Chapter 2 — Deaths from diseases and morbid conditions

This chapter provides details of child deaths from diseases and morbid conditions, ranging from congenital anomalies and perinatal conditions through to neoplasms (cancers) and infections.

Key findings

- In 2017–18, the deaths of 277 children and young people were the result of diseases and morbid conditions, a rate of 24.3 deaths per 100 000 children and young people aged 0–17 years in Queensland.
- Deaths of children from diseases and morbid conditions are most likely to occur in the first days and weeks of life, with infants accounting for 77% of deaths from diseases and morbid conditions in 2017–18.
- Infant deaths from the two leading causes—conditions originating in the perinatal period and congenital malformations, deformations and chromosomal abnormalities (188 deaths combined)—make up the largest proportion of all deaths of children and young people (68% of all 277 deaths from diseases and morbid conditions and 49% of the 385 deaths from all causes).
- The rate of mortality from diseases and morbid conditions for Aboriginal and/or Torres Strait Islander children was twice the rate for non-Indigenous children (3-year average of 50.2 deaths per 100 000 Indigenous children aged 0–17 years, compared to 25.6 deaths per 100 000 non-Indigenous children).
- Neoplasms (cancer) was the leading cause of death for the 5–9 and 10–14 year age groups, and was in the top three causes of death for 1–4 year olds and 15–17 year olds.
- SIDS and undetermined causes, as a group, was the leading official cause of death for post-neonate infants (aged ≥28 days) in 2016–17.
- Over the last 3 years, 24 children and young people died with notifiable conditions, 11 of which were diseases potentially preventable by vaccines (with the most common of these including influenza, invasive meningococcal disease and invasive pneumococcal disease).[14]

[14] Vaccines are available for only selected strains of meningococcal disease, pneumococcal disease and influenza.

Deaths from diseases and morbid conditions 2015–18

An expanded version of Table 2.1 containing data since 2004 is available online at www.qfcc.qld.gov.au.

Table 2.1: Summary of deaths from diseases and morbid conditions of children and young people in Queensland 2015–18

	2015–16		2016–17		2017–18		Yearly average
	Total *n*	Rate per 100 000	Total *n*	Rate per 100 000	Total *n*	Rate per 100 000	Rate per 100 000
All deaths from diseases and morbid conditions							
Diseases and morbid conditions	**323**	**28.7**	**341**	**30.0**	**277**	**24.3**	**27.6**
Explained diseases and morbid conditions	299	26.5	323	28.4	270	23.7	26.1
Unexplained diseases and morbid conditions	24	2.1	18	1.6	7	0.6	1.4
SIDS and undetermined < 1 year	*20*	1.8	*15*	1.3	*7*	0.6	1.2
Undetermined > 1 year	*4*	0.4	*3*	*	*0*	0.0	0.2
Sex[a]							
Female	144	26.2	164	29.6	122	22.0	25.8
Male	179	31.0	177	30.3	154	26.4	29.1
Age category							
Under 1 year	232	373.7	258	413.1	214	342.6	375.7
1–4 years	25	9.8	30	11.8	15	5.9	9.1
5–9 years	20	6.1	20	6.0	14	4.2	5.4
10–14 years	24	7.9	17	5.5	21	6.9	6.7
15–17 years	22	12.1	16	8.7	13	7.1	9.3
Aboriginal and Torres Strait Islander Status							
Indigenous	41	46.7	46	51.7	47	52.8	50.2
Non-Indigenous	282	27.1	295	28.1	230	21.9	25.6
Geographical area of usual residence (ARIA+)							
Remote	14	27.6	21	42.1	8	16.0	28.7
Regional	116	29.0	115	28.7	99	24.7	27.5
Metropolitan	184	27.2	196	28.5	158	23.0	26.1
Socio-economic status of usual residence (SEIFA)							
Low to very low	144	31.5	170	37.3	126	27.6	32.1
Moderate	60	25.9	55	23.5	47	20.0	23.0
High to very high	110	25.1	107	23.9	92	20.6	23.0
Known to the child protection system							
Known to the child protection system	28	33.2	28	34.8	22	26.0	31.3

	2015–16		2016–17		2017–18		Yearly average
	Total *n*	Rate per 100 000	Total *n*	Rate per 100 000	Total *n*	Rate per 100 000	Rate per 100 000
Perinatal conditions							
Perinatal conditions	121	194.9	153	245.0	130	208.1	215.6
Indigenous	22	398.6	22	386.7	22	386.7	386.7
Congenital anomalies							
Congenital anomalies	85	7.5	87	7.6	68	6.0	7.0
Indigenous	*7*	*8.0*	*12*	*13.5*	*10*	*11.2*	*10.9*
Neoplasms							
Neoplasms	32	2.8	29	2.5	20	1.8	2.4
Indigenous	*2*	*	*3*	*	*2*	*	*2.6*
Infections[b]							
Infections	22	2.0	19	1.7	19	1.7	1.8
Indigenous	*5*	*5.7*	*2*	*	*5*	*5.6*	*4.5*

Data source: Queensland Child Death Register (2015–18)

* Rates have not been calculated for numbers less than four.

[a] Excludes the death of 1 infant of indeterminate sex in 2017–18.

[b] 'Infections' is a hybrid category composed of ICD-10 Chapter I, Certain infectious and parasitic diseases; ICD-10 Chapter VI, Diseases of the nervous system, codes G00–G09 only; ICD-10 Chapter X, Diseases of the respiratory system, codes J00–J22 only.

1. Data presented here is current in the Queensland Child Death Register as at August 2018 and thus may differ from those presented in previously published reports.
2. Rates are based on the most up-to-date denominator data available and are calculated per 100 000 children (in the sex/age/Indigenous status/ARIA+ region/SEIFA region categories) in Queensland each year. Rates for the 2015–16 period use the ERP data as at June 2015 and rates for the 2016–17 and 2017–18 periods use the ERP data as at June 2016.
3. Rates for the various types of diseases and morbid conditions are calculated per 100 000 children aged 0–17 years in Queensland in each year, with the exception of 'Perinatal conditions', which is calculated per 100 000 children under the age of one year in Queensland.
4. The number of children known to the child protection system represents the number of children whose deaths were registered in the reporting period, who were known to the DCSYW within the 1-year period prior to their death. The denominator for calculating rates is the number of children aged 0–17 who were known to the DCSYW, through either being subject to a child concern report, notification, investigation and assessment, ongoing intervention, orders or placement, in the 1-year period prior to the reporting period.
5. ARIA+ and SEIFA exclude the deaths of children whose usual place of residence was outside Queensland.
6. Yearly average rates have been calculated using the ERP data as at June 2016.

Deaths from diseases and morbid conditions: Findings 2017–18

During 2017–18, there were 277 deaths of children and young people from diseases and morbid conditions registered in Queensland, at a rate of 24.3 deaths per 100 000 children aged 0–17 years. This is consistent with the general number and rate of deaths from diseases and morbid conditions since reporting commenced in 2004. The number of deaths from diseases and morbid conditions since 2004 ranges from 277 to 420 per year, with an average of 363 per year.[15] It should be noted 39 deaths were still pending a cause of death at the time of reporting and, based on previous years, a large proportion of these deaths are likely to be found to be from unexplained diseases and morbid conditions.

Diseases and morbid conditions were the leading cause of death in 2017–18, accounting for 72% of the 385 deaths.

The leading causes of mortality from diseases and morbid conditions were conditions originating in the perinatal period (130 deaths) and congenital malformations, deformations and chromosomal abnormalities (68 deaths). Together, these causes accounted for 71% of all deaths from diseases and morbid conditions.

Sex

During 2017–18, there were 154 deaths of male children from diseases and morbid conditions, compared to 122 female children, representing mortality rates of 26.4 deaths per 100 000 male children and 22.0 deaths per 100 000 female children.

Child mortality from diseases and morbid conditions is marginally higher for males compared to females, with the male mortality rate over the last 14 years being about 1.1 times the rate for females (29.1 deaths per 100 000 male children and 25.8 deaths per 100 000 female children).

Age

Table 2.2 provides counts of the causes of death from diseases and morbid conditions, for each age category.

Infants (under one year)

Children are significantly more likely to die from diseases and morbid conditions in the first year of life than at any other age. Infants under one year accounted for 77% of deaths due to diseases and morbid conditions during 2017–18 (214 of 277 deaths), at a rate of 342.6 deaths per 100 000 infants. The infant mortality rate from diseases and morbid conditions (using live births as the denominator) is 3.5 deaths per 1000 live births.

Infant deaths from the two leading causes—conditions originating in the perinatal period (129 deaths) and congenital malformations, deformations and chromosomal abnormalities (59 deaths)—represent 68% of all 277 deaths from diseases and morbid conditions and 49% of all 385 child deaths.

Table 2.3 shows the age and causes of infant deaths in major groups. Infant deaths are divided into neonatal and post-neonatal periods. Neonatal deaths are those which occur in the first 28 days after birth (0–27 days), while post-neonatal deaths occur during the remainder of the first year (28–364 days). The overall number of deaths from diseases and morbid conditions decreases significantly in the post-neonatal period.

[15] Tables with data for 2004–18 are available online at www.qfcc.qld.gov.au

Table 2.2: Deaths from diseases and morbid conditions by ICD-10 chapter level classification 2017–18

Cause of death	Under 1 year *n*	1–4 years *n*	5–9 years *n*	10–14 years *n*	15–17 years *n*	Total		Rate per 100 000
						n	%	
Certain conditions originating in the perinatal period (P00–P96)	129	1	0	0	0	130	46.9	11.4
Congenital malformations, deformations and chromosomal abnormalities (Q00–Q99)	59	2	2	4	1	68	24.5	6.0
Neoplasms (C00–D48)	1	3	5	6	5	20	7.2	1.8
Diseases of the nervous system (G00–G99)	8	2	2	1	2	15	5.4	1.3
Certain infectious and parasitic diseases (A00–B99)	2	5	2	3	0	12	4.3	1.1
Diseases of the circulatory system (I00–I99)	3	1	1	2	1	8	2.9	0.7
SIDS and undetermined causes (R95–R99)	7	0	0	0	0	7	2.5	0.6
Diseases of the respiratory system (J00–J99)	3	0	0	2	1	6	2.2	0.5
Endocrine, nutritional and metabolic diseases (E00–E90)	2	0	1	1	1	5	1.8	0.4
Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism (D50–D89)	0	1	0	1	0	2	0.7	*
Mental and behavioural disorders (F00–F99)	0	0	1	0	1	2	0.7	*
Diseases of the digestive system (K00–K93)	0	0	0	1	0	1	0.4	*
Diseases of the musculoskeletal system and connective tissue (M00–M99)	0	0	0	0	1	1	0.4	*
Total	**214**	**15**	**14**	**21**	**13**	**277**	**100.0**	**24.3**
Rate per 100 000	**342.6**	**5.9**	**4.2**	**6.9**	**7.1**	**24.3**		

Data source: Queensland Child Death Register (2017–18)

* Rates have not been calculated for numbers less than four.

1. Rates by cause of death have been calculated per 100 000 children aged 0–17 years in Queensland or relevant age group. Rates for the 2017–18 period use the ERP data as at June 2016.

Neonatal period (0–27 days)

Of the 214 infant deaths due to diseases and morbid conditions during 2017–18, 167 deaths (78%) occurred in the neonatal period, at a rate of 2.7 neonatal deaths per 1000 live births. Of the 167 neonatal deaths, 99 deaths (59%) occurred on the day of birth and a further 33 deaths (20%) had occurred by the end of the first week.

The two leading causes—conditions originating in the perinatal period (118 deaths) and congenital malformations, deformations and chromosomal abnormalities (45 deaths)—represent 98% of the neonatal deaths from diseases and morbid conditions and 42% of all 385 child deaths from all causes. Four neonatal deaths were pending a cause at the time of reporting.

Post-neonatal period (28–364 days)

During 2017–18 there were 47 deaths from diseases and morbid conditions during the post-neonatal period, at a rate of 0.8 deaths per 1000 live births.

The leading causes of death in the post-neonatal period were congenital malformations, deformations and chromosomal abnormalities (14 deaths) and conditions originating in the perinatal period (11 deaths). Twenty-one infant deaths were pending a cause at the time of reporting.

Table 2.3: Age and cause of infant deaths from diseases and morbid conditions 2017–18

Age		Cause of death				
		Perinatal conditions (P00–P96) *n*	Congenital anomalies (Q00–Q99) *n*	SIDS and undetermined causes (R95–R99) *n*	Other diseases and morbid conditions[a] *n*	Total *n*
Neonatal (age in days)	<1	70	28	0	1	**99**
	1–6	19	12	0	2	**33**
	7–27	29	5	0	1	**35**
Neonatal total		**118**	**45**	**0**	**4**	**167**
Post-neonatal (age in months)	1*	8	5	1	2	**16**
	2	2	3	1	5	**11**
	3	0	2	0	3	**5**
	4	1	0	3	1	**5**
	5	0	1	1	1	**3**
	6	0	1	0	0	**1**
	7	0	0	1	1	**2**
	8	0	0	0	0	**0**
	9	0	1	0	1	**2**
	10	0	1	0	0	**1**
	11	0	0	0	1	**1**
Post-neonatal total		**11**	**14**	**7**	**15**	**47**
Total infants		**129**	**59**	**7**	**19**	**214**

Data source: Queensland Child Death Register (2017–18)

* 28 days to two months.

[a] Includes certain infectious and parasitic diseases (A00–B99), neoplasms (C00–D48), diseases of the blood-forming organs and certain disorders involving the immune mechanism (D50–D89), endocrine, nutritional and metabolic diseases (E00–E90), diseases of the nervous system (G00–G99), diseases of the circulatory system (I00–I99) and diseases of the respiratory system (J00–J99).

Children aged 1–17 years

For children aged 1–17 years, the following findings were evident in Table 2.2:

- **Children aged 1–4 years** died from diseases and morbid conditions at a rate of 5.9 deaths per 100 000 children (15 deaths). Certain diseases and infectious conditions were the leading cause of death (5 deaths).
- **Children aged 5–9 years** died from diseases and morbid conditions at a rate of 4.2 deaths per 100 000 children (14 deaths). Neoplasms were the leading cause of death (5 deaths).
- **Children aged 10–14 years** died from diseases and morbid conditions at a rate of 6.9 deaths per 100 000 children (21 deaths). Neoplasms were the leading cause of death (6 deaths).
- **Young people aged 15–17 years** died from diseases and morbid conditions at a rate of 7.1 deaths per 100 000 children (13 deaths). Neoplasms were the leading cause of death (5 deaths).

Aboriginal and Torres Strait Islander status

Of the 277 deaths from diseases and morbid conditions during 2017–18, 47 were of Aboriginal and/or Torres Strait Islander children. The rate of mortality from diseases and morbid conditions for Indigenous children was twice the rate for non-Indigenous children (3-year average of 50.2 deaths per 100 000 Indigenous children aged 0–17 years, compared to 25.6 deaths per 100 000 non-Indigenous children).

Indigenous children have been over-represented in deaths from diseases and morbid conditions since reporting commenced in 2004, with mortality rates generally twice the rates for non-Indigenous children.

Geographical area of usual residence (ARIA+)

Over the last 3 years, the child mortality rate for diseases and morbid conditions in remote areas was 28.7 per 100 000, while the rate was 27.5 per 100 000 in regional areas and 26.1 per 100 000 in metropolitan areas.

Socio-economic status of usual residence (SEIFA)

Over the last 3 years, the child mortality rate for diseases and morbid conditions was highest in areas of low to very low SES with 32.1 deaths per 100 000 children, compared to 23.0 per 100 000 in moderate-SES areas and 23.0 per 100 000 in areas of high to very high SES. Higher child mortality rates in areas of low to very low SES has been a consistent pattern across the 14 years of the child death register.

Children known to the child protection system

Of the 277 deaths from diseases and morbid conditions during 2017–18, 22 (8%) were of children known to the Queensland child protection system within the year before their death.

The 2017–18 mortality rate from diseases and morbid conditions for children known to the Queensland child protection system was just above the rate for all Queensland children (26.0 deaths per 100 000 children known to the child protection system, compared to 24.3 deaths per 100 000 children aged 0–17 years).

Major causes

Perinatal conditions

During 2017–18 there were 130 child deaths from perinatal conditions, at a mortality rate of 208.1 deaths per 100 000 infants.[16]

Perinatal conditions are diseases and conditions which originate during pregnancy or the neonatal period (first 28 days of life), even though death or morbidity may occur later. During 2017–18, one of the 130 deaths due to perinatal conditions occurred after infancy (the first 12 months).

Perinatal conditions include maternal conditions which affect the newborn, such as complications of labour and delivery, disorders relating to foetal growth, length of gestation and birth weight, as well as disorders specific to the perinatal period such as respiratory and cardiovascular disorders, infections, and endocrine and metabolic disorders.

As shown in Table 2.4, the majority of infant deaths due to perinatal conditions resulted from the foetus and/or newborn being affected by maternal factors or complications of pregnancy, labour and delivery (53%, 69 deaths), followed by disorders related to the length of gestation and foetal growth (17%, 22 deaths). Together, these causes accounted for 71% of all deaths due to perinatal conditions (91 of 129 deaths).

[16] Includes the death of 1 child over one year of age.

Table 2.4: Infant deaths due to perinatal conditions by sex 2017–18

Cause of death	Female *n*	Male *n*	Total *n*	Rate per 100 000
Foetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery (P00–P04)	27	42	69	110.5
Disorders related to length of gestation and foetal growth (P05–P08)	10	12	22	35.2
Respiratory and cardiovascular disorders specific to the perinatal period (P20–P29)	5	7	12	19.2
Digestive system disorders of foetus and newborn (P75–P78)	5	4	9	14.4
Other disorders originating in the perinatal period (P90–P96)	3	4	7	11.2
Infections specific to the perinatal period (P35–P39)	2	3	5	8.0
Haemorrhagic and haematological disorders of foetus and newborn (P50–P61)	3	1	4	6.4
Conditions involving the integument and temperature regulation of foetus and newborn (P80–P83)	0	1	1	*
Total	**55**	**74**	**129**	**206.5**
Rate per 100 000	**88.1**	**118.5**	**206.5**	

Data source: Queensland Child Death Register (2017–18)

* Rates have not been calculated for numbers less than four.

1. Rates are calculated per 100 000 children under the age of one year in Queensland. Rates for the 2017–18 period use the ERP data as at June 2016.
2. One death due to perinatal conditions is not included in this table as the child was over one year of age.

Congenital anomalies

During 2017–18 there were 68 child deaths from congenital anomalies, at a rate of 6.0 deaths per 100 000 children aged 0–17 years.

Congenital anomalies are mental and physical conditions present at birth which are either hereditary or caused by environmental factors.[17]

As shown in Table 2.5, the leading causes of death due to congenital anomalies were malformations of the circulatory system (24%, 16 deaths), congenital abnormalities not elsewhere classified (18%, 12 deaths) and congenital malformations of the nervous system (16%, 11 deaths). Together, these causes accounted for 57% of all deaths due to congenital anomalies (39 of 68 deaths).

Table 2.5: Deaths due to congenital anomalies by sex 2017–18

Cause of death	Female *n*	Male *n*	Total *n*	Rate per 100 000
Congenital malformations of the circulatory system (Q20–Q28)	8	8	16	1.4
Chromosomal abnormalities, not elsewhere classified (Q90–Q99)	9	3	12	1.1
Congenital malformations of the nervous system (Q00–Q07)	3	8	11	1.0
Congenital malformations of the urinary system (Q60–Q64)	2	8	10	0.9
Other congenital malformations (Q80–Q89)[a]	3	4	8	0.7
Congenital malformations and deformations of the musculoskeletal system (Q65–Q79)	3	3	6	0.5
Other congenital malformations of the digestive system (Q38–Q45)	1	2	3	*
Congenital malformations of the respiratory system (Q30–Q34)	2	0	2	*
Total	**31**	**36**	**68**	**6.0**
Rate per 100 000	**5.6**	**6.2**	**6.0**	

Data source: Queensland Child Death Register (2017–18)

* Rates have not been calculated for numbers less than four.

[a] The death of one infant whose sex was indeterminate is included in the total.

1. Rates are calculated per 100 000 children and young people aged 0–17 years in Queensland. Rates for the 2017–18 period use the ERP data as at June 2016.

[17] ICD-10 Chapter XVII, Congenital malformations, deformations and chromosomal abnormalities.

Neoplasms (cancers and tumours)

Although these terms are not synonymous, the term 'neoplasm' is often used interchangeably with words such as 'tumour' and 'cancer'.[18] Cancer includes a range of diseases in which abnormal cells proliferate and spread out of control. Normally, cells grow and multiply in an orderly way to form organs which have a specific function in the body. However, occasionally cells multiply in an uncontrolled way after being affected by a carcinogen, or after developing a random genetic mutation. They may form a mass called a tumour or neoplasm. A 'benign neoplasm' refers to a non-cancerous tumour, whereas a 'malignant neoplasm' usually refers to a cancerous tumour (that is, cancer). Benign tumours do not invade other tissues or spread to other parts of the body, although they can expand to interfere with healthy structures.

Twenty children and young people died from cancers and tumours, at a rate of 1.8 deaths per 100 000 children aged 0–17 years. The most common types were of malignant neoplasms, stated or presumed to be primary, of lymphoid, haematopoietic and related tissue (8 deaths), followed by neoplasms of the eye, brain and other parts of the central nervous system (7 deaths).

Neoplasms was the leading cause of death for the 5–9 and 10–14 year age groups, as noted in Chapter 1, and was in the top three causes of death for 1–4 year olds and 15–17 year olds.

Infections

'Infections' is a hybrid category composed of certain infections and parasitic diseases, diseases of the nervous system and diseases of the respiratory system.[19] Nineteen children and young people died from infections, a rate of 1.7 per 100 000 children aged 0–17 years. The highest number of infections were caused by other bacterial diseases (7 deaths) followed by influenza and pneumonia (4 deaths).

Deaths from notifiable conditions

A disease may be notifiable to state health authorities if there is potential for its control or if there is a demonstrated public interest in a condition.[20] Key factors considered when deciding if a condition should be notifiable include the overall impact of the disease on morbidity and mortality, and the availability of control measures. Notification allows authorities to detect outbreaks early and take rapid public health action, if necessary, and to plan and monitor these efforts. It also provides information on the occurrence of disease.

Twenty-four children and young people died from a notifiable condition over a three-year period as shown in Table 2.6. Eleven of the 24 deaths due to notifiable conditions were the result of potentially vaccine-preventable conditions, with the most common of these being influenza, invasive meningococcal disease and invasive pneumococcal disease.[21] [22]

[18] ICD-10 Chapter II, Neoplasms.

[19] ICD-10 references: Chapter I, Certain infectious and parasitic diseases; Chapter VI, Diseases of the nervous system, codes G00–G09 only; Chapter X, Diseases of the respiratory system, codes J00–J22 only.

[20] For the complete Queensland Notifiable Conditions Schedule contained in the *Public Health Regulation 2018*, see Appendix 4 – Notifiable diseases.

[21] In Australia, publicly funded immunisation programs are administered by state and territory governments. The current National Immunisation Program Schedule (valid from July 2018) includes vaccinations against the following diseases: hepatitis B, diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, invasive *Haemophilus influenzae* type b (Hib), invasive pneumococcal disease, rotavirus, measles, mumps, rubella, invasive meningococcal ACWY disease, varicella (chicken pox), influenza and human papillomavirus (HPV).

[22] Vaccines are available for only selected strains of meningococcal disease, pneumococcal disease and influenza.

Table 2.6: Child deaths with notifiable conditions 2015–18

Cause of death	2015–16 *n*	2016–17 *n*	2017–18 *n*	Total *n*
Cryptosporidiosis	1	0	0	1
Haemophilus influenzae type b infection (invasive)[a]	0	0	1	1
Influenza[a]	4	1	1	6
Invasive group A streptococcal infection	3	2	1	6
Listeriosis	0	1	0	1
Melioidosis	0	0	2	2
Meningococcal disease (invasive)[a]	0	0	2	2
Pneumococcal disease (invasive)[a]	0	1	1	2
Syphilis (including congenital syphilis)	1	0	1	2
Tuberculosis	0	0	1	1
Total	**9**	**5**	**10**	**24**

Data source: Queensland Child Death Register (2015–18)

[a] Potentially vaccine-preventable condition. Vaccines are available for selected strains of meningococcal, *Haemophilus influenzae* type b, seasonal influenza and selected serotypes of pneumococcal disease. Serotyping information in relation to meningococcal, influenza and pneumococcal-related deaths is not available to the QFCC, and so deaths are reported as being potentially vaccine-preventable only.

1. The child deaths with notifiable conditions in this report may differ from communicable disease reports which use date of notification or date of onset of disease to define the reporting period. The deaths reported by QFCC use date of death registration to define the reporting period, which may occur sometime after the notification of disease.

SIDS and undetermined causes

Sudden unexpected death in infancy (SUDI) is a category of deaths where an infant (aged under one year) dies suddenly with no immediately obvious cause. In these instances, it may take 1–2 years before a cause of death is determined through autopsy and coronial investigations. Consequently, reliable data about SIDS and deaths from undetermined causes in infancy in 2017–18 is not yet available (21 infant deaths were pending a cause at the time of reporting). More complete cause of death information is available for the 2016–17 period, for which only three infant deaths were pending a cause. As indicated in Table 2.7, deaths from SIDS and undetermined causes (14 deaths) was the leading official cause of death for post-neonatal infants (aged 28 days or more) in 2016–17.

Chapter 8 in this report provides more information on SUDI.

Table 2.7: Age and cause of infant deaths from diseases and morbid conditions 2016–17

Age	Cause of death				
	Perinatal conditions (P00–P96) *n*	Congenital anomalies (Q00–Q99) *n*	SIDS and undetermined causes (R95–R99) *n*	Other diseases and morbid conditions[a] *n*	Total *n*
Neonatal (1–27 days) total	138	59	1	3	201
Post-neonatal (≥28 days) total	12	12	14	19	57
Total infants	**150**	**71**	**15**	**22**	**258**

Data source: Queensland Child Death Register (2016–17)

[a] Includes certain infectious and parasitic diseases (A00–B99), neoplasms (C00–D48), endocrine, nutritional and metabolic diseases (E00–E90), diseases of the nervous system (G00–G99), disease of the circulatory system (I00–I99) and diseases of the respiratory system (J00–J99).