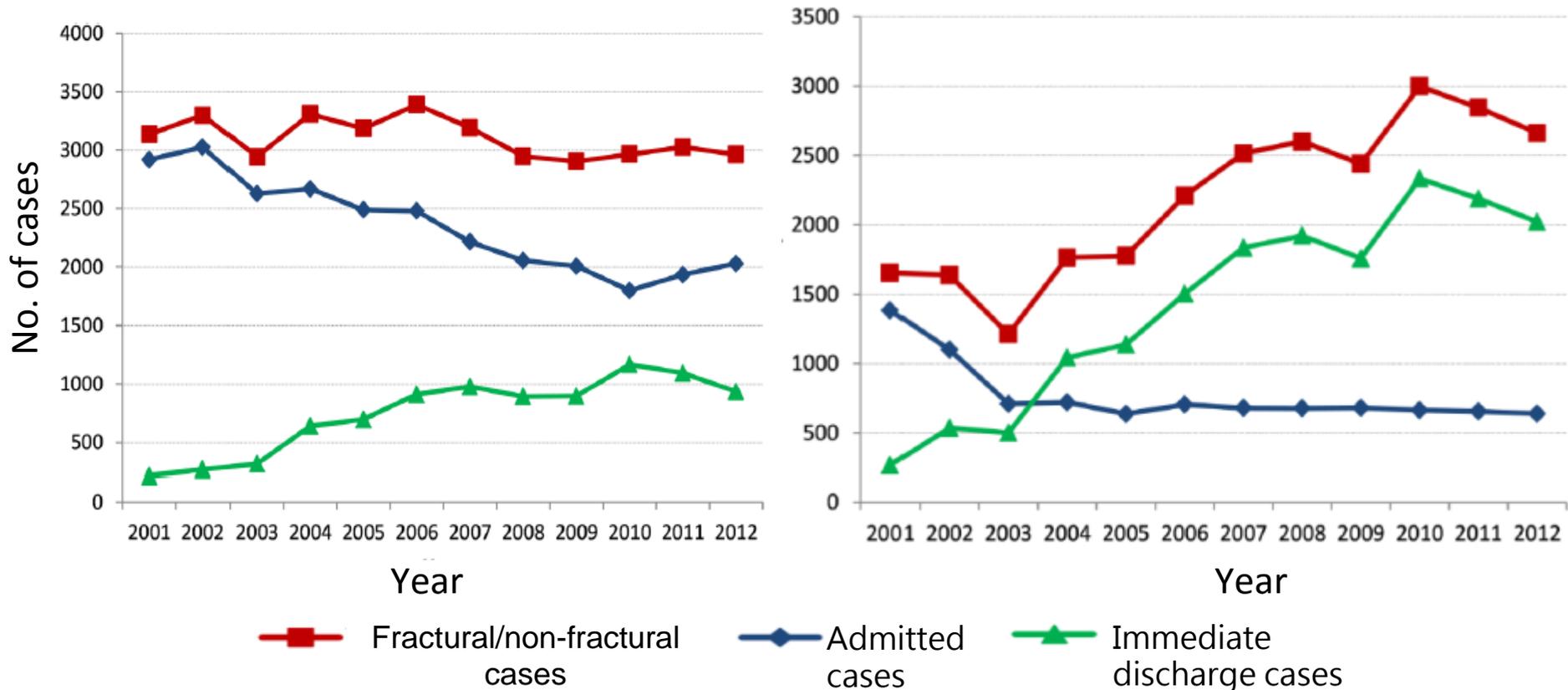
FALL (UNINTENTIONAL INJURY)

Increase of children's fall cases are contributed from non-fractural falls

- Both fractural and non-fractural falls increased

Fractural Fall

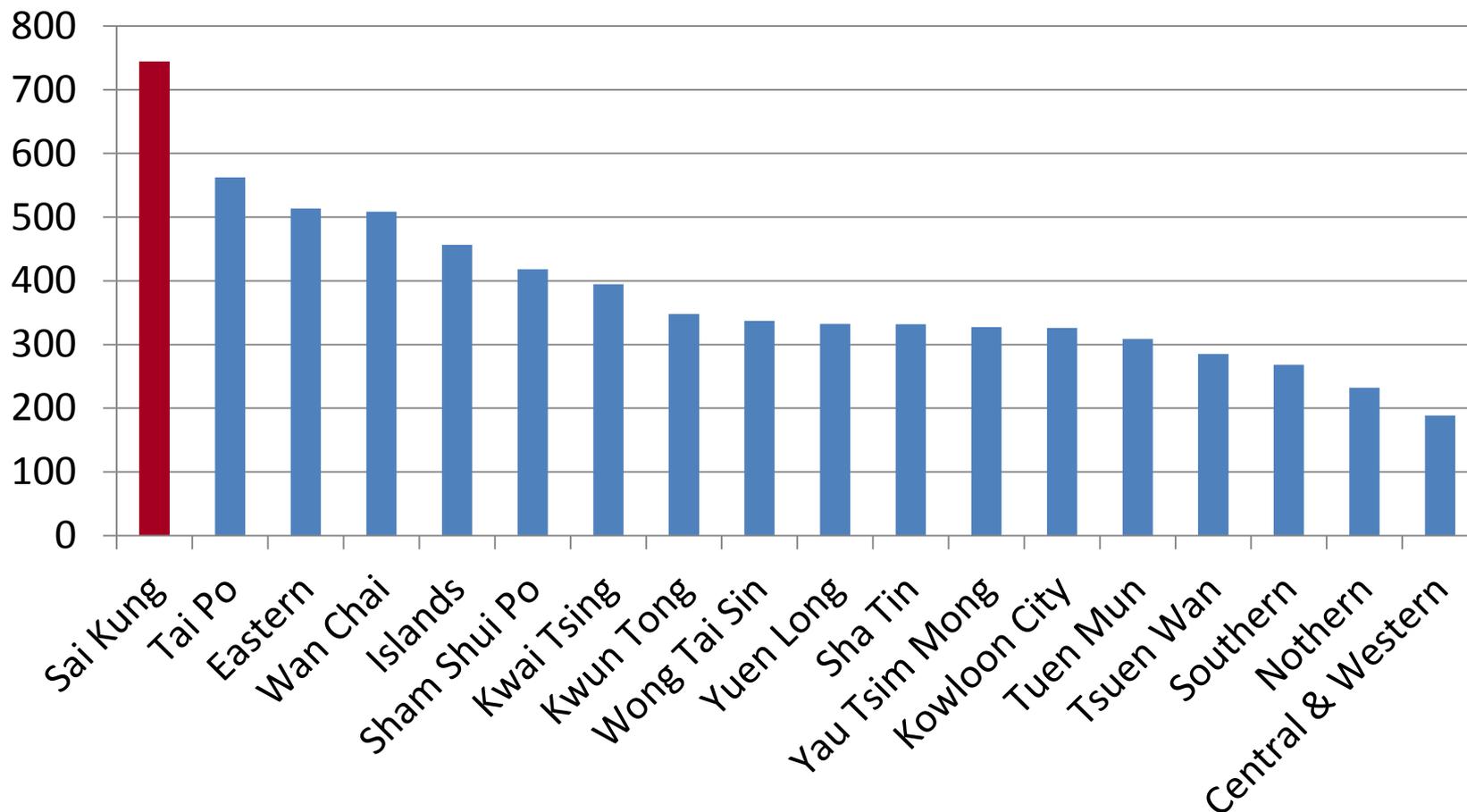
Non-fractural Fall



FALL (UNINTENTIONAL INJURY)

Sai Kung District exhibits the highest fall incidence rate

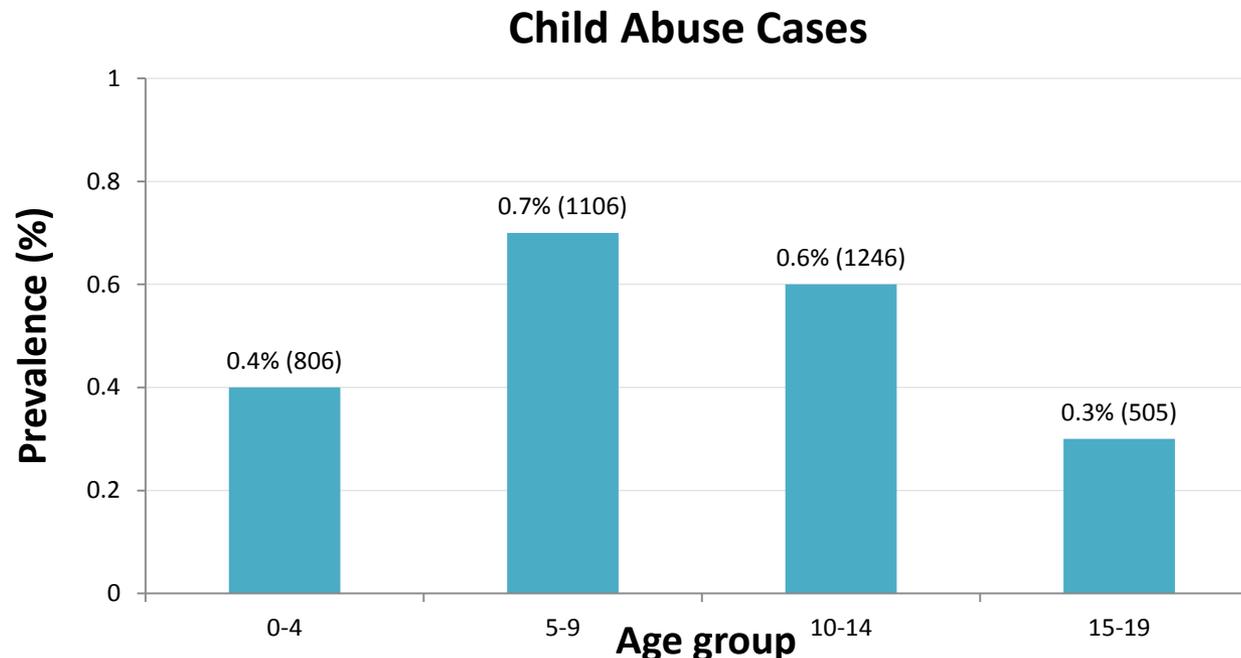
Fall Incident Rate



ABUSE (INTENTIONAL INJURY)

5-9 years olds are at risk group

- There are around 3,700 abuse cases attended A&E departments annually, representing 0.5% of overall injury cases
- 10-14 years old group has the highest number of cases. But 5-9 years old is the at risk group according to the prevalence rate



ABUSE (INTENTIONAL INJURY)

Yuen Long District has the highest attendance rate due to abuse

- Yuen Long District (42.6) reported double cases compared to Sham Shui Po (5th, 21.3) and 4-fold that of Sha Tin (14.1), which has the least abuse attendance rate.

(Per 100,000 population)

42.6	38.3	23.3	22.0	21.3	21.0	20.1	18.7	18.2	17.8	17.6	17.5	17.1	16.3	15.9	14.9	14.5	14.1
Yuen Long	Tuen Mun	Kwai Tsing	Southern	Sham Shui Po	Islands	Wong Tai Sin	Wan Chai	Eastern	Sai Kung	Northern	Kowloon City	Yau Tsim Mong	Tai Po	Kwun Tong	Tsuen Wan	Central & Western	Sha Tin

Abuse cases A&E attendance ranking by district

RECOMMENDATION ON CHILD INJURY SITUATION

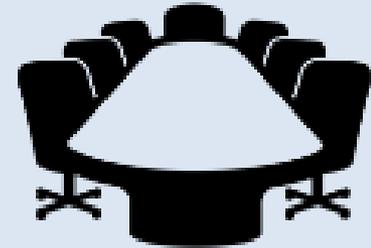
RECOMMENDATION ON CHILD INJURY SITUATION



Establish **injury surveillance** to effectively monitor injury situation for effective resource allocation.



District Councils should review child injury situation in respective districts to support interventions on reducing child injury



Set up **multidisciplinary committee**, including medical professionals, social workers, educators, police, engineers, etc, for holistic advice for injury cases and situations

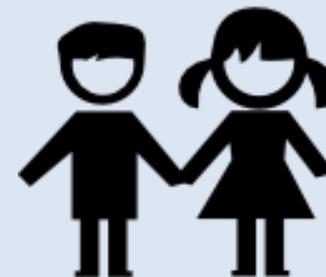
RECOMMENDATION ON CHILD INJURY SITUATION



Improve injury-related database by connecting with other official databases, including traffic statistics of the Hong Kong Police Force & Transportation Department, child abuse data from Social Welfare Department and occupational injury database of Labour Department.



Open the Hospital Authority's database for easier and more effective access by researchers so as to provide ground research for policies.



Establish child central database in a long run to consolidate child-related information for resource planning and usage on child-related issues.

CONCLUSION

CONCLUSION

- Injury is the **major cause** of child mortality and morbidity
- Injury is **costly**
- **30-50%** of injury cases are **preventable**
- Marked **geographical difference in injury patterns** exists between districts
- Local injury data should be used in designing effective **intervention at local and district level**

Q & A

APPENDIX

INJURY PATTERN BY DISTRICT

- Central & Western
- Eastern
- Islands
- Kowloon City
- Kwai Tsing
- Kwun Tong
- Northern
- Sai Kung
- Sha Tin
- Sham Shui Po
- Southern
- Tai Po
- Tsuen Wan
- Tuen Mun
- Wan Chai
- Wong Tai Sin
- Yau Tsim Mong
- Yuen Long

Childhood Injury Profile for Central and Western District 2001-2012

[BACK](#)

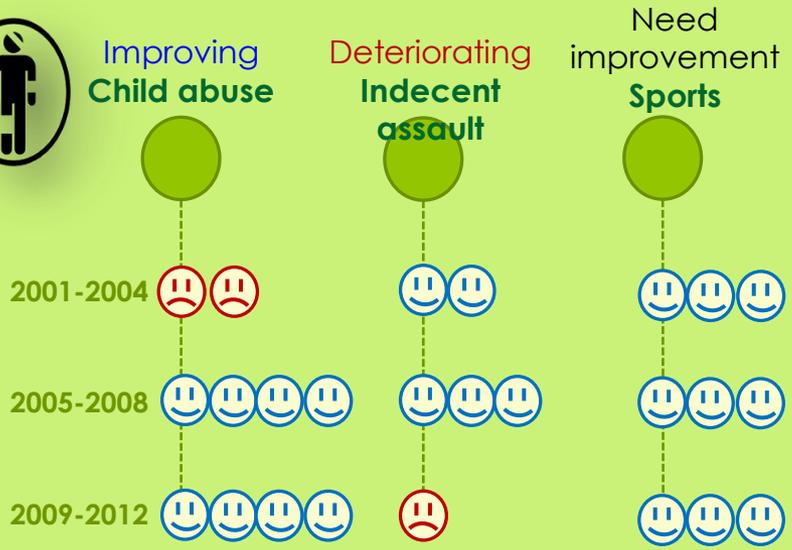
A&E medical cost



Vulnerable groups



Notable injury types



A&E attendance rates



Childhood Injury Profile for Eastern District 2001-2012

[BACK](#)



Vulnerable groups



A&E medical cost



Notable injury types



Improving
Self-harm

Deteriorating
Domestic

Need
improvement
Sports



2001-2004



2005-2008



2009-2012



A&E attendance rates



Childhood Injury Profile for Islands District 2001-2012

[BACK](#)

A&E medical cost

\$247,460
per year (27.5%)
Avoidable



Notable injury types

Improving
Indecent assault

Deteriorating
Industrial

Need improvement
Sports



2001-2004



2005-2008



2009-2012



Vulnerable groups



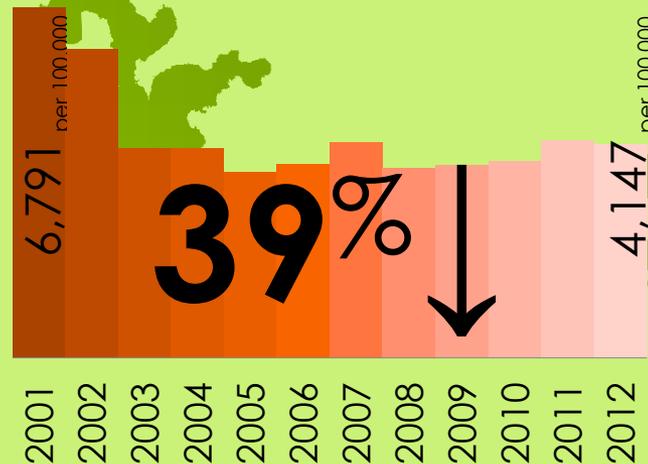
Boys 0-4 years 6,324 per 100,000

Boys 10-14 years 5,540 per 100,000

Boys 5-9 years 5,404 per 100,000

Boys 15-19 years 5,194 per 100,000

A&E attendance rates



Childhood Injury Profile for Kowloon City District 2001-2012

[BACK](#)



Vulnerable groups

Boys 0-4 years **5,206** per 100,000

Girls 0-4 years **3,991** per 100,000

Boys 10-14 years **3,918** per 100,000

Boys 5-9 years **3,897** per 100,000

A&E medical cost

\$24,898 per year (1.7%)
Avoidable

\$1,452,675 per year
In Total

Notable injury types



Improving
Traffic



2001-2004 ☹️

2005-2008 ☹️

2009-2012 😊😊

Deteriorating
Indecent
assault



☹️

😊

☹️☹️☹️☹️

Need
improvement
Self-harm



☹️

☹️

☹️



A&E attendance rates



Childhood Injury Profile for Kwai Tsing District 2001-2012

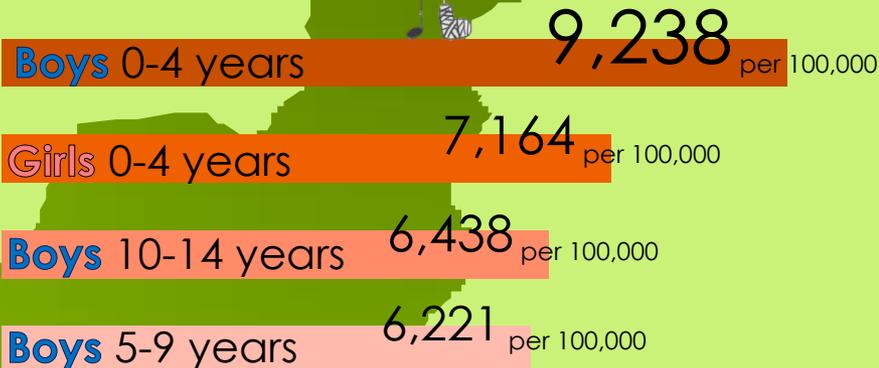
[BACK](#)

A&E medical cost

\$1,471,475
per year (40.8%)
Avoidable



Vulnerable groups



Notable injury types



A&E attendance rates



Childhood Injury Profile for Kwun Tong District 2001-2012

[BACK](#)

A&E medical cost

\$1,200,288
per year (33.2%)
Avoidable



Vulnerable groups



Notable injury types



Improving
Indecent assault

Deteriorating
Sports

Need improvement
Industrial

2001-2004



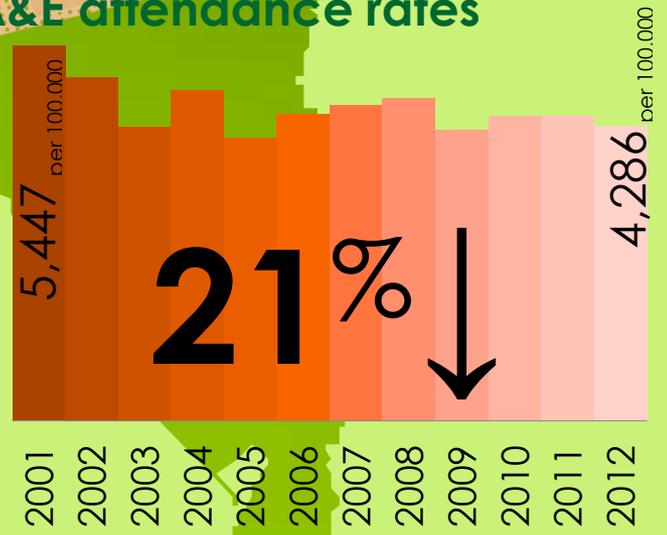
2005-2008



2009-2012



A&E attendance rates



Childhood Injury Profile for North District 2001-2012

[BACK](#)



Vulnerable groups



A&E medical cost

\$1,062,218
per year (42.3%)
Avoidable



Notable injury types



Improving
Child abuse

Deteriorating
Sports

Need
improvement
Traffic

2001-2004



2005-2008



2009-2012



A&E attendance rates



Childhood Injury Profile for Sai Kung District 2001-2012

[BACK](#)

A&E medical cost

\$1,294,241
per year (40.9%)
Avoidable



Vulnerable groups



Notable injury types



Improving
Child abuse

Deteriorating
Domestic

Need
improvement
Sports



2001-2004



2001-2004



2001-2004



2005-2008



2005-2008



2005-2008



2009-2012



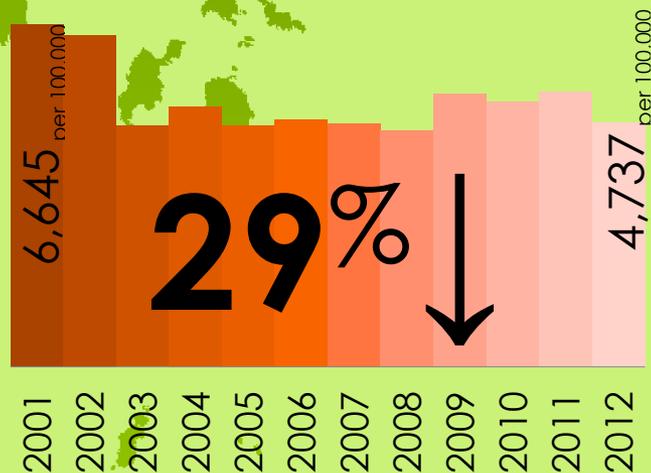
2009-2012



2009-2012



A&E attendance rates



Childhood Injury Profile for Sha Tin District 2001-2012

[BACK](#)

A&E medical cost

\$729,017
per year (21.8%)
Avoidable



Vulnerable groups



Notable injury types



Improving
Self-harm

Deteriorating
Indecent
assault

Need
improvement
Traffic

2001-2004



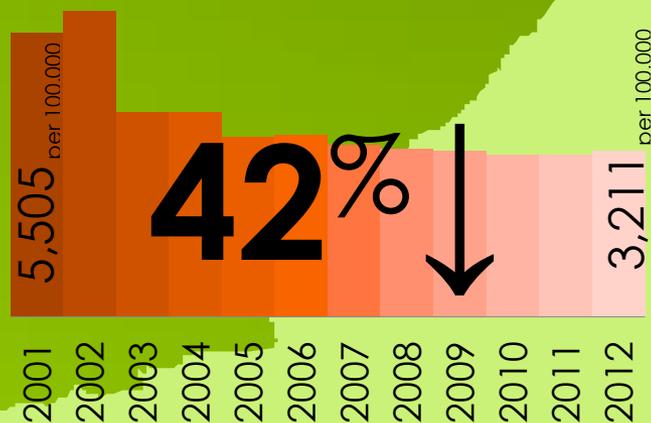
2005-2008



2009-2012



A&E attendance rates



Childhood Injury Profile for Sham Shui Po District 2001-2012

[BACK](#)

A&E medical cost

\$864,341
per year (37.8%)
Avoidable



Vulnerable groups



Notable injury types



Improving
Sports

Deteriorating
Child abuse

Need
improvement
Domestic

2001-2004



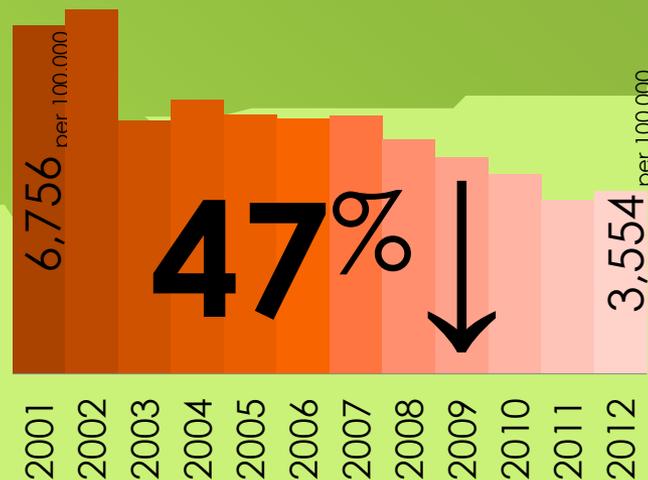
2005-2008



2009-2012



A&E attendance rates



Childhood Injury Profile for Southern District 2001-2012

[BACK](#)



Vulnerable groups



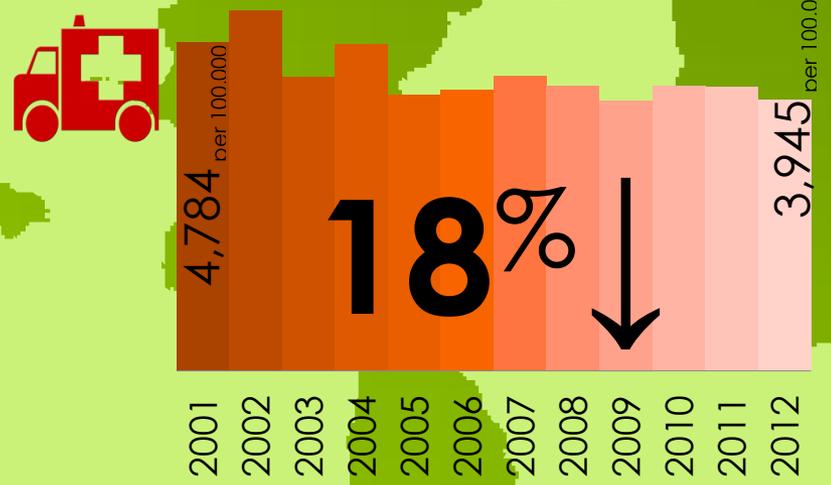
A&E medical cost



Notable injury types



A&E attendance rates



Childhood Injury Profile for Tai Po District 2001-2012

[BACK](#)



Vulnerable groups



A&E medical cost

\$1,514,836
per year (53.0%)
Avoidable



Notable injury types

Improving
Indecent assault

Deteriorating
Traffic

Need improvement
Sports



2001-2004



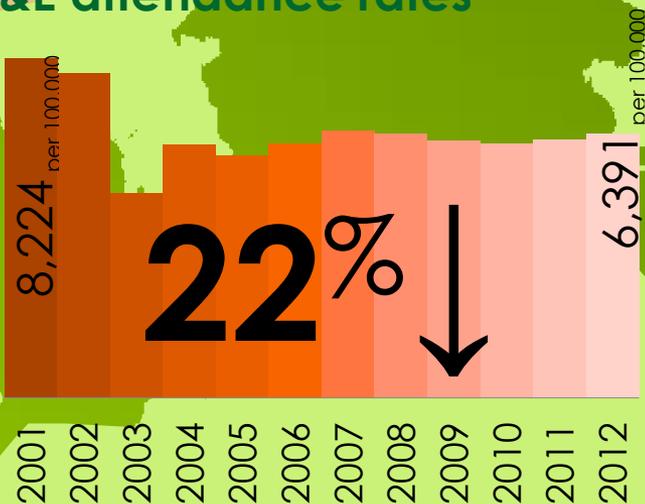
2005-2008



2009-2012



A&E attendance rates



Childhood Injury Profile for Tsuen Wan District 2001-2012

[BACK](#)



Vulnerable groups



A&E medical cost



Notable injury types



Improving
Domestic

Deteriorating
Child abuse

Need
improvement
Industrial

2001-2004



2005-2008



2009-2012



A&E attendance rates



Childhood Injury Profile for Tuen Mun District 2001-2012

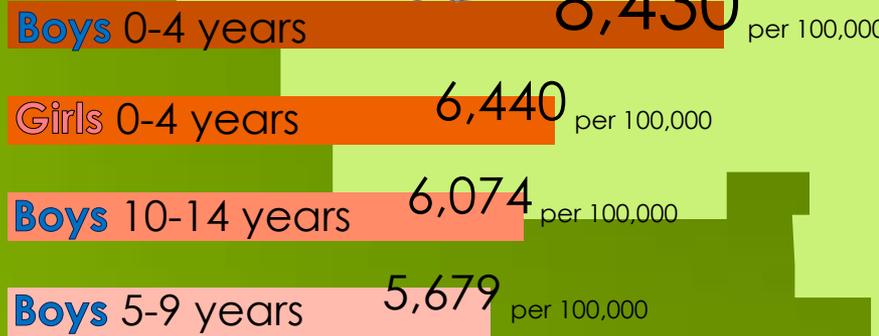
[BACK](#)

A&E medical cost

\$1,264,317
per year (35.7%)
Avoidable



Vulnerable groups



Notable injury types



Improving Sports

Deteriorating Self-harm

Need improvement Child abuse

2001-2004



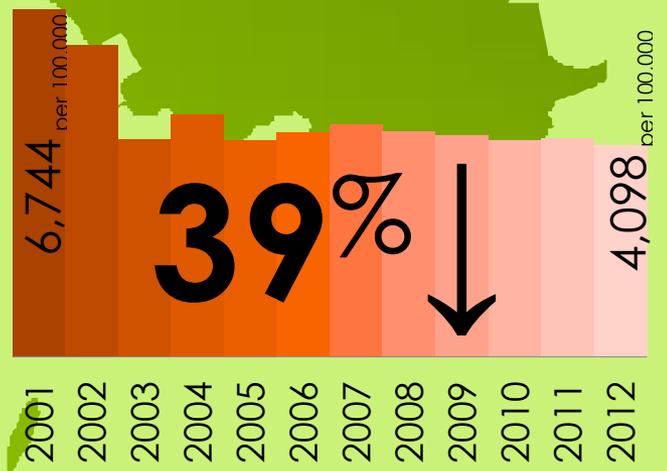
2005-2008



2009-2012



A&E attendance rates



Childhood Injury Profile for Wan Chai District 2001-2012

[BACK](#)

A&E medical cost

\$301,351
per year (37.3%)
Avoidable



Vulnerable groups



Notable injury types



Improving
Domestic

Deteriorating
Indecent
assault

Need
improvement
Traffic

2001-2004



2005-2008



2009-2012



A&E attendance rates



Childhood Injury Profile for Wong Tai Sin District 2001-2012

[BACK](#)



Vulnerable groups



A&E medical cost

\$418,493
per year (19.5%)
Avoidable

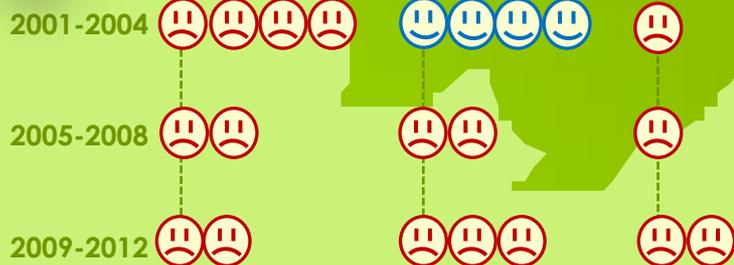


Notable injury types

Improving
Indecent assault

Deteriorating
Child abuse

Need improvement
Common assault



A&E attendance rates



Childhood Injury Profile for Yau Tsim Mong District 2001-2012

[BACK](#)

A&E medical cost

\$320,878
per year (22.8%)
Avoidable



Vulnerable groups



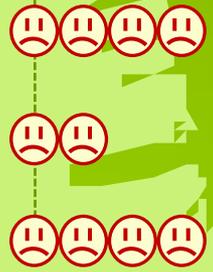
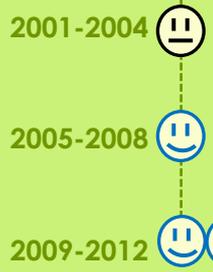
Notable injury types



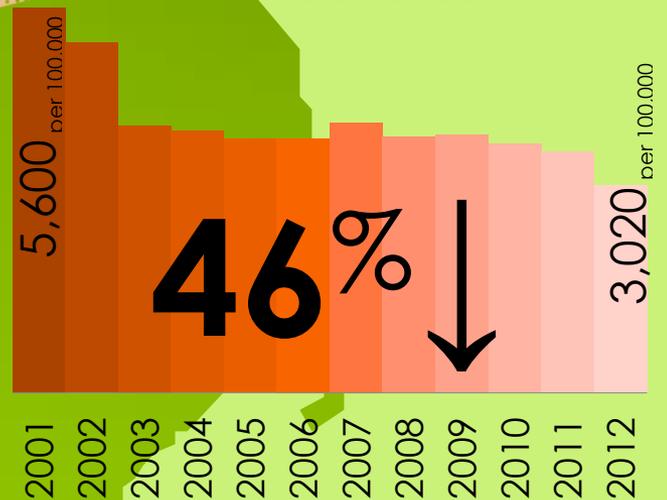
Improving
Traffic

Deteriorating
Industrial

Need
improvement
Self-harm



A&E attendance rates



Childhood Injury Profile for Yuen Long District 2001-2012

[BACK](#)

A&E medical cost

\$1,165,575
per year (29.1%)
Avoidable



Vulnerable groups



Boys 0-4 years 7,975 per 100,000

Girls 0-4 years 6,274 per 100,000

Boys 10-14 years 5,256 per 100,000

Boys 15-19 years 5,140 per 100,000

Notable injury types



Deteriorating
Indecent assault

Need improvement
Child abuse

2001-2004



2005-2008



2009-2012



A&E attendance rates

