

CHILD DEATH REGISTER

KEY FINDINGS 2017–18

Child deaths in Queensland

Queensland
Family & Child
Commission

The Queensland Child Death Register recorded the deaths of 385 children and young people in 2017–18, representing a rate of 33.8 deaths per 100 000 Queensland children aged 0–17 years. This is an 8.6% decrease from the 421 child deaths in 2016–17, and a 14-year low since reporting commenced in 2004.

The infant mortality rate in Queensland has also decreased over time. In 2017–18 the infant mortality rate was 3.9 deaths per 1000 live births. This is down from 4.3 deaths per 1000 in 2016–17.

Child deaths in 2017–18

- Deaths from diseases and morbid conditions (natural causes) accounted for the majority of deaths of children registered in 2017–18 (277 deaths—or 72%), occurring at a rate of 24.3 deaths per 100 000 children aged 0–17 years.
- External (non-natural) causes of death accounted for 69 deaths (18%), and occurred at a rate of 6.1 deaths per 100 000 children. A further 39 deaths (10%) were pending a cause of death.
- Suicide and transport were the leading external causes of death with 24 deaths each, occurring at a rate of 2.1 deaths per 100 000 children.
- This is the fourth consecutive year that suicide has been the leading cause of death. Suicide numbers have not changed markedly, rather other external causes have decreased or held steady.
- Drowning deaths (11 deaths) was the second leading external cause of death. This is down from the 19 drowning deaths that occurred in 2016–17.
- No child deaths in 2017–18 were attributed to fatal assault and neglect as at the time of reporting.
- Thirty-two infant deaths were sudden unexpected death in infancy (SUDI), a category where an infant dies suddenly with no immediately obvious cause.

Vulnerable groups

Drowning was the leading cause of death in 1–4 year olds, followed by transport and neoplasms. In 2017–18, six 1–4 year olds died in pedestrian incidents and six drowned in private swimming pools.

Seventy-two Aboriginal and Torres Strait Islander children died in 2017–18. The Aboriginal and Torres Strait Islander child mortality rate continues to be twice the rate for non-Indigenous children as decreases in Indigenous mortality have been matched by decreases in non-Indigenous mortality.

There were 48 deaths of children known to the child protection system in 2017–18. Twenty-two of the 48 children died as a result of diseases and morbid conditions, 5 deaths each were from transport and drowning, 6 deaths were from other non-intentional injury, and 2 deaths were from suicide. The cause of death was pending for 8 deaths. No fatal assault and neglect deaths were recorded in 2017–18.

Trends from 2004 to 2018

In general, the child mortality rate decreased over the period 2004 to 2018. The overall trend is driven by decreases in child mortality from explained diseases and morbid conditions, the two largest contributors of which are deaths from perinatal conditions¹ and congenital anomalies.

The child mortality rate from unexplained diseases and morbid conditions (i.e. from natural causes but the illness has not been identified) has shown some recent decreases, but there is no strong overall trend. Almost all of this group are infant deaths classified as either Sudden Infant Death Syndrome (SIDS) or undetermined causes.

Trends in external causes of death

Child mortality rates from external (or non-natural) causes have generally decreased over the period. This group includes deaths from injuries, either non-intentional (accidental) injuries such as transport incidents or drowning, or from intentional injuries, which includes suicide and fatal assault and neglect.

Transport-related child mortality rates have declined, dropping by 64% over 14 years (or 5.4% per year).

While there were changes over time in the numbers and rates of deaths from drowning, other non-intentional injury, suicide and fatal assault, the changes were not indicative of trends (changes were not statistically significant).

¹ Diseases and conditions which originate during pregnancy or the neonatal period (first 28 days of life).

Leading cause of death

Table 1: Leading causes of death by age, 2015–16 to 2017–18 (annual average)

	#	Leading cause	Rate
Under 1 year	1	Perinatal conditions	212.4
	2	Congenital anomalies	107.3
	3	SIDS and undetermined causes	22.4
1–4 years	1	Drowning	3.0
	2	Transport Neoplasms	2.1
	3	Congenital anomalies	2.0
5–9 years	1	Neoplasms	1.5
	2	Congenital anomalies	0.9
	3	Diseases of the nervous system	0.7
10–14 years	1	Neoplasms	2.8
	2	Suicide	1.7
	3	Congenital anomalies	1.3
15–17 years	1	Suicide	8.5
	2	Transport	4.4
	3	Neoplasms	2.9

Source: Queensland Child Death Register (2015–18)
SIDS Sudden Infant Death Syndrome

1. Rates have been calculated for age categories per 100 000 children in Queensland using the Estimated Resident Population data as at June 2016. Rates are averaged over the three year period.

The leading causes of death based on the last three years were as follows (see Table 1):

- For **infants under 1 year**—diseases and conditions that originate during pregnancy or the neonatal period (first 28 days of life) followed by congenital anomalies. Sudden Infant Death Syndrome (SIDS) and undetermined causes² was the third leading cause of death in infants.
- For **1–4 year olds**—drowning was the leading cause of death followed by transport related deaths and deaths from neoplasms (cancers) in equal second. Deaths from congenital anomalies was third leading cause of death in children in this age group.
- For **5–9 year olds**—neoplasms (cancers) followed by congenital anomalies and deaths from diseases of the nervous system.
- For **10–14 year olds**—neoplasms followed by suicide. Congenital anomalies was the third leading cause of death in this age group.
- For **15–17 year olds**—suicide followed by transport and neoplasms.

Data for prevention activities

The QFCC collects, analyses and publishes information about child deaths to help prevent future deaths and serious injuries. We work with researchers and other agencies to raise community awareness and develop prevention programs and policies, by identifying risk factors, trends and emerging safety hazards.

The QFCC can provide detailed child death data to researchers and organisations at no cost. Contact child_death_prevention@qfcc.qld.gov.au

Reports on child deaths and 14-year data tables can be found at www.qfcc.qld.gov.au on the child death reports and data page.

² SIDS are sudden unexpected infant deaths, apparently occurring during sleep, where the cause remains unexplained after thorough

investigation. For undetermined causes, the cause of death is unexplained but the death does not meet the criteria for SIDS.