

Information topic	Details
Indicator name	Asthma hospitalisations in children aged 0–14 years
Domain and topic	Indoor environment (and Children’s Environmental Health) domain: Asthma
Indicator definition and units	The number and rate of hospitalisations for asthma (ICD-10AM J45–J46) and wheeze (R06.2), among children aged 0–14 years. Rates are presented per 100,000 population.
Data source	National Minimum Dataset (NMDS), Ministry of Health.
Numerator	<p>Acute hospital admissions with a primary diagnosis of asthma (ICD-10 AM J45, J46) or wheeze (R06.2), for children aged 0–14 years. Wheeze is included as there is evidence that paediatricians are more likely to diagnose suspected asthma to wheeze for younger children (HQSC 2020; Simpson et al 2017).</p> <p>The indicator includes overnight hospital admissions for acute or semi-acute/arranged visits (admission type in ‘AA’, ‘AC’, ‘ZA’, ‘ZC’).</p> <p>The following hospitalisations were excluded from analysis:</p> <ul style="list-style-type: none"> • transfers within or between hospitals • overseas visitors <p>Day cases and emergency department cases meeting the three-hour threshold have been included, to align with the approach taken by the Child and Youth Epidemiology Service (Simpson et al 2017) and Health Quality and Safety Commission (2020). It is thought that this is the best way to measure childhood medical hospitalisations across the country, as some hospitals admit children as an in-patient, while other hospitals treat children in a short-stay unit.</p>
Denominator	<ul style="list-style-type: none"> • Hospitalisation rate: Statistics New Zealand estimated resident population, and population projections (for ethnicity data from 2019 onwards). We have used the ‘best available’ population from the Health New Zealand Populations web tool, as per their recommendations. • Hospitalisation rate by NZDep: NZDep2023 Index of Deprivation (Atkinson et al 2024).
Methodology	<p>Confidence interval 95% confidence intervals were calculated based on the methodology outlined in APHO (2008). Confidence intervals are presented as vertical bars on graphs.</p> <p>Interpreting graphs Crude rates are suppressed for counts less than 5 or populations less than 30, due to unreliability of the estimate with small numbers.</p> <p>When comparing groups of varying population sizes, differences that involve small groups may not be statistically significantly different, compared with similar differences for larger groups. This is due to a higher variability associated with the rate of the small group. For a more detailed explanation of this issue, see the EHINZ Analytical Toolkit & Glossary.</p>
Time period and time scale	Annual data, from 2001 to the most recent data available.

Population coverage	New Zealand usually resident population aged 0–14 years.
Spatial coverage	Nationally, with regional results available by district (formerly District Health Board (DHB) areas), territorial authority (TA), and Auckland local board areas (ALB).
Measures of frequency	Results are presented by year, month, sex, age group, prioritised ethnicity, NZDep2018 decile, urban/rural classification, district, TA, and ALB.
Limitations of indicator	<p>Limitations include the following.</p> <ul style="list-style-type: none"> • The indicator only covers asthma events that resulted in hospital admissions. • The indicator presents the rate of hospitalisations and does not give information about the number of children affected; some children may be admitted more than once in a year, and each hospitalisation is counted in our analysis.
Limitations of data source	<p>From 2000 to about 2009, there were regional variations in whether providers uploaded their day cases to the NMDS. This has led to issues when comparing regions and time series. One possible way of minimising this variation is to exclude day cases and emergency department short stay visits from the analysis. However, this approach is not necessarily appropriate for children, since some hospitals treat children in specialist paediatric short-stay units, rather than admitting the child to hospital. For this reason, and for consistency with other agencies, we have used the same approach as the Child and Youth Epidemiology Service (Craig et al 2013; Simpson et al 2017) and the Health Quality and Safety Commission (2020) and included all day cases and emergency department visits that meet the 3-hour treatment rule. However, this may mean that earlier years of data (especially 2000–2009) have undercounted the number of admissions, since some hospitals may not have counted all day cases during this time period.</p>
Related indicators	<p>Asthma prevalence (2-14 years) Second-hand smoke exposure Maternal smoking at two weeks postnatal Lower respiratory tract infections Nitrogen dioxide concentrations</p>
References	<p>APHO. 2008. <i>Technical Briefing 3: Commonly used public health statistics and their confidence intervals</i>. York, UK: Association of Public Health Observatories.</p> <p>Atkinson J, Salmond C, Crampton P. 2024. <i>NZDep2023 Index of Socioeconomic Deprivation: Research Report</i>. Wellington: Department of Public Health, University of Otago, Wellington. URL: https://www.otago.ac.nz/_data/assets/pdf_file/0026/593135/NZDep2023-Research-Report-31-October-2024.pdf</p> <p>Craig E, Adams J, Oben G, et al. 2013. <i>The Health Status of Children and Young People in New Zealand</i>. Dunedin: New Zealand Children and Youth Epidemiology Service, University of Otago.</p> <p>HQSQ. 2020. <i>Atlas of Healthcare Variation Methodology: Asthma</i>. Wellington: Health Quality and Safety Commission. URL: https://www.hqsc.govt.nz/assets/Our-data/Publications-resources/Methodology-asthma-update-2020.pdf (Accessed 18/07/2022).</p> <p>Simpson J, Duncanson, M, Oben G, et al .2017. <i>The Health Status of Pacific Children and Young People in New Zealand 2015</i>. Dunedin: New Zealand Children and Youth Epidemiology Service, University of Otago.</p>