ED presentations overall were 24% lower in May 2020 compared to May 2019.

Large ED reductions noted for injuries in:
1. Athletics & sports areas (↓94%)
2. Schools, daycare centres & public administration areas (↓86%)

Injury and poisoning-related ED presentations overall were 26% lower in May 2020 compared to May 2019.

Home injury ED presentations increased: May 2020 (n=12,265) vs May 2019 (n=10,105); proportional to ED caseload, unintentional home injury ED presentations went up by 56% in May 2020.

DIY (Do-It-Yourself) ED presentations increased in May 2020 (n=343) compared to May 2019 (n=194); 65% were males aged 25-64 years.

Transport injury ED presentations decreased slightly: May 2020 (n=1689) vs May 2019 (n=1766); proportional to ED caseload, injuries went up 22%. Cycling ED presentations increased (May 2020: n=376 vs May 2019: n=371).

Farm injury ED presentations increased in May 2020 (n=294) compared to May 2019 (n=239), as well as injuries proportional to ED caseload.

Assault injury (in the home) ED presentations increased in May 2020 (n=175) vs May 2019 (n=118); proportional to ED caseload, home assault injury increased by 91%.

Self-harm injury ED presentations were slightly lower in May 2020 (n=719) vs May 2019 (n=773); proportional to caseload, self-harm injury increased by 22%. Common mechanism was poisoning/toxic effects.

Given the overall reduction in health service use through the ED in May 2020 compared to May 2019, the number of injuries presented in this bulletin are likely to represent a smaller proportion of total injuries than in the previous year.
BACKGROUND
In response to the global COVID-19 pandemic, Australia, including Victoria, has implemented physical distancing to limit transmission of the coronavirus. This monthly bulletin monitors injury rates related to the home (including DIY injuries), farm, transport, self-harm and assault during the COVID-19 pandemic. This bulletin is a special VISU initiative, in addition to the usual annual reporting; VISU intends to produce these reports throughout the duration of the pandemic. This third edition of the bulletin examines rates in Victoria during May 2020 relative to the same time last year.

METHOD
Data used to compile this bulletin were extracted from the Victorian Emergency Minimum Dataset (VEMD), which holds deidentified clinical records of presentations at Victorian public hospitals with designated 24-hour emergency departments (EDs) (currently 38 hospitals). ED presentations from 1 May 2019 to 31 May 2020 were analysed for this bulletin. A detailed outline of the methods used for case selection are provided in the Appendix section of this report. For more information on methods used by the Victorian Injury Surveillance Unit see here and background information and pre-COVID statistics see here.

KEY INJURY GROUPS

HOME  DIY  FARM  TRANSPORT  SELF-HARM  ASSAULT (home)
ED HEALTH SERVICE UTILISATION BEFORE THE CORONAVIRUS PANDEMIC AND DURING THE THIRD MONTH OF RESTRICTIONS

ED presentations in Victoria decreased from 156,708 ED presentations in May 2019 to 118,793 in May 2020: a 24% reduction. This should be seen in context of a steady growth in ED presentations (3.6% per year), which was observed in recent years in Victoria. Age standardised rates were 28,048 per 100,000 population per year in May 2019 vs 20,980 per 100,000 population per year in May 2020.

**Respiratory illness or virus-related ED presentations:**

- **Viral infection, unspecified:** 4,548 vs 1,638 (May 2019 vs May 2020)
- **Upper respiratory infection, unspecified:** 1,668 vs 639 (May 2019 vs May 2020)
- **Pneumonia (broncho- or lobar):** 1,259 vs 723 (May 2019 vs May 2020)
- **Asthma:** 1,785 vs 586 (May 2019 vs May 2020)
Common ED presentations not related to viral or respiratory illness

- **Syncope/collapse**: 1,869 vs 1,435 (May 2019 vs May 2020)
- **Urinary tract infection**: 1,690 vs 1,405 (May 2019 vs May 2020)
- **Abdominal pain, unspecified**: 6,586 vs 5,982 (May 2019 vs May 2020)

**Potentially life-threatening** presentations not related to viral or respiratory illness

- **Myocardial infarction**: 721 vs 613 (May 2019 vs May 2020)
- **Angina pectoris**: 398 vs 318 (May 2019 vs May 2020)
- **Stroke**: 858 vs 693 (May 2019 vs May 2020)
- **Pulmonary embolism**: 197 vs 190 (May 2019 vs May 2020)
- **Appendicitis**: 715 vs 596 (May 2019 vs May 2020)
SUMMARY: EMERGENCY DEPARTMENT HEALTH SERVICE USE FINDINGS (VIC)

ED presentations overall decreased by 24% from 156,708 in May 2019 to 118,793 in May 2020.

In May 2020, ED service use for respiratory diseases overall was 63% lower compared to May 2019: upper respiratory infection (↓62%), asthma (↓67%) and pneumonia (↓43%).

In May 2020, ED presentations for potentially life-threatening conditions such as myocardial infarction/heart attack (↓15%) and stroke (↓19%) were reduced compared to May 2019.

ED presentations for injury & poisoning was 26% lower in May 2020 compared to May 2019.

Major reductions in injury & poisoning cases occurred in:
- Athletics & sports areas (↓94%)
- School, daycare centres & public administration areas (↓86%)

Increases in injury and poisoning cases occurred in:
- Home locations (↑21%)
- Farm locations (↑23%)
This suggests that in May 2020:

- The reduction in ED presentations potentially indicates missed opportunities for early treatment and intervention.

- Physical distancing measures may have reduced transmission of the common cold and flu virus; whether this is the case, and to what extent this has affected rates of respiratory illness in Victoria, needs further investigation.

- Non-urgent health issues may have been presented to the GP or Nurse on Call instead of the ED; this needs to be investigated further to identify potential gaps in service utilisation during the pandemic.

- Differences in exposure in May 2020 compared to this period in 2019, in particular more time spent at home and less time spent in school and sporting areas, has had a pronounced effect on the profile of injuries presented to the ED.
Unintentional Home Injury

- The total number of unintentional home injuries increased in May 2020 compared to May 2019; this increase was observed both in the number of ED presentations and in the number of cases proportional to ED caseload (including only cases that were not directly or indirectly related to viral or respiratory illness).

- Given the overall reduction in health service utilisation through the ED (for non-viral or respiratory illness issues) in May 2020 vs May 2019, the number of home injuries presented in this bulletin are likely to represent a smaller proportion of total injuries than in the previous year.

- Both in May 2019 and in May 2020, falls were the most common cause of unintentional home injury.

- Open wounds and fractures were the most common injury types, both in May 2019 and May 2020.

---

**ED Presentations by Triage Status for Home Injury in Victoria, May 2019 to May 2020**

Data selection methods are explained in the Appendix section.

---

<table>
<thead>
<tr>
<th>Triage status</th>
<th>Injury cases</th>
<th>ED Presentations*</th>
<th>Ratio</th>
<th>Injury cases</th>
<th>ED Presentations*</th>
<th>Ratio</th>
<th>Change in case numbers</th>
<th>Change in ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resuscitation</td>
<td>13</td>
<td>390</td>
<td>0.033</td>
<td>43</td>
<td>350</td>
<td>0.123</td>
<td>+231%</td>
<td>+269%</td>
</tr>
<tr>
<td>Emergency</td>
<td>618</td>
<td>7246</td>
<td>0.085</td>
<td>773</td>
<td>6453</td>
<td>0.120</td>
<td>+25%</td>
<td>+40%</td>
</tr>
<tr>
<td>Urgent</td>
<td>2762</td>
<td>24431</td>
<td>0.113</td>
<td>3417</td>
<td>20363</td>
<td>0.168</td>
<td>+24%</td>
<td>+48%</td>
</tr>
<tr>
<td>Semi-urgent</td>
<td>5474</td>
<td>25932</td>
<td>0.211</td>
<td>6644</td>
<td>18577</td>
<td>0.358</td>
<td>+21%</td>
<td>+69%</td>
</tr>
<tr>
<td>Non-urgent</td>
<td>1238</td>
<td>4725</td>
<td>0.262</td>
<td>1388</td>
<td>3043</td>
<td>0.456</td>
<td>+12%</td>
<td>+74%</td>
</tr>
<tr>
<td>Total</td>
<td>10105</td>
<td>62724</td>
<td>0.161</td>
<td>12265</td>
<td>48786</td>
<td>0.251</td>
<td>+21%</td>
<td>+56%</td>
</tr>
</tbody>
</table>

*For VEMD caseload calculations, only ED presentations that were considered unlikely to be directly or indirectly related to the pandemic were included. (See Appendix for details).
DO-IT-YOURSELF (DIY) INJURY PRESENTATIONS TO THE ED

- Do-it-yourself injury case selection is based on text analysis of ED narrative information, and subject to data quality. Given these methodological limitations, the number of DIY injuries are likely to be underestimated by these statistics.

- The figure below lists the range of DIY injuries presenting to the ED in May 2020 compared with May 2019. There was an increase in DIY injuries (mostly superficial injuries, injury to muscle or tendon, open wounds, foreign body and eye injury) presenting to the ED from 194 in May 2019 to 343 in May 2020 (77% increase).

- The majority (65%) were males aged 25-64 years.

### Unintentional Home Injury: Ten Most Common DIY Injury Causes

<table>
<thead>
<tr>
<th>Injury Cause</th>
<th>May-19</th>
<th>May-20</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact with powered grinder</td>
<td></td>
<td>+17</td>
<td>+51</td>
</tr>
<tr>
<td>Contact with powered saw</td>
<td></td>
<td>+17</td>
<td>+51</td>
</tr>
<tr>
<td>Contact with chainsaw</td>
<td></td>
<td>+24</td>
<td>+76</td>
</tr>
<tr>
<td>Contact with powered drill</td>
<td></td>
<td>+18</td>
<td>+54</td>
</tr>
<tr>
<td>Contact with powered lawn mower</td>
<td></td>
<td>+8</td>
<td>+26</td>
</tr>
<tr>
<td>Contact with welding equipment</td>
<td></td>
<td>+11</td>
<td>+33</td>
</tr>
<tr>
<td>Contact with...</td>
<td></td>
<td>+2</td>
<td>+6</td>
</tr>
<tr>
<td>Fall from tree/cutting/removed</td>
<td></td>
<td>+7</td>
<td>+21</td>
</tr>
<tr>
<td>Contact with hand/table saw</td>
<td></td>
<td>+5</td>
<td>+16</td>
</tr>
<tr>
<td>Contact with powered nail gun</td>
<td></td>
<td>+3</td>
<td>+9</td>
</tr>
</tbody>
</table>

DIY case selection methods are explained in the Appendix section. Ladder falls (specifically) are not included as they were not in the top ten most common DIY injury causes.
• The total number of unintentional farm injuries was slightly higher in May 2020 than in May 2019; proportional to ED caseload (including only cases that were not directly or indirectly related to viral or respiratory illness), ED presentations for unintentional farm injury increased.

• The numbers of farm injuries increased in all triage groups.

• Given the overall reduction in health service utilisation through the ED (for non-viral or respiratory illness issues) in May 2020 vs May 2019, the number of farm injuries presented in this bulletin are likely to represent a smaller proportion of total injuries than in the previous year.

<table>
<thead>
<tr>
<th>Triage status</th>
<th>Injury cases May-19</th>
<th>ED Presentations* May-19</th>
<th>Ratio May-19</th>
<th>Injury cases May-20</th>
<th>ED Presentations* May-20</th>
<th>Ratio May-20</th>
<th>Change in case numbers</th>
<th>Change in ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resuscitation, Emergency</td>
<td>39</td>
<td>7636</td>
<td>0.005</td>
<td>49</td>
<td>6803</td>
<td>0.007</td>
<td>+26%</td>
<td>+41%</td>
</tr>
<tr>
<td>Urgent</td>
<td>61</td>
<td>24431</td>
<td>0.002</td>
<td>88</td>
<td>20363</td>
<td>0.004</td>
<td>+44%</td>
<td>+73%</td>
</tr>
<tr>
<td>Semi-urgent</td>
<td>121</td>
<td>25932</td>
<td>0.005</td>
<td>133</td>
<td>18577</td>
<td>0.007</td>
<td>+10%</td>
<td>+53%</td>
</tr>
<tr>
<td>Non-urgent</td>
<td>18</td>
<td>4725</td>
<td>0.004</td>
<td>24</td>
<td>3043</td>
<td>0.008</td>
<td>+33%</td>
<td>+107%</td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>62724</td>
<td>0.004</td>
<td>294</td>
<td>48786</td>
<td>0.006</td>
<td>+23%</td>
<td>+58%</td>
</tr>
</tbody>
</table>

*For VEMD caseload calculations, only ED presentations that were considered unlikely to be directly or indirectly related to the pandemic were included. (See Appendix for details).
The total number of ED presentations for transport injury was lower in May 2020 than in May 2019. Proportional to ED caseload (including only cases that were not directly or indirectly related to viral or respiratory illness issues), however, transport injury presentations increased.

Given the overall reduction in health service utilisation through the ED (for non-viral or respiratory illness issues) in May 2020 vs May 2019, the number of transport injuries presented in this bulletin are likely to represent a smaller proportion of total injuries than in the previous year.

The decrease in the number of transport injury-related ED presentations was observed in all adult age groups, for males and females, but not among children aged 14 years or younger: in this age group, the number of cases increased by 78% (May 2020 compared to May 2019).

Pedal cyclist injuries increased in May 2020 compared to May 2019; this was observed in the number of ED presentations as well as relative to ED caseload. This is in the context of an observed concomitant decrease in injuries among other road users.

<table>
<thead>
<tr>
<th>Triage status</th>
<th>Injury cases</th>
<th>ED Presentations*</th>
<th>Ratio</th>
<th>Injury cases</th>
<th>ED Presentations*</th>
<th>Ratio</th>
<th>Change in case numbers</th>
<th>Change in ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resuscitation</td>
<td>30</td>
<td>390</td>
<td>0.077</td>
<td>30</td>
<td>350</td>
<td>0.086</td>
<td>0%</td>
<td>+11%</td>
</tr>
<tr>
<td>Emergency</td>
<td>455</td>
<td>7246</td>
<td>0.063</td>
<td>421</td>
<td>6453</td>
<td>0.065</td>
<td>-7%</td>
<td>+4%</td>
</tr>
<tr>
<td>Urgent</td>
<td>731</td>
<td>24431</td>
<td>0.030</td>
<td>677</td>
<td>20363</td>
<td>0.033</td>
<td>-7%</td>
<td>+11%</td>
</tr>
<tr>
<td>Semi-urgent</td>
<td>501</td>
<td>25932</td>
<td>0.019</td>
<td>477</td>
<td>18577</td>
<td>0.026</td>
<td>-5%</td>
<td>+33%</td>
</tr>
<tr>
<td>Non-urgent</td>
<td>49</td>
<td>4725</td>
<td>0.010</td>
<td>64</td>
<td>3043</td>
<td>0.021</td>
<td>+31%</td>
<td>+103%</td>
</tr>
<tr>
<td>Total</td>
<td>1766</td>
<td>62724</td>
<td>0.028</td>
<td>1669</td>
<td>48786</td>
<td>0.034</td>
<td>-5%</td>
<td>+22%</td>
</tr>
</tbody>
</table>

*For VEMD caseload calculations, only ED presentations that were considered unlikely to be directly or indirectly related to the pandemic were included. (See Appendix for details).
All self-harm injury presentations to the ED were included; this analysis was not limited to those that occurred in the home.

The total number of ED presentations for self-harm injury was lower in May 2020 than in May 2019; however, proportional to ED caseload (including only cases that were not directly or indirectly related to viral or respiratory illness), ED presentations for self-harm increased.

Given the overall reduction in health service utilisation through the ED (for non-viral or respiratory illness issues) in May 2020 vs May 2019, the number of self-harm injuries presented in this bulletin are likely to represent a smaller proportion of total injuries than in the previous year.

At both timepoints, the most common injury type was poisoning or toxic effects.

ED Presentations by Triage Status for Self-Harm Injury in Victoria, May 2019 to May 2020

Data selection methods are explained in the Appendix section.

<table>
<thead>
<tr>
<th>Triage status</th>
<th>Injury cases</th>
<th>ED Presentations*</th>
<th>Ratio</th>
<th>Injury cases</th>
<th>ED Presentations*</th>
<th>Ratio</th>
<th>Change in case numbers</th>
<th>Change in ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resuscitation</td>
<td>22</td>
<td>390</td>
<td>0.056</td>
<td>27</td>
<td>350</td>
<td>0.077</td>
<td>+23%</td>
<td>+37%</td>
</tr>
<tr>
<td>Emergency</td>
<td>211</td>
<td>7246</td>
<td>0.029</td>
<td>206</td>
<td>6453</td>
<td>0.032</td>
<td>-2%</td>
<td>+10%</td>
</tr>
<tr>
<td>Urgent</td>
<td>386</td>
<td>24431</td>
<td>0.016</td>
<td>374</td>
<td>20363</td>
<td>0.018</td>
<td>-3%</td>
<td>+16%</td>
</tr>
<tr>
<td>Semi-urgent</td>
<td>138</td>
<td>25932</td>
<td>0.005</td>
<td>104</td>
<td>18577</td>
<td>0.006</td>
<td>-25%</td>
<td>+5%</td>
</tr>
<tr>
<td>Non-urgent</td>
<td>16</td>
<td>4725</td>
<td>0.003</td>
<td>8</td>
<td>3043</td>
<td>0.003</td>
<td>-50%</td>
<td>-22%</td>
</tr>
<tr>
<td>Total</td>
<td>773</td>
<td>62724</td>
<td>0.012</td>
<td>719</td>
<td>48786</td>
<td>0.015</td>
<td>-7%</td>
<td>+20%</td>
</tr>
</tbody>
</table>

*For VEMD caseload calculations, only ED presentations that were considered unlikely to be directly or indirectly related to the pandemic were included. (See Appendix for details).
**Self-Harm Injury: Males**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>May-19</th>
<th>May-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-24 years</td>
<td>102</td>
<td>115</td>
</tr>
<tr>
<td>25+ years</td>
<td>166</td>
<td>148</td>
</tr>
</tbody>
</table>

**Self-Harm Injury: Females**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>May-19</th>
<th>May-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-24 years</td>
<td>271</td>
<td>236</td>
</tr>
<tr>
<td>25+ years</td>
<td>229</td>
<td>218</td>
</tr>
</tbody>
</table>

**Self-Harm Injury: Seven Most Common Injury Types**

- **Poisoning or toxic effects**
  - May-19: 400
  - May-20: 500
  - Change: -19
- **Open wound**
  - May-19: 150
  - May-20: 100
  - Change: -5
- **Superficial injury**
  - May-19: 200
  - May-20: 200
  - Change: 0
- **Other & unspecified injury**
  - May-19: 150
  - May-20: 140
  - Change: -10
- **Fracture**
  - May-19: 200
  - May-20: 200
  - Change: 0
- **Dislocation, sprain & strain**
  - May-19: 150
  - May-20: 140
  - Change: -10
- **Foreign body**
  - May-19: 100
  - May-20: 100
  - Change: 0
The total number of ED presentations for assault-related injury that occurred in the home was **higher** in May 2020 than in May 2019; this increase was also observed in the number of cases **proportional to ED caseload** (including only cases that were not directly or indirectly related to viral or respiratory illness).

Given the overall **reduction in health service utilisation** through the ED (for non-viral or respiratory illness issues) in May 2020 vs May 2019, the number of assault-related home injuries presented in this bulletin are likely to **represent a smaller proportion** of total injuries than in the previous year.

The increase from May 2019 to May 2020 was observed among males and females, in both age groups (0-24 years; 25+ years).

Data selection methods are explained in the Appendix section.

### ED Presentations by Triage Status for Assault-Related Home Injury in Victoria, May 2019 to May 2020

<table>
<thead>
<tr>
<th>Triage status</th>
<th>May 2019</th>
<th>May 2020</th>
<th>Change in case numbers</th>
<th>Change in ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Injury cases</td>
<td>ED Presentations*</td>
<td>Ratio</td>
<td>Injury cases</td>
</tr>
<tr>
<td>Resuscitation, Emergency</td>
<td>11</td>
<td>7636</td>
<td>0.0014</td>
<td>18</td>
</tr>
<tr>
<td>Urgent</td>
<td>49</td>
<td>24431</td>
<td>0.0020</td>
<td>87</td>
</tr>
<tr>
<td>Semi-urgent, non-urgent</td>
<td>58</td>
<td>30657</td>
<td>0.0019</td>
<td>70</td>
</tr>
<tr>
<td>Total</td>
<td>118</td>
<td>62724</td>
<td>0.0019</td>
<td>175</td>
</tr>
</tbody>
</table>

*For VEMD caseload calculations, only ED presentations that were considered unlikely to be directly or indirectly related to the pandemic were included. (See Appendix for details).
Assault-Related Home Injury: Males

<table>
<thead>
<tr>
<th>Age Group</th>
<th>May-19</th>
<th>May-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-24 years</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>25+ years</td>
<td>37</td>
<td>69</td>
</tr>
</tbody>
</table>

Assault-Related Home Injury: Females

<table>
<thead>
<tr>
<th>Age Group</th>
<th>May-19</th>
<th>May-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-24 years</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>25+ years</td>
<td>51</td>
<td>63</td>
</tr>
</tbody>
</table>

Assault-Related Home Injury: Six Most Common Injury Types

- Other & unspecified injury: +29
- Open wound: +7
- Superficial injury: +4
- Fracture: +11
- Dislocation, sprain & strain: -2
- Intracranial injury: +3

[Bar charts showing the comparison of ED presentations for different types of injuries between May-19 and May-20.]
METHODS

Data from May 2019 to May 2020 from the Victorian Emergency Minimum Dataset (VEMD), which holds deidentified clinical records of presentations at Victorian public hospitals with designated 24-hour emergency departments, were used to compile this bulletin.

The focus of this Ebullion is on the latest available data (May 2020) to show the changes in injury profiles since the coronavirus pandemic; data from the same month last year (May 2019) are used as comparison.

The changes in injury-related ED presentations are calculated proportional to other ED presentations that are unlikely to be directly affected by the pandemic. This is to account for health service attendance level changes.

EMERGENCY DEPARTMENT HEALTH SERVICE UTILISATION

ED presentations overall (not limited to injury) were selected to generate statistics on health service use overall during the May 2019 to May 2020 period. Only ED presentations that were ‘emergency presentations’ were included: this excludes planned return visits, pre-arranged admissions and those who were dead on arrival. Rates per 100,000 population were calculated; the denominators used for calculating rates were September 2019 population estimates from the Australian Bureau of Statistics.

For comparisons between May 2019 and May 2020, September 2018 and September 2019 population data were used, respectively, as these were the most recent available data with 12 months in between. Age standardisation of rates was carried out using 5-year age groups and the direct method. The standard population used was the Victorian resident population at 30 June, 2001.

For VEMD caseload calculations, only ED presentations that were considered unlikely to be directly or indirectly related to the pandemic were included:

ED presentations with a first diagnosis code in:

- Certain infectious and parasitic diseases (a00-a99; all b codes excluded)
- Neoplasms (c00–d48);
- Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (d50–d89);
- Endocrine, nutritional and metabolic diseases (e00–e89);
- Mental and behavioural disorders (f00–f99);
- Diseases of the nervous system (g00–g99);
- Diseases of the eye and adnexa (h00–h59);
- Diseases of the ear and mastoid process (h60–h95);
- Diseases of the circulatory system (i00–i99);
- Diseases of the digestive system (k00–k93);
- Diseases of the skin and subcutaneous tissue (l00–l99);
- Diseases of the musculoskeletal system and connective tissue (m00–m99);
- Diseases of the genitourinary system (n00–n99);
- Pregnancy, childbirth and the puerperium (o00–o99);
- Certain conditions originating in the perinatal period (p00–p96);
- Congenital malformations, deformations and chromosomal abnormalities (q00–q99).
INJURY CASE SELECTION

ED presentations related to injury were selected only if the first occurring diagnosis code was a community injury (i.e., an ICD-10-AM code in the range of “S00” - “T75” or “T79”); this does not include medical injuries. Episode selection was limited to incidents (i.e., excludes return visits, pre-arranged admissions). For more information on methods used by the Victorian Injury Surveillance Unit see here and background information and pre-COVID statistics see here.

Unintentional injury cases were those with a ‘Human intent’ code “1” (non-intentional harm). Unintentional home injury cases were unintentional injury cases with a ‘Place where injury occurred’ code “H” (Home). Do-It-Yourself (DIY) injuries were extracted from unintentional home injury cases if the ‘Description of injury event’ variable, which is a short narrative of the incident, mentioned terms relevant to DIY injuries. Examples of terms were those related to the use of power tools (grinders, saws, drills), lawn mowers, hand or table saws, ladders, welding equipment, nail guns or phrase indicating falls from roofs and trees. Cases with an “Activity when injured” code “W” (Working for income) were excluded. Unintentional farm injuries were unintentional injury cases with a ‘Place where injury occurred’ code “F” (Farm).

Transport injury cases were those with ‘Injury cause’ codes “1” through “8” (related to motor vehicle occupants, motor cyclists, pedal cyclists, pedestrians and other transport related circumstances), excluding “7” (Horse related (fall from, struck or bitten by)).

Self-harm injury cases were those with a ‘Human intent’ code “2” (intentional self-harm code for ED presentations in the 2018/19 financial year) and “18” through “20” (intentional self-harm codes for ED presentations in the 2019/20 financial year).

Assault injury cases were those with ‘Human intent’ codes “12” through “17” (codes related to sexual assaults, and neglect/maltreatment/assaults, by a current or former intimate partner, other family member or other/unknown persons). Additional cases were selected if the ‘Description of injury event’ text field contained terms such as “domestic”, “home” appearing with terms such as “violence”, “hit” etc., and “assault”, “hit”, “struck”, “punch” and other similar terms appearing with terms such as “partner”, “spouse” and other terms for family members. Cases selected using text searches were manually checked for relevance. Assault cases were contained to those with a ‘Place where injury occurred’ code “H” (Home).

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