

# LEADING CAUSES OF UNINTENTIONAL INJURY: A STATISTICAL PROFILE OF MIDDLESEX-LONDON



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**Revised**

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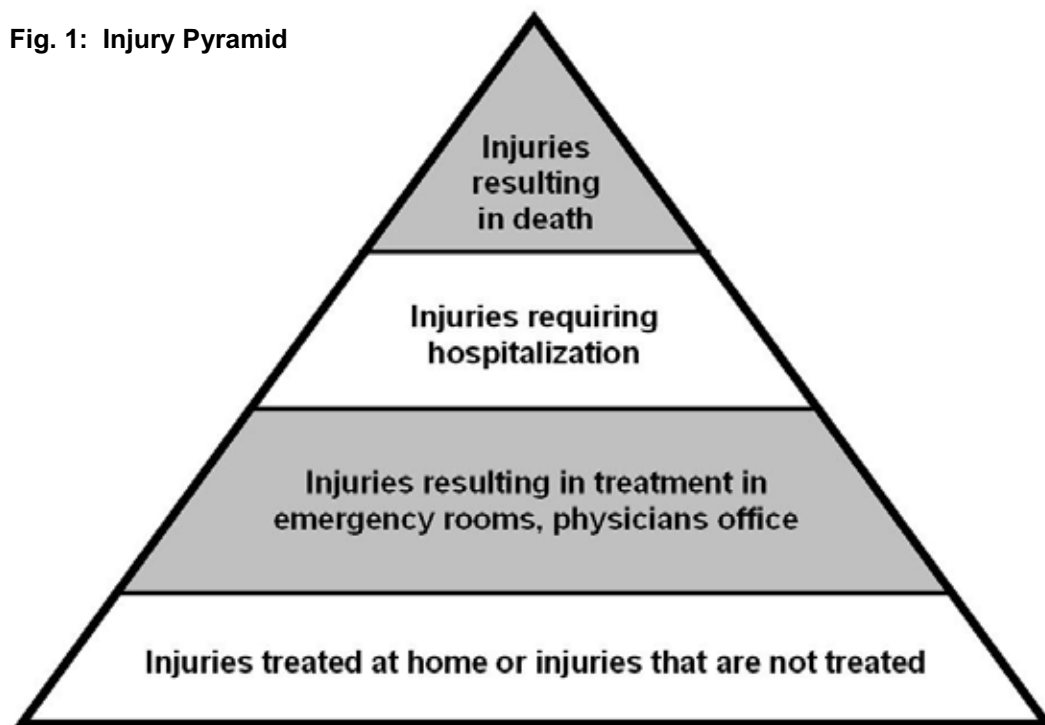
## Introduction

About 90% of all unintentional injuries (UIs) are considered preventable. And yet, UI is the leading cause of death in Canadians ages 1 to 34 years<sup>1</sup>. To plan and develop effective local programs and strategies to prevent UIs, one should be aware of which are most prevalent locally and whether there are any groups of residents who might be at higher risk for these UIs.

This report presents local statistics on the most common causes of UIs in Middlesex-London (i.e., Middlesex County including the City of London). The magnitude and severity of UIs in a population can be measured using the categories presented in the Injury Pyramid (see Fig. 1). Each level of the pyramid represents a different outcome for an injury. The size of each level represents the relative prevalence of each of the outcomes. For example, many more injuries are treated at home or not at all compared to those resulting in death. The measures presented in this report capture most of the top three tiers of the pyramid, namely deaths, hospitalizations and emergency room (ER) visits.

To help identify the best prevention strategies, the injury data are grouped according to the event that led to a death or other outcome, e.g. motor vehicle (MV) traffic crashes, rather than the type of physical injury, e.g. severed spinal cord. These statistics apply to injuries sustained by residents of Middlesex-London regardless of where the injury occurred. Causes are ranked based on how often they occur in our community and differences based on sex, age group and residence of injured resident (i.e., London versus the County) are reported. Areas within Middlesex County but outside of the City of London are referred to as the 'County'.

**Fig. 1: Injury Pyramid**



“About 90% of all unintentional injuries (UIs) are considered preventable“

<sup>1</sup> Source: [www.phac-aspc.gc.ca/publicat/cd-pcd97/table1-eng.php](http://www.phac-aspc.gc.ca/publicat/cd-pcd97/table1-eng.php)

## How to Read This Report

Key findings are described and organized in the following text by demographic groups and, alternatively, by leading cause of UI. This latter section of the report makes reference in the margins to any comparisons with Ontario data which were considered noteworthy.

Appendix A2, A3 and A4 display a ranking of all of the leading causes of deaths, hospitalizations, and ER visits, respectively, by residence (city vs. county), sex and age group of residents. Each cause of UI is colour-coded so that the reader can more easily track the rankings of a specific cause across the various demographic categories. Each cell in the chart shows the rate of UIs per 100,000 in that population.

Causes which show a 'NR' have a rate which is not reportable due to low reliability. These leading causes will effectively share the same rank within a demographic category if there is more than one cause with 'NR'. For example, in Appendix A2 under 'Males', 'external causes of burns' and 'pedal cycle' share the same rank of 7th.

To illustrate the charts' use, if one were specifically interested in unintentional falls (in red), for example, you can see in Appendix A2 that it is the second leading cause of UI deaths overall. When scanning the age groups, however, it does not show up on the chart until ages 20 to 44, ranked as 3rd along with suffocation, drowning, pedestrian traffic-related, and external causes of burns. It moves up to the 2nd rank for age group 45 to 64 and then 1st for ages 65 and older. Unintentional falls remains in the top 2 ranks for males, females, Londoners and County residents. It becomes evident from this scan that unintentional falls is ranked the 2nd leading cause of UIs overall largely due to dramatically higher rates in the 65 and older age group.

Appendix A1 allows one to easily compare the overall rankings and rates of leading causes of UIs by outcome, i.e., deaths, hospitalizations, and ER visits. Numbers of events, as well as rates, are provided in this table.

The bar charts in Figures 1 to 3 provide a graphic depiction of the comparative magnitudes of rates of overall UIs by age group, sex and residence for deaths, hospitalizations, and ER visits, respectively. Figures 4 to 6 provide the same kind of graphic representation for the data sources described previously, but for the leading causes of UIs by sex. The leading causes of UIs by age group and residence (City vs. County) are shown in Figures 7 to 9 and 10 to 12, respectively.

Rates are based on the number of events, e.g., deaths, hospitalizations, or ER visits, which represent injuries per 100,000 persons in the population of interest, e.g., entire population, females, or ages 65+. It is noteworthy that the population in the denominator of the rate does not necessarily reflect the population at risk for the injury. For example, only persons who cycle can sustain a pedal cycle injury. Since we do not have accurate estimates of the proportion of people who cycle, the whole population is included in the denominator. When comparing London versus the County (excluding London) for off-road motor vehicle crashes, for example, one should ask the following question: Does the County have a larger proportion of their population that would be at risk for these injuries, i.e. a higher proportion of persons who drive off-road vehicles? And could this contribute to the higher rates of injuries observed for the County? This would also apply to comparisons with Ontario.

"... the population in the denominator of the rate does not necessarily reflect the population at risk for the injury."



## Key Findings Overall

Unintentional falls and motor vehicle (MV) traffic crashes are the most common causes of UIs overall in Middlesex-London. (See Appendix A1 for overall rankings of leading causes of UIs for all of Middlesex-London.)

### Deaths:

The average annual number of deaths due to UIs in Middlesex-London is 120. The four most common causes of deaths due to UIs are MV traffic crashes and unintentional falls, distantly followed by unintentional poisonings and unintentional suffocation, including choking. These and other causes are featured in Appendix A2.

### Hospitalizations:

The average annual number of hospitalizations due to UIs in Middlesex-London is 2,345. Over one-half of unintentional injuries resulting in hospitalization are due to unintentional falls. The remainder is mainly due to MV traffic crashes, sports injuries, and unintentional poisonings. These and other causes are featured in Appendix A3.

### Emergency Room Visits:

The average annual number of ER visits due to UIs in Middlesex-London is 47,402. The most common causes of ER visits for UIs are overwhelmingly due to unintentional falls, followed by sports injuries, MV traffic crashes, pedal cycling, burns and unintentional poisonings. These and other causes are featured in Appendix A4.

## Demographic comparisons

Figures 1, 2 and 3 show the overall rates of deaths, hospitalizations and ER visits, respectively for UIs by age group, sex and residence (city versus county).

### Males more likely than females:

- Visit the ER: 1.5 times more likely (see Fig. 3)
- MV traffic crashes: 1.6 times more likely to die (see Fig. 4) and 1.9 times more likely to be hospitalized (see Fig. 5)
- Unintentional suffocation, including choking: 2.5 times more likely to die (see Fig. 4)
- Sports injuries: 3.6 times more likely to be hospitalized (see Fig. 5) and 2.8 times more likely to visit an ER (see Fig. 6)
- Pedal cycle injuries: 3.3 times more likely to be hospitalized (see Fig. 5) and 2.9 times more likely to visit an ER (see Fig. 6)
- Off-road MV crashes: 4.3 times more likely to visit an ER (see Fig. 6)
- External causes of burns: 1.5 times more likely to visit an ER (see Fig. 6)

“The four most common causes of deaths due to UIs are MV traffic crashes and unintentional falls, distantly followed by unintentional poisonings and unintentional suffocation, including choking.”

**Females more likely than males:**

- Unintentional falls: 1.5 times more likely to be hospitalized (see Fig. 5)

**Age groups:**

- UI rates for deaths (see Fig. 1) and hospitalizations (see Fig. 2) increase somewhat with age until age 64 after which a striking 6-fold increase occurs in the 65+ age group
- 65+ age group: high rates are largely attributed to unintentional falls (see Figs. 7, 8 & 9)
- Below age 65: MV traffic crashes is the leading cause of UI deaths (see Fig. 7), unintentional falls is leading cause for UI hospitalization (see Fig. 8)
- Rates of ER visits for UIs increase dramatically until peaking at age 19 and then fall even more markedly until age 64 (see Fig. 3)
- Unintentional falls is the leading cause of UIs for ER visits in every age group except ages 10 to 19 (see Fig. 9)
- Sports injuries, closely followed by unintentional falls are the leading causes of UIs for ER visits in ages 10 to 19 (see Fig. 9).

**County residents more likely than Londoners:**

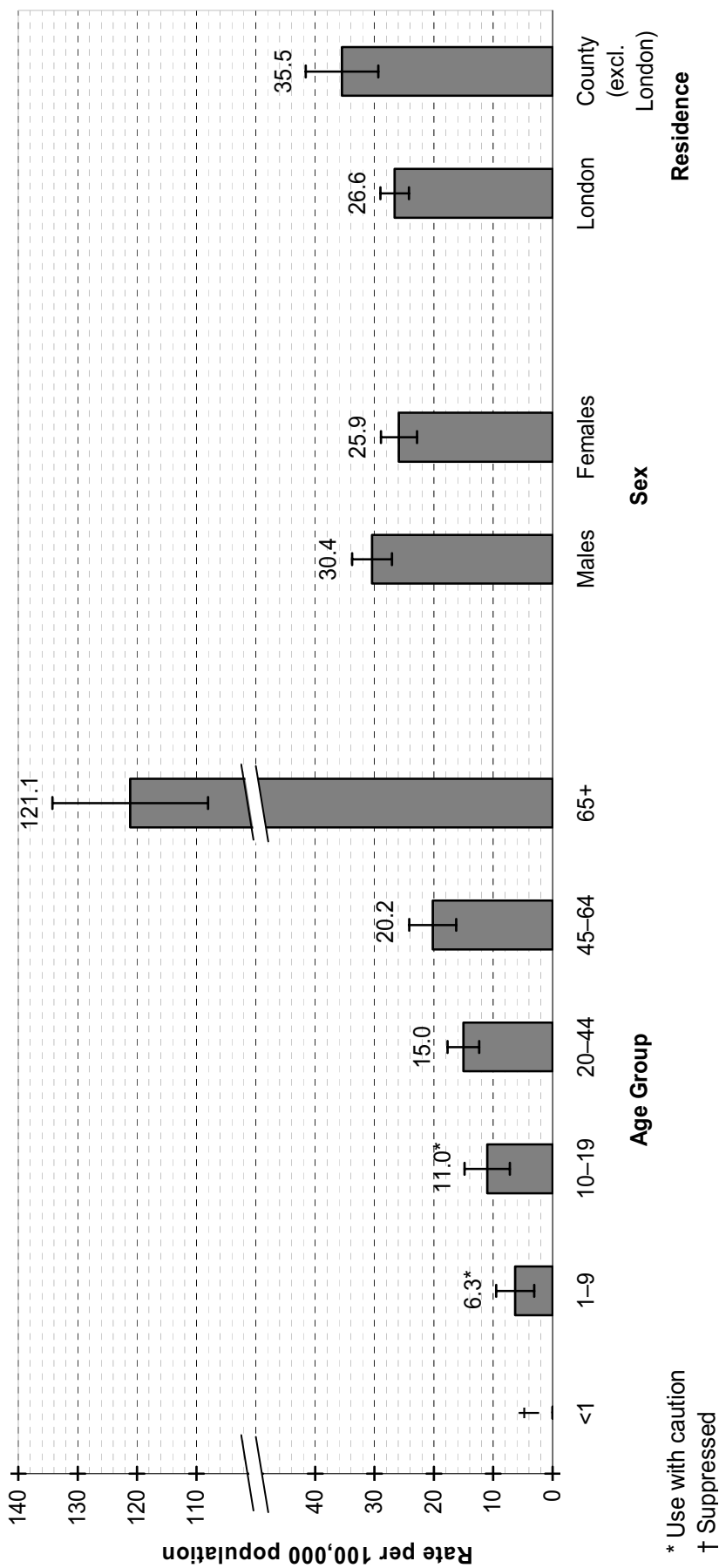
- Deaths and ER visits: 1.3 times more likely (see Fig. 1 & 3 respectively)
- Hospitalizations: 1.2 times more likely (see Fig. 2)
- MV traffic crashes: 2.3 times more likely to die (see Fig. 11), 1.9 times more likely to be hospitalized (see Fig. 12), and 1.5 times more likely to visit an ER (see Fig. 13)
- Off-road MV crashes: 4.6 times more likely to be hospitalized (see Fig. 12) and 5.4 times more likely to visit an ER (see Fig. 13)
- External causes of burns: 1.4 times more likely to visit an ER (see Fig. 13)
- Sports injuries: 1.3 times more likely to visit an ER (see Fig. 13)
- Agricultural machinery and motor-driven snow vehicle crashes: Rates may be several-fold higher for ER visits. These findings, however, are based on low and less stable rates and should, therefore, be treated as less reliable. (see Fig. 13)

**Londoners more likely than County residents:**

- Pedestrian, traffic-related: Rates for Londoners may be triple the rate for County residents for ER visits (see Fig. 13). This finding, however, is based on low and less stable rates and should, therefore, be treated as less reliable.

County residents are 2.3 times more likely than Londoners to be in a fatal MV traffic crash.

Figure 1: Death Rates of Unintentional Injuries by Demographic Group in Middlesex-London, 2000-2004



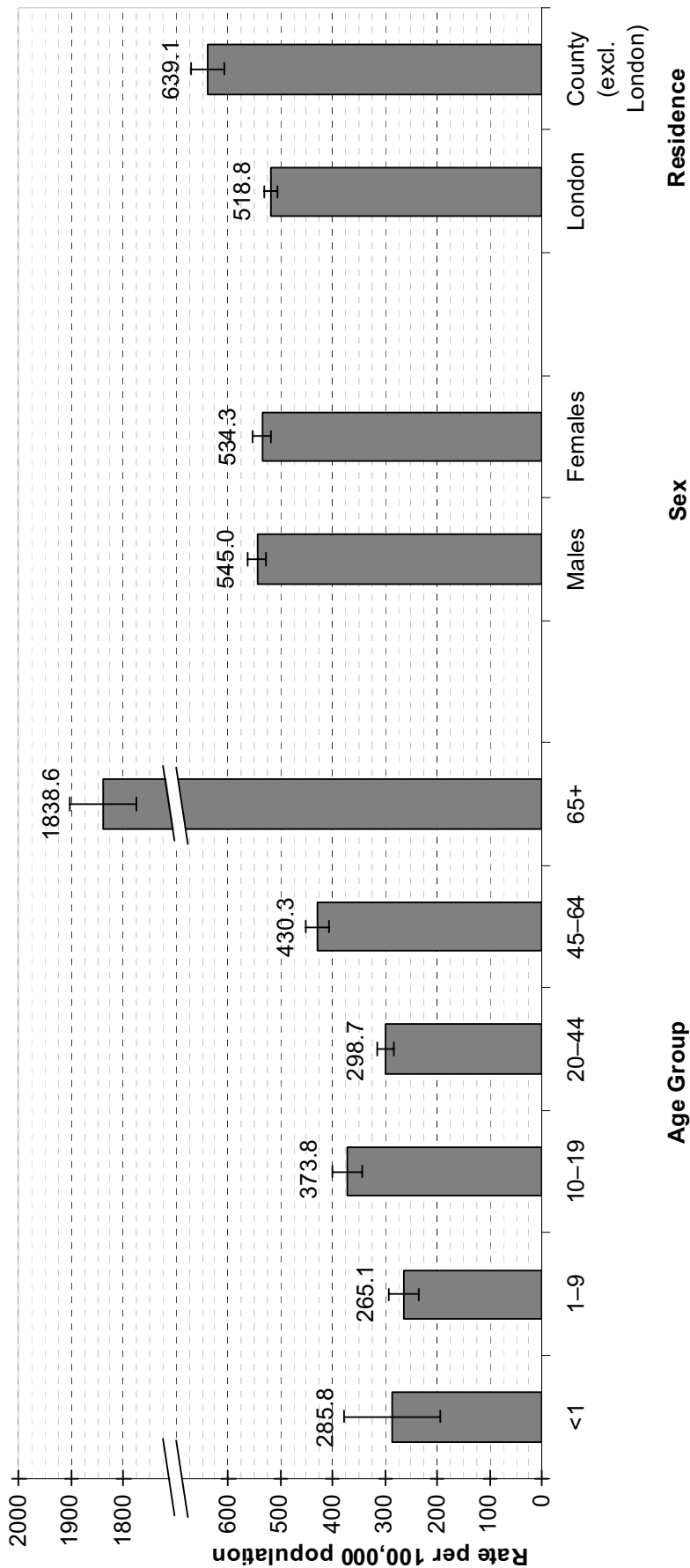
\* Use with caution  
 † Suppressed

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

### Key Findings

- UI rates for deaths increase somewhat with age until age 64, after which a striking 6-fold increase occurs in the 65+ age group
- County residents are 1.3 times more likely than Londoners to die from UI.

Figure 2: Hospitalization Rates of Unintentional Injuries by Demographic Group in Middlesex-London, 2004-2006

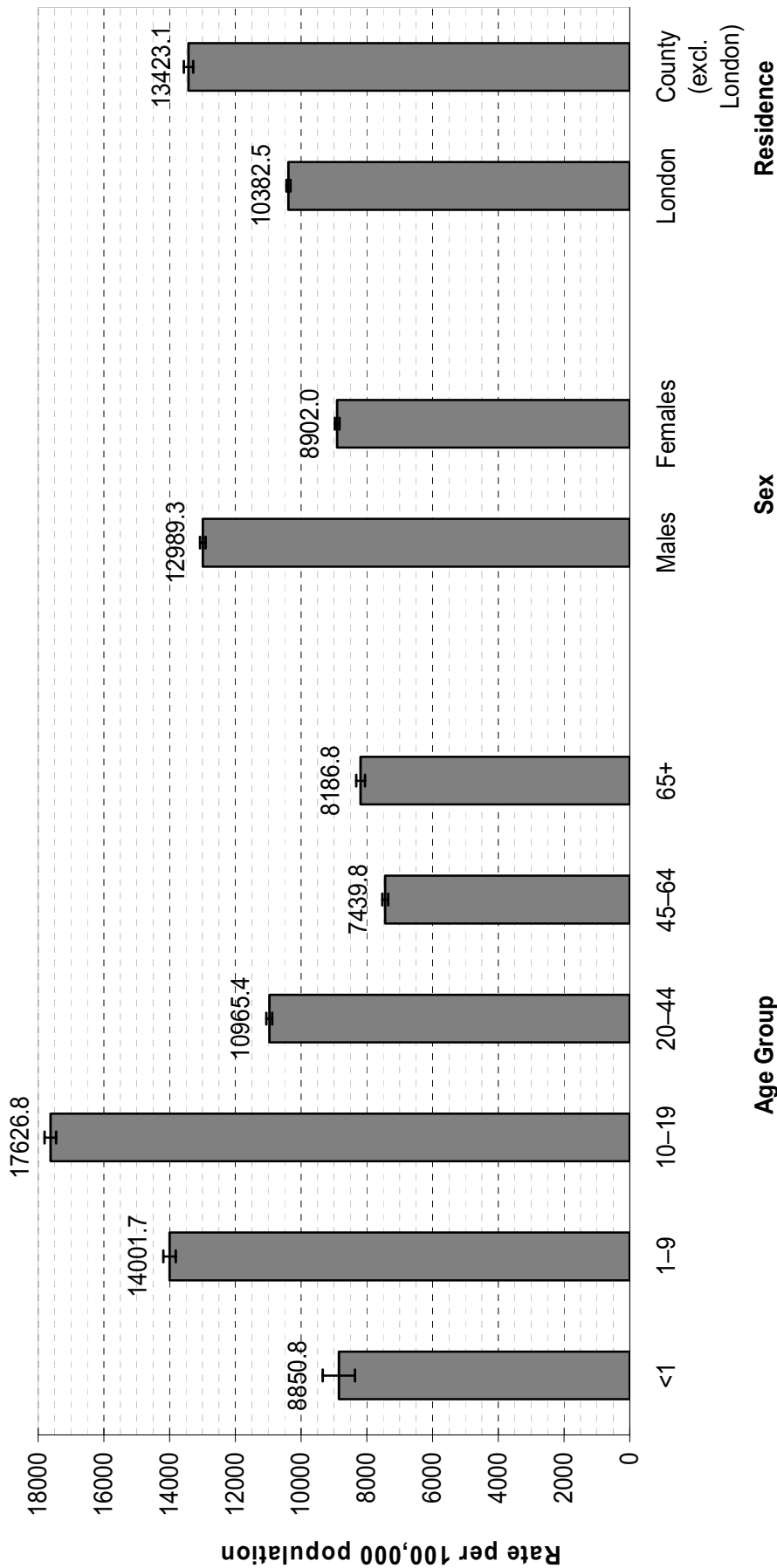


Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

### Key Findings

- UI rates for hospitalizations increase somewhat with age until age 64, after which a striking 6-fold increase occurs in the 65+ age group
- County residents are 1.2 times more likely than Londoners to be hospitalized due to an UI.

Figure 3: Rates of Emergency Visits for Unintentional Injuries by Demographic Group in Middlesex-London, 2004-2006

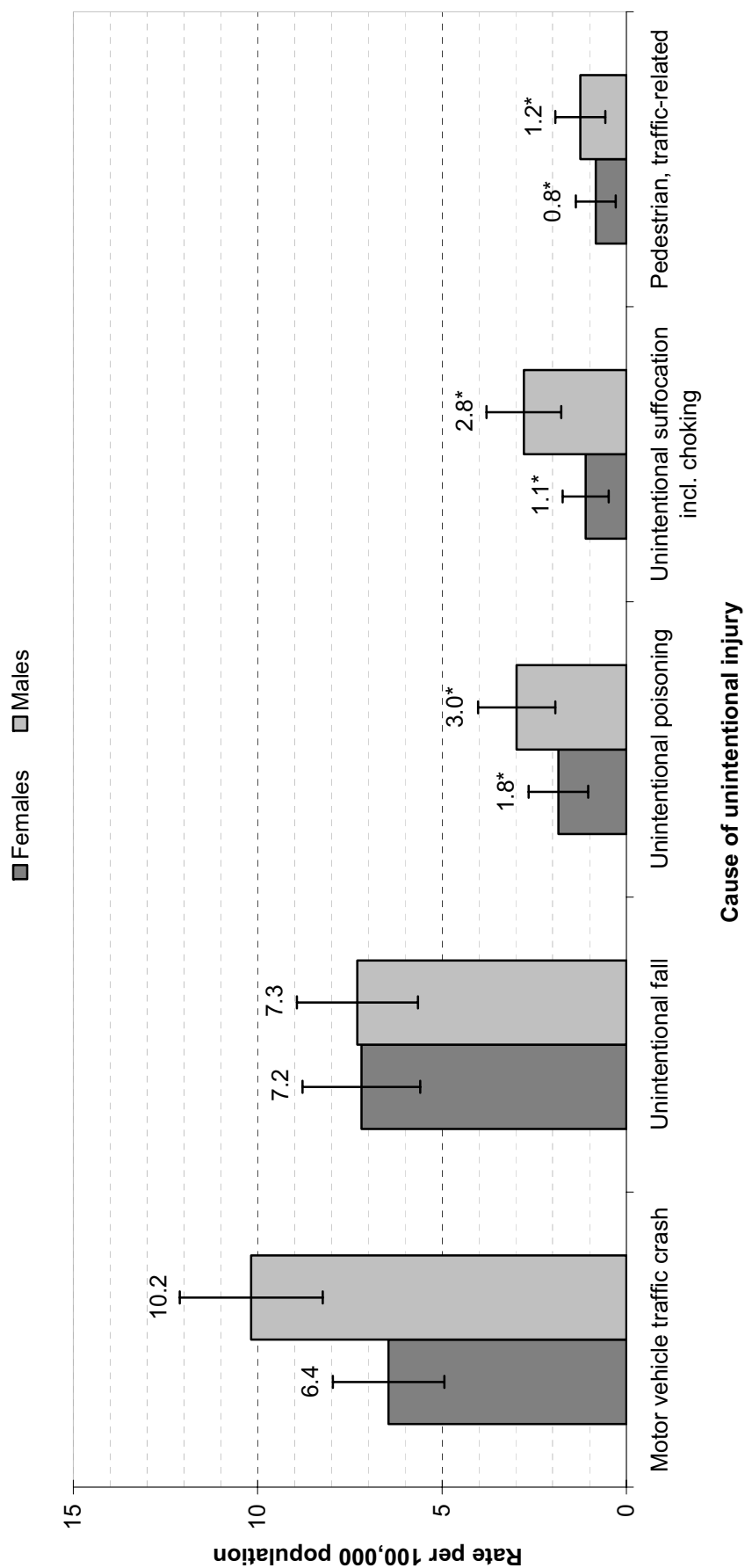


Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

**Key Findings**

- Males are 1.5 times more likely than females to visit the ER
- Rates of ER visits for UIs increase dramatically until peaking at age 19 and then fall even more markedly until age 64
- County residents are 1.3 times more likely than Londoners to die or visit the ER due to an UI.

Figure 4: Death Rates of Leading Causes of Unintentional Injuries by Sex in Middlesex-London, 2000-2004



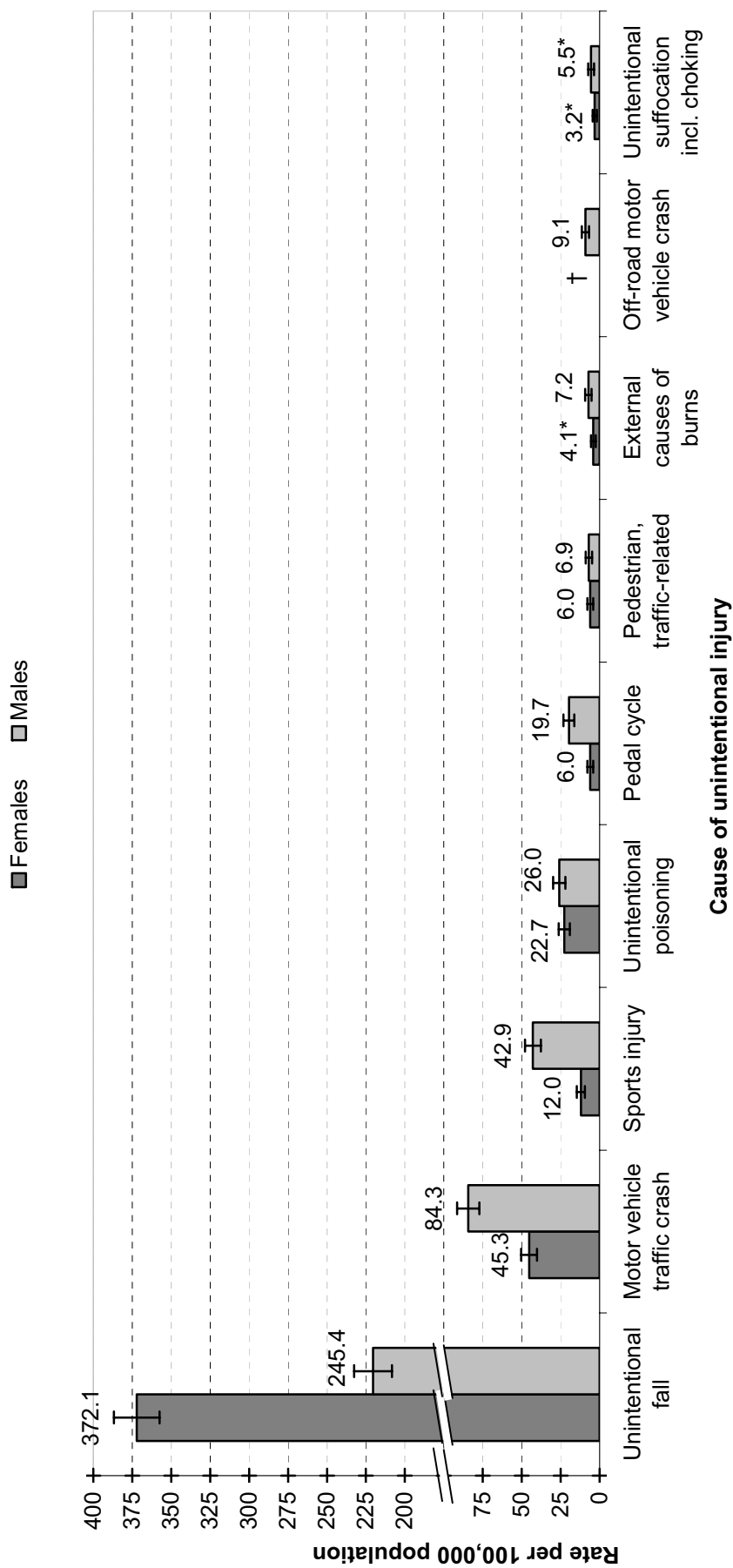
\* Use with caution

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

**Key Findings**

- Males are 1.6 times more likely than females to die from a MV traffic crash
- Males are 2.5 times more likely to die from unintentional suffocation, including choking

Figure 5: Hospitalization Rates of Leading Causes of Unintentional Injuries by Sex in Middlesex-London, 2004-2006



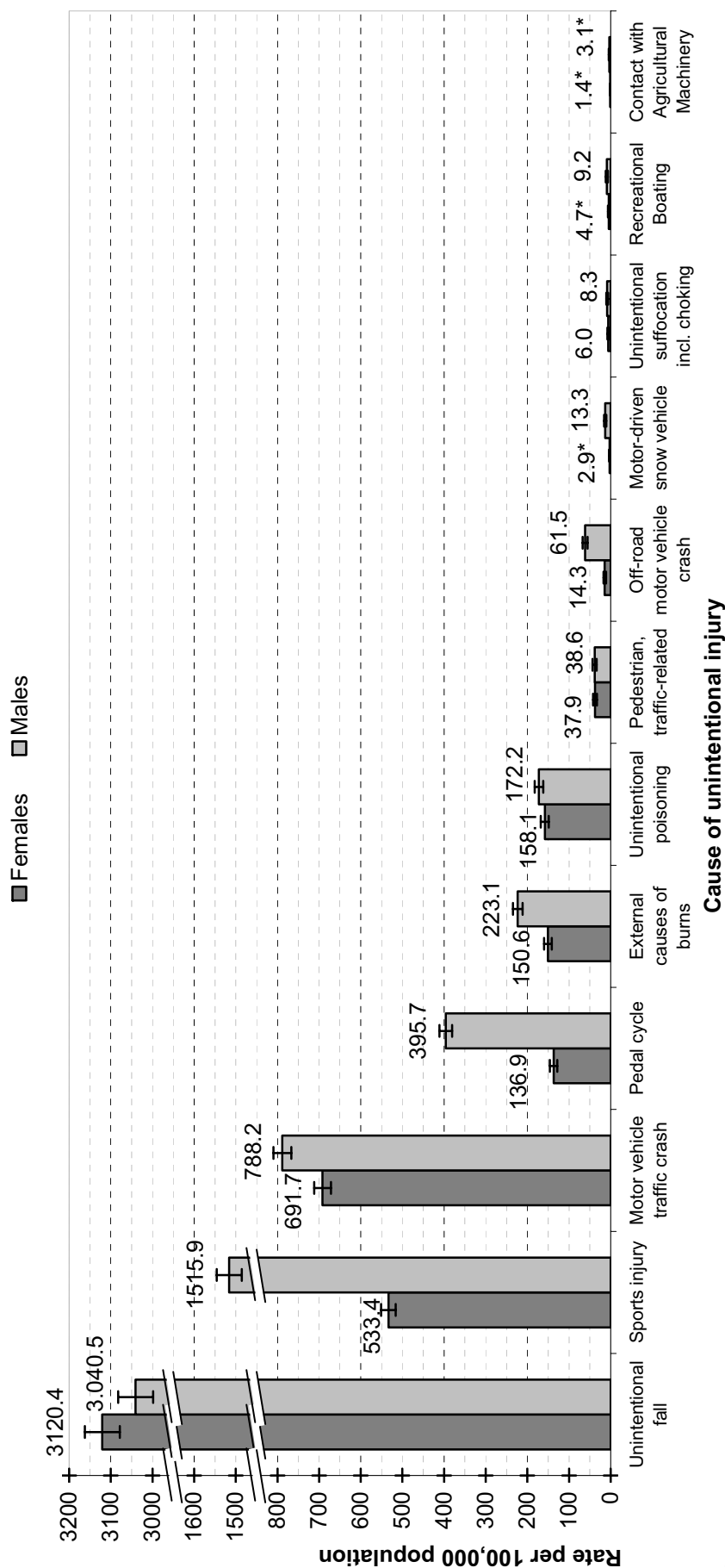
\* Use with caution

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

### Key Findings

- Males are 3.6 times more likely than females to be hospitalized due to sport injuries
- Females are 1.5 times more likely than males to be hospitalized due to unintentional falls

Figure 6: Rates of Emergency Room Visits for Leading Causes of Unintentional Injuries by Sex in Middlesex-London, 2004-2006



\* Use with caution  
 † Suppressed

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

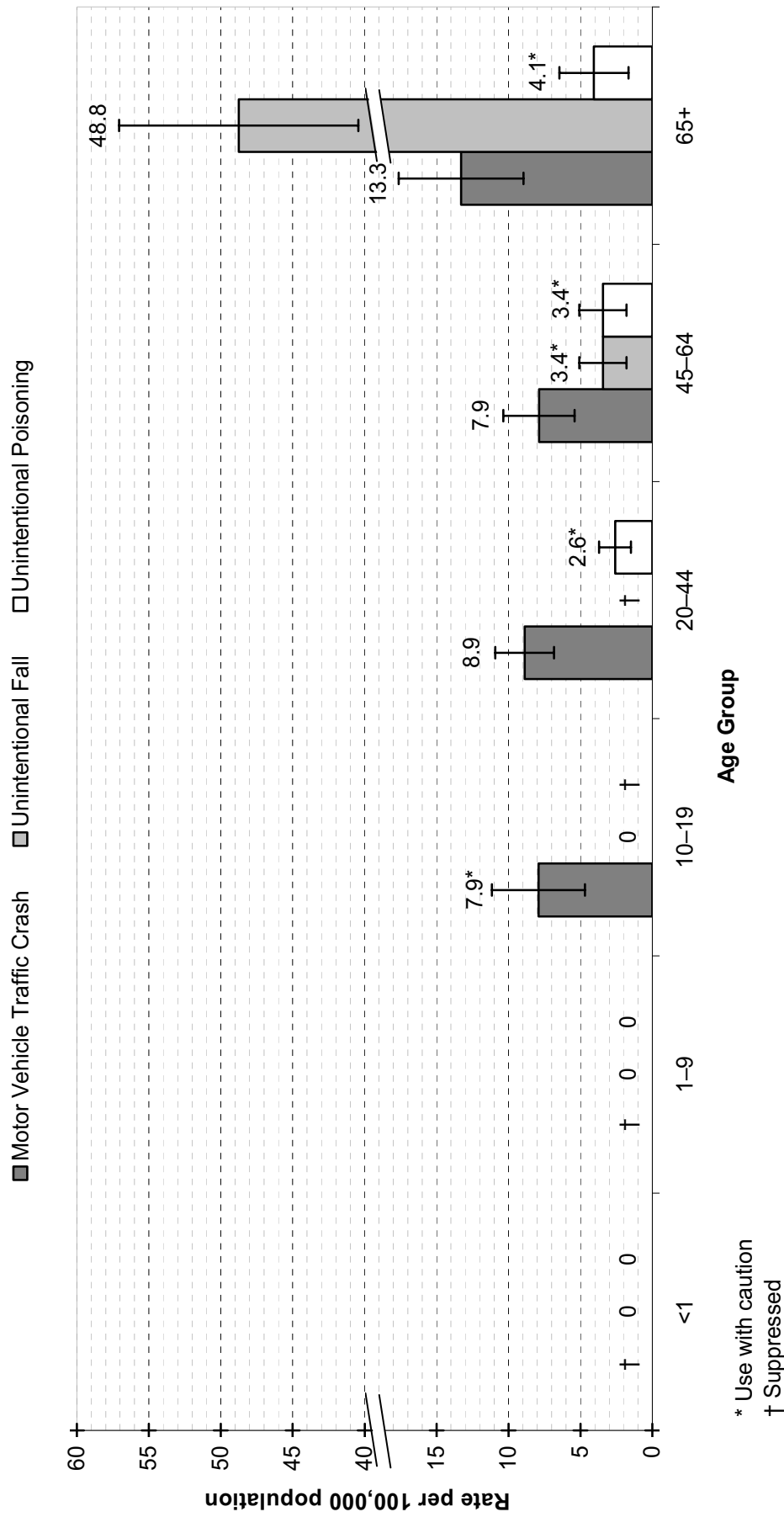
### Key Findings

Males are more likely than females to visit an ER due to:

- Sport injury (2.8 times more likely)
- Pedal cycle injuries (2.9 times more likely)
- Off-road MV crashes (4.3 times more likely)
- External causes of burns (1.5 times more likely)



Figure 7: Death Rates of Leading Causes of Unintentional Injuries by Age Group in Middlesex-London, 2000-2004

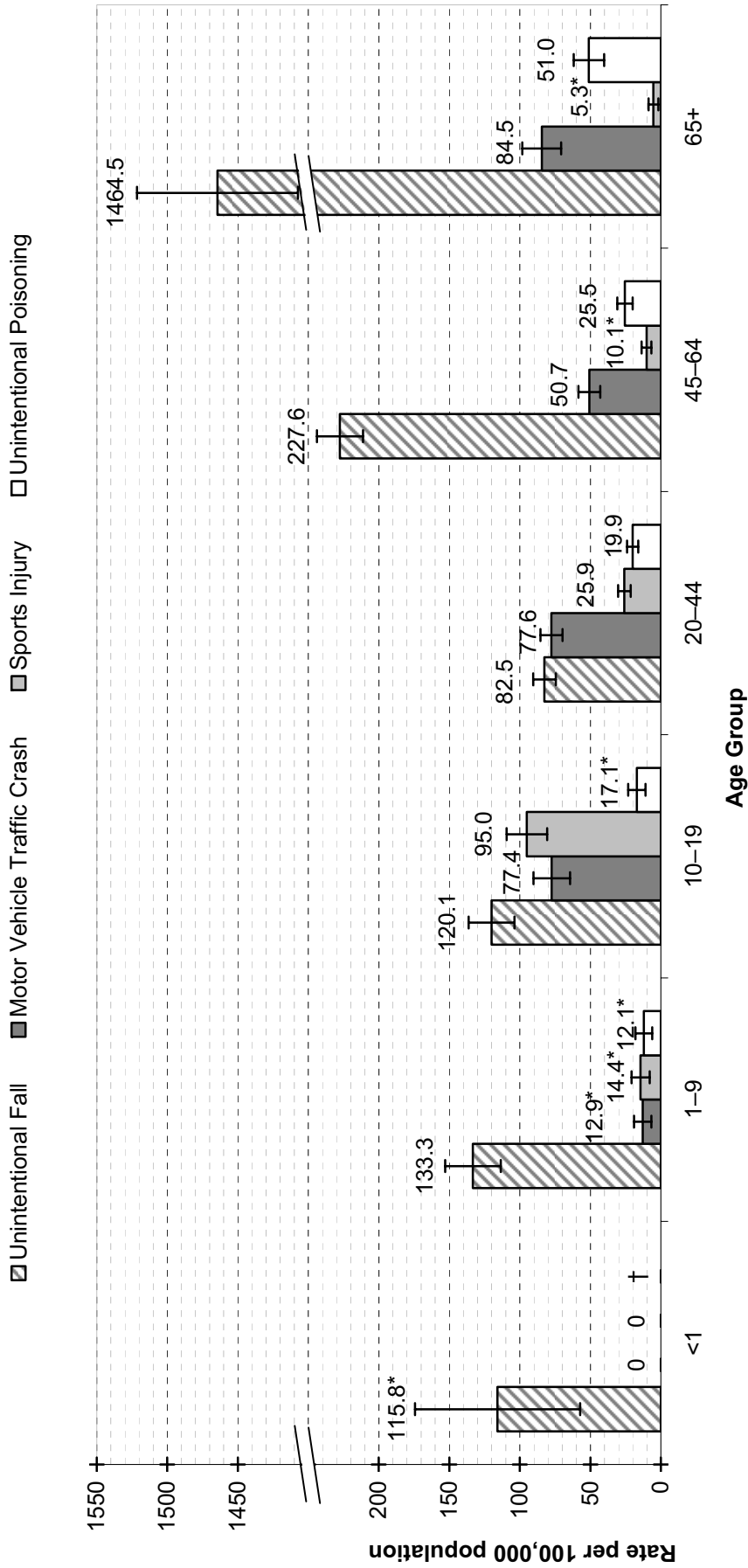


Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

**Key Findings**

- High rates of death in the 65+ age group are largely attributed to unintentional falls
- MV traffic crashes is the leading cause of UI deaths in persons under age 65

Figure 8: Hospitalization Rates of Leading Causes of Unintentional Injuries by Age Group in Middlesex-London, 2004-2006



\* Use with caution

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

**Key Findings**

- Unintentional falls is leading cause for UI hospitalization in all age groups

Figure 9: ER Visit Rates of the Leading Causes of Unintentional Injuries by Age Group in Middlesex-London, 2004-2006



**Key Findings**

- Unintentional falls is the leading cause of UIs for ER visits in every age group except ages 10 to 19
- Sports injuries, closely followed by unintentional falls are the leading causes of UIs for ER visits in ages 10 to 19
- MV traffic crashes is another major contributor to ER visits in each age group

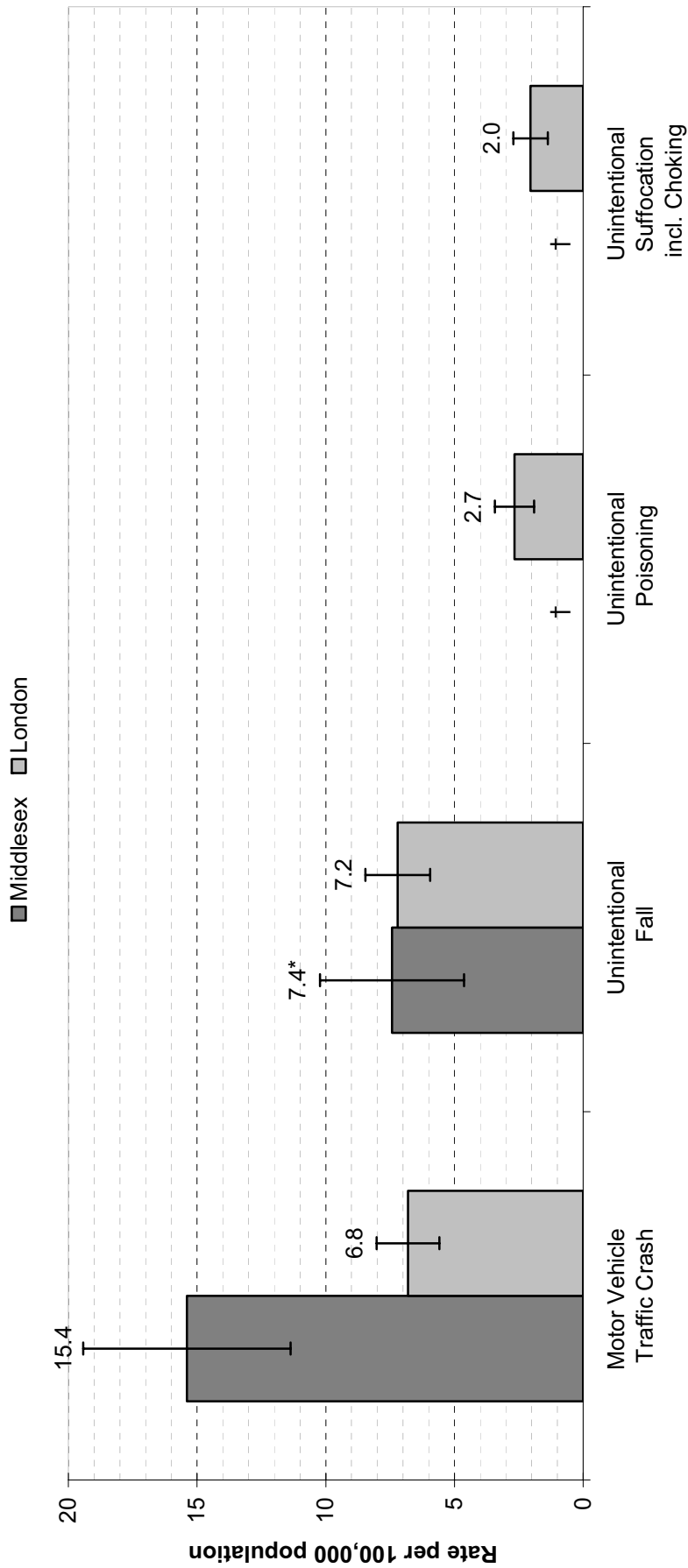
Age Group	Unintentional Fall	Pedal Cycle	Pedestrian, Traffic-related	Sports Injury	External Causes of Burns	Off-road Motor Vehicle Crash	Motor Vehicle Traffic Crash	Unintentional Poisoning	Motor-driven Snow Vehicle Crash
<1	4479.5	†	885.3	4392.5	760.5	173.2	45.7	0	0
1-9	5418	108.1*	257.5	928	1013	604.8	438.7	0	0
10-19	4336.1	425.6	762.4	762.4	212.3	136.1	35.8	0	0
20-44	1982.9	0	250.7	447.9	236.7	132.1	55.7	301.2	0
45-64	2123.8	283.2	204.8	283.2	181.1	120.7	78.0	15.1*	0
65+	4838.5	188.3	80.2	188.3	41.5	24.3	33.4	80.2	17.4*
		181.1	41.5	181.1	47.0	15.4	5.3*	41.5	100.7
		120.7	24.3	120.7	15.4	0	0	24.3	47.0
		78.0	33.4	78.0	5.3*	0	0	33.4	15.4
		0	0	0	0	0	0	0	0

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

\* Use with caution

† Suppressed

Figure 10: Death Rates of Leading Causes of Unintentional Injuries by Residence in Middlesex-London, 2000-2004



**Cause of unintentional injury**

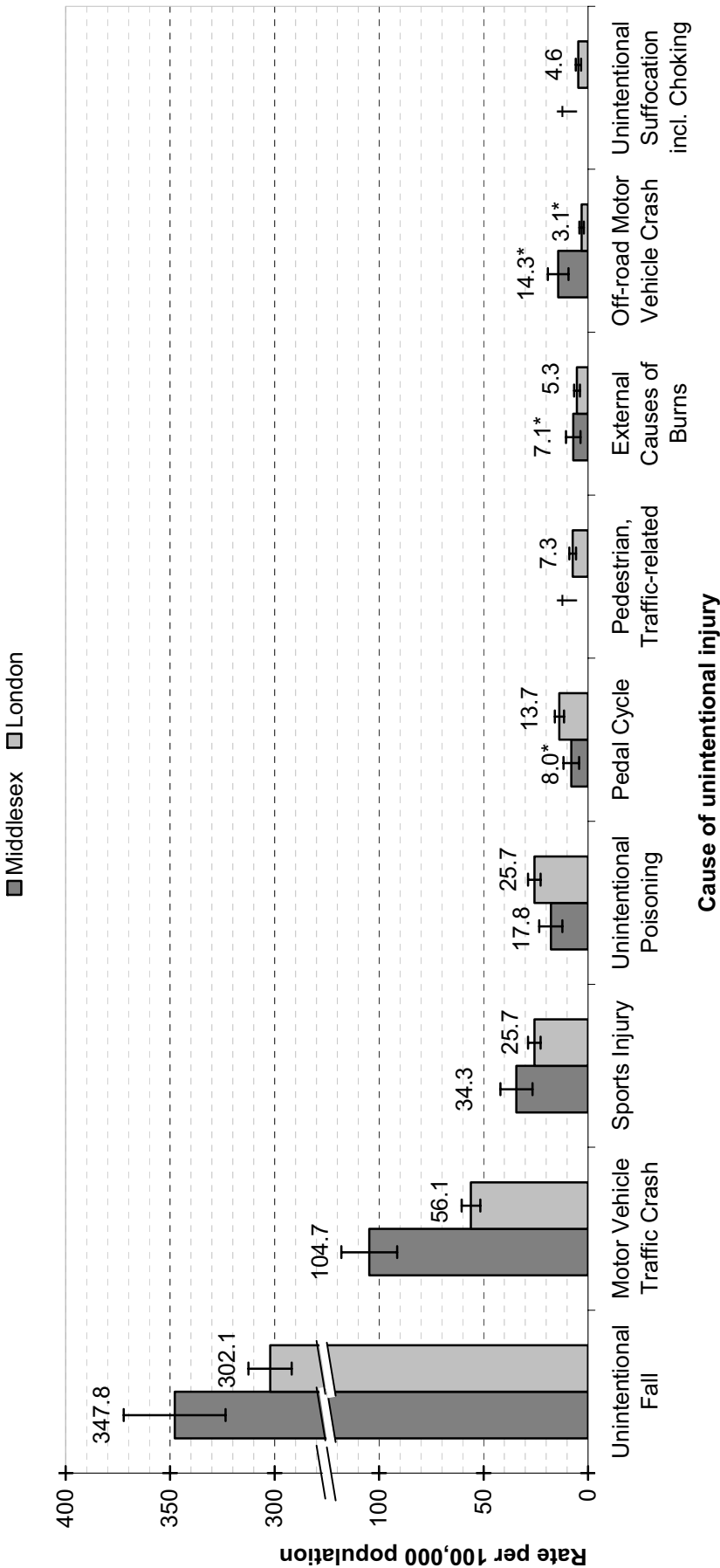
\* Use with caution  
 † Suppressed

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

**Key Findings**

- County residents are 2.3 times more likely than Londoners to die due to MV traffic crashes.

Figure 11: Hospitalization Rates of Leading Causes of Unintentional Injuries by Residence in Middlesex-London, 2004-2006



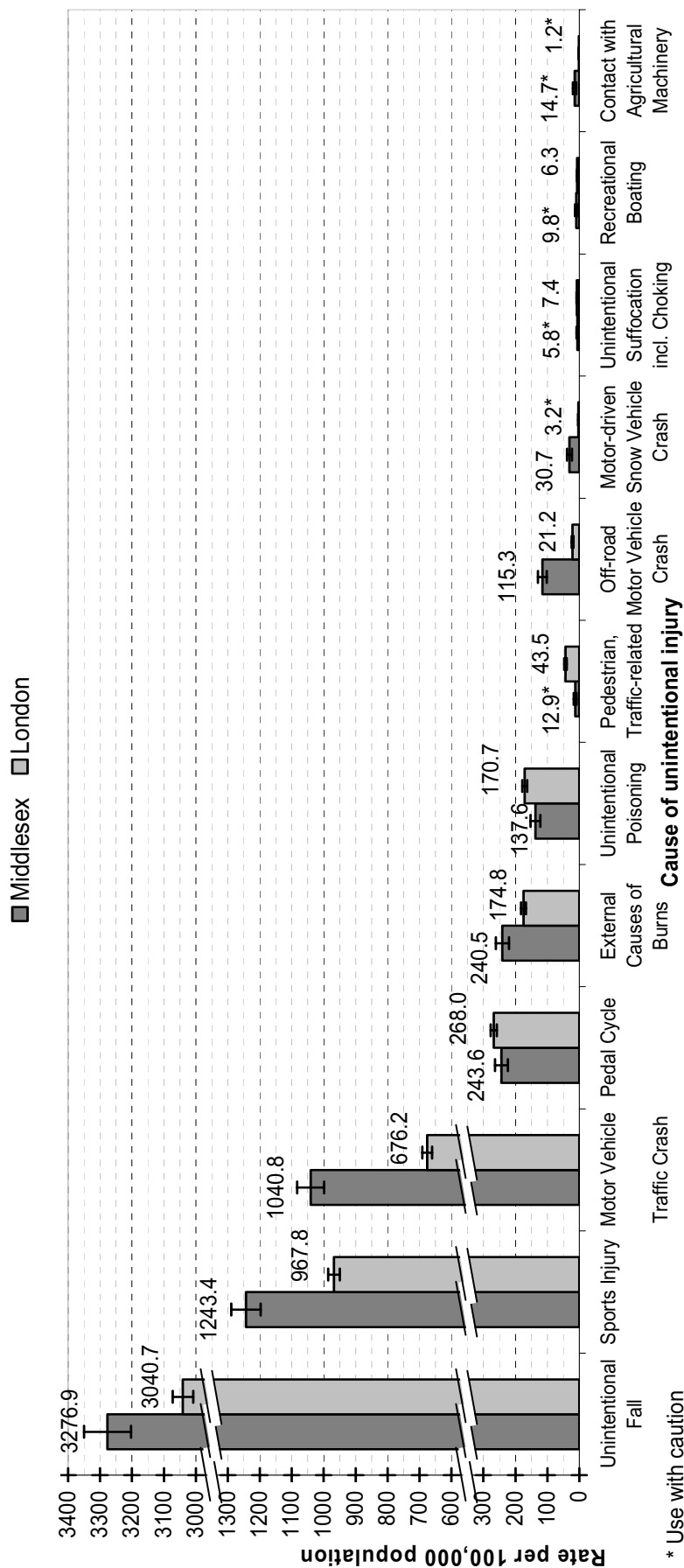
\* Use with caution

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

### Key Findings

- County residents are 1.9 times more likely than Londoners to be hospitalized due to an UI
- County residents are 4.6 times more likely than Londoners to be hospitalized due to off-road MV crashes

Figure 12: Rates of Emergency Room Visits for Leading Causes of Unintentional Injuries by Residence in Middlesex-London, 2004-2006



\* Use with caution  
 Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

**Key Findings**

**County residents are more likely than Londoners to visit an ER due to:**

- MV traffic crashes (1.5 times more likely)
- Off-road MV crashes (5.4 times more likely)
- External causes of burns (1.4 times more likely)
- Sports injuries (1.3 times more likely) (see Fig. 13)
- Agricultural machinery and motor-driven snow vehicle crashes: (Rates may be several-fold higher. These findings, are however, based on low and less stable rates and should, therefore, be treated as less reliable.)

**Londoners are more likely than County residents to visit an ER due to:**

- Pedestrian, traffic-related: Rates for Londoners may be triple the rate for County residents. (This finding, however, is based on low and less stable rates and should, therefore, be treated as less reliable.)

## Key Findings by Cause of Unintentional Injury

### Unintentional Falls

Unintentional falls is the leading cause of hospitalizations, estimated at about 1,347 annually, which is over one-half of UI hospitalizations in Middlesex-London. It is also overwhelmingly the leading cause of ER visits for UIs with an annual estimate of 13,392, and a close second for UI deaths (31) after MV traffic crashes. Table 1 below presents the rates of unintentional falls per 100,000 persons in Middlesex-London. To follow is a summary of statistically significant demographic comparisons:

- Females are 1.5 times more likely than males to be hospitalized for unintentional falls
- Unintentional falls is the leading cause of UIs for ER visits in every age group except ages 10 to 19
- Unintentional falls are largely responsible for the high rates of UI in 65 + age group.
- Rates of death due to unintentional falls is 14 times higher in persons ages 65+ compared to those in the next highest age group of 45 to 64 years.
- Rates of hospitalization and ER visits for unintentional falls follow a similar pattern across age groups with a considerable drop in rates from ages 1 to 9 to ages 20 to 44. Thereafter rates rise sharply surpassing those of the youngest age groups.

**Table 1: Unintentional falls by demographic groups, Middlesex-London**

	Rates per 100,000 population $\pm$ margin of error <sup>1</sup>		
	Deaths <sup>2</sup>	Hospitalizations <sup>3</sup>	ER Visits <sup>3</sup>
<b>All</b>	7.2 $\pm$ 1.1	310.0 $\pm$ 9.5	3081.3 $\pm$ 29.7
<b>Sex</b>			
<b>Male</b>	7.3 $\pm$ 1.6	245.4 $\pm$ 12.1	3040.5 $\pm$ 42.1
<b>Female</b>	7.2 $\pm$ 1.6	372.1 $\pm$ 14.6	3120.4 $\pm$ 41.8
<b>Age (years)</b>			
< 1	None	115.8 $\pm$ 58.6 <sup>4</sup>	4479.5 $\pm$ 356.3
1-9	None	133.3 $\pm$ 19.7	5418.0 $\pm$ 122.1
10-19	None	120.1 $\pm$ 16.2	4336.1 $\pm$ 95.2
20-44	NR	82.5 $\pm$ 8.1	1982.9 $\pm$ 39.2
45-64	3.4 $\pm$ 1.6 <sup>4</sup>	227.6 $\pm$ 16.4	2123.8 $\pm$ 49.5
65+	48.8 $\pm$ 8.3	1464.5 $\pm$ 57.0	4838.5 $\pm$ 101.9
<b>Residence</b>			
<b>City of London</b>	7.2 $\pm$ 1.3	302.1 $\pm$ 10.4	3040.7 $\pm$ 32.4
<b>County</b> (excl. London)	7.4 $\pm$ 2.8 <sup>4</sup>	347.8 $\pm$ 24.4	3276.8 $\pm$ 73.6

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

<sup>1</sup> based on 95% confidence intervals

<sup>2</sup> Time Period: 2000-2004

<sup>3</sup> Time Period: 2004-2006

<sup>4</sup> rate is unstable, use with caution

NR = not reportable due to small number of events

### Unintentional Falls

Middlesex-London vs Ontario

ML Children (< age 20) versus ON:

- Higher hospitalization rates, particularly females ages 10-19.
- Somewhat higher ER visit rates

ML Seniors (ages 65+) versus ON:

- Lower hospitalization rates, particularly females ages 85+
- Somewhat lower ER visit rates

## MV Traffic Crashes

MV traffic crashes is the leading cause of UI deaths estimated annually at 35 in Middlesex-London. They are a very distant second and third leading cause of UI hospitalizations (280) and ER visits (3,212), respectively. Table 2 below presents the rates of MV traffic crashes per 100,000 persons in Middlesex-London. To follow is a summary of statistically significant demographic comparisons:

- Males are 1.6 times more likely to die and 1.9 times more likely to be hospitalized due to MV traffic crashes than females
- County residents are 2.3 times more likely to die, 1.9 times more likely to be hospitalized, and 1.5 times more likely to visit an ER due to MV traffic crashes than Londoners
- MV traffic crashes is the leading cause of UI deaths in all age groups below age 65.
- The most significant change by age group is for hospitalization and ER visit rates which rise sharply between age groups 1 to 9 and 10 to 19 years.

### MV Traffic Crashes

Middlesex-London vs Ontario

ML adults ages 20-44 versus ON:

- Males, higher hospitalization rate
- Males and females, higher ER visit rates

ML females versus ON:

- generally higher death rates
- ages 10-19, higher ER visit rate

**Table 2: Motor vehicle traffic crashes by demographic groups, Middlesex-London**

	Rates per 100,000 population ± margin of error <sup>1</sup>		
	Deaths <sup>2</sup>	Hospitalizations <sup>3</sup>	ER Visits <sup>3</sup>
<b>All</b>	8.3 ± 1.2	64.4 ± 4.4	739.0 ± 14.7
<b>Sex</b>			
<b>Male</b>	10.2 ± 1.9	84.3 ± 7.1	788.2 ± 21.7
<b>Female</b>	6.4 ± 1.5	45.3 ± 5.1	691.7 ± 19.9
<b>Age (years)</b>			
<b>&lt; 1</b>	NR	None	108.1 ± 56.6 <sup>4</sup>
<b>1-9</b>	NR	12.9 ± 6.1 <sup>4</sup>	257.5 ± 27.3
<b>10-19</b>	7.9 ± 3.2 <sup>4</sup>	77.4 ± 13.0	928.0 ± 44.8
<b>20-44</b>	8.9 ± 2.0	77.6 ± 7.8	1013.0 ± 28.1
<b>45-64</b>	7.9 ± 2.5	50.7 ± 7.7	604.8 ± 26.6
<b>65+</b>	13.3 ± 4.3	84.5 ± 13.8	438.7 ± 31.4
<b>Residence</b>			
<b>City of London</b>	6.8 ± 1.2	56.1 ± 4.5	676.2 ± 15.5
<b>County</b> (excl. London)	15.4 ± 4.0	104.7 ± 13.4	1040.8 ± 42.0

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

<sup>1</sup> based on 95% confidence intervals

<sup>2</sup> Time Period: 2000-2004

<sup>3</sup> Time Period: 2004-2006

<sup>4</sup> rate is unstable, use with caution

NR = not reportable due to small number of events



## Sports Injury

Sports injuries is the third leading cause of hospitalization for UIs with an annual estimate of 118 and the second leading cause of ER visits (4413) for UIs in Middlesex-London. Deaths due to sports injuries can not be determined as it is no longer classified as an external cause of death in our current classification system, i.e., the International Classification of Diseases 10 (ICD-10). Table 3 below presents other rates of sports injuries per 100,000 persons in Middlesex-London. To follow is a summary of statistically significant demographic comparisons:

- Males are 3.6 times more likely to be hospitalized and 2.8 times more likely to visit an ER for sports injuries than females.
- County residents are 1.3 times more likely to visit an ER for sports injuries than Londoners
- Sports injuries are the leading cause of ER visits for UIs in the 10 to 19 year age group.
- ER visits and hospitalization rates show a similar pattern across age groups in which sports injuries rise and peak at ages 10 to 19 and then fall dramatically thereafter.

**Table 3: Sports injury by demographic groups, Middlesex-London**

	Rates per 100,000 population $\pm$ margin of error <sup>1</sup>		
	Deaths <sup>2</sup>	Hospitalizations <sup>3</sup>	ER Visits <sup>3</sup>
<b>All</b>	NC	27.1 $\pm$ 2.8	1015.3 $\pm$ 17.2
<b>Sex</b>			
<b>Male</b>	NC	42.9 $\pm$ 5.1	1515.9 $\pm$ 30.0
<b>Female</b>	NC	12.0 $\pm$ 2.6	533.4 $\pm$ 17.5
<b>Age (years)</b>			
<b>&lt; 1</b>	NC	None	NR
<b>1-9</b>	NC	14.4 $\pm$ 6.5 <sup>4</sup>	885.3 $\pm$ 50.5
<b>10-19</b>	NC	95.0 $\pm$ 14.4	4392.5 $\pm$ 95.8
<b>20-44</b>	NC	25.9 $\pm$ 4.5	760.5 $\pm$ 24.4
<b>45-64</b>	NC	10.1 $\pm$ 3.5 <sup>4</sup>	173.2 $\pm$ 14.3
<b>65+</b>	NC	5.3 $\pm$ 3.4 <sup>4</sup>	45.7 $\pm$ 10.1
<b>Residence</b>			
<b>City of London</b>	NC	25.7 $\pm$ 3.0	967.8 $\pm$ 18.5
<b>County</b> (excl. London)	NC	34.3 $\pm$ 7.7	1243.4 $\pm$ 45.8

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

<sup>1</sup> based on 95% confidence intervals

<sup>2</sup> Time Period: 2000-2004

<sup>3</sup> Time Period: 2004-2006

<sup>4</sup> rate is unstable, use with caution

NC = not classified; sports injuries is no longer classified as an external cause of death

NR = not reportable due to small number of events

### Sport Injuries

Middlesex-London vs Ontario

ML children and adults (ages <45) versus ON:

- Males, higher hospitalization rate
- Males and females, higher ER visit rates

## Unintentional Poisoning

Unintentional poisoning is the third leading cause of death estimated annually at 10, second leading cause of hospitalization (106) and 6<sup>th</sup> leading cause of ER visits (717) due to an UIs in Middlesex-London. Table 4 below presents the rates of unintentional poisonings per 100,000 persons in Middlesex-London. To follow is a summary of statistically significant demographic comparisons:

- Londoners are 1.2 times more likely than County residents to visit an ER for unintentional poisoning.
- While rates of unintentional poisoning decline with age for ER visits, they increase with age for hospitalizations.

**Table 4: Unintentional poisoning by demographic groups, Middlesex-London**

	Rates per 100,000 population $\pm$ margin of error <sup>1</sup>		
	Deaths <sup>2</sup>	Hospitalizations <sup>3</sup>	ER Visits <sup>3</sup>
<b>All</b>	2.4 $\pm$ 0.7	24.3 $\pm$ 2.7	165.0 $\pm$ 7.0
<b>Sex</b>			
<b>Male</b>	3.0 $\pm$ 1.0 <sup>4</sup>	26.0 $\pm$ 3.9	172.2 $\pm$ 10.2
<b>Female</b>	1.8 $\pm$ 0.8 <sup>4</sup>	22.7 $\pm$ 3.6	158.1 $\pm$ 9.5
<b>Age (years)</b>			
<b>&lt; 1</b>	None	NR	301.2 $\pm$ 94.4
<b>1-9</b>	None	12.1 $\pm$ 5.9 <sup>4</sup>	283.2 $\pm$ 28.7
<b>10-19</b>	NR	17.1 $\pm$ 6.1 <sup>4</sup>	188.3 $\pm$ 20.3
<b>20-44</b>	2.6 $\pm$ 1.1 <sup>4</sup>	19.9 $\pm$ 4.0	181.1 $\pm$ 11.9
<b>45-64</b>	3.4 $\pm$ 1.6 <sup>4</sup>	25.5 $\pm$ 5.5	120.7 $\pm$ 11.9
<b>65+</b>	4.1 $\pm$ 2.4 <sup>4</sup>	51.0 $\pm$ 10.7	78.0 $\pm$ 13.3
<b>Residence</b>			
<b>City of London</b>	2.7 $\pm$ 0.8	25.7 $\pm$ 3.0	170.7 $\pm$ 7.8
<b>County</b> (excl. London)	NR	17.8 $\pm$ 5.5	137.6 $\pm$ 15.3

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

<sup>1</sup> based on 95% confidence intervals

<sup>2</sup> Time Period: 2000-2004

<sup>3</sup> Time Period: 2004-2006

<sup>4</sup> rate is unstable, use with caution

NR = not reportable due to small number of events

### Unintentional Poisoning

Middlesex-London vs Ontario

- ML males: somewhat higher hospitalization rate than ON
- ML young females: higher ER visit rates than ON, particularly females ages 10-19

## Pedal Cycle Injuries

Pedal cycle injuries is the fourth leading cause of UIs for ER visits estimated annually at 1147, fifth for hospitalizations (55), and eighth for deaths in Middlesex London. Table 5 below presents the rates of pedal cycle injuries per 100,000 persons in Middlesex-London. To follow is a summary of statistically significant demographic comparisons:

- Males are 3.3 times more likely to be hospitalized and 2.9 times more likely to visit an ER than females due to pedal cycle injuries.
- Rates of ER visits for pedal cycle injuries rise and peak at ages 10 to 19 and then fall markedly thereafter.

**Table 5: Pedal cycle injuries by demographic groups, Middlesex-London**

	Rates per 100,000 population $\pm$ margin of error <sup>1</sup>		
	Deaths <sup>2</sup>	Hospitalizations <sup>3</sup>	ER Visits <sup>3</sup>
<b>All</b>	NR	12.7 $\pm$ 1.9	263.8 $\pm$ 8.8
<b>Sex</b>			
<b>Male</b>	NR	19.7 $\pm$ 3.4	395.7 $\pm$ 15.4
<b>Female</b>	None	6.0 $\pm$ 1.9	136.9 $\pm$ 8.9
<b>Age (years)</b>			
<b>&lt; 1</b>	NR	None	None
<b>1-9</b>	NR	13.6 $\pm$ 6.3 <sup>4</sup>	425.6 $\pm$ 35.1
<b>10-19</b>	NR	20.5 $\pm$ 6.7	762.4 $\pm$ 40.7
<b>20-44</b>	None	12.7 $\pm$ 3.2	212.3 $\pm$ 12.9
<b>45-64</b>	NR	12.0 $\pm$ 3.8	136.1 $\pm$ 12.7
<b>65+</b>	None	6.5 $\pm$ 3.8 <sup>4</sup>	35.8 $\pm$ 9.0
<b>Residence</b>			
<b>City of London</b>	NR	13.7 $\pm$ 2.2	268.0 $\pm$ 9.8
<b>County</b> (excl. London)	NR	8.0 $\pm$ 3.7 <sup>4</sup>	243.6 $\pm$ 20.4

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

<sup>1</sup> based on 95% confidence intervals

<sup>2</sup> Time Period: 2000-2004

<sup>3</sup> Time Period: 2004-2006

<sup>4</sup> rate is unstable, use with caution

NR = not reportable due to small number of events

### Pedal Cycle

Middlesex-London vs Ontario

- ML children and adults (ages 1 to 64): generally higher ER visit rates than ON
- ML males ages 20-44: higher hospitalization rate than ON

## Pedestrian, Traffic-related

Pedestrian, traffic-related injuries is the fifth leading cause of UIs for deaths with an annual estimate of 4, sixth for hospitalizations (28), and seventh for ER visits (166) in Middlesex London. Table 6 below presents the rates of pedestrian, traffic-related injuries per 100,000 persons in Middlesex-London. To follow is a summary of statistically significant demographic comparisons:

- Pedestrian, traffic-related injury rates for Londoners may be triple the rate for County residents for ER visits. This finding, however, is based on less stable rates and should therefore, be treated as less reliable.
- Rates of ER visits for pedestrian, traffic-related injuries rise and peak at ages 10 to 19 and then fall markedly thereafter.

**Table 6: Pedestrian traffic-related by demographic groups, Middlesex-London**

	Rates per 100,000 population $\pm$ margin of error <sup>1</sup>		
	Deaths <sup>2</sup>	Hospitalizations <sup>3</sup>	ER Visits <sup>3</sup>
<b>All</b>	1.0 $\pm$ 0.4 <sup>4</sup>	6.4 $\pm$ 1.4	38.3 $\pm$ 3.4
<b>Sex</b>			
<b>Male</b>	1.2 $\pm$ 0.7 <sup>4</sup>	6.9 $\pm$ 2.0	38.6 $\pm$ 4.8
<b>Female</b>	0.8 $\pm$ 0.4 <sup>4</sup>	6.0 $\pm$ 1.9	37.9 $\pm$ 4.7
<b>Age (years)</b>			
<b>&lt; 1</b>	None	None	None
<b>1-9</b>	NR	NR	15.1 $\pm$ 6.6 <sup>4</sup>
<b>10-19</b>	NR	9.7 $\pm$ 4.6 <sup>4</sup>	80.2 $\pm$ 13.2
<b>20-44</b>	NR	5.3 $\pm$ 2.1 <sup>4</sup>	41.5 $\pm$ 5.7
<b>45-64</b>	NR	4.6 $\pm$ 2.3 <sup>4</sup>	24.3 $\pm$ 5.3
<b>65+</b>	NR	12.3 $\pm$ 5.3 <sup>4</sup>	33.4 $\pm$ 8.7
<b>Residence</b>			
<b>City of London</b>	1.0 $\pm$ 0.5 <sup>4</sup>	7.3 $\pm$ 1.6	43.5 $\pm$ 3.9
<b>County (excl. London)</b>	NR	NR	12.9 $\pm$ 4.7 <sup>4</sup>

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

<sup>1</sup> based on 95% confidence intervals

<sup>2</sup> Time Period: 2000-2004

<sup>3</sup> Time Period: 2004-2006

<sup>4</sup> rate is unstable, use with caution

NR = not reportable due to small number of events

### Pedestrian, Traffic Related

Middlesex-London vs Ontario

ML males and females ages 10-44: generally higher ER visit rates than ON

## External Causes of Burns

External causes of burns is the fifth leading cause of UIs for ER visits estimated annually at 809, and seventh for both deaths and hospitalizations (24) in Middlesex London. Table 7 below presents the rates of external causes of burns per 100,000 persons in Middlesex-London. To follow is a summary of statistically significant demographic comparisons:

- Males are 1.5 times more likely than females to visit an ER due to external causes of burns
- County residents are 1.4 times more likely than Londoners to visit an ER due to external causes of burns.
- The rate of ER visits for external causes of burns tends to decrease by age, falling most substantially at ages 1 to 9 and then again at ages 65+.

**Table 7: External causes of burns by demographic groups, Middlesex-London**

	Rates per 100,000 population $\pm$ margin of error <sup>1</sup>		
	Deaths <sup>2</sup>	Hospitalizations <sup>3</sup>	ER Visits <sup>3</sup>
<b>All</b>	0.6 $\pm$ 0.3 <sup>4</sup>	5.6 $\pm$ 1.3	186.1 $\pm$ 7.4
<b>Sex</b>			
<b>Male</b>	NR	7.2 $\pm$ 2.1	223.1 $\pm$ 11.6
<b>Female</b>	NR	4.1 $\pm$ 1.5 <sup>4</sup>	150.6 $\pm$ 9.3
<b>Age (years)</b>			
<b>&lt; 1</b>	None	NR	447.9 $\pm$ 115.0
<b>1-9</b>	NR	NR	250.7 $\pm$ 27.0
<b>10-19</b>	None	NR	204.8 $\pm$ 21.1
<b>20-44</b>	NR	4.5 $\pm$ 1.9 <sup>4</sup>	236.7 $\pm$ 13.6
<b>45-64</b>	NR	6.8 $\pm$ 2.8 <sup>4</sup>	132.1 $\pm$ 12.5
<b>65+</b>	NR	7.0 $\pm$ 4.0 <sup>4</sup>	55.7 $\pm$ 11.2
<b>Residence</b>			
<b>City of London</b>	0.6 $\pm$ 0.4 <sup>4</sup>	5.3 $\pm$ 1.4	174.8 $\pm$ 7.9
<b>County</b> (excl. London)	NR	7.1 $\pm$ 3.5 <sup>4</sup>	240.5 $\pm$ 20.3

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

<sup>1</sup> based on 95% confidence intervals

<sup>2</sup> Time Period: 2000-2004

<sup>3</sup> Time Period: 2004-2006

<sup>4</sup> rate is unstable, use with caution

NR = not reportable due to small number of events

### External Causes of Burns

Middlesex-London vs Ontario

- ML males ages 1-9: higher ER visit rate than ON
- ML males and females ages 20-44: somewhat higher ER visit rates than ON

## Off-road Motor Vehicle (MV) Crashes

Off-road MV crashes is the eighth leading cause of UIs for both hospitalizations and ER visits in Middlesex London with annual estimates of 22 and 163, respectively. Deaths due to off-road MV crashes can not be determined as it is no longer classified as an external cause of death in our current classification system, i.e., the International Classification of Diseases 10 (ICD-10). Table 8 below presents other rates of off-road MV crashes per 100,000 persons in Middlesex-London. To follow is a summary of statistically significant demographic comparisons:

- Males are 4.3 times more likely than females to visit an ER due to off-road MV crashes
- County residents are 4.6 times more likely than Londoners to be hospitalized and 5.4 times more likely to visit an ER for off-road MV crashes than Londoners
- Rates of ER visits for off-road MV crashes injuries rise and peak at ages 10 to 19 and then fall markedly thereafter.

### Off-road Motor MV Crashes

Middlesex-London vs Ontario

ML males: ER visit rates generally lower than ON

**Table 8: Off-road motor vehicle crashes by demographic groups, Middlesex-London**

	Rates per 100,000 population $\pm$ margin of error <sup>1</sup>		
	Deaths <sup>2</sup>	Hospitalizations <sup>3</sup>	ER Visits <sup>3</sup>
<b>All</b>	NC	5.0 $\pm$ 1.2	37.4 $\pm$ 3.3
<b>Sex</b>			
<b>Male</b>	NC	9.1 $\pm$ 2.3	61.5 $\pm$ 6.1
<b>Female</b>	NC	NR	14.3 $\pm$ 2.9
<b>Age (years)</b>			
<b>&lt; 1</b>	NC	None	None
<b>1-9</b>	NC	NR	17.4 $\pm$ 7.1 <sup>4</sup>
<b>10-19</b>	NC	13.7 $\pm$ 5.5 <sup>4</sup>	100.7 $\pm$ 14.8
<b>20-44</b>	NC	6.4 $\pm$ 2.2 <sup>4</sup>	47.0 $\pm$ 6.1
<b>45-64</b>	NC	NR	15.4 $\pm$ 4.3
<b>65+</b>	NC	NR	5.3 $\pm$ 3.4 <sup>4</sup>
<b>Residence</b>			
<b>City of London</b>	NC	3.1 $\pm$ 1.0 <sup>4</sup>	21.2 $\pm$ 2.7
<b>County</b> (excl. London)	NC	14.3 $\pm$ 4.9 <sup>4</sup>	115.3 $\pm$ 14.0

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

<sup>1</sup> based on 95% confidence intervals

<sup>2</sup> Time Period: 2000-2004

<sup>3</sup> Time Period: 2004-2006

<sup>4</sup> rate is unstable, use with caution

NC = not classified; off road MV crashes is no longer classified as an external cause of death

NR = not reportable due to small number of events

## Unintentional Suffocation, including choking

Unintentional suffocation, including choking, is the fourth leading cause of UIs for deaths with an annual estimate of 8, ninth for hospitalizations (19), and tenth for ER visits (31) in Middlesex London. Table 9 below presents the rates of unintentional suffocation, including choking per 100,000 persons in Middlesex-London. To follow is a summary of statistically significant demographic comparisons:

- Males are 2.5 times more likely than females to die from unintentional suffocation, including choking.
- The rate of hospitalization due to unintentional suffocation tripled between ages 45 to 64 and ages 65+.

**Table 9: Unintentional suffocation including choking by demographic groups, Middlesex-London**

	Rates per 100,000 population $\pm$ margin of error <sup>1</sup>		
	Deaths <sup>2</sup>	Hospitalizations <sup>3</sup>	ER Visits <sup>3</sup>
<b>All</b>	1.9 $\pm$ 0.6	4.3 $\pm$ 1.1	7.1 $\pm$ 1.4
<b>Sex</b>			
<b>Male</b>	2.8 $\pm$ 1.0 <sup>4</sup>	5.5 $\pm$ 1.8 <sup>4</sup>	8.3 $\pm$ 2.2
<b>Female</b>	1.1 $\pm$ 0.6 <sup>4</sup>	3.2 $\pm$ 1.4 <sup>4</sup>	6.0 $\pm$ 1.9
<b>Age (years)</b>			
<b>&lt; 1</b>	None	NR	NR
<b>1-9</b>	NR	NR	9.8 $\pm$ 5.4 <sup>4</sup>
<b>10-19</b>	NR	NR	NR
<b>20-44</b>	NR	NR	6.4 $\pm$ 2.2 <sup>4</sup>
<b>45-64</b>	NR	4.3 $\pm$ 2.3 <sup>4</sup>	4.6 $\pm$ 2.3 <sup>4</sup>
<b>65+</b>	8.5 $\pm$ 3.5 <sup>4</sup>	15.8 $\pm$ 6.0 <sup>2</sup>	12.3 $\pm$ 5.3 <sup>4</sup>
<b>Residence</b>			
<b>City of London</b>	2.0 $\pm$ 0.7	4.6 $\pm$ 1.3	7.4 $\pm$ 1.6
<b>County (excl. London)</b>	NR	NR	5.8 $\pm$ 3.1 <sup>4</sup>

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

<sup>1</sup> based on 95% confidence intervals

<sup>2</sup> Time Period: 2000-2004

<sup>3</sup> Time Period: 2004-2006

<sup>4</sup> rate is unstable, use with caution

NR = not reportable due to small number of events

### Unintentional Suffocation, Including Choking

Middlesex-London vs Ontario

ML males: death rates generally higher than ON

## Motor-driven Snow Vehicle Crashes

Motor-driven snow vehicle crashes is the ninth leading cause of UIs for ER visits with an annual estimate of 35, and the tenth for hospitalizations (6) in Middlesex London. Deaths due to motor-driven snow vehicles can not be determined as it is no longer classified as an external cause of death in our current classification system, i.e., the International Classification of Diseases 10 (ICD-10). Table 10 below presents the other rates of motor-driven snow vehicle crashes per 100,000 persons in Middlesex-London. To follow is a summary of statistically significant demographic comparisons:

- County residents may have rates of ER visits for motor-driven snow vehicle crashes which are several-fold higher than those for Londoners. This finding, however, is based on less stable rates and should therefore, be treated as less reliable.
- The rate of ER visits due to motor-driven snow vehicle crashes appears to increase and peak at ages 20 to 44, falling sharply in the 45 to 64 year age group.

**Table 10: Motor-driven snow vehicle crashes by demographic groups, Middlesex-London**

	Rates per 100,000 population $\pm$ margin of error <sup>1</sup>		
	Deaths <sup>2</sup>	Hospitalizations <sup>3</sup>	ER Visits <sup>3</sup>
<b>All</b>	NC	1.5 $\pm$ 0.7 <sup>4</sup>	8.0 $\pm$ 1.5
<b>Sex</b>			
<b>Male</b>	NC	2.8 $\pm$ 1.3 <sup>4</sup>	13.3 $\pm$ 2.8
<b>Female</b>	NC	NR	2.9 $\pm$ 1.3 <sup>4</sup>
<b>Age (years)</b>			
<b>&lt; 1</b>	NC	None	None
<b>1-9</b>	NC	None	NR
<b>10-19</b>	NC	NR	10.2 $\pm$ 4.7 <sup>4</sup>
<b>20-44</b>	NC	2.7 $\pm$ 1.5 <sup>4</sup>	14.4 $\pm$ 3.4
<b>45-64</b>	NC	NR	3.7 $\pm$ 2.1 <sup>4</sup>
<b>65+</b>	NC	None	None
<b>Residence</b>			
<b>City of London</b>	NC	NR	3.2 $\pm$ 1.1 <sup>4</sup>
<b>County</b> (excl. London)	NC	5.8 $\pm$ 3.1 <sup>4</sup>	30.7 $\pm$ 7.2

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

<sup>1</sup> based on 95% confidence intervals

<sup>2</sup> Time Period: 2000-2004

<sup>3</sup> Time Period: 2004-2006

<sup>4</sup> rate is unstable, use with caution

NC = not classified; motor-driven snow vehicles is no longer classified as an external cause of death

NR = not reportable due to small number of events

### Motor-driven Snow Vehicle Crashes

Middlesex-London vs Ontario

ML males and females: generally lower ER visit rates than ON



## Recreational Boating

Recreational boating injuries is the 11<sup>th</sup> leading cause of UIs for ER visits with an annual estimate of 30 and 12<sup>th</sup> for hospitalizations in Middlesex London. Table 11 below presents the rates of recreational boating injuries per 100,000 persons in Middlesex-London. No statistically significant differences were detectable by the demographic characteristics analyzed.

**Table 11: Recreational boating by demographic groups, Middlesex-London**

	Rates per 100,000 population $\pm$ margin of error <sup>1</sup>		
	Deaths <sup>2</sup>	Hospitalizations <sup>3</sup>	ER Visits <sup>3</sup>
<b>All</b>	None	NR	6.9 $\pm$ 1.4
<b>Sex</b>			
<b>Male</b>	None	NR	9.2 $\pm$ 2.4
<b>Female</b>	None	None	4.7 $\pm$ 1.6 <sup>4</sup>
<b>Age (years)</b>			
<b>&lt; 1</b>	None	None	None
<b>1-9</b>	None	None	None
<b>10-19</b>	None	NR	11.4 $\pm$ 5.0 <sup>4</sup>
<b>20-44</b>	None	None	9.0 $\pm$ 2.7
<b>45-64</b>	None	NR	7.7 $\pm$ 3.0 <sup>4</sup>
<b>65+</b>	None	None	NR
<b>Residence</b>			
<b>City of London</b>	None	NR	6.3 $\pm$ 1.5
<b>County</b> (excl. London)	None	None	9.8 $\pm$ 4.1 <sup>4</sup>

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

<sup>1</sup> based on 95% confidence intervals

<sup>2</sup> Time Period: 2000-2004

<sup>3</sup> Time Period: 2004-2006

<sup>4</sup> rate is unstable, use with caution

NR = not reportable due to small number of events

### Recreational Boating

Middlesex-London vs Ontario

ML males: generally lower ER visits rates than ON

Five Middlesex-London residents are estimated to die every year due to unintentional drowning.

## Unintentional Drowning

Unintentional drowning is the sixth leading cause of UIs for deaths with an annual estimate of 5, 11<sup>th</sup> for hospitalizations and 13<sup>th</sup> for ER visits (10) in Middlesex London. Table 12 below presents the rates of unintentional drowning per 100,000 persons in Middlesex-London. No statistically significant differences were detectable by the demographic characteristics analyzed.

**Table 12: Unintentional drowning by demographic groups, Middlesex-London**

	Rates per 100,000 population $\pm$ margin of error <sup>1</sup>		
	Deaths <sup>2</sup>	Hospitalizations <sup>3</sup>	ER Visits <sup>3</sup>
<b>All</b>	0.8 $\pm$ 0.4 <sup>4</sup>	0.7 $\pm$ 0.5 <sup>4</sup>	2.2 $\pm$ 0.8 <sup>4</sup>
<b>Sex</b>			
<b>Male</b>	1.2 $\pm$ 0.7 <sup>4</sup>	NR	3.1 $\pm$ 1.4 <sup>4</sup>
<b>Female</b>	NR	NR	1.4 $\pm$ 0.9 <sup>4</sup>
<b>Age (years)</b>			
<b>&lt; 1</b>	None	None	NR
<b>1-9</b>	NR	NR	7.6 $\pm$ 4.7 <sup>4</sup>
<b>10-19</b>	NR	NR	NR
<b>20-44</b>	NR	NR	1.8 $\pm$ 1.2 <sup>4</sup>
<b>45-64</b>	NR	NR	NR
<b>65+</b>	None	NR	NR
<b>Residence</b>			
<b>City of London</b>	0.8 $\pm$ 0.4 <sup>4</sup>	NR	2.3 $\pm$ 0.9 <sup>4</sup>
<b>County</b> (excl. London)	NR	NR	NR

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

<sup>1</sup> based on 95% confidence intervals

<sup>2</sup> Time Period: 2000-2004

<sup>3</sup> Time Period: 2004-2006

<sup>4</sup> rate is unstable, use with caution

NR = not reportable due to small number of events

## Agricultural Machinery

Injury from contact with agricultural machinery is the 12<sup>th</sup> leading cause of UIs for ER visits with an annual estimate of 15 in Middlesex London. Table 13 below presents the rates of agricultural machinery-related injuries per 100,000 persons in Middlesex-London. To follow is a summary of statistically significant demographic comparisons:

- County residents may have rates of ER visits for injuries from contact with agricultural machinery which are several-fold higher than those for Londoners. This finding, however, is based on less stable rates and should therefore, be treated as less reliable.

**Table 13: Agricultural machinery by demographic groups, Middlesex-London**

	Rates per 100,000 population $\pm$ margin of error <sup>1</sup>		
	Deaths <sup>2</sup>	Hospitalizations <sup>3</sup>	ER Visits <sup>3</sup>
<b>All</b>	None	None	3.5 $\pm$ 1.0
<b>Sex</b>			
<b>Male</b>	None	None	6.6 $\pm$ 2.0
<b>Female</b>	None	None	NR
<b>Age (years)</b>			
<b>&lt; 1</b>	None	None	None
<b>1-9</b>	None	None	NR
<b>10-19</b>	None	None	NR
<b>20-44</b>	None	None	2.9 $\pm$ 1.5 <sup>4</sup>
<b>45-64</b>	None	None	5.2 $\pm$ 2.5 <sup>4</sup>
<b>65+</b>	None	None	NR
<b>Residence</b>			
<b>City of London</b>	None	None	1.2 $\pm$ 0.7 <sup>4</sup>
<b>County</b> (excl. London)	None	None	14.7 $\pm$ 5.0 <sup>4</sup>

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

<sup>1</sup> based on 95% confidence intervals

<sup>2</sup> Time Period: 2000-2004

<sup>3</sup> Time Period: 2004-2006

<sup>4</sup> rate is unstable, use with caution

NR = not reportable due to small number of events

An annual estimate of 15 ER visits are due to UIs from contact with agricultural machinery in Middlesex-London.

## Technical Notes

The data for this report were extracted from the Provincial Health Planning Database (PHPDB) of the Ministry of Health and Long-term Care (MOHLTC). This includes mortality data originally from the Office of the Registrar General, hospitalization data originally from the Discharge Abstracts Database maintained by the Canadian Institute for Health Information (CIHI), and ER visit data originally from the National Acute Care Registry System (NACRS).

Definitions for the unintentional injury indicators are part of the Core Indicators for Public Health in Ontario, developed by the Association of Public Health Epidemiologists in Ontario (APHEO).

Rates have been suppressed in compliance with data sharing agreements under the following conditions: 1) if the number of events in a category are less than five, for confidentiality reasons or 2) if the coefficient of variation is greater than 33.3%, which indicates a highly unreliable rate.

Differences in rates which are discussed in the text of this report have been deemed to be statistically significant unless otherwise noted. This was determined by observing non-overlapping limits of 95% confidence intervals which were calculated for all rates. These are presented in the tables and figures after the rate estimate as “+/-“ certain value. When the difference between two estimates is considered statistically significant this means that the difference has a low likelihood (ie. 5% in this case) of being due to chance alone.

Age-standardized rates were used for comparing Middlesex-London with Ontario. This removes potential biases due to any differences in the populations' age composition. Only noteworthy differences were referred to in this report.

### Limitations

Residents of Ontario who died or were admitted to a hospital or emergency department outside of Ontario are not represented in the available databases and therefore not captured in the statistics in this report.

Hospitalization refers to those who have been admitted to hospital and therefore require an overnight stay. The hospitalization rate represents the number of hospitalizations in total rather than the number of patients hospitalized. Patients who are hospitalized more than once during the time period under examination, therefore, are counted more than once in this rate.

This limitation also applies to ER visits. ER visits may also reflect the availability of family physicians (FPs), in which those without FPs may be more likely to present at an ER with issues more suitable for FPs to address.

## Appendix A1-A4: Leading Causes of Unintentional Injuries

**Table 1 Leading Causes of Unintentional Injury Deaths, Hospitalizations and ER Visits in Middlesex -London**

Rank	Deaths (2000-2004)	Hospitalizations (2004-2006)	ER Visits (2004-2006)
	Cause Rate $\pm$ 95% CI (N)	Cause Rate $\pm$ 95% CI (N)	Cause Rate $\pm$ 95% (N)
1	<b>MV Traffic Crashes</b> 8.3 $\pm$ 1.2 (176)	<b>Unintentional Falls</b> 310.0 $\pm$ 9.5 (4042)	<b>Unintentional Falls</b> 3081.3 $\pm$ 29.7 (40,178)
2	<b>Unintentional Falls</b> 7.2 $\pm$ 1.1 (154)	<b>MV Traffic Crashes</b> 64.4 $\pm$ 4.4 (840)	<b>Sports Injury</b> 1015.3 $\pm$ 17.2 (13,238)
3	<b>Unintentional Poisoning</b> 2.4 $\pm$ 0.7 (51)	<b>Sports Injury</b> 27.1 $\pm$ 2.8 (354)	<b>MV Traffic Crashes</b> 739.0 $\pm$ 14.7 (9636)
4	<b>Unintentional Suffocation incl. Choking</b> 1.9 $\pm$ 0.6 (41)	<b>Unintentional Poisoning</b> 24.3 $\pm$ 2.7 (317)	<b>Pedal Cycle</b> 263.8 $\pm$ 8.8 (3440)
5	<b>Pedestrian, Traffic-related</b> 1.0 $\pm$ 0.4, UWC (22)	<b>Pedal Cycle</b> 12.7 $\pm$ 1.9 (166)	<b>External Causes of Burns</b> 186.1 $\pm$ 7.4 (2427)
6	<b>Unintentional Drowning</b> 0.8 $\pm$ 0.4, UWC (16)	<b>Pedestrian, Traffic-related</b> 6.4 $\pm$ 1.4 (84)	<b>Unintentional Poisoning</b> 165.0 $\pm$ 7.0 (2152)
7	<b>External Causes of Burns</b> 0.6 $\pm$ 0.3, UWC (12)	<b>External Causes of Burns</b> 5.6 $\pm$ 1.3 (73)	<b>Pedestrian, Traffic-related</b> 38.3 $\pm$ 3.4 (499)
8	<b>Pedal Cycle</b> NR (5)	<b>Off-road MV Crashes</b> 5.0 $\pm$ 1.2 (65)	<b>Off-road MV Crashes</b> 37.4 $\pm$ 3.3 (488)
9		<b>Unintentional Suffocation incl. Choking</b> 4.3 $\pm$ 1.1 (56)	<b>Motor-driven Snow Vehicle Crashes</b> 8.0 $\pm$ 1.5 (104)
10		<b>Motor-driven Snow Vehicle Crashes</b> 1.5 $\pm$ 0.7, UWC (19)	<b>Unintentional Suffocation incl. Choking</b> 7.1 $\pm$ 1.4 (93)
11		<b>Unintentional Drowning</b> 0.7 $\pm$ 0.5, UWC (9)	<b>Recreational Boating</b> 6.9 $\pm$ 1.4 (90)
12		<b>Recreational Boating</b> NR (5)	<b>Agriculture Machinery</b> 3.5 $\pm$ 1.0 (46)
13			<b>Unintentional Drowning</b> 2.2 $\pm$ 0.8, UWC (29)
<b>ALL UI</b>	<b>All Causes</b> 28.1 $\pm$ 2.3 (598)	<b>All Causes</b> 539.5 $\pm$ 12.6 (7035)	<b>All Causes</b> 10,906.2 $\pm$ 53.5 (142,207)

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

Notes	
<b>Rates</b> = number of events per 100,000 population +/- 95% confidence interval	<b>CI</b> = Confidence Interval
<b>NR</b> = rate is not reportable due to small numbers	<b>UWC</b> = rate is unstable and should be used with caution
<b>MV</b> = Motor Vehicle	<b>(N)</b> = number of events (ie. deaths, hospitalizations, ER visits) overtime period indicated



Table 2 Leading Causes of Unintentional Injury: Deaths in Middlesex London, 2000–2004

Rank	ALL	Age Group (years)						Sex		Residence	
		<1	1–9	10–19	20–44	45–64	65+	Male	Female	City of London	Middlesex County (excl. London)
		MV Traffic Crashes NR	MV Traffic Crashes NR	MV Traffic Crashes 7.9±3.2, UWC	MV Traffic Crashes 8.9±2.0	MV Traffic Crashes 7.9±2.5	Unintentional Falls 48.8±8.3	MV Traffic Crashes 10.2±1.9	Unintentional Falls 7.2±1.6	MV Traffic Crashes 15.4±4.0	Unintentional Falls 7.2±1.3
Unintentional Falls 7.2±1.1	Unintentional Suffocation incl. Choking NR	Unintentional Suffocation incl. Choking NR	Unintentional Poisoning 2.6±1.1, UWC	Unintentional Falls 3.4±1.6, UWC	MV Traffic Crashes 13.3±4.3	Unintentional Falls 7.3±1.6	MV Traffic Crashes 6.4±1.5	Unintentional Falls 7.4±2.8, UWC	MV Traffic Crashes 6.8±1.2	Unintentional Falls 7.4±2.8, UWC	
Unintentional Poisoning 2.4±0.7	Unintentional Drowning NR	Pedestrian, Traffic-related NR	Unintentional Suffocation incl. Choking NR	Unintentional Poisoning 3.4±1.6, UWC	Unintentional Suffocation incl. Choking 8.5±3.5, UWC	Unintentional Poisoning 3.0±1.0, UWC	Unintentional Poisoning 1.8±0.8, UWC	Unintentional Suffocation incl. Choking NR	Unintentional Poisoning 2.7±0.8	Unintentional Suffocation incl. Choking NR	
Unintentional Suffocation incl. Choking 1.9±0.6	External Causes of Burns NR	Unintentional Poisoning NR	Unintentional Drowning NR	Pedestrian, Traffic-related NR	Unintentional Poisoning 4.1±2.4, UWC	Unintentional Suffocation incl. Choking 2.8±1.0, UWC	Unintentional Suffocation incl. Choking 1.1±0.6, UWC	Unintentional Poisoning NR	Unintentional Suffocation incl. Choking 2.0±0.7	Unintentional Poisoning NR	
Pedestrian, Traffic-related 1.0±0.4, UWC	Pedestrian, Traffic-related NR	Unintentional Drowning NR	Unintentional Falls NR	Unintentional Suffocation incl. Choking NR	Pedestrian, Traffic-related NR	Pedestrian, Traffic-related 1.2±0.7, UWC	Pedestrian, Traffic-related 0.8±0.5, UWC	Pedestrian, Traffic-related NR	Pedestrian, Traffic-related 1.0±0.5, UWC	Pedestrian, Traffic-related NR	
Unintentional Drowning 0.8±0.4, UWC	Pedal Cycle NR	Pedal Cycle NR	Pedestrian, Traffic-related NR	Unintentional Drowning NR	Unintentional Drowning NR	Unintentional Drowning 1.2±0.7, UWC	External Causes of Burns NR	Unintentional Drowning NR	Unintentional Drowning 0.8±0.4, UWC	Unintentional Drowning NR	
External Causes of Burns 0.6±0.3, UWC			External Causes of Burns NR	Ext. Causes of Burns NR		External Causes of Burns NR	Unintentional Drowning NR	External Causes of Burns NR	External Causes of Burns 0.6±0.4, UWC	External Causes of Burns NR	
Pedal Cycle NR				Pedal Cycle NR	Pedal Cycle NR				Pedal Cycle NR	Pedal Cycle NR	
All Causes 28.1±2.3	All Causes NR	All Causes 6.3±3.2, UWC	All Causes 11.0±3.8, UWC	All Causes 15.0±2.7	All Causes 20.2±4.0	All Causes 121.1±13.1	All Causes 25.9±3.0	All Causes 35.5±6.1	All Causes 26.6±2.4	All Causes 35.5±6.1	

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted June 2009.

<b>Notes</b>	CI = Confidence Interval
Rates = number of events per 100,000 population +/- 95% confidence interval	UWC = rate is unstable and should be used with caution
NR = rate is not reportable due to small numbers	
MV = Motor Vehicle	





Table 3 Leading Causes of Unintentional Injury: Hospitalization in Middlesex-London, 2004-2006

Rank	ALL	Age						Sex		Residence	
		<1	1-9	10-19	20-44	45-64	65+	Male	Female	City of London	Middlesex County (excl. London)
1	Unintentional Falls 310.0 ± 9.5	Unintentional Falls 115.8 ± 58.6, UWC	Unintentional Falls 133.3 ± 19.7	Unintentional Falls 120.1 ± 16.2	Unintentional Falls 82.5 ± 8.1	Unintentional Falls 227.6 ± 16.4	Unintentional Falls 1464.5 ± 57.0	Unintentional Falls 245.4 ± 12.1	Unintentional Falls 372.1 ± 14.6	Unintentional Falls 302.1 ± 10.4	Unintentional Falls 347.8 ± 24.4
2	MV Traffic Crashes 64.4 ± 4.4	External Cause of Burns NR	Sports Injury 14.4 ± 6.5, UWC	Sports Injury 95.0 ± 14.4	MV Traffic Crashes 77.6 ± 7.8	MV Traffic Crashes 50.7 ± 7.7	MV Traffic Crashes 84.5 ± 13.8	MV Traffic Crashes 84.3 ± 7.1	MV Traffic Crashes 45.3 ± 5.1	MV Traffic Crashes 56.1 ± 4.5	MV Traffic Crashes 104.7 ± 13.4
3	Sports injury 27.1 ± 2.8	Unintentional Poisoning NR	Pedal Cycle 13.6 ± 6.3, UWC	MV Traffic Crashes 77.4 ± 13.0	Sports Injury 25.9 ± 4.5	Unintentional Poisoning 25.5 ± 5.5	Unintentional Poisoning 51.0 ± 10.7	Sports Injury 42.9 ± 5.1	Unintentional Poisoning 22.7 ± 3.6	Sports Injury 25.7 ± 3.0	Sports Injury 34.3 ± 7.7
4	Unintentional Poisoning 24.3 ± 2.7	Unintentional Suffocation incl. Choking NR	MV Traffic Crashes 12.9 ± 6.1, UWC	Pedal Cycle 20.5 ± 6.7	Unintentional Poisoning 19.9 ± 4.0	Pedal Cycle 12.0 ± 3.8	Unintentional Suffocation incl. Choking 15.8 ± 6.0, UWC	Unintentional Poisoning 26.0 ± 3.9	Sports Injury 12.0 ± 2.6	Unintentional Poisoning 25.7 ± 3.0	Unintentional Poisoning 17.8 ± 5.5
5	Pedal Cycle 12.7 ± 1.9	Unintentional Poisoning 12.1 ± 5.9, UWC	Unintentional Poisoning 17.1 ± 6.1, UWC	Unintentional Poisoning 17.1 ± 6.1, UWC	Pedal Cycle 12.7 ± 3.2	Sports Injury 10.1 ± 3.5, UWC	Pedestrian, Traffic-related 12.3 ± 5.3, UWC	Pedal Cycle 19.7 ± 3.4	Pedal Cycle 6.0 ± 1.9	Pedal Cycle 13.7 ± 2.2	Off-road MV Crash 14.3 ± 4.9, UWC
6	Pedestrian, Traffic-related 6.4 ± 1.4	Unintentional Suffocation incl. Choking NR	Unintentional Suffocation incl. Choking NR	Off-road MV Crash 13.7 ± 5.5, UWC	Off-road MV Crash 6.4 ± 2.2, UWC	External Causes of Burns 6.8 ± 2.8, UWC	External Causes of Burns 7.0 ± 4.0, UWC	Off-road MV Crash 9.1 ± 2.3	Pedestrian, Traffic-related 6.0 ± 1.9	Pedestrian, Traffic-related 7.3 ± 1.6	Pedal Cycle 8.0 ± 3.7, UWC
7	External Causes of Burns 5.6 ± 1.3	External Causes of Burns NR	External Causes of Burns NR	External Causes of Burns 9.7 ± 4.6, UWC	Pedestrian, Traffic-related 5.3 ± 2.1, UWC	Pedestrian, Traffic-related 4.6 ± 2.3, UWC	Pedal Cycle 6.5 ± 3.8, UWC	External Causes of Burns 7.2 ± 2.1	External Causes of Burns 4.1 ± 1.5, UWC	External Causes of Burns 5.3 ± 1.4	External Causes of Burns 7.1 ± 3.5, UWC
8	Off-road MV Crash 5.0 ± 1.2	External Causes of Burns NR	External Causes of Burns NR	External Causes of Burns 4.5 ± 1.9, UWC	External Causes of Burns 4.5 ± 1.9, UWC	Unintentional Suffocation incl. Choking 4.3 ± 2.3, UWC	Sports Injury 5.3 ± 3.4, UWC	Pedestrian, Traffic-related 6.9 ± 2.0	Unintentional Suffocation incl. Choking 3.2 ± 1.4, UWC	Unintentional Suffocation incl. Choking 4.6 ± 1.3	Motor-driven Snow Vehicle Crash 5.8 ± 3.1, UWC
9	Unintentional Suffocation incl. Choking 4.3 ± 1.1	Unintentional Drowning NR	Unintentional Drowning NR	Recreational Boating NR	Motor-driven Snow Vehicle Crash 2.7 ± 1.5, UWC	Off-road MV Crash NR	Off-road MV Crash NR	Unintentional Suffocation incl. Choking 5.5 ± 1.8, UWC	Off-road MV Crash NR	Off-road MV Crash 3.1 ± 1.0, UWC	Unintentional Suffocation incl. Choking NR
10	Motor-driven Snow Vehicle Crash 1.5 ± 0.7, UWC	Off-road MV Crash NR	Off-road MV Crash NR	Unintentional Suffocation incl. Choking NR	Unintentional Suffocation incl. Choking NR	Motor-driven Snow Vehicle Crash NR	Unintentional Drowning NR	Motor-driven Snow Vehicle Crash 2.8 ± 1.3, UWC	Motor-driven Snow Vehicle Crash NR	Unintentional Drowning NR	Pedestrian, Traffic-related NR
11	Unintentional Drowning 0.7 ± 0.5, UWC	Unintentional Drowning NR	Motor-driven Snow Vehicle Crash NR	Motor-driven Snow Vehicle Crash NR	Unintentional Drowning NR	Unintentional Drowning NR	Unintentional Drowning NR	Unintentional Drowning NR	Unintentional Drowning NR	Motor-driven Snow Vehicle Crash NR	Unintentional Drowning NR
12	Recreational Boating NR	Unintentional Drowning NR	Unintentional Drowning NR	Unintentional Drowning NR	Recreational Boating NR	Recreational Boating NR	Recreational Boating NR	Recreational Boating NR	Recreational Boating NR	Recreational Boating NR	Recreational Boating NR
	All Causes 539.5 ± 12.6	All Causes 285.8 ± 91.9	All Causes 265.1 ± 27.7	All Causes 373.8 ± 28.5	All Causes 298.7 ± 15.3	All Causes 430.3 ± 22.5	All Causes 1838.6 ± 63.8	All Causes 545.0 ± 18.0	All Causes 534.3 ± 17.5	All Causes 518.8 ± 13.6	All Causes 639.1 ± 33.0

Notes  
 Rates = number of events per 100,000 population +/- 95% confidence interval  
 NR = rate is not reportable due to small numbers  
 MV = Motor Vehicle  
 CI = Confidence Interval  
 UWC = rate is unstable and should be used with caution



Table 4 Leading Causes of Unintentional Injury: Emergency Room Visits in Middlesex-London, 2004–2006

Rank	ALL	Age					Sex		Residence		
		<1	1–9	10–19	20–44	45–64	65+	Male	Female	City of London	Middlesex County (excl. London)
1	Unintentional Falls 3081.3 ± 29.7	Unintentional Falls 4479.5 ± 356.3	Unintentional Fall 5418.0 ± 122.1	Sports Injury 4392.5 ± 95.8	Unintentional Falls 1982.9 ± 39.2	Unintentional Falls 2123.8 ± 49.5	Unintentional Falls 4838.5 ± 101.9	Unintentional Falls 3040.5 ± 42.1	Unintentional Falls 3120.4 ± 41.8	Unintentional Falls 3040.7 ± 32.4	Unintentional Falls 3276.8 ± 73.6
2	Sports Injury 1015.3 ± 17.2	Sports Injury 885.3 ± 50.5	Unintentional Falls 4336.1 ± 95.2	MV Traffic Crashes 1013.0 ± 28.1	MV Traffic Crashes 604.8 ± 26.6	Sports Injury 173.2 ± 14.3	MV Traffic Crashes 438.7 ± 31.4	Sports Injury 1515.9 ± 30.0	Sports Injury 533.4 ± 17.5	Sports Injury 967.8 ± 18.5	Sports Injury 1243.4 ± 45.8
3	MV Traffic Crashes 739.0 ± 14.7	Pedal Cycle 425.6 ± 35.1	MV Traffic Crashes 928.0 ± 44.8	Sports Injury 760.5 ± 24.4	Sports Injury 173.2 ± 14.3	Unintentional Poisoning 78.0 ± 13.3	Unintentional Poisoning 438.7 ± 31.4	MV Traffic Crashes 788.2 ± 21.7	MV Traffic Crashes 691.7 ± 19.9	MV Traffic Crashes 676.2 ± 15.5	MV Traffic Crashes 1040.8 ± 42.0
4	Pedal Cycle 263.8 ± 8.8	Unintentional Poisoning 283.2 ± 28.7	Pedal Cycle 762.4 ± 40.7	External Causes of Burns 236.7 ± 13.6	Pedal Cycle 136.1 ± 12.7	External Causes of Burns 55.7 ± 11.2	External Causes of Burns 136.1 ± 12.7	Pedal Cycle 395.7 ± 15.4	Unintentional Poisoning 158.1 ± 9.6	Pedal Cycle 268.0 ± 9.8	Pedal Cycle 243.6 ± 20.4
5	External Causes of Burns 186.1 ± 7.4	MV Traffic Crashes 108.1 ± 56.6, UWC	External Causes of Burns 204.8 ± 21.1	Pedal Cycle 212.3 ± 12.9	External Causes of Burns 132.1 ± 12.5	Sports Injury 45.7 ± 10.1	Sports Injury 45.7 ± 10.1	External Causes of Burns 223.1 ± 11.6	External Causes of Burns 150.6 ± 9.3	External Causes of Burns 174.8 ± 7.9	External Causes of Burns 240.5 ± 20.3
6	Unintentional Poisoning 165.0 ± 7.0	External Causes of Burns 250.7 ± 27.0	Unintentional Poisoning 188.3 ± 20.3	Unintentional Poisoning 181.1 ± 11.9	Unintentional Poisoning 120.7 ± 11.9	Pedal Cycle 35.8 ± 9.0	Pedal Cycle 35.8 ± 9.0	Unintentional Poisoning 172.2 ± 10.2	Pedal Cycle 136.9 ± 8.9	Unintentional Poisoning 170.7 ± 7.8	Unintentional Poisoning 137.6 ± 15.3
7	Pedestrian, Traffic-related 38.3 ± 3.4	Off-road MV Crashes 17.4 ± 7.1, UWC	Off-road MV Crashes 100.7 ± 14.8	Off-road MV Crashes 47.0 ± 6.1	Pedestrian, Traffic-related 24.3 ± 5.3	Pedestrian, Traffic-related 33.4 ± 8.7	Pedestrian, Traffic-related 33.4 ± 8.7	Off-road MV Crashes 61.5 ± 6.1	Pedestrian, Traffic-related 37.9 ± 4.7	Pedestrian, Traffic-related 43.5 ± 3.9	Off-road MV Crashes 115.3 ± 14.0
8	Off-road MV Crashes 37.4 ± 3.3	Pedestrian, Traffic-related 15.1 ± 6.6, UWC	Pedestrian, Traffic-related 80.2 ± 13.2	Pedestrian, Traffic-related 41.5 ± 5.7	Off-road MV Crashes 15.4 ± 4.3	Unintentional Suffocation incl. Choking 12.3 ± 5.3, UWC	Unintentional Suffocation incl. Choking 12.3 ± 5.3, UWC	Pedestrian, Traffic-related 38.6 ± 4.8	Off-road MV Crashes 14.3 ± 2.9	Off-road MV Crashes 21.2 ± 2.7	Motor-driven Snow Vehicle Crashes 30.7 ± 7.2
9	Motor-driven Snow Vehicle Crashes 8.0 ± 1.5	Unintentional Suffocation incl. Choking 9.8 ± 5.4, UWC	Recreational Boating 11.4 ± 5.0, UWC	Motor-driven Snow Vehicle Crashes 14.4 ± 3.4	Recreational Boating 7.7 ± 3.0, UWC	Recreational Boating 5.3 ± 3.4, UWC	Off-road MV Crashes 5.3 ± 3.4, UWC	Motor-driven Snow Vehicle Crashes 13.3 ± 2.8	Unintentional Suffocation incl. Choking 6.0 ± 1.9	Unintentional Suffocation incl. Choking 7.4 ± 1.6	Agricultural Machinery 14.7 ± 5.0, UWC
10	Unintentional Suffocation incl. Choking 7.1 ± 1.4	Unintentional Drowning 7.6 ± 4.7, UWC	Motor-driven Snow Vehicle Crashes 10.2 ± 4.7, UWC	Recreational Boating 9.0 ± 2.7	Agriculture Machinery 5.2 ± 2.5, UWC	Agriculture Machinery NR	Agriculture Machinery NR	Recreational Boating 9.2 ± 2.4	Recreational Boating 4.7 ± 1.6, UWC	Recreational Boating 6.3 ± 1.5	Pedestrian, Traffic-related 12.9 ± 4.7, UWC
11	Recreational Boating 6.9 ± 1.4	Motor-driven Snow Vehicle Crashes NR	Agriculture Machinery NR	Unintentional Suffocation incl. Choking 6.4 ± 2.2, UWC	Unintentional Suffocation incl. Choking 4.6 ± 2.3, UWC	Recreational Boating NR	Recreational Boating NR	Unintentional Suffocation incl. Choking 8.3 ± 2.2	Motor-driven Snow Vehicle Crashes 2.9 ± 1.3, UWC	Motor-driven Snow Vehicle Crashes 3.2 ± 1.1, UWC	Recreational Boating 9.8 ± 4.1, UWC
12	Agriculture Machinery 3.5 ± 1.0	Agriculture Machinery NR	Unintentional Suffocation incl. Choking NR	Agriculture Machinery 2.9 ± 1.5, UWC	Motor-driven Snow Vehicle Crashes 3.7 ± 2.1, UWC	Unintentional Drowning NR	Unintentional Drowning NR	Agriculture Machinery 6.6 ± 2.0	Unintentional Drowning 1.4 ± 0.9, UWC	Unintentional Drowning 2.3 ± 0.9, UWC	Unintentional Suffocation incl. Choking 5.8 ± 3.1, UWC
13	Unintentional Drowning 2.2 ± 0.8, UWC	Unintentional Drowning NR	Unintentional Drowning NR	Unintentional Drowning 1.8 ± 1.2, UWC	Unintentional Drowning NR	Unintentional Drowning NR	Unintentional Drowning NR	Unintentional Drowning 3.1 ± 1.4, UWC	Agriculture Machinery NR	Agriculture Machinery 1.2 ± 0.7, UWC	Unintentional Drowning NR
	All Causes 10,906.2 ± 53.5	All Causes 8850.8 ± 489.2	All Causes 14,001.7 ± 187.2	All Causes 17,626.8 ± 178.1	All Causes 10,965.4 ± 87.8	All Causes 7439.8 ± 90.1	All Causes 8186.8 ± 130.1	All Causes 12,989.3 ± 82.4	All Causes 8902.0 ± 68.5	All Causes 10,382.5 ± 57.5	All Causes 13,423.1 ± 141.0

Data Source: Provincial Health Planning Database (PHPDB), Ministry of Health & Long-Term Care, extracted August 2009.

**Notes**  
 Rates = number of events per 100,000 population +/- 95% confidence interval  
 NR = rate is not reportable due to small numbers  
 UWC = rate is unstable and should be used with caution  
 MV = Motor Vehicle