Injury Epidemiology Resources

Injury Subcommittee Fact Sheet

The CSTE Injury Surveillance & Control Subcommittee was established in order to link state-based expertise in epidemiology and surveillance with injury prevention and control activities
and organizations.

Injury Surveillance Workgroup (ISW) Reports

Since 1999 CSTE has partnered with the Centers for Disease Control and the State and Territorial Injury Prevention Director's Association (now known as Safe States) on a series of workgroups addressing injury surveillance needs at state health departments.

ISW 1: Consensus Recommendations for Injury Surveillance in State Health Departments (1999)
This report, known to some as the "Green Book" due to its green cover, makes recommendations about which injuries, injury risk factors and core data sets should be included in "core" surveillance by all states, and also outlines basic principles of injury surveillance. Please note that these recommendations were updated by ISW5 in 2007 (see below).

ISW 3: Consensus Recommendations for Using Hospital Discharge Data for Injury Surveillance (2003)

This report includes recommended standard processes for analyzing and reporting hospital discharge data by state injury prevention programs and others.

ISW 4: Consensus Recommendations for Surveillance of Falls and Fall-Related Injuries (2006)

This report includes standard definitions, and recommended data sources for surveillance of falls and fall-related injuries by state health departments and other users of fall injury data.

ISW 5: Consensus Recommendations for Injury Surveillance in State Health Departments (2007)

This report summarizes previous efforts to enhance state-based injury surveillance, describes injury surveillance principles, updates the recommendations from the ISW1 report (see above), makes recommendations regarding issues that have not yet been addressed, and acknowledges some future challenges in injury surveillance.

ISW 6: Assessing an Expanded Definition for Injuries in Hospital Discharge Data Systems (2008)

In 2007 the National Center for Health Statistics recommended a new definition for an initial injury visit to be used when analyzing the National Hospital Ambulatory Medical Care Survey -- Emergency Department (NHAMCS-ED). This report describes the impact of expanding the definition recommended by ISW3 (see above) for use when analyzing hospital discharge databases to match the NHAMCS-ED definition. (Can't find my copy of this report, but my recollection is that the ISW recommended that the definition not be changed; if so, we should say that here).

ISW 7 is currently meeting to discuss surveillance of poisonings

External Cause-of-Injury Coding

Strategies to Improve External Cause-of-Injury Coding in State-Based Hospital Discharge and Emergency Department Data Systems (2008)
This report, which grew out of the Workgroup for External Cause Coding Improvement (WECCI) led by CSTE, discusses the role of external cause-of-injury codes in injury prevention, describes gaps in the completeness of quality of these codes in statewide hospital discharge and emergency department data systems and outlines practical strategies to improve external cause of injury coding in these data systems.

E-code Report Strategies to Improve E-coding in Hospital Discharge and Emergency Department Data Systems (2009)
In February 2009, after the publication of the MMWR report on external cause coding above, CDC hosted a meeting of federal, state and healthcare stakeholders to discuss implementation of the recommendations in the MMWR report. This report summarizes potential collaborative action steps for CDC and its partners to improve external cause-of-injury-coding in state morbidity data systems that were discussed at this meeting.

How States Collect and Use Cause of Injury Data: 2004 Update

This report summarizes the completeness of external cause-of-injury coding in state-based hospital discharge and hospital emergency department data systems across the country.

We should also have a link or a pdf for the 1997 study to which this is an update.

Injury Indicators

Based on CSTE's "Blueprint for a National Public Health Surveillance System for the 21st Century" (add link), in the late 1990s CSTE worked to create surveillance indicators for occupational health, environmental health, chronic disease and injury prevention. The recommendations from the Injury Surveillance Workgroups (see reports from those workgroups below) were used to create these indicators. With publication of each injury indicators report the indicators have evolved to include more states and additional indicators.

State Injury Indicators Report (2001)
Includes indicators based on 1997-8 data from 12 states related to 7 types of injury plus an "all injury" indicator.

State Injury Indicators Report: Second Edition (2004)
Part I
Part II
Includes indicators based on 1999 data from 26 states related to 8 types of injury plus an "all injury" indicator.

State Injury Indicators Report: Instructions for Preparing 2004 Data (2006)
Includes instructions for states about how to prepare 2004 data for the third edition of the State Injury Indicators Report.

State Injury Indicators Report: Third Edition (2007)
Includes indicators based on 2004 data from 34 states related to 8 types of injury plus an "all injury" indicator.

State Injury Indicators Report: Fourth Edition (2009)
Includes indicators based on 2005 data from 33 states related to 9 types of injury plus an "all injury" indicator.

Uniform Definitions and Data Elements for Surveillance

Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements (2008)
The purpose of the this report is to present a definition of child maltreatment, its associated terms, and recommended data elements to be used the public health community. The definitions and data elements are intended to promote and improve consistency of child maltreatment surveillance for public health practices and are designed to be flexible tools used in developing an ongoing surveillance system.

Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements (2002)
Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 1.0 is intended for individuals and organizations interested in gathering surveillance data on intimate partner violence (IPV) to promote and improve consistency of IPV surveillance. If the recommended data elements can be uniformly recorded and the data made available to numerous users, then better estimates of the incidence and prevalence of IPV can be obtained and problems such as data incompatibility and high costs of collecting, linking, and using data can be substantially reduced.

Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements (2009)
To address issues of inconsistency in measuring sexual violence, CDC's Injury Center has developed *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements*. These recommendations are crucial for standardizing definitions and data elements for sexual violence surveillance.

Injury and Violence Surveillance Tools

Measuring Violence-Related Attitudes, Behaviors, and Influences Among Youths: A Compendium of Assessment Tools - Second Edition (2005)
This compendium provides researchers and prevention specialists with a collection of tools to assess violence-related beliefs, behaviors, and influences, as well as to evaluate programs to prevent youth violence. Most of the measures in this compendium are intended for use with youths between the ages of 11 and 24 years, to assess such factors as serious violent and delinquent behavior, conflict resolution strategies, social and emotional competencies, peer influences, parental monitoring and supervision, family relationships, exposure to violence, collective efficacy, and neighborhood characteristics. The compendium also contains a number of scales and assessments developed for use with children between the ages of 5 and 10 years, to measure factors such as aggressive fantasies, beliefs supportive of aggression, attributional biases, prosocial behavior, and aggressive behavior.

Measuring Intimate Partner Violence Victimization and Perpetration: A Compendium of Assessment Tools (2006)
This compendium provides researchers and prevention specialists with a set of tools designed to measure victimization from and perpetration of intimate partner violence. This information is presented to help researchers and practitioners make informed decisions when choosing scales to use in their work.

Injury Surveillance Training Manual (2005)

This manual describes the steps needed to establish and maintain an injury surveillance system, provides information on designing and monitoring prevention activities, and offers guidance for making informed decisions about injury prevention. The curriculum emphasizes basic epidemiological skills needed to conduct surveillance and prevention activities, participation by different sectors and institutions in injury prevention efforts, and injury surveillance and prevention activities at the local level. The participant's guide and other data files can be found at the CDC's website http://www.cdc.gov/ncipc/dvp/InjSurveillance/InjurySurveilance.htm.

Overview of Injury Mortality Matrices

The ICD Injury matrices are frameworks designed to organize ICD coded injury data into meaningful groupings. The matrices were developed specifically to facilitate national and international comparability in the presentation of injury statistics. For a list of external cause-of-injury matrices and injury diagnosis matrices, click here .

Framework for Presenting Injury Mortality Data (1997)

This report provides a framework for the uniform tabulation and analysis of injury mortality data classified by the Ninth Revision of the International Classification of Diseases (ICD-9).

Comparability of Cause of Death Between ICD–9 and ICD–10: Preliminary Estimates (2001)

The report describes major features of the ICD-10 in classification and provides rules for comparison to ICD-9 classifications.

(ICD-9-CM) Barell Injury Diagnosis Matrix (2005)

This matrix is a tool for classifying injury ICD-9-CM codes by body region and nature of injury.

Short Version of the **International Classification of External Causes of Injury (ICECI)**

ICECI was designed by WHO to be an injury surveillance tool for coding valid and reliable external-cause-of-injury data in many settings around the world that would cross-walk to the ICD system. In 2000 CDC piloted a shortened version of ICECI designed to be useful for routinely coding external cause-of-injury data from hospital emergency departments. This tool captures major mechanisms of injury, intent of injury, locale of the injury incident, activity at the time of the injury, work-relatedness, safety equipment use, consumer products involved, and a narrative describing the circumstances of the injury incident. .

National Injury Data Systems

Inventory of National Injury Data Systems

This inventory contains information on 44 systems containing injury-related data.

WISQARS ™ (Web-based Injury Statistics Query and Reporting System)

WISQARS is an interactive database system that provides customized reports fatal and non-fatal injury-related data. Fatality data are derived from death certificates and include deaths, death rates, years of potential life lost by specific causes of injury mortality. Reports from this query system can be easily age-adjusted, and compiled by state or county. Nonfatal injury data reflect national estimates of injuries treated in U.S. hospital emergency departments based on a statistical sample of emergency departments across the country included in the *National Electronic Injury Surveillance System - All Injury Program (NEISS-AIP)*

Violent Deaths (NVDRS)

Data from *the National Violent Death Reporting System (NVDRS)* , including violent incidents and deaths, death rates, and causes of injury mortality, are provided are for the 16 participating states **(Hyperlink in text to state profiles)** and are not nationally representative. The NVDRS query tool **(Hyperlink in text to query page)** is available for more customized reports. For more information on using this data, please read the NVDRS Implementation Manual. **(Upload PDFs to our website and hyperlink in text)**

Cost of Injury

Cost of Injury in the United States: a Report to Congress (1989)

Chapter 1
Chapter 2-3
Chapter 4-6
Recommendations

This landmark publication articulates the need to address injury as a public health problem. This volume examines the economic impact resulting from the failure to deal with injury as a major threat to public health. The report identifies, for the first time, the magnitude of the economic effect of injury on the US in statistical and human terms through reliable dollar estimates and compelling case studies. The report contains five chapters on the incidence and cost of injury, a chapter featuring ten case studies of the long-term impact of injury, and recommendations resulting from the study.

The Incidence and Economic Burden of Injury in the United States (2006)

The Incidence and Economic Burden of Injuries in the United States examines the lifetime time costs associated with the injuries that occur in just one year. The authors also examine medical expenses and productivity losses by gender, age, mechanism of injury, body region and body part injured, and severity.