Distribution of Injury Deaths and NISS Cases in Rural and Urban Areas of China in 2006

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Outline

- Objectives
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Objectives

- To describe the distribution characters of injury deaths and cases between rural and urban areas in China.
- To provide basic data for injury prevention and control in China.
Methods

- Descriptive analysis of fatal and hospital visit injury data in 2006

- Data resources:
  - Disease Surveillance Points System (DSPs)
  - National Injury Surveillance System (NISS)
Methods

- DSPs – death cause surveillance
  - 161 points (urban: 64; rural: 97)
  - 6% of total population (>73 million)
- Population-based surveillance
- Main variables
  - Individual information
  - General information of death: place, time, *et al.*
  - Death cause
Methods

NISS

- Hospital-based surveillance system
- 43 sites (urban: 20; rural: 23)
- 127 hospitals

Main variables:
- Individual information: name, gender, age, occupation
- Information of injury event: time, place, mechanism, intention, activity
NISS Sites
Results – DSPs injury deaths

- Mortality
  - rural: 55.10/100,000
  - urban: 33.46/100,000

Injury mortality by age in rural and urban areas of China in 2006
Injury mortality by age in male from rural and urban areas of China in 2006

Injury mortality by age in female from rural and urban areas of China in 2006
Results – DSPs injury deaths

- Cause of injury deaths

Injury mortality by cause in rural and urban areas of China in 2006
Results – NISS

- Hospital injury visits
  - Male more than female (2.17 times in urban, 2.09 times in rural)
  - Most were 15-44 yrs

Injury visits by age in rural and urban areas of China in 2006
Results – NISS

Mechanism

Cause of injury in rural and urban areas of China in 2006
Occurring place of injury in rural and urban areas of China in 2006
## Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know</td>
<td>7.79</td>
<td>7.43</td>
<td>8.97</td>
</tr>
<tr>
<td>Others</td>
<td>3.73</td>
<td>3.82</td>
<td>3.56</td>
</tr>
<tr>
<td>Riding</td>
<td>17.09</td>
<td>14.76</td>
<td>21.36</td>
</tr>
<tr>
<td>Housework/study</td>
<td>7.71</td>
<td>7.17</td>
<td>8.70</td>
</tr>
<tr>
<td>Paid work</td>
<td>24.43</td>
<td>25.76</td>
<td>22.00</td>
</tr>
<tr>
<td>Reception</td>
<td>35.63</td>
<td>37.51</td>
<td>32.20</td>
</tr>
<tr>
<td>Sports</td>
<td>3.62</td>
<td>3.85</td>
<td>3.21</td>
</tr>
</tbody>
</table>

Activity while injury occurred in rural and urban areas of China in 2006
Results – NISS surveillance

Intent of injury in rural and urban areas of China in 2006
Results – NISS surveillance

- Clinical character
  - Most patients were minor injured (71.79% in urban, 67.93% in rural), left after treated (76.87% in urban, 68.36% in rural)
  - Major injured body parts were head (30.53%, 29.76%), upper limb (26.64%, 22.93%) and lower limb (20.79%, 21.72%)
Injury deaths

- Mortality was higher in rural areas than urban areas: 1.6 times in total, and higher no matter by age, sex, and cause.
- Similar age distribution in rural and urban areas.
- Same main five causes in rural and urban areas.
Conclusion

- Hospital injury visits
  - Male, youth aged 15-44 yrs were the major patients in both rural and urban areas
  - Leading causes of injury were fall and RTIs in urban and rural areas respectively
  - Distributions in place, activity, intent, and clinical characteristics were similar.
Thank you!

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