NONFATAL INJURY

Each year, millions of children are injured and live with the consequences of those injuries. For some children, injury causes temporary pain and functional limitation; for others, injury can lead to permanent disability, traumatic stress, depression, chronic pain, and a decreased ability to perform age-appropriate activities.[1] In addition, family members must often care for the injured child, which can cause stress, time away from work, and lost income.[2] Communities, states, and the Nation feel the economic burden of child injuries, including medical care for the injured child and lost productivity for caregivers.[3]

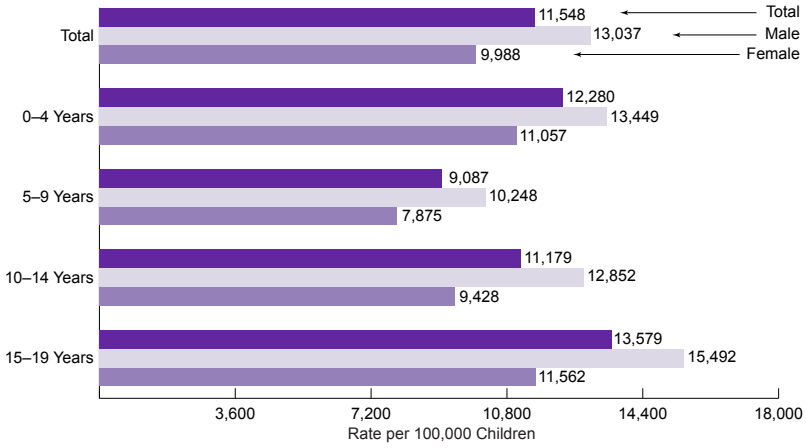
The U.S. nonfatal injury rate among children aged 0–19 years was 11,548 per 100,000 children in 2012. While injuries were higher among children aged 0–4 years compared to 5- to 9-year-olds (12,280 and 9,087 per 100,000, respectively), those aged 15–19 years had the highest nonfatal injury rates (13,579 per 100,000; figure 1). In all age groups, rates of injuries were higher for males than for females.

In general, nonfatal injuries trended downward for all age groups from approximately 2001 to 2007 (figure 2). After 2009, however, overall rates began trending upward. A particularly pronounced upward trend is noted for 0- to 4-year-olds beginning in 2007–2008. Although overall a 10 percent decrease in nonfatal injuries occurred between 2001 and 2012 for children: 3 percent for those aged 0–4 years, 14 percent for children aged 5–9, 13 percent for 10- to 14-year-olds, and 10 percent for 15- to 19-year-olds.

Falls were the leading cause of nonfatal injury among 0- to 4-year-olds (43.7 percent) and 5- to 9-year-olds (36.7 percent), followed by being struck by or against an object (17.0 and 23.0 percent, respectively). For children aged 10–14 years, the most frequent causes of nonfatal injuries were also falls and being struck by or against an object (26.0 and 26.5 percent, respectively), followed by overexertion (13.8 percent). Among 15- to 19-year-olds, being struck by or against an object was ranked highest (20.8 percent), followed by falls (15.7 percent) and overexertion (13.3 percent).

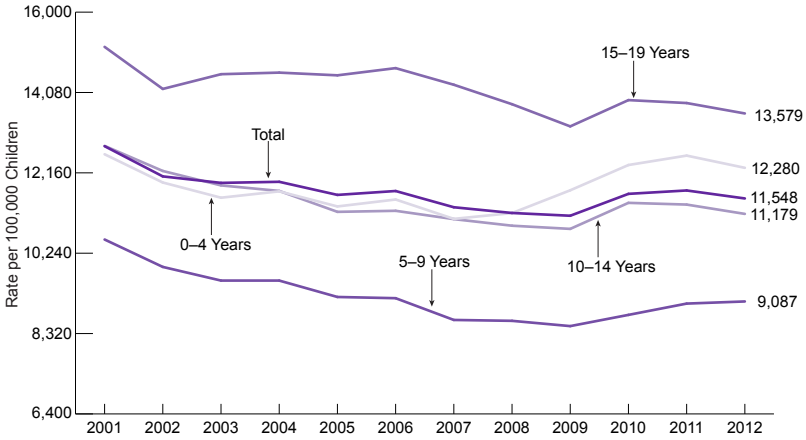
In 2012, more than 60 stakeholders and the Centers for Disease Control and Prevention collaborated to produce a National Action Plan for Child Injury Prevention. The focus of the group was to increase awareness of child injury, highlight prevention solutions through stakeholder action, and mobilize a coordinated national effort to reduce child injury. The plan is structured across six domains relevant to child injury prevention, each containing goals and specific actions: data and surveillance for planning, implementing, and evaluating injury prevention efforts; research on gaps and priorities in risk factor identification, interventions, program evaluation, and dissemination strategies; communications or messaging to promote prevention; education and training toward behavior change conducive to preventing injuries; health systems and health care for clinical and community preventive services; and policy that includes laws, regulations, incentives, administrative actions, and voluntary practices that enable safer environments and decisionmaking.[4]

Figure 1. Nonfatal Injury* Among Children Aged 0–19 Years, by Age and Sex, 2012



Nonfatal injuries (all intents, all causes) resulting in an emergency department visit.

Figure 2. Rates of Nonfatal Injury* per 100,000 Among Children Aged 0–19 Years, by Year and Age, 2001–2012



**Nonfatal injuries (all intents, all causes) resulting in an emergency department visit.*

Data Sources

Figure 1 and 2. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention & Control. National Electronic Injury Surveillance System—All Injury Program.

Endnotes

1. National Research Council and Institute of Medicine. *Children's Health, the Nation's Wealth: Assessing and Improving Child Health*. Washington, DC: National Academies Press; 2004.
2. Shudy M, de Almeida ML, Ly S, Landon C, Groft S, Jenkins TL, Nicholson CE. Impact of pediatric critical illness and injury on families: A systematic literature review. *Pediatrics.* 2006;118:S203–S218.
3. Children's Safety Network. Injury prevention: What works? A summary of cost-outcome analysis for injury prevention programs: 2012 update. Available at: http://www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/InjuryPreventionWhatWorks2012.pdf. Accessed September 11, 2014.
4. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. *National Action Plan for Child Injury Prevention*. Atlanta, GA: U.S. Department of Health and Human Services; 2012.

Suggested Citation

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Child Health USA 2014*. Rockville, Maryland: U.S. Department of Health and Human Services, 2015. Online at http://mchb.hrsa.gov/chusa14/