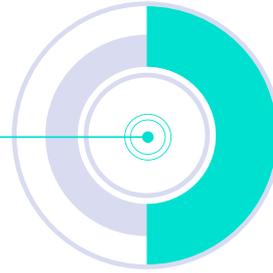
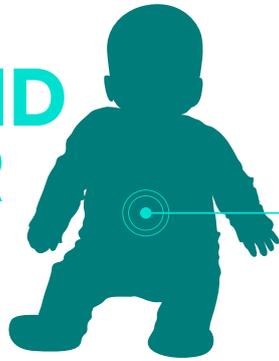


RESPIRATORY CONDITIONS

Mate romahā

CHILDREN AGED
**1 YEAR AND
YOUNGER**
ACCOUNT FOR
MORE THAN
HALF OF ALL
HOSPITALISATIONS
OF CHILDREN FOR
RESPIRATORY CONDITIONS

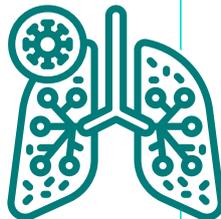


ASTHMA AND / OR WHEEZE WAS
RESPONSIBLE FOR ALMOST
**HALF OF ALL
RESPIRATORY
HOSPITALISATIONS**
FOR CHILDREN AGED
BETWEEN 3 AND 9 YEARS

OVER THE PAST
**TWO
DECADES,**
THEIR
HOSPITALISATION
RATES HAVE
**INCREASED
BY 44%**



RATES OF
HOSPITALISATION FOR
BRONCHIOLITIS
ARE HIGHEST FOR
CHILDREN UNDER ONE YEAR,
ACCOUNTING FOR
41% OF ADMISSIONS
IN THIS AGE GROUP



CHILDREN WHO
LIVE IN THE
**MOST DEPRIVED
SOCIOECONOMIC
AREAS**
HAVE
DOUBLE
THE RATE OF
HOSPITALISATIONS FOR
RESPIRATORY CONDITIONS
COMPARED WITH OTHER
CHILDREN



THE EFFECTS OF
**ETHNICITY AND
SOCIOECONOMIC
DEPRIVATION**
ON THE RATE OF HOSPITALISATIONS
FOR RESPIRATORY CONDITIONS ARE
ADDITIVE

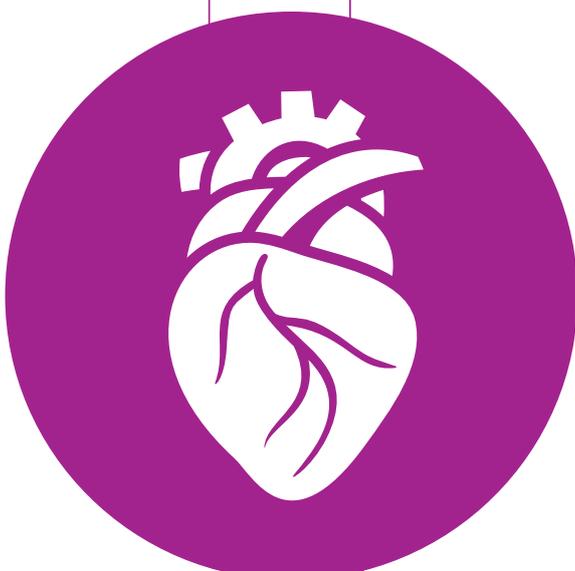
RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE

Kirikā rūmātiki me mate manawa rūmātiki

CHILDREN LIVING IN AREAS WITH THE MOST SOCIOECONOMIC DEPRIVATION ACCOUNTED FOR **61%** OF ALL HOSPITALISATIONS FOR **ARF** OR **RHD** IN 2022



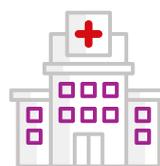
THE NEW ZEALAND GOVERNMENT-FUNDED **RHEUMATIC FEVER PREVENTION PROGRAMME** BETWEEN 2012 AND 2017 WAS SUCCESSFUL, LIKELY RESULTING IN THE CORRESPONDING DROP IN FIRST RHD ADMISSIONS OF **66%**



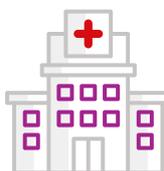
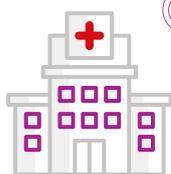
11% OF CHILDREN HOSPITALISED WITH THEIR FIRST PRIMARY DIAGNOSIS OF ARF HAD **A CONCURRENT DIAGNOSIS OF RHD**

OVER THE PAST FIVE YEARS, THERE HAVE BEEN AN AVERAGE OF...

188 HOSPITALISATIONS PER YEAR FOR ARF OR RHD



PASIFIKA CHILDREN ARE **115x** MORE LIKELY TO BE HOSPITALISED FOR ARF

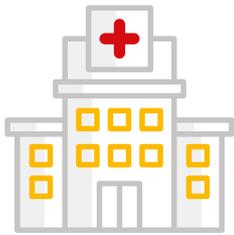
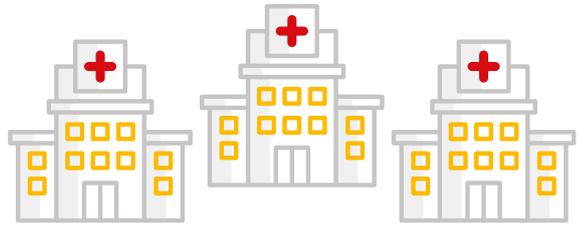


AND TAMARIKI MĀORI ARE **46x** MORE LIKELY

SKIN INFECTIONS

Mate kiri

HOSPITALISATION RATES FOR
SERIOUS SKIN INFECTIONS IS



HIGHEST
FOR CHILDREN AGED
2 YEARS
AND YOUNGER

THE RATE OF HOSPITALISATION FOR
PASIFIKA CHILDREN
WITH SERIOUS SKIN INFECTIONS IS

THREE TIMES

THAT OF CHILDREN OF EUROPEAN
OR OTHER ETHNIC GROUPS

AND FOR

TAMARIKI MĀORI,

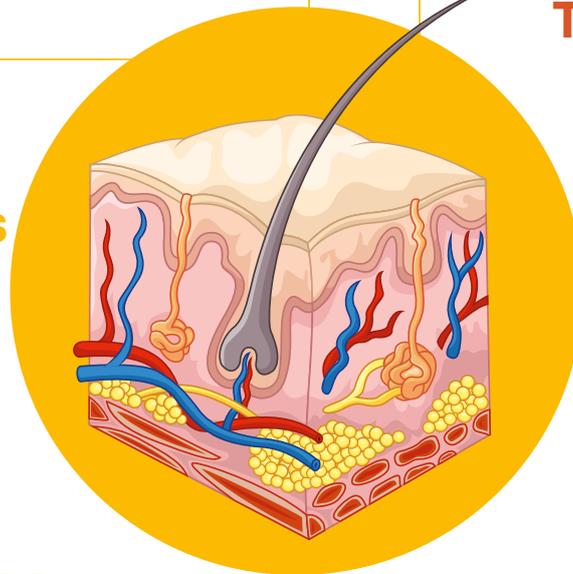
IT IS ALMOST

**TWICE
THE RATE**

55%

OF HOSPITALISATIONS
FOR SKIN INFECTIONS
WERE FOR CHILDREN
LIVING IN THE

**HIGHEST
LEVEL OF
SOCIAL
DEPRIVATION**



THE MOST COMMON CAUSES
OF HOSPITALISATIONS FOR
SERIOUS SKIN INFECTIONS

37%

CELLULITIS

34%

CUTANEOUS
ABSCESS, FURUNCLE
OR CARBUNCLE

HOSPITALISATION RATES
FOR SKIN INFECTIONS WERE
DECLINING IN ALL
AGE-GROUPS PRIOR TO
THE COVID-19 PANDEMIC

AND HAVE NOT RETURNED TO
PRE-PANDEMIC LEVELS

DENTAL DISEASE

Ngā take hauora niho

NEARLY
50%

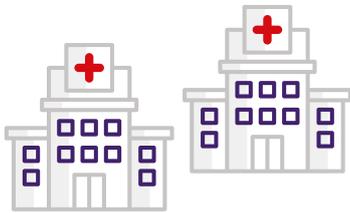
NEARLY HALF OF
5-YEAR-OLDS HAVE
**NOT BEEN SEEN
BY THE COHS**

**LOWER
PROPORTIONS**
OF MĀORI AND PASIFIKA
CHILDREN ARE EXAMINED
BY COHS ANNUALLY

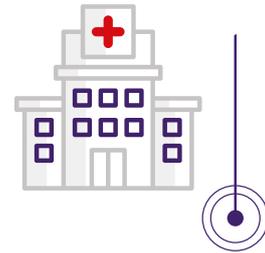
44%

**44% OF THOSE SEEN
HAVE TOOTH DECAY**

THE RATE OF
HOSPITALISATIONS
FOR TOOTH DECAY
IN CHILDREN AGED
5—9 YEARS
**HAS MORE
THAN
DOUBLED**
OVER THE PAST
TWO DECADES



TAMARIKI MĀORI HAVE
**HIGHER
LEVELS OF
TOOTH DECAY**
AND THE
**GREATEST
INCREASE**
IN RATES OF
HOSPITALISATION
FOR TOOTH DECAY



**YEAR 8 STUDENTS
WERE LESS LIKELY
TO HAVE TOOTH DECAY**

AND THIS HAS BEEN DECLINING
OVER THE LAST TWO DECADES



LEVELS OF TOOTH DECAY AS
WELL AS HOSPITALISATIONS
FOR TOOTH DECAY ARE ALSO
**HIGH FOR
PASIFIKA
CHILDREN**

MENTAL HEALTH CONCERNS

Ngā take hauora hinengaro

DISABLED CHILDREN WERE

10 TIMES MORE LIKELY

TO HAVE **EMOTIONAL AND/OR BEHAVIOURAL PROBLEMS** THAN WERE NON-DISABLED CHILDREN



NEARLY **ONE THIRD** REPORTED UNMET NEED

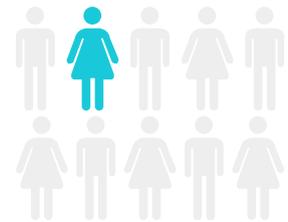


THERE IS **SIGNIFICANT UNMET AND INCREASING NEED** FOR MENTAL HEALTH ASSISTANCE



TWICE

AS MANY YOUNG PEOPLE REPORTED HIGH OR VERY HIGH LEVELS OF **PSYCHOLOGICAL DISTRESS** DURING THE COVID-19 PANDEMIC



1 IN 10 CHILDREN AGED 2–14 YEARS ARE LIKELY TO HAVE **EMOTIONAL AND/OR BEHAVIOURAL PROBLEMS**

RATES OF HOSPITALISATION FOR MENTAL AND BEHAVIOURAL DISORDERS HAVE INCREASED RAPIDLY FOR

GIRLS AND YOUNG WOMEN

SINCE 2011, AND YOUNG WOMEN ARE

1.7 TIMES MORE LIKELY TO BE HOSPITALISED



EUROPEAN/OTHER CHILDREN LIVING IN SOCIOECONOMICALLY DREPRIVED AREAS WERE SIGNIFICANTLY **MORE LIKELY** TO RECEIVE **MENTAL HEALTH SERVICES OR BE HOSPITALISED** THAN WERE MĀORI AND PASIFIKA CHILDREN LIVING IN SOCIOECONOMICALLY DEPRIVED AREAS