


2024

Yukon Health Status Report: Focus on Injuries



Yukon

Contents

Foreword

Injuries are a leading global cause of disability and death. In 2018, the direct and indirect cost of injuries in Canada was estimated at $29.4 billion. Since at least 2013, age-standardized injury hospitalization rates for Yukoners have been consistently higher than the Canadian average. Both the cost of injuries and their population-level health impact make it timely to focus on injuries in this Health Status Report. Knowing more about the leading types of injuries in the Yukon, at different ages and stages of life, can help to inform prevention approaches and guide planning for future health treatment needs in the territory.

This report provides details on the rates of different types of injuries in our population. It also includes summary information on reportable communicable diseases and selected immunization coverage indicators.

Here are some of the key findings about injuries in the Yukon:

- Falls are the leading cause of injury-related emergency department visits across all age groups and the leading cause of hospitalizations for most age groups. Among those aged 15 to 24, self-harm and suicide attempts are the leading cause of injury-related hospitalizations.
- As our population ages, we can expect the health-related burden of falls to increase over time.
- Among injury-related hospitalizations involving substances, alcohol was involved in 89 per cent of motor vehicle and transport-related injuries, 87 per cent of falls and 74 per cent of assault-related injuries. Motor vehicle and transport related injuries are the third most common cause of injuries requiring emergency department visits.
- Assault, or intentional interpersonal violence, is the fifth-leading cause of emergency department visits for people between 15 and 34, and the sixth-leading cause for people aged 35 to 64.
- For Yukoners aged 15 to 34, self-harm is among the top 10 causes of injury-related emergency department visits, and Yukon rates of hospitalization for self-harm are consistently higher than Canadian averages.

Each type of injury has a different set of causes. Preventing falls requires one set of interventions, while preventing motor vehicle injuries requires another.

I hope this report will be used to inform and support multisectoral approaches to prevention. Through stronger prevention efforts, we can reduce the burden of injuries, lower associated health-related costs in the Yukon and improve our health and quality of life.

Sincerely,

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Chief Medical Officer of Health

Acknowledgements

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We respectfully acknowledge that the land on which we developed this report is in the Traditional Territories of the Kwanlin Dün First Nation and the Ta'an Kwäch'än Council. This report covers information from all of Yukon which includes 14 distinct First Nations and we acknowledge their diverse histories and cultures.

Purpose

The main purpose of this report is to present epidemiological information from various data sources on the causes of injuries among Yukoners, in different demographic groups. The report focuses on the cause or mechanism of injury rather than on the types of harm a person experienced after an injury occurs.

The cause of an injury can be classified as accidental, intentional or undetermined. Accidental injuries result from events with no intent to cause harm. Intentional injuries occur when harm is inflicted deliberately, either by oneself or by another person. Undetermined injuries are cases in which the intent of the injury cannot be clearly established.

Understanding the causes of injuries that occur across the Yukon population can inform prevention efforts. The first step is to identify the leading causes of injury and determine which groups are at greater risk for specific types of injuries.

This health status report also includes summary information on immunizations and communicable diseases.

This report focuses on publicly funded immunizations among children aged zero to seven in the Yukon.

For communicable diseases, the report focuses on cases of reportable communicable diseases in 2024. The Yukon maintains a list of designated reportable communicable diseases[(1)].

The purpose of reporting communicable diseases to public health authorities is to support disease control efforts. Reporting helps identify trends in new cases (incidence), understand epidemiological patterns and risk factors, inform the development of intervention strategies and support the timely identification and management of outbreaks.

Demographics

Age and sex distribution of the population

As of December 2024, an estimated 47,262 people lived in the Yukon[(2)]. Approximately 80 per cent of the population lived in Whitehorse and the surrounding areas, five per cent lived in Dawson City and three per cent lived in Watson Lake. The remaining 12 per cent lived in other rural communities across the Yukon.

Population pyramids for the Yukon and Canada illustrate the age and sex distribution of the population and help visualize its overall composition. Understanding these distributions is important, as they influence the types of services and supports the population needs and may require in the future.

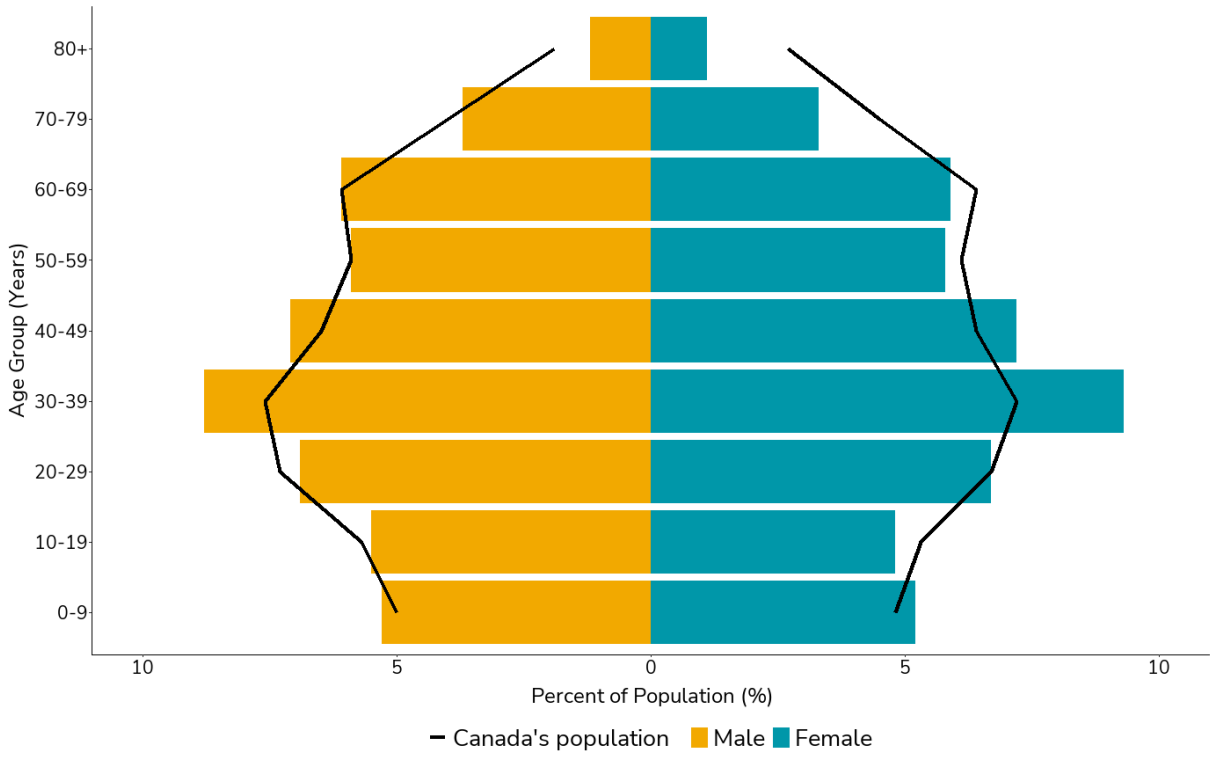

Figure 1. Population distribution by age group and sex, Yukon and Canada, 2024

Source: Yukon Bureau of Statistics, 2024; Statistics Canada, 2024

Injury causes and prevention in the Yukon

The main body of this report explores the various ways in which Yukoners sustain injuries. Injuries are a substantial contributor to harm in the territory, accounting for nearly 18 per cent of all visits to Yukon emergency departments from 2015 to 2024.

In public health, an injury is defined as any physical harm to the body, typically caused by an external force[3]. The cause of an injury refers to the event or action leading to the injury. These causes can include physical forces such as motor vehicle collisions and falls, as well as chemical and thermal forces such as fire and hot substances, among many others.

Extensive public health research has focused on identifying ways to reduce injuries at both the individual and population level. One widely used framework for analyzing causes of injury and designing prevention strategies is the Haddon Matrix[4]. This model shifts the focus from viewing injuries as random events to identifying systemic, environmental and engineering solutions that can reduce both the occurrence and severity of injuries.

Haddon's Matrix examines injuries across three dimensions:

- the person who is injured;
- the cause of the injury; and
- the physical and social context in which the injury occurs.

This matrix also considers the pre-event, event and post-event stages. This holistic approach encourages the development of a comprehensive, three-tiered strategy for injury prevention, which includes behavioral, environmental and policy-based solutions.

This way of thinking about the causes of injury has led to some familiar injury prevention strategies that are now part of everyday life, including:

- the use of seat belts and airbags in vehicles;
- wearing helmets while riding bicycles, snowmobiles, or all-terrain vehicles;
- installing smoke and carbon monoxide detectors in homes;
- designating a sober driver to prevent driving while intoxicated;
- conducting regular medication reviews to identify drugs that may increase the risk of falls; and
- installing barriers to protect children from falling down stairs.

Overview of the causes of injuries in the Yukon

For this report, causes of injury have been grouped into 15 categories. These categories bring together similar mechanisms of injury to help explain how injuries occur across the Yukon population. Methods and detailed descriptions of each injury cause category can be found in Appendices A and B.

In 2024, injuries accounted for nearly 18 per cent of all visits to Yukon emergency departments. This is higher than the Canadian average of approximately 13 per cent[(5)].

Emergency department visits

The graph below shows the age-standardized rate of injury-related visits to Yukon emergency departments by cause of injury.

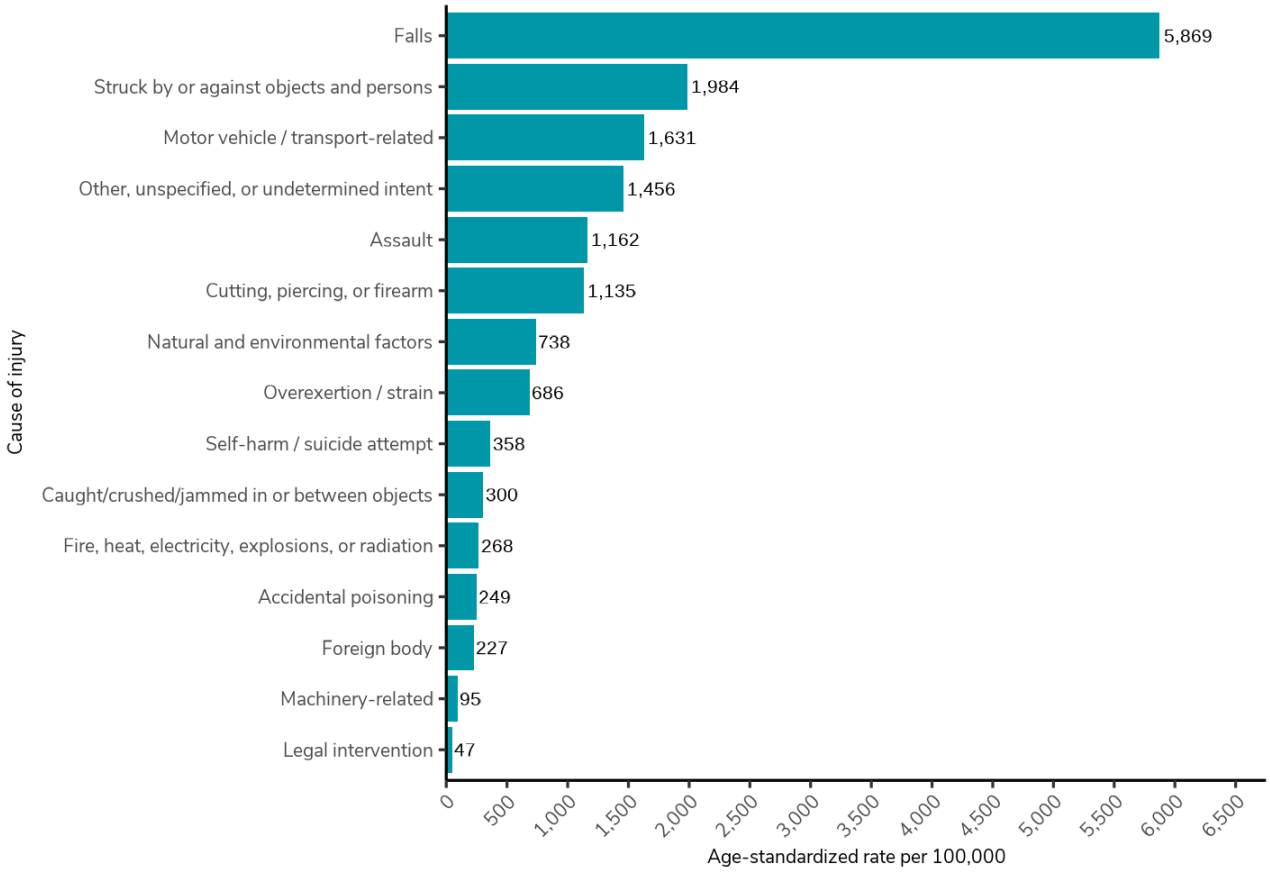

Figure 2. Causes of injuries resulting in Yukon emergency department visits, 2024

Figure 2 shows that the five leading causes of injuries resulting emergency department visits in the Yukon in 2024 were falls; being struck by or against objects and persons; motor vehicle and transport-related injuries; other, unspecified or undetermined causes and assaults. Over the last 10 years, excluding the other category, these four causes of injury accounted for 65 per cent of all injury-related visits to Yukon emergency departments and 11 per cent of all emergency department visits overall.

Falls were by far the leading cause of injury-related emergency department visits in the Yukon, with a rate of 5,869 per 100,000 population. On average, this corresponds to approximately seven emergency department visits per day due to falls. Falls are also the leading cause of injury-related deaths, hospitalizations, emergency department visits and disability across Canada.

Being struck by or against objects and persons was the second most common cause, accounting for about 2.6 emergency department visits per day or a rate of 1,984 per 100,000. This category includes injuries caused by accidental contact with objects or other people, such as being hit by falling items, bumping into furniture, or colliding with someone while playing sports. About 29 per cent of visits within this category were sports-related.

Motor vehicle and transport-related injuries were the third most common cause of injury, accounting for around two visits per day or a rate of 1,631 per 100,000. This category includes a wide range of incidents involving vehicles, such as injuries to drivers and passengers, pedestrians, cyclists and even those involving animal-drawn vehicles. It also includes events occurring on water, rail, or in the air, such as car and motorcycle crashes, bicycle collisions and injuries involving trains or boats.

Assaults were the fourth most common cause of injury after other, unspecified, or undetermined causes, with 1.6 visits per day or a rate of 1,162 per 100,000. Assaults include injuries resulting from intentional interpersonal violence, including bodily force, sharp or blunt objects, firearms and poisoning.

Emergency department visits capture a wide range of injuries, from minor to severe. Only some injuries require admission to hospital for further treatment, monitoring, or specialized care. As a result, injury hospitalizations represent a more serious subset of injury events in the Yukon and provide insight into injuries that may have a greater impact on health and health care resources.

Hospitalizations

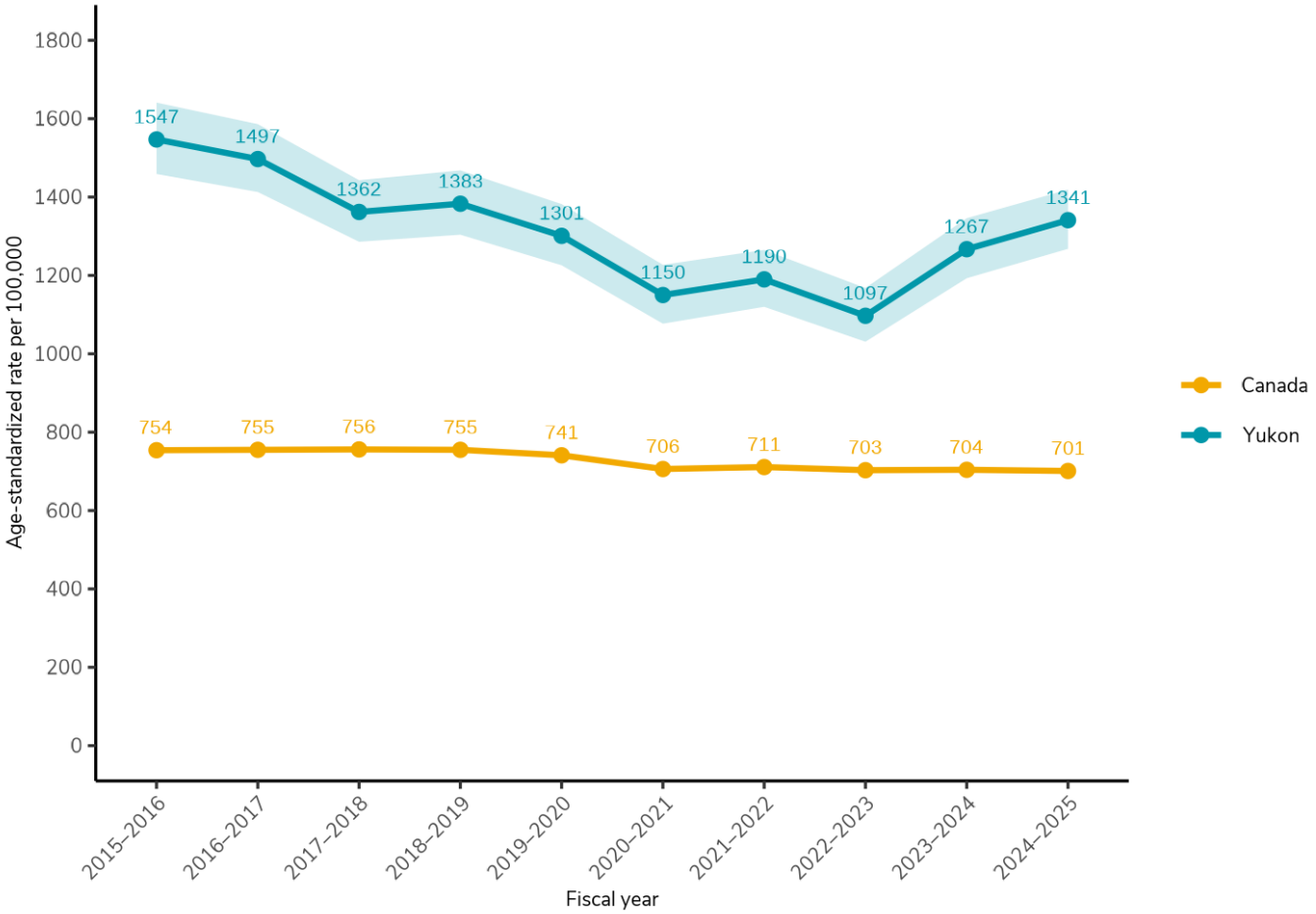

Figure 3. Age-standardized injury hospitalization rates, Canada and Yukon, 2015-2024

Notes: The shaded areas around each line show confidence intervals. Confidence intervals provide the range of uncertainty in the estimates, indicating where the true rate is likely to fall.

Figure 3 shows that age-standardized injury hospitalization rates in the Yukon have been consistently higher than the Canadian rate since 2015. Although the Yukon's rate declined after 2015, there has been a notable increase since 2022.

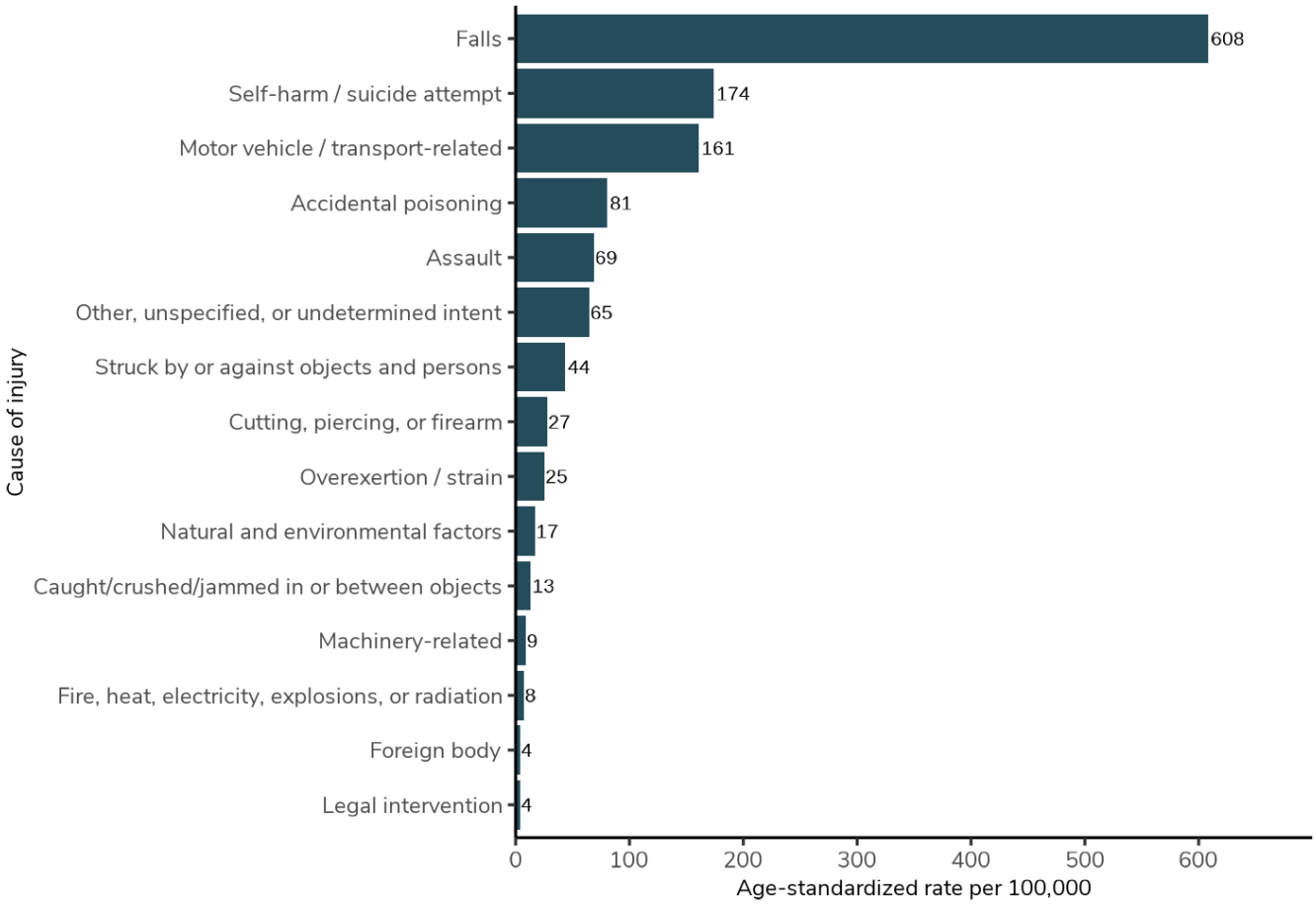

Figure 4. Causes of injuries resulting in Yukon hospitalizations, 2024

Figure 4 shows the top five causes of injury resulting in hospital admissions in 2024 were falls, self-harm/suicide attempts, motor vehicle/transport-related injuries, accidental poisoning and assault.

The Canadian Institute for Health Information (CIHI) states that in Canada, “falls and motor vehicle collisions remain the leading causes of injury-related hospitalizations and emergency department visits”[(5)]. The Yukon differs slightly, with falls as the leading cause and motor vehicle collisions as the third leading cause of both emergency department visits and hospitalizations.

Injury patterns by sex and age

This section examines the causes of injury-related visits, first by sex and then by age.

Sex

Sex in the context of this report, refers to the patient's recorded sex or gender at the time of registration or admission and is typically sourced from administrative records such as health cards. This variable may represent either sex or gender depending on whether official documentation has been updated to reflect gender identity different than sex at birth[(6)].

From 2015 to 2024, 55 per cent of injury-related emergency department visits involved males, while 45 per cent involved females.

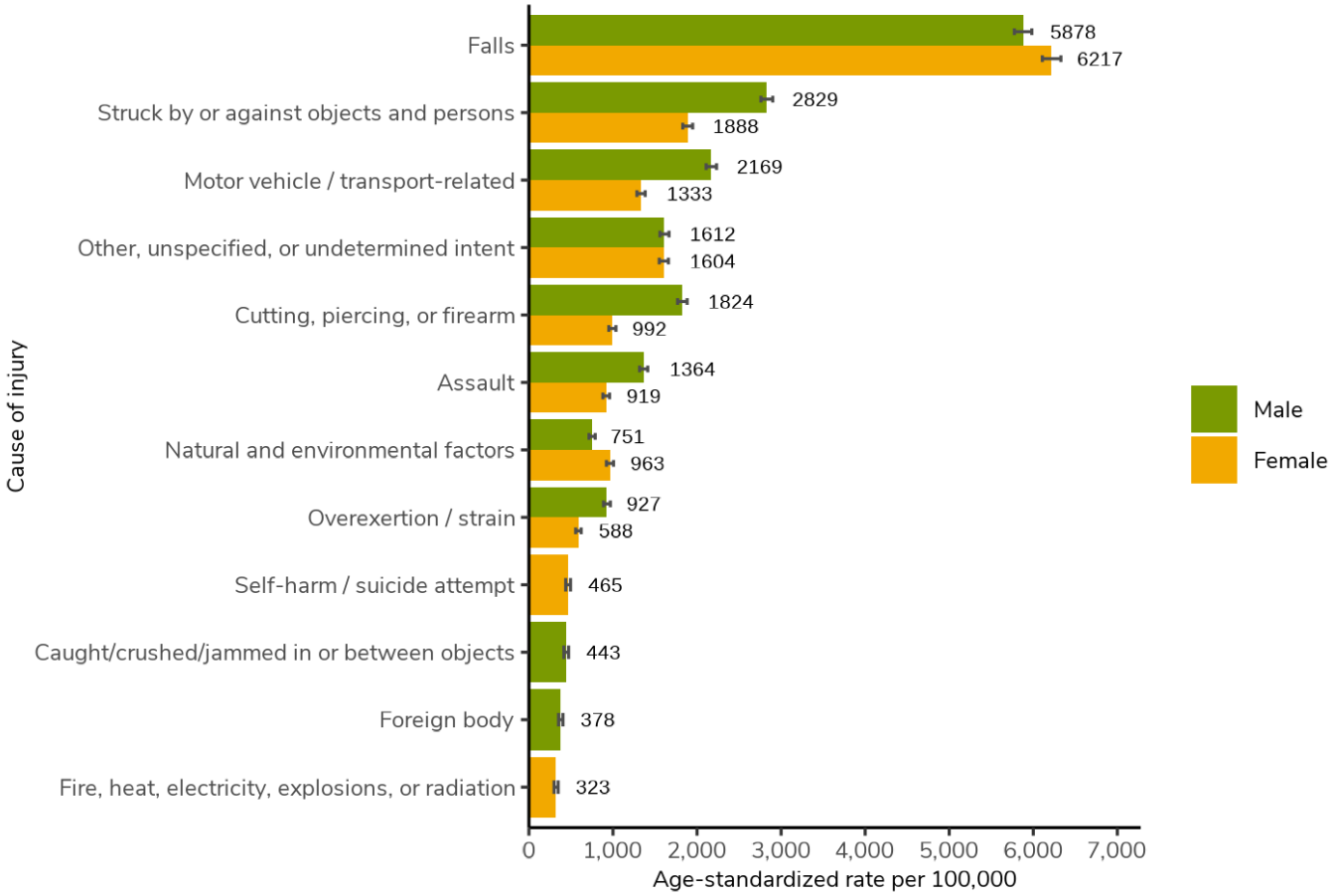

Figure 5. Top 10 overall causes of injury-related emergency department visits, 2015-2024

Figure 5 shows that the leading causes of injury-related emergency department visits were similar for both males and females. Both sexes shared the same top eight causes, with slight differences in ranking. For causes observed in only one sex, a single bar is shown.

The two causes that appeared only among females in the top 10 were self-harm/suicide attempt, ranked ninth, and fire, heat, electricity, explosions or radiation, ranked tenth.

The two causes that appeared only among males in the top 10 were being caught, crushed, jammed in or between objects, ranked ninth, and foreign body, ranked tenth. A foreign body refers to any object that enters the body from the outside and does not belong there. This includes objects that are inhaled, swallowed, inserted into an orifice such as the ear, nose, or mouth, or embedded in the skin.

For several injury causes, males had higher age-standardized injury rates than females. Over the past 10 years, the age-standardized rate of cutting, piercing, or firearm injuries among males was nearly twice that of females at 1.8 times higher. Males were also 1.6 times more likely to experience motor vehicle or transport-related injuries and 1.5 times more likely to be injured by being struck by or against objects or persons.

Age

The table below provides a visual overview of how the top ten causes of injuries are experienced across different age groups. The categories in this table are ranked by proportion rather than by rate, and each category is represented by a unique color.

Proportions are useful because they show the relative share of each cause within an age group. For example, among children aged zero to 9 years, falls accounted for the largest share at 44 per cent, while injuries caused by a foreign body made up the smallest, at less than two per cent of all injury-related emergency department visits for this age group.

The age groupings for this chart follow the age categorization method outlined by Yao et al.[7] which uses distinct age ranges to better reflect the health experiences of individuals at various life stages. Rather than using standard five- or ten-year age blocks, this approach uses mixed age ranges. This allows for a clearer analysis of injury trends by distinguishing childhood, adolescence, adulthood and older adulthood, each of which is associated with different patterns and risks of injury.

Table 1: Top 10 causes of injuries resulting in Yukon emergency department visits, by age group 2015-2024

	0–9 yrs	10–14 yrs	15–19 yrs	20–24 yrs	25–34 yrs	35–44 yrs	45–64 yrs	65–79 yrs	80+ yrs
1	Falls (44.4%)	Falls (39.2%)	Falls (27.8%)	Falls (22.0%)	Falls (23.1%)	Falls (26.1%)	Falls (35.5%)	Falls (51.5%)	Falls (73.1%)
2	Struck by or against objects and persons (18.1%)	Struck by or against objects and persons (23.8%)	Struck by or against objects and persons (17.7%)	Struck by or against objects and persons (13.6%)	Struck by or against objects and persons (13.9%)	Struck by or against objects and persons (12.8%)	Struck by or against objects and persons (10.1%)	Other, unspecified, or undetermined intent (9.1%)	Other, unspecified, or undetermined intent (6.7%)
3	Other, unspecified, or undetermined intent (8.9%)	Motor vehicle / transport-related (9.8%)	Motor vehicle / transport-related (11.1%)	Motor vehicle / transport-related (11.9%)	Motor vehicle / transport-related (11.5%)	Motor vehicle / transport-related (11.2%)	Motor vehicle / transport-related (9.9%)	Motor vehicle / transport-related (7.8%)	Motor vehicle / transport-related (5.2%)
4	Natural and environmental factors (7.8%)	Other, unspecified, or undetermined intent (7.5%)	Other, unspecified, or undetermined intent (9.0%)	Cutting, piercing, or firearm (10.4%)	Cutting, piercing, or firearm (10.4%)	Other, unspecified, or undetermined intent (9.9%)	Other, unspecified, or undetermined intent (9.3%)	Struck by or against objects and persons (7.6%)	Struck by or against objects and persons (4.3%)
5	Motor vehicle / transport-related (5.6%)	Cutting, piercing, or firearm (4.8%)	Assault (8.2%)	Assault (10.3%)	Assault (10.1%)	Cutting, piercing, or firearm (9.9%)	Cutting, piercing, or firearm (8.2%)	Cutting, piercing, or firearm (7.0%)	Natural and environmental factors (2.5%)
6	Cutting, piercing, or firearm (4.0%)	Natural and environmental factors (3.6%)	Cutting, piercing, or firearm (6.8%)	Other, unspecified, or undetermined intent (9.1%)	Other, unspecified, or undetermined intent (9.2%)	Assault (9.8%)	Assault (6.4%)	Natural and environmental factors (5.0%)	Overexertion / strain (2.1%)
7	Caught/crushed/ jammed in or between objects (3.3%)	Overexertion / strain (2.1%)	Self-harm / suicide attempt (4.6%)	Natural and environmental factors (4.9%)	Natural and environmental factors (5.2%)	Overexertion / strain (5.9%)	Overexertion / strain (5.6%)	Overexertion / strain (3.2%)	Cutting, piercing, or firearm (1.8%)
8	Fire, heat, electricity, explosions, or radiation (2.2%)	Caught/crushed/ jammed in or between objects (2.1%)	Natural and environmental factors (3.9%)	Overexertion / strain (4.9%)	Overexertion / strain (5.0%)	Natural and environmental factors (4.6%)	Natural and environmental factors (4.6%)	Assault (1.7%)	Caught/crushed/ jammed in or between objects (1.1%)
9	Accidental poisoning (1.9%)	Foreign body (1.7%)	Overexertion / strain (3.1%)	Self-harm / suicide attempt (3.4%)	Accidental poisoning (2.7%)	Caught/crushed/ jammed in or between objects (2.2%)	Fire, heat, electricity, explosions, or radiation (2.0%)	Caught/crushed/ jammed in or between objects (1.7%)	Accidental poisoning (1.0%)
10	Foreign body (1.7%)	Assault (1.6%)	Caught/crushed/ jammed in or between objects (2.2%)	Fire, heat, electricity, explosions, or radiation (2.3%)	Self-harm / suicide attempt (2.3%)	Fire, heat, electricity, explosions, or radiation (1.9%)	Caught/crushed/ jammed in or between objects (1.9%)	Fire, heat, electricity, explosions, or radiation (1.6%)	Fire, heat, electricity, explosions, or radiation (1.0%)

Table 1 shows that Falls were the leading cause of injury-related ED visits across all age groups from 2015 to 2024.

Being struck by or against an object was the second most common cause of injury-related emergency department visits up to age 65. This category includes injuries resulting from contact with falling or moving objects, collisions with equipment or surfaces, or contact with another person. Approximately 28 per cent of these visits were sports-related.

Motor vehicle-related injuries were generally the third most common cause across age groups, except among children aged zero to nine years.

Assault was the fifth most common cause of injury among individuals aged 15 to 34 years and the sixth most common among adults aged 35 to 64. Although it did not consistently rank among the leading causes in other age groups, assault-related injuries were observed across all age categories except among children aged zero to nine and adults aged 80 years and older.

Accidental poisoning appeared among the leading causes only for very young children, adults aged 25 to 34 years and adults aged 80 years and older. The substances involved and the events leading to exposure differed across these age ranges. Exposures included common medications like pain relief and fever reducing drugs, as well as substances like fentanyl and cocaine, and other chemicals or toxic substances.

Self-harm and suicide attempts resulting in emergency department visits appeared in the top 10 list only among Yukoners aged 15 to 34 years.

Beyond these shared leading causes, injury patterns differed across age group, reflecting differences in life stage, daily activities and risk exposure.

Taking a closer look

This section examines the data in greater detail to support interpretation, comparison and contextual understanding.

As noted in the introductory analysis, three causes of injury are common among the top five causes of both emergency department visits and hospital admissions. These are falls, motor vehicle/transport-related injuries and assault. The remaining causes differ. For emergency department visits, being struck by or against objects or persons is among the top five. For hospital admissions, self-harm or suicide attempts and accidental poisoning are among the top causes. This section explores each of these six areas.

Given the degree of harm associated with psychoactive substance use in the Yukon[8], a brief analysis is also included on injuries presenting to the emergency department where psychoactive substance use was also involved.

The age groupings used in this analysis differ slightly from those presented in Table 1, which used more detailed age categories to highlight patterns across the life course. This section uses broader age categories, specifically, 0 to 19, 20 to 39, 40 to 59 and 60+ years. These broader groupings support higher level comparison and interpretation. They also result in larger numbers within each group, which helps reduce data fluctuation.

Falls

From 2015 to 2024, fall-related injuries accounted for 33 per cent of injury-related emergency department visits in the Yukon and had the highest age-standardized injury rates for both emergency department visits and hospitalizations in the territory. The most common fall-related injuries resulting in hospitalization varied by age group. Children and adolescents aged zero to 19 years were most often hospitalized for fractures of the forearm and lower leg. Adults (20 to 59 years) were most commonly hospitalized for lower leg fractures. Seniors aged 60 years and older were primarily hospitalized for hip fractures.

There was no clear seasonal pattern in fall-related injuries between 2015 and 2024. Monthly proportions of falls as a cause of injury ranged from approximately seven to 10 per cent of all injury causes. March had the highest proportion at 10 per cent, while September had the lowest at seven per cent.

Falls are a common part of childhood as children develop new motor skills and explore their surroundings through activities such as walking, climbing, running and playing. Across Canada, while most childhood falls do not result in serious harm, they are the leading cause of injury-related hospital admissions among children aged zero to 14. Similarly, in the Yukon over

the past decade, falls were the most common cause of injury-related hospitalizations among children in this age group, accounting for about 45 per cent of such hospitalizations.

Falls are also the leading cause of injury-related emergency department visits and hospitalizations among older adults in Canada. Falls among older adults can have serious health and social consequences. They can result in disability, increased caregiver responsibilities, admission to long-term care, reduced quality of life and in some cases, death[9].

In the Yukon over the last 10 years, people aged 65 years and older accounted for 17 per cent of fall-related emergency department visits and approximately 45 per cent of fall-related hospital stays. By comparison, across Canada, about 28 per cent of fall-related emergency department visits and roughly 71 per cent of fall-related hospitalizations involved adults in this age group.

Direct comparisons of these proportions should be interpreted with caution. Proportions show the share of injuries within each population, not the actual risk of being injured, and they are affected by differences in the age makeup of each population. The Yukon has a smaller proportion of residents aged 65 years and older compared to Canada (15 per cent compared to 19 per cent for Canada). As a result, while they remain at higher risk of serious injuries from falls, older adults in the Yukon make up a smaller share of fall-related hospital stays than in Canada. This is likely a reflection of the territory's smaller population of older residents.

The population of Yukoners aged 65 years and older is projected to grow more rapidly than younger age groups in the coming years. Under the most likely scenario, the proportion of residents in this age group is expected to increase from 15 per cent in 2023 to 21 per cent by 2045, according to the Yukon Bureau of Statistics[2]. As this population grows, fall prevention will become increasingly important to reduce injury-related emergency department visits and to support healthy aging among older adults[10].

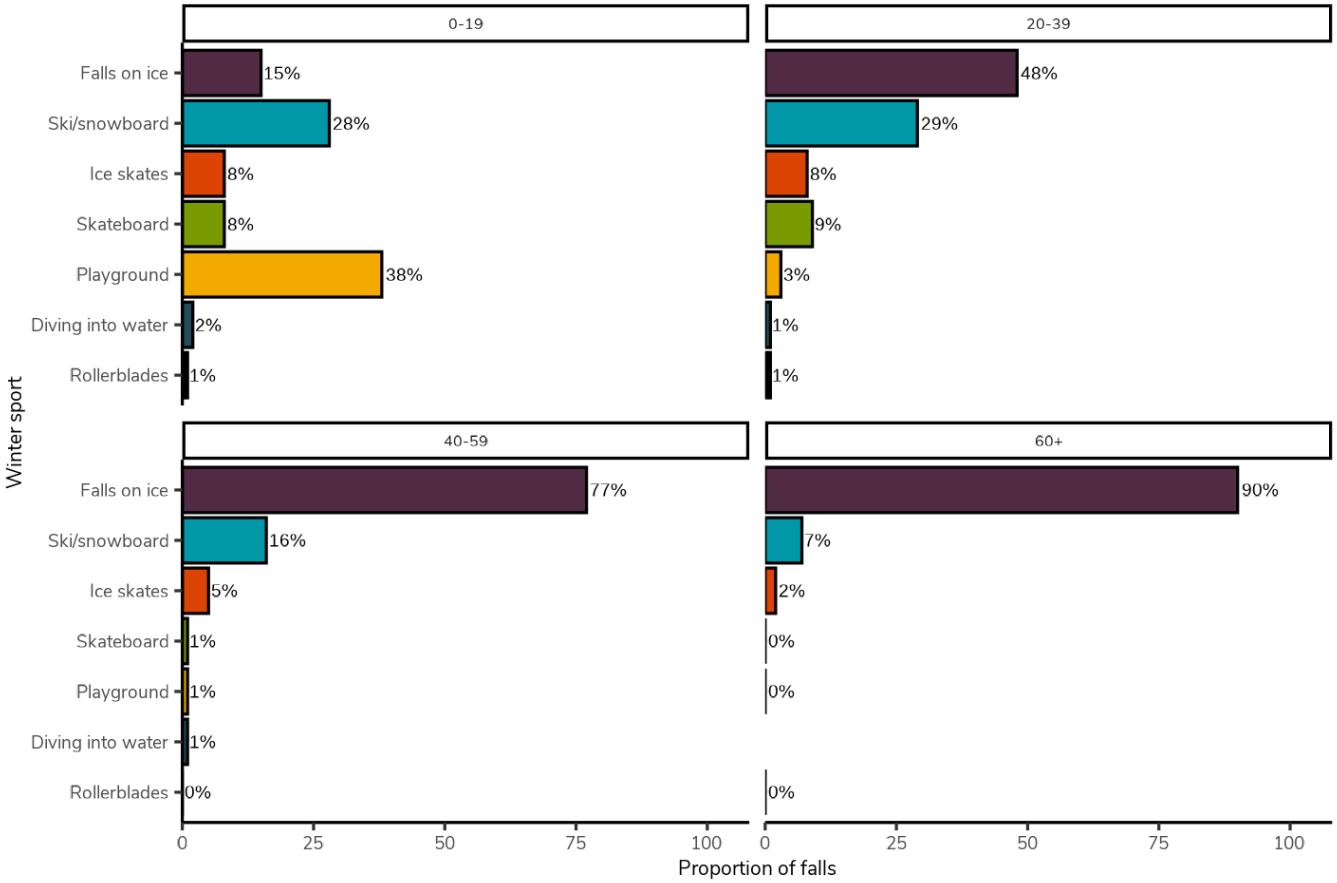

Figure 6. Falls related to winter and sports activities, by age group, 2015-2024

Looking at falls that occurred during winter and during sport-related activities, age-related trends emerge.

Figure 6 shows that among children and youth, fall-related injuries most often occurred on playgrounds, accounting for 38 per cent of cases. This was followed by skiing or snowboarding at 28 per cent and falls on ice at 15 per cent.

Among adults aged 20 to 39 years, falls on ice accounted for nearly half of injuries at 48 per cent, followed by skiing or snowboarding at 29 per cent. As age increased, falls on ice made up a larger share of injuries, representing 77 per cent of falls among adults aged 40 to 59 years and 90 per cent among adults aged 60 years and older.

Struck by or against objects and persons

Causes of injury in the struck by or against category are typically related to everyday contact, movement and recreation. These include sports, work-related activities and daily living or leisure activities. Over the last 10 years, injuries from being struck by or against objects or persons accounted for 14 per cent of injury-related emergency department visits, and in 2024, had the second highest age-standardized rate after falls.

Because sports and recreation account for a large share of injuries in this category, the analysis examines sports-related contexts in greater detail. The most recent data shows that nearly 90 per cent of residents engage in moderate or vigorous leisure time activity, and almost three quarters meet the recommended weekly guideline of 150 minutes or more of such activity. This is more than 15 per cent higher than the Canadian average[(11)]. Given this high level of participation, examining sports-related data provides a more comprehensive understanding of injury patterns.

Injuries from being struck by or against, and sports

Over the last 10 years, injuries from being struck by or against objects or persons accounted for approximately 14 per cent of injury-related emergency department visits and had the second highest age-standardized rate after falls in 2024.

From 2015 to 2024, approximately 28 per cent of these visits were associated with sports. Among these, hockey accounted for the largest share at 32 per cent, followed by injuries from being hit by a ball at 29 per cent. Nearly 60 per cent of “struck by or against objects or persons” injuries were coded as occurring in an other/unspecified location, which limits the ability to analyze injury location in a meaningful way.

Among children and youth aged zero to 19, the leading cause of injury occurred in playground settings. The next most common causes were cycling and skiing or snowboarding. Across the remaining age groups, aged 20 years and older, cycling was the leading cause of injury, followed by skiing or snowboarding.

Based on the available data, across all ages, sports-related brain injuries were most commonly associated with cycling at 17 per cent and skiing or snowboarding at 17 per cent. These were followed by hockey at 10 per cent, being hit by a ball at nine per cent and riding on an all-terrain vehicle at eight per cent.

Motor vehicles as a cause of injury

Motor vehicle and transport-related incidents include injuries to drivers, passengers, pedestrians, cyclists and riders of animal drawn vehicles. This category also includes incidents that occur on water, rail, or in the air, such as car crashes, motorcycle collisions, bicycle injuries and train or boat-related injuries. Between 2015 and 2024, about 10 per cent of injury-related emergency department visits fell within this category. Injuries to drivers and passengers of motor vehicles accounted for approximately 53 per cent of these cases.

Over the past 10 years, cyclists represented about 27 per cent of motor vehicle and transport-related injuries. Most cyclists who visited the emergency department (88 per cent) fell or were thrown from a bicycle without a preceding collision, while about three per cent involved collisions with motor vehicles.

Nearly four per cent of motor vehicle and transport-related incidents involved pedestrians who were injured in collisions with motor vehicles.

Figure 7 compares motor vehicle injury and fatality rates in the Yukon and Canada in 2023, using data from Transport Canada's National Collision Database. This dataset includes drivers and passengers of motor vehicles, pedestrians, bicyclists, motorcyclists and others. Transport Canada reports that, compared to 2003, fatalities have decreased by 28 per cent, serious injuries have decreased by 41 per cent and total injuries are down 42 per cent.

Despite these overall improvements, the Yukon continues to experience higher rates of injury and death from motor vehicle collisions than the Canadian average. These rates could not be compared for statistical significance due to data limitations. However, the sizeable difference in age-adjusted injury rates between Canada and the Yukon is likely meaningful.

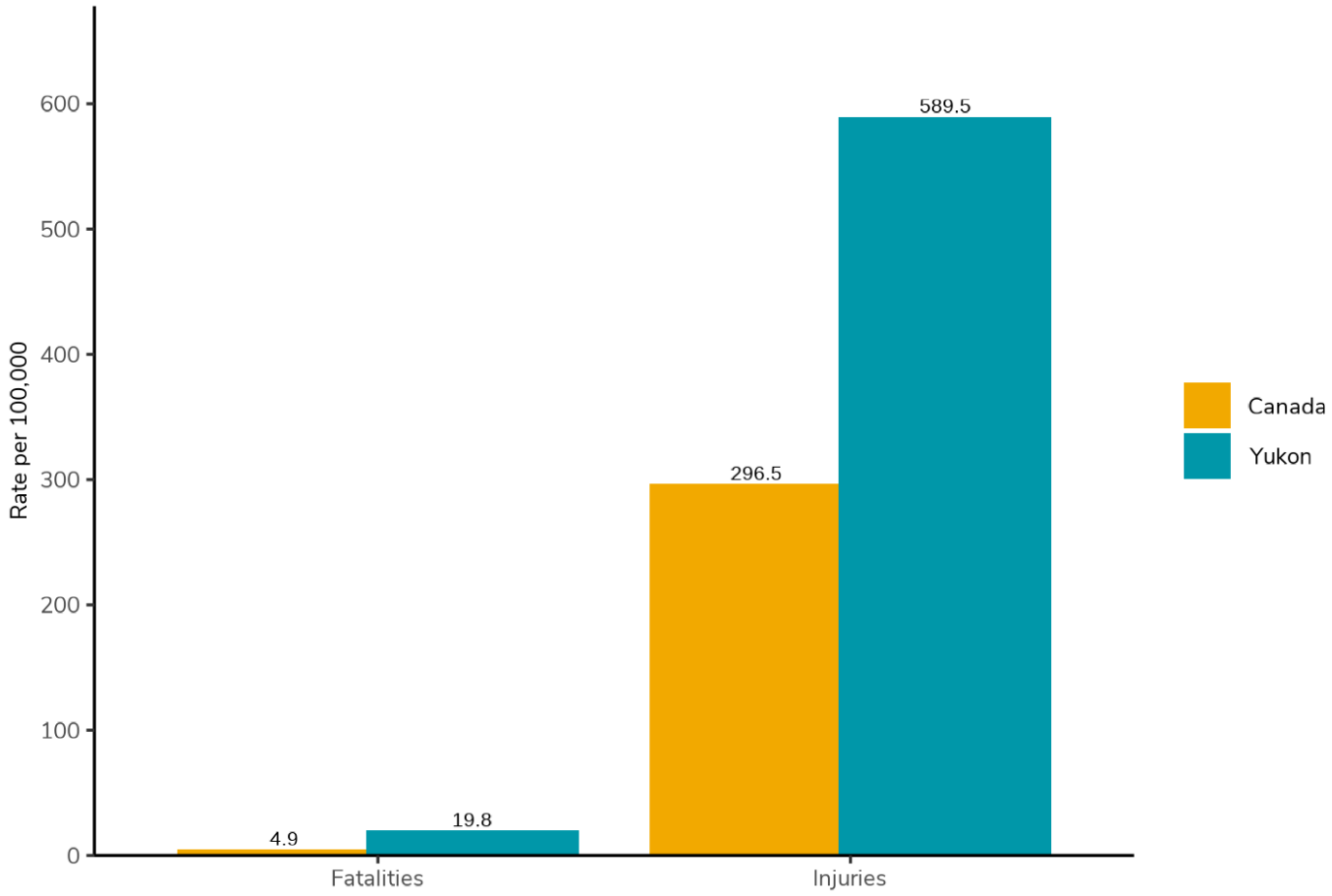

Figure 7. Motor vehicle collision injury and fatality rates: Yukon and Canada, 2023

Motor vehicle and transport injuries in the Yukon did not show a clear seasonal pattern over the last ten years. Monthly proportions of all injury causes ranged from seven per cent in November to 10 per cent in June.

Assault

Assault was the fourth most common cause of injury in the Yukon, with an age-standardized rate of 1,164 per 100,000 for emergency department visits and 79 per 100,000 for hospital admissions. Assault is considered an intentional injury, meaning the harm is deliberately caused by another person rather than happening by accident.

In the Yukon, males accounted for about 60 per cent of emergency department visits related to assault, while females accounted for approximately 40 per cent.

The most common type of assault-related injury was categorized as bodily force. This refers to incidents in which a person is intentionally harmed by another through physical strength. Assault by bodily force represented 68 per cent of assault-related injuries between 2015 and 2024.

Accidental poisoning

This report captures only accidental poisonings. Some hospital visits or admissions may be recorded as poisonings without specifying that they were accidental, which can occur when intent is unclear or not documented. As a result, the data likely underestimate the true number of poisoning-related injuries. For a more detailed analysis of poisonings and other substance-related harms, please refer to Health and Social Services' substance use surveillance report [8].

Of all accidental poisoning-related emergency department visits, the largest proportion were among individuals aged 20 to 39 years, accounting for 45 per cent. The most commonly identified substances in these emergency department visits were narcotics and hallucinogens at 29 per cent. This category includes substances such as opioids, cocaine and heroin.

Beyond accidental poisonings, substance use may also contribute to injuries that are not classified as poisonings. To better understand the broader role of substance use in injuries, the next section examines injury-related emergency department visits and hospitalizations where psychoactive substances or other substance-related diagnoses were identified. Substance types considered include alcohol, opioids, cannabinoids, sedatives/central nervous system depressants, stimulants, hallucinogens and volatile solvents.

Injuries involving substances

Overall, about five per cent of injury-related emergency department visits involved substances. In contrast, 21 per cent (1 in every 5) of injury-related hospitalizations involved substances.

Figure 4 earlier in this report showed that from 2015 to 2024 the three leading causes of injury-related hospitalizations were falls, self-harm and suicide attempts, and motor vehicle-related injuries. Within these categories, eight per cent of falls involved substances, 75 per cent of self-harm and suicide attempts involved substances, and six per cent of motor vehicle-related injuries involved substances.

Among injury-related hospital stays involving substances, approximately 73 per cent involved one substance and 27 per cent involved two or more substances. Alcohol was identified in 42 per cent of injury visits, followed by sedatives or central nervous system depressants at 28 per cent, then opioids at 15 per cent. These categories are not mutually exclusive, as a single hospital stay could involve more than one substance.

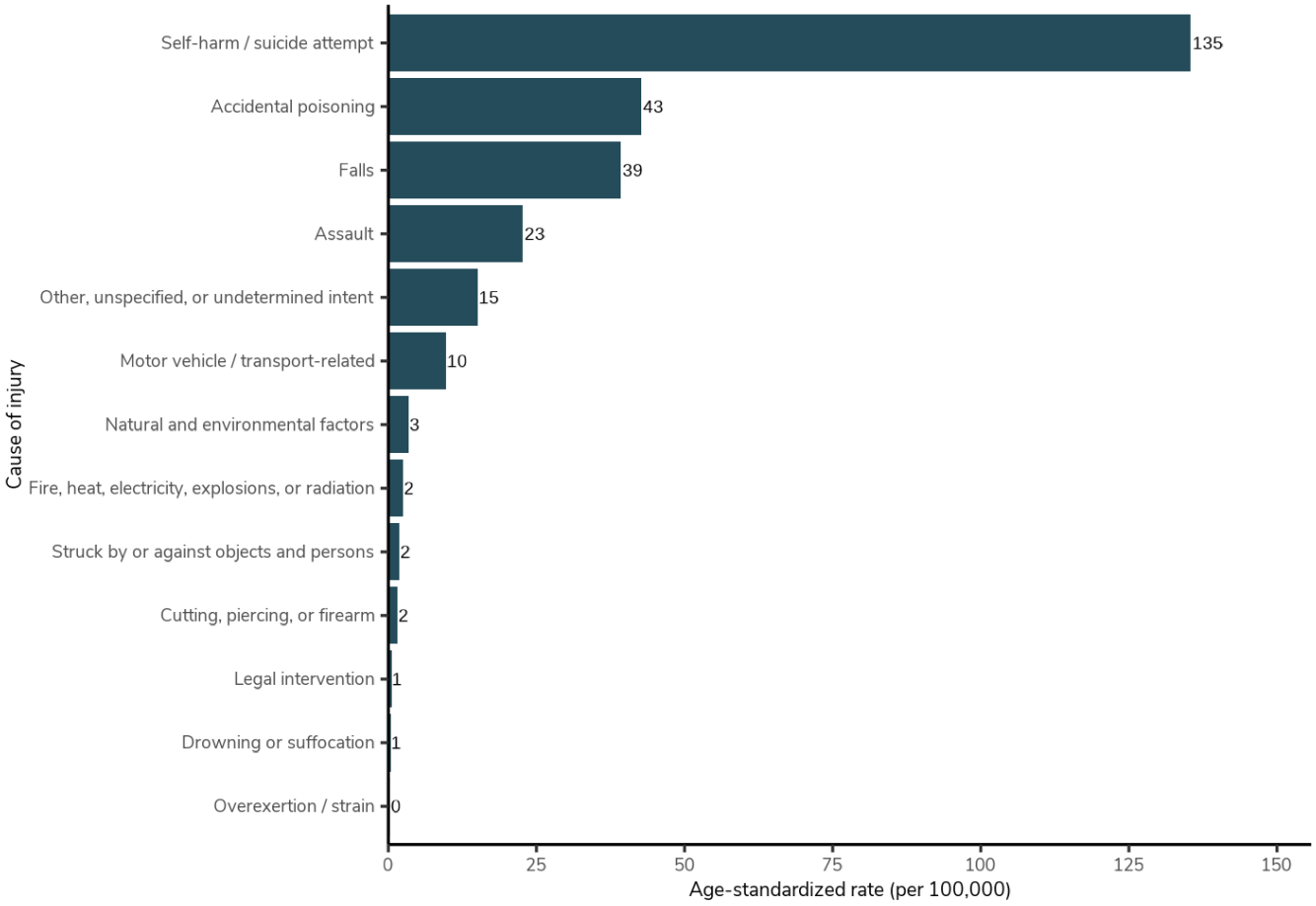

Figure 8. Age-standardized rates of hospitalizations for injuries involving substances, 2015–2024

The age-standardized rates in Figure 8 show that self-harm or suicide attempts, accidental poisoning and falls were the three leading types of injury resulting in hospitalizations involving substances in the Yukon from 2015 to 2024. This indicates that substances were involved in both intentional injuries, such as self-harm, and unintentional injuries, such as accidental poisoning and falls. The next section examines the types of substances involved in these injury causes.

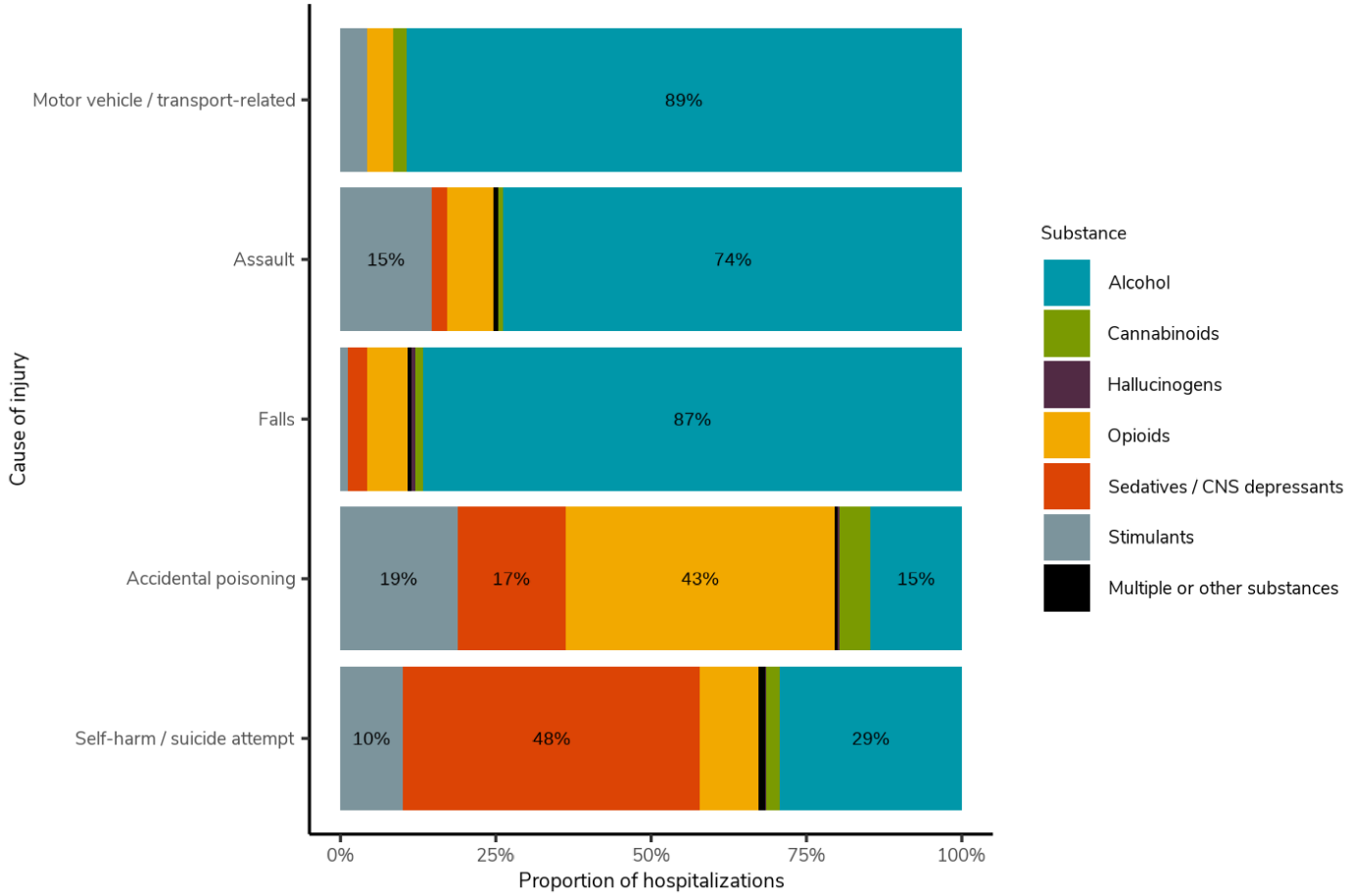

Figure 9. Proportion of substances for injury hospitalizations involving substances, 2015-2024[1]

Figure 9 shows the substances involved in injury-related hospitalizations where substance use was identified. Each bar represents an injury category, and the colors indicate the proportion of hospitalizations in which each substance was recorded.

Among injury-related hospitalizations involving substances, alcohol was involved in 89 per cent of motor vehicle and transport-related injuries, 87 per cent of falls and 74 per cent of assault-related injuries. Sedatives or other central nervous system depressants were involved in 48 per cent of self-harm or suicide attempts. Opioids were identified in 43 per cent of accidental poisonings.

Note: causes of injury with fewer than 30 substance-involved hospitalizations over the 10 year period were excluded from the figure to improve readability.

[1] Only proportions of 10 per cent or more are labelled in Figure 9.

Content notice

The following section contains information about self-harm and suicide attempts. Some readers may find this content distressing.

If you or someone you know needs support, help is available. In the Yukon, you can contact the Mental Wellness and Substance Use Services line at 1-866-456-3838 or visit substanceuseservices.ca for more information.

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Self-harm / suicide attempt

Self-harm and suicide attempts are classified as intentional injuries, meaning they are deliberately caused by the individual. Although they are often grouped together for data collection, they represent different experiences and may require different interventions. The key distinction is the purpose. Self-harm is defined as causing harm to oneself without the intention to die, whereas a suicide attempt involves an intention to end one's life.

Research indicates that females are more likely to be injured through self-harm or suicide attempts, while males are more likely to die from suicide. This is known as the gender paradox[12]. A limitation of this section is that vital statistics data on deaths in the Yukon only recently became available and could not be included in this analysis.

When examining overall causes of injury-related emergency department visits in the Yukon by sex, self-harm and suicide attempt ranked ninth among females, with an age-standardized rate of 230 visits per 100,000 over the last 10 years (Figure 4). This cause of injury did not appear among the top ten causes of injury for males.

National data show that the age-standardized rate of hospitalization for self-harm is higher among females than males, at 86.2 per 100,000 compared to 44.6 per 100,000 people.

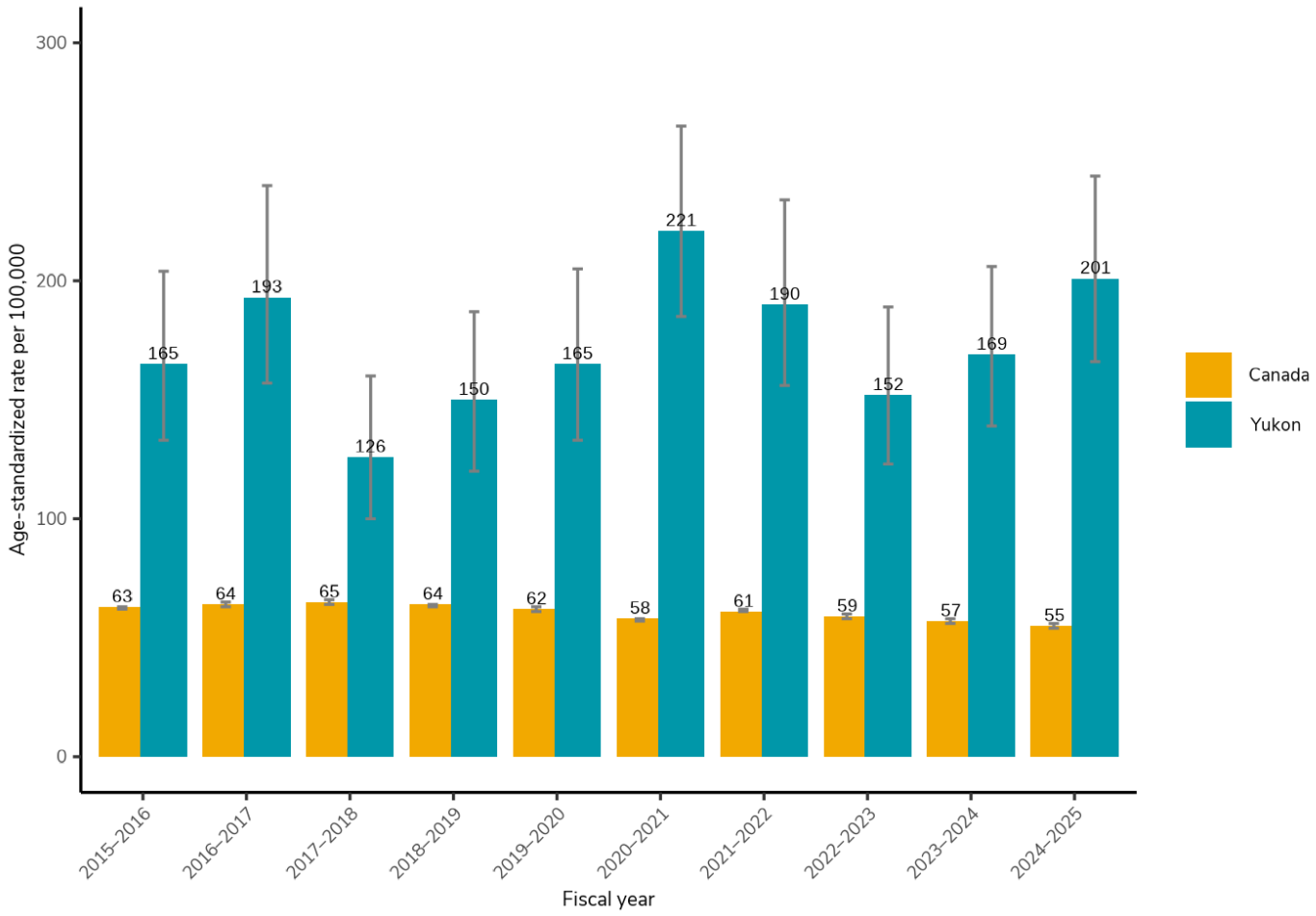

Figure 10. Suicidal and non-suicidal self-harm hospitalization rates: Yukon and Canada, 2015-2024

Figure 10 shows the Yukon had high rates of hospitalization for suicidal and non-suicidal self-harm. In 2024 to 2025, Canada had a rate of 55 hospitalizations per 100,000 while the Yukon had a rate of 201 hospitalizations per 100,000, which is more than three and half times higher. The Canadian Institute for Health Information notes that these rates likely represent minimum estimates, as they do not include data where the physician could not determine intent or assumed the harm was accidental[(13)].

In 2024, intentional self-harm resulting in suicide was the eighth leading cause of death among males and the fifteenth among females in Canada[(14)]. Although males make up roughly half of the Canadian population, they account for nearly 75 per cent of suicide deaths and have a suicide rate almost three times higher than that of females[(15)].

Emergency department data show that self-harm and suicide attempts are among the leading causes of injury for three age groups: 15 to 19 years at almost five per cent, 20 to 24 years at about three per cent and 25 to 34 years at around two per cent.

National mortality data indicate that suicide is a leading cause of death for people aged 15 to 34 years and remains among the top 10 causes for those aged 35 to 69 years[14]. This underscores the severity of these outcomes.

Immunizations

Vaccines are a key public health tool for preventing infectious diseases and are important at all ages. Childhood vaccinations are considered one of the greatest public health achievements and have reduced the individual and population level harms from infectious diseases such as smallpox, polio and measles. These and other newer vaccines remain important ways of keeping people healthy throughout their lives, and coverage estimates are important for determining the average level of protection against vaccine preventable or vaccine mitigatable disease in the population.

This report focuses on publicly funded immunizations among Yukon children between the ages of zero and seven years. The aspirational goal of the Yukon Immunization Program is to achieve 95 per cent vaccination coverage for routine childhood immunizations, consistent with national vaccine coverage goals.

The data in Figure 11 refers to the following vaccines in Table 2:

Table 2: Vaccine names and corresponding labels

Vaccine	Label
Diphtheria, Tetanus, and Pertussis Vaccine	DTaP or Tdap
Hepatitis B	HepB
Haemophilus Influenzae Type B	Hib
Inactivated Polio Virus	IPV
Meningococcal conjugate type C	MenCC
Measles, Mumps and Rubella	MMR
Pneumococcal Conjugate	Pneumo
Varicella (Chicken Pox)	Varicella

Focusing on the Measles, Mumps and Rubella vaccine, 86 per cent of the Yukon population aged two to six years and 79 per cent of those aged seven to 11 years have received the recommended number of doses.

The immunization data represents estimated coverage at a specific point in time and does not necessarily capture in-migration and out-migration of the Yukon population. For more details on data limitations, refer to Appendix C. Appendices D and E provides more detailed information on the recommended doses for each vaccine. It is important to note that while these definitions are used for

the purposes of population coverage estimates, a health care provider should be consulted for further questions about recommended vaccines for specific individuals.

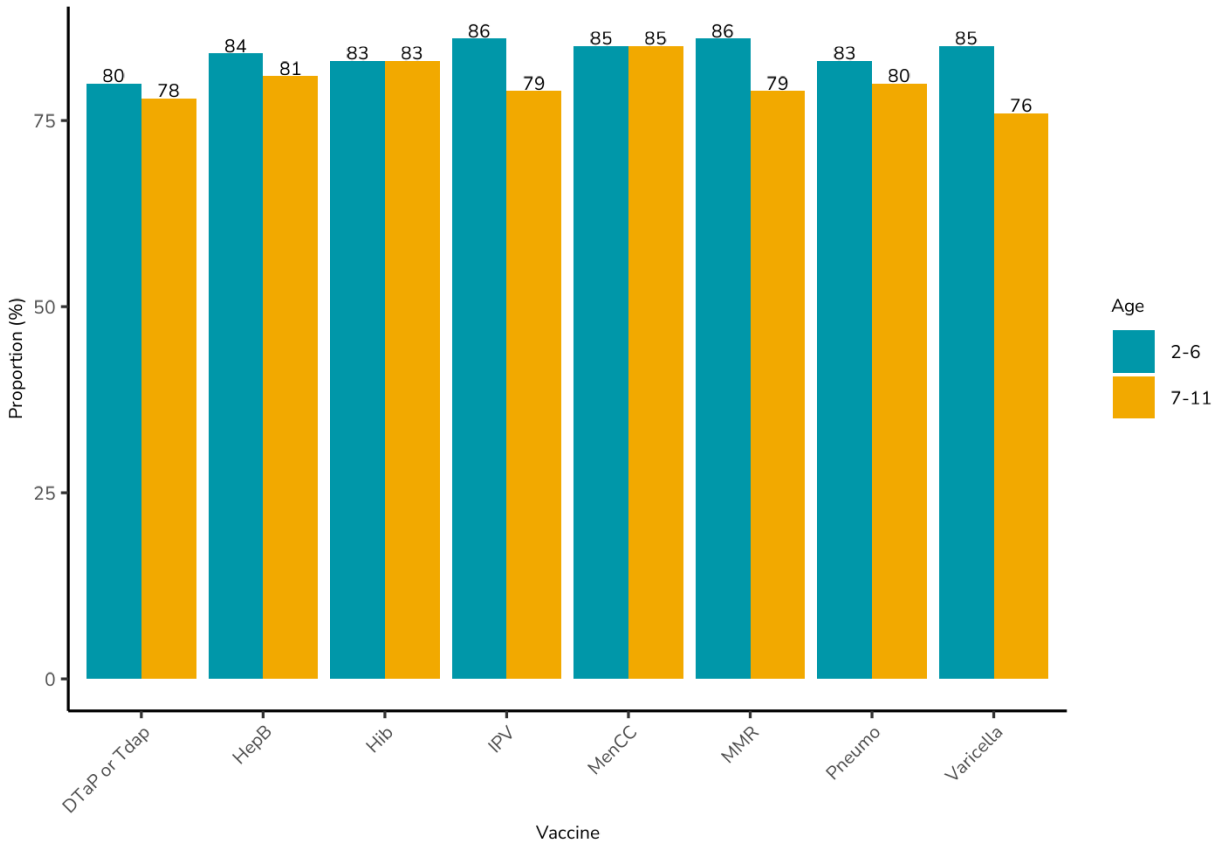

Figure 11: Estimated proportion of Yukoners that have recommended doses of specified childhood vaccines by milestone age group, as of December 31, 2024

Source: Internal program data, 2025

Communicable and infectious diseases

Communicable diseases are infections that can spread between people and include a variety of bacteria, viruses, fungi and other organisms. When an infectious disease reaches a threshold of public health significance, and has adequate diagnostic criteria, it is designated as reportable to public health in the Yukon[1].

Reportable diseases are monitored to help prevent and reduce their transmission within the population. This is achieved through surveillance, early detection, timely investigation, appropriate case and contact management, and the promotion of evidence-based prevention measures.

Table 3 presents 2024 case counts for select reportable enteric, food and waterborne diseases; sexually transmitted and blood-borne infections (STBBIs); respiratory illnesses; and invasive bacterial diseases. In 2024, the most commonly reported disease in the territory was chlamydia with 244 cases, followed by COVID-19 with 227 and gonorrhea with 128 cases.

Table 3. Annual case counts of communicable diseases, 2024, Yukon.

Disease	Count (n)
Enteric, Food and Waterborne Diseases	
Campylobacteriosis	<5
Cryptosporidiosis	0
Giardiasis	8
Hepatitis A	0
Salmonellosis	11
Verotoxigenic E. coli	<5
Shigellosis	0
Yersiniosis	12
Sexually Transmitted and Blood-Borne Infections	
Chlamydia	244
Gonorrhea	128
Hepatitis B	7
Hepatitis C	17
Human immunodeficiency virus (HIV)	<5
Syphilis	45
Respiratory Illnesses	
Influenza	99
COVID-19	227
Measles	0
Mumps	0
Pertussis	11

Respiratory syncytial virus (RSV)	23
Tuberculosis	5
Select Invasive Bacterial Diseases	
Invasive group A Streptococcus	9
Invasive Meningococcal Disease	0
Invasive Pneumococcal Disease	7

Data notes: Chlamydia and gonorrhea case counts include genital and extra-genital infections. Syphilis case counts include all stages (infectious, non-infectious and unspecified). Hepatitis B and hepatitis C case counts include chronic, active and unspecified infections. For influenza, COVID-19 and RSV, case counts are reported by calendar year rather than by respiratory virus season.

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Appendix A: Injury methodology and interpretation notes

The data used in this analysis were primarily drawn from the Yukon Hospital Corporation's emergency departments and cover the 10-year period from 2015 to 2024. Additional analyses use data from the Canadian Institute of Health Information and Transport Canada.

This report does not include information on mortality rates by cause of injury, long-term health outcomes, or exploration of workplace injuries.

The analysis used ICD-10-CA codes from the Canadian Institute for Health Information (CIHI), as outlined in Injury and Trauma: Emergency Department and Hospitalization Statistics, Table 10[(5)]. To further categorize motor vehicle injuries, classifications from the Association of Public Health Epidemiologists in Ontario (APHEO) were applied[(16)].

Many graphs in this report use age-standardized rates. Age-standardized rates adjust for differences in the age structure of populations to allow for comparisons. This is done by applying age-specific rates from one population to a standard population age distribution. In this report, Yukon rates were adjusted using the Canadian population as the standard. Using age-standardized rates allows for better comparisons between jurisdictions by showing whether rates are higher or lower after accounting for age differences.

For substance-related injuries, this report follows CIHI coding standards for drug poisoning and substance use. Chronic or long-term health conditions related to substance use, such as alcohol-related gastritis, were not included. Substances in this report were identified using the following ICD-10-CA code groupings:

- Blood alcohol and drug level findings: R78.0 to R78.5
- Poisoning and toxic effects (accidental, intentional self-harm, and undetermined intent): X41, X42, X45, X61, X62, X65, Y11, Y12, Y15
- Toxic effects of substances: T51 (alcohol), T40.0 to T40.7 (opioids and related narcotics), T43.6 and T43.8 to T43.9 (psychotropic drugs)
- Mental and behavioural disorders due to substance use (excluding withdrawal and unspecified categories): F10 to F16 and F18 to F19, excluding F17 and F1.7 categories

Data limitations

A large proportion of injury causes were classified as other, unspecified, or undetermined intent (W41 to W43, W49, X58 to X59, Y10 to Y34, Y36). Some injury categories also

contained substantial “other” subgroups, such as assault location coded as “other or unspecified place of occurrence” (U98.8, U98.9). These classifications are typically used when available documentation does not provide enough detail to assign a more specific code. Large “other” categories make it harder to identify specific patterns, locations, or risk factors and may limit the ability to inform targeted prevention strategies.

Appendix B: Causes of injury terms

Accidental poisoning: Injuries resulting from unintentional ingestion, inhalation, or exposure to harmful substances. This includes accidental poisoning from medications, household chemicals, pesticides, or other toxic substances, as well as unregulated drugs such as cocaine or opioids (ICD-10: X40 to X49).

Assault: Injuries resulting from intentional interpersonal violence, including bodily force, sharp or blunt objects, firearms and poisonings (ICD-10-CA codes X85 to X99, Y00 to Y05, Y07.0 to Y09).

Caught, crushed, jammed in or between objects: Injuries resulting from being caught, trapped, or struck by machinery, equipment, or other objects (ICD-10 W23).

Cutting, piercing, or firearm injury: Injuries caused by sharp objects such as knives or scissors, other cutting or piercing instruments, or firearms (ICD-10 W25 to W29, W32 to W34, W46, W60).

Falls: Injuries resulting from unintentional falls, including falls from buildings or structures, ladders or scaffolding, stairs and other levels. Also includes slipping, tripping, stumbling and other or unspecified types of falls (ICD-10 W00 to W01, W06 to W17, W18 to W19, W0200 to W0509, W0909).

Fire, heat, electricity, explosions, or radiation: Injuries resulting from exposure to flames or hot substances, contact with electrical sources, accidental explosions, or harmful radiation (ICD-10 W35 to W40, W85 to W87, W88 to W91, X00 to X06, X08 to X09, X10 to X19, X32).

Foreign body: Injuries caused by small objects or particles entering the body, such as splinters, metal or glass fragments in the skin, or objects in the eyes or ear canals, excluding choking (ICD-10 W44, W45.09).

Legal intervention: Injuries sustained during the enforcement of the law, such as from the use of force by police or other authorities during arrests, crowd control, or other official duties (ICD-10 Y35).

Machinery-related: Injuries caused by agricultural machinery, guns and rifles, and contact with devices such chain hoists, drive belt, pulleys and ropes, winches, wires (ICD-10 W24, W30 to W31).

Motor vehicle / transport-related: Injuries sustained by drivers, passengers, pedestrians, cyclists and riders of animal-drawn vehicles. This category also includes vehicle or transport-

related incidents on water, railways, or in the air, such as car crashes, motorcycle collisions, bicycle accidents, train or boat injuries (ICD-10: V01 to V06, V09, V10 to V19, V20.0 to V20.5, V20.9, V21.0 to V21.5, V21.9, V22.0 to V22.5, V22.9, V23.0 to V23.5, V23.9, V24.0 to V24.5, V24.9, V25.0 to V25.5, V25.9, V26.0 to V26.5, V26.9, V27.0 to V27.5, V27.9, V28.0 to V28.5, V28.9, V29.0 to V29.6, V29.8 to V29.9, V30.0 to V39.9, V40.0 to V49.9, V50.0 to V59.9, V60.0 to V69.9, V70.0 to V79.9, V80.0 to V80.9, V81 to V82, V83.0 to V83.9, V84.2 to V84.9, V85.0 to V85.9, V86.0 to V86.98, V87 to V97, V98 to V99).

Natural and environmental factors: Injuries resulting from contact with animals or plants, exposure to extreme temperatures, weather events, or other accidental hazards from the surrounding environment (ICD-10: W53 to W59, W64, W92 to W94, W99, X30 to X31, X33 to X39, X52).

Other, unspecified or undetermined intent: Injuries resulting from accidents or exposures where the exact cause is unknown, unclear, or not classified elsewhere. In ICD-10, many of these cases are recorded as “unspecified” (ICD-10: W41 to W43, W49, X58 to X59, Y36). This category also includes injuries where the intent cannot be determined, meaning it is not clear whether the harm was accidental, self-inflicted, or caused by another person. Examples include poisoning, falls, or other injuries where the circumstances are unclear, such as when a person is found with a serious injury and there are no witnesses or documentation does not indicate whether the injury was intentional or accidental.

Overexertion / strain: Injuries resulting from excessive physical effort or repetitive movements, such as lifting, pushing, or carrying heavy objects (ICD-10: X50).

Self-harm / suicide attempt: Injuries resulting from intentional actions taken to cause harm to oneself, including suicide attempts and self-inflicted poisonings (ICD-10: X60 to X84)

Struck by or against objects and persons: Injuries caused by accidental contact with objects or other people, such as being hit by falling items, bumping into furniture, or colliding with someone while playing sports (ICD-10: W20 to W22, W50 to W52).

Appendix C: Methodology

Immunization and communicable disease data for this report was retrieved from Yukon's immunization and reportable disease registry, Panorama.

Publicly funded childhood immunizations offered in the Yukon are outlined in the Yukon Immunization Manual (Appendix B).

Population estimates for this report were collected from the Yukon Bureau of Statistics. End of year (December) population estimates were used to calculate immunization coverage. Immunization proportions were calculated by dividing the number of Yukon children in a given age group who had received a specific antigen as of December 31, 2024, by the corresponding end of year (December 2024) population estimate for that age group.

Immunization data were all collected from Panorama on December 31, 2024. A limitation of this data is that the population changes through time and some migrations or deaths have yet to be updated within our immunization registry. Further, if a new Yukon migrant has yet to present for service with their immunization records their information will not be included in this report.

All data were compiled and analyzed using Excel and the statistical software program R.

Appendix D: Childhood immunization schedule in the Yukon

The following recommendations will guide the development of the schedule for healthy children and adolescents, and should be used in combination with the relevant Biological Product pages (see Section 8-Biological Products). Children with specific health conditions and/or risk factors should be immunized according to principles outlined in Section 5 -Immunization of Special Populations.

Age	Vaccine
Two months	DTaP-HB-IPV-Hib (or DTaP-IPV-Hib and HB) PCV13 Men-C-C❷ Rota RSV (All infants eight months of age and younger in their first RSV season. Children up to 24 months of age who are at increased risk of severe RSV disease in their first or second RSV season)
Four months	DTaP-HB-IPV-Hib (or DTaP-IPV-Hib and HB) PCV13 Men-C-C**(high risk infants only)**❷ Rota
Six months	DTaP-HB-IPV-Hib (or DTaP-IPV-Hib and HB) PCV13 **(high risk infants only)** Rota (RotaTeq® is a three dose series) Influenza (The flu shot should be administered every year. For those 6 months to 9 years old receiving the flu vaccine for the first time, 2 doses administered 4 weeks apart are required.)
On or after the first birthday	MMR Var Men-C-C PCV13
18 months	DTaP-IPV-Hib
School Entry (four to six years of age)	Tdap-IPV (or DTaP-IPV) Var MMR (if 2nd dose not received previously)
Grade 6	HPV (two doses six months apart)
Grade 9	Men C-ACYW-135❼ Tdap

COVID-19	Refer to Schedule F: COVID-19 immunization schedule
The primary series of 3 doses of DTaP-containing vaccine should be completed with the same product ❷ For **high-risk infants**, Men-C-ACYW-135 (Menveo) should be given in place of Men-C-C and administered at two, four and 12 months of age RotaTeq® vaccine, first dose to be given by 14 weeks + six days of age. Last dose of three dose series by eight months of age; minimum intervals of four weeks. First dose of ROTARIX® vaccine to be given no later than 20 weeks less one day of age. Second dose to be administered by eight months less one day of age. Menjugate® is a three-dose series for children under 12 months of age, NeisVac C® is a two-dose series.	
Yearly influenza immunization is recommended (i.e., two doses in the first year of vaccine receipt and one dose in subsequent years). School entry booster may be given as QUADRACEL® or ADACEL-POLIO® or PEDIACEL®. This dose is not necessary when the fourth dose of a diphtheria/tetanus/pertussis-containing vaccine has been given after the fourth birthday. As of school year 2016-2017, Meningococcal Quadrivalent Conjugate (Men C-ACYW-135) vaccine offered in grade 9 school program. Children who have had a tetanus, diphtheria, and pertussis combined vaccine (Tdap) at 10 years of age or older do not require an additional dose of Tdap in grade 9.	

Appendix E: Vaccine abbreviations and vaccines

The table below provides a list of the abbreviations used in this report and in the Yukon Immunization Manual see Section 8-Biological Products.

Abbreviation	Vaccine
DTaP-HB-IPV-Hib	Diphtheria and tetanus toxoids, acellular pertussis, hepatitis B, inactivated polio and *Haemophilus influenzae* type b vaccine
DTaP-IPV-Hib	Diphtheria and tetanus toxoids, acellular pertussis, inactivated polio and *Haemophilus influenzae* type b vaccine
DTaP-IPV	Diphtheria and tetanus toxoids, acellular pertussis, and inactivated polio vaccine
HA	Hepatitis A vaccine
HB	Hepatitis B vaccine--available on its own or in combination format as DTaP-HB-IPV-Hib as INFANRIX hexa®.
Hib	*Haemophilus influenzae* type b vaccine--available on its own or in combination as DTaP-HB-IPV-Hib or DTaP-IPV-Hib vaccines
HPV4	Human papillomavirus vaccine (quadrivalent, HPV types 6, 11, 16, and 18)
HPV9	Human papillomavirus vaccine (nonavalent, HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58)
Flu	Influenza vaccine
IPV	Inactivated polio vaccine. Available on its own or in combination format as DTaP-HB-IPV-Hib, DTaP-IPV-Hib, DTaP-IPV, Td/IPV or Tdap-IPV vaccines
Men-C-C	Meningococcal serogroup C conjugate vaccine
Men-C-ACYW-135	Meningococcal quadrivalent conjugate vaccines (serogroups A, C, Y, W-135)
MMR	Measles, mumps and rubella vaccine
MMRV	Measles, mumps, rubella and varicella vaccine
PCV7	Pneumococcal conjugate vaccine, 7-valent vaccine
PCV13	Pneumococcal conjugate vaccine,13-valent vaccine
PPV23	Pneumococcal polysaccharide vaccine, 23-valent
Rota	Rotavirus vaccine, monovalent (ROTARIX®) or pentavalent (RotaTeq®)
Td	Tetanus and diphtheria toxoids vaccine
Tdap	Tetanus and diphtheria toxoids and acellular pertussis vaccine
Tdap-IPV	Tetanus and diphtheria toxoids, acellular pertussis and inactivated polio vaccine
Td/IPV	Tetanus and diphtheria toxoids, and inactivated polio vaccine

Var	Varicella vaccine
Zos	Zoster Varicella

Yukon