Hong Kong, 22 June 2015

Ms. Lam Yuk-chun, MH, Chairman to the Community Affairs and Tourism Development Committee
G/F & 1/F, Ocean Court, 3 Aberdeen Praya Road, Aberdeen, Hong Kong
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Proposed item for the 22nd CATC meeting on 13 July 2015: Child injuries in the Southern District

Dear Chair and Members,

We urge the Southern District Council and relevant Government Departments to take note of the report on 'A Geographical Study of Child Injury in Hong Kong: Spatial Variation Among 18 Districts' by the Department of Pediatrics and Adolescent Medicine of The University of Hong Kong, and its Principal Investigator Honorary Clinical Professor Dr Chun-bong Chow. There are some positive statistics regarding the Southern District:

- The Accident & Emergency Department (AED) attendance rates in the Southern District are lower than the mean of 18 districts during 2001-2012 and 2009-2012;
- The AED attendance rates in the Southern District have dropped 18% from 4,784 per 100,000 in 2001 to 3,945 per 100,000 in 2012:
- Annual self-harm AED attendance rate in the Southern District has dropped significantly during the period 2001-2012.

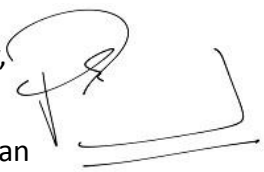
However, there are areas where our Council and relevant government departments should focus on:

- Domestic injuries
- Vulnerable groups in the Southern District are Girls 0-4y/o, Boys 0-4 y/o, 10-14 y/o and 15-19 y/o.
- Sports related injuries with boys 10-14 and 15-19 y/o having higher accidents rate than other groups. We also have a higher sports annual AED attendance rate than the mean of 18 districts.
- The traffic annual AED attendance rates in the Southern District during 2009-2012 are higher than the mean of 18 districts.

I propose that:

1. The Council allows for an introduction of the findings by members of the research team, and to discuss possible follow up with relevant Government departments;
2. To learn from Government including the Department of Health, Social Welfare Department and the Home Affairs Department on the campaigns it has and will undertake to reduce the risk of child injuries;
3. Specifically, I propose the Council and the Home Affairs Department to consider community involvement campaigns focused on reducing the risk of child injuries.

Yours sincerely,



Paul Zimmerman

Encl. A Geographical Study of Child Injury in Hong Kong: Spatial Variation Among 18 Districts' – March 2015

香港大學兒童及青少年科學系

Department of Paediatrics and Adolescent Medicine
The University of Hong Kong

香港兒童損傷地理性研究
十八區之間的比較
A GEOGRAPHICAL STUDY OF CHILD INJURY IN HONG KONG: SPATIAL VARIATION AMONG 18 DISTRICTS

南區

Southern District

二零一五年三月

March 2015

香港兒童損傷地理性研究

十八區之間的比較

（由健康護理及促進基金資助）

由香港大學兒童及青少年科學系撰寫：

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哲學碩士學生

A GEOGRAPHICAL STUDY OF CHILD INJURY IN HONG KONG: SPATIAL VARIATION AMONG 18 DISTRICTS

(Funded by Health Care and Promotion Fund)

Prepared by Department of Paediatrics and Adolescent Medicine,

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1 摘要及視覺資訊圖表
1 Executive Summary and Infographic

Child injury is the leading cause of mortality, morbidity and disability for children over 1 years of age in Hong Kong. There are wide variations in rates of injury between Districts and is related to socio-economic gradient among the districts. The Hong Kong injury district profile has allowed comparative assessment of the burden of child injury among districts. It also demonstrated the importance of systematic surveillance for accurate needs assessment among districts. Through the examination of 12-year period child injury related AED attendance data, it revealed significant variations by districts and the most at risk age group and the leading threats for each district. This profile has also provided the foundation for injury data analysis in terms of geo-spatial analysis, which would be useful in health services planning at district level.

兒童損傷是香港 1 歲以上兒童的主要死亡、疾病和傷殘的首要原因。損傷率在地區與地區之間有很大的差異，亦和地區性的社會經濟梯度有關。香港損傷的地區報告就地區作出了對照性的評估，同時也說明了監察系統的重要性以用作地區性的精確需求評估。透過 12 年的兒童就損傷往急症室求診的數據分析，揭示了顯著的地區變化，最高危的年齡損傷組別及按地區的主要損傷威脅。此報告還提供了以地理為藍本的數據分析，這些分析有助規劃地區性的健康服務需要。

In summary, there is great variability in burden of child injury among the 18 Districts in Hong Kong throughout the 12-year study period. If all districts can be supported, strengthened and empowered to implement the best injury prevention strategies as in the safest district in Hong Kong, up to 30% of injuries can be prevented. The profile would help to inform planning by identifying districts' strengths and weakness in relation to actions to reduce child injuries and to assist district councils in the identification of

總括而言於 12 年研究期中，兒童損傷的影響和負擔在十八區中有很大的差異。據估計，如果所有地區都以香港最低兒童損傷率地區作目標，在各區加強和實施以實證為基礎的策略，有高達 30%的損傷是可以預防的。這報告將有助以地區的優勢和弱點作鑑定，規劃有關活動從而就減少兒童損傷，並協助區議會鑑定關鍵性的差別繼而作策略性和行動性的規劃。它還提供了重要的指標作基準評價和評估，這有助於在領導、基礎設施及職責方面制定政策以支持兒童損傷預防的工

critical gaps upon which subsequent strategic planning and action planning can take place. It also provides important indicators for benchmarking and evaluation, which help to inform future polices in terms of leadership, infrastructure and capacity to support child injury prevention efforts.

作。

南區兒童損傷概覽
2001-2012

急症室醫療開支

每年有 29.7%
$474,010
可避免

每年共
$1,597,517

高危組別

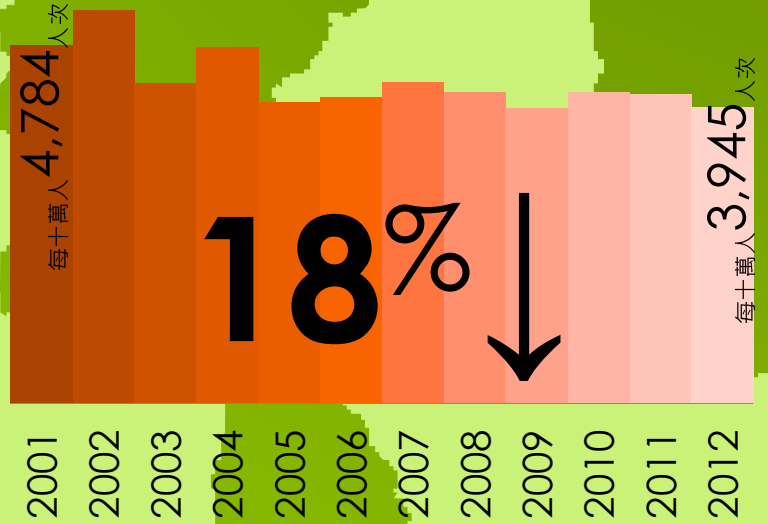
男性 0-4歲 每十萬人 6,872 人次

男性 10-14歲 每十萬人 5,595 人次

男性 15-19歲 每十萬人 5,444 人次

女性 0-4歲 每十萬人 5,264 人次

急症室求診率



值得注意之損傷種類

	改善中 自殘	惡化中 運動意外	有待改善 交通意外
2001-2004	😟😟	😐	😟😟
2005-2008	🙂🙂🙂	😟	😟😟
2009-2012	🙂🙂🙂	😟	😟😟

香港大學兒童及青少年科學系

UPAM

Childhood Injury Profile for Southern District 2001-2012

AED medical cost

$474,010
per year (29.7%)
Avoidable

$1,597,517
per year
In Total

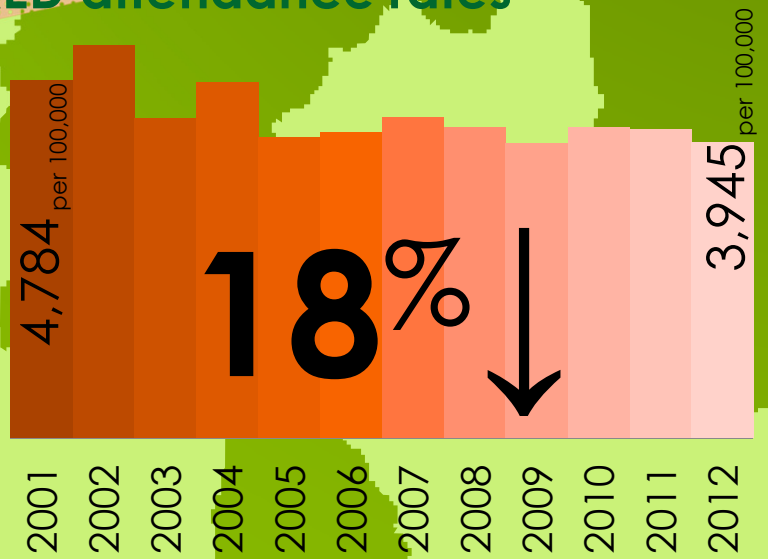
Vulnerable groups

- **Boys** 0-4 years: 6,872 per 100,000
- **Boys** 10-14 years: 5,595 per 100,000
- **Boys** 15-19 years: 5,444 per 100,000
- **Girls** 0-4 years: 5,264 per 100,000

Notable injury types

	Improving Self-harm	Deteriorating Sports	Need improvement Traffic
2001-2004	☹☹	😐	☹☹
2005-2008	🙂🙂🙂	☹	☹☹
2009-2012	🙂🙂🙂	☹	☹☹

AED attendance rates



Department of Paediatrics & Adolescent Medicine
The University of Hong Kong

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2 背景及編製方法
2 Background and Methodology

2.1 背景
2.1 Introduction

Injury is one of the major causes of morbidity and mortality among children in Hong Kong. From 2001 to 2012, there are more than 740,000 cases of injury for children aged 0 to 19 in the Accident and Emergency Departments (hereafter AEDs) in all public hospitals in Hong Kong. Apart from direct medical treatment costs, injury represents additional costs to the society for long-term consequences such as physical disability, psychological effects and productive lives lost. Therefore, it is apparent that injury is a significant health problem that requires immediate action and deserves additional resources for prevention.

損傷是香港兒童的主要疾病和死亡的主要原因之一。在 2001 至 2012 年間，香港 0 至 19 歲的兒童因損傷到公立醫院急症室求診的人次多於 740, 000 次。損傷不單為社會帶來直接的醫療成本，更帶來不同的社會成本如傷殘、心理問題和生命損失。由此可見，損傷是一項不容忽視和需要及時處理的健康問題，同時亦需要更多的資源來預防。

Hong Kong is one of the most densely populated places in the world with a total population of 7.07 million in 2011 and age 0 to 19 constituted 19.5% of its overall (Census and Statistics Department, 2011). Areas in Hong Kong can be divided into 18 District Council districts which have very different district characteristics, such as demographics, types of housing and geographical location. These differences in geo-spatial and socio-economical characteristics in turn transform into different injury patterns across districts. For example, one would expect more industrial injury in industrial areas than in central business districts. Understanding the injury

香港是世界上人口密度最高的地方之一。在 2011 年，香港的總人口數目為 7.07 百萬人，當中 0 至 19 歲的人口佔 19.5%（政府統計處，2011）。香港地區可以劃分為 18 個區議會分區，這些區議會分區中有著非常不同的地區特性，例如：人口特徵、房屋種類和地理位置。這些地理環境和社會經濟特徵的差別造成了各區之間損傷模式的不同。舉例來說，工業區的工業意外損傷數字會比商業區為高。了解各區的損傷特性是為高風險組別設計有效預防和資源分配計劃的第一步，從而減低兒童損傷數字。

characteristics in respective districts is the first step for devising effective prevention programme and resource allocation plan for high-risk injury types with corresponding high risk groups, with an aim to reduce childhood injury.

The purpose of this report is to perform descriptive geo-spatial analysis of injury of children aged 0 to 19 so as to inform residents with the injury characteristics in the district. The Hospital Authority (HA) maintains both Clinical Data Analysis and Report System (CDARS) and Accident and Emergency Information System (AEIS), which contain all AED attendance records in all public hospitals in Hong Kong. Both systems provide readily available sources of information related to childhood injury, and are used in compiling this report. Throughout this report, children refer population aged 0 to 19.

此報告的目的在於對0至19歲兒童損傷作敍述性地理分析，以助各區居民了解區內的損傷特徵。醫院管理局的臨床資料分析系統和急症室資訊系統載有所有香港公立醫院的急症室求診記錄，能隨時提供最新的兒童損傷方面的資訊。本報告的撰寫是應用了上述兩個系統的資訊。此報告中指及的「兒童」是指0至19歲的人口。

This report is targeted at residents in different districts. To facilitate easy understanding, the report first begins with an executive summary in Part 1. Part 2 concerns with background and methodology. Part 3 and Part 4 serve as overview of AED attendances due to injury in Hong Kong and reporting district respectively. Part 5 and Part 6 describes injury by district for all injury types. Part 7 concerns the detailed injury characteristics of the reporting district. Part 7.1 details the injury characteristics by year, so as to identify trend while Part 7.2 details the injury characteristics by sex and age group, so

此報告的對象是各區居民。報告的第1部分以摘要為首，而第2部分是背景和研究方法。第3部分和第4 部分分別是香港和報告地區兒童因損傷到急症室求診數字的總覽。第5部分和第6部分是描述按區議會分區和各損傷種類的損傷的求診數字。第7部分則詳細描述報告地區內的損傷特性。第 7.1 部分按年分析，以便了解趨勢；而第 7.2 部分以性別和年齡組別分析損傷特性，以便辨認高風險組別。第8部分是分析損傷和社會經濟數據的關係。最後，報告以第9部分和第10部分有關預防損傷的討論作結。

as to identify the high-risk group. Part 8 investigates the association between injury with socio-economic indicators. Finally, the report ends with discussion on injury prevention in Part 9 and Part 10.

2.2 目標

2.2 Aims

1) To study the incidence and trend of intentional and unintentional child injury related AED attendance rates in Hong Kong

1) 研究本港急症室求診的蓄意和非蓄意兒童損傷率和趨勢

2) To study the epidemiology and geographical distribution of child injury in HA database by geo-mapping and to explore differences among districts in Hong Kong

2) 研究醫院管理局數據庫中兒童意外損傷個案的流行病學和地理分佈，並探討各區之間的差異

3) To study the correlation among districts between child injury cases attended AED and social indicators obtained from Census and Statistics Department

3) 根據政府統計處的社會指標，研究各區之間損傷數字和社會指標的關聯性

2.3 報告範圍

2.3 Scope of Report

This report aims at to study the child injury in Hong Kong. The coverage of this report is children aged 0 to 19 attended AED due to injury related incidents in all public hospitals under HA from 2001 to 2012, which is used as proxy of all injury cases of children in Hong Kong.

本報告旨在研究香港兒童損傷的數字。報告的統計範圍是由 2001 至 2012 年間在醫院管理局轄下所有公立醫院急症室求診的0至19歲的損傷個案，並且作為全港所有兒童損傷個案的數字。

The injury classification system in AED in all public hospitals under HA has the following classification: common assault, indecent assault, child abuse, self-harm, traffic, industrial, domestic, sports, unclassified, spousal abuse and elderly abuse. As this report aims at to study injury among children, spousal abuse (74) and elderly abuse (9) are excluded from the scope of this report. The number in the parentheses indicates the number of cases of corresponding injury type. Unclassified injuries are not analysed in the remaining of this report, since it cannot be grouped into intentional and unintentional injuries, while they are included in total injuries for reflecting injury situations in districts.

醫院管理局轄下公立醫院急症室設有損傷分類系統，當中有以下損傷種類：毆打、非禮、虐待兒童、自殘、交通意外、工業意外、家居意外、運動意外、其他、虐待配偶和虐待長者。由於此報告旨在研究兒童損傷，虐待配偶（74 宗）和虐待長者（9 宗）並不在本報告的範圍之內。括號內的數字是指該損傷種類的個案數字。由於其他損傷的個案無法歸類為蓄意和非蓄意損傷，因此此類損傷並沒有獨立分析，然而，為了準確地反映各區的損傷情況，這類損傷數字亦會包括在所有損傷數字內。

To sum up, to be included as a case in this report, the following criteria have to be satisfied:

1) The patient attended AED in one of the public hospitals under HA from 2001-2012
2) The patient was aged 0 to 19 at time of AED attendance during 2001 to 2012
3) Based on the professional judgment of doctor, the AED visit was due to

總結來說，此報告所指的損傷個案必需符合下列條件：

1) 該病人於2001至2012年間到醫院管理局轄下的公立醫院急症室求診
2) 該病人於求診時的年齡為 0 歲至 19 歲
3) 醫生診斷該求診個案為損傷

injury

4) The injury type is not spousal abuse nor elderly abuse

4) 該損傷個案並不是虐待配偶和虐待長者

Figure 2.3 shows the classification of AED injury type in public hospital

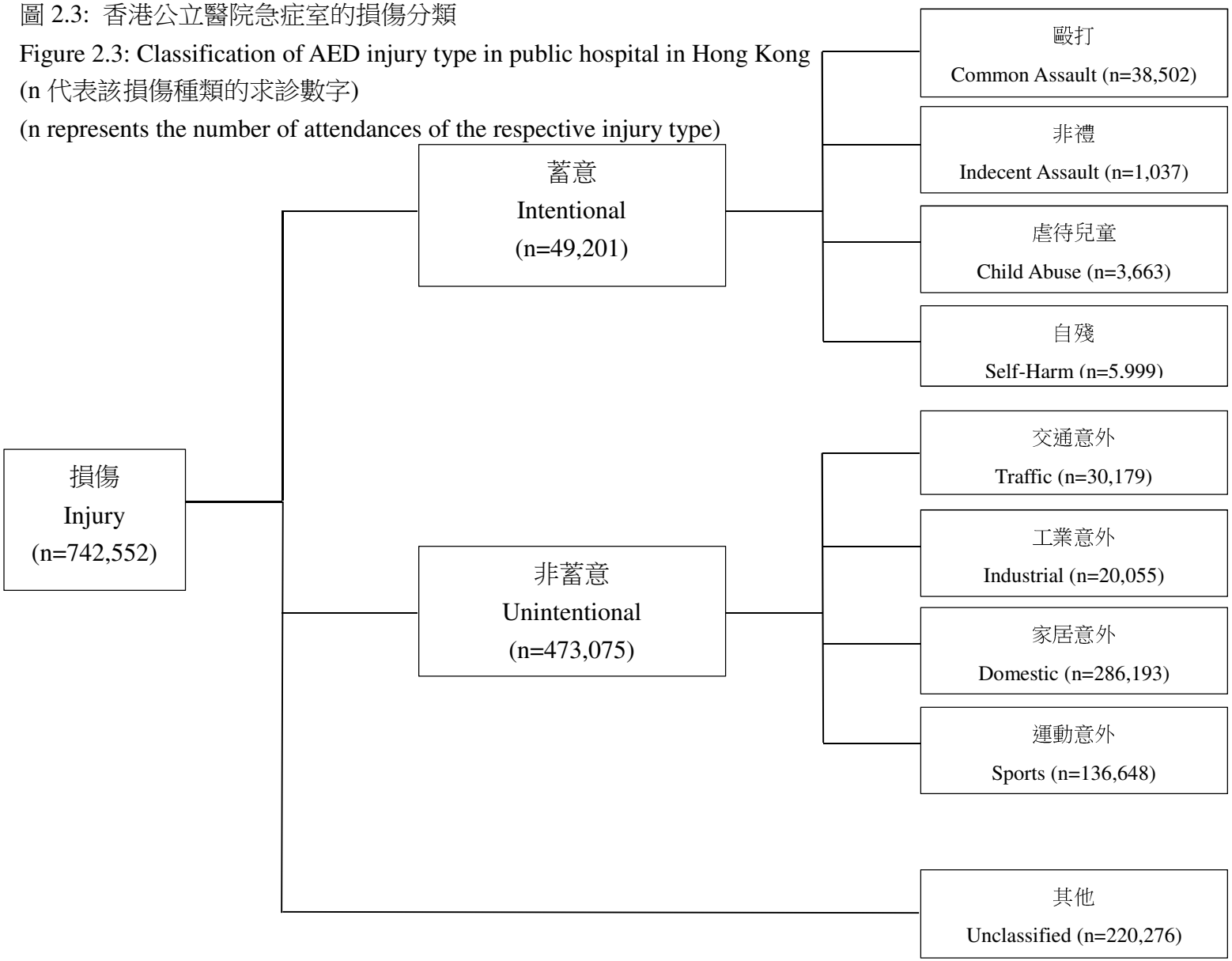
圖 2.3 展示公立醫院急症室的損傷分類。

圖 2.3: 香港公立醫院急症室的損傷分類

Figure 2.3: Classification of AED injury type in public hospital in Hong Kong

(n 代表該損傷種類的求診數字)

(n represents the number of attendances of the respective injury type)



2.4 編製方法

2.4 Methodology

2.4.1 資料搜集和來源

2.4.1 Data Collection and Source

There are 3 main data categories in this study, namely (1) the AED attendance record, (2) annual population data and (3) social indicators.

本報告主要有三個資料種類，分別是：（1）急症室求診記錄、（2）每年人口資料和（3）社會指標。

For the AED attendance record, a 12-year AED attendance record in all public hospital under HA related to injury from 1st January to 31st December 2012 was retrieved from the CDARS and AEIS. The variables obtained were sex, date of birth, district of residence, date of attendance and the injury type (common assault, indecent assault, child abuse, traffic, industrial, domestic, sports, self-harm and unclassified).

在急症室求診記錄方面，2001 年 1 月 1 日至 2012 年 12 月 31 日的公立醫院急症室求診記錄是由臨床資料分析系統和急症室資訊系統提取的，當中載有的資料只有性別、出生日期、居住地區、到診日期和損傷種類（毆打、非禮、虐待兒童、交通意外、工業意外、家居意外、運動意外和其他）。

For the annual population data, population by year, sex, district and age group (0-4, 5-9, 10-14 and 15-19) for non-census years from 2001 to 2012 are obtained from the General Household Survey of the Census and Statistics Department. The population data for census and by-census years (2001, 2006 and 2011) are obtained by corresponding census and by-census result.

在每年人口數據方面，於非人口普查按年份、性別、區議會分區和年齡組別（0 至 4 歲、5 至 9 歲、10 至 14 歲和 15 至 19 歲)的數字是從政府統計處的綜合住戶統計調查中提取的，而於人口普查和中期人口普查年份（2001、2006 和 2011）的人口數據則直接由相應的人口普查和中期人口普查報告中提取。

For the social indicators, namely the average household size, tenure of accommodation, median household income (in thousand) and labour force participation rate are obtained from Population and Household Statistics Analysed by District Council District of 2001 to 2012. Percentage of owner

在社會指標方面，住戶平均人數、居所租住權、住戶每月入息中位數（每千元）和勞動人口參與率是從 2001 至 2012 年各「按區議會分區劃分的人口及住戶統計資料」中提取的。居於自置居所的住戶百分比被用作居所租住權的指標。

occupier household in the district is used as a proxy of tenure of accommodation in the district.

2.4.2 資料處理及分析

2.4.2 Data Processing and Analysis

Step 1: Classification of Age Group

After the retrieval of AED attendance record, the age of the patient at the time of attendance at AED is computed by subtracting the date of attendance from the date of birth, as it cannot be retrieved directly. The age is rounded down to the nearest integer, for example, a child with age 3.9 is assigned with the age of 3. The age is further categorized into 4 age groups of 0 to 4, 5 to 9, 10 to 14 and 15 to 19, which are the finest grouping available for population data.

第 1 步：按年齡組別分類

在提取急症室求診記錄後，由於資料庫並没有直接提供年齡，病人的年齡是以出生日期和求診日期的差計算，並且向下捨入。舉例來說，3.9 歲會被視作 3 歲。在計算年齡後，年齡會進一步分為 4 個年齡組別，分別是 0 至 4 歲、5 至 9 歲、10 至 14 歲和 15 至 19 歲。這些年齡組別的分類是依照人口數據的組別分類。

Step 2: Classification of Year Range

Likewise, the year of the AED attendance record is extracted from the date of attendance, and is further categorized into year ranges of 2001 to 2004, 2005 to 2008 and 2009 to 2012. These year ranges facilitate trend analysis and were extensively used in preparing the heat-map (Part 4.2). Throughout this report, injury characteristics are analysed extensively by year range 2009 to 2012 and 2001 to 2012. Year range 2009 to 2012 aims at presenting the most recent injury patterns while Year range 2001 to 2012 utilizes all the data in the dataset and reveals the long-term situations regarding injury characteristics.

第 2 步：按年份區間分類

另一方面，求診年份是從求診日期中提取，並進一步分為三個年份區間：2001 至 2004 年、2005 至 2008 年和 2009 至 2012 年。年份區間分類有助分析趨勢，亦用於製作第 4.2 部分的熱度圖。在此報告中，損傷特性分為 2009 至 2012 年和 2001 至 2012 年兩個年份區間。2009 至 2012 年的年份區間旨在描述最近期的損傷特性，而 2001 至 2012 年的年份區間旨在反映長期的損傷特性。

Step 3: Classification of Intentional and Unintentional injury

第 3 步：按蓄意損傷和非蓄意損傷分類

Apart from classifying into age groups and year ranges, the injury type are grouped into intentional injuries (common assault, indecent assault, child abuse and self-harm) and unintentional injuries (traffic, industrial, domestic and sports). Unclassified injuries are not grouped as either intentional or unintentional injuries, but are included in total injuries to reflect situation in districts.

除了按年齡組別和年份區間分類外，損傷種類亦歸類為蓄意損傷(毆打、褻猥侵犯、虐待兒童和自殘）和非蓄意損傷（交通意外、工業意外、家居意外和運動意外)。其他損傷的項目並不能分類為蓄意損傷或非蓄意損傷，但其損傷數字亦包括在所有損傷數字內，以便反映各區的損傷情況。

Step 4: Computation of annual AED attendance rate

第 4 步：計算每年損傷到急症室求診率

After the above classifications of AED attendance record, the annual AED attendance rate are computed by dividing the total AED attendance number by total population. The said figure is computed differently for Part 5 to 7.

有了以上的分類後，每年損傷到急症室求診率是按其總求診人次除以總人口計算。上述數字在第 5 部分至第 7 部分中的計算方法有些不同。

Part 5 and 6 compute by districts, which are targeted at comparison across district. Part 7 aims at comparison within reporting district. Part 7.1 computes by year in the reporting district, while Part 7.2 computes by sex and age group.

第 5 部分和第 6 部分旨在比較不同區的差異，因此總和是按區計算；而第 7 部分旨在比較報告地區內的差異。第 7.1 部分的總和是以區內的數字按年計算，而第 7.2 部分的總和則是按性別和年齡組別計算。

Step 5: Computation of annual avoidable injury number

第 5 步：計算每年可避免損傷數字

The minimum annual AED attendance rate is referred to as the reference rate. The district with the reference rate is known as the reference district. The reference rate is used to compute the annual avoidable injury number.

每年求診率最低的數字稱為參照比率。參照比率對應的地區稱為參照地區。參照比率是用作計算每年可避免損傷的數字。

Annual avoidable injury number is calculated as the injury number that could have been avoided per year if the

每年可避免損傷的數字是指若然該區在該年期間的損傷率均能維持於參照比率的水平時，所能避免的每

district had attained the reference rate throughout the period for all districts.

年損傷的數字。

The rationale behind is that while districts have different demographic characteristics, districts can view the reference district as model and reduce their respective injury rate to the reference rate. During this process, districts will be able to identify high-risk areas through comparison and devise appropriate strategies to tackle with these areas, so as to reduce their injury rate towards the reference rate.

其概念是儘管各區有不同的人口特性，各地區可將參照地區視為榜樣，並以降低損傷率至參照比率的水平為目的。在此過程中，地區能透過比較來鑑定高風險的領域，從而能制定合適的措施，以達到減低損傷率至參照地區的目標。

In order to investigate the reasons for each injury type, the annual attendance rate for reporting district has been computed by year and injury type (Part 7.1) and by sex, age group and injury type (Part 7.2). The context of avoidable injury is extended from district (Part 5 to Part 6) to year (Part 7.1) and sex and age group (Part 7.2). The context of reference district is also extended from reference district (Part 5 to Part 6) to reference year (Part 7.1) and reference group (Part 7.2).

為了分析各種損傷的種類，本報告中的每年損傷率分別以按年份（7.1 部分）和按性別、年齡組別和損傷種類（第 7.2 部分）計算。可避免損傷的概念由第 5 部分和第 6 部分的地區層面，推廣到第 7.1 部分的年份層面及第 7.2 部分的性別和年齡組別層面。因此，參照地區的概念亦推廣至參照年份（第 7.1 部分）和參照組別（第 7.2 部分）。

Annual avoidable injury in reporting district based on reference year (Part 7.1) reveals the year with particularly high number of injury, which in turn hinted if there was any particular incidents in the period causing high number of injury. On the other hand, annual avoidable injury in reporting district based on reference group (Part 7.2) reveals which groups are particularly vulnerable to different types of injuries.

以參照年份計算的每年可避免損傷數字（第 7.1 部分）反映出較高損傷的年份，從而有助回顧該年期間是否有任何事件導致較高的損傷。另一方面，以參照組別計算的每年可避免損傷數字（第 7.2 部分）有助反映各損傷種類中風險較高的組別。

Step 6: Regression Analysis

For Part 8, the annual AED attendance number for each district, sex and year is first regressed on average household, percentage of owner occupier household, median household income and labour force participation rate of the districts in respective year, together with an indicator variable of sex, using Poisson regression, with the natural logarithm of population as offset. Poisson regression is a commonly adopted tool for modelling count data. Since over-dispersion was found in our preliminary regression result, negative binomial regression is adopted and only the result of negative binomial regression is reported.

第 6 步：迴歸分析

第 8 部分首先把按地區、性別和年份的每年損傷數字作泊松迴歸分析，其獨立變數分別為各區於各年的住戶平均人數、居於自置居所百份比、住戶每月入息中位數、勞動人口參與率和性別指數，而偏移變數則為人口的自然對數。泊松迴歸常用於計數資料的建模。由於泊松迴歸模型出現了過度離散問題，因此本報告最後採用了負二項迴歸模型，亦只載列負二項迴歸模型的結果。

2.5 報告結構

2.5 Report Structure

This report consists of 10 parts. An executive summary of report is provided in Part 1. Part 2 mainly concerns the background and methodology of this report.

此報告分為 10 個部分。第 1 部分是摘要部分，而第 2 部分主要是描述報告的背景和方法。

Part 3 aims at introducing injury situation in Hong Kong. Part 4 aims at providing a quick summary of the injury characteristics and pattern across time and injury type using annual AED attendance rate in the reporting district. The purpose is to give the report users the situation as early as possible, while the more detailed characteristics within the district are covered in the remaining of the report.

第 3 部分旨在介紹香港有關損傷的基本資訊，以便對本港損傷情況有基本認識。第 4 部分旨在提供以急症室的求診率來概括按年和損傷種類該區的損傷情況。此部分希望令讀者對該區損傷情況有一個初步概念，然後在餘下的部分會更詳細敍述損傷特性。

Part 5 and Part 6 adopts a macroscopic view of viewing injury. In other words, injury is compared across 18 districts in

第 5 部分和第 6 部分採用宏觀的角度來檢視損傷。換句話說，損傷數字是在十八區之間作比較。第 5 部

Hong Kong. Part 5 classified injury as all injury (Part 5.1), intentional injury (Part 5.2) and unintentional injury (Part 5.3) while Part 6 classified injury at finer levels as common assault, indecent assault, child abuse, self-harm, traffic, industrial, domestic, sports and self-harm injury.

分將損傷歸納為所有損傷（第 5.1 部分）、蓄意損傷（第 5.2 部分）和非蓄意損傷（第 5.3 部分），而第 6 部分將損傷細分為毆打、非禮、虐待兒童、自殘、交通意外、工業意外、交通意外、家居意外和運動意外損傷。

Part 7 adopts a microscopic view of viewing the injury. That is, injury is analysed within the reporting district. Part 7.1 analyses each injury type by year in the reporting district. Part 7.2 analyses each injury type by sex and age group in the reporting district.

第 7 部分採用微觀的角度來檢視損傷，亦即是將區內的損傷數據作分析。第 7.1 部分是將報告地區的各損傷種類數字按年分析，而第 7.2 部分是將報告地區的各損傷種類數字按性別和年齡組別分析。

Part 8 adopts negative binomial regression model to analyse the correlation between AED attendance numbers with social indicators, after adjusting for population.

第 8 部分採用了負二項迴歸模型來分析按人口調整後的損傷數字和社會指標的關聯性。

2.6 重要備註

2.6 Important Remarks

Throughout this report, unless otherwise specified,

本報告中，除另外註明外，

1) "Districts" refers to the "District Council Districts".

1) 「區」是指「區議會分區」。

2) "AED" refers to the "Accident and Emergency Department in public hospitals administered under Hospital Authority".

2) 「急症室」是指「醫院管理局轄下的公立醫院急症室」。

3) "Children" refers to the "children aged 0 to 19".

3) 「兒童」是指「0 至 19 歲的兒童」。

4) The classification of each injury cases by district is based on the district where the patient resides, not the district where the AED

4) 按區分類的損傷數字是按病人的居住地區而分類，而不是以到診的急症室所在的地區而決定。

situates.

5) "AED attendance" refers to "AED attendance due to injury". Except for Part 7.2, injury refers to injury among children aged 0 to 19.

5) 「急症室求診」是指「因損傷到急症室求診」。除了第 7.2 部分外，「損傷」是指「0 至 19 歲兒童的損傷」。

6) The injury number by different categorization is taken as the corresponding AED attendance number.

6) 各分類的損傷數字是指對應的急症室求診數字。

7) AED attendance rate and avoidable injury number are on a per-year basis

7) 急症室的求診數字和避免損傷數字是以年為單位。

8) The results of unclassified injury are not presented as a separate injury type as they cannot be classified as either intentional or unintentional.

However, they are included in the computation of all injuries.

8) 由於其他損傷並不能歸類為蓄意損傷和非蓄意損傷，所以該損傷種類數字並没有獨立載列。

然而，其他損傷數字已包括在所有損傷數字內。

9) Except for Part 8, all the figures are presented to the nearest integer. Figures between 0 and 1 (exclusive) are presented with 2 decimal places. Nil figures are presented as 0.

9) 除第 8 部分外，所有數字都是準確至最接近的整數。0 至 1 之間的數字（不含首尾）則是準確至小數點後 2 位。零的數字以數字 0 表示。

10) For Part 8, all the results presented are in 4 decimal places. Figure of 0.0000 in the columns of p-value means that the value is below 0.0001 and not necessarily equal to nil figure.

10) 第 8 部分中所有數字都是準確至小數點後 4 位。p-值一欄中的 0.0000 表示該數值少於 0.0001，而未必代表該數字是零的數字。

11) Owing to rounding, there may be a slight discrepancy between the sum of individual items and the total as

11) 由於進位原因，報告內個別項目的數字總和可能與總數略有出入。

shown in the report.

3 2001-2012 年香港損傷到急症室求診情況簡介

3 Introduction of AED attendances due to injury in Hong Kong, 2001-2012

The purpose of Part 3 is to introduce the situation of AED attendances due to injury in Hong Kong. Attendances are analysed by age group (Part 3.1), sex and age group (Part 3.2), injury type (Part 3.3), age group and injury type (Part 3.4), year (Part 3.5) and district (Part 3.6) respectively.

第 3 部分主要是簡介香港損傷到急症室求診的情況。急症室求診的情況將會分別按年齡組別（第 3.1 部分）、性別和年齡組別（第 3.2 部分）、損傷種類（第 3.3 部分）、年齡組別和損傷種類（第 3.4 部分）、年（第 3.5 部分）和區議會分區（第 3.6 部分）分析。

In this part, injury is mainly analysed using annual attendance rate, in order to take into account of different population. Attendance numbers are included in some parts for supplemental purpose only.

由於不同分類的人口均有不同，因此此部分主要以每年求診率作分析之用。求診人次只旨在作補充之用。

3.1 2001-2012 年香港按年齡組別劃分損傷到急症室求診數字

3.1 AED attendances due to injury by Age Group in Hong Kong, 2001-2012

During the period of 2001-2012, there were 742,552 AED attendances among children aged 0 to 19 years. This amounted to an average of 61,879 cases per year. The attendances for age group 0 to 4 years, 5 to 9 years, 10 to 14 years and 15 to 19 years are 192706 (25.95%), 160408 (21.60%), 192675 (25.95%) and 196763 (26.50%) respectively. The annual attendance rate per 100,000 population for age group 0 to 4 years, 5 to 9 years, 10 to 14 years and 15 to 19 years are 6799, 4293, 4092 and 3786 respectively, and thus exhibiting a decreasing trend when transiting to higher age group.

在 2001 至 2012 年期間，0 至 19 歲兒童的急症室總求診人次為 742,552，按年平均為 61,879 人次。0 至 4 歲、5 至 9 歲、10 至 14 歲和 15 至 19 歲的求診人次分別為 192706 (25.95%)、160408 (21.60%)、192675 (25.95%) 和 196763 (26.50%)，而每年求診率分別為每十萬人 6799、4293、4092 和 3786 人次。由此可見，當年齡組別愈高，每年求診率則愈低。

圖 3.1.1：2001-2012 年 0-19 歲兒童按年齡組別的損傷到急症室求診數字

Figure 3.1.1: AED attendances due to injury among children aged 0 to 19 years, by age group, Hong Kong, 2001-2012

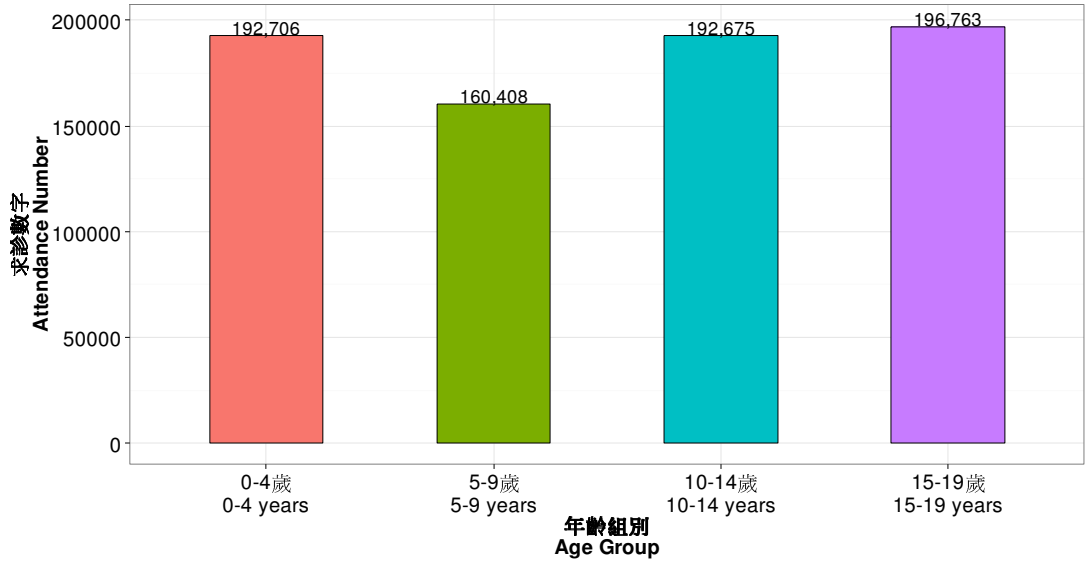


圖 3.1.2：2001-2012 年 0-19 歲兒童按年齡組別的每年損傷到急症室求診率

Figure 3.1.2: Annual injury AED attendance rate among children aged 0 to 19 years, by age group, Hong Kong, 2001-2012

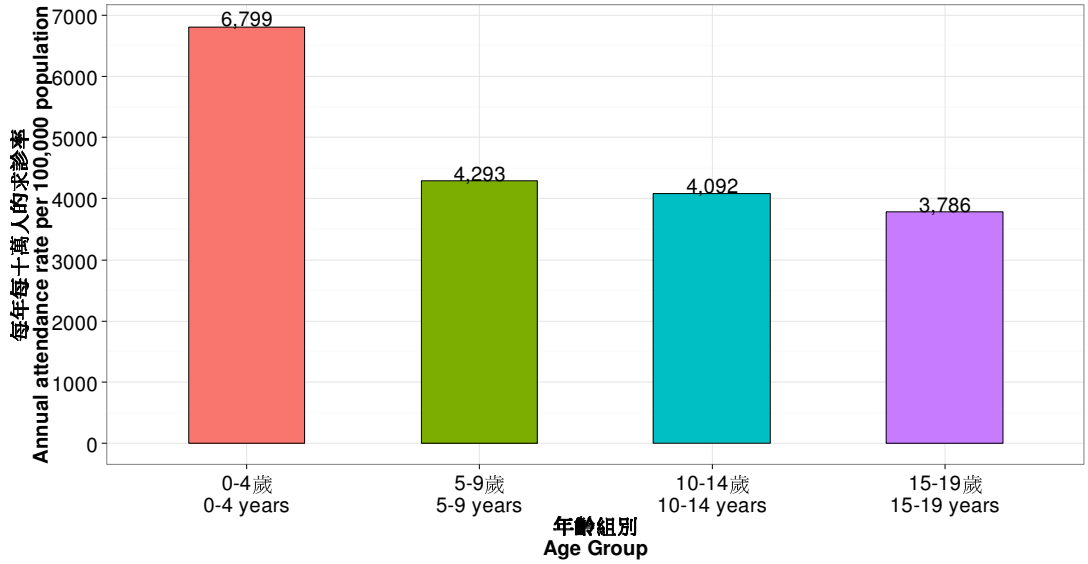
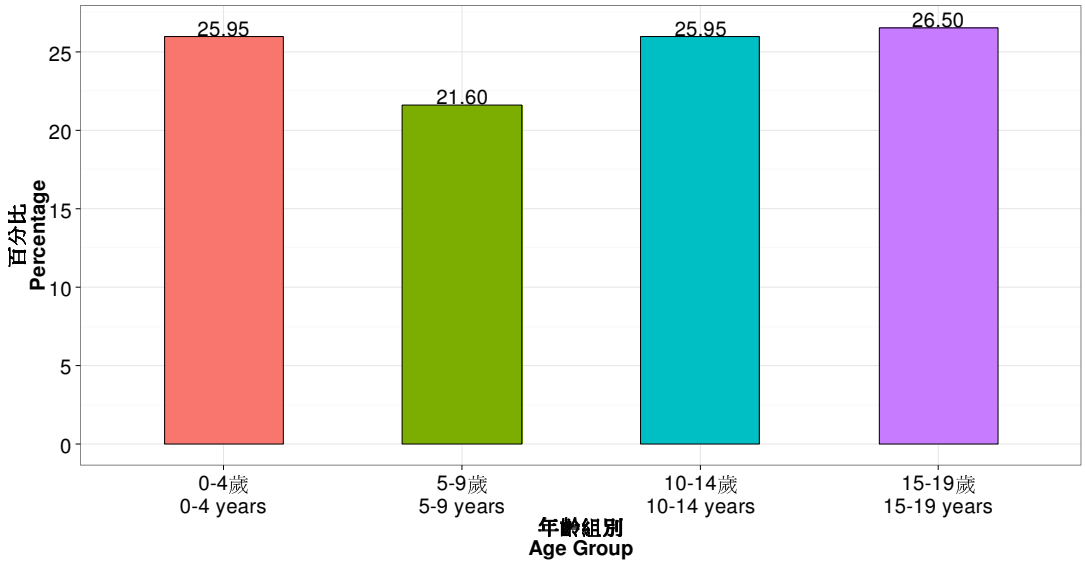


圖 3.1.3：2001-2012 年 0-19 歲兒童按年齡組別的每年損傷到急症室求診數字百分比

Figure: Percentage of AED attendance related to injury among children aged 0 to 19 years, by age group, Hong Kong, 2001-2012



3.2 2001-2012 年香港按性別和年齡組別劃分損傷到急症室求診數字

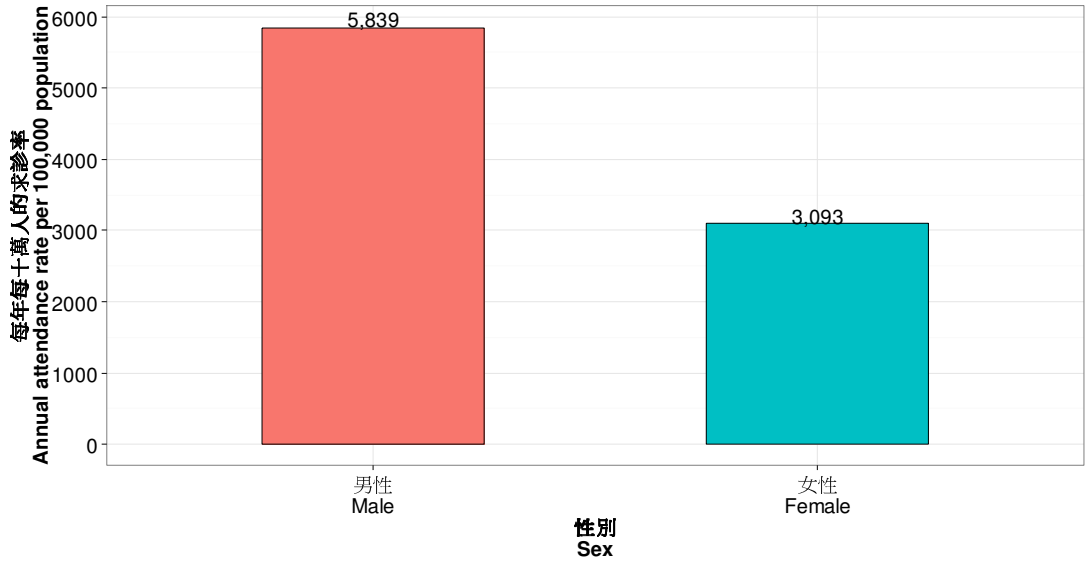
3.2 AED attendances due to injury by Sex and Age Group in Hong Kong, 2001-2012

From 2001 to 2012, males aged 0 to 19 (5,839 per 100,000) had higher annual attendance rates, about 1.89 times of that of females (3,093 per 100,000). The overall rate is 4,507 per 100,000.

在 2001-2012 年期間，0 至 19 歲的男性有較高的每年求診率(每十萬人 5,839 人次)，為女性的 1.89 倍(每十萬人 3,093 人次)，而整體求診率為每十萬人 4,507 人次。

圖 3.2.1：2001-2012 年 0-19 歲兒童按性別的每年損傷到急症室求診率

Figure 3.2.1: Annual injury AED attendance rates among children aged 0 to 19 years, by sex, Hong Kong, 2001-2012



From 2001 to 2012, the annual attendance rates were higher in males for all age groups. The highest were observed among in both males and females aged 0 to 4. The lowest annual injury rates were observed among in males 5 to 9 years of age and females 15 to 19 years of age.

在 2001 至 2012 年期間，不同年齡組別的男性均有較高的每年求診率。0 至 4 歲的男性和女性是每年求診率最高的年齡組別，而 5 至 9 歲的男性和 15 至 19 歲的女性是每年求診率最低的年齡組別。

In terms of absolute difference, the age groups in descending order of rate difference are 10 to 14 years (3,261 per 100,000), 15 to 19 years (3,212 per 100,000), 5 to 9 years (2,161 per 100,000) and 0 to 4 years (1,705 per 100,000).

以絕對差而言，年齡組別（以損傷率的差由大至小排列）分別是 10 至 14 歲（每十萬人 3,261 人次）、15 至 19 歲(每十萬人 3,212 人次)、5 至 9 歲(每十萬人 2,161 人次)和 0 至 4 歲（每十萬人 1,705 人次）。

In terms of relative difference, the age groups in descending order of rate difference are 15 to 19 years (2.50 times), 10 to 14 years (2.36 times), 5 to 9 years (1.68 times) and 0 to 4 years (1.29 times).

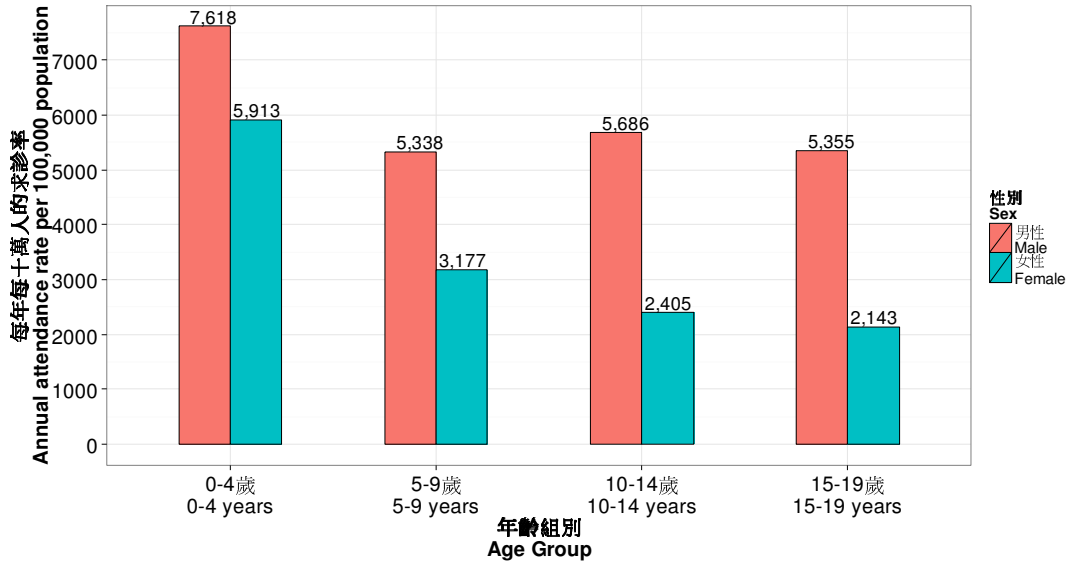
以相對差而言，年齡組別（以損傷率的差由大至小排列）分別是 15 至 19 歲(2.50 倍)、10 至 14 歲(2.36 倍)、5 至 9 歲（1.68 倍）和 0 至 4 歲（1.29 倍）。

Both the annual attendance rates for males and females exhibited a strictly decreasing trend when transiting to higher age groups, except for a rebound for males aged 10 to 14.

除了 10 至 14 歲的男性外，男性和女性的每年求診率會隨著年齡組別的增長的而下降。

圖 3.2.2：2001-2012 年 0-19 歲兒童按年齡組別和性別的每年損傷到急症室求診率

Figure 3.2.2: Annual injury AED attendance rates among children aged 0 to 19 years, by age group and sex, Hong Kong, 2001-2012



3.3 2001-2012 年香港按損傷種類劃分損傷到急症室求診數字

3.3 AED attendances by Injury Type in Hong Kong, 2001-2012

From 2001 to 2012, both attendances and annual rates differed by injury type, with the highest number and annual rate related to domestic injuries (286,193, at a rate of 1,737 per 100,000), followed by unclassified injuries (220,276 at a rate of 1,337 per 100,000). The lowest number and annual rate were reported for indecent assault (1,037 at a rate of 6 per 100,000). The rankings for each injury type are the same for both attendances and annual rate.

在 2001 至 2012 年期間，不同的損傷種類的求診數字和每年求診率均存在著差異，當中最高求診數字和每年求診率的種類為家居意外（286,193 宗，每十萬人 6,500 人次），而最低的種類為非禮（1,037 宗，每十萬人 6 人次）。求診數字的排名與每年求診率排名相同。

圖 3.3.1：2001-2012 年 0-19 歲兒童按損傷種類的急症室求診數字

Figure 3.3.1: AED attendances among children aged 0 to 19 years, by injury type, Hong Kong, 2001-2012

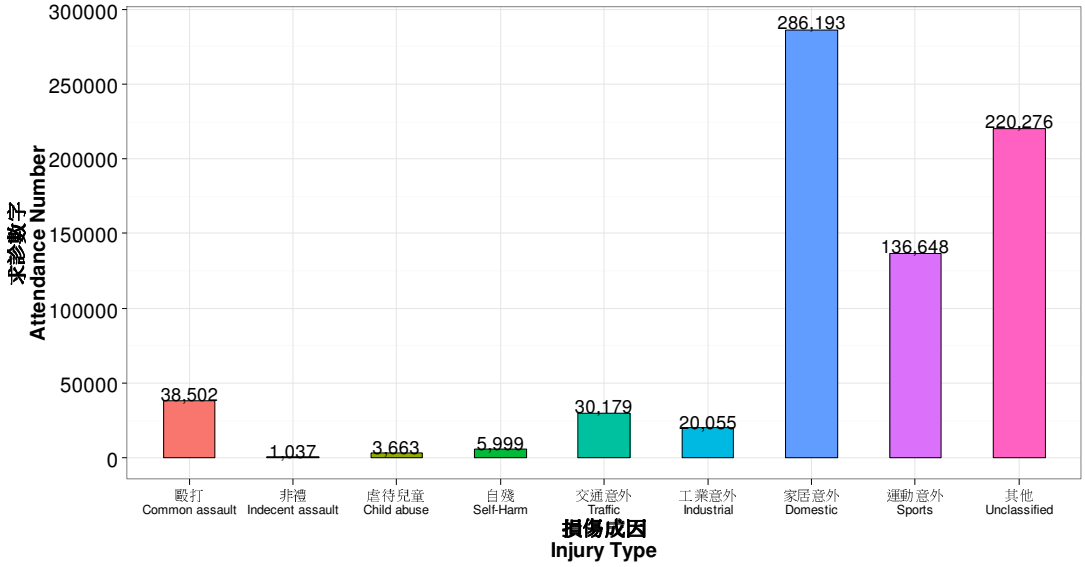
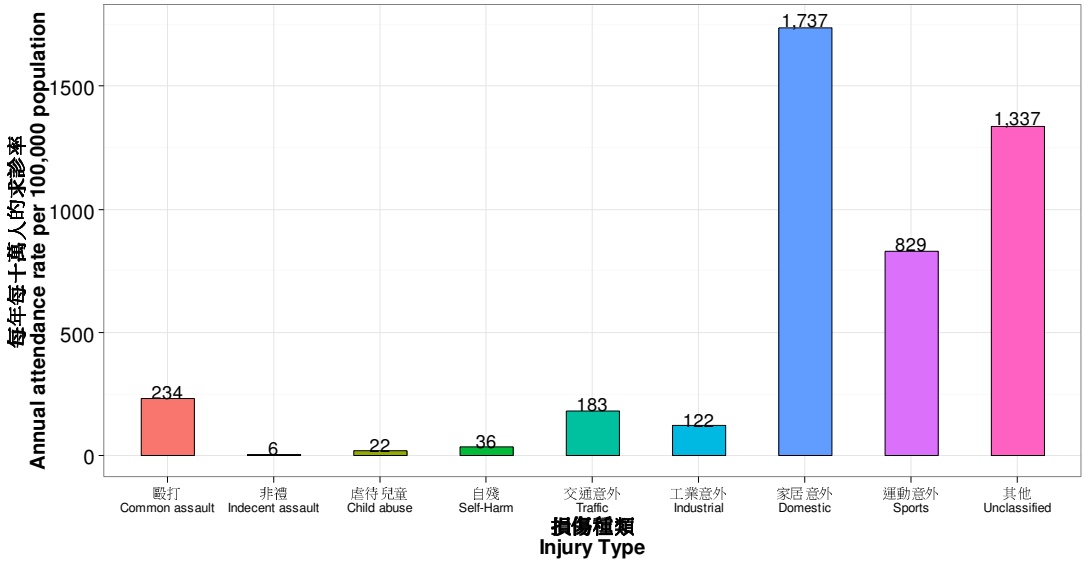


圖 3.3.2：2001-2012 年 0-19 歲兒童按損傷種類的每年急症室求診率

Figure 3.3.2: Annual injury AED attendance rates among children aged 0 to 19 years, by injury type, Hong Kong, 2001-2012



3.4 2001-2012 年香港按年齡組別和損傷種類劃分損傷到急症室求診數字

3.4 AED attendances due to injury by Age Group and Injury Type in Hong Kong, 2001-2012

This part describes injury for each age group in more detail. The table below shows the injury types by age group, with corresponding rank and percentage within that age group.

此部分旨在詳述各年齡組別的損傷。下表展示了損傷種類和年齡組別，以及損傷種類在該年齡組別的排名和百份比。

For children aged 0 to 4, the leading injury type is domestic injuries (64%), followed by unclassified injuries (30%). For children aged 5 to 9, the leading type is domestic injuries (44%), followed by unclassified injuries (36%) and sports injuries (11%). For children aged 10 to 14, the leading type is unclassified injuries (31%), followed by sports injuries (28%) and domestic injuries (27%). For children aged 15 to 19, the leading type is sports injuries (31%), followed by unclassified injuries (23%) and domestic injuries (19%).

家居意外損傷(64%)是0至4歲兒童主要的損傷種類，其次是其他損傷(30%)。就5至9歲兒童而言，家居意外損傷(44%)是主要的損傷種類，其次是其他損傷(36%)。其他損傷(31%)是10至14歲兒童的主要損傷種類，其次是運動意外(28%)和家居意外損傷(27%)。最後，對於15至19歲的兒童而言，運動意外損傷(44%)是首要的損傷種類，其次是其他損傷(23%)和家居意外損傷(19%)。

表 3.4.1：2001-2012 年 0-19 歲兒童按年齡組別和損傷種類的損傷到急症室求診數字百分比

Table 3.4.1: Percentage of AED attendances due to injury among children aged 0 to 19 years, by Age Group and Injury Type, Hong Kong, 2001-2012

	年齡組別 Age Groups in Years			
Rank 排名	0 to 4 0 至 4 歲	5 to 9 5 至 9 歲	10 to 14 10 至 14 歲	15 to 19 15 至 19 歲
1	Domestic 家居意外 64%	Domestic 家居意外 44%	Unclassified 其他 31%	Sports 運動意外 31%
2	Unclassified 其他 30%	Unclassified 其他 36%	Sports 運動意外 28%	Unclassified 其他 23%
3	Traffic 交通意外 2%	Sports 運動意外 11%	Domestic 家居意外 27%	Domestic 家居意外 19%
4	Sports 運動意外 2%	Traffic 交通意外 5%	Common assault 毆打 8%	Common assault 毆打 10%
5	Self-harm 自殘 0.55%	Common assault 毆打 2%	Traffic 交通意外 5%	Industrial 工業意外 10%
6	Child abuse 虐待兒童 0.42%	Child abuse/ Self-harm 虐待兒童／ 自殘 0.69%	Self-harm 自殘 0.78%	Traffic 交通意外 4%
7	Common assault 毆打 0.39%	Industrial 工業意外 0.12%	Child abuse 虐待兒童 0.64%	Self-harm 自殘 1%
8	Industrial 工業意外 0.14%	Indecent assault 非禮 0.10%	Indecent assault 非禮 0.16%	Child abuse 虐待兒童 0.25%
9	Indecent assault 非禮 0.05%	N/A* 不適用*	Industrial 工業意外 0.16%	Indecent assault 非禮 0.24%

*虐待兒童和自殘的求診數字相同 *Same attendances in child abuse and self-harm

3.5 2001-2012 年香港按年劃分損傷到急症室求診數字

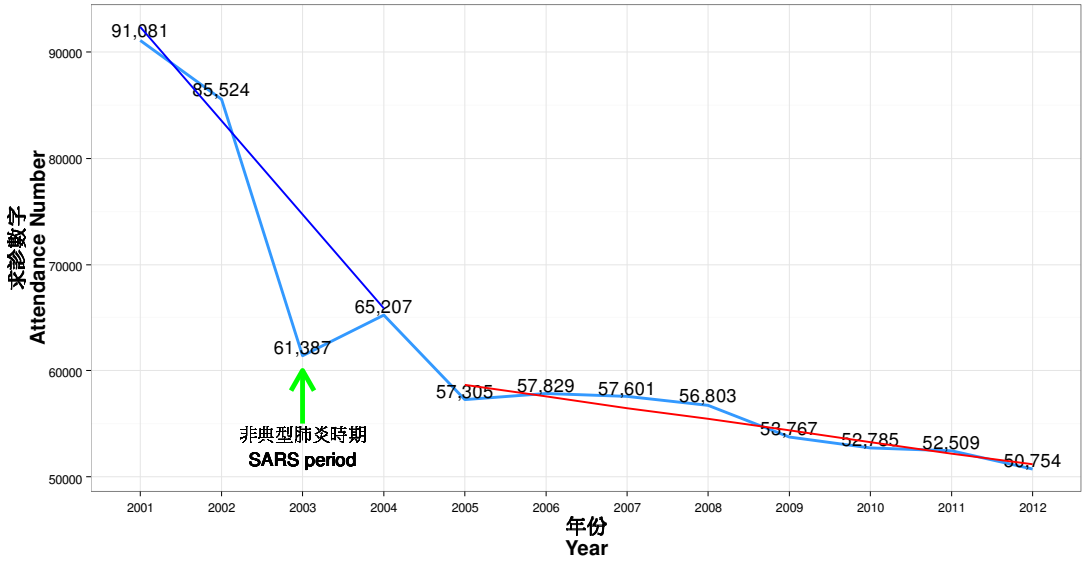
3.5 AED attendances due to injury by Year in Hong Kong, 2001-2012

From 2001 to 2012, AED attendances have decreased by 44%, from 91,081 in 2001 to 50,754 in 2012. The attendance has become more stable at around 52,000 from 2010 to 2012.

在 2001 至 2012 年期間，急症室求診數字由 2001 年的 91,081 降至 2012 年的 50,754，跌幅為 44%。急症室求診數字在 2010 至 2012 年期間轉趨穩定，其水平大約為 52,000。

圖 3.5.1：2001-2012 年 0-19 歲兒童按年損傷到急症室求診數字

Figure 3.5.1: AED attendances due to injury among children aged 0 to 19 years, by year, Hong Kong, 2001-2012

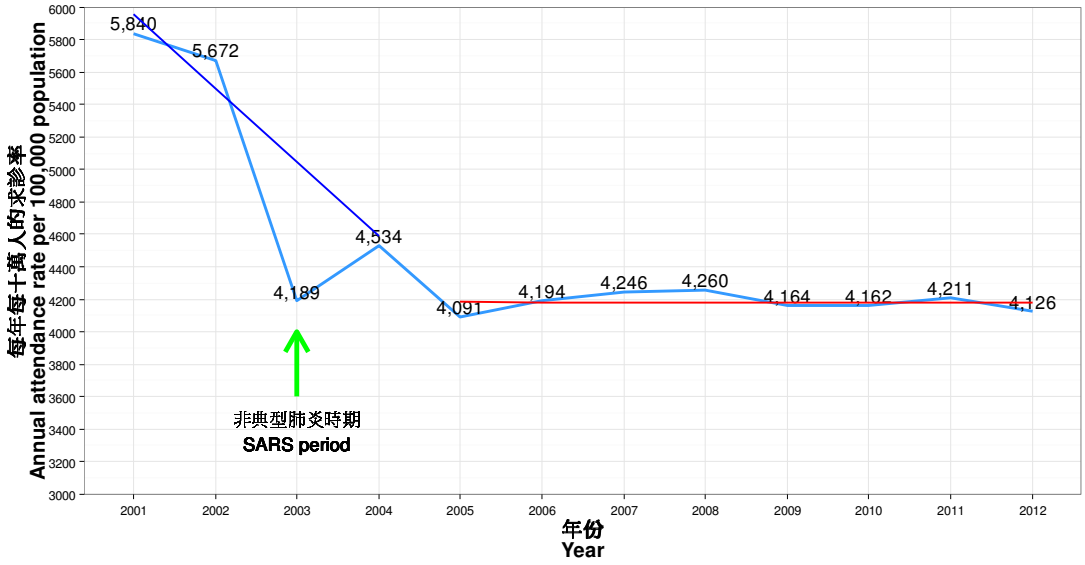


From 2001 to 2012, the attendance rate has decreased by 29%, from 5,840 in 2001 to 4,126 in 2012. The attendance rate has become more stable at around 4,200 from 2009 to 2012.

在 2001 至 2012 年期間，急症室求診率由 2001 年的 5,840 降至 2012 年的 4,126，跌幅為 29%。急症室求診率在 2010 至 2012 年期間轉趨穩定，其水平大約為 4,200。

圖 3.5.2：2001-2012 年 0-19 歲兒童按年損傷到急症室求診率

Figure 3.5.2: AED attendance rates among children aged 0 to 19 years, by year, Hong Kong, 2001-2012



3.6 2001-2012 年香港按區議會分區劃分損傷到急症室求診數字

3.6 AED attendances due to injury by District in Hong Kong, 2001-2012

From 2001 to 2012, the annual attendance rates differed across districts. The highest was found in Tai Po district (6,500 per 100,000) population while the lowest was found in Central and Western district (3,054 per 100,000).

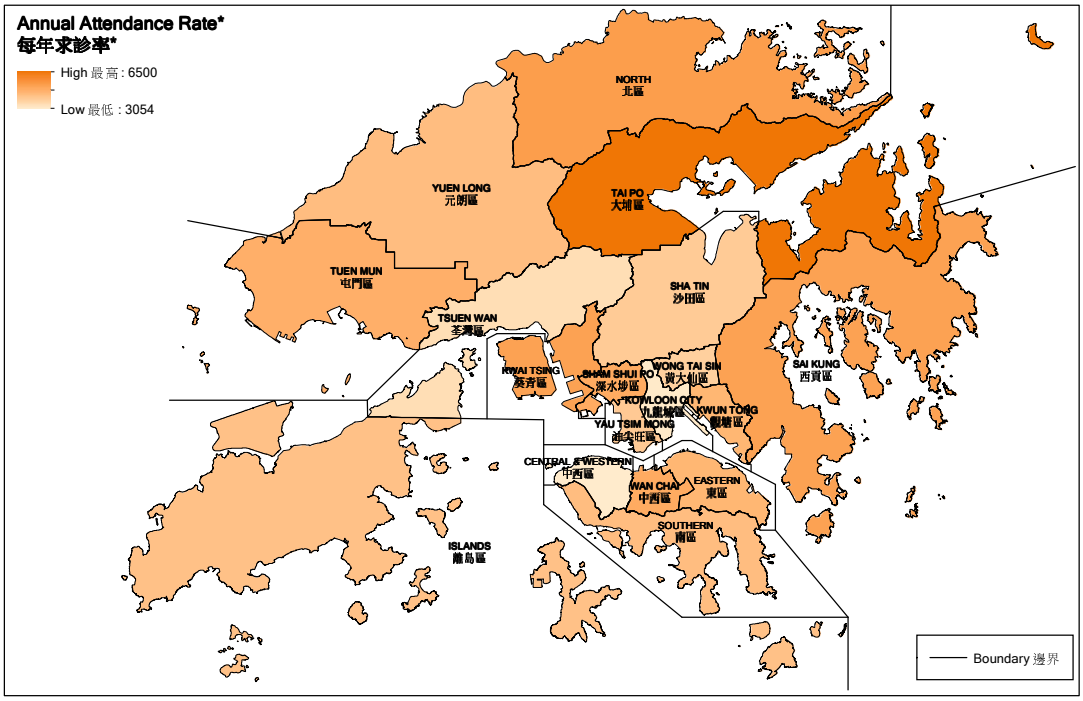
在 2001 至 2012 年期間，每年求診率在不同地區中存在著差異，當中最高的地區為大埔區（每十萬人 6,500 人次），而最低的地區是中西區（每十萬人 3,054 人次）。

As depicted in Map 3.6.1, the annual rate was particularly high in Tai Po (6,500 per 100,000), North (5,290 per 100,000), Sai Kung (5,166 per 100,000) and Kwai Tsing (5,159 per 100,000).

如地圖 3.6.1 所示，大埔區、北區、西貢區和葵青區的每年求診率比較顯著，分別為每十萬人 6,500、5,290、5,166 和 5,159 人次。

地圖 3.6.1：2001-2012 年 0-19 歲兒童按區議會分區的每年損傷到急症室求診率

Map 3.6.1: Annual injury AED attendance rates among children aged 0 to 19 years, by district, Hong Kong, 2001-2012

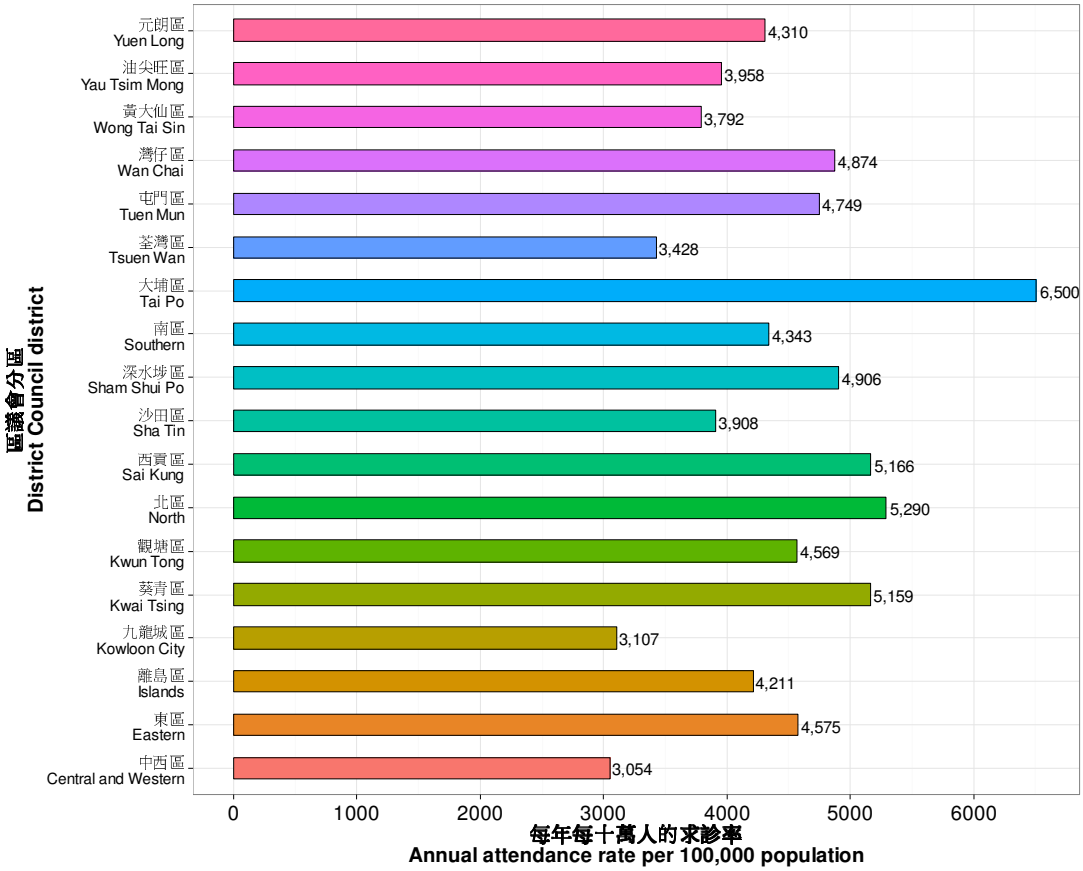


Annual Injury AED Attendance Rates among Children 0-19 Years Old, by District, Hong Kong, 2001-2012
2001-2012年香港按區議會分區0-19歲兒童每年損傷到急症室求診率
*Annual Injury AED Attendance Rate per 100,000 Population 每年每十萬人損傷到急症室求診率

Data Source: CDARS, Hospital Authority
資料來源：臨床資料分析系統，醫院管理局

圖 3.6.2：2001-2012 年 0 至 19 歲兒童按區議會分區的損傷率

Figure 3.6.2: Annual injury AED attendance rates among children aged 0 to 19 years, by district, Hong Kong, 2001-2012



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4.1 熱度圖的簡介
4.1 Introduction to Heat-map

In order to provide a quick summary of AED attendances in Southern from 2001 to 2012, a heat-map is produced using the ranking across 18 districts of annual AED attendance rate for each year range and each injury type. The number in each cell in the heat-map is the corresponding ranking for that year range and injury type, with 1 being the highest and 18 being the lowest. Apart from comparing among other districts, an added benefit is to know whether the situation is improving or worsening by reading the heat-map vertically.

為了能概括地描述 2001 至 2012 年南區損傷到急症室求診的情況，我們以南區的不同年份區間和不同損傷種類的每年急症室求診率在十八區的排名製作了熱度圖。熱度圖內每個方格所標示的數字是該損傷種類和年份區間求診率在十八區的排名，當中以 1 為最高, 以 18 為最低。除了能有效地作跨區比較外，更可作跨年份區間比較，從而了解不同損傷種類的情況有沒有隨時間而改善。

The 18 ranking is further grouped into 9 rank groups with 2 rankings in each rank group. A different color is assigned for each of the 9 rank groups. The color scale goes from green to blue as it transits from rank group of 17-18 to rank group of 11-12, to represent increasing severity which is below the median rank group 9-10.

上述的十八區的排名將會以兩個排名為一組，分成 9 個排名組別。每個排名組別將會以不同顏色標示，當中排名組別 17-18 到排名組別 11-12 以綠色至藍色標示,用以表示在中度嚴重排名組別 9-10 以下遞增的嚴重性。

Above the median rank group, the color scale goes from brown to red as it transits from rank group of 7-8 to rank group of 1-2, to represent increasing severity which is above the median rank group 9-10.

在中度嚴重排名組別 9-10 以上的排名組別，即是排名組別 7-8 到排名組別 1-2，將會以棕色至紅色來表示遞增的嚴重性。

To conclude, the median rank group serves as a boundary and an alarm for classifying the severity of the cases. Districts should first focus on taking immediate actions for reducing injuries

總括而言，中度嚴重排名組別 9-10 是用來區別嚴重程度的分界線和警示。各區的首要工作是採取有效措施來減低在中度嚴重排名組別 9-10 以上的排名組別的損傷種類，然後

in areas with rank groups above the median age group 9-10, and then aim at achieving zero injury in all areas after improving all rank groups to below the median age group. In addition, districts should be vigilant and take actions for worsening areas if necessary.

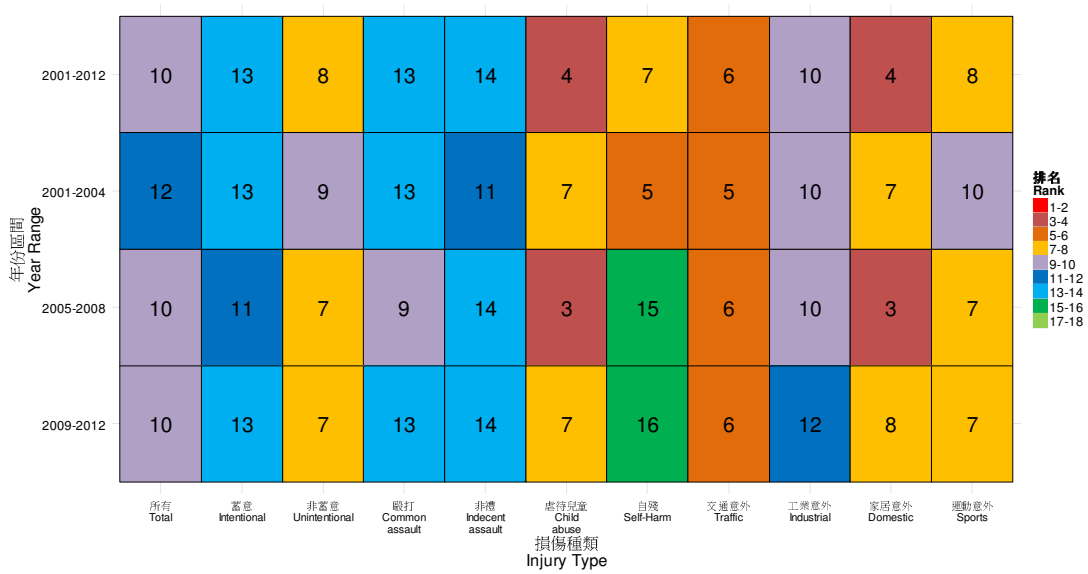
以達至各方面零損傷為目標。除此以外，各區亦應時刻注意區內的損傷情況，在有需要的時侯立刻採取行動防止區內損傷情況惡化。

4.2 2001-2012 年南區每年損傷到急症室求診率熱度圖

4.2 Heat-map of annual injury AED attendance rates in Southern District, 2001-2012

圖 4.2: 2001-2012 年南區每年損傷到急症室求診率熱度圖

Figure 4.2: Heat-map of annual injury AED attendance rates, Southern district, 2001-2012



The first row of the heat-map depicts the ranking of annual injury attendance rate in Southern among 18 districts from 2001 to 2012.

熱度圖中的第一行展示了南區在 2001 至 2012 年期間每年損傷求診率在十八區內的排名。

Annual attendance rate was ranked 10th, which was at the median severity. Intentional and unintentional attendance rates were ranked 13th and 8th respectively, which were below and above the median severity respectively.

每年求診率的排名是 10，在中度嚴重排名組別。蓄意損傷求診率和非蓄意損傷求診率的排名分別為 13 和 8，前者比中度嚴重排名組別為低，而後者比中度嚴重排名組別為高。

Among the 4 intentional injuries, child abuse attendance rates had the highest ranking (4th) while indecent assault had the lowest (14th). Among the 4 unintentional injuries, domestic had the highest (4th) while industrial had the lowest (10th).

在四個蓄意損傷種類中，以求診率而言，虐待兒童的排名為最高(第 4 位)，而非禮的排名為最低(第 14 位)；在四個非蓄意損傷種類中，家居意外的排名為最高(第 4 位)，而工業意外的排名為最低(第 10 位)。

Similarly, the injury situation in the sub-periods 2001-2004, 2005-2008 and 2009-2012 can be analysed by the

有關 2001-2004、2005-2008 和 2009-2012 年期間的損傷情況亦可透過圖中餘下的行以同樣的方法分

remaining rows of the heat-map.

The heat-map can be analysed vertically for each injury type to examine the trend. For example, the ranking of attendance rate in Southern has deteriorated from 12th in 2001-2004 to 10th in 2009-2012.

析。

熱度圖的縱向部分可以用作分析不同損傷種類的趨勢。舉例來說，南區的求診率由 2001-2004 年的第 12 位升至 2009-2012 年的第 10 位。

5 香港損傷到急症室求診情況總覽
5 Overview of AED attendances due to injury in Hong Kong

The purpose of Part 5 is to provide comparison of AED injuries across 18 districts in Hong Kong. To provide an overview, injury types are classified into total (Part 5.1), intentional (Part 5.2) and unintentional (Part 5.3).

第 5 部分主要是比較十八區損傷到急症室求診的數字。為了提供總覽，此部份的損傷種類只分為所有損傷（第 5.1 部分）、蓄意損傷（第 5.2 部分）和非蓄意損傷（第 5.3 部分）。

For each injury type, both the annual avoidable AED injury numbers and annual AED attendance rate per 100,000 population for that injury type for year range 2001-2012 and 2009-2012 are plotted on the same graph. Injury statistics for year range 2001-2012 aims at providing long-term injury pattern in each district while injury statistics for year range 2009-2012 aims at providing recent information of injury in districts for proper actions. District with the lowest annual AED attendance rate for each injury type and year range is known as reference district, and is always plotted in the bottom of the graph.

在年份區間 2001-2012 和 2009-2012，各損傷種類的每年可避免損傷數字和每年每十萬人的求診率將會在同一張圖展示。2001-2012 的損傷統計數字是用作表達各區長期不同損傷種類的情況，而 2009-2012 的損傷統計數字是用作表達各區近期不同損傷種類的情況，以便各區採取相應措施。每個損傷種類和年份區間中每年求診率最低的地區稱為參照地區。參照地區的相關數字在圖中最低部分標示。

The annual AED attendance rate per 100,000 population depicts the risks for the residents in a particular district attending AED for a particular injury type and is plotted on the left side of the graph. The higher the rate, the more likely the district resident suffers from that injury type. The minimum annual AED attendance rate, or the annual AED attendance rate for the reference district, is known as the reference rate and is depicted as the red portion of the graph. For other districts, the excess of the annual attendance rate over this

每年每十萬人的求診率描述各區內的居民因某種損傷種類到急症室求診的風險。這些數字在圖中左邊展示。當中數字愈高，代表該區居民因該種種類損傷的風險愈高。當中最低的每年求診率，亦即是參照地區的每年求診率，稱為參照比率。參照比率在圖中以紅色部分來表示。其它地區每年求診率較參照比率多出的部分稱為每年可避免損傷率，在圖中以綠色部分來表示。

reference rate is known as annual avoidable injury rate and is depicted as the green portion in the graph.

The annual avoidable AED attendance number depicts the annual AED attendance number that could have been avoided if the district had attained the reference rate and is plotted on the right side of the graph. Equivalently, it is equal to the product of annual avoidable injury rate and annual population in respective district. Therefore, a district having a higher annual avoidable injury rate may have a lower annual avoidable AED injury number because of lower annual population in the district.

每年可避免損傷數字是假設各區的損傷情況維持在參照比率的水平，每年所能避免因損傷到急症室的求診數字。每年可避免損傷數字亦等於每年可避免損傷率乘以各地區每年人口。因此，有較高每年可避免損傷率地區可能有較低的每年可避免損傷數字，原因是該區的每年人口較低。

Districts should first aim at reducing the annual AED attendance rates to the reference rate, or equivalently reducing the annual avoidable AED attendance number to 0. The ultimate goal is to achieve zero injury in the district.

各地區應以降低每年可避免損傷率至參照比率為首要目標，亦即是降低每年可避免損傷數字至 0，而終極目標是達到各區零損傷。

5.1 香港按區議會分區劃分損傷到急症室求診的統計數字

5.1 AED attendances due to injury by District in Hong Kong

Part 5.1 aims at providing comparison of AED attendances due to injury in Hong Kong among districts for both 2001-2012 and 2009-2012. Please refer to Part 5 for explanation of graphs.

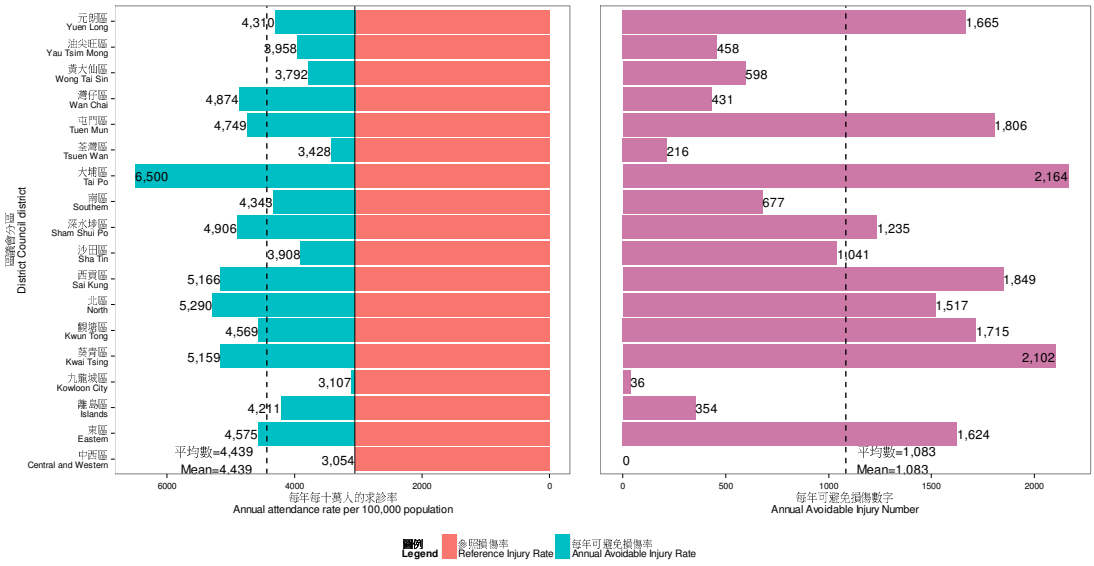
第 5.1 部分主要是比較年份區間 2001-2012 和 2009-2012 十八區損傷到急症室求診的數字。有關圖表的詳細說明請參閱第 5 部分。

5.1.1 2001-2012 年香港按區議會分區劃分損傷到急症室求診數字

5.1.1 AED attendances due to injury by District in Hong Kong, 2001-2012

圖 5.1.1: 2001-2012 年香港按區議會分區劃分損傷到急症室的每年求診率和每年可避免損傷數字

Figure 5.1.1: Annual AED attendance rates with annual avoidable injury numbers due to injury, by district, Hong Kong, 2001-2012



From 2001 to 2012, Tai Po had the highest annual attendance rate (6,500 per 100,000) while Central and Western (reference district) had the lowest (3,054 per 100,000). The average rate across districts was 4,439 per 100,000.

在 2001 至 2012 年期間，大埔區是每年損傷求診率最高的地區，每十萬人有 6,500 人次；而中西區（參照地區）則是最低的地區，每十萬人有 3,054 人次。十八區的平均求診率為每十萬人 4,439 人次。

The annual injury number for the reference district was 1,355. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 19,488 injury could be avoided per year, an equivalent medical cost of HKD 13,641,600.

參照地區的每年損傷數字為 1,355。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 19,488 宗損傷並且節省港幣 13,641,600 元的醫療開支。

The excess of annual attendance rate over the reference rate is known as the annual avoidable injury rate. The annual avoidable injury number in each district is obtained by multiplying the annual avoidable injury rate with the annual population of the respective district. Among all districts, Tai Po had the highest annual avoidable injury number (2,164).

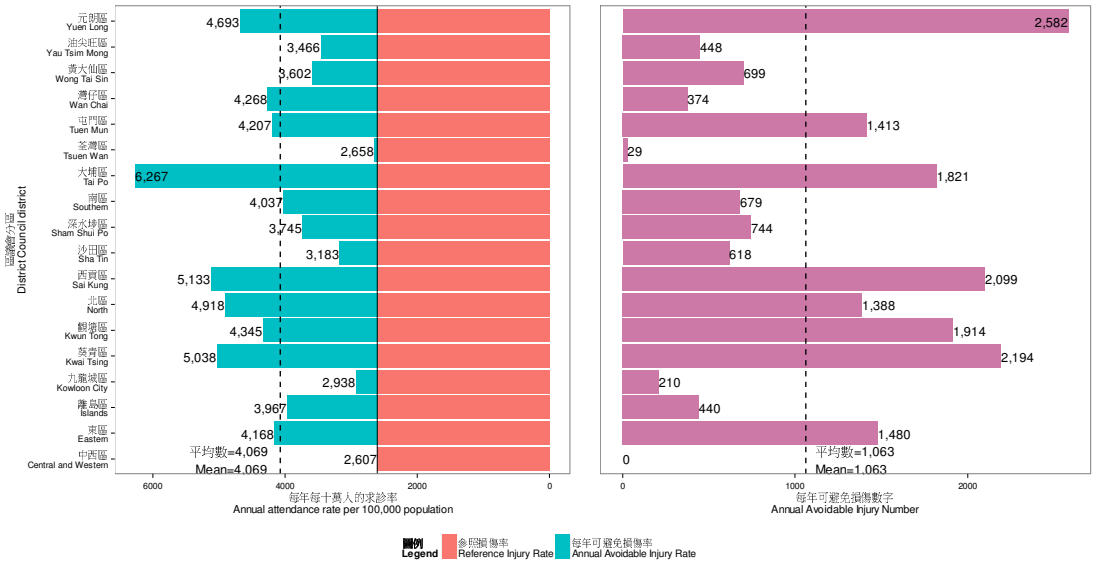
各區的每年可避免損傷數字是該區的每年可避免損傷率和每年人口的乘積，當中每年可避免損傷率是指每年損傷率減去參照比率。大埔區是每年可避免損傷數字最高的地區(2,164)。

5.1.2 2009-2012 年香港按區議會分區劃分損傷到急症室求診數字

5.1.2 AED attendances due to injury by District in Hong Kong, 2009-2012

圖 5.1.2: 2009-2012 年香港按區議會分區劃分損傷到急症室的每年求診率和每年可避免損傷數字

Figure 5.1.2: Annual AED attendance rates with annual avoidable injury numbers due to injury, by district, Hong Kong, 2009-2012



From 2009 to 2012, Tai Po had the highest annual attendance rate (6,267 per 100,000) while Central and Western (reference district) had the lowest (2,607 per 100,000). The average rate across districts was 4,069 per 100,000.

在 2009 至 2012 年期間，大埔區是每年損傷求診率最高的地區，每十萬人有 6,267 人次；而中西區（參照地區）則是最低的地區，每十萬人有 2,607 人次。十八區的平均求診率為每十萬人 4,069 人次。

The annual injury number for the reference district was 1,091. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 19,133 injury could be avoided per year, an equivalent medical cost of HKD 13,393,100.

參照地區的每年損傷數字為 1,091。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 19,133 宗損傷並且節省港幣 13,393,100 元的醫療開支。

The excess of annual attendance rate over the reference rate is known as the annual avoidable injury rate. The annual avoidable injury number in each district is obtained by multiplying the annual avoidable injury rate with the annual population of the respective

各區的每年可避免損傷數字是該區的每年可避免損傷率和每年人口的乘積，當中每年可避免損傷率是指每年損傷率減去參照比率。元朗區是每年可避免損傷數字最高的地區(2,582)。

district. Among all districts, Yuen Long had the highest annual avoidable injury number (2,582).

5.2 香港按區議會分區劃分蓄意損傷到急症室求診的統計數字

5.2 Intentional injury AED attendances by District in Hong Kong

Part 5.2 aims at providing comparison of intentional injury AED attendances in Hong Kong among districts for both 2001-2012 and 2009-2012. Please refer to Part 5 for explanation of graphs.

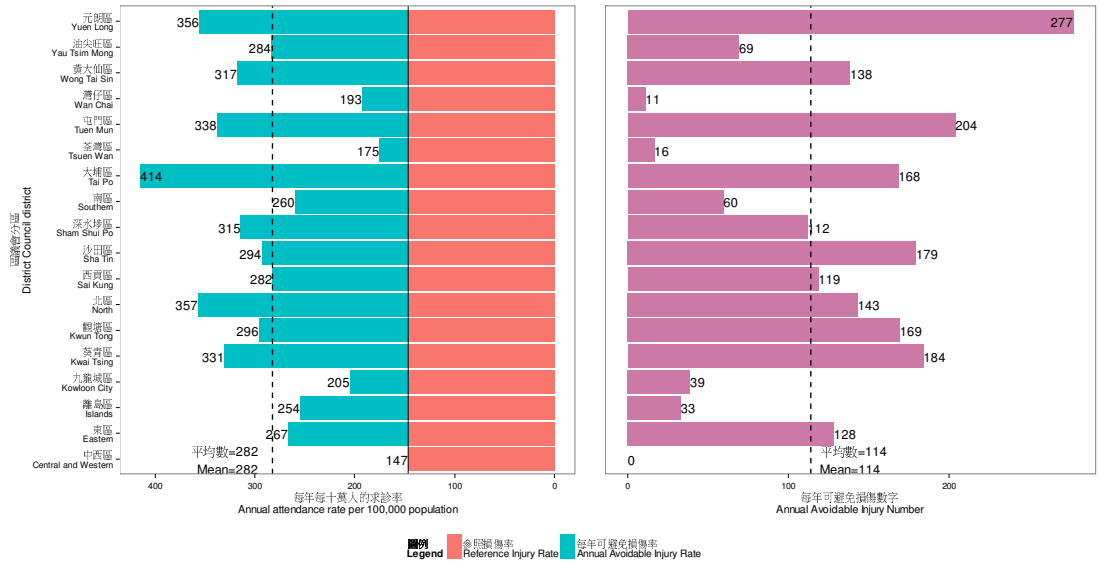
第 5.2 部分主要是比較年份區間 2001-2012 和 2009-2012 十八區蓄意損傷到急症室求診的數字。有關圖表的詳細說明請參閱第 5 部分。

5.2.1 2001-2012 年香港按區議會分區劃分蓄意損傷到急症室求診數字

5.2.1 Intentional injury AED attendances by District in Hong Kong, 2001-2012

圖 5.2.1: 2001-2012 年香港按區議會分區劃分蓄意損傷到急症室的每年求診率和每年可避免損傷數字

Figure 5.2.1: Intentional injury annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2001-2012



From 2001 to 2012, Tai Po had the highest annual intentional injury attendance rate (414 per 100,000) while Central and Western (reference district) had the lowest (147 per 100,000). The average rate across districts was 282 per 100,000.

在 2001 至 2012 年期間，大埔區是每年蓄意損傷求診率最高的地區，每十萬人有 414 人次；而中西區（參照地區）則是最低的地區，每十萬人有 147 人次。十八區的平均求診率為每十萬人 282 人次。

The annual injury number for the reference district was 65. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 2,050 injury could be avoided per year, an equivalent medical cost of HKD

參照地區的每年損傷數字為 65。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 2,050 宗損傷並且節省港幣 1,435,000 元的醫療開支。

1,435,000.

Among all districts, Yuen Long had the highest annual avoidable injury number (277).

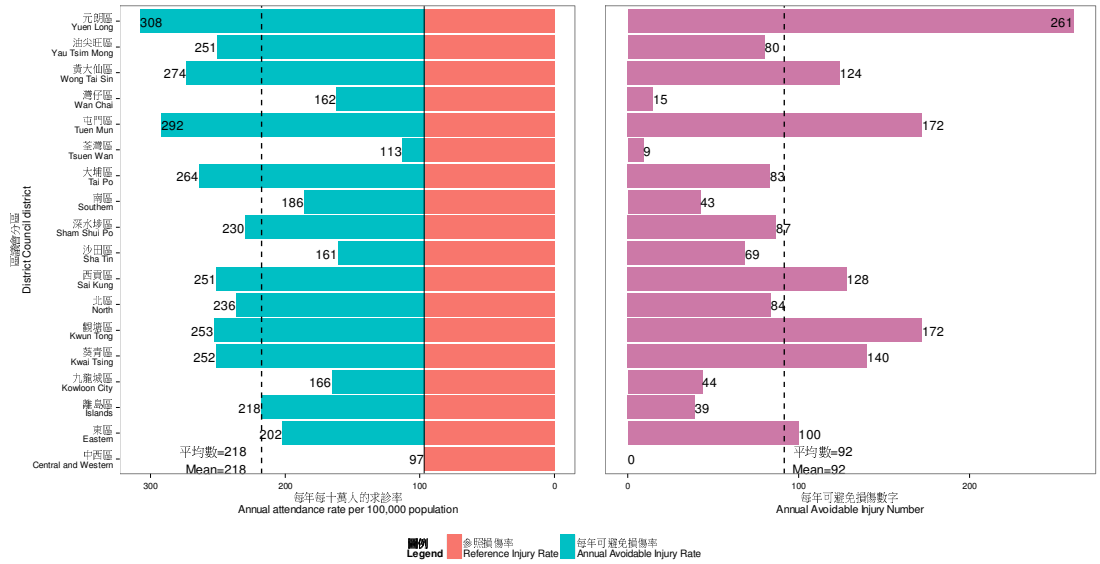
元朗區是每年可避免損傷數字最高的地區(277)。

5.2.2 2009-2012 年香港按區議會分區劃分蓄意損傷到急症室求診數字

5.2.2 Intentional injury AED attendances by District in Hong Kong, 2009-2012

圖 5.2.2: 2009-2012 年香港按區議會分區劃分蓄意損傷到急症室的每年求診率和每年可避免損傷數字

Figure 5.2.2: Intentional injury annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2009-2012



From 2009 to 2012, Yuen Long had the highest annual intentional injury attendance rate (308 per 100,000) while Central and Western (reference district) had the lowest (97 per 100,000). The average rate across districts was 218 per 100,000.

在 2009 至 2012 年期間，元朗區是每年蓄意損傷求診率最高的地區，每十萬人有 308 人次；而中西區（參照地區）則是最低的地區，每十萬人有 97 人次。十八區的平均求診率為每十萬人 218 人次。

The annual injury number for the reference district was 40. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 1,651 injury could be avoided per year, an equivalent medical cost of HKD 1,155,700.

參照地區的每年損傷數字為 40。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 1,651 宗損傷並且節省港幣 1,155,700 元的醫療開支。

Among all districts, Yuen Long had the highest annual avoidable injury number (261).

元朗區是每年可避免損傷數字最高的地區(261)。

5.3 香港按區議會分區劃分非蓄意損傷到急症室求診的統計數字

5.3 Unintentional injury AED attendances by District in Hong Kong

Part 5.3 aims at providing comparison of unintentional injury AED attendances in Hong Kong among districts for both 2001-2012 and 2009-2012. Please refer to Part 5 for explanation of graphs.

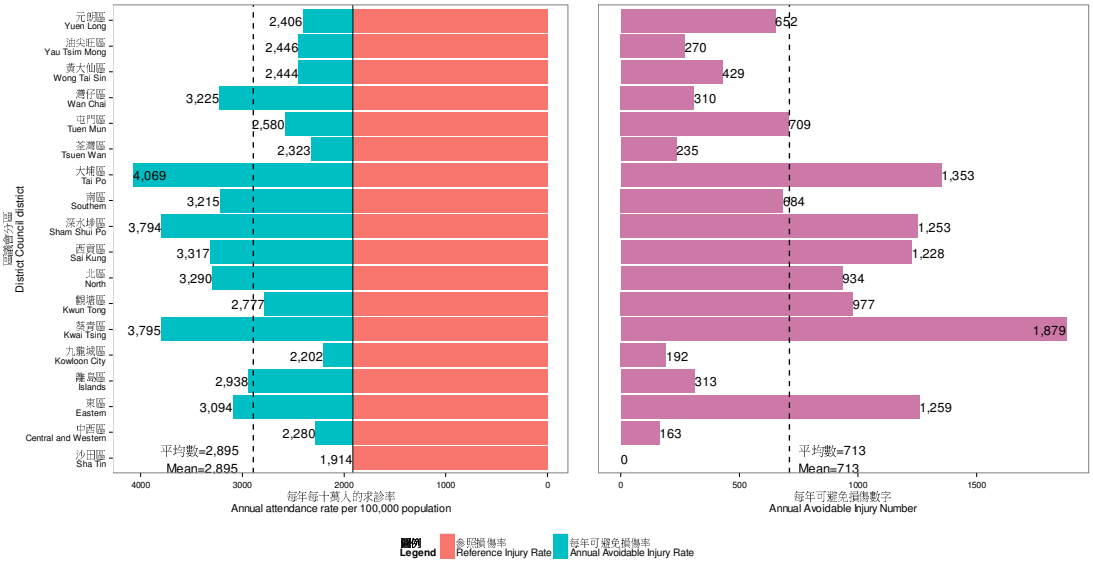
第 5.3 部分主要是比較年份區間 2001-2012 和 2009-2012 十八區非蓄意損傷到急症室求診的數字。有關圖表的詳細說明請參閱第 5 部分。

5.3.1 2001-2012 年香港按區議會分區劃分非蓄意損傷到急症室求診數字

5.3.1 Unintentional injury AED attendances by District in Hong Kong, 2001-2012

圖 5.3.1: 2001-2012 年香港按區議會分區劃分非蓄意損傷到急症室的每年求診率和每年可避免損傷數字

Figure 5.3.1: Unintentional injury annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2001-2012



From 2001 to 2012, Tai Po had the highest annual unintentional injury attendance rate (4,069 per 100,000) while Sha Tin (reference district) had the lowest (1,914 per 100,000). The average rate across districts was 2,895 per 100,000.

在 2001 至 2012 年期間，大埔區是每年非蓄意損傷求診率最高的地區，每十萬人有 4,069 人次；而沙田區（參照地區）則是最低的地區，每十萬人有 1,914 人次。十八區的平均求診率為每十萬人 2,895 人次。

The annual injury number for the reference district was 2,335. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 12,839 injury could be avoided

參照地區的每年損傷數字為 2,335。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 12,839 宗損傷並且節省港幣 8,987,300 元的醫療開支。

per year, an equivalent medical cost of HKD 8,987,300.

Among all districts, Kwai Tsing had the highest annual avoidable injury number (1,879).

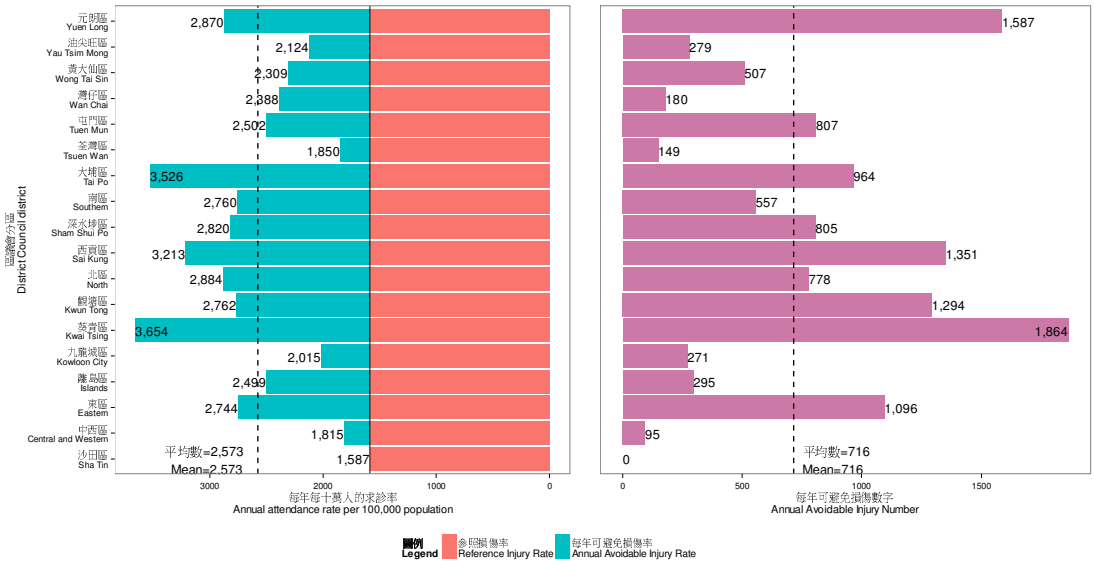
葵青區是每年可避免損傷數字最高的地區(1,879)。

5.3.2 2009-2012 年香港按區議會分區劃分非蓄意損傷到急症室求診數字

5.3.2 Unintentional injury AED attendances by District in Hong Kong, 2009-2012

圖 5.3.2: 2009-2012 年香港按區議會分區劃分非蓄意損傷到急症室的每年求診率和每年可避免損傷數字

Figure 5.3.2: Unintentional injury annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2009-2012



From 2009 to 2012, Kwai Tsing had the highest annual unintentional injury attendance rate (3,654 per 100,000) while Sha Tin (reference district) had the lowest (1,587 per 100,000). The average rate across districts was 2,573 per 100,000.

在 2009 至 2012 年期間，葵青區是每年非蓄意損傷求診率最高的地區，每十萬人有 3,654 人次；而沙田區（參照地區）則是最低的地區，每十萬人有 1,587 人次。十八區的平均求診率為每十萬人 2,573 人次。

The annual injury number for the reference district was 1,702. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 12,880 injury could be avoided per year, an equivalent medical cost of HKD 9,016,000.

參照地區的每年損傷數字為 1,702。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 12,880 宗損傷並且節省港幣 9,016,000 元的醫療開支。

Among all districts, Kwai Tsing had the highest annual avoidable injury number (1,864).

葵青區是每年可避免損傷數字最高的地區(1,864)。

6 香港按區議會分區和損傷種類劃分到急症室求診的統計數字
6 AED attendances due to injury by District and Injury Type in Hong Kong

The purpose of Part 6 is to provide comparison of AED attendances across 18 districts in Hong Kong. This is a continuation of Part 5. In this part, injury types are classified by the injury types adopted by AED in public hospitals in Hong Kong, namely common assault, indecent assault, child abuse, self-harm, traffic, industrial, domestic and sports.

承接第 5 部分，第 6 部分主要是比較十八區損傷到急症室求診的數字。此部份的損傷種類是遵從香港公立醫院急症室的分類，即是分為毆打、非禮、虐待兒童、自殘、交通意外、工業意外、家居意外和運動意外。

The structure of Part 6 is to present the injury characteristics of each of the 8 injury types in year range 2001-2012 (Part 6.1), followed by those in year range 2009-2012 (Part 6.2). The former details the long-term injury patterns in districts while the latter details the recent injury patterns in districts.

第 6 部分的結構是首先載列在年份區間 2001-2012 年的損傷特性（第 6.1 部分），然後再載列在年份區間 2009-2012 年的損傷特性（第 6.2 部分）。前者是用作表達各區長期不同損傷種類的情況，而後者是用作表達各區近期不同損傷種類的情況。

The graphs for presentation are the same as that in Part 5. Please refer to Part 5 for detailed explanation of the graphs.

此部分所載列的圖表與第 5 部分相同。有關圖表的詳細說明請參閱第 5 部分。

6.1 2001-2012 年香港按區議會分區和損傷種類劃分到急症室求診的統計數字

6.1 AED attendance due to injury by District and Injury Type in Hong Kong, 2001-2012

Part 6.1 aims at providing comparison of AED attendances for each injury type in Hong Kong among districts for 2001-2012. Please refer to Part 6 for explanation of graphs.

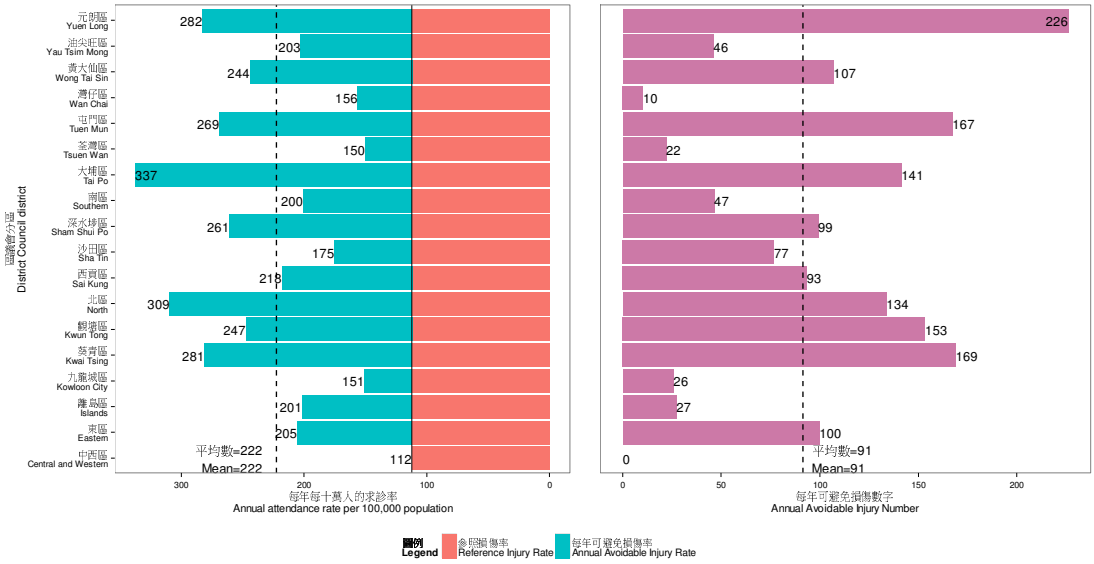
第 6.1 部分主要是比較 2001-2012 年十八區各損傷種類到急症室求診的數字。有關圖表的詳細說明請參閱第 6 部分。

6.1.1 2001-2012 年香港按區議會分區劃分毆打損傷到急症室求診數字

6.1.1 Common assault AED attendances by District in Hong Kong, 2001-2012

圖 6.1.1: 2001-2012 年香港按區議會分區劃分毆打損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.1.1: Common assault annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2001-2012



From 2001 to 2012, Tai Po had the highest annual common assault attendance rate (337 per 100,000) while Central and Western (reference district) had the lowest (112 per 100,000). The average rate across districts was 222 per 100,000.

在 2001 至 2012 年期間，大埔區是每年毆打損傷求診率最高的地區，每十萬人有 337 人次；而中西區(參照地區）則是最低的地區，每十萬人有 112 人次。十八區的平均求診率為每十萬人 222 人次。

The annual injury number for the reference district was 50. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 1,645 injury could be avoided per year, an

參照地區的每年損傷數字為 50。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 1,645 宗損傷並且節省港幣 1,151,500 元的醫療開支。

equivalent medical cost of HKD 1,151,500.

Among all districts, Yuen Long had the highest annual avoidable injury number (226).

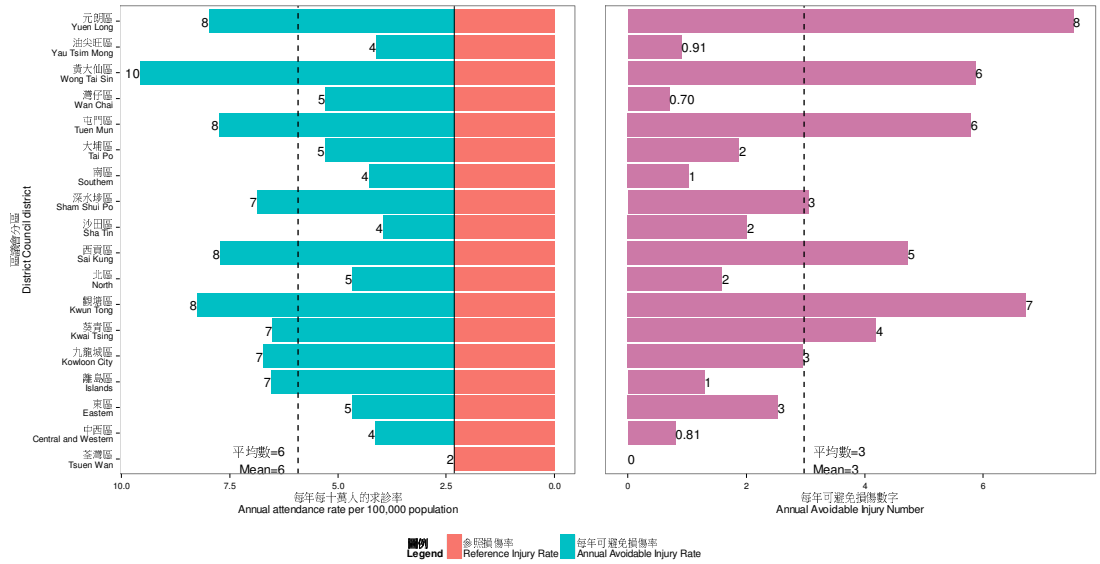
元朗區是每年可避免損傷數字最高的地區(226)。

6.1.2 2001-2012 年香港按區議會分區劃分非禮損傷到急症室求診數字

6.1.2 Indecent assault AED attendances by District in Hong Kong, 2001-2012

圖 6.1.2: 2001-2012 年香港按區議會分區劃分非禮損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.1.2: Indecent assault annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2001-2012



From 2001 to 2012, Wong Tai Sin had the highest annual indecent assault attendance rate (10 per 100,000) while Tsuen Wan (reference district) had the lowest (2 per 100,000). The average rate across districts was 6 per 100,000.

在 2001 至 2012 年期間，黃大仙區是每年非禮損傷求診率最高的地區，每十萬人有 10 人次；而荃灣區（參照地區）則是最低的地區，每十萬人有 2 人次。十八區的平均求診率為每十萬人 6 人次。

The annual injury number for the reference district was 1. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 54 injury could be avoided per year, an equivalent medical cost of HKD 37,800.

參照地區的每年損傷數字為 1。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 54 宗損傷並且節省港幣 37,800 元的醫療開支。

Among all districts, Yuen Long had the highest annual avoidable injury number (8).

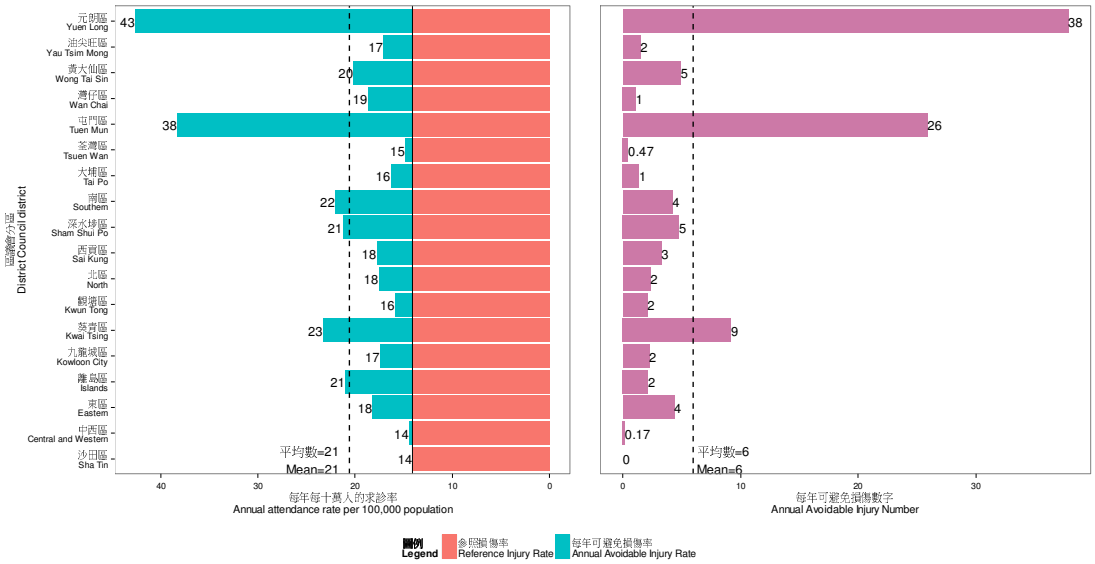
元朗區是每年可避免損傷數字最高的地區(8)。

6.1.3 2001-2012 年香港按區議會分區劃分虐待兒童損傷到急症室求診數字

6.1.3 Child abuse AED attendances by District in Hong Kong, 2001-2012

圖 6.1.3: 2001-2012 年香港按區議會分區劃分虐待兒童損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.1.3: Child abuse annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2001-2012



From 2001 to 2012, Yuen Long had the highest annual child abuse attendance rate (43 per 100,000) while Sha Tin (reference district) had the lowest (14 per 100,000). The average rate across districts was 21 per 100,000.

在 2001 至 2012 年期間，元朗區是每年虐待兒童損傷求診率最高的地區，每十萬人有 43 人次；而沙田區（參照地區）則是最低的地區，每十萬人有 14 人次。十八區的平均求診率為每十萬人 21 人次。

The annual injury number for the reference district was 17. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 108 injury could be avoided per year, an equivalent medical cost of HKD 75,600.

參照地區的每年損傷數字為 17。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 108 宗損傷並且節省港幣 75,600 元的醫療開支。

Among all districts, Yuen Long had the highest annual avoidable injury number (38).

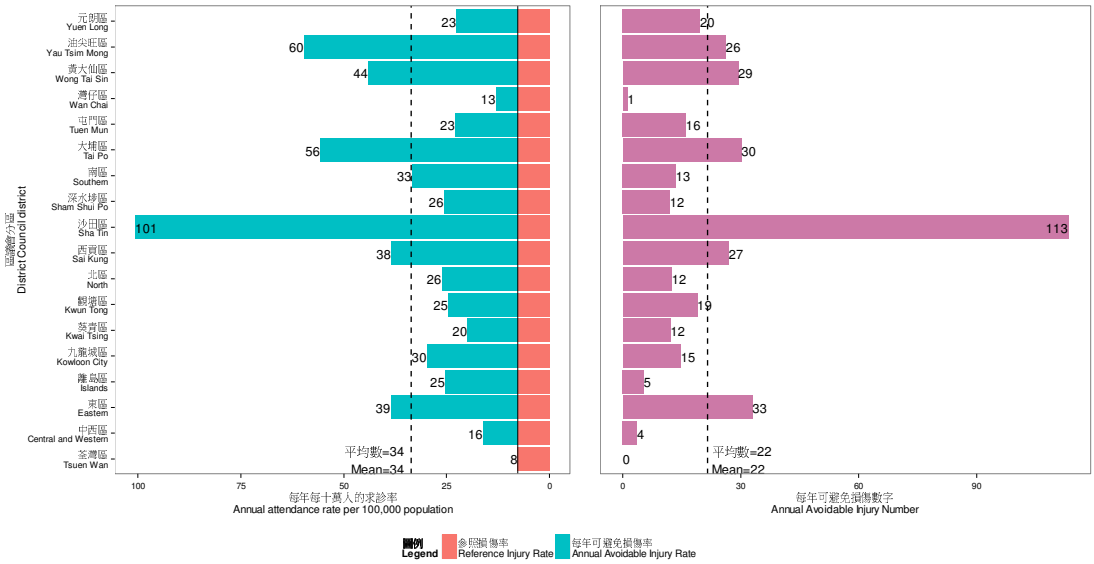
元朗區是每年可避免損傷數字最高的地區(38)。

6.1.4 2001-2012 年香港按區議會分區劃分自殘損傷到急症室求診數字

6.1.4 Self-harm AED attendances by District in Hong Kong, 2001-2012

圖 6.1.4: 2001-2012 年香港按區議會分區劃分自殘損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.1.4: Self-Harm annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2001-2012



From 2001 to 2012, Sha Tin had the highest annual self-harm attendance rate (101 per 100,000) while Tsuen Wan (reference district) had the lowest (8 per 100,000). The average rate across districts was 34 per 100,000.

在 2001 至 2012 年期間，沙田區是每年自殘損傷求診率最高的地區，每十萬人有 101 人次;而荃灣區(參照地區）則是最低的地區，每十萬人有 8 人次。十八區的平均求診率為每十萬人 34 人次。

The annual injury number for the reference district was 4. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 388 injury could be avoided per year, an equivalent medical cost of HKD 271,600.

參照地區的每年損傷數字為 4。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 388 宗損傷並且節省港幣 271,600 元的醫療開支。

Among all districts, Sha Tin had the highest annual avoidable injury number (113).

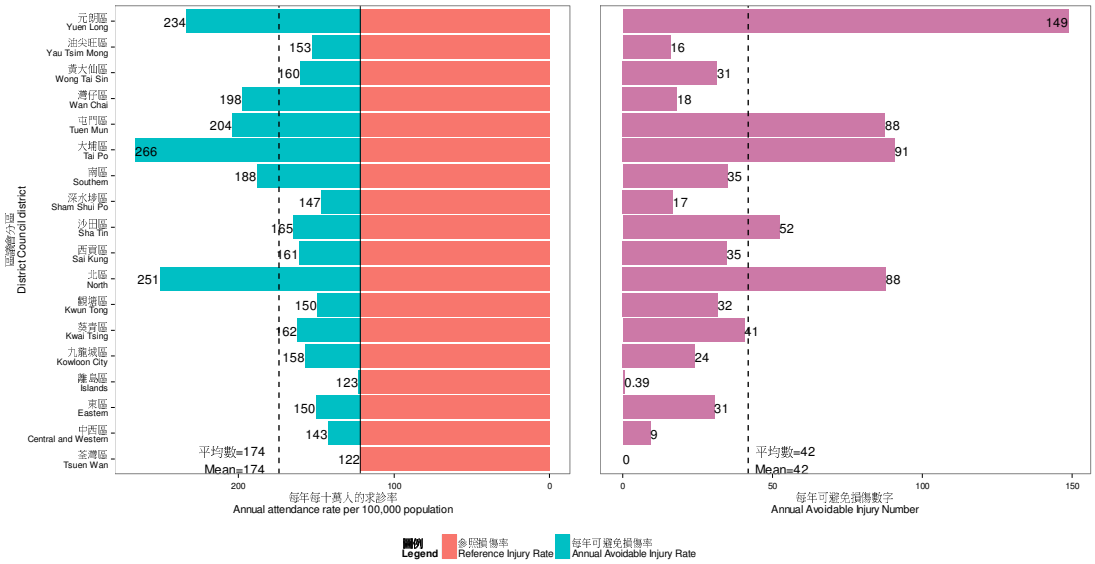
沙田區是每年可避免損傷數字最高的地區(113)。

6.1.5 2001-2012 年香港按區議會分區劃分交通意外損傷到急症室求診數字

6.1.5 Traffic AED attendances by District in Hong Kong, 2001-2012

圖 6.1.5: 2001-2012 年香港按區議會分區劃分交通意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.1.5: Traffic annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2001-2012



From 2001 to 2012, Tai Po had the highest annual traffic attendance rate (266 per 100,000) while Tsuen Wan (reference district) had the lowest (122 per 100,000). The average rate across districts was 174 per 100,000.

在 2001 至 2012 年期間，大埔區是每年交通意外損傷求診率最高的地區，每十萬人有 266 人次；而荃灣區（參照地區）則是最低的地區，每十萬人有 122 人次。十八區的平均求診率為每十萬人 174 人次。

The annual injury number for the reference district was 70. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 755 injury could be avoided per year, an equivalent medical cost of HKD 528,500.

參照地區的每年損傷數字為 70。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 755 宗損傷並且節省港幣 528,500 元的醫療開支。

Among all districts, Yuen Long had the highest annual avoidable injury number (149).

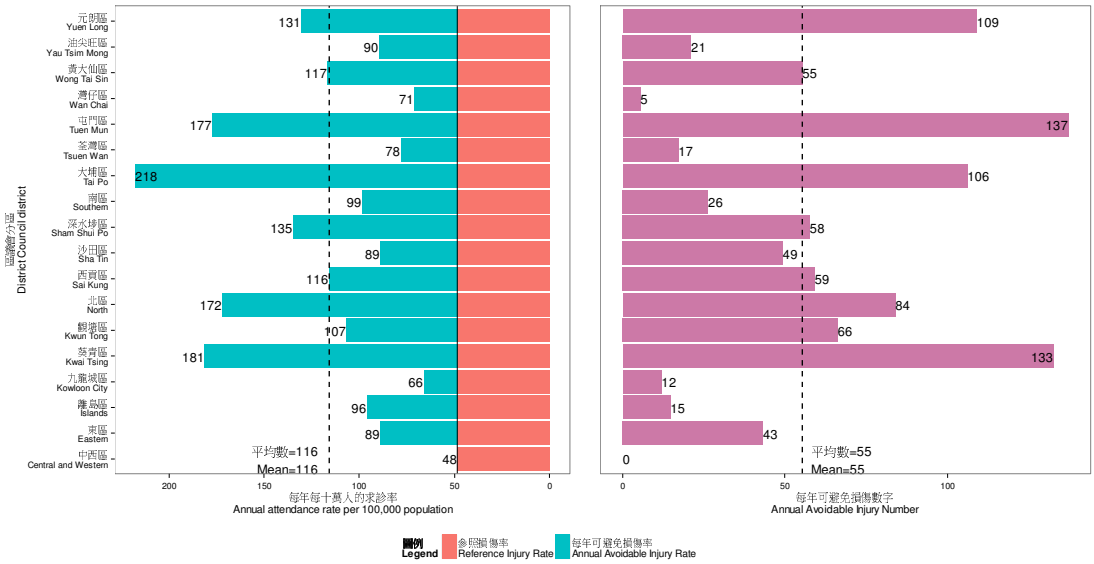
元朗區是每年可避免損傷數字最高的地區(149)。

6.1.6 2001-2012 年香港按區議會分區劃分工業意外損傷到急症室求診數字

6.1.6 Industrial AED attendances by District in Hong Kong, 2001-2012

圖 6.1.6: 2001-2012 年香港按區議會分區劃分工業意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.1.6: Industrial annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2001-2012



From 2001 to 2012, Tai Po had the highest annual industrial attendance rate (218 per 100,000) while Central and Western (reference district) had the lowest (48 per 100,000). The average rate across districts was 116 per 100,000.

在 2001 至 2012 年期間，大埔區是每年工業意外損傷求診率最高的地區，每十萬人有 218 人次；而中西區（參照地區）則是最低的地區，每十萬人有 48 人次。十八區的平均求診率為每十萬人 116 人次。

The annual injury number for the reference district was 22. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 997 injury could be avoided per year, an equivalent medical cost of HKD 697,900.

參照地區的每年損傷數字為 22。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 997 宗損傷並且節省港幣 697,900 元的醫療開支。

Among all districts, Tuen Mun had the highest annual avoidable injury number (137).

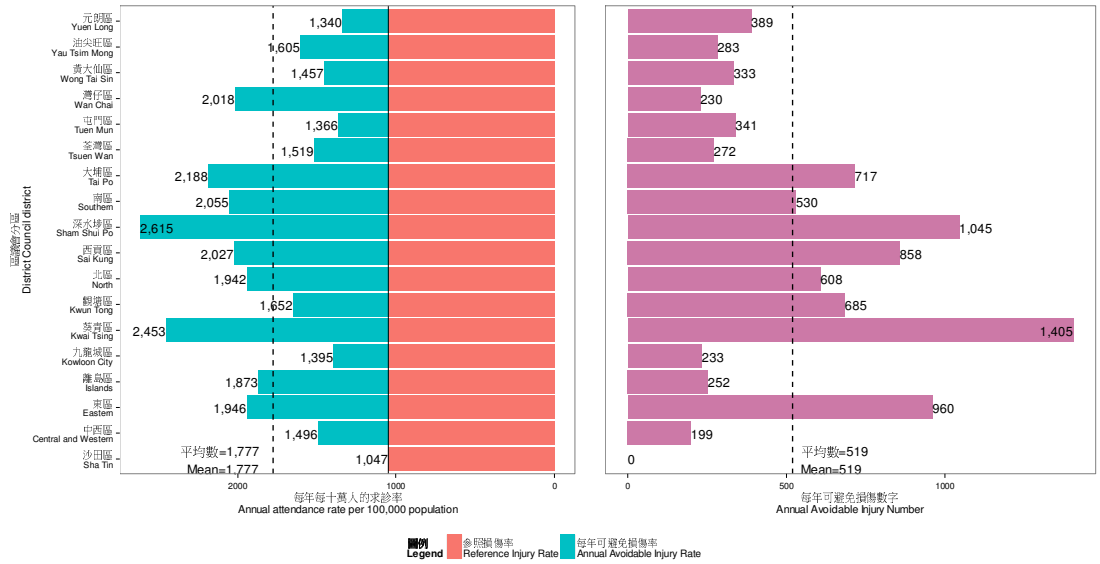
屯門區是每年可避免損傷數字最高的地區(137)。

6.1.7 2001-2012 年香港按區議會分區劃分家居意外損傷到急症室求診數字

6.1.7 Domestic AED attendances by District in Hong Kong, 2001-2012

圖 6.1.7: 2001-2012 年香港按區議會分區劃分家居意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.1.7: Domestic annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2001-2012



From 2001 to 2012, Sham Shui Po had the highest annual domestic attendance rate (2,615 per 100,000) while Sha Tin (reference district) had the lowest (1,047 per 100,000). The average rate across districts was 1,777 per 100,000.

在 2001 至 2012 年期間，深水埗區是每年家居意外損傷求診率最高的地區，每十萬人有 2,615 人次；而沙田區（參照地區）則是最低的地區，每十萬人有 1,047 人次。十八區的平均求診率為每十萬人 1,777 人次。

The annual injury number for the reference district was 1,277. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 9,339 injury could be avoided per year, an equivalent medical cost of HKD 6,537,300.

參照地區的每年損傷數字為 1,277。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 9,339 宗損傷並且節省港幣 6,537,300 元的醫療開支。

Among all districts, Kwai Tsing had the highest annual avoidable injury number (1,405).

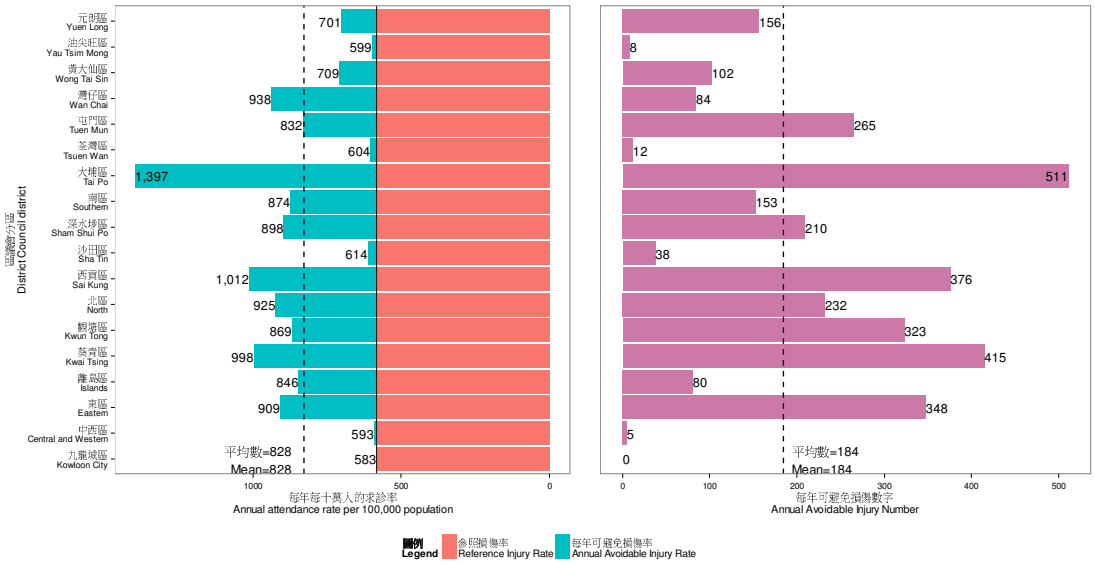
葵青區是每年可避免損傷數字最高的地區(1,405)。

6.1.8 2001-2012 年香港按區議會分區劃分運動意外損傷到急症室求診數字

6.1.8 Sports AED attendances by District in Hong Kong, 2001-2012

圖 6.1.8: 2001-2012 年香港按區議會分區劃分運動意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.1.8: Sports annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2001-2012



From 2001 to 2012, Tai Po had the highest annual sports attendance rate (1,397 per 100,000) while Kowloon City (reference district) had the lowest (583 per 100,000). The average rate across districts was 828 per 100,000.

在 2001 至 2012 年期間，大埔區是每年運動意外損傷求診率最高的地區，每十萬人有 1,397 人次；而九龍城區（參照地區）則是最低的地區，每十萬人有 583 人次。十八區的平均求診率為每十萬人 828 人次。

The annual injury number for the reference district was 390. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 3,316 injury could be avoided per year, an equivalent medical cost of HKD 2,321,200.

參照地區的每年損傷數字為 390。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 3,316 宗損傷並且節省港幣 2,321,200 元的醫療開支。

Among all districts, Tai Po had the highest annual avoidable injury number (511).

大埔區是每年可避免損傷數字最高的地區(511)。

6.2 2009-2012 年香港按區議會分區和損傷種類劃分到急症室求診的統計數字

6.2 AED attendances due to injury by District and Injury Type in Hong Kong, 2009-2012

Part 6.2 aims at providing comparison of AED attendances for each injury type in Hong Kong among districts for 2009-2012. Please refer to Part 6 for explanation of graphs.

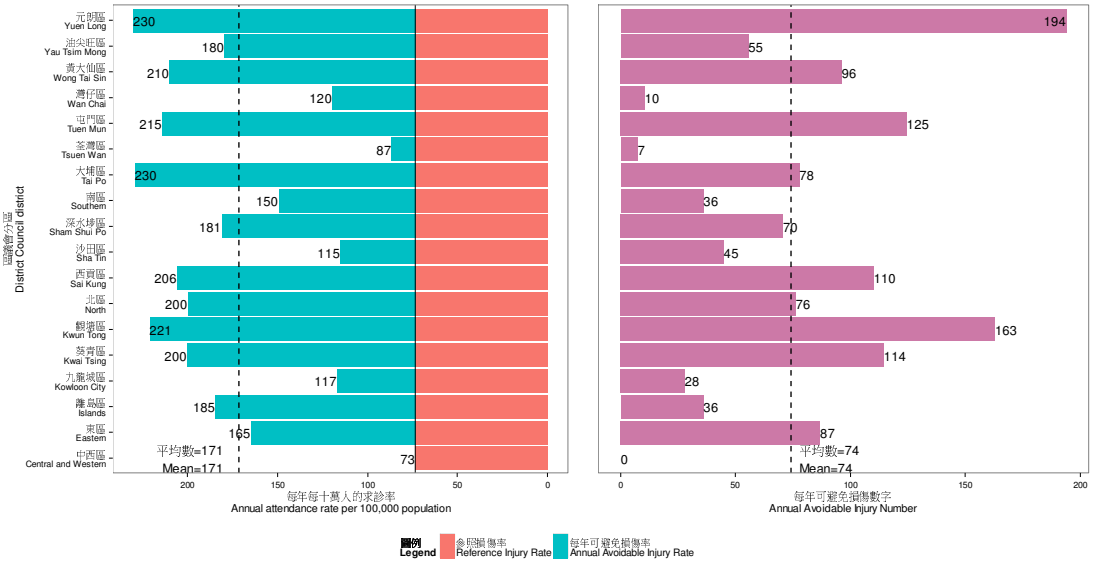
第 6.2 部分主要是比較 2009-2012 年十八區各損傷種類到急症室求診的數字。有關圖表的詳細說明請參閱第 6 部分。

6.2.1 2009-2012 年香港按區議會分區劃分毆打損傷到急症室求診數字

6.2.1 Common assault AED attendances by District in Hong Kong, 2009-2012

圖 6.2.1: 2009-2012 年香港按區議會分區劃分毆打損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.2.1: Common assault annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2009-2012



From 2009 to 2012, Yuen Long had the highest annual common assault attendance rate (230 per 100,000) while Central and Western (reference district) had the lowest (73 per 100,000). The average rate across districts was 171 per 100,000.

在 2009 至 2012 年期間，元朗區是每年毆打損傷求診率最高的地區，每十萬人有 230 人次；而中西區(參照地區）則是最低的地區，每十萬人有 73 人次。十八區的平均求診率為每十萬人 171 人次。

The annual injury number for the reference district was 31. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 1,331 injury could be avoided per year, an

參照地區的每年損傷數字為 31。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 1,331 宗損傷並且節省港幣 931,700 元的醫療開支。

equivalent medical cost of HKD 931,700.

Among all districts, Yuen Long had the highest annual avoidable injury number (194).

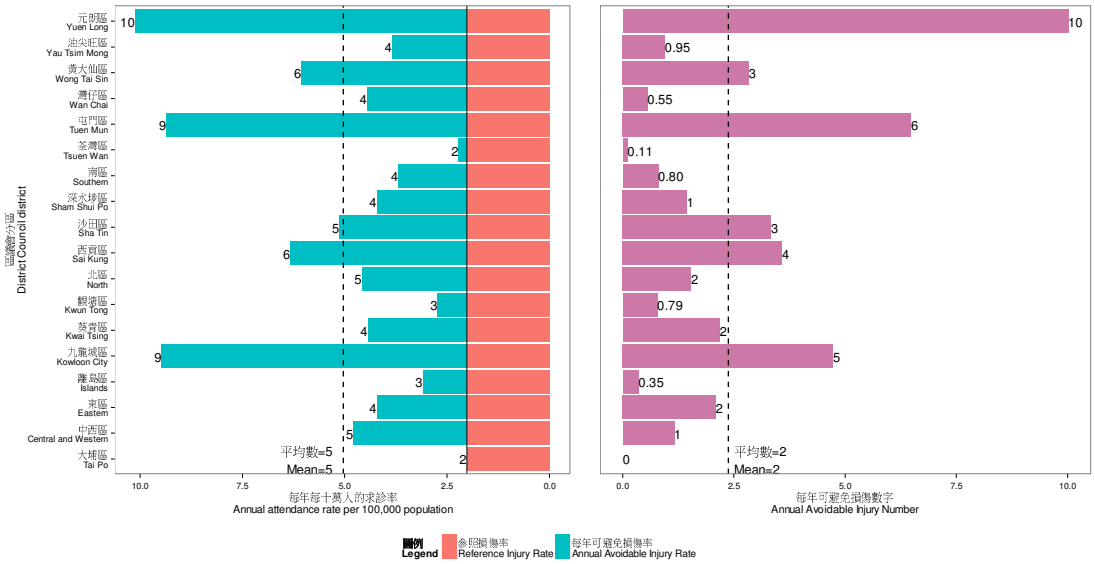
元朗區是每年可避免損傷數字最高的地區(194)。

6.2.2 2009-2012 年香港按區議會分區劃分非禮損傷到急症室求診數字

6.2.2 Indecent assault AED attendances by District in Hong Kong, 2009-2012

圖 6.2.2: 2009-2012 年香港按區議會分區劃分非禮損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.2.2: Indecent assault annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2009-2012



From 2009 to 2012, Yuen Long had the highest annual indecent assault attendance rate (10 per 100,000) while Tai Po (reference district) had the lowest (2 per 100,000). The average rate across districts was 5 per 100,000.

在 2009 至 2012 年期間，元朗區是每年非禮損傷求診率最高的地區，每十萬人有 10 人次；而大埔區（參照地區）則是最低的地區，每十萬人有 2 人次。十八區的平均求診率為每十萬人 5 人次。

The annual injury number for the reference district was 1. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 43 injury could be avoided per year, an equivalent medical cost of HKD 30,100.

參照地區的每年損傷數字為 1。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 43 宗損傷並且節省港幣 30,100 元的醫療開支。

Among all districts, Yuen Long had the highest annual avoidable injury number (10).

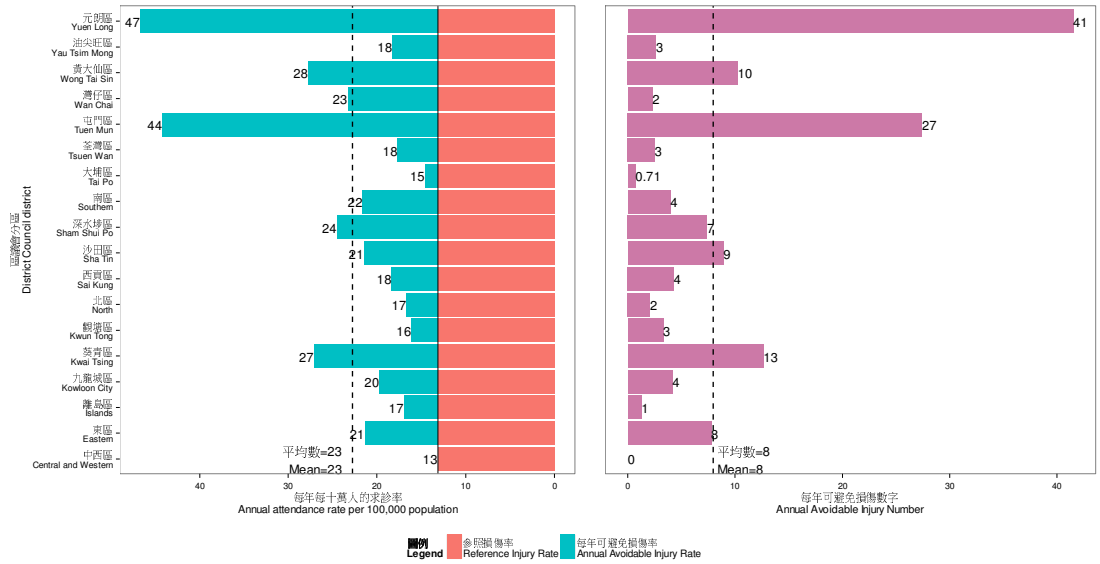
元朗區是每年可避免損傷數字最高的地區(10)。

6.2.3 2009-2012 年香港按區議會分區劃分虐待兒童損傷到急症室求診數字

6.2.3 Child abuse AED attendances by District in Hong Kong, 2009-2012

圖 6.2.3: 2009-2012 年香港按區議會分區劃分虐待兒童損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.2.3: Child abuse annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2009-2012



From 2009 to 2012, Yuen Long had the highest annual child abuse attendance rate (47 per 100,000) while Central and Western (reference district) had the lowest (13 per 100,000). The average rate across districts was 23 per 100,000.

在 2009 至 2012 年期間，元朗區是每年虐待兒童損傷求診率最高的地區，每十萬人有 47 人次；而中西區（參照地區）則是最低的地區，每十萬人有 13 人次。十八區的平均求診率為每十萬人 23 人次。

The annual injury number for the reference district was 6. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 143 injury could be avoided per year, an equivalent medical cost of HKD 100,100.

參照地區的每年損傷數字為 6。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 143 宗損傷並且節省港幣 100,100 元的醫療開支。

Among all districts, Yuen Long had the highest annual avoidable injury number (41).

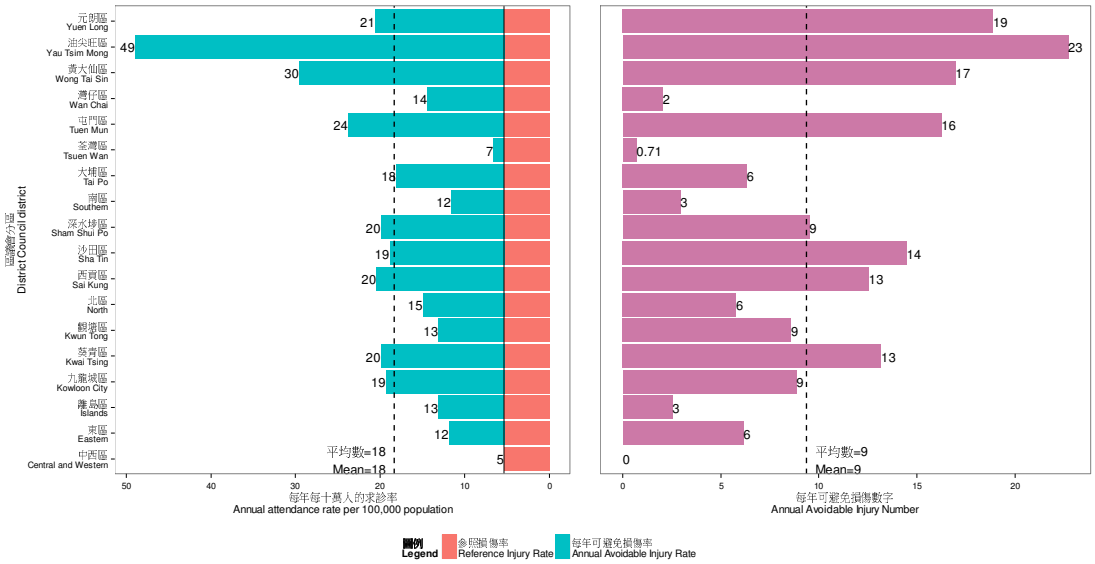
元朗區是每年可避免損傷數字最高的地區(41)。

6.2.4 2009-2012 年香港按區議會分區劃分自殘損傷到急症室求診數字

6.2.4 Self-harm AED attendances by District in Hong Kong, 2009-2012

圖 6.2.4: 2009-2012 年香港按區議會分區劃分自殘損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.2.4: Self-Harm annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2009-2012



From 2009 to 2012, Yau Tsim Mong had the highest annual self-harm attendance rate (49 per 100,000) while Central and Western (reference district) had the lowest (5 per 100,000). The average rate across districts was 18 per 100,000.

在 2009 至 2012 年期間，油尖旺區是每年自殘損傷求診率最高的地區，每十萬人有 49 人次；而中西區（參照地區）則是最低的地區，每十萬人有 5 人次。十八區的平均求診率為每十萬人 18 人次。

The annual injury number for the reference district was 2. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 168 injury could be avoided per year, an equivalent medical cost of HKD 117,600.

參照地區的每年損傷數字為 2。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 168 宗損傷並且節省港幣 117,600 元的醫療開支。

Among all districts, Yau Tsim Mong had the highest annual avoidable injury number (23).

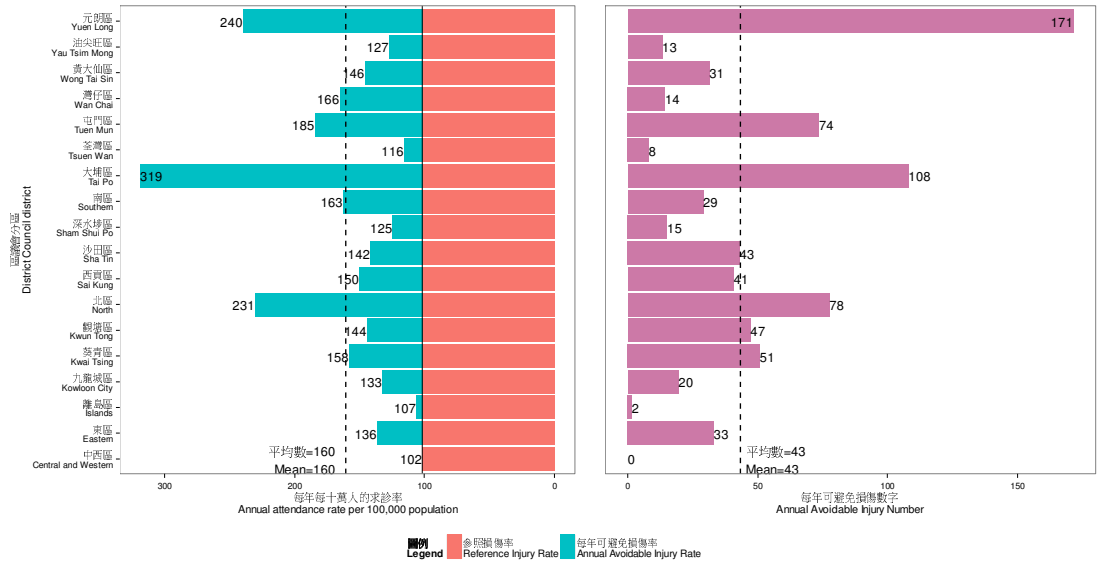
油尖旺區是每年可避免損傷數字最高的地區(23)。

6.2.5 2009-2012 年香港按區議會分區劃分交通意外損傷到急症室求診數字

6.2.5 Traffic AED attendances by District in Hong Kong, 2009-2012

圖 6.2.5: 2009-2012 年香港按區議會分區劃分交通意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.2.5: Traffic annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2009-2012



From 2009 to 2012, Tai Po had the highest annual traffic attendance rate (319 per 100,000) while Central and Western (reference district) had the lowest (102 per 100,000). The average rate across districts was 160 per 100,000.

在 2009 至 2012 年期間，大埔區是每年交通意外損傷求診率最高的地區，每十萬人有 319 人次；而中西區（參照地區）則是最低的地區，每十萬人有 102 人次。十八區的平均求診率為每十萬人 160 人次。

The annual injury number for the reference district was 42. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 778 injury could be avoided per year, an equivalent medical cost of HKD 544,600.

參照地區的每年損傷數字為 42。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 778 宗損傷並且節省港幣 544,600 元的醫療開支。

Among all districts, Yuen Long had the highest annual avoidable injury number (171).

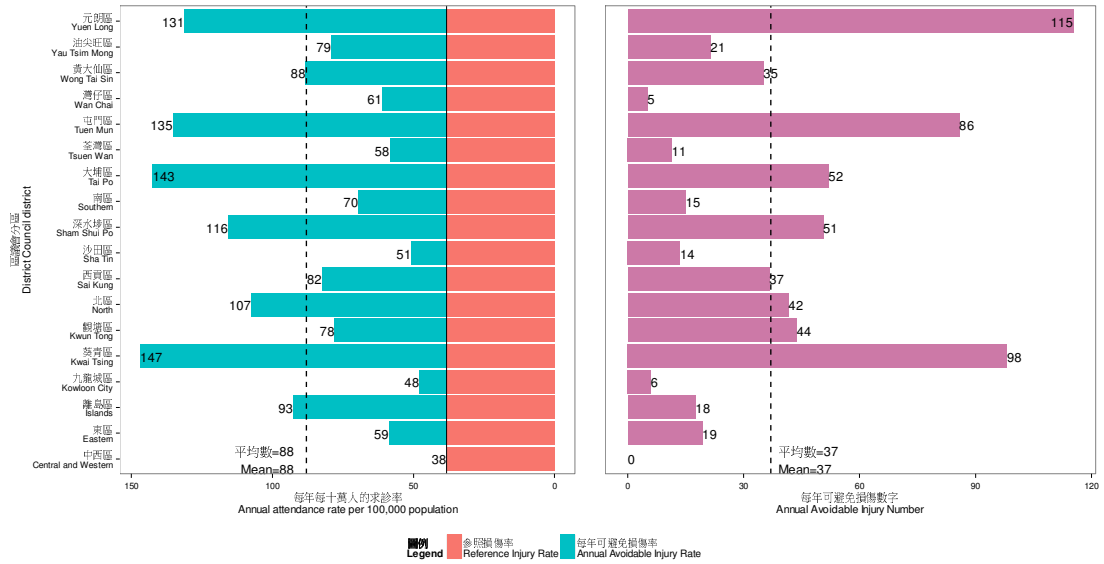
元朗區是每年可避免損傷數字最高的地區(171)。

6.2.6 2009-2012 年香港按區議會分區劃分工業意外損傷到急症室求診數字

6.2.6 Industrial AED attendances by District in Hong Kong, 2009-2012

圖 6.2.6: 2009-2012 年香港按區議會分區劃分工業意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.2.6: Industrial annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2009-2012



From 2009 to 2012, Kwai Tsing had the highest annual industrial attendance rate (147 per 100,000) while Central and Western (reference district) had the lowest (38 per 100,000). The average rate across districts was 88 per 100,000.

在 2009 至 2012 年期間，葵青區是每年工業意外損傷求診率最高的地區，每十萬人有 147 人次；而中西區（參照地區）則是最低的地區，每十萬人有 38 人次。十八區的平均求診率為每十萬人 88 人次。

The annual injury number for the reference district was 16. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 668 injury could be avoided per year, an equivalent medical cost of HKD 467,600.

參照地區的每年損傷數字為 16。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 668 宗損傷並且節省港幣 467,600 元的醫療開支。

Among all districts, Yuen Long had the highest annual avoidable injury number (115).

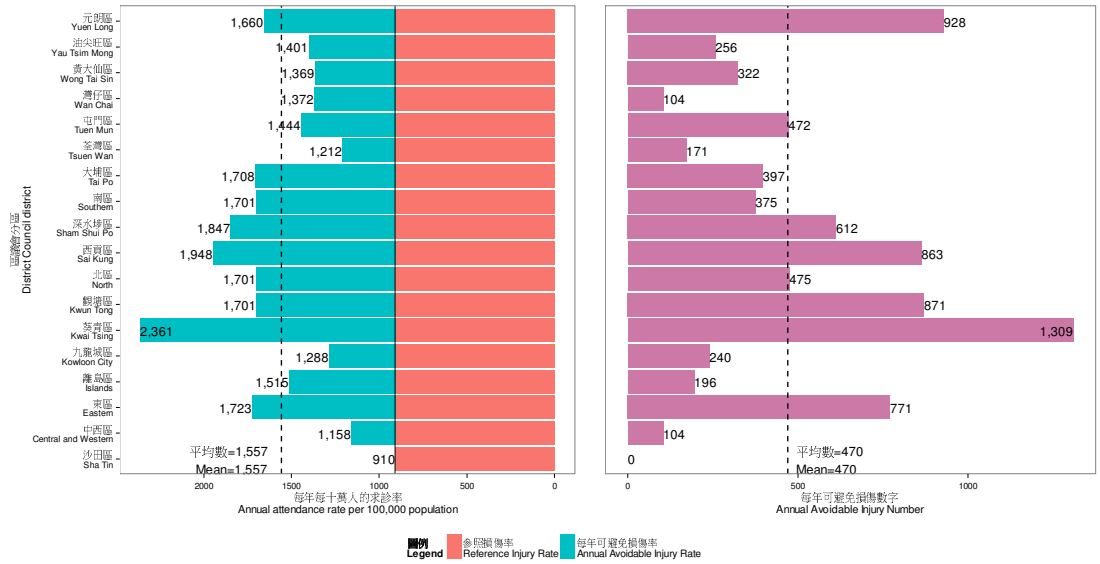
元朗區是每年可避免損傷數字最高的地區(115)。

6.2.7 2009-2012 年香港按區議會分區劃分家居意外損傷到急症室求診數字

6.2.7 Domestic AED attendances by District in Hong Kong, 2009-2012

圖 6.2.7: 2009-2012 年香港按區議會分區劃分家居意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.2.7: Domestic annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2009-2012



From 2009 to 2012, Kwai Tsing had the highest annual domestic attendance rate (2,361 per 100,000) while Sha Tin (reference district) had the lowest (910 per 100,000). The average rate across districts was 1,557 per 100,000.

在 2009 至 2012 年期間，葵青區是每年家居意外損傷求診率最高的地區，每十萬人有 2,361 人次；而沙田區（參照地區）則是最低的地區，每十萬人有 910 人次。十八區的平均求診率為每十萬人 1,557 人次。

The annual injury number for the reference district was 975. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 8,467 injury could be avoided per year, an equivalent medical cost of HKD 5,926,900.

參照地區的每年損傷數字為 975。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 8,467 宗損傷並且節省港幣 5,926,900 元的醫療開支。

Among all districts, Kwai Tsing had the highest annual avoidable injury number (1,309).

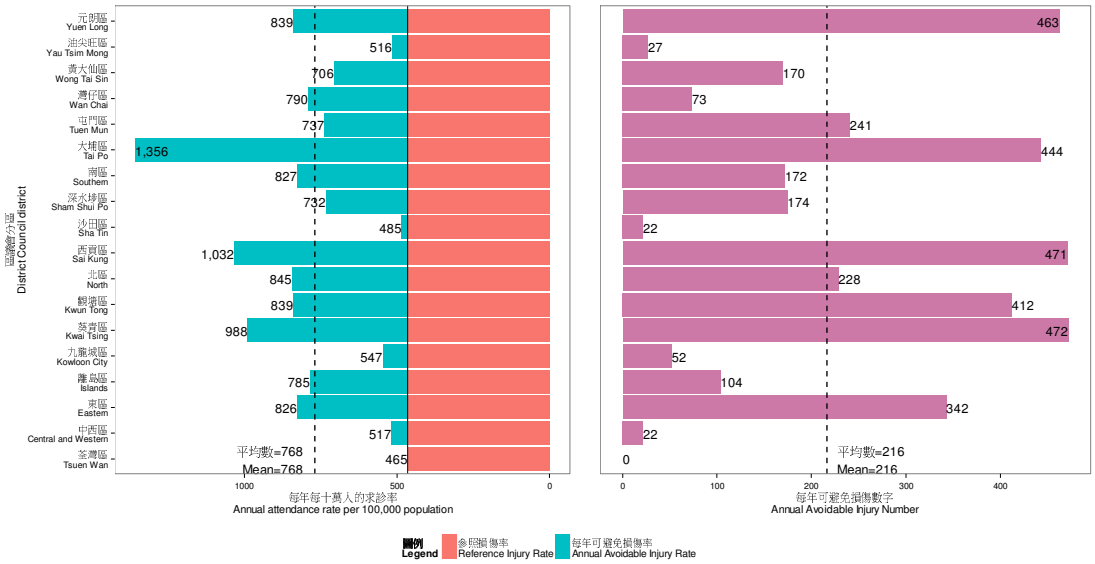
葵青區是每年可避免損傷數字最高的地區(1,309)。

6.2.8 2009-2012 年香港按區議會分區劃分運動意外損傷到急症室求診數字

6.2.8 Sports AED attendances by District in Hong Kong, 2009-2012

圖 6.2.8: 2009-2012 年香港按區議會分區劃分運動意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 6.2.8: Sports annual AED attendance rates with annual avoidable injury numbers, by district, Hong Kong, 2009-2012



From 2009 to 2012, Tai Po had the highest annual sports attendance rate (1,356 per 100,000) while Tsuen Wan (reference district) had the lowest (465 per 100,000). The average rate across districts was 768 per 100,000.

在 2009 至 2012 年期間，大埔區是每年運動意外損傷求診率最高的地區，每十萬人有 1,356 人次；而荃灣區（參照地區）則是最低的地區，每十萬人有 465 人次。十八區的平均求診率為每十萬人 768 人次。

The annual injury number for the reference district was 263. By preventing the injury for all other districts to the rate level of the reference district (reference rate), a total of 3,888 injury could be avoided per year, an equivalent medical cost of HKD 2,721,600.

參照地區的每年損傷數字為 263。當其他地區的損傷率減低至參照地區的水平（參照比率）後，每年便可避免 3,888 宗損傷並且節省港幣 2,721,600 元的醫療開支。

Among all districts, Kwai Tsing had the highest annual avoidable injury number (472).

葵青區是每年可避免損傷數字最高的地區(472)。

7 南區損傷到急症室求診的地區報告

7 District Profile of AED attendances due to injury in Southern District

The purpose of Part 7 is to provide detailed information of AED attendances in Southern District.

第 7 部分主要是提供南區損傷到急症室求診的詳細資訊。

Part 7.1 details about the annual avoidable injury number and annual attendance rate of each injury type (Total, Intentional, Unintentional, Common assault, Indecent assault, Child abuse, Self-harm, Traffic, Industrial, Domestic and Sports) by year from 2001 to 2012, so as to provide information of the injury trend for each injury type in the district.

第 7.1 部分主要詳列了 2001 至 2012 年南區不同損傷種類（所有、蓄意、非蓄意、毆打、非禮、虐待兒童、交通意外、工業意外、家居意外、運動意外和自殘）每年可避免損傷數字和每年求診率，以便了解各損傷種類在南區按年的趨勢。

Part 7.2 details about the annual avoidable injury number and annual attendance rate of each injury type (Total, Intentional, Unintentional, Common assault, Indecent assault, Child abuse, Self-harm, Traffic, Industrial, Domestic and Sports) by sex and age group from 2001 to 2012, so as to provide information of the injury pattern in each group.

第 7.2 部分主要詳列了 2001 至 2012 年南區不同損傷種類（所有、蓄意、非蓄意、毆打、非禮、虐待兒童、交通意外、工業意外、家居意外、運動意外和自殘）按性別和年齡組別的每年可避免損傷數字和每年求診率，以便了解南區不同性別和年齡組別的青少年各項損傷種類的特性。

7.1 2001-2012 年南區按年和損傷種類劃分損傷到急症室求診的統計數字

7.1 AED attendances due to injury by Year and Injury Types of Southern District, 2001-2012

Part 7.1.1 details about the annual avoidable injury number and annual attendance rate of each injury type (Total, Intentional, Unintentional, Common assault, Indecent assault, Child abuse, Self-harm, Traffic, Industrial, Domestic and Sports) by year from 2001 to 2012, so as to provide information of the injury trend in every year.

第 7.1.1 部分主要詳列了南區不同損傷種類（所有、蓄意、非蓄意、毆打、非禮、虐待兒童、交通意外、工業意外、家居意外、運動意外和自殘）每年可避免損傷數字和每年求診率，以便了解各損傷種類在南區按年的趨勢。

Similar to Part 5 and 6, both annual avoidable injury number and annual attendance rate are plotted in the same graph. Annual attendance rate informs which year in Southern is more susceptible to different injury types and is plotted on the left side of the graph. Year with the lowest annual AED attendance rate for each injury type in Southern is known as reference year. Unlike Part 5 and 6, the reference year is not plotted in the bottom of the graph.

與第 5 和 6 部分類同，每年可避免損傷數字和每年求診率將會在同一張圖表示。每年求診率描述各損傷種類於那一年的損傷的風險較高，並在圖中左邊展示。當中各損傷種類最低每年求診率的年份，稱為參照年份。與第 5 和 6 部分不同的是：參照年份並不是展示在圖的下方。

Annual avoidable injury number depicts the annual AED attendance number that could have been avoided if the district had attained the reference rate and is plotted on the right side of the graph. Therefore, annual avoidable injury number of the reference year is always zero. While annual AED attendance rate assumes the same population in each year from 2001 to 2012, namely 100,000, the annual avoidable injury number uses the actual total population of children aged 0 to 19, and thus accounts for difference in

每年可避免損傷數字是假設各區的損傷情況維持在參照比率的水平，每年所能避免的求診數字，並在圖中右邊展示。因此，在參照年份的每年可避免損傷數字必定是 0。每年求診率假設了 2001 至 2012 年期間每年的人口相同（維持在 100,000），而每年可避免損傷數字則是用了 2001 至 2012 年期間每年 0 至 19 歲的人口的數字計算。這亦說明了為何每年可避免損傷數字和每年求診率的排名不一定相同的原因。

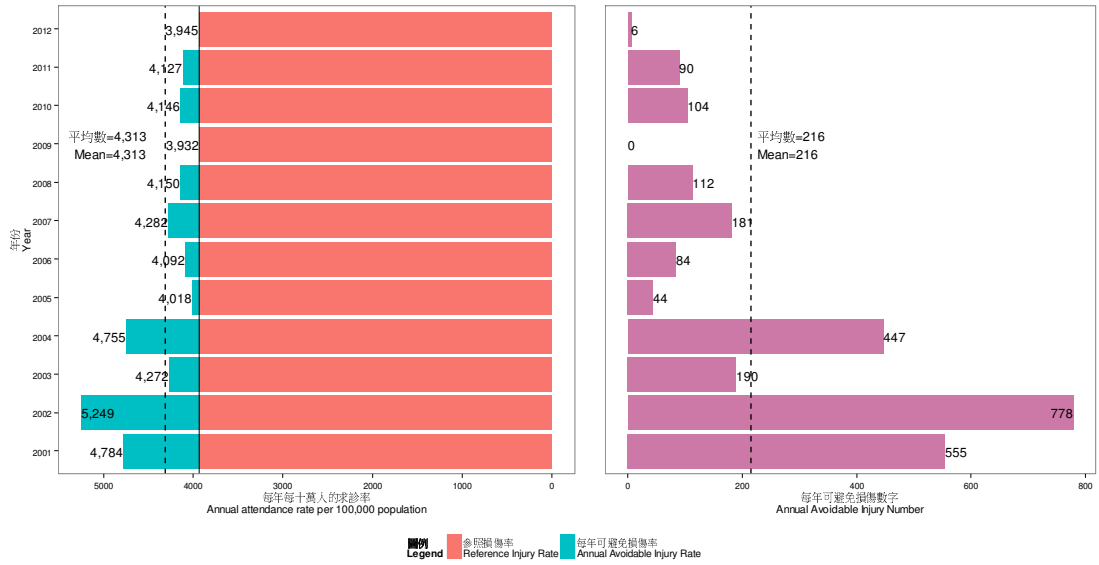
rankings between annual avoidable injury number and annual attendance rate.

7.1.1 2001-2012 年南區按年劃分損傷到急症室求診數字

7.1.1 AED attendances due to injury by Year in Southern District, 2001-2012

圖 7.1.1: 2001-2012 年南區按年劃分損傷到急症室的求診率和可避免損傷數字

Figure 7.1.1: AED attendance rates with avoidable injury numbers due to injury, by year, Southern district, 2001-2012



From 2001 to 2012, the annual attendance rate in Southern decreased from 4,784 to 3,945 per 100,000. The trend was statistically significant at 5% significance level. The highest (5,249 per 100,000) was found in 2002 while the lowest (3,932 per 100,000) was found in 2009 (reference year). The average rate across the 12-year period was 4,313 per 100,000.

在 2001 至 2012 年期間，南區的每年損傷求診率由每十萬人 4,784 人次降至 3,945 人次，趨勢在統計學上顯著（顯著水平 α 為 5%）。當中最高的年份為 2002(每十萬人 5,249 人次)，而最低的年份（參照年份）為 2009（每十萬人 3,932 人次）。求診率在十二年期間的平均數為每十萬人 4,313 人次。

The number for the reference year was 1,954. By preventing injury to the rate level of the reference year (reference rate), a total of 2,593 injury could have been avoided in Southern per year, an equivalent of HKD 1,815,100.

參照年份的損傷數字為 1,954。當其他年份的損傷率減低至參照年份的水平（參照比率）後，南區每年便可避免 2,593 宗損傷並且節省港幣 1,815,100 元的醫療開支。

The excess of annual attendance rate over the reference rate is known as annual avoidable injury rate. The annual avoidable injury number in each year is obtained by multiplying the annual avoidable injury rate with the

各年的可避免損傷數字是各年的可避免損傷率和人口的乘積，當中可避免損傷率是指損傷率減去參照比率。2002 年是每年可避免損傷數字最高的年份(778)。

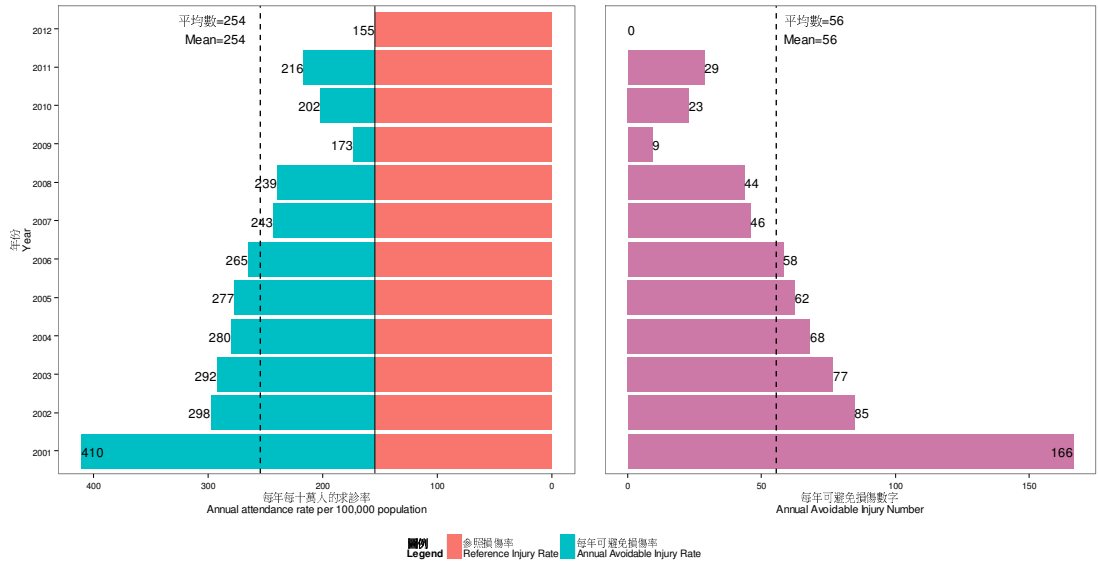
annual population of the respective year. Throughout the 12-year period, the highest (778) was found in 2002.

7.1.2 2001-2012 年南區按年劃分蓄意損傷到急症室求診數字

7.1.2 Intentional injury AED attendances by Year in Southern District, 2001-2012

圖 7.1.2: 2001-2012 年南區按年劃分蓄意損傷到急症室的求診率和可避免損傷數字

Figure 7.1.2: Intentional injury AED attendance rates with avoidable injury numbers, by year, Southern district, 2001-2012



From 2001 to 2012, the annual intentional injury attendance rate in Southern decreased from 410 to 155 per 100,000. The trend was statistically significant at 5% significance level. The highest (410 per 100,000) was found in 2001 while the lowest (155 per 100,000) was found in 2012 (reference year). The average rate across the 12-year period was 254 per 100,000.

在 2001 至 2012 年期間，南區的每年蓄意損傷求診率由每十萬人 410 人次降至 155 人次，趨勢在統計學上顯著（顯著水平 α 為 5%）。當中最高的年份為 2001（每十萬人 410 人次），而最低的年份（參照年份）為 2012（每十萬人 155 人次）。求診率在十二年期間的平均數為每十萬人 254 人次。

The intentional injury number for the reference year was 70. By preventing injury to the rate level of the reference year (reference rate), a total of 667 injury could have been avoided in Southern per year, an equivalent of HKD 466,900.

參照年份的損傷數字為 70。當其他年份的損傷率減低至參照年份的水平（參照比率）後，南區每年便可避免 667 宗損傷並且節省港幣 466,900 元的醫療開支。

Throughout the 12-year period, the highest (166) was found in 2001.

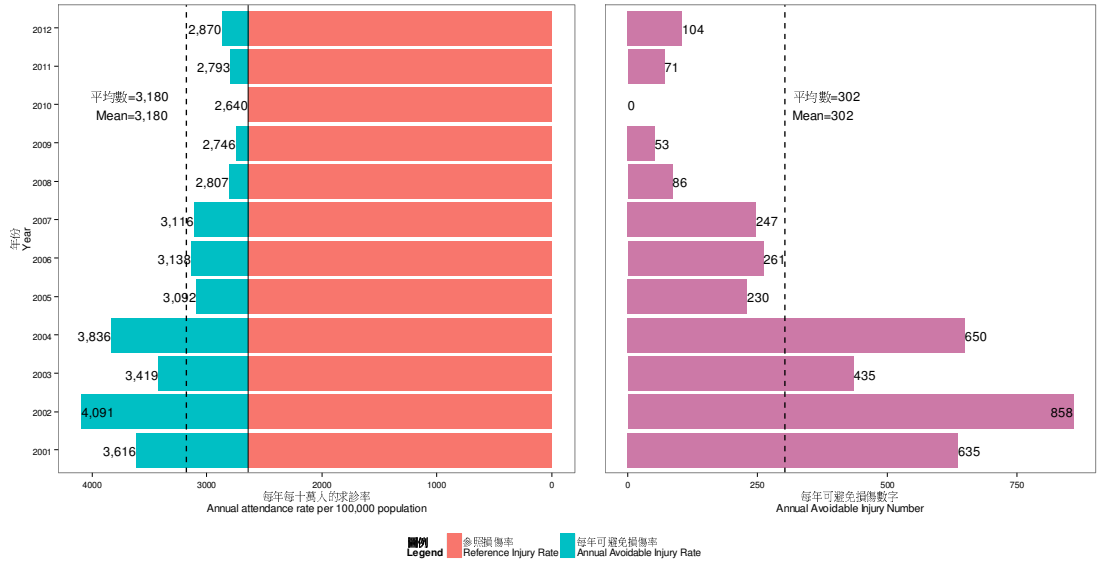
2001 年是每年可避免損傷數字最高的年份(166)。

7.1.3 2001-2012 年南區按年劃分非蓄意損傷到急症室求診數字

7.1.3 Unintentional injury AED attendances by Year in Southern District, 2001-2012

圖 7.1.3: 2001-2012 年南區按年劃分非蓄意損傷到急症室的求診率和可避免損傷數字

Figure 7.1.3: Unintentional injury AED attendance rates with avoidable injury numbers, by year, Southern district, 2001-2012



From 2001 to 2012, the annual unintentional injury attendance rate in Southern decreased from 3,616 to 2,870 per 100,000. The trend was statistically significant at 5% significance level. The highest (4,091 per 100,000) was found in 2002 while the lowest (2,640 per 100,000) was found in 2010 (reference year). The average rate across the 12-year period was 3,180 per 100,000.

在 2001 至 2012 年期間，南區的每年非蓄意損傷求診率由每十萬人 3,616 人次降至 2,870 人次，趨勢在統計學上顯著（顯著水平 α 為 5%）。當中最高的年份為 2002（每十萬人 4,091 人次），而最低的年份（參照年份）為 2010（每十萬人 2,640 人次）。求診率在十二年期間的平均數為每十萬人 3,180 人次。

The unintentional injury number for the reference year was 1,283. By preventing injury to the rate level of the reference year (reference rate), a total of 3,629 injury could have been avoided in Southern per year, an equivalent of HKD 2,540,300.

參照年份的損傷數字為 1,283。當其他年份的損傷率減低至參照年份的水平（參照比率）後，南區每年便可避免 3,629 宗損傷並且節省港幣 2,540,300 元的醫療開支。

Throughout the 12-year period, the highest (858) was found in 2002.

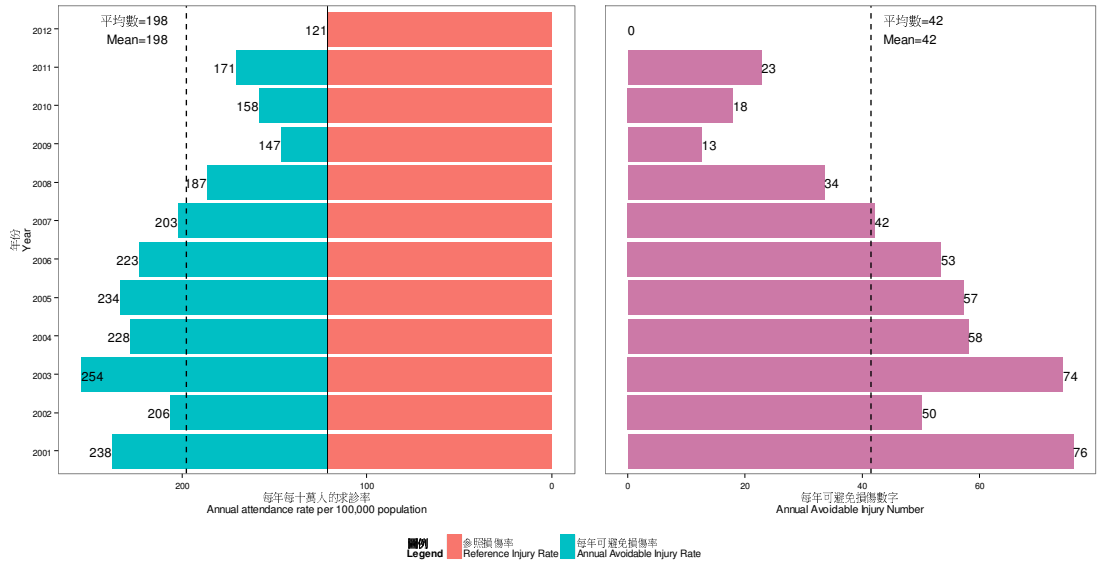
2002 年是每年可避免損傷數字最高的年份(858)。

7.1.4 2001-2012 年南區按年劃分毆打損傷到急症室求診數字

7.1.4 Common assault AED attendances by Year in Southern District, 2001-2012

圖 7.1.4: 2001-2012 年南區按年劃分毆打損傷到急症室的求診率和可避免損傷數字

Figure 7.1.4: Common assault AED attendance rates with avoidable injury numbers, by year, Southern district, 2001-2012



From 2001 to 2012, the annual common assault attendance rate in Southern decreased from 238 to 121 per 100,000. The trend was statistically significant at 5% significance level. The highest (254 per 100,000) was found in 2003 while the lowest (121 per 100,000) was found in 2012 (reference year). The average rate across the 12-year period was 198 per 100,000.

在 2001 至 2012 年期間，南區的每年毆打損傷求診率由每十萬人 238 人次降至 121 人次，趨勢在統計學上顯著（顯著水平 α 為 5%）。當中最高的年份為 2003（每十萬人 254 人次），而最低的年份（參照年份）為 2012（每十萬人 121 人次）。求診率在十二年期間的平均數為每十萬人 198 人次。

The common assault number for the reference year was 55. By preventing injury to the rate level of the reference year (reference rate), a total of 498 injury could have been avoided in Southern per year, an equivalent of HKD 348,600.

參照年份的損傷數字為 55。當其他年份的損傷率減低至參照年份的水平（參照比率）後，南區每年便可避免 498 宗損傷並且節省港幣 348,600 元的醫療開支。

Throughout the 12-year period, the highest (76) was found in 2001.

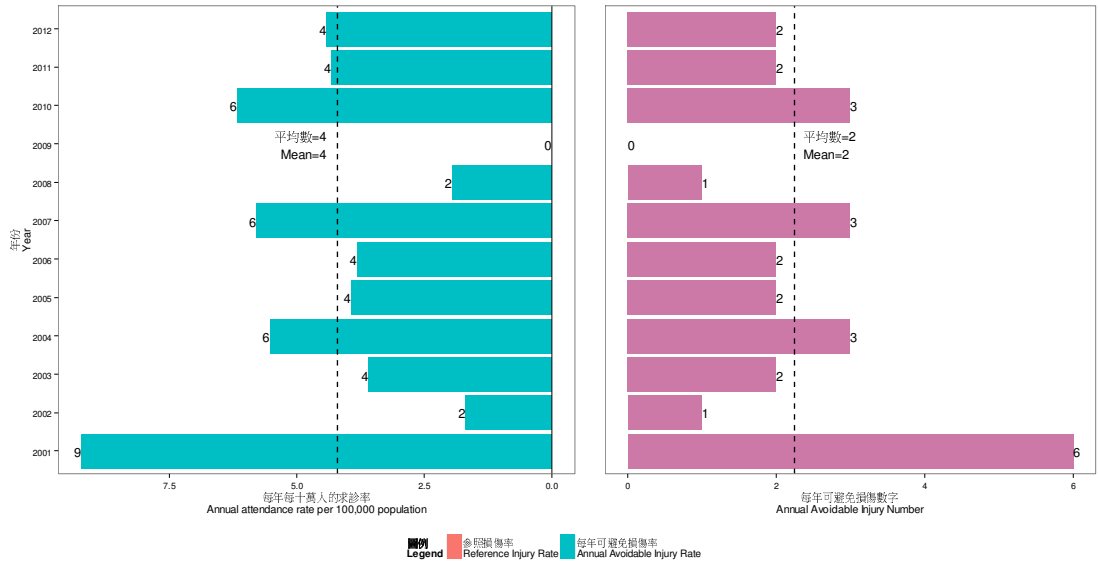
2001 年是每年可避免損傷數字最高的年份(76)。

7.1.5 2001-2012 年南區按年劃分非禮損傷到急症室求診數字

7.1.5 Indecent assault AED attendances by Year in Southern District, 2001-2012

圖 7.1.5: 2001-2012 年南區按年劃分非禮損傷到急症室的求診率和可避免損傷數字

Figure 7.1.5: Indecent assault AED attendance rates with avoidable injury numbers, by year, Southern district, 2001-2012



From 2001 to 2012, the annual indecent assault attendance rate in Southern decreased from 9 to 4 per 100,000. The trend was not statistically significant at 5% significance level. The highest (9 per 100,000) was found in 2001 while the lowest (0 per 100,000) was found in 2009 (reference year). The average rate across the 12-year period was 4 per 100,000.

在 2001 至 2012 年期間，南區的每年非禮損傷求診率由每十萬人 9 人次降至 4 人次，趨勢在統計學上不顯著（顯著水平 α 為 5%）。當中最高的年份為 2001（每十萬人 9 人次），而最低的年份（參照年份）為 2009（每十萬人 0 人次）。求診率在十二年期間的平均數為每十萬人 4 人次。

The indecent assault number for the reference year was 0. By preventing injury to the rate level of the reference year (reference rate), a total of 27 injury could have been avoided in Southern per year, an equivalent of HKD 18,900.

參照年份的損傷數字為 0。當其他年份的損傷率減低至參照年份的水平（參照比率）後，南區每年便可避免 27 宗損傷並且節省港幣 18,900 元的醫療開支。

Throughout the 12-year period, the highest (6) was found in 2001.

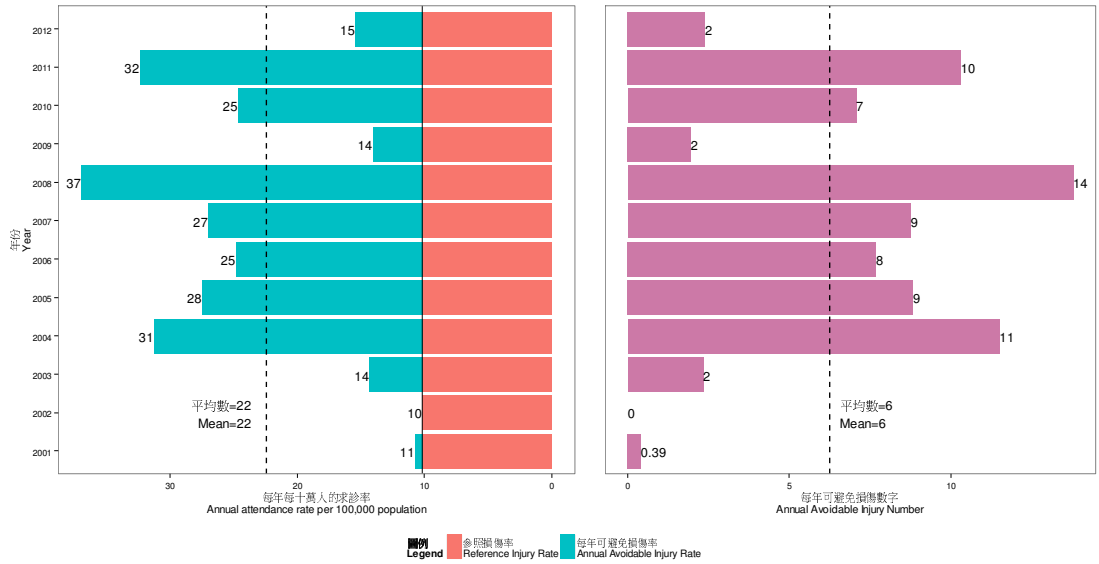
2001 年是每年可避免損傷數字最高的年份(6)。

7.1.6 2001-2012 年南區按年劃分虐待兒童損傷到急症室求診數字

7.1.6 Child abuse AED attendances by Year in Southern District, 2001-2012

圖 7.1.6: 2001-2012 年南區按年劃分虐待兒童損傷到急症室的求診率和可避免損傷數字

Figure 7.1.6: Child abuse AED attendance rates with avoidable injury numbers, by year, Southern district, 2001-2012



From 2001 to 2012, the annual child abuse attendance rate in Southern increased from 11 to 15 per 100,000. The trend was not statistically significant at 5% significance level. The highest (37 per 100,000) was found in 2008 while the lowest (10 per 100,000) was found in 2002 (reference year). The average rate across the 12-year period was 22 per 100,000.

在 2001 至 2012 年期間，南區的每年虐待兒童損傷求診率由每十萬人 11 人次升至 15 人次，趨勢在統計學上不顯著（顯著水平 α 為 5%）。當中最高的年份為 2008（每十萬人 37 人次），而最低的年份（參照年份）為 2002（每十萬人 10 人次）。求診率在十二年期間的平均數為每十萬人 22 人次。

The child abuse number for the reference year was 6. By preventing injury to the rate level of the reference year (reference rate), a total of 75 injury could have been avoided in Southern per year, an equivalent of HKD 52,500.

參照年份的損傷數字為 6。當其他年份的損傷率減低至參照年份的水平（參照比率）後，南區每年便可避免 75 宗損傷並且節省港幣 52,500 元的醫療開支。

Throughout the 12-year period, the highest (14) was found in 2008.

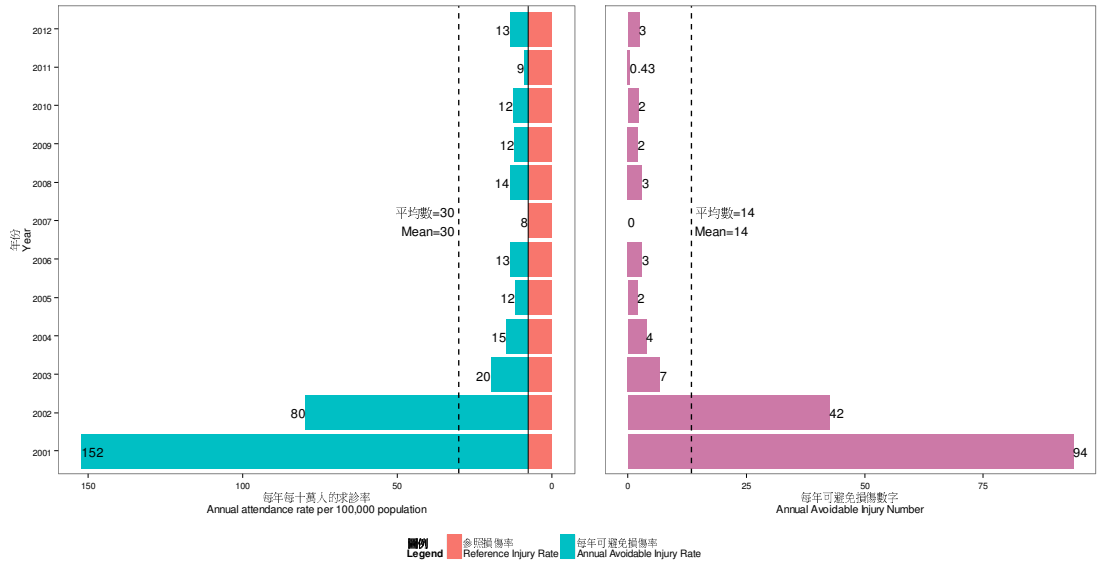
2008 年是每年可避免損傷數字最高的年份(14)。

7.1.7 2001-2012 年南區按年劃分自殘損傷到急症室求診數字

7.1.7 Self-Harm AED attendances by Year in Southern District, 2001-2012

圖 7.1.7: 2001-2012 年南區按年劃分自殘損傷到急症室的求診率和可避免損傷數字

Figure 7.1.7: Self-Harm AED attendance rates with avoidable injury numbers, by year, Southern district, 2001-2012



From 2001 to 2012, the annual self-harm attendance rate in Southern decreased from 152 to 13 per 100,000. The trend was statistically significant at 5% significance level. The highest (152 per 100,000) was found in 2001 while the lowest (8 per 100,000) was found in 2007 (reference year). The average rate across the 12-year period was 30 per 100,000.

在 2001 至 2012 年期間，南區的每年自殘損傷求診率由每十萬人 152 人次降至 13 人次，趨勢在統計學上顯著（顯著水平 α 為 5%）。當中最高的年份為 2001（每十萬人 152 人次），而最低的年份（參照年份）為 2007（每十萬人 8 人次）。求診率在十二年期間的平均數為每十萬人 30 人次。

The self-harm number for the reference year was 4. By preventing injury to the rate level of the reference year (reference rate), a total of 162 injury could have been avoided in Southern per year, an equivalent of HKD 113,400.

參照年份的損傷數字為 4。當其他年份的損傷率減低至參照年份的水平（參照比率）後，南區每年便可避免 162 宗損傷並且節省港幣 113,400 元的醫療開支。

Throughout the 12-year period, the highest (94) was found in 2001.

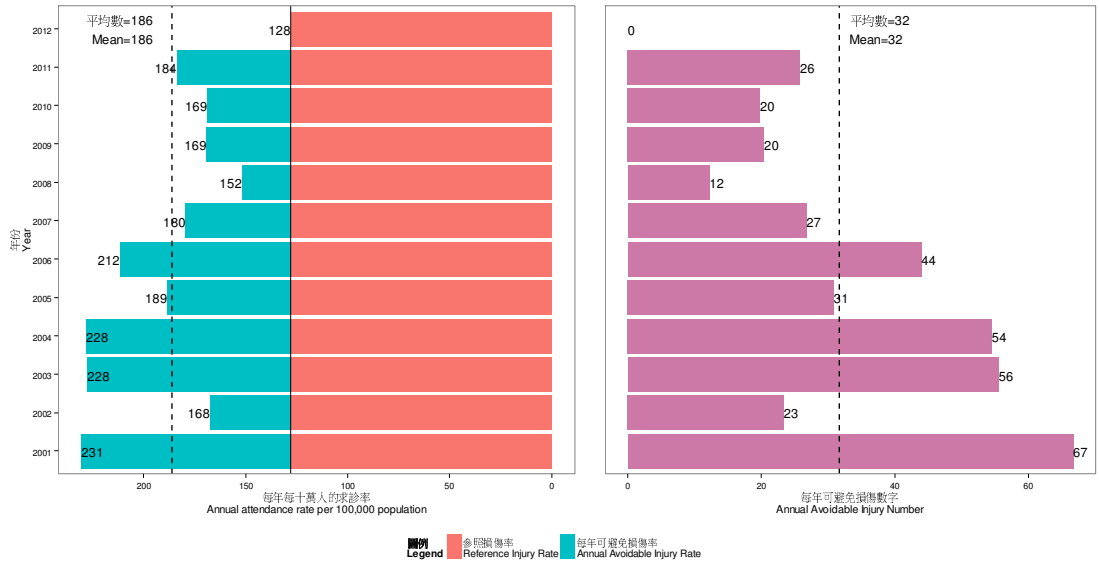
2001 年是每年可避免損傷數字最高的年份(94)。

7.1.8 2001-2012 年南區按年劃分交通意外損傷到急症室求診數字

7.1.8 Traffic AED attendances by Year in Southern District, 2001-2012

圖 7.1.8: 2001-2012 年南區按年劃分交通意外損傷到急症室的求診率和可避免損傷數字

Figure 7.1.8: Traffic AED attendance rates with avoidable injury numbers, by year, Southern district, 2001-2012



From 2001 to 2012, the annual traffic attendance rate in Southern decreased from 231 to 128 per 100,000. The trend was statistically significant at 5% significance level. The highest (231 per 100,000) was found in 2001 while the lowest (128 per 100,000) was found in 2012 (reference year). The average rate across the 12-year period was 186 per 100,000.

在 2001 至 2012 年期間，南區的每年交通意外損傷求診率由每十萬人 231 人次降至 128 人次，趨勢在統計學上顯著（顯著水平 α 為 5%）。當中最高的年份為 2001（每十萬人 231 人次），而最低的年份（參照年份）為 2012（每十萬人 128 人次）。求診率在十二年期間的平均數為每十萬人 186 人次。

The traffic number for the reference year was 58. By preventing injury to the rate level of the reference year (reference rate), a total of 380 injury could have been avoided in Southern per year, an equivalent of HKD 266,000.

參照年份的損傷數字為 58。當其他年份的損傷率減低至參照年份的水平（參照比率）後，南區每年便可避免 380 宗損傷並且節省港幣 266,000 元的醫療開支。

Throughout the 12-year period, the highest (67) was found in 2001.

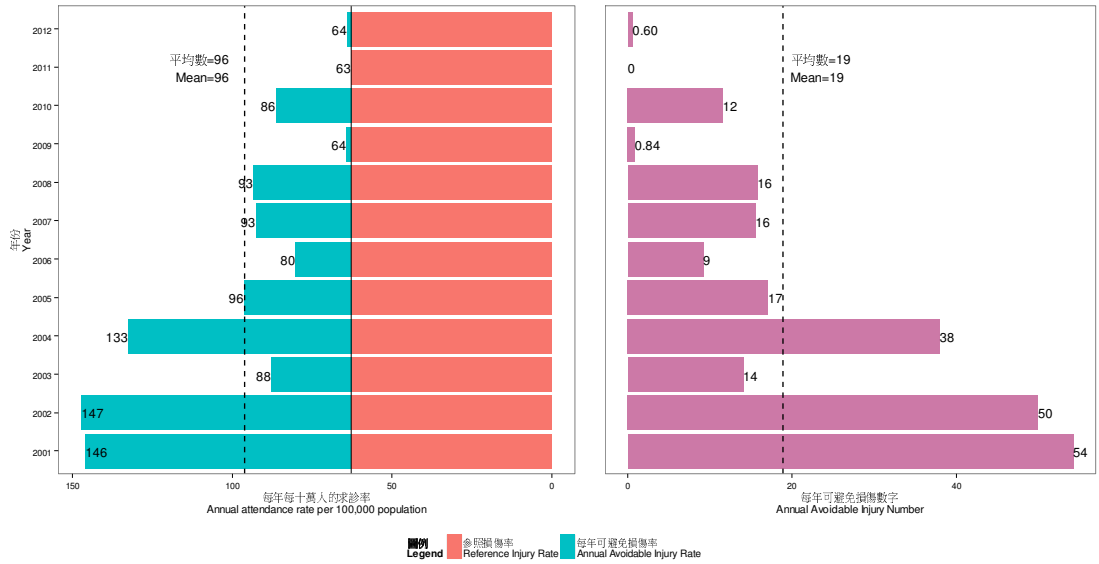
2001 年是每年可避免損傷數字最高的年份(67)。

7.1.9 2001-2012 年南區按年劃分工業意外損傷到急症室求診數字

7.1.9 Industrial AED attendances by Year in Southern District, 2001-2012

圖 7.1.9: 2001-2012 年南區按年劃分工業意外損傷到急症室的求診率和可避免損傷數字

Figure 7.1.9: Industrial AED attendance rates with avoidable injury numbers, by year, Southern district, 2001-2012



From 2001 to 2012, the annual industrial attendance rate in Southern decreased from 146 to 64 per 100,000. The trend was statistically significant at 5% significance level. The highest (147 per 100,000) was found in 2002 while the lowest (63 per 100,000) was found in 2011 (reference year). The average rate across the 12-year period was 96 per 100,000.

在 2001 至 2012 年期間，南區的每年工業意外損傷求診率由每十萬人 146 人次降至 64 人次，趨勢在統計學上顯著（顯著水平 α 為 5%）。當中最高的年份為 2002（每十萬人 147 人次），而最低的年份（參照年份）為 2011（每十萬人 63 人次）。求診率在十二年期間的平均數為每十萬人 96 人次。

The industrial number for the reference year was 29. By preventing injury to the rate level of the reference year (reference rate), a total of 227 injury could have been avoided in Southern per year, an equivalent of HKD 158,900.

參照年份的損傷數字為 29。當其他年份的損傷率減低至參照年份的水平（參照比率）後，南區每年便可避免 227 宗損傷並且節省港幣 158,900 元的醫療開支。

Throughout the 12-year period, the highest (54) was found in 2001.

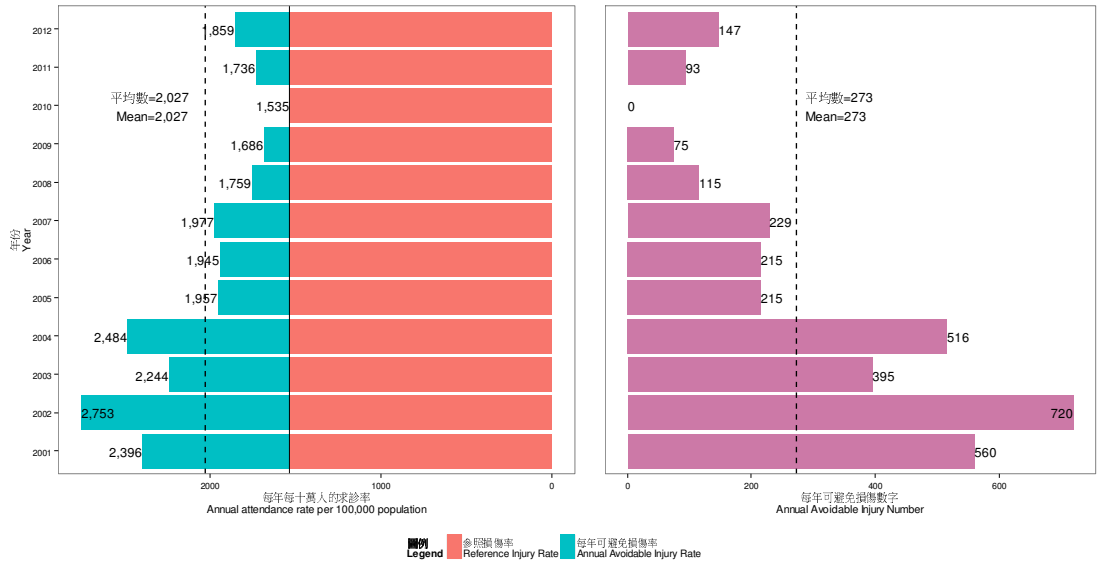
2001 年是每年可避免損傷數字最高的年份(54)。

7.1.10 2001-2012 年南區按年劃分家居意外損傷到急症室求診數字

7.1.10 Domestic AED attendances by Year in Southern District, 2001-2012

圖 7.1.10: 2001-2012 年南區按年劃分家居意外損傷到急症室的求診率和可避免損傷數字

Figure 7.1.10: Domestic AED attendance rates with avoidable injury numbers, by year, Southern district, 2001-2012



From 2001 to 2012, the annual domestic attendance rate in Southern decreased from 2,396 to 1,859 per 100,000. The trend was statistically significant at 5% significance level. The highest (2,753 per 100,000) was found in 2002 while the lowest (1,535 per 100,000) was found in 2010 (reference year). The average rate across the 12-year period was 2,027 per 100,000.

在 2001 至 2012 年期間，南區的每年家居意外損傷求診率由每十萬人 2,396 人次降至 1,859 人次，趨勢在統計學上顯著（顯著水平 α 為 5%）。當中最高的年份為 2002（每十萬人 2,753 人次），而最低的年份（參照年份）為 2010（每十萬人 1,535 人次）。求診率在十二年期間的平均數為每十萬人 2,027 人次。

The domestic number for the reference year was 746. By preventing injury to the rate level of the reference year (reference rate), a total of 3,279 injury could have been avoided in Southern per year, an equivalent of HKD 2,295,300.

參照年份的損傷數字為 746。當其他年份的損傷率減低至參照年份的水平（參照比率）後，南區每年便可避免 3,279 宗損傷並且節省港幣 2,295,300 元的醫療開支。

Throughout the 12-year period, the highest (720) was found in 2002.

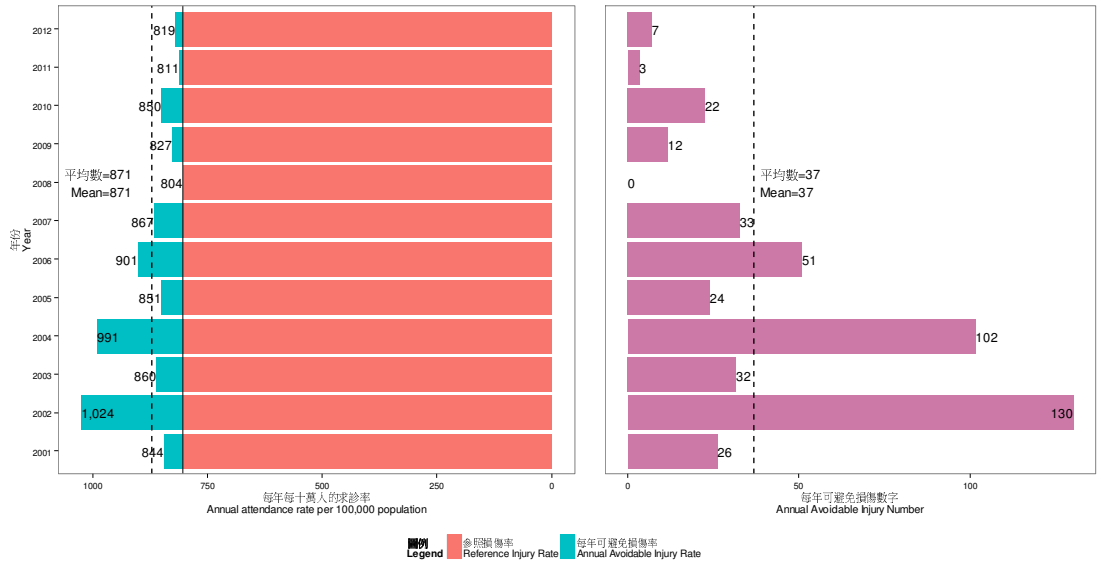
2002 年是每年可避免損傷數字最高的年份(720)。

7.1.11 2001-2012 年南區按年劃分運動意外損傷到急症室求診數字

7.1.11 Sports AED attendances by Year in Southern District, 2001-2012

圖 7.1.11: 2001-2012 年南區按年劃分運動意外損傷到急症室的求診率和可避免損傷數字

Figure 7.1.11: Sports AED attendance rates with avoidable injury numbers, by year, Southern district, 2001-2012



From 2001 to 2012, the annual sports attendance rate in Southern decreased from 844 to 819 per 100,000. The trend was statistically significant at 5% significance level. The highest (1,024 per 100,000) was found in 2002 while the lowest (804 per 100,000) was found in 2008 (reference year). The average rate across the 12-year period was 871 per 100,000.

在 2001 至 2012 年期間，南區的每年運動意外損傷求診率由每十萬人 844 人次降至 819 人次，趨勢在統計學上顯著（顯著水平 α 為 5%）。當中最高的年份為 2002（每十萬人 1,024 人次），而最低的年份（參照年份）為 2008（每十萬人 804 人次）。求診率在十二年期間的平均數為每十萬人 871 人次。

The sports number for the reference year was 413. By preventing injury to the rate level of the reference year (reference rate), a total of 442 injury could have been avoided in Southern per year, an equivalent of HKD 309,400.

參照年份的損傷數字為 413。當其他年份的損傷率減低至參照年份的水平（參照比率）後，南區每年便可避免 442 宗損傷並且節省港幣 309,400 元的醫療開支。

Throughout the 12-year period, the highest (130) was found in 2002.

2002 年是每年可避免損傷數字最高的年份(130)。

7.2 南區按性別、年齡組別和損傷種類劃分損傷到急症室求診的統計數字

7.2 AED Attendances due to injury by Sex, Age Group and Injury Type of Southern district

Part 7.2 details about the annual avoidable injury number and annual attendance rate of each injury type (Total, Intentional, Unintentional, Common assault, Indecent assault, Child abuse, Self-harm, Traffic, Industrial, Domestic and Sports) by sex and age group in Southern, so as to provide information of the injury pattern in each group. Part 7.2.1 is prepared using the AED attendance data for year range 2001-2012 while Part 7.2.2 is prepared using the AED attendance data for year range 2009-2012. The former aims at providing long-term injury pattern while the latter aims at providing recent injury pattern.

第 7.2 部分主要是詳列南區各損傷種類（所有、蓄意、非蓄意、毆打、非禮、虐待兒童、交通意外、工業意外、家居意外、運動意外和自殘）按性別和年齡組別的每年可避免損傷數字和每年求診率，以便了解南區不同性別和年齡組別的青少年各損傷種類的特性。第 7.2.1 部分所載列的是 2001-2012 年的急症室求診數字，而第 7.2.2 部分所載列的是 2009-2012 年的急症室求診數字。前者是用作表達長期損傷的情況，而後者是用作表達近期損傷的情況。

Similar to Part 7.1, both annual avoidable injury number and annual AED attendance rate are plotted in the same graph. Annual attendance rate informs which sex and age group in Southern is more susceptible to different injury types and is plotted on the left side of the graph. The sex and age group with the lowest annual AED attendance rate for each injury type in Southern is known as reference group. There are 8 groups which are shown in the following order: males aged 0 to 4, females aged 0 to 4, males aged 5 to 9, females aged 5 to 9, males aged 10 to 14, females aged 10 to 14, males aged 15 to 19 and females aged 15 to 19.

與第 7.1 部分相同，每年可避免損傷數字和每年求診率將會在同一張圖表示。每年求診率描述南區各損傷種類較高風險的組別，並在圖中左邊展示。當中各損傷種類最低每年求診率的性別和年齡組別，稱為參照組別。八個性別和年齡組別將會於圖上以下列次序於圖中標示：0 至 4 歲的男性、0 至 4 歲的女性、5 至 9 歲的男性、5 至 9 歲的女性、10 至 14 歲的男性、10 至 14 歲的女性、15 至 19 歲的男性和 15 至 19 歲的女性。

Annual avoidable injury number depicts the annual AED attendance

每年可避免損傷數字是假設區內各性別和年齡組別的損傷情況維持在

number that could have been avoided if the district had attained the reference rate and is plotted on the right side of the graph. Therefore, annual avoidable injury number of the reference group is always zero. While annual AED attendance rate assumes the same population in each of the 8 group, namely 100,000, the annual avoidable injury number uses the actual total population of each of the 8 groups, and thus accounts for difference in rankings between annual avoidable injury number and annual AED attendance rate.

參照比率的水平，每年所能避免損傷到急症室的求診數字，並在圖中右邊展示。因此，在參照組別的每年可避免損傷數字必定是 0。每年求診率假設了各性別和年齡組別的人口相同（維持在 100,000），而每年可避免損傷數字則是用了各性別和年齡組別的人口的數字計算。這亦說明了為何每年可避免損傷數字和每年求診率的排名不一定相同的原因。

7.2.1 2001-2012 年南區按性別、年齡組別和損傷種類劃分損傷到急症室求診的統計數字

7.2.1 AED attendances due to injury by Sex, Age Group and Injury Type of Southern district, 2001-2012

Part 7.2.1 aims at providing comparison of AED attendances for each injury type in Southern among sex and age group for 2001-2012. Please refer to Part 7.2 for explanation of graphs.

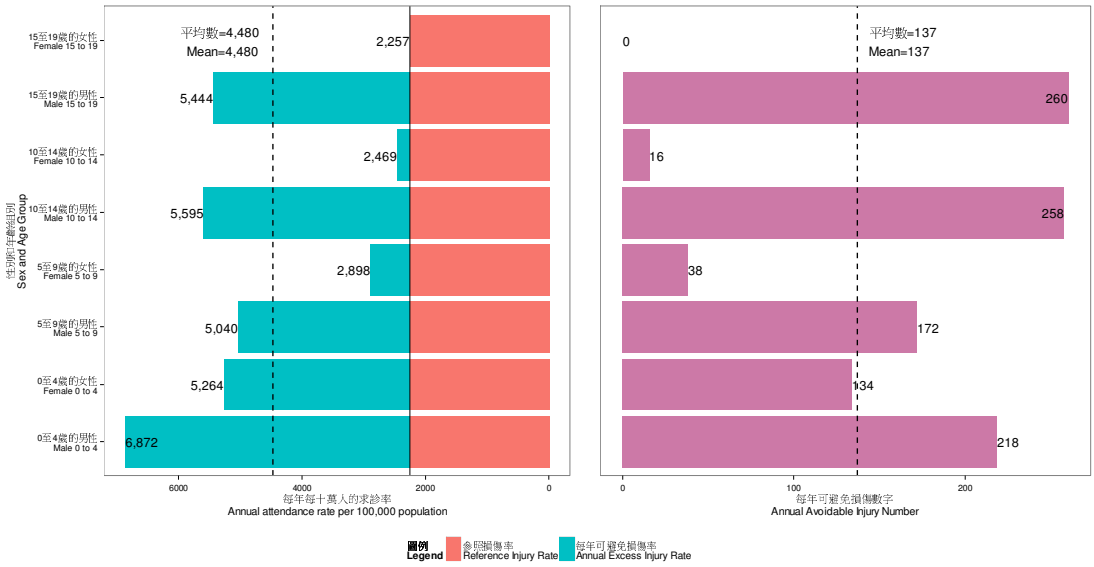
第 7.2.1 部分主要是比較 2001-2012 年南區不同的性別和年齡組別各損傷種類到急症室求診的數字。有關圖表的詳細說明請參閱第 7.2 部分。

7.2.1.1 2001-2012 年南區按性別和年齡組別劃分損傷到急症室求診數字

7.2.1.1 AED attendances due to injury by Sex and Age Group of Southern district, 2001-2012

圖 7.2.1.1: 2001-2012 年南區按性別和年齡組別劃分損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.1.1: Annual AED attendance rates with annual avoidable injury numbers due to injury, by sex and age group, Southern district, 2001-2012



From 2001 to 2012, males aged 0 to 4 had the highest annual attendance rate (6,872 per 100,000) while females aged 15 to 19 (reference group) had the lowest (2,257 per 100,000). The average rate across the 8 groups was 4,480 per 100,000.

在 2001 至 2012 年期間，0 至 4 歲的男性是每年損傷求診率最高的組別，每十萬人有 6,872 人次；而 15 至 19 歲的女性（參照組別）則是最低，每十萬人有 2,257 人次。求診率在八個組別的平均數為每十萬人 4,480 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 1,096 injury could be avoided in Southern

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 1,096 宗損傷並且節省港幣 767,200 元的醫療開支。

district per year, an equivalent of HKD 767,200.

The excess of annual attendance rate over the reference rate is known as the annual avoidable injury rate. The annual avoidable injury number in each group is obtained by multiplying the annual avoidable injury rate with the annual population of the respective group. Among all groups, males aged 15 to 19 had the highest annual avoidable injury number (260).

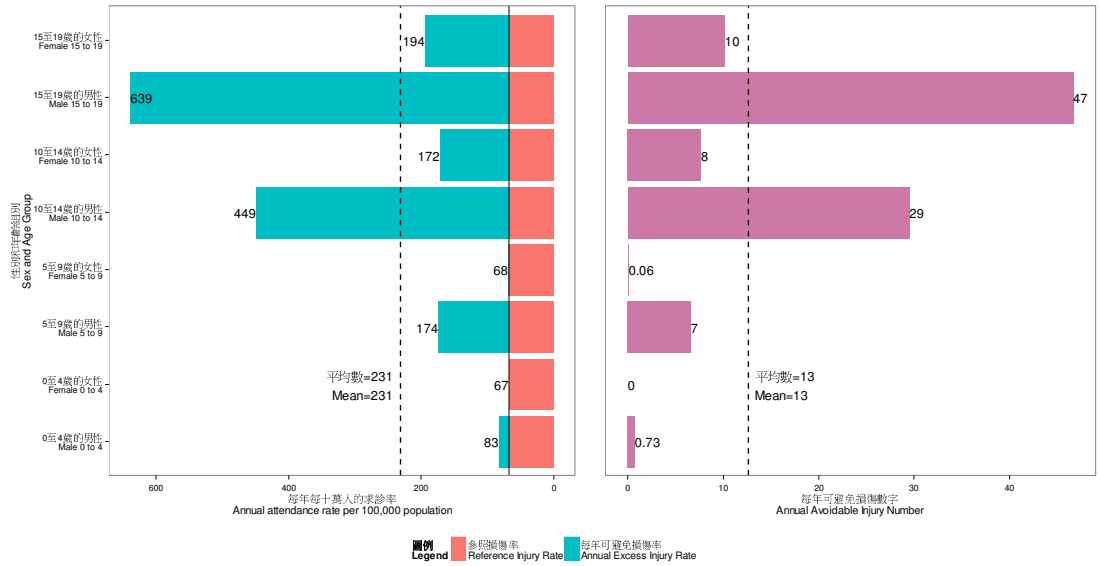
各組別的每年可避免損傷數字是該組別的每年可避免損傷率和每年人口的乘積，當中每年可避免損傷率是指每年損傷率減去參照比率。15至 19 歲的男性是每年可避免損傷數字最高的組別(260)。

7.2.1.2 2001-2012 年南區按性別和年齡組別劃分蓄意損傷到急症室求診數字

7.2.1.2 Intentional injury AED attendances by Sex and Age Group of Southern district, 2001-2012

圖 7.2.1.2: 2001-2012 年南區按性別和年齡組別劃分蓄意損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.1.2: Intentional injury annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2001-2012



From 2001 to 2012, males aged 15 to 19 had the highest annual intentional injury attendance rate (639 per 100,000) while females aged 0 to 4 (reference group) had the lowest (67 per 100,000). The average rate across the 8 groups was 231 per 100,000.

在 2001 至 2012 年期間，15 至 19 歲的男性是每年蓄意損傷求診率最高的組別，每十萬人有 639 人次；而 0 至 4 歲的女性（參照組別）則是最低，每十萬人有 67 人次。求診率在八個組別的平均數為每十萬人 231 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 101 injury could be avoided in Southern district per year, an equivalent of HKD 70,700.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 101 宗損傷並且節省港幣 70,700 元的醫療開支。

Among all groups, males aged 15 to 19 had the highest annual avoidable injury number (47).

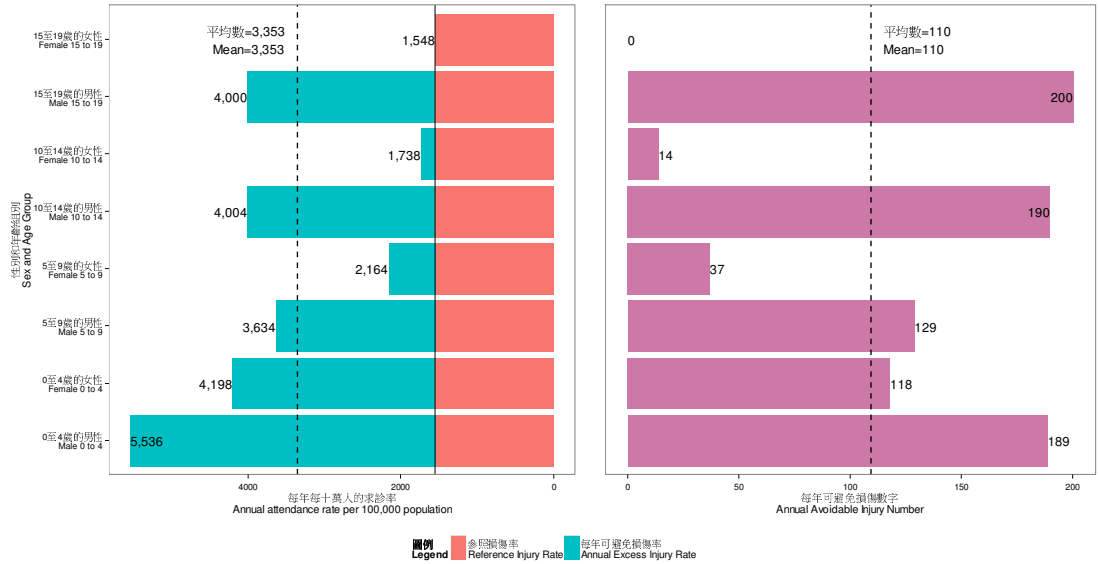
15 至 19 歲的男性是每年可避免損傷數字最高的組別(47)。

7.2.1.3 2001-2012 年南區按性別和年齡組別劃分非蓄意損傷到急症室求診數字

7.2.1.3 Unintentional injury AED attendances by Sex and Age Group of Southern district, 2001-2012

圖 7.2.1.3: 2001-2012 年南區按性別和年齡組別劃分非蓄意損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.1.3: Unintentional injury annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2001-2012



From 2001 to 2012, males aged 0 to 4 had the highest annual unintentional injury attendance rate (5,536 per 100,000) while females aged 15 to 19 (reference group) had the lowest (1,548 per 100,000). The average rate across the 8 groups was 3,353 per 100,000.

在 2001 至 2012 年期間，0 至 4 歲的男性是每年非蓄意損傷求診率最高的組別，每十萬人有 5,536 人次；而 15 至 19 歲的女性（參照組別）則是最低，每十萬人有 1,548 人次。求診率在八個組別的平均數為每十萬人 3,353 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 876 injury could be avoided in Southern district per year, an equivalent of HKD 613,200.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 876 宗損傷並且節省港幣 613,200 元的醫療開支。

Among all groups, males aged 15 to 19 had the highest annual avoidable injury number (200).

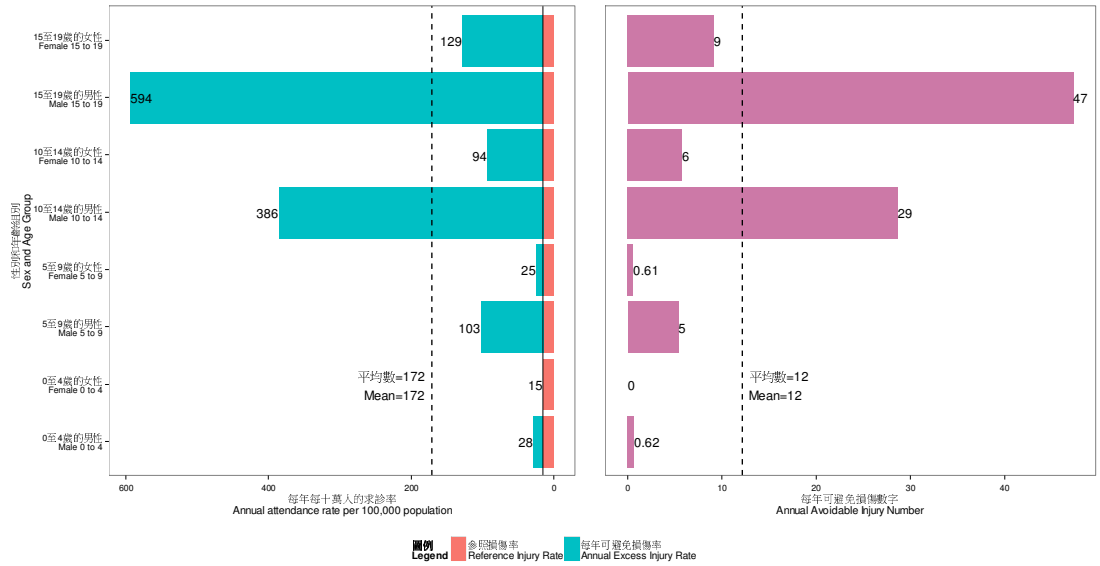
15 至 19 歲的男性是每年可避免損傷數字最高的組別(200)。

7.2.1.4 2001-2012 年南區按性別和年齡組別劃分毆打損傷到急症室求診數字

7.2.1.4 Common assault AED attendances by Sex and Age Group of Southern district, 2001-2012

圖 7.2.1.4: 2001-2012 年南區按性別和年齡組別劃分毆打損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.1.4: Common assault annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2001-2012



From 2001 to 2012, males aged 15 to 19 had the highest annual common assault attendance rate (594 per 100,000) while females aged 0 to 4 (reference group) had the lowest (15 per 100,000). The average rate across the 8 groups was 172 per 100,000.

在 2001 至 2012 年期間，15 至 19 歲的男性是每年毆打損傷求診率最高的組別，每十萬人有 594 人次；而 0 至 4 歲的女性（參照組別）則是最低，每十萬人有 15 人次。求診率在八個組別的平均數為每十萬人 172 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 97 injury could be avoided in Southern district per year, an equivalent of HKD 67,900.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 97 宗損傷並且節省港幣 67,900 元的醫療開支。

Among all groups, males aged 15 to 19 had the highest annual avoidable injury number (47).

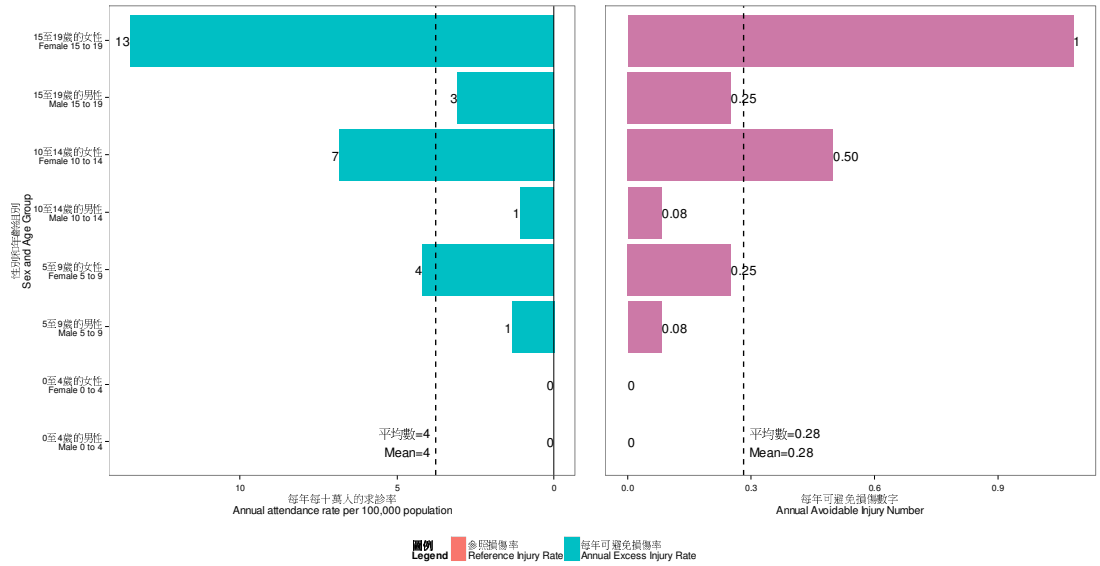
15 至 19 歲的男性是每年可避免損傷數字最高的組別(47)。

7.2.1.5 2001-2012 年南區按性別和年齡組別劃分非禮損傷到急症室求診數字

7.2.1.5 Indecent assault AED attendances by Sex and Age Group of Southern district, 2001-2012

圖 7.2.1.5 2001-2012 年南區按性別和年齡組別劃分非禮損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.1.5 Indecent assault annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2001-2012



From 2001 to 2012, females aged 15 to 19 had the highest annual indecent assault attendance rate (13 per 100,000) while males aged 0 to 4 and females aged 0 to 4 (reference groups) had the lowest (0 per 100,000). The average rate across the 8 groups was 4 per 100,000.

在 2001 至 2012 年期間，15 至 19 歲的女性是每年非禮損傷求診率最高的組別，每十萬人有 13 人次；而 0 至 4 歲的男性和 0 至 4 歲的女性（參照組別）則是最低，每十萬人有 0 人次。求診率在八個組別的平均數為每十萬人 4 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 2 injury could be avoided in Southern district per year, an equivalent of HKD 1,400.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 2 宗損傷並且節省港幣 1,400 元的醫療開支。

Among all groups, females aged 15 to 19 had the highest annual avoidable injury number (1).

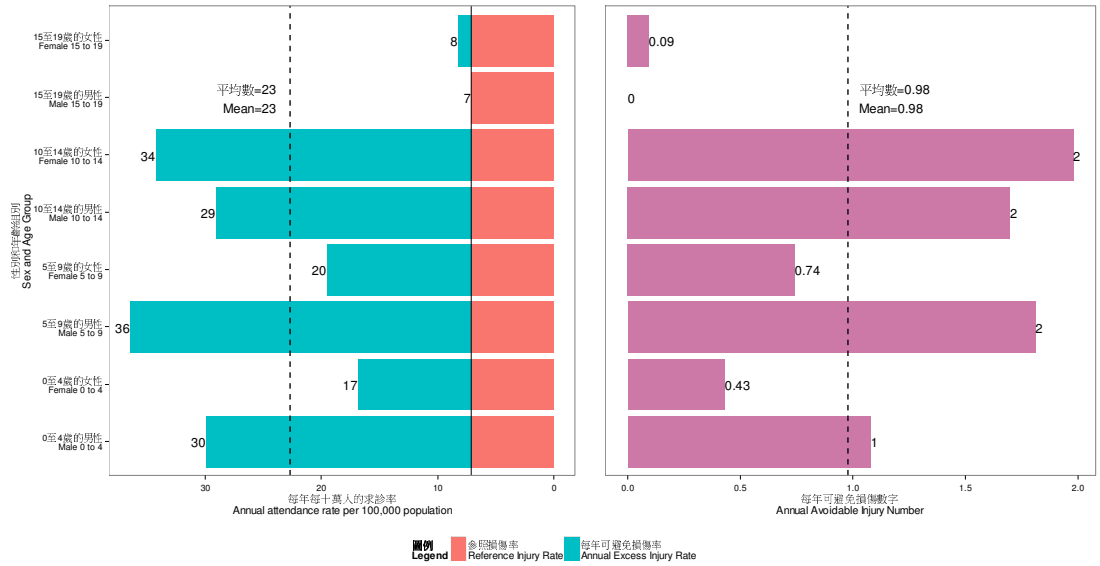
15 至 19 歲的女性是每年可避免損傷數字最高的組別(1)。

7.2.1.6 2001-2012 年南區按性別和年齡組別劃分虐待兒童損傷到急症室求診數字

7.2.1.6 Child abuse AED attendances by Sex and Age Group of Southern district, 2001-2012

圖 7.2.1.6: 2001-2012 年南區按性別和年齡組別劃分虐待兒童損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.1.6: Child abuse annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2001-2012



From 2001 to 2012, males aged 5 to 9 had the highest annual child abuse attendance rate (36 per 100,000) while males aged 15 to 19 (reference group) had the lowest (7 per 100,000). The average rate across the 8 groups was 23 per 100,000.

在 2001 至 2012 年期間，5 至 9 歲的男性是每年虐待兒童損傷求診率最高的組別，每十萬人有 36 人次；而 15 至 19 歲的男性（參照組別）則是最低，每十萬人有 7 人次。求診率在八個組別的平均數為每十萬人 23 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 8 injury could be avoided in Southern district per year, an equivalent of HKD 5,600.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 8 宗損傷並且節省港幣 5,600 元的醫療開支。

Among all groups, females aged 10 to 14 had the highest annual avoidable injury number (2).

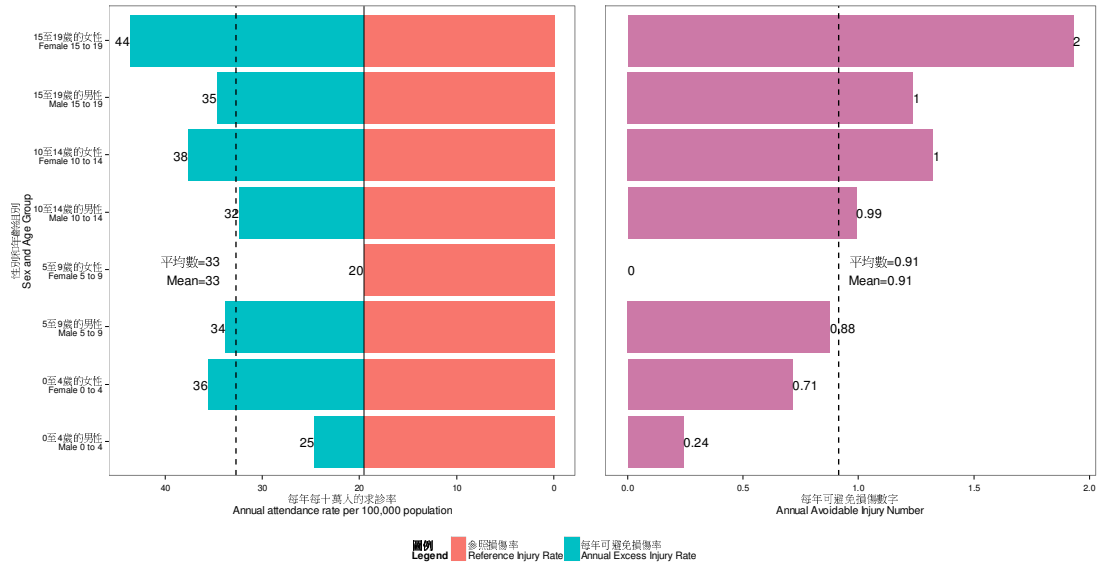
10 至 14 歲的女性是每年可避免損傷數字最高的組別(2)。

7.2.1.7 2001-2012 年南區按性別和年齡組別劃分自殘損傷到急症室求診數字

7.2.1.7 Self-harm AED attendances by Sex and Age Group of Southern district, 2001-2012

圖 7.2.1.7: 2001-2012 年南區按性別和年齡組別劃分自殘損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.1.7: Self-Harm annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2001-2012



From 2001 to 2012, females aged 15 to 19 had the highest annual self-harm attendance rate (44 per 100,000) while females aged 5 to 9 (reference group) had the lowest (20 per 100,000). The average rate across the 8 groups was 33 per 100,000.

在 2001 至 2012 年期間，15 至 19 歲的女性是每年自殘損傷求診率最高的組別，每十萬人有 44 人次；而 5 至 9 歲的女性（參照組別）則是最低，每十萬人有 20 人次。求診率在八個組別的平均數為每十萬人 33 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 7 injury could be avoided in Southern district per year, an equivalent of HKD 4,900.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 7 宗損傷並且節省港幣 4,900 元的醫療開支。

Among all groups, females aged 15 to 19 had the highest annual avoidable injury number (2).

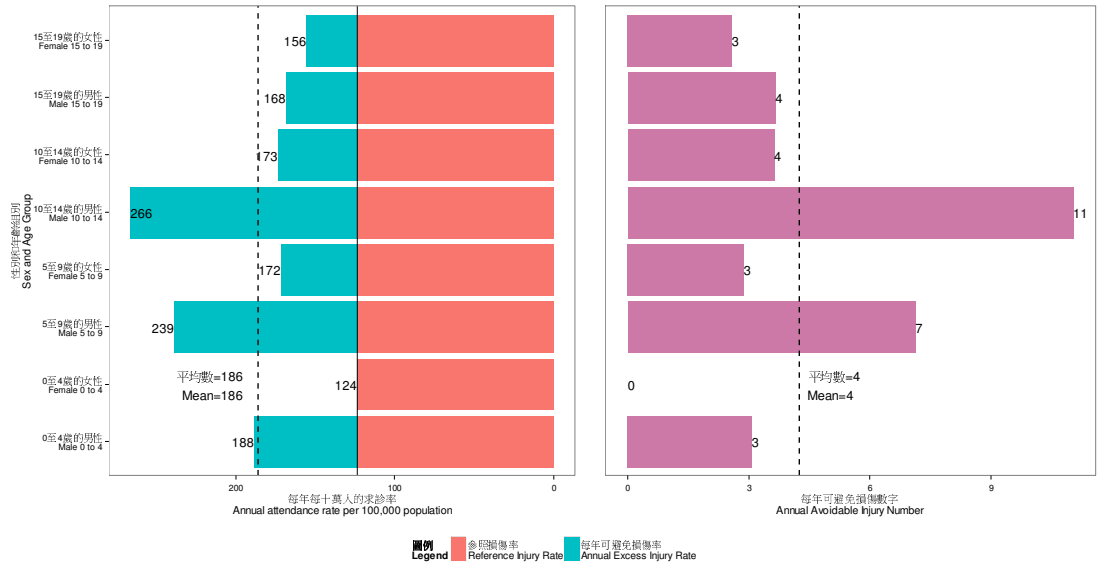
15 至 19 歲的女性是每年可避免損傷數字最高的組別(2)。

7.2.1.8 2001-2012 年南區按性別和年齡組別劃分交通意外損傷到急症室求診數字

7.2.1.8 Traffic AED attendances by Sex and Age Group of Southern district, 2001-2012

圖 7.2.1.8: 2001-2012 年南區按性別和年齡組別劃分交通意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.1.8: Traffic annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2001-2012



From 2001 to 2012, males aged 10 to 14 had the highest annual traffic attendance rate (266 per 100,000) while females aged 0 to 4 (reference group) had the lowest (124 per 100,000). The average rate across the 8 groups was 186 per 100,000.

在 2001 至 2012 年期間，10 至 14 歲的男性是每年交通意外損傷求診率最高的組別，每十萬人有 266 人次；而 0 至 4 歲的女性（參照組別）則是最低，每十萬人有 124 人次。求診率在八個組別的平均數為每十萬人 186 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 34 injury could be avoided in Southern district per year, an equivalent of HKD 23,800.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 34 宗損傷並且節省港幣 23,800 元的醫療開支。

Among all groups, males aged 10 to 14 had the highest annual avoidable injury number (11).

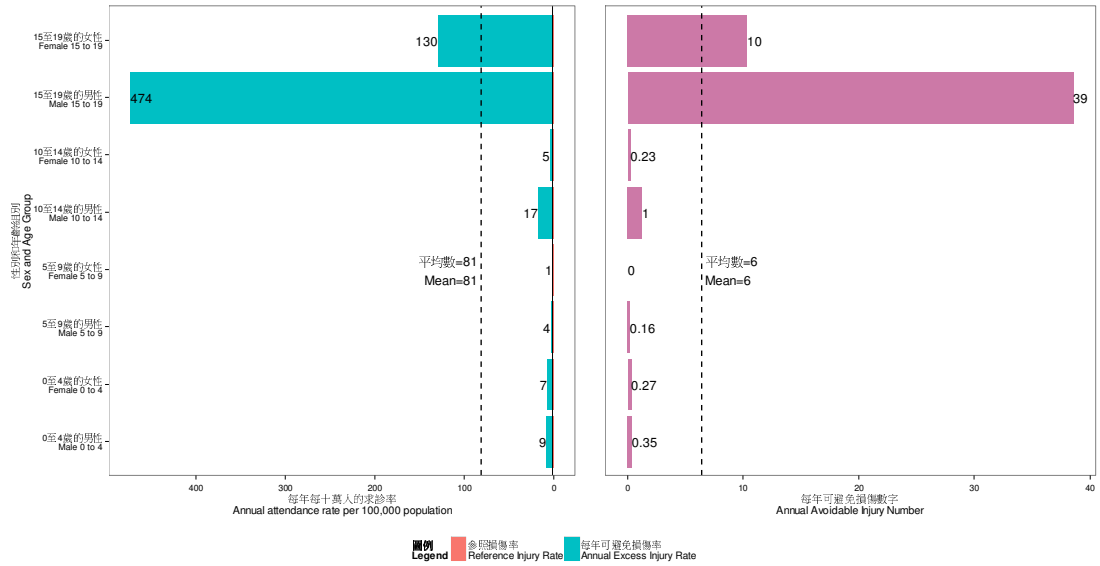
10 至 14 歲的男性是每年可避免損傷數字最高的組別(11)。

7.2.1.9 2001-2012 年南區按性別和年齡組別劃分工業意外損傷到急症室求診數字

7.2.1.9 Industrial AED attendances by Sex and Age Group of Southern district, 2001-2012

圖 7.2.1.9: 2001-2012 年南區按性別和年齡組別劃分工業意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.1.9: Industrial annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2001-2012



From 2001 to 2012, males aged 15 to 19 had the highest annual industrial attendance rate (474 per 100,000) while females aged 5 to 9 (reference group) had the lowest (1 per 100,000). The average rate across the 8 groups was 81 per 100,000.

在 2001 至 2012 年期間，15 至 19 歲的男性是每年工業意外損傷求診率最高的組別，每十萬人有 474 人次；而 5 至 9 歲的女性（參照組別）則是最低，每十萬人有 1 人次。求診率在八個組別的平均數為每十萬人 81 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 51 injury could be avoided in Southern district per year, an equivalent of HKD 35,700.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 51 宗損傷並且節省港幣 35,700 元的醫療開支。

Among all groups, males aged 15 to 19 had the highest annual avoidable injury number (39).

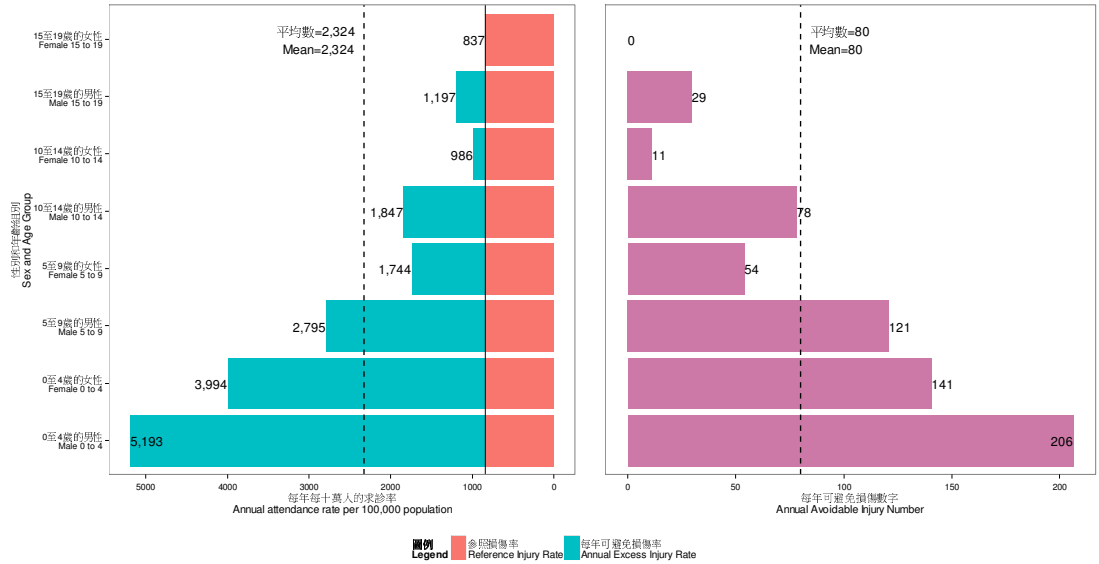
15 至 19 歲的男性是每年可避免損傷數字最高的組別(39)。

7.2.1.10 2001-2012 年南區按性別和年齡組別劃分家居意外損傷到急症室求診數字

7.2.1.10 Domestic AED attendances by Sex and Age Group of Southern district, 2001-2012

圖 7.2.1.10: 2001-2012 年南區按性別和年齡組別劃分家居意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.1.10: Domestic annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2001-2012



From 2001 to 2012, males aged 0 to 4 had the highest annual domestic attendance rate (5,193 per 100,000) while females aged 15 to 19 (reference group) had the lowest (837 per 100,000). The average rate across the 8 groups was 2,324 per 100,000.

在 2001 至 2012 年期間，0 至 4 歲的男性是每年家居意外損傷求診率最高的組別，每十萬人有 5,193 人次；而 15 至 19 歲的女性（參照組別）則是最低，每十萬人有 837 人次。求診率在八個組別的平均數為每十萬人 2,324 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 640 injury could be avoided in Southern district per year, an equivalent of HKD 448,000.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 640 宗損傷並且節省港幣 448,000 元的醫療開支。

Among all groups, males aged 0 to 4 had the highest annual avoidable injury number (206).

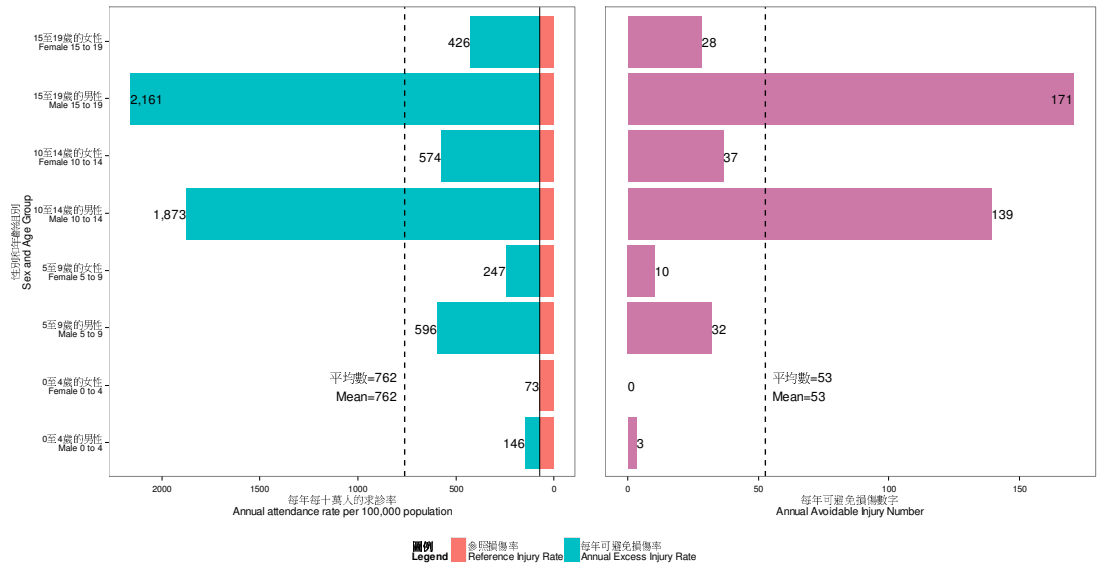
0 至 4 歲的男性是每年可避免損傷數字最高的組別(206)。

7.2.1.11 2001-2012 年南區按性別和年齡組別劃分運動意外損傷到急症室求診數字

7.2.1.11 Sports AED attendances by Sex and Age Group of Southern district, 2001-2012

圖 7.2.1.11: 2001-2012 年南區按性別和年齡組別劃分運動意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.1.11: Sports annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2001-2012



From 2001 to 2012, males aged 15 to 19 had the highest annual sports attendance rate (2,161 per 100,000) while females aged 0 to 4 (reference group) had the lowest (73 per 100,000). The average rate across the 8 groups was 762 per 100,000.

在 2001 至 2012 年期間，15 至 19 歲的男性是每年運動意外損傷求診率最高的組別，每十萬人有 2,161 人次；而 0 至 4 歲的女性（參照組別）則是最低，每十萬人有 73 人次。求診率在八個組別的平均數為每十萬人 762 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 421 injury could be avoided in Southern district per year, an equivalent of HKD 294,700.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 421 宗損傷並且節省港幣 294,700 元的醫療開支。

Among all groups, males aged 15 to 19 had the highest annual avoidable injury number (171).

15 至 19 歲的男性是每年可避免損傷數字最高的組別(171)。

7.2.2 2009-2012 年南區按性別、年齡組別和損傷種類劃分損傷到急症室求診的統計數字

7.2.2 AED attendances due to injury by Sex, Age Group and Injury Type of Southern district, 2009-2012

Part 7.2.2 aims at providing comparison of AED attendances for each injury type in Southern among sex and age group for 2001-2012. Please refer to Part 7.2 for explanation of graphs.

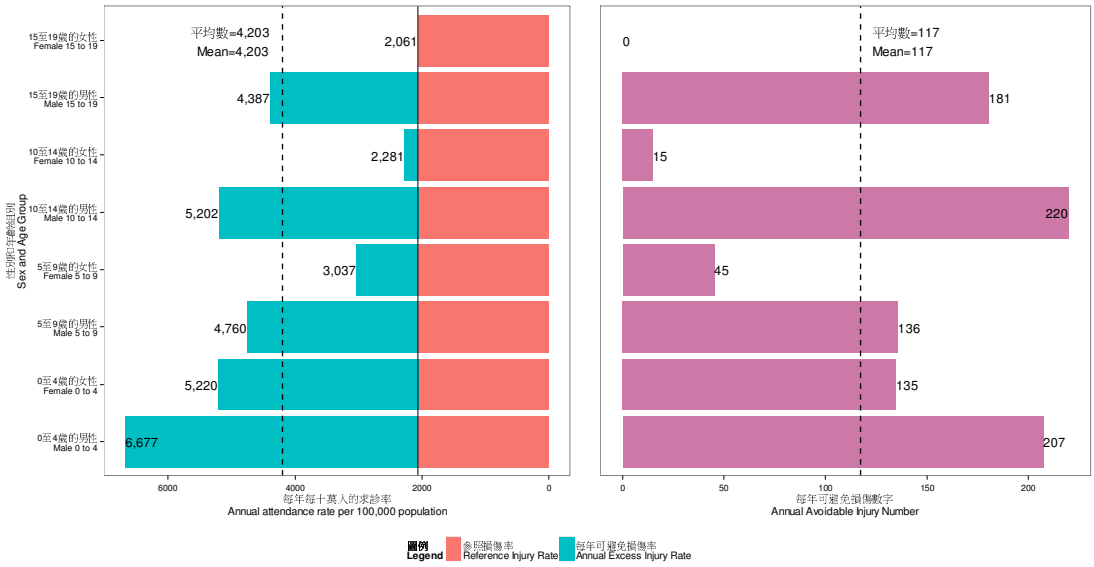
第 7.2.2 部分主要是比較 2009-2012 年南區不同的性別和年齡組別各損傷種類到急症室求診的數字。有關圖表的詳細說明請參閱第 7.2 部分。

7.2.2.1 2009-2012 年南區按性別和年齡組別劃分損傷到急症室求診數字

7.2.2.1 AED attendances due to injury by Sex and Age Group of Southern district, 2009-2012

圖 7.2.2.1: 2009-2012 年南區按性別和年齡組別劃分損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.2.1: Annual AED attendance rates with annual avoidable injury numbers due to injury, by sex and age group, Southern district, 2009-2012



From 2009 to 2012, males aged 0 to 4 had the highest annual attendance rate (6,677 per 100,000) while females aged 15 to 19 (reference group) had the lowest (2,061 per 100,000). The average rate across the 8 groups was 4,203 per 100,000.

在 2009 至 2012 年期間，0 至 4 歲的男性是每年損傷求診率最高的組別，每十萬人有 6,677 人次；而 15 至 19 歲的女性（參照組別）則是最低，每十萬人有 2,061 人次。求診率在八個組別的平均數為每十萬人 4,203 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 938 injury could be avoided in Southern

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 938 宗損傷並且節省港幣 656,600 元的醫療開支。

district per year, an equivalent of HKD 656,600.

The excess of annual attendance rate over the reference rate is known as the annual avoidable injury rate. The annual avoidable injury number in each group is obtained by multiplying the annual avoidable injury rate with the annual population of the respective group. Among all groups, males aged 10 to 14 had the highest annual avoidable injury number (220).

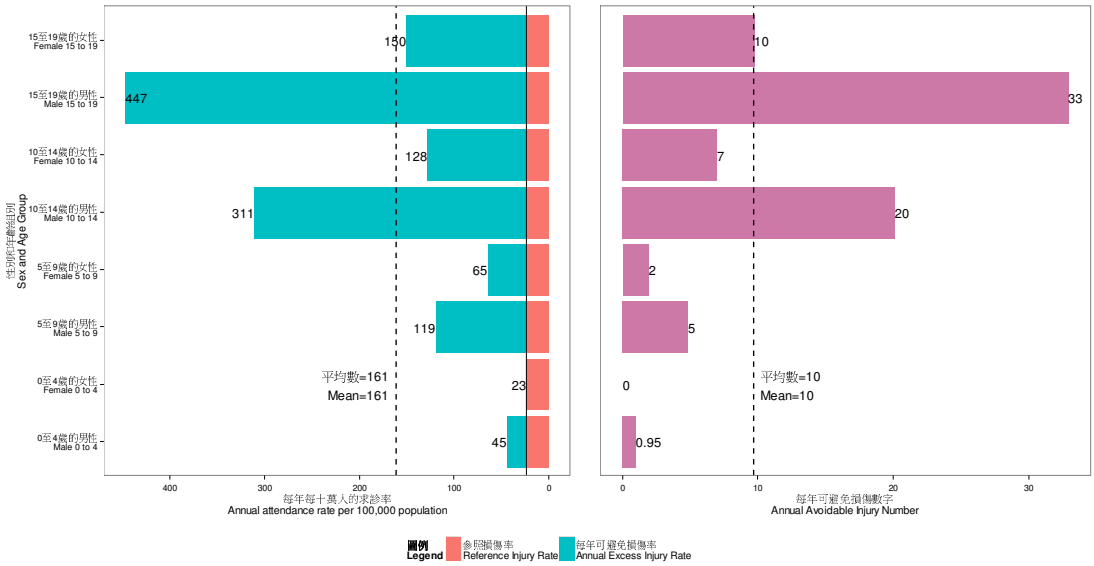
各組別的每年可避免損傷數字是該組別的每年可避免損傷率和每年人口的乘積，當中每年可避免損傷率是指每年損傷率減去參照比率。10至 14 歲的男性是每年可避免損傷數字最高的組別(220)。

7.2.2.2 2009-2012 年南區按性別和年齡組別劃分蓄意損傷到急症室求診數字

7.2.2.2 Intentional injury AED attendances by Sex and Age Group of Southern district, 2009-2012

圖 7.2.2.2: 2009-2012 年南區按性別和年齡組別劃分蓄意損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.2.2: Intentional injury annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2009-2012



From 2009 to 2012, males aged 15 to 19 had the highest annual intentional injury attendance rate (447 per 100,000) while females aged 0 to 4 (reference group) had the lowest (23 per 100,000). The average rate across the 8 groups was 161 per 100,000.

在 2009 至 2012 年期間，15 至 19 歲的男性是每年蓄意損傷求診率最高的組別，每十萬人有 447 人次；而 0 至 4 歲的女性（參照組別）則是最低，每十萬人有 23 人次。求診率在八個組別的平均數為每十萬人 161 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 77 injury could be avoided in Southern district per year, an equivalent of HKD 53,900.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 77 宗損傷並且節省港幣 53,900 元的醫療開支。

Among all groups, males aged 15 to 19 had the highest annual avoidable injury number (33).

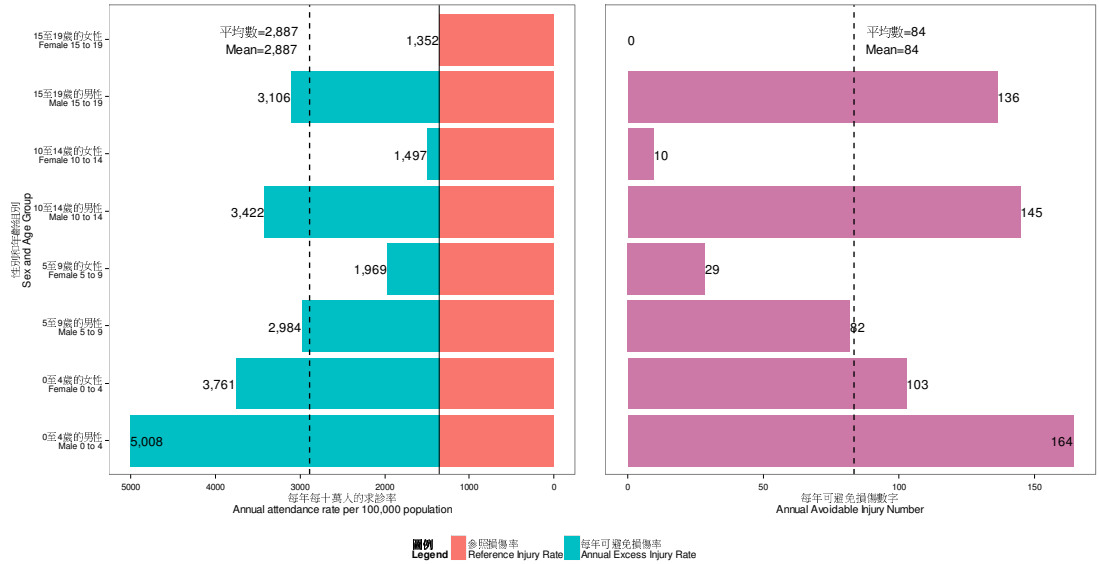
15 至 19 歲的男性是每年可避免損傷數字最高的組別(33)。

7.2.2.3 2009-2012 年南區按性別和年齡組別劃分非蓄意損傷到急症室求診數字

7.2.2.3 Unintentional injury AED attendances by Sex and Age Group of Southern district, 2009-2012

圖 7.2.2.3: 2009-2012 年南區按性別和年齡組別劃分非蓄意損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.2.3: Unintentional injury annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2009-2012



From 2009 to 2012, males aged 0 to 4 had the highest annual unintentional injury attendance rate (5,008 per 100,000) while females aged 15 to 19 (reference group) had the lowest (1,352 per 100,000). The average rate across the 8 groups was 2,887 per 100,000.

在 2009 至 2012 年期間，0 至 4 歲的男性是每年非蓄意損傷求診率最高的組別，每十萬人有 5,008 人次；而 15 至 19 歲的女性（參照組別）則是最低，每十萬人有 1,352 人次。求診率在八個組別的平均數為每十萬人 2,887 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 668 injury could be avoided in Southern district per year, an equivalent of HKD 467,600.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 668 宗損傷並且節省港幣 467,600 元的醫療開支。

Among all groups, males aged 0 to 4 had the highest annual avoidable injury number (164).

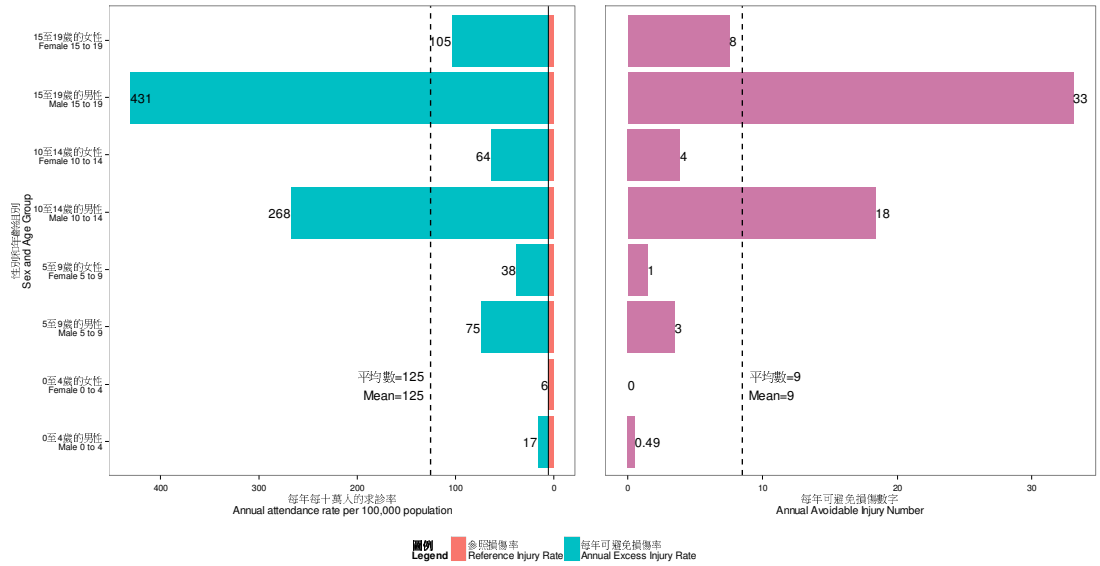
0 至 4 歲的男性是每年可避免損傷數字最高的組別(164)。

7.2.2.4 2009-2012 年南區按性別和年齡組別劃分毆打損傷到急症室求診數字

7.2.2.4 Common assault AED attendances by Sex and Age Group of Southern district, 2009-2012

圖 7.2.2.4: 2009-2012 年南區按性別和年齡組別劃分毆打損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.2.4: Common assault annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2009-2012



From 2009 to 2012, males aged 15 to 19 had the highest annual common assault attendance rate (431 per 100,000) while females aged 0 to 4 (reference group) had the lowest (6 per 100,000). The average rate across the 8 groups was 125 per 100,000.

在 2009 至 2012 年期間，15 至 19 歲的男性是每年毆打損傷求診率最高的組別，每十萬人有 431 人次；而 0 至 4 歲的女性（參照組別）則是最低，每十萬人有 6 人次。求診率在八個組別的平均數為每十萬人 125 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 68 injury could be avoided in Southern district per year, an equivalent of HKD 47,600.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 68 宗損傷並且節省港幣 47,600 元的醫療開支。

Among all groups, males aged 15 to 19 had the highest annual avoidable injury number (33).

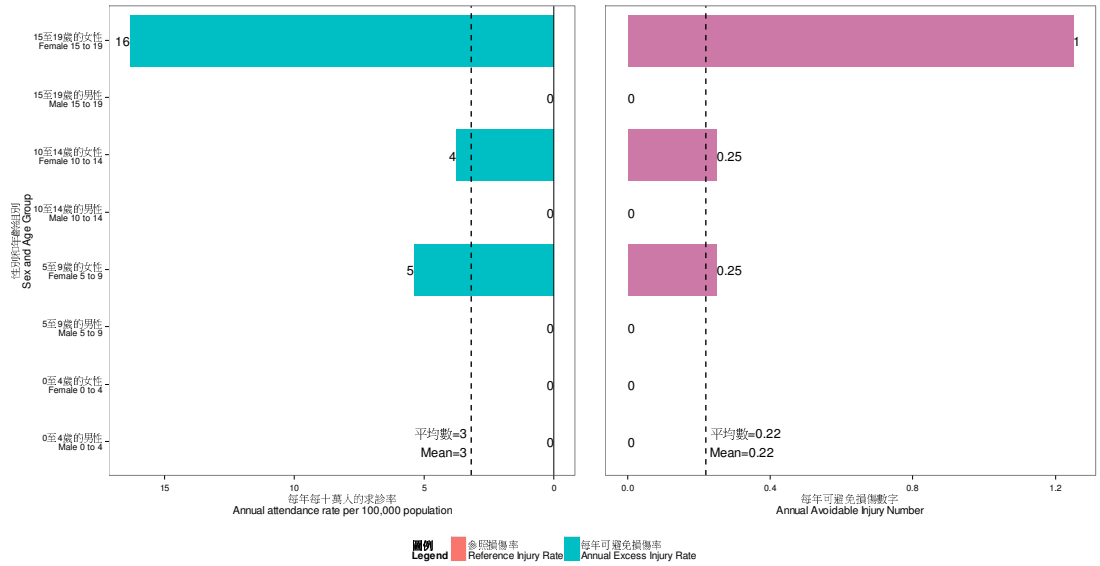
15 至 19 歲的男性是每年可避免損傷數字最高的組別(33)。

7.2.2.5 2009-2012 年南區按性別和年齡組別劃分非禮損傷到急症室求診數字

7.2.2.5 Indecent assault AED attendances by Sex and Age Group of Southern district, 2009-2012

圖 7.2.2.5: 2009-2012 年南區按性別和年齡組別劃分非禮損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.2.5: Indecent assault annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2009-2012



From 2009 to 2012, females aged 15 to 19 had the highest annual indecent assault attendance rate (16 per 100,000) while males aged 0 to 4, females aged 0 to 4, males aged 5 to 9, males aged 10 to 14 and males aged 15 to 19 (reference groups) had the lowest (0 per 100,000). The average rate across the 8 groups was 3 per 100,000.

在 2009 至 2012 年期間，15 至 19 歲的女性是每年非禮損傷求診率最高的組別，每十萬人有 16 人次；而 0 至 4 歲的男性、0 至 4 歲的女性、5 至 9 歲的男性、10 至 14 歲的男性和 15 至 19 歲的男性（參照組別）則是最低，每十萬人有 0 人次。求診率在八個組別的平均數為每十萬人 3 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 2 injury could be avoided in Southern district per year, an equivalent of HKD 1,400.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 2 宗損傷並且節省港幣 1,400 元的醫療開支。

Among all groups, females aged 15 to 19 had the highest annual avoidable injury number (1).

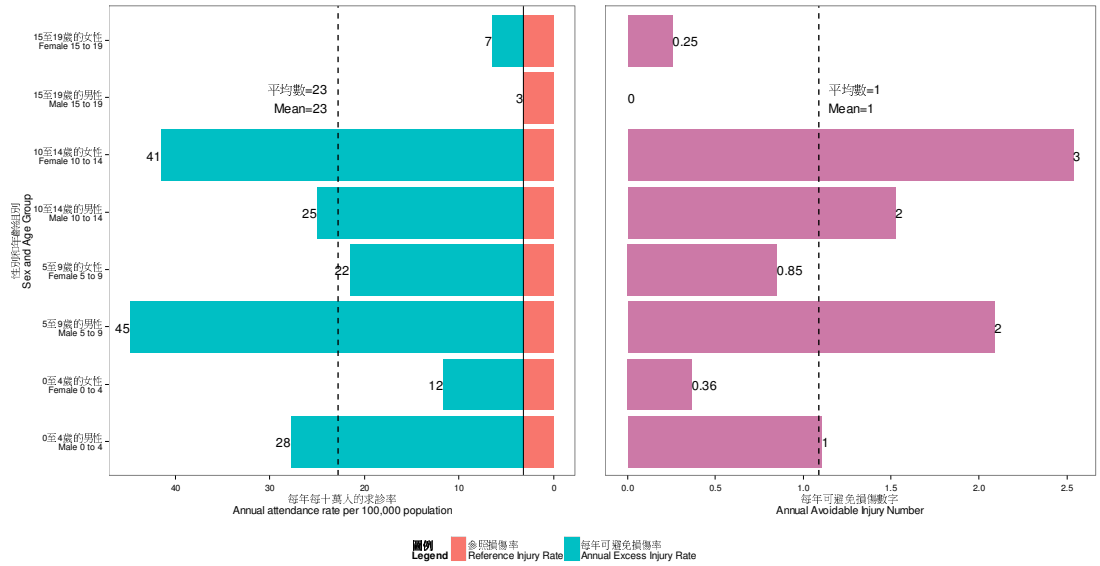
15 至 19 歲的女性是每年可避免損傷數字最高的組別(1)。

7.2.2.6 2009-2012 年南區按性別和年齡組別劃分虐待兒童損傷到急症室求診數字

7.2.2.6 Child abuse AED attendances by Sex and Age Group of Southern district, 2009-2012

圖 7.2.2.6: 2009-2012 年南區按性別和年齡組別劃分虐待兒童損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.2.6: Child abuse annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2009-2012



From 2009 to 2012, males aged 5 to 9 had the highest annual child abuse attendance rate (45 per 100,000) while males aged 15 to 19 (reference group) had the lowest (3 per 100,000). The average rate across the 8 groups was 23 per 100,000.

在 2009 至 2012 年期間，5 至 9 歲的男性是每年虐待兒童損傷求診率最高的組別，每十萬人有 45 人次；而 15 至 19 歲的男性（參照組別）則是最低，每十萬人有 3 人次。求診率在八個組別的平均數為每十萬人 23 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 9 injury could be avoided in Southern district per year, an equivalent of HKD 6,300.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 9 宗損傷並且節省港幣 6,300 元的醫療開支。

Among all groups, females aged 10 to 14 had the highest annual avoidable injury number (3).

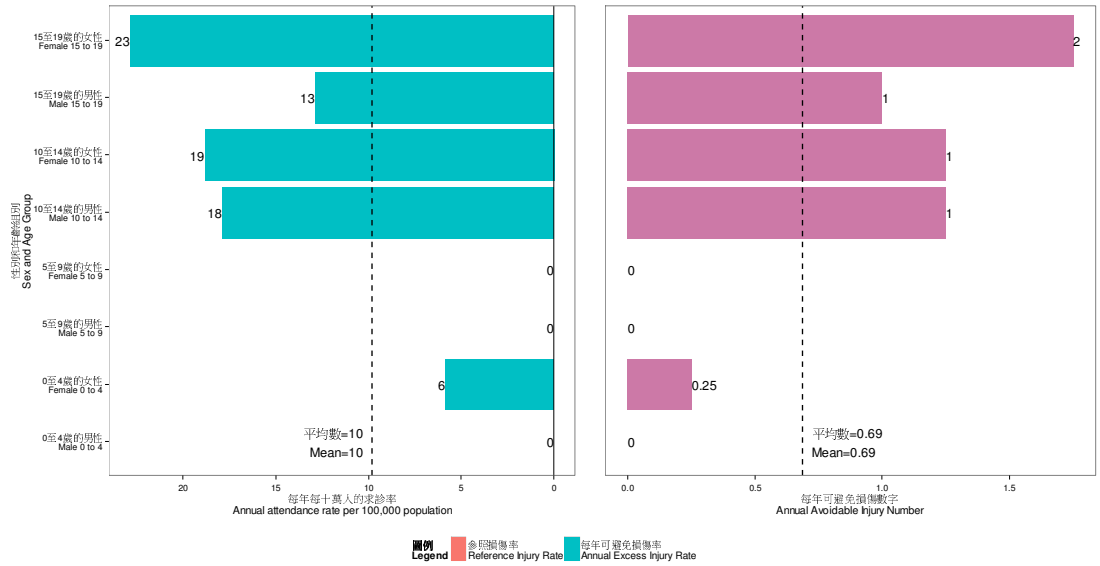
10 至 14 歲的女性是每年可避免損傷數字最高的組別(3)。

7.2.2.7 2009-2012 年南區按性別和年齡組別劃分自殘損傷到急症室求診數字

7.2.2.7 Self-harm AED attendances by Sex and Age Group of Southern district, 2009-2012

圖 7.2.2.7: 2009-2012 年南區按性別和年齡組別劃分自殘損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.2.7: Self-Harm annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2009-2012



From 2009 to 2012, females aged 15 to 19 had the highest annual self-harm attendance rate (23 per 100,000) while males aged 0 to 4, males aged 5 to 9 and females aged 5 to 9 (reference groups) had the lowest (0 per 100,000). The average rate across the 8 groups was 10 per 100,000.

在 2009 至 2012 年期間，15 至 19 歲的女性是每年自殘損傷求診率最高的組別，每十萬人有 23 人次；而 0 至 4 歲的男性、5 至 9 歲的男性、和 5 至 9 歲的女性（參照組別）則是最低，每十萬人有 0 人次。求診率在八個組別的平均數為每十萬人 10 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 6 injury could be avoided in Southern district per year, an equivalent of HKD 4,200.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 6 宗損傷並且節省港幣 4,200 元的醫療開支。

Among all groups, females aged 15 to 19 had the highest annual avoidable injury number (2).

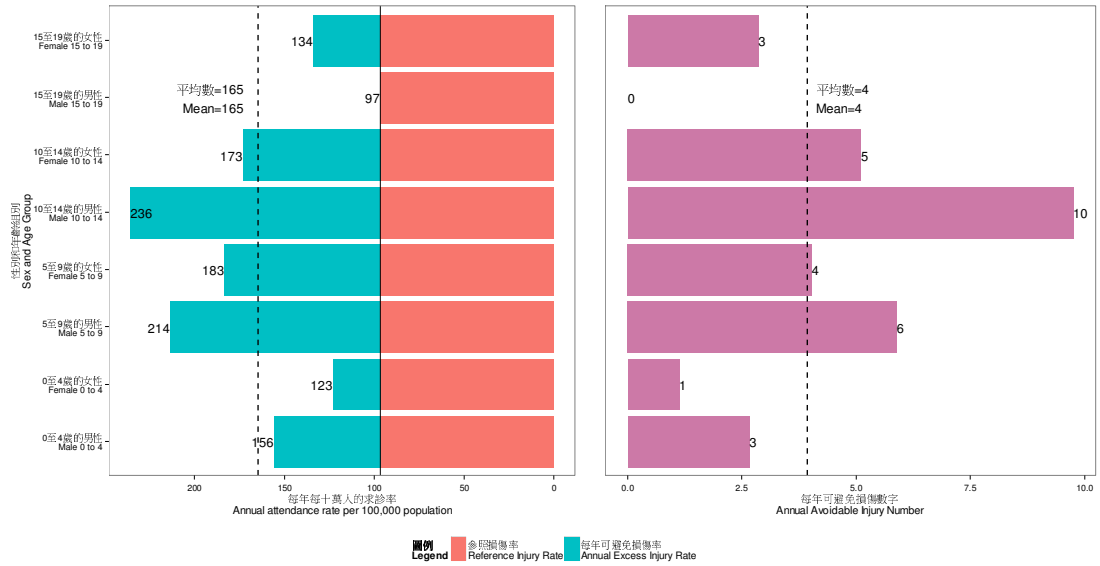
15 至 19 歲的女性是每年可避免損傷數字最高的組別(2)。

7.2.2.8 2009-2012 年南區按性別和年齡組別劃分交通意外損傷到急症室求診數字

7.2.2.8 Traffic AED attendances by Sex and Age Group of Southern district, 2009-2012

圖 7.2.2.8: 2009-2012 年南區按性別和年齡組別劃分交通意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.2.8: Traffic annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2009-2012



From 2009 to 2012, males aged 10 to 14 had the highest annual traffic attendance rate (236 per 100,000) while males aged 15 to 19 (reference group) had the lowest (97 per 100,000). The average rate across the 8 groups was 165 per 100,000.

在 2009 至 2012 年期間，10 至 14 歲的男性是每年交通意外損傷求診率最高的組別，每十萬人有 236 人次；而 15 至 19 歲的男性（參照組別）則是最低，每十萬人有 97 人次。求診率在八個組別的平均數為每十萬人 165 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 31 injury could be avoided in Southern district per year, an equivalent of HKD 21,700.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 31 宗損傷並且節省港幣 21,700 元的醫療開支。

Among all groups, males aged 10 to 14 had the highest annual avoidable injury number (10).

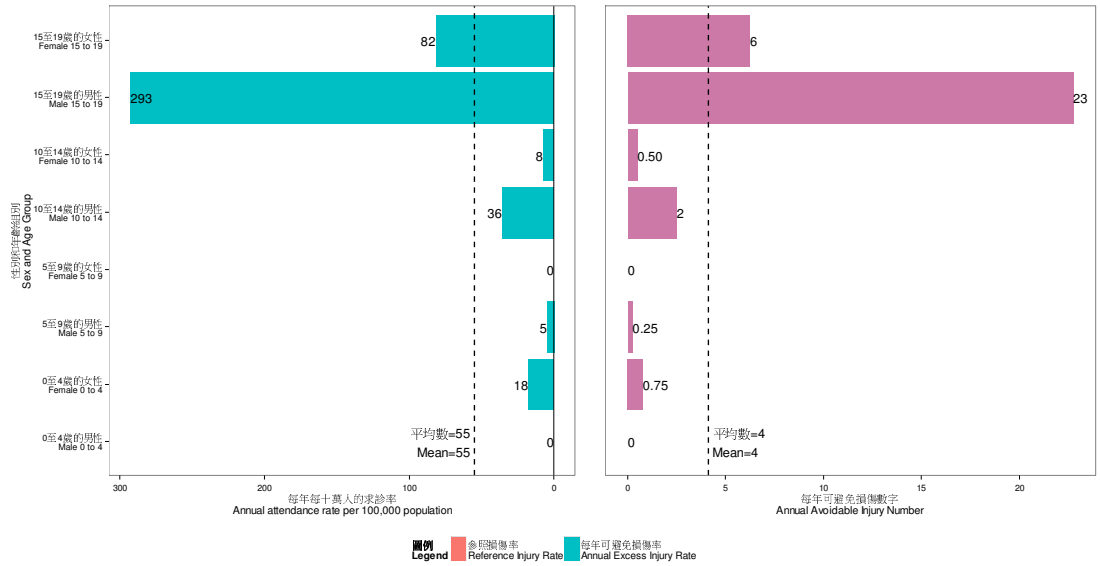
10 至 14 歲的男性是每年可避免損傷數字最高的組別(10)。

7.2.2.9 2009-2012 年南區按性別和年齡組別劃分工業意外損傷到急症室求診數字

7.2.2.9 Industrial AED attendances by Sex and Age Group of Southern district, 2009-2012

圖 7.2.2.9: 2009-2012 年南區按性別和年齡組別劃分工業意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.2.9: Industrial annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2009-2012



From 2009 to 2012, males aged 15 to 19 had the highest annual industrial attendance rate (293 per 100,000) while males aged 0 to 4 and females aged 5 to 9 (reference groups) had the lowest (0 per 100,000). The average rate across the 8 groups was 55 per 100,000.

在 2009 至 2012 年期間，15 至 19 歲的男性是每年工業意外損傷求診率最高的組別，每十萬人有 293 人次；而 0 至 4 歲的男性和 5 至 9 歲的女性（參照組別）則是最低，每十萬人有 0 人次。求診率在八個組別的平均數為每十萬人 55 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 33 injury could be avoided in Southern district per year, an equivalent of HKD 23,100.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 33 宗損傷並且節省港幣 23,100 元的醫療開支。

Among all groups, males aged 15 to 19 had the highest annual avoidable injury number (23).

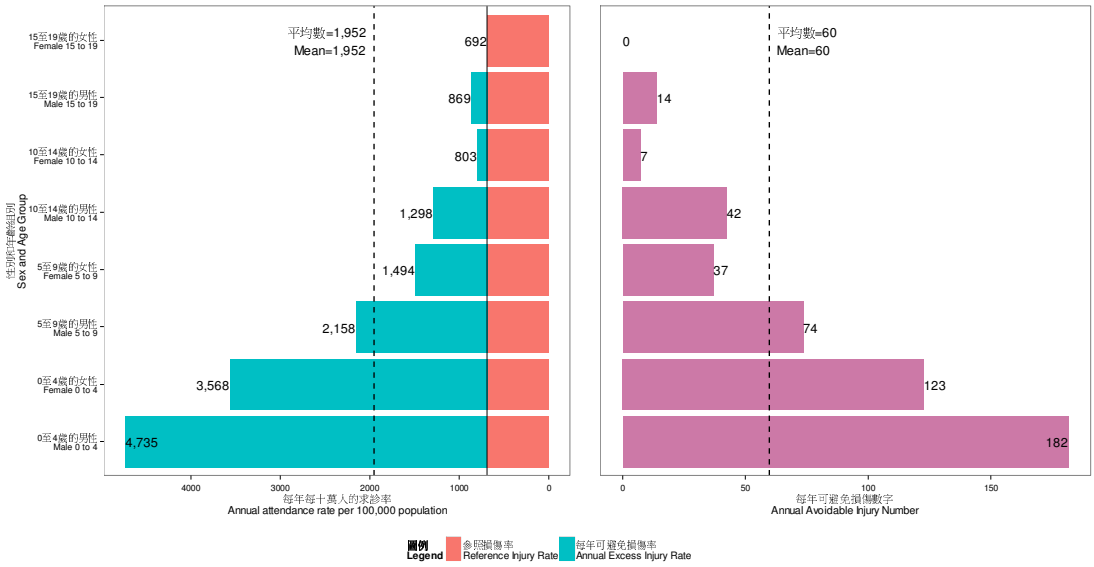
15 至 19 歲的男性是每年可避免損傷數字最高的組別(23)。

7.2.2.10 2009-2012 年南區按性別和年齡組別劃分家居意外損傷到急症室求診數字

7.2.2.10 Domestic AED attendances by Sex and Age Group of Southern district, 2009-2012

圖 7.2.2.10: 2009-2012 年南區按性別和年齡組別劃分家居意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.2.10: Domestic annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2009-2012



From 2009 to 2012, males aged 0 to 4 had the highest annual domestic attendance rate (4,735 per 100,000) while females aged 15 to 19 (reference group) had the lowest (692 per 100,000). The average rate across the 8 groups was 1,952 per 100,000.

在 2009 至 2012 年期間，0 至 4 歲的男性是每年家居意外損傷求診率最高的組別，每十萬人有 4,735 人次；而 15 至 19 歲的女性（參照組別）則是最低，每十萬人有 692 人次。求診率在八個組別的平均數為每十萬人 1,952 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 479 injury could be avoided in Southern district per year, an equivalent of HKD 335,300.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 479 宗損傷並且節省港幣 335,300 元的醫療開支。

Among all groups, males aged 0 to 4 had the highest annual avoidable injury number (182).

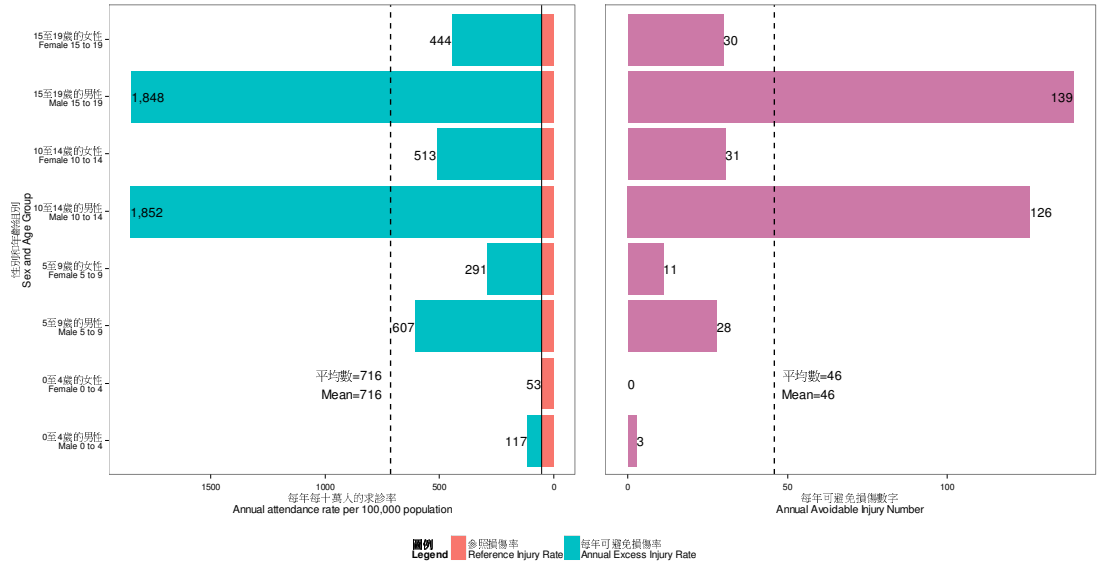
0 至 4 歲的男性是每年可避免損傷數字最高的組別(182)。

7.2.2.11 2009-2012 年南區按性別和年齡組別劃分運動意外損傷到急症室求診數字

7.2.2.11 Sports AED attendances by Sex and Age Group of Southern district, 2009-2012

圖 7.2.2.11: 2009-2012 年南區按性別和年齡組別劃分運動意外損傷到急症室的每年求診率和每年可避免損傷數字

Figure 7.2.2.11: Sports annual AED attendance rates with annual avoidable injury numbers, by sex and age group, Southern district, 2009-2012



From 2009 to 2012, males aged 10 to 14 had the highest annual sports attendance rate (1,852 per 100,000) while females aged 0 to 4 (reference group) had the lowest (53 per 100,000). The average rate across the 8 groups was 716 per 100,000.

在 2009 至 2012 年期間，10 至 14 歲的男性是每年運動意外損傷求診率最高的組別，每十萬人有 1,852 人次；而 0 至 4 歲的女性（參照組別）則是最低，每十萬人有 53 人次。求診率在八個組別的平均數為每十萬人 716 人次。

By preventing the injury for all other groups to the rate level as the reference group (reference rate), a total of 367 injury could be avoided in Southern district per year, an equivalent of HKD 256,900.

當其他組別的損傷率減低至參照組別的水平（參照比率）後，南區每年便可避免 367 宗損傷並且節省港幣 256,900 元的醫療開支。

Among all groups, males aged 15 to 19 had the highest annual avoidable injury number (139).

15 至 19 歲的男性是每年可避免損傷數字最高的組別(139)。

8 2001-2012 年香港各區損傷到急症室求診數字和社會經濟特徵

8 AED attendances due to injury and Socio-economic Characteristics of Districts in Hong Kong, 2001-2012

The purpose of Part 8 is to analyse AED attendance data and socio-economical characteristics of the districts from 2001 to 2012. Negative binomial regression model was adopted.

第 8 部分主要是分析 2001 至 2012 年香港各區社會經濟特徵與損傷到急症室求診的數字的關係。此部分應用了負二項迴歸模型作分析。

Four indicators are selected from the "Population and Household Statistics Analysed by District Council district of 2001 to 2012". The four indicators, which are used as independent variables, are explained below:

四項指標是由「按區議會分區劃分的人口及住戶統計資料」中擷取，並在迴歸模型中用作獨立變數之用。四項指標的名稱及含義如下：

1. Average household size: number of household members in a domestic household.

1. 平均住戶人數：家庭住戶內的住戶成員人數。

2. Tenure of accommodation: the terms or conditions under which the accommodation is held by a domestic household. It is proxied by percentage of owner-occupied household, which refers to the number of owner-occupied households per 100 domestic household.

2. 居所租住權：居所被家庭住戶佔用的條款和情況。此項指標由居於自置居所的百分比（居於自置居所的住戶數目與每百個家庭住戶相對的比率）代替。

3. Median household income: Total income received by all members of a household so calculated that 50% of the total income received by all members of a household are above this number and the other are below it.

3. 住戶每月入息中位數：顯示各居住戶收入的一種指標，百分之五十的住戶每月總收入在此數值之上，其餘百分之五十的住戶每月總收入在此數值之下。

4. Labour force participation rate: the proportion of labour force in the total land-based non-institutional

4. 勞動人口參與率：勞動人口佔所有十五歲及以上陸上非住院人口的比例。

population aged 15 and over.

An additional independent variable, namely the sex indicator (0 means male, 1 means female), is introduced to investigate the gender difference.

模型中亦加入了性別指數（0 為男性，1 為女性）以便分析損傷在性別之間之差異。

To account for difference in population across districts and years, the dependent variable (attendance number) has already adjusted by population.

由於人口在各區和各年間均有差異，應變數（求診數字）已按人口調整。

The regression result will be analysed and summarized in Part 8.1.

迴歸分析結果將會在第 8.1 部分分析和歸納。

8.1 損傷到急症室求診數字的負二項迴歸分析結果

8.1 Negative Binomial Regression Result of AED attendances due to injury

表 8.1: 各損傷種類急症室求診數字的負二項迴歸分析結果

Table 8.1: Negative Binomial Regression Result of AED attendances due to injury

	All 所有		Intentional 蓄意		Unintentional 非蓄意	
	Relative risk (95% CI)		Relative risk (95% CI)		Relative risk (95% CI)	
Independent variables 獨立變數	相對風險 (95% 置信區間)	p-value p 值	相對風險 (95% 置信區間)	p-value p 值	相對風險 (95% 置信區間)	p-value p 值
Sex (0=Male, 1=Female) 性別(0 為男性, 1 為女性)	0.5372 (0.5159,0.5595)	0.0000 ***	0.3633 (0.3471,0.3802)	0.0000 ***	0.5252 (0.5005,0.5512)	0.0000 ***
Average household size 住戶平均人數	1.6345 (1.4544,1.8368)	0.0000 ***	2.2571 (1.9762,2.5785)	0.0000 ***	1.4502 (1.2642,1.6634)	0.0000 ***
Percentage of owner occupier household (%) 居於自置居所的住戶百分比	0.9993 (0.9966,1.002)	0.6093	1.003 (1,1.006)	0.0502	0.994 (0.9909,0.9972)	0.0003 ***
Median Household Income (in thousand) 住戶每月人息中位數(每千元)	0.9875 (0.9812,0.9938)	0.0001 ***	0.9416 (0.9345,0.9488)	0.0000 ***	0.989 (0.9815,0.9967)	0.0043 **
Labour Force participation rate (%) 勞動人口參與率(百分比)	1.0168 (1.0063,1.0273)	0.0015 **	1.0193 (1.0075,1.0313)	0.0011 **	1.0241 (1.0117,1.0367)	0.0001 ***

Remark:

The intercept is not shown here.

Figure of 0.0000 in the columns of p-value means that the value is below 0.0001 and not necessarily equal to nil figure.

* p-value<0.05 ** p-value<0.01 *** p-value<0.001

備註：

此部分並没有載列截距。

p-值 0.0000 指該項數字是在 0.0001 以下，並不一定等於零的數字。

* p-值<0.05 ** p-值<0.01 *** p-值<0.001

表 8.1: 各損傷種類急症室求診數字的負二項迴歸分析結果(續)

Table 8.1: Negative Binomial Regression Result of AED attendances for each injury type (continued)

Common assault 毆打 Relative risk (95% CI) 相對風險 (95% 置信區間)	p-value p 值	Indecent assault 非禮 Relative risk (95% CI) 相對風險 (95% 置信區間)	p-value p 值	Child abuse 虐待兒童 Relative risk (95% CI) 相對風險 (95% 置信區間)	p-value p 值	Self-harm 自殘 Relative risk (95% CI) 相對風險 (95% 置信區間)	p-value p 值
0.2447	0.0000 ***	1.6751	0.0000 ***	1.0731	0.1915	0.9835	0.8435
(0.2335,0.2565)		(1.4067,1.9964)		(0.9656,1.1926)		(0.8333,1.1608)	
2.1269	0.0000 ***	1.2697	0.3969	0.7043	0.0349 *	6.2011	0.0000 ***
(1.8547,2.4397)		(0.7279,2.2275)		(0.5008,0.9914)		(3.9829,9.6871)	
1.0013	0.3897	0.9948	0.3829	0.9955	0.2196	1.0247	0.0000 ***
(0.9983,1.0044)		(0.9828,1.0069)		(0.9881,1.0029)		(1.0131,1.0364)	
0.9334	0.0000 ***	0.9578	0.0060 **	0.9584	0.0000 ***	0.948	0.0001 ***
(0.926,0.9407)		(0.9286,0.9874)		(0.9417,0.9753)		(0.9211,0.9754)	
1.0231	0.0001 ***	0.9893	0.6424	1.03	0.0334 *	0.9925	0.7253
(1.0112,1.0351)		(0.9459,1.0346)		(1.0025,1.0582)		(0.9483,1.0389)	

Remark:

The intercept is not shown here.

Figure of 0.0000 in the columns of p-value means that the value is below 0.0001 and not necessarily equal to nil figure.

* p-value<0.05 ** p-value<0.01 *** p-value<0.001

備註：

此部分並没有載列截距。

p-值 0.0000 指該項數字是在 0.0001 以下，並不一定等於零的數字。

* p-值<0.05 ** p-值<0.01 *** p-值<0.001

表 8.1: 各損傷種類急症室求診數字的負二項迴歸分析結果(續)

Table 8.1: Negative Binomial Regression Result of AED attendances for each injury type (continued)

Traffic 交通意外 Relative risk (95% CI) 相對風險 (95% 置信區間)	p-value p 值	Industrial 工業意外 Relative risk (95% CI) 相對風險 (95% 置信區間)	p-value p 值	Domestic 家居意外 Relative risk (95% CI) 相對風險 (95% 置信區間)	p-value p 值	Sports 運動意外 Relative risk (95% CI) 相對風險 (95% 置信區間)	p-value p 值
0.7104	0.0000 ***	0.2483	0.0000 ***	0.6744	0.0000 ***	0.2845	0.0000 ***
(0.6758,0.7468)		(0.231,0.267)		(0.6382,0.7126)		(0.2709,0.2987)	
1.8612	0.0000 ***	3.6248	0.0000 ***	1.2686	0.0043 **	1.7208	0.0000 ***
(1.6038,2.1605)		(2.9373,4.4764)		(1.0857,1.4822)		(1.4905,1.9869)	
1.0084	0.0000 ***	0.9995	0.8450	0.9911	0.0000 ***	0.9972	0.0950
(1.0051,1.0117)		(0.995,1.0041)		(0.9876,0.9946)		(0.994,1.0004)	
0.9833	0.0001 ***	0.9416	0.0000 ***	0.9894	0.0165 *	0.9941	0.1389
(0.9753,0.9913)		(0.9302,0.953)		(0.9807,0.9983)		(0.9863,1.002)	
1.002	0.7594	1.0252	0.0068 **	1.028	0.0001 ***	1.0177	0.0054 **
(0.9892,1.0149)		(1.0067,1.0441)		(1.0138,1.0424)		(1.0052,1.0304)	

Remark:

The intercept is not shown here.

Figure of 0.0000 in the columns of p-value means that the value is below 0.0001 and not necessarily equal to nil figure.

* p-value<0.05 ** p-value<0.01 *** p-value<0.001

備註：

此部分並没有載列截距。

p-值 0.0000 指該項數字是在 0.0001 以下，並不一定等於零的數字。

* p-值<0.05 ** p-值<0.01 *** p-值<0.001

(Remark: Throughout the discussion in this part, p-value of less than 0.05 (marked as * in Table 8.1) is regarded as statistically significant.**)**

（備註：此部分中，p-值少於 0.05（於表 8.1 中以*表示）被視作在統計學上有顯著差異。）

Explanation of Relative Risk

The coefficient of 0.5372 in the relative risk of sex in the "all" column means that after adjusting for the remaining independent variables, the expected risk of female having AED attendance due to injury is 0.5372 times of males. In other words, the expected risk of females is less than that of males.

相對風險的釋義

在所有損傷種類中，性別的相對風險係數為 0.5372，是指在考慮了其餘獨立變數後，女性預期的因損傷到急症室的求診的風險是男性的 0.5372 倍。換句話說，女性的預期風險比男性高。

Likewise, the coefficient of 1.6345 in the relative risk of average household size means that after adjusting for the remaining independent variables, the risk of having AED attendance due to injury is expected to increase by 1.6345 times, for every unit increase in average household size.

住戶平均人數的相對風險係數為 1.6345，是指在考慮了其餘獨立變數後，每當住戶平均人數上升 1 人，因損傷到急症室的求診的風險預期會上升 1.6345 倍。

The remaining variables can be interpreted similarly.

其餘各項獨立變數的解釋如上。

Explanation of Protective/Risk Factor

防禦／風險因素的釋義

The magnitude of relative risk is useful in identifying potential protective and risk factors. A relative risk greater than 1 indicates the factor is associated with increased risk. If statistically significance is found, the factor is called risk factor.

相對風險的數值有助分辨潛在的防禦和風險因素。相對風險的數值大於 1 表示該因素和較高風險有關。假如差異在統計學上顯著，該因素被稱為風險因素。

On the other hand, a relative risk less than 1 indicates decreased risk. If statistically significance is found, the factor is called protective factor.

另一方面，相對風險的數值少於 1 表示該因素和較低風險有關。假如差異在統計學上顯著，該因素被稱為防禦因素。

Explanation of Confidence Interval

The precision of a sample estimate can be reflected by its "Confidence Interval". Given the same confidence level, the larger the confidence interval, the less precise is the estimate. The meaning of the confidence interval is as follows: "If similar confidence intervals were constructed for each of the 100 different samples of the same size selected using the same sampling method, one would expect that 95 of them would cover the population parameter."

置信區間的釋義

抽樣估計值的精確度可從其「置信區間」中反映。在同一置信水平中，置信區間愈大代表抽樣估計值愈不精準。置信區間的定義為，「若以同樣的抽樣方法抽取 100 個相同樣大小的樣本，每個樣本計算其置信區間，可預期當中有 95 個置信區間將包括了整體的參數。」

Explanation of p-value

The column of p-value is to test whether the coefficient of independent variable is statistically different from 1. The smaller the p-value, the stronger the evidence that it is statistically different from 1. In this part, p-value of less than 0.05 is regarded as statistically significant.

p-值的釋義

p-值一欄是用來檢驗上表中的截距、性別指數、平均住戶人數、自置居所的百分比、住戶每月入息中位數和勞動人口參與率在考慮了其餘的獨立變數後，與數值 1 在統計學上有顯著差異。此部分中，p-值少於 0.05 被視作在統計學上有顯著差異。

Analysis of Result

For all types of injury except indecent assault, child abuse and self-harm, there is strong statistical evidence that male is more susceptible of injury than female, after holding other independent variables constant. Female is more susceptible of indecent assault injury than male.

結果分析

除了非禮、虐待兒童和自殘外，假設其餘獨立變數不變，有足夠統計證明男性比女性損傷為高；而女性在非禮損傷方面較男性為高。

Except for indecent assault and child abuse, increasing average household size is found to be a risk factor for all injury types, while it is a protective factor for child abuse.

除了非禮和虐待兒童外，較高的住戶平均人數是所有損傷種類的風險因素；但在虐待兒童方面，則是防禦因素。

Increasing percentage of

較高的居於自置居所百分比是非蓄

owner-occupied household is a risk factor for unintentional and domestic injury, while it is a protective factor for self-harm and traffic injury.

意和家居意外損傷的風險因素；但在自殘和交通意外損傷方面，則是防禦因素。

Higher median household income is a protective factor for all injury types except for sports injury.

除了運動意外損傷外，較高的住戶入息中位數是所有損傷種類的防禦因素。

Higher labour force participation rate is a risk factor for all injury types except for indecent assault, self-harm and traffic injury.

除了非禮、自殘和交通意外損傷外，較高的勞動人口參與率是所有損傷種類的風險因素。

9 討論及建議
9 Discussion and Recommendations

9.1 一般建議
9 General Recommendations

The incidence of unintentional childhood injury and mortality continue to fall, but it still contributes significantly to the overall disease burden in Hong Kong., The incidence of intentional injury, namely common assault, child abuse and self-harm, however have been increasing. Over the years, some districts have reduction in their child injury rates reflecting an increase in uptake of and implementation of preventive policies, other districts have not been performing so well and further actions and preventative strategies should be encouraged.

非蓄意兒童損傷率和死亡率正持續下降，但仍然構成香港整體疾病重大的負擔。蓄意損傷，即毆打、虐待兒童和自殘的發生率卻一直增加。多年來，有些地區孩子的損傷率已經不斷減少，這正正反映了正確採納和實施預防性政策的效力，其他表現未如理想的地區，應鼓勵作出進一步的行動和預防性的策略。

Despite its significant public health impact and that child injury are largely predictable and preventable; it has not been accorded high priority in the local health agenda. In order to strive for reducing avoidable injury to the children and adolescents of Hong Kong, we thereby identified three key aspects of recommendations to District Councils, including assessment, strategic planning and action planning. They are made with reference to the findings of the injury profile and the child safety action plan proposed by the European Child Safety Alliance. Further, the child safety action plan process has been modified to address local needs and its feasibility for implementation. Figure 9.1 illustrates the Child Safety Action Plan

儘管損傷對公眾健康有著重大的影響，以及兒童損傷在很大程度上是可預測和可預防的，然而它在本地衛生議程當中並沒有被給予高度的重視。為了爭取減少香港兒童和青少年可避免的損傷，我們因此擬定了三方面的主要建議給區議會，包括評估，策略規劃和行動計劃。這些建議參照了損傷地區報告結果及歐洲兒童安全聯盟提出的兒童安全行動計劃。另外，兒童安全行動計劃的進程對切合本地需要和其實施的可行性已作修改。圖 9.1 說明了兒童安全行動計劃的發展過程，可以循序漸進，從評估到策略規劃和最終到達行動計劃。這三方面，也可以根據地區需要和資源作獨立經營和管理。

Development Process, which can be carried out stepwise from assessment proceeds into strategic planning and finally reaches action planning. These three aspects can also be operated and managed separately according to district needs and resources.

圖 9.1 兒童安全行動計劃編制過程

Figure 9.1: Child Safety Action Plan Development Process

Assessment

Assessment involves engaging relevant stakeholders in local communities in the planning process, gathering data and information, and conducting situation analyses to identify and explore strengths, weakness, opportunities and threats. In the injury profile, pattern of unintentional injury were found to vary among different districts and age groups. It is thus necessary to tackle such a complex issue by conscripting support from various stakeholders in the government and the community so that each party can contribute their expertise and resources to make injury prevention effective.

A geo-spatial injury surveillance system will be developed with standardised data collection methods. Such data and information will be used as baseline measures and indicators for the burden of injury at 18 districts and sub-district level. Moreover, it serves as useful information to explore the effect of health and social inequalities on child injury rate and effectiveness of injury prevention strategies in addressing inequalities. District profiles will be developed using the indicator data and served to inform planning by identifying strengths and weakness at district level in relation to child safety. The profile will also assist districts in the identification of critical issues which can be tackled through strategic planning and action planning. They will be also useful as well as important for future benchmarking and evaluation.

評估

評估包括在規劃過程中加入本地社區持份者，收集數據和資料，並進行情況分析，以鑑定和探索優勢、劣勢、機會和威脅。在損傷地區報告中，非蓄意兒童損傷在不同地區及不同年齡層而有所差異。有見及此，建議必須要吸納在政府裡和社會各界不同的持份者的支持，使各方都可以貢獻自己的專長和資源，以達至有效地預防損傷並解決這複雜的問題。

建議將開發一個地理損傷監測系統用作數據收集的統一化。這些數據和資料將被用作十八區及其分區的損傷負擔基準衡量標準和指標。同時，亦可作為有用的資訊，以探索就健康和社會不平等對兒童損傷率的影響和有效性的預防策略。已收集的指標數據將製作成損傷地區報告及鑑定有關兒童安全地區性的優勢和弱點。此損傷地區報告亦有助各區鑑定危急的問題，就解決方案計劃策略行動。它們作為基準評價和評估將會是不可或缺的一環。

Strategic Planning

Strategic planning involved the promotion of safe community in all district councils of Hong Kong. To foster the development of a safe community, resources should be mobilized across sectors to implement effective injury prevention programmes at local community levels. The alliance for healthy cities plays an active role in this area. Districts in this alliance would help to plan and organize a variety of large scale activities, including roving exhibitions, publicity programmes and home safety training, etc., to promote safety within the community. This can form a good platform for injury intervention and safety promotion.

策略性規劃

策略性規劃包括於香港各區議會推廣安全社區。要建立安全社區並加速其發展，必須要作跨部門的資源調動來實現在本地社區層面有成效的預防損傷計劃，而健康城市聯盟在這方面發揮了積極作用。健康城市聯盟於各地區將協助規劃和組織各種大型活動，包括: 巡迴展覽，宣傳活動和家庭安全培訓等，在社區內推廣安全意識。建立一個關鍵和良好的平台以推廣預防損傷和提高安全意識。

Parallel with the promotion of safe community among districts, it would be equally important to identify individual district concerns and peculiarities in relation to injury and safety. Decisions and designs of future endeavours and programmes of districts must focus on and utilize the demographic, geographic and social characteristics of the local situations. Community based diagnoses will provide districts with evidence based data and information for exhaustive considerations and actions for the improvements of the health and safe environments. Continuity and sustainability of district based programs are essential for the prudent and best use of limited community resources and the realization interventions efficacy.

就推廣社區預防損傷和提高安全意識，找出個別地區有關損傷和安全的關注和特點亦是同等重要。建議必須就人口概況，地理和社會特徵為本作進一步分析和研究，以確定各區未來發展方向和決策制定。社區診斷將為各區提供以實證為本的數據和資料，從而進行詳盡的考慮及改善健康和環境分析。連貫性和可持續性的籌劃對謹慎、最佳的社會資源運用和減少干預因素等考慮尤其重要。

Plan and prioritize intervention campaigns with emphasize on the cross cutting nature of child injury prevention

規劃與優先考慮強調跨領域性質的兒童損傷預防性活動，涉及不同專業和範疇，包括醫療，環境，教育，

involving different sectors like health, environment, education, justice, transport and housing etc. to encourage greater investment in child injury prevention and integration of prevention policy across multiple sectors. In particular, to make use of injury data, credible sources of information and evidence-based practices to develop injury prevention programmes in such form that appeal to varying audiences and to support health promotion activities.

司法，交通和住屋等，因此，鼓勵投放更多資源於預防兒童損傷，整合及促使多部門合作以制定預防性政策。尤其可利用損傷的數據和以實證為本的實踐來制定預防性的損傷方案等，以吸引不同的團體和群眾，並支持促進健康意識的活動。

Action Implementation

Action implementation involves the execution of priority actions for health improvement in the area of injury prevention, and to make recommendations on the development, implementation and evaluation of action plans for the prevention of injury. Relevant stakeholders and partners will be actively engaged for effective implementation of the action plan. For actions to be effective there is a need for concerted efforts across communities, requiring intra-sectorial and inter-sectorial collaborations. District Councils to take initiation and act as the leader by bringing together non-government organizations and community groups that have been implementing health promotion programmes targeting at risk population subgroups and individuals to promote safety awareness and injury prevention. Capacity building strengthens the community's ability to prevent and tackle health problems by increasing people's knowledge and skills. Increased safety literacy can help

行動的執行

執行行動涉及實施有關預防損傷的行動，以改善健康意識行動的順序為首，並就有關發展，執行和評估行動提出建議，以達至預防損傷的目標。持份者和合作夥伴將積極參與，令計劃執行能有效地實施。要讓行動有效，務必要令整個社區發揮共同努力，亦需要內部部門與部門間緊密的合作。區議會需擔當發起人並作為領導者角色，匯集曾執行健康推廣方案的非政府組織和社區組別，提升高危群組及人士的預防損傷之安全意識。能力建設有助加強社區的能力，並通過增加群眾的知識和技能去預防和解決健康問題。提高社區和公眾的安全意識必然有助延長和維持預防損傷的效果。

extend and sustain the effect of injury prevention.

Regular collection of injury data becomes a pre-requisite of an effective injury prevention programme. Therefore, programme outcome should be continuously monitored and evaluated to ensure that district and population needs are addressed. The public health system under the Hong Kong Hospital Authority where most of the AED and in-patient information are electronically captured can be served as the key platform for trend monitoring and evaluation. The system also acts as a useful foundation for the development of robust injury surveillance. It can be further enhanced in capturing the International Classification of External Causes of Injury (ICECI) and geo-spatial data. For evaluation purpose, this system will help to identify high risk groups and areas, and benchmark and monitor child injury pattern in different districts.

定期收集損傷數據是籌組有效預防損傷計劃的一個先決條件。因此，計劃成果應被持續監測和評估，以確保隨著地區和人口的需求轉變而得以優化改善。香港醫院管理局轄下的公共衛生體系，其中大部分的急症和住院資料已用電子系統記錄儲存，可作為對趨勢的監測和評估的重要平台，此系統還可以作為損傷監測的一個基礎並可以以損傷外部原因國際分類和地理數據作進一步分析。就評估的目的，該系統將有助於鑑定高危組別和地區，作為基準和監測不同地區兒童損傷的模式。

In order to ensure public awareness and most importantly commitment to action and programme implementation, District Councils should communicate with the government that to take the lead to develop and endorse a set of policy priorities, which to improve the safety of children within communities based on the district child injury profile.

為了確保提高公眾的意識，對行動和方案實施的承諾至為重要，區議會應與政府緊密溝通並以帶頭方式制定並批准一系列的重點政策，以地區報告為本促進社區兒童的安全。

9.2 地區建議

9.2 District-based Recommendations

Major Injury Concerns

For the period of 2001 to 2012, the overall injury ranking of Southern District was deterioriated from 12th to 10th. Injuries caused by traffic, child abuse, sports and domestic were found severe in recent period.

ACTION: District Councils to take initiation and act as the leader by bringing together non-government organizations and community groups to implement injury prevention and education programmes.

重點關注損傷

於 2001 年至 2012 年期間，南區的整體損傷排名有所退步，從第 12 位退步至第 10 位。交通意外、虐待兒童、運動意外和家居意外所導致的損傷於近年間也相當嚴重。

行動:各區議會需擔當發起人並作為領導者的角色，匯集非政府組織和社區組別執行損傷預防和教育計劃。

Data Capturing System of the Hospital Authority Database

In terms of geographical distribution of child injuries in Hong Kong, residential districts of injured patients were based on the last known address recorded in Hospital Authority system as it could provide complete valid address for most of the patients. However, the last known residential address may differ from location where the incident of injury occurred. This might affect the interpretation of geographical association.

ACTION: District Councils to act as the advocator to seek for Hospital Authority's support and endorsement to collect additional injury data in existing hospital data capture system.

醫院管理局數據庫的數據記錄系統

有關香港兒童損傷的地理分佈，受傷病人的居住地區是以醫院管理局系統記錄的最後所知地址作根據，因為它可以為大多數的受傷者提供完整有效的地址。不過，系統記載的住址可能和發生損傷事件的位置有所不同，可能會影響和地理關係的詮釋。

行動:各區議會作為倡導者的的角色，去尋求醫院管理局的支持及認可，在現有的醫院數據記錄系統收集更多損傷數據。

Additional Data Sources

If the concern of protection of personal data could be addressed, to interlink data from various authorities through multi-sectorial collaboration among the

更多的數據來源

只要能保障個人資料的保密，各機構部門包括衞生署，警務處，運輸署，社會福利署和醫管局，方可透過多層協作方式互相連接數據。這將有助於

Department of Health, Police, Transport Department, Social Welfare Department and the Hospital Authority. This would help to map the responsibility for child injury prevention such as education, transport, social service, justice, environment, sports and leisure.

映射各範疇如教育、交通、社會服務、司法、環境、體育及休閒與預防兒童損傷責任的關係。

ACTION: District Councils to conscript support from various stakeholders in the government to explore the possibility of accessing additional sources of injury data to enrich hospital-based injury surveillance system.

行動: 各區議會以吸納政府裡不同的利益相關者的支持，以探索使用更多損傷數據來源的可能性，從而強化以醫院為基礎的損傷監測系統。

On-Going Evaluation

This profile used accident and emergency attendance data to measure the nature and extent of child injury burden in Hong Kong. In long-term, such evaluation is targeted to be conducted regularly to reveal trends and needs of services, and to facilitate the allocation of resources where the burden of injuries is high but lacking of effective interventions. It is also intended to stimulate policy makers and health professionals to devise cost-effective programmes and improvements in needed services, such as hospital care and rehabilitation.

持續評估

此報告就往急症室求診的損傷個案數據作為損傷性質和程度, 以分析有關香港兒童損傷對社會的負擔。長遠而言，這樣的評估將會定期並針對性地進行以揭示趨勢和服務需要，並促進資源的分配，尤其於損傷負擔高，但缺乏有效預防措施的地區。它亦旨在激發決策者和衛生專業人員制定符合成本效益的方案，並改善服務需要，如醫院護理和康復治療。

ACTION: District Councils to provide yearly funding to conduct evaluation and thematic research.

行動:各區議會每年提供資金進行評估和專題研究。

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10 未來路向
10 Way Forward

Based on experiences in other countries and the established system in Hong Kong, a three pronged approach would be the way forward:

1. To establish a lead agency in development of HKSAR child safety plans and in coordination and implementation the plan of actions.
2. To develop a geo-spatial injury surveillance system for collection of data and relevant information, including:
    a. Burden of injury at 18 districts and sub-district level
    b. The effect of health and social inequities on child injury rate and effectiveness of injury prevention strategies in addressing inequities
    c. Mapping of the responsibility for child injury prevention such as education, transport, social service, justice, environment, sports and leisure
3. To monitor the progress in child safety action through HKSAR child safety report cards and injury profiles in 18 districts
4. To develop and pilot an easy-to-use Child Safety Index and tool kit to allow sub-district localities to assess their safety performance against HKSAR and

根據其他國家的經驗和香港現有的系統，一個三管齊下的方案是未來的路向：

1. 在香港特別行政區建立領導性機構發展兒童安全計劃及協調和實施行動計劃
2. 開發一個地理損傷監測系統收集數據及相關信息，包括：
    a. 十八區及其分區的損傷負擔
    b. 因應衛生情況和社會不平等因素對兒童損傷率的影響和預防損傷策略效益發表報告
    c. 在各範疇如教育、交通、社會服務、司法、環境、體育及休閒等映射與預防兒童損傷責任的關係
3. 通過香港特別行政區兒童安全報告卡和損傷地區報告監控兒童安全行動的進展情況
4. 制定並試行一個易於使用的兒童安全指標和工具，使地區分區得以評估它們的安全表現對比香港特區及地區情況，並優先考慮所需行動

district picture, and prioritize their actions

5. To promote researches for the development of evidence-based good safety practices and intervention programmes for Hong Kong

5. 提倡研究作為香港發展以實證為本的良好安全實踐和預防方案

6. To establish a Child Safety Centre to advocate for the adoption, implementation and enforcement of child injury evidence-based good safety practices and legislations for home, sport, traffic, water, burn/scald, fall, drug/poison and product related injury; to educate and train children and child carers on safety practices

6. 建立一個兒童安全中心，實施和執行以實證為本的良好安全實踐並立法以應對兒童損傷，於家庭、體育、交通、水、燒／燙傷、跌倒、藥物／毒物及產品有關的損傷；教育和培訓兒童和兒童照顧者有關安全準則的實踐

7. To establish a safe community platform in 18 districts to enhance multi-sectoral responses and actions using collaboration multiplier toolkit

7. 在十八區內建立一個安全社區平台，運用多層構架加速多部門的反應和行動

8. To set up Community Child Safety coordinator in each District in which to explore facilitators and barriers to multi-sectoral actions at district and sub-district levels, and to communicate results in order to support development and/or implementation of HKSAR child safety plans

8. 在每區設立社區兒童安全協調員，以探索地區和分區的促進因素和障礙，以傳達結果支持發展或推行香港特區兒童安全計劃

表 10.1:三管齊下的兒童損傷預防方案

鑑定	**推行**	**促進**
以活動去鑑定高危組別和高風險地區，並作參考基準和監測預防兒童損傷行動	以活動去支採納和推行以實證為本的兒童損傷預防措施	採用衛生教育診斷評價模式和多層協作方式的活動，以促進損傷預防行動於普及化和多元化的推行
<u>政策層面：領導機構和香港特區兒童安全行動計劃 2015-2020</u>		
開發地理損傷監測系統，收集資料作計劃行動： - 以兒童安全報告卡和報告作為標準化的指標 - 利用組織運作圖為映射工具，探討不平等問題，推行兒童安全政策的責任和結;並收集和量度認為和實際接觸到的危害和防護措施	**兒童安全和損傷研究中心**與學術機構和非政府組織合作，以及所有地區合作夥伴的參與 兒童安全中心推廣良好的實踐，教育和培訓。傳播機制，包括基於網絡和其他方式： - 實用工具和資源，以促進 3 個階段的兒童發展的和特定的安全地區 - 案例分析	**在十八區中成立安全社區**，包括正式結構和資金支持建： - 安全協調員 - 多層協作 - 協調規劃和預防
<u>地區層面</u>		
兒童安全指標和工具 - 供地區/分區了解表現及優先行動安排 - 發展地區化的兒童安全行動計劃	**兒童安全週** - 報告損傷狀態和行動計劃	**兒童安全社區計劃** - 根據世界衛生組織的 6 項指標 **學校安全** 計劃實施以國際/香港區兒童安全行動為根據
<u>分區層面</u>		
地理損傷監測系統以鑑定高危屋邨、道路、遊樂場等	**社區安全平台**以宣傳並執行多層式合作模式	**計劃落實執行**包括家訪、遊樂場檢視及教育培訓、辨識交通黑點
於香港特區及地區／分區中增加以實證作支持的行動 增強社區間的合作及保障意識／健康 從而減少損傷發生		

Table 10.1: The three pronged child injury prevention approach

Identification	Implementation	Promotion
Activities to identify high risk groups and high risk areas, and to benchmark and monitor child injury and intervention actions	Activities to support the uptake and implementation of evidence-based child injury prevention practices	Activities to promote universal and targeted multi-sectoral actions on injury intervention using PRECED-PROCEED model and collaboration multiplier model
Policy level: Lead Agency and HKSAR Child Safety Action Plans for 2015-2020		
Development of Geo-spatial Injury Surveillance system to collect information for planning of actions: - Child Safety Report Cards and Profiles based on standardised set of indicators - Organigraphs as a mapping tool to address inequalities, responsibilities and structures of the implementation of child safety policies; and to collect and measure perceived and actual exposure to hazards and protective interventions.	**Child Safety and Injury Research Centre** in collaboration with a group of academic institutions, NGOs and participation of partners in all districts **Quinquennial household injury survey** to collect snap-shot data on the population **Child Safety Centre** for promotion of good practices, education and training. Dissemination mechanisms includes web-based and other means: - Practical tools and resources for 3 stages of child development and on specific safety areas - Case studies	**Establishment of Safe Community in 18 districts** with formal structure and funding support: - Safety Coordinator - Collaboration Multiplier - Coordinate planning and intervention
District Level		
Child Safety Index and Tool Kit - For District/Sub-district to access performance and prioritize actions - Development of district based child Safety Action Plans	**Child Safety Weeks** - Reporting on injury status and action plan	**Child Safe Community Initiative** - 6 indicators according to the World Health Organization **Safe Schools** - International/HKSAR Implementation of District based Child Safety Action Plans
Sub-District Level		
Geo-spatial Injury Surveillance system to identify high risk estates, roads, playgrounds etc.	**Safe community platform** for dissemination and implementation using collaborative multiplier model	**Programme implementation,** including: home visitation, playground inspection and education, traffic hot zone identification and ratification
Increased uptake of evidence-based actions at HKSAR and District/sub-district levels **Enhanced community coalition and sense of security/well-being** **Reduction in Injury**		

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--全報告完--

--END OF REPORT--

南區兒童損傷概覽
2001-2012

急症室醫療開支

每年有 29.7%
$474,010
可避免

每年共
$1,597,517

高危組別

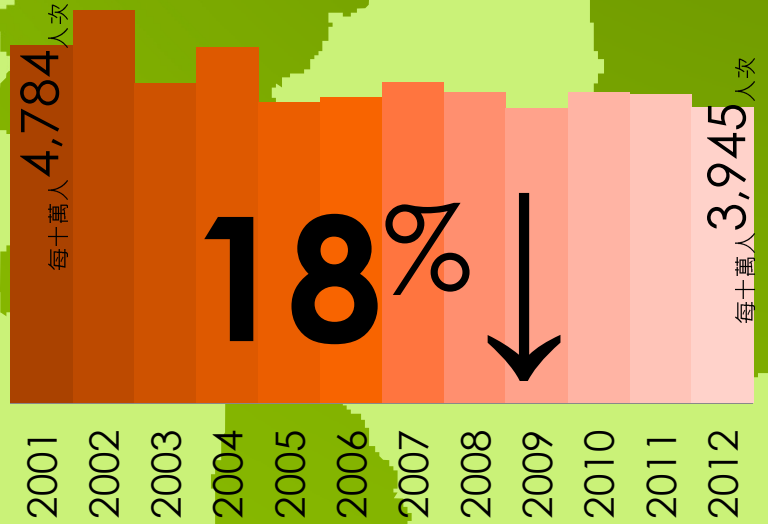
男性 0-4歲 每十萬人 6,872 人次

男性 10-14歲 每十萬人 5,595 人次

男性 15-19歲 每十萬人 5,444 人次

女性 0-4歲 每十萬人 5,264 人次

急症室求診率



值得注意之損傷種類

	改善中 自殘	惡化中 運動意外	有待改善 交通意外
2001-2004	😟😟	😐	😟😟
2005-2008	🙂🙂🙂	😟	😟😟
2009-2012	🙂🙂🙂	😟	😟😟

香港大學兒童及青少年科學系

UPAM

Childhood Injury Profile for Southern District 2001-2012

AED medical cost

$474,010
per year (29.7%)
Avoidable

$1,597,517
per year
In Total

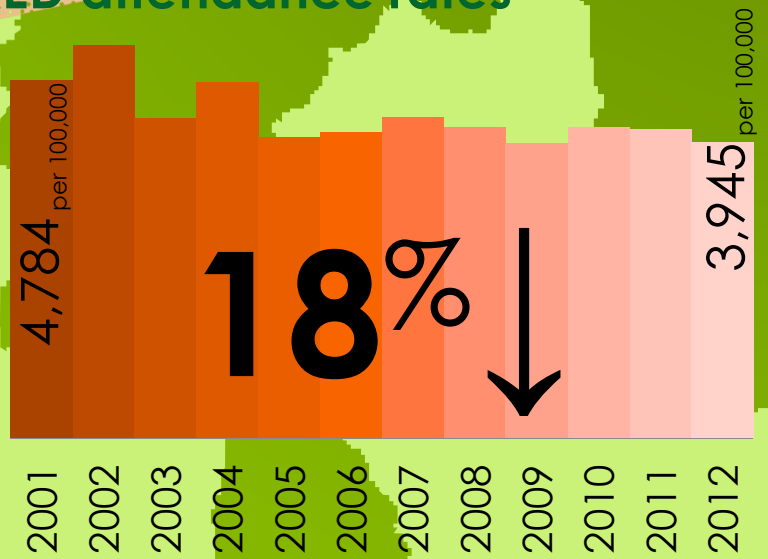
Vulnerable groups

- **Boys** 0-4 years: 6,872 per 100,000
- **Boys** 10-14 years: 5,595 per 100,000
- **Boys** 15-19 years: 5,444 per 100,000
- **Girls** 0-4 years: 5,264 per 100,000

Notable injury types

	Improving Self-harm	Deteriorating Sports	Need improvement Traffic
2001-2004	☹☹	😐	☹☹
2005-2008	🙂🙂🙂	☹	☹☹
2009-2012	🙂🙂🙂	☹	☹☹

AED attendance rates



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1 摘要及視覺資訊圖表
1 Executive Summary and Infographic

Child injury is the leading cause of mortality, morbidity and disability for children over 1 years of age in Hong Kong. There are wide variations in rates of injury between Districts and is related to socio-economic gradient among the districts. The Hong Kong injury district profile has allowed comparative assessment of the burden of child injury among districts. It also demonstrated the importance of systematic surveillance for accurate needs assessment among districts. Through the examination of 12-year period child injury related AED attendance data, it revealed significant variations by districts and the most at risk age group and the leading threats for each district. This profile has also provided the foundation for injury data analysis in terms of geo-spatial analysis, which would be useful in health services planning at district level.

兒童損傷是香港 1 歲以上兒童的主要死亡、疾病和傷殘的首要原因。損傷率在地區與地區之間有很大的差異，亦和地區性的社會經濟梯度有關。香港損傷的地區報告就地區作出了對照性的評估，同時也說明了監察系統的重要性以用作地區性的精確需求評估。透過 12 年的兒童就損傷往急症室求診的數據分析，揭示了顯著的地區變化，最高危的年齡損傷組別及按地區的主要損傷威脅。此報告還提供了以地理為藍本的數據分析，這些分析有助規劃地區性的健康服務需要。

In summary, there is great variability in burden of child injury among the 18 Districts in Hong Kong throughout the 12-year study period. If all districts can be supported, strengthened and empowered to implement the best injury prevention strategies as in the safest district in Hong Kong, up to 30% of injuries can be prevented. The profile would help to inform planning by identifying districts' strengths and weakness in relation to actions to reduce child injuries and to assist district councils in the identification of

總括而言於 12 年研究期中，兒童損傷的影響和負擔在十八區中有很大的差異。據估計，如果所有地區都以香港最低兒童損傷率地區作目標，在各區加強和實施以實證為基礎的策略，有高達 30%的損傷是可以預防的。這報告將有助以地區的優勢和弱點作鑑定，規劃有關活動從而就減少兒童損傷，並協助區議會鑑定關鍵性的差別繼而作策略性和行動性的規劃。它還提供了重要的指標作基準評價和評估，這有助於在領導、基礎設施及職責方面制定政策以支持兒童損傷預防的工

critical gaps upon which subsequent strategic planning and action planning can take place. It also provides important indicators for benchmarking and evaluation, which help to inform future polices in terms of leadership, infrastructure and capacity to support child injury prevention efforts.

作。