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Ambulatory Health Care Visits by Children: Principal Diagnosis and Place of Visit

May 1998



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



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Centers for Disease Control and Prevention
National Center for Health Statistics

Hyattsville, Maryland
May 1998
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Objectives

This report presents national estimates of ambulatory health care use by children under 15 years of age according to principal diagnosis, place of visit (physician office, hospital outpatient department, and hospital emergency department), and patient characteristics (age, sex, and race).

Methods

Data were from the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey. Data were from 1993–95.

Results

In 1993–95 children under 15 years of age made 165.3 million visits per year (289 visits per 100 children). Visit rates were highest among infants and varied inversely with age. Visit rates were 43 percent higher among white children than black children.

Three-quarters of ambulatory visits occurred in physician offices, 8 percent in hospital outpatient departments, and 14 percent in hospital emergency departments. Visits by white children were more likely to occur in physician offices than visits by black children (81 percent and 54 percent). Conversely, visits by black children were more likely to occur in hospital outpatient departments (19 percent and 7 percent) and hospital emergency departments (28 percent and 12 percent) than visits by white children.

The following principal diagnoses accounted for almost 40 percent of visits: well-child visit, 15 percent; middle ear infection, 12 percent; and injury, 10 percent. Rates for well-child visits were almost 80 percent higher among white infants than black infants. Continued monitoring of these differences in use of ambulatory care among children are needed, particularly in view of the possible impact of changes in the health care system on these differences.

Keywords: *well-child visits • physician office visits • hospital outpatient department • hospital emergency department*

Ambulatory Health Care Visits by Children: Principal Diagnosis and Place of Visit

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Introduction

Ambulatory health care services are important for maintaining good health in children by providing preventive services and treatment of illness and injuries. Population-based data from the National Health Interview Survey (NHIS) and National Medical Expenditure Survey show that ambulatory health care utilization among children varies considerably by family income, race/ethnicity, and health insurance coverage. Poor children, minority children, and uninsured children have lower levels of health care utilization than their more advantaged counterparts (1–6). Uninsured children and those in families with low income are at elevated risk of reporting unmet health care needs and are less likely to have a usual source of health care (7). In addition, data from the NHIS document changes in health insurance coverage among children over the past decade. Between 1984 and 1995, the proportion of children with private coverage declined from 73 to 66 percent, the proportion with Medicaid coverage increased from 12 to 21 percent, and the proportion of children without health insurance coverage remained between 13 and 15 percent (6). During this period, the

average number of physician office visits per child remained fairly stable among children under 15 years of age (6,8) while the rate of inpatient days of care declined by one-third (5,9).

Data from medical-records-based surveys such as the National Ambulatory Medical Care Survey (NAMCS) and the National Hospital Ambulatory Medical Care Survey (NHAMCS) complement information obtained from population-based surveys by providing record-based data on the physician's diagnosis and on the type of place where the ambulatory visits occurred among those who gain access to the health care system. Collection of data on these items in population-based interviews may be subject to bias due to inaccurate recall and lack of knowledge by the respondent.

The objectives of this report are to provide national data on the principal diagnosis and place of ambulatory care visits among children and to examine how these vary by the age and race of the child. This report presents information about ambulatory care visits for three of the major places that provide such care (physician's offices, hospital outpatient departments, and hospital emergency departments) and provides estimates of ambulatory care use for all three places combined. Data on ambulatory care visits are presented

This report was prepared in the Division of Health and Utilization Analysis (DHUA). The assistance and expertise of the following persons, who contributed to this report, is gratefully acknowledged. Alan J. Cohen, TRW, provided computer expertise. Lois Fingerhut, Office of Analysis, Epidemiology, and Health Promotion, provided assistance with injury categorization. Kenneth C. Schoendorf, DHUA, provided assistance with ICD-9-CM diagnosis categorization. Jennifer D. Parker, DHUA, provided comments on the paper. Catharine W. Burt, Division of Health Care Statistics, provided comments on the paper and expertise on the data sets. Iris Shimizu and Wayne E. Johnson, Office of Research and Methodology, provided methodological assistance. The report was edited by Klaudia M. Cox and typeset by Annette F. Holman, Division of Data Services.

for a set of clinically significant pediatric diagnosis categories. The data in this report complement previous analyses of ambulatory care visits in physician office, hospital outpatient, and emergency department sites (10–20) by presenting combined estimates for all three sites, focusing specifically on utilization among children, and presenting visits according to diagnosis categories specifically designed for children. Diagnosis categories of particular public health interest for children include well-child visits, middle ear infection, injury, asthma, and attention deficit disorder.

Methods

This report uses data from two surveys conducted by the National Center for Health Statistics (NCHS). Data on physician office visits are from the 1993, 1994, and 1995 National Ambulatory Medical Care Survey (NAMCS) (10–12), a national probability sample survey of office visits made in the United States to non-Federally-employed physicians who are principally engaged in office practice, excluding the offices of anaesthesiologists, pathologists, and radiologists. Visits to physicians engaged in prepaid practices (health maintenance organizations (HMO's), independent practice organizations (IPA's), and other prepaid plans) are included in NAMCS. Sample physicians were asked to complete Patient Record Forms on a systematic random sample of office visits occurring during a randomly assigned 1-week reporting period. Physicians were directed to record the principal diagnosis for the visit that relates to the patient's complaint, symptoms, or other reason for the visit. The physician response rate for NAMCS was 70–73 percent for the years of interest.

Data for hospital outpatient and emergency department visits are from the 1993, 1994, and 1995 National Hospital Ambulatory Medical Care Survey (NHAMCS) (13–18, 21). NHAMCS is a national probability sample of visits to outpatient and

emergency departments of non-Federal, short-stay, or general hospitals, excluding Federal, military, and Veterans Administration hospitals. Only outpatient department clinics under the supervision of a physician were included in NHAMCS. In NHAMCS, hospital staff were asked to complete Patient Record Forms for a systematic random sample of patient visits occurring during a randomly assigned 4-week reporting period. Hospital staff were directed to record the physician's principal diagnosis for the visit that relates to the patient's complaint, symptom, or other reason for the visit. The hospital response rate was 94–95 percent for the years of interest.

In this report, a visit was defined as a direct personal exchange between a patient and a physician for the purpose of seeking or receiving health services. Visits in NAMCS included office visits with nonphysician providers (for example, nurse practitioners, physician assistants, and registered nurses) working under the direct supervision of physicians who were solo practitioners. Nonphysician provider visits for physicians in group practices or HMO's were excluded. However, visits in NHAMCS included visits with nonphysician providers. Telephone contacts, purely administrative contacts, or off-site visits (for example, home visits) were excluded from both surveys.

The physician's principal diagnosis, associated with the patient's stated reason for this visit, was collected from NAMCS and NHAMCS Patient Record Forms and coded by NCHS to the *International Classification of Diseases, Clinical Modification* (ICD–9–CM) (22). The principal diagnosis was missing for 1.9 percent of visits. Data presented in [table 1](#) include all visits and data in [tables 2–8](#) exclude visits without a principal diagnosis. In addition to principal diagnosis, the Patient Record Form for NAMCS and NHAMCS permitted the recording of second and third diagnoses. Among children, a second diagnosis was present in 30 percent of records and a third diagnosis was present in 6 percent of records.

In this report, three principles guided the construction of a set of 20

clinically significant pediatric diagnosis categories based on ICD–9–CM codes for the principal diagnosis. (See [table I](#) for clinical diagnoses and ICD–9–CM codes that define principal diagnosis categories.) First, categories were designed to be inclusive of clinically similar and difficult to differentiate principal ICD–9–CM codes. The cold, cough, runny nose category includes codes for both nasopharyngitis and acute upper respiratory infection because these conditions are clinically similar. Cough is also included in this category because it is often associated with cold and runny nose symptoms. For example, a child with a cold and cough might be characterized as having a principal diagnosis of “cold” by one provider and “cough” by another provider. Grouping together diagnoses that are often concurrent avoids the problem of slightly different clinical impressions regarding the “principal” diagnosis. Second, categories were constructed only for conditions that are common among children. Third, categories were constructed to differentiate between diagnoses for which treatment and followup needs differ. For example, sore throat is not combined with streptococcal sore throat due to the clear need for antibiotics in the latter case. Middle ear infection is not combined with external ear infection (although both cause ear pain) due to different treatment methods and followup needs.

Injury visits were defined as all visits with a principal diagnosis in the injury chapter of the ICD–9–CM (codes 800–999). Because external causes of injury information (E-codes) were not collected in the 1993 and 1994 NAMCS, injury categories in this report were based solely on the ICD–9–CM codes. E-coded data were collected in NHAMCS beginning in 1992 and NAMCS beginning in 1995 (23, 24). (See [table II](#) for a listing of clinical diagnoses and ICD–9–CM codes that define clinical injury categories.)

Demographic variables were obtained from the Patient Record Form based on information in the child's medical record. This report includes visits by children under 15 years of age. Many results are reported separately for infants (under 1 year of age),

preschoolers (1–4 years of age), and school-age children (5–14 years of age) because use of ambulatory care differs for these three age groups. In addition, data are also presented by race of child because of large differences in use of ambulatory care by race.

Race of child (white, black) was collected from the patient's record. For the 9 percent of records with missing data on race, NCHS imputed the information using a hot deck approach. Total figures include children of races not shown separately. Numbers were unstable for Asian and American Indian children and were not included as separate categories. Due to a high proportion of missing and imputed records, data by Hispanic origin of child were not presented.

Data for 3 survey years (1993, 1994, and 1995) were combined to increase the stability of estimates. Average annual numbers of visits, visit rates per 100 children, percent distributions of visits, and standard errors were calculated using SUDAAN (25), a statistical program for survey data analysis that takes into account the NAMCS and NHAMCS sample weights and complex survey design. Annual sample weights were divided by 3 to calculate average annual estimates for the 3-year period. Relative standard errors were calculated as the standard error divided by the point estimate expressed as a percent. Population denominators for rates are the U.S. civilian noninstitutionalized population averaged for 1993, 1994, and 1995. (See table III). Assuming that the denominators of the rates have a negligible error, the standard errors for rates were calculated as the rate multiplied by the relative standard error of the numerator. Estimates with relative standard errors between 30–50 percent are marked with asterisks, and estimates with relative standard errors greater than 50 percent are not shown.

Differences discussed in the text were tested for statistical significance using the two-sided *t*-test with a critical value of 2.57 (0.01 level of significance). The 0.01 level of significance was used because of the increased probability of finding a difference when one does not exist due

to the large number of tests carried out and the large sample sizes for some comparisons.

Results

All Visits

In 1993–95 children under 15 years of age made a total of 165.3 million ambulatory visits per year (table 1). Among children, visit rates varied inversely with age with the rate among infants under 1 year of age 4 times the rate among school-age children 5–14 years of age (815 and 204 visits per 100 children per year) (figure 1). Utilization of ambulatory care visits was similar for boys and girls (299 and 280 visits per 100 children per year). The visit rate among white children was 43 percent higher than among black children (307 compared with 215 visits per 100 children per year).

More than three-quarters of visits among children occurred in physician offices, 8 percent in hospital outpatient departments, and 14 percent in hospital emergency departments. The distribution of ambulatory care visits among these three sites of care was similar for boys and girls and there were small differences in this distribution among infants, preschool, and school-age children. However, use of the three ambulatory care sites varied considerably among white and black

children. The proportion of all ambulatory care visits by white children that occurred in physician offices was substantially higher (81 percent) than those by black children (54 percent). In contrast, 19 percent of visits among black children occurred in hospital outpatient departments compared with 7 percent of visits among white children. Twenty-eight percent of ambulatory care visits by black children took place in hospital emergency departments compared with 12 percent of visits among white children. Although black children used the hospital outpatient and emergency departments for ambulatory care disproportionately to their numbers, white children still made the vast majority of visits that occurred in these sites, accounting for more than 70 percent of the visits in each of these settings.

The differential use of the three ambulatory care sites by race of child is also reflected in the visit rates for each place (figure 2). The average annual physician office visit rate for white children (248 per 100 children) was more than twice the rate for black children (115 per 100 children). In contrast, the hospital outpatient department and hospital emergency department visit rates were lower for white children than for black children. The average annual visit rate in hospital outpatient departments was about half as high for white children as for black children. Hospital emergency department visit rates were one-third lower for

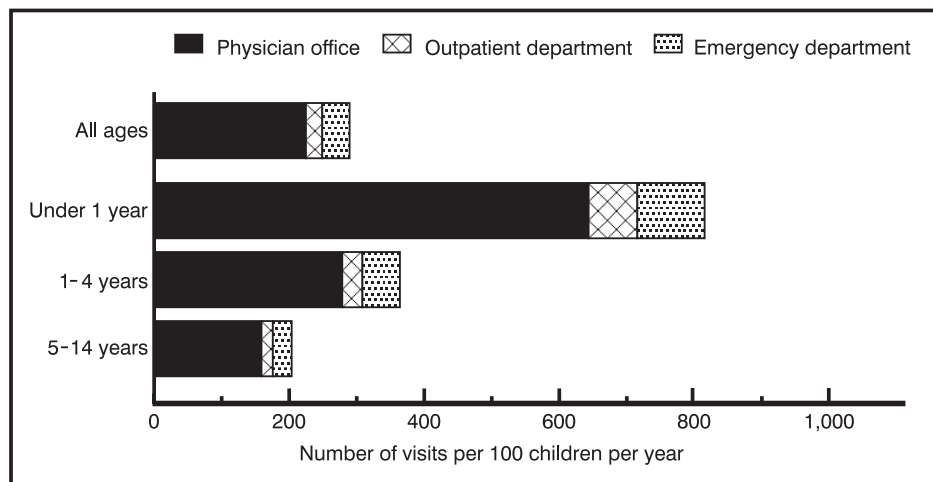


Figure 1. Ambulatory care visit rates among children under 15 years of age by place of visit and age: United States, average annual 1993–95

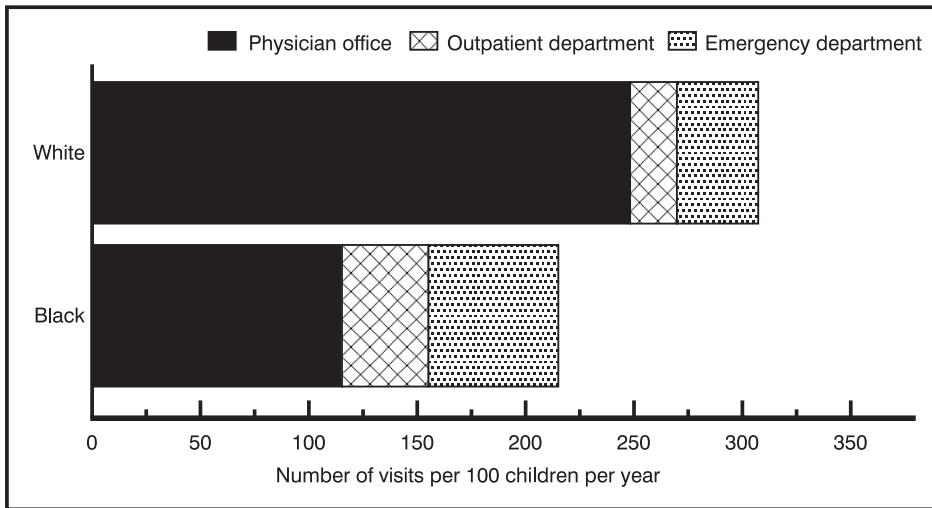


Figure 2. Ambulatory care visit rates among children under 15 years of age by place of visit and race: United States, average annual 1993–95

white children than for black children (38 compared with 60 visits per 100 children per year).

Visits by Principal Diagnosis

Tables 2–8 and accompanying text focus on the 162 million ambulatory care visits with a principal diagnosis coded, and exclude 1.9 percent of visits without a principal diagnosis.

Well-Child Visits

Well-child visits accounted for 15 percent of all ambulatory care visits provided to children (table 2). Well-child visits accounted for one-third of ambulatory care visits among infants compared with 14 percent of visits among preschoolers and 8 percent of visits among school-age children (figures 3–5). The well-child visit rate among infants (256 visits per 100 infants per year) was 5 times the rate among preschool children and the rate among preschool children was almost 3 times as high as for school-age children (49 and 17 visits per 100 children). Rates for well-child visits were the same for boys and girls, and were 66 percent higher for white children than for black children (tables 3 and 4). Rates for well-child visits were almost 80 percent higher for white infants than for black infants (table 5, figure 3).

The most common site for well-child visits was physician offices

(91 percent) (table 6). Eight percent of well-child visits occurred in hospital outpatient departments and less than 1 percent of well-child visits occurred in hospital emergency departments. Although well-child visit rates were substantially higher in physician offices than hospital outpatient departments, well-child visits accounted for 15–17 percent of all visits provided in physician offices and hospital outpatient departments.

Use of well-child visits in physician offices and hospital outpatient departments varied substantially by race. In physician offices, well-child visit rates were twice as high among white children as black children (42 visits compared with 18 visits per 100 children). In contrast, well-child visit rates in hospital outpatient departments

were 3 times as high among black children as white children (9 and 3 visits per 100 children) (table 7, figure 6). Additional analyses (not shown) indicated that conclusions regarding the use of well-child visits by white and black children were unchanged when second- and third-listed diagnoses of well-child visits were considered.

Middle Ear Infection Visits

Middle ear infection (otitis media) was the principal diagnosis for 12 percent of ambulatory care visits provided to children under 15 years of age (table 2). Visit rates for middle ear infection were similar among boys and girls, but nearly 2 times as high among white children as black children (tables 3 and 4). Visit rates for middle ear infection were substantially higher among infants and preschoolers (110 and 65 visits per 100 children per year) than older children (15 per 100 children). Visit rates for middle ear infection were about 70 percent higher among white infants than black infants and among white preschool children than black preschool children (table 5, figures 3 and 4). Middle ear infection was the most frequently occurring principal diagnosis among preschool children, accounting for 18 percent of ambulatory care visits provided to preschool children. Although the most common site for visits with a principal diagnosis of middle ear infection was physician offices (81 percent), 13 percent

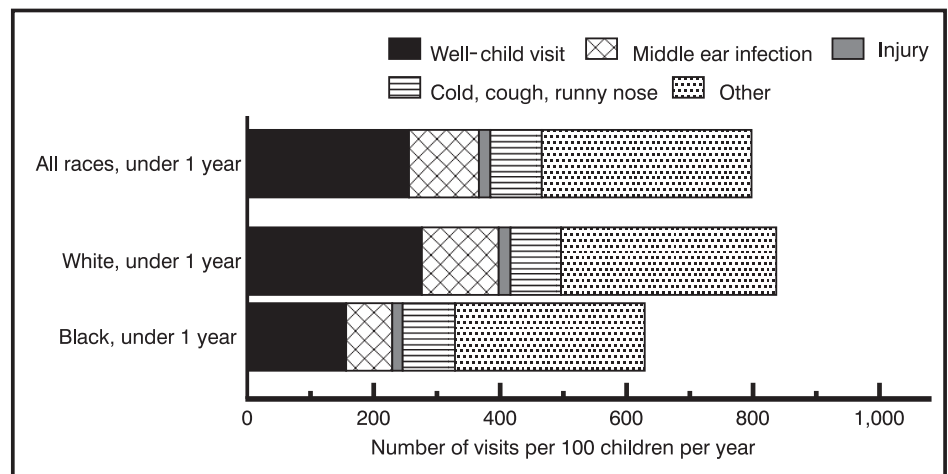


Figure 3. Ambulatory care visit rates among children under 1 year of age by principal diagnosis and race: United States, average annual 1993–95

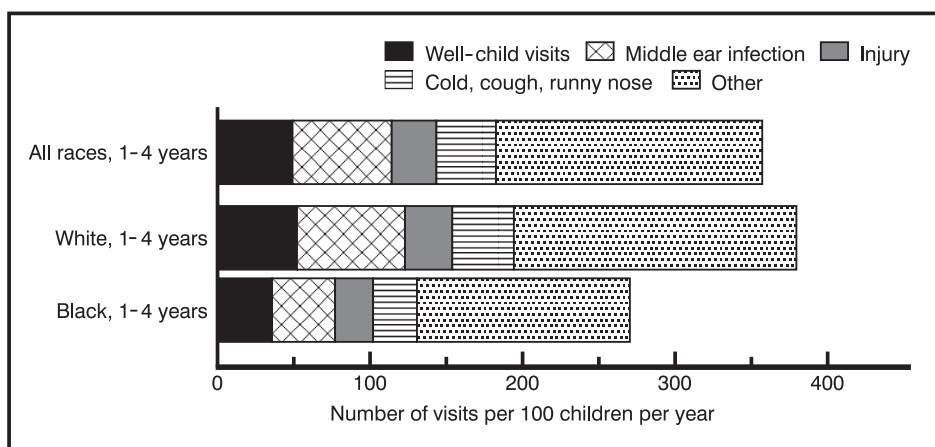


Figure 4. Ambulatory care visit rates among children 1-4 years of age by principal diagnosis and race: United States, average annual 1993-95

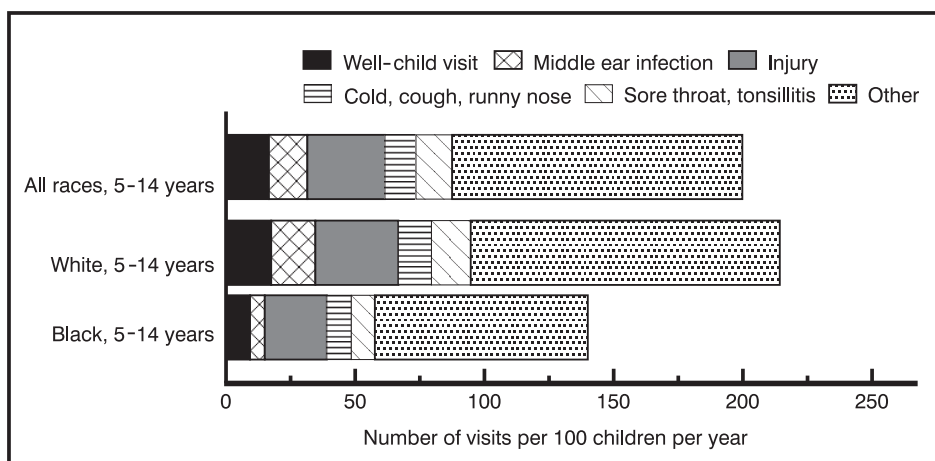


Figure 5. Ambulatory care visit rates among children 5-14 years of age by principal diagnosis and race: United States, average annual 1993-95

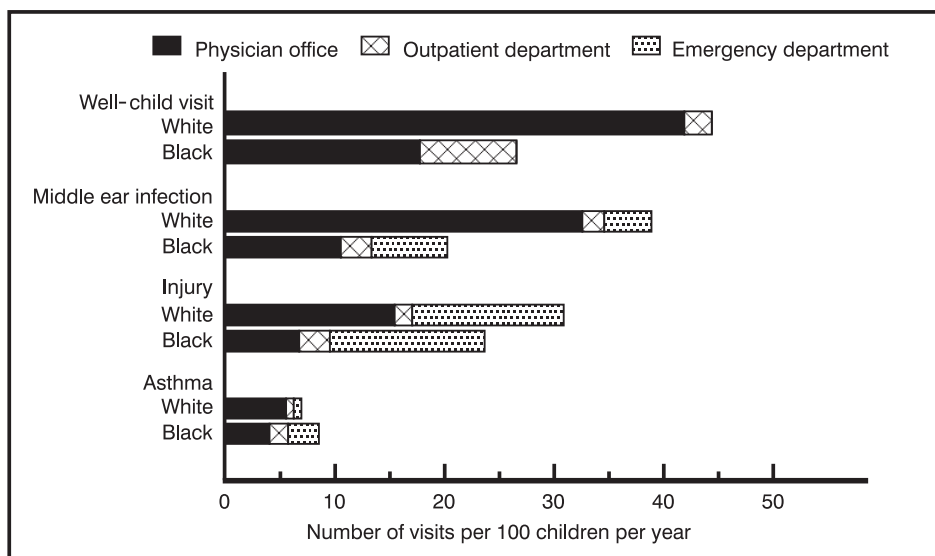


Figure 6. Ambulatory care visit rates among children under 15 years of age by place of visit, principal diagnosis, and race: United States, average annual 1993-95

of visits with a principal diagnosis of middle ear infection occurred in hospital emergency departments and 6 percent in hospital outpatient departments (table 6). Middle ear infections accounted for similar proportions of visits by children in physician offices and hospital emergency departments (12-13 percent). Middle ear infection visit rates for the three places of ambulatory care varied substantially by race. Visit rates were 3 times as high among white children as black children in physician offices (33 and 11 visits per 100 children); similar in hospital outpatient departments; and higher among black children than white children in hospital emergency departments (7 and 4 visits per 100 children) (table 7, figure 6).

Injury Visits

During 1993-95 visits with a principal diagnosis of injury accounted for 10 percent of ambulatory care visits among children under 15 years of age and 15 percent of visits among school-age children (table 2). Two-thirds of injury visits occurred among school-age children, 28 percent among preschoolers, and 4 percent among infants. Rates for injury visits were about one-third higher among boys than among girls (33 and 25 visits per 100 children) and among white school-age children than among black school-age children (tables 3 and 5, figure 5).

Injury visits were approximately equally divided between physician offices and hospital emergency departments. Forty-seven percent of injury visits took place in physician offices, 47 percent in hospital emergency departments, and 6 percent in hospital outpatient departments (table 6). The provision of ambulatory care services for injury was a major component of visits provided by hospital emergency departments, accounting for about one-third of visits by children to hospital emergency departments. Rates for injury visits in physician offices varied by race with rates among white children twice as high as among black children (16 and 7 visits per 100 children). However, in hospital outpatient and emergency department sites, injury visit rates were similar

among white and black children (table 7, figure 6).

More detailed diagnosis information for injury visits are presented in table 8. (Detailed injury diagnosis data for age subgroups are not presented because two-thirds of injury visits occurred among school-age children.) The three most common injury categories (open wounds; fracture of upper or lower extremity; and scrape, bite, blister, and bruise) accounted for almost two-thirds of injury visits among children.

Injury visits involving open wounds as the principal diagnosis accounted for nearly one-quarter of injury visits among children under 15 years of age. Open wound visits were more likely to occur in hospital emergency departments than other places, with two-thirds of visits for open wounds occurring in emergency departments. These visits were a major component of injury visits provided by hospital emergency departments, accounting for one-third of injury visits among children to hospital emergency departments.

Twenty percent of ambulatory care injury visits among children involved extremity fractures. Visits for fractures were twice as likely to take place in physician offices as in hospital emergency departments (64 compared with 28 percent). Almost half of injury visits to physician offices for fracture of the upper or lower extremity were for followup purposes. (Analysis available upon request).

Visits with a principal diagnosis of scrapes and bruises (superficial injury and contusion with intact skin surface) accounted for 20 percent of all injury visits among children. Visits for scrapes and bruises were almost equally likely to occur in physician offices and hospital emergency departments, with 50 percent occurring in hospital emergency departments and 45 percent occurring in physician offices. Scrapes and bruises were a major component of injury visits provided by all three sites of care, accounting for 22 percent of emergency department visits and 17–19 percent of visits to the other two sites.

Asthma Visits

Asthma accounted for almost 3 percent of visits by children (table 2). The average annual visit rate for asthma (7 visits per 100 children) was similar for infants, preschool, and school-age children. Asthma visit rates were 42 percent higher for boys than girls and similar among white children and black children (tables 3 and 4). About three-quarters of visits with a principal diagnosis of asthma took place in physician offices, with an additional 15 percent in hospital emergency departments and 11 percent in hospital outpatient departments (table 6). Visits for asthma made up a similar proportion of ambulatory care services provided by physician offices, hospital outpatient departments, and hospital emergency departments (2–4 percent of visits). In physician offices and hospital outpatient departments, asthma visit rates were similar among white and black children. By contrast, in hospital emergency departments, asthma visit rates were almost 4 times as high among black children than white children (2.8 and 0.7 visits per 100 children) (table 7, figure 6).

Attention Deficit Disorder Visits

The average annual visit rate for attention deficit disorder (ADD) was 4 visits per 100 children, accounting for 1 percent of all ambulatory care medical visits provided to children (table 2). Visit rates for ADD were nearly 4 times as high among boys as girls (table 3). Visit rates were similar among white and black children (table 4). Visits for attention deficit disorder were heavily concentrated among school-age children. Ninety-four percent of visits with a principal diagnosis of ADD occurred among school-age children (table 2). Attention deficit disorder accounted for 3 percent of ambulatory care visits among school-age children. Ninety percent of visits for ADD occurred in physician offices (table 6). (Not included in this analysis of ADD are visits to nonphysician providers such as psychologists, clinical social workers, and physical and occupational therapists.)

Discussion

Physician's offices remained the primary site of ambulatory care for children in 1993–95 with about three-quarters of visits occurring there. However, a more complete picture of ambulatory care use is also gained by considering visits to hospital outpatient and emergency departments. Visits to hospital outpatient and emergency departments were particularly prevalent among black children.

Although a small proportion of overall visits (8 percent) occurred in hospital outpatient departments, they accounted for almost 20 percent of visits by black children. One-third of well-child visits among black children occurred in hospital outpatient departments. In addition, hospital outpatient departments were the site of care for 13 percent of visits for “all other diagnoses,” (table I) a category that includes serious and less common types of health problems. A higher proportion of visits in hospital outpatient departments than in physician offices and emergency departments were for “all other diagnoses” (44 compared with 24–26 percent of visits).

The emergency department accounted for 14 percent of visits by children overall, but 28 percent of visits among black children and 47 percent of all visits for injuries. About a third of children's visits to emergency rooms were for injuries. However, the proportion of emergency department visits for conditions such as middle ear infection (12 percent) and respiratory illnesses were similar to the proportions of visits in physician offices for those conditions. This indicates that hospital emergency departments may be used for some apparently routine ambulatory care for children.

Children access the health care system for three broad reasons—preventive care (15 percent of visits), illness care (75 percent of visits), and injury care (10 percent of visits). Visits for preventive care provide an opportunity for assessing growth and development as well as to provide child safety information and routine immunizations. The strong inverse

association of the ambulatory care visit rate with age in part reflects the recommended schedule of well-child visits. Although prevention activities can occur during other types of visits, these services may not be as in-depth because the primary focus of the visit is for diagnosis and treatment of illness or injury. Well-child visit rates for black children were lower than rates for white children, especially during infancy and school-age years. Even if full well-child services occurred during other visits, black children received fewer of these services because visit rates among black children were lower than visit rates among white children of the same age group. Data from the 1994 National Health Interview Survey, which provides information on all ambulatory care received regardless of the place of care, show a similar relative difference in physician contacts between white and black children as in this report (5).

Another measure of preventive services received by preschool children is vaccination status. In 1996, 79 percent of non-Hispanic white children 19–35 months of age compared with 74 percent of non-Hispanic black children had completed a combined series of vaccines (four doses of diphtheria-tetanus-pertussis vaccine, three doses of polio, one dose of a measles-containing vaccine, and three doses of *Haemophilus influenzae* type b (Hib) vaccine) (26). However, there was no difference in vaccination status by race after controlling for poverty status. The percent of poor non-Hispanic black children who were vaccinated was similar to the percent of poor non-Hispanic white children with vaccinations, and poor children in both groups had lower vaccination rates than their nonpoor counterparts.

The lower rates of overall ambulatory care use and well-child visits among black children compared with white children may be attributed to financial as well as nonfinancial barriers to care. In 1995, 42 percent of black children compared with 16 percent of white children under 18 years of age lived in families with incomes below the poverty threshold (5). In 1996, the likelihood of black children living in a two-parent family was less than half the

likelihood for white children (33 and 75 percent). This impacted on income level as well as access to employer-based private health insurance coverage and the amount of time available for health care visits (27). In 1994–95 among non-Hispanic children under 18 years of age, black children and white children were about equally likely to be uninsured (14 and 12 percent) (unpublished data from the NHIS). However, the type of coverage differed by race, with black children more likely than white children to have Medicaid coverage (44 and 13 percent) and black children less likely than white children to have private coverage (40 and 74 percent).

The sites where care was received may differ between black and white children for several reasons. Although Medicaid provides financial access to care, the health care providers available to those with Medicaid and those with private coverage differ because not all health care providers accept Medicaid coverage. Other factors contributing to racial differences in site of care may include differences in the types of health care providers located in the neighborhoods where black children and white children reside, and a greater need for accessing the health care system during evenings and weekends among children in single-parent families. A cross-sectional survey of patients in 56 hospital emergency departments found that half the patients interviewed (patients arriving by ambulance were excluded) cited at least one nonfinancial barrier to care as an important reason for coming to the emergency department (28). These included such reasons as unable to go during the hours open, nowhere else to go, and unable to get an appointment soon enough.

Some caveats should be kept in mind when interpreting the results of this report. Visit rates should not be interpreted as incidence or prevalence rates but rather are a measure of the total use of ambulatory care services during a year. Visits captured in the sampling include a combination of initial and followup visits. In addition, children without visits do not contribute to the visit rate. Variation in visit rates among groups reflect a number of

factors including underlying incidence and prevalence of illness and injury, severity of the condition, access to care, and decisions about use of health care such as whether to seek care for the condition and number of followup visits.

The reader should exercise caution in interpreting the necessity of an ambulatory care visit based on the principal diagnosis categories. Diagnosis categories used in this report are based on the physician's principal diagnosis assigned after the physician performed an examination of the patient and possibly received results from diagnostic tests and laboratory studies. Thus, the principal diagnosis may differ significantly from the physician's first clinical impression as to the type of illness. For example, a visit with a principal diagnosis of a cold may have initially been considered a possible case of pneumonia or other more serious respiratory illness.

Results presented in this report should not be interpreted as providing information regarding the appropriateness of the place of visit, especially for emergency department visits. An emergency department may be the appropriate location for treatment of an apparently nonurgent diagnosis when time of day and limitations of access to other places are considered.

An additional limitation is that broad diagnostic groupings, especially for injury visits, were used due to sample size considerations. Several injury categories were collapsed in order to obtain more stable estimates. A final concern is the inability to capture the severity of an illness in the principal diagnosis or the ICD–9–CM coding. Although comparisons of the same category across three sites are possible, they may be somewhat misleading due to the potential for combining varying severities of diagnosis within broad categories. For example, injury visits in emergency departments may be more severe in nature than injury visits in other sites.

In summary, data from 1993–95 show that the amount of care received and the place of ambulatory care services for children varied by age and race. Utilization was higher among infants than among children of other age

groups, primarily due to high rates of well-child visits among infants. Black children received fewer visits overall and fewer visits primarily dedicated to well-child services than white children. Black children were more likely to receive ambulatory care in hospital outpatient and emergency departments, while white children were more likely to use physician office services. Continued monitoring of these differences in use of ambulatory care among children are needed, particularly in view of the possible impact of changes in the health care system on these differences.

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Table 1. Ambulatory care visits among children under 15 years of age by place of visit, age, sex, and race: United States, average annual 1993–95

| Age, sex, and race | All places | Physician office | Hospital outpatient department | Hospital emergency department | All places | Physician office | Hospital outpatient department | Hospital emergency department |
|------------------------|--|------------------|--------------------------------|-------------------------------|----------------|------------------|--------------------------------|-------------------------------|
| | Number of visits in thousands | | | | Standard error | | | |
| All races ¹ | 165,299 | 128,416 | 13,828 | 23,055 | 5,966 | 5,051 | 1,524 | 986 |
| Age | | | | | | | | |
| Under 5 years | 88,958 | 68,862 | 7,488 | 12,608 | 3,624 | 3,151 | 795 | 571 |
| Under 1 year | 31,533 | 24,886 | 2,792 | 3,854 | 1,461 | 1,349 | 289 | 197 |
| 1–4 years | 57,425 | 43,976 | 4,695 | 8,754 | 2,313 | 1,959 | 522 | 397 |
| 5–14 years | 76,340 | 59,554 | 6,340 | 10,447 | 2,659 | 2,299 | 790 | 449 |
| Sex | | | | | | | | |
| Male | 87,280 | 67,508 | 7,213 | 12,560 | 3,284 | 2,818 | 796 | 555 |
| Female | 78,018 | 60,908 | 6,615 | 10,495 | 2,852 | 2,414 | 739 | 452 |
| Race | | | | | | | | |
| White | 139,426 | 112,593 | 9,814 | 17,018 | 5,523 | 4,813 | 1,224 | 815 |
| Black | 19,090 | 10,232 | 3,542 | 5,316 | 1,095 | 859 | 408 | 322 |
| | Number of visits per 100 children per year | | | | | | | |
| All races ¹ | 289.4 | 224.8 | 24.2 | 40.4 | 10.4 | 8.8 | 2.7 | 1.7 |
| Age | | | | | | | | |
| Under 5 years | 452.8 | 350.5 | 38.1 | 64.2 | 18.4 | 16.0 | 4.0 | 2.9 |
| Under 1 year | 815.2 | 643.4 | 72.2 | 99.6 | 37.8 | 34.9 | 7.5 | 5.1 |
| 1–4 years | 363.9 | 278.7 | 29.8 | 55.5 | 14.7 | 12.4 | 3.3 | 2.5 |
| 5–14 years | 203.7 | 158.9 | 16.9 | 27.9 | 7.1 | 6.1 | 2.1 | 1.2 |
| Sex | | | | | | | | |
| Male | 298.5 | 230.9 | 24.7 | 43.0 | 11.2 | 9.6 | 2.7 | 1.9 |
| Female | 279.8 | 218.4 | 23.7 | 37.6 | 10.2 | 8.7 | 2.6 | 1.6 |
| Race | | | | | | | | |
| White | 307.4 | 248.2 | 21.6 | 37.5 | 12.2 | 10.6 | 2.7 | 1.8 |
| Black | 215.2 | 115.3 | 39.9 | 59.9 | 12.3 | 9.7 | 4.6 | 3.6 |
| | Percent distribution | | | | | | | |
| All races ¹ | 100.0 | 77.7 | 8.4 | 14.0 | ... | 1.1 | 0.8 | 0.6 |
| Age | | | | | | | | |
| Under 5 years | 100.0 | 77.4 | 8.4 | 14.2 | ... | 1.2 | 0.8 | 0.7 |
| Under 1 year | 100.0 | 78.9 | 8.9 | 12.2 | ... | 1.3 | 0.9 | 0.7 |
| 1–4 years | 100.0 | 76.6 | 8.2 | 15.2 | ... | 1.1 | 0.8 | 0.7 |
| 5–14 years | 100.0 | 78.0 | 8.3 | 13.7 | ... | 1.2 | 1.0 | 0.6 |
| Sex | | | | | | | | |
| Male | 100.0 | 77.4 | 8.3 | 14.4 | ... | 1.1 | 0.8 | 0.6 |
| Female | 100.0 | 78.1 | 8.5 | 13.5 | ... | 1.1 | 0.9 | 0.6 |
| Race | | | | | | | | |
| White | 100.0 | 80.8 | 7.0 | 12.2 | ... | 1.1 | 0.8 | 0.6 |
| Black | 100.0 | 53.6 | 18.6 | 27.9 | ... | 2.7 | 1.8 | 1.6 |

... Category not applicable.

¹Includes all other races not shown separately.

NOTE: This table shows data for all visits, including 1.9 percent of visits without a principal diagnosis coded, and differs from data shown in tables 2–8.

Table 2. Ambulatory care visits among children by age and principal diagnosis category: United States, average annual 1993–95

| Principal diagnosis category | Under 15 years | Under 1 year | 1–4 years | 5–14 years | Under 15 years | Under 1 year | 1–4 years | 5–14 years |
|--|-------------------------------|-----------------|--------------|---------------|-------------------|-----------------|--------------|---------------|
| | Number of visits in thousands | | | | Standard error | | | |
| Total | 162,072 | 30,851 | 56,354 | 74,867 | 5,850 | 1,439 | 2,268 | 2,613 |
| Well-child visit | 23,896 | 9,899 | 7,758 | 6,239 | 1,370 | 702 | 462 | 500 |
| Injury | 16,579 | 708 | 4,618 | 11,253 | 666 | 72 | 228 | 492 |
| Selected respiratory conditions | | | | | | | | |
| Cold, cough, runny nose | 13,805 | 3,145 | 6,168 | 4,493 | 771 | 224 | 406 | 391 |
| Sore throat, tonsillitis | 8,445 | 448 | 2,745 | 5,253 | 595 | 85 | 262 | 394 |
| Hayfever, sinusitis | 5,321 | *237 | 1,436 | 3,649 | 405 | 75 | 150 | 337 |
| Bronchitis | 4,232 | 700 | 1,597 | 1,936 | 395 | 108 | 198 | 209 |
| Asthma | 4,109 | 249 | 1,251 | 2,609 | 286 | 47 | 151 | 197 |
| Pneumonia | 2,299 | 715 | 891 | 693 | 243 | 101 | 128 | 109 |
| Streptococcal sore throat | 1,870 | * | 498 | 1,362 | 212 | ... | 99 | 160 |
| Croup | 822 | 105 | 510 | 207 | 108 | 25 | 89 | 51 |
| Selected ear conditions | | | | | | | | |
| Middle ear infection | 20,127 | 4,272 | 10,256 | 5,600 | 1,140 | 353 | 622 | 355 |
| External ear canal infection | 1,006 | * | 150 | 831 | 136 | ... | 38 | 129 |
| Selected eye conditions | | | | | | | | |
| Infectious conjunctivitis | 2,093 | 307 | 882 | 904 | 180 | 63 | 108 | 117 |
| Correctable vision | 1,821 | *70 | 572 | 1,179 | 337 | 24 | 150 | 199 |
| Selected other conditions | | | | | | | | |
| Viral syndrome | 3,756 | 884 | 1,596 | 1,276 | 306 | 109 | 142 | 172 |
| Eczema | 3,192 | 654 | 942 | 1,596 | 238 | 103 | 91 | 158 |
| Attention deficit disorder | 2,113 | * | *131 | 1,979 | 258 | ... | 39 | 253 |
| Bladder infection | 1,035 | *63 | 352 | 620 | 115 | 20 | 60 | 88 |
| Gastroenteritis | 651 | 85 | 347 | 219 | 90 | 18 | 61 | 52 |
| Chicken pox | 631 | *80 | 239 | 312 | 97 | 27 | 46 | 78 |
| All other diagnoses | 44,270 | 8,196 | 13,415 | 22,658 | 1,754 | 439 | 626 | 987 |
| Number of visits per 100 children per year | | | | | | | | |
| Total | 283.7 | 797.6 | 357.1 | 199.8 | 10.2 | 37.2 | 14.4 | 7.0 |
| Well-child visit | 41.8 | 255.9 | 49.2 | 16.6 | 2.4 | 18.1 | 2.9 | 1.3 |
| Injury | 29.0 | 18.3 | 29.3 | 30.0 | 1.2 | 1.9 | 1.4 | 1.3 |
| Selected respiratory conditions | | | | | | | | |
| Cold, cough, runny nose | 24.2 | 81.3 | 39.1 | 12.0 | 1.4 | 5.8 | 2.6 | 1.0 |
| Sore throat, tonsillitis | 14.8 | 11.6 | 17.4 | 14.0 | 1.0 | 2.2 | 1.7 | 1.1 |
| Hayfever, sinusitis | 9.3 | *6.1 | 9.1 | 9.7 | 0.7 | 1.9 | 0.9 | 0.9 |
| Bronchitis | 7.4 | 18.1 | 10.1 | 5.2 | 0.7 | 2.8 | 1.3 | 0.6 |
| Asthma | 7.2 | 6.4 | 7.9 | 7.0 | 0.5 | 1.2 | 1.0 | 0.5 |
| Pneumonia | 4.0 | 18.5 | 5.7 | 1.8 | 0.4 | 2.6 | 0.8 | 0.3 |
| Streptococcal sore throat | 3.3 | * | 3.2 | 3.6 | 0.4 | ... | 0.6 | 0.4 |
| Croup | 1.4 | 2.7 | 3.2 | 0.6 | 0.2 | 0.7 | 0.6 | 0.1 |
| Selected ear conditions | | | | | | | | |
| Middle ear infection | 35.2 | 110.4 | 65.0 | 14.9 | 2.0 | 9.1 | 3.9 | 0.9 |
| External ear canal infection | 1.8 | * | 1.0 | 2.2 | 0.2 | ... | 0.2 | 0.3 |
| Selected eye conditions | | | | | | | | |
| Infectious conjunctivitis | 3.7 | 7.9 | 5.6 | 2.4 | 0.3 | 1.6 | 0.7 | 0.3 |
| Correctable vision | 3.2 | *1.8 | 3.6 | 3.1 | 0.6 | 0.6 | 0.9 | 0.5 |
| Selected other conditions | | | | | | | | |
| Viral syndrome | 6.6 | 22.8 | 10.1 | 3.4 | 0.5 | 2.8 | 0.9 | 0.5 |
| Eczema | 5.6 | 16.9 | 6.0 | 4.3 | 0.4 | 2.7 | 0.6 | 0.4 |
| Attention deficit disorder | 3.7 | * | *0.8 | 5.3 | 0.5 | ... | 0.2 | 0.7 |
| Bladder infection | 1.8 | *1.6 | 2.2 | 1.7 | 0.2 | 0.5 | 0.4 | 0.2 |
| Gastroenteritis | 1.1 | 2.2 | 2.2 | 0.6 | 0.2 | 0.5 | 0.4 | 0.1 |
| Chicken pox | 1.1 | *2.1 | 1.5 | 0.8 | 0.2 | 0.7 | 0.3 | 0.2 |
| All other diagnoses | 77.5 | 211.9 | 85.0 | 60.5 | 3.1 | 11.4 | 4.0 | 2.6 |

Table 2. Ambulatory care visits among children by age and principal diagnosis category: United States, average annual 1993–95—Con.

| Principal diagnosis category | Under 15 years | Under 1 year | 1–4 years | 5–14 years | Under 15 years | Under 1 year | 1–4 years | 5–14 years |
|---------------------------------|----------------------|-----------------|--------------|---------------|-------------------|-----------------|--------------|---------------|
| | Percent distribution | | | | Standard error | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | ... | ... | ... | ... |
| Well-child visit | 14.7 | 32.1 | 13.8 | 8.3 | 0.6 | 1.5 | 0.6 | 0.6 |
| Injury | 10.2 | 2.3 | 8.2 | 15.0 | 0.3 | 0.2 | 0.4 | 0.5 |
| Selected respiratory conditions | | | | | | | | |
| Cold, cough, runny nose | 8.5 | 10.2 | 10.9 | 6.0 | 0.4 | 0.7 | 0.6 | 0.5 |
| Sore throat, tonsillitis | 5.2 | 1.5 | 4.9 | 7.0 | 0.3 | 0.3 | 0.4 | 0.4 |
| Hayfever, sinusitis | 3.3 | *0.8 | 2.6 | 4.9 | 0.3 | 0.3 | 0.3 | 0.5 |
| Bronchitis | 2.6 | 2.3 | 2.8 | 2.6 | 0.2 | 0.3 | 0.3 | 0.3 |
| Asthma | 2.5 | 0.8 | 2.2 | 3.5 | 0.2 | 0.2 | 0.3 | 0.3 |
| Pneumonia | 1.4 | 2.3 | 1.6 | 0.9 | 0.1 | 0.3 | 0.2 | 0.2 |
| Streptococcal sore throat | 1.2 | * | 0.9 | 1.8 | 0.1 | ... | 0.2 | 0.2 |
| Croup | 0.5 | 0.3 | 0.9 | 0.3 | 0.1 | 0.1 | 0.2 | 0.1 |
| Selected ear conditions | | | | | | | | |
| Middle ear infection | 12.4 | 13.9 | 18.2 | 7.5 | 0.5 | 0.9 | 0.7 | 0.4 |
| External ear canal infection | 0.6 | * | 0.3 | 1.1 | 0.1 | ... | 0.1 | 0.2 |
| Selected eye conditions | | | | | | | | |
| Infectious conjunctivitis | 1.3 | 1.0 | 1.6 | 1.2 | 0.1 | 0.2 | 0.2 | 0.2 |
| Correctable vision | 1.1 | *0.2 | 1.0 | 1.6 | 0.2 | 0.1 | 0.3 | 0.3 |
| Selected other conditions | | | | | | | | |
| Viral syndrome | 2.3 | 2.9 | 2.8 | 1.7 | 0.2 | 0.3 | 0.2 | 0.2 |
| Eczema | 2.0 | 2.1 | 1.7 | 2.1 | 0.1 | 0.3 | 0.2 | 0.2 |
| Attention deficit disorder | 1.3 | * | *0.2 | 2.6 | 0.2 | ... | 0.1 | 0.3 |
| Bladder infection | 0.6 | *0.2 | 0.6 | 0.8 | 0.1 | 0.1 | 0.1 | 0.1 |
| Gastroenteritis | 0.4 | 0.3 | 0.6 | 0.3 | 0.1 | 0.1 | 0.1 | 0.1 |
| Chicken pox | 0.4 | *0.3 | 0.4 | 0.4 | 0.1 | 0.1 | 0.1 | 0.1 |
| All other diagnoses | 27.3 | 26.6 | 23.8 | 30.3 | 0.6 | 1.1 | 0.7 | 0.8 |
| Percent distribution | | | | | | | | |
| Total | 100.0 | 19.0 | 34.8 | 46.2 | ... | 0.4 | 0.5 | 0.6 |
| Well-child visit | 100.0 | 41.4 | 32.5 | 26.1 | ... | 1.6 | 1.1 | 1.5 |
| Injury | 100.0 | 4.3 | 27.9 | 67.9 | ... | 0.4 | 0.9 | 1.0 |
| Selected respiratory conditions | | | | | | | | |
| Cold, cough, runny nose | 100.0 | 22.8 | 44.7 | 32.5 | ... | 1.5 | 1.6 | 1.9 |
| Sore throat, tonsillitis | 100.0 | 5.3 | 32.5 | 62.2 | ... | 1.0 | 2.0 | 2.2 |
| Hayfever, sinusitis | 100.0 | *4.4 | 27.0 | 68.6 | ... | 1.4 | 2.5 | 2.8 |
| Bronchitis | 100.0 | 16.5 | 37.7 | 45.7 | ... | 2.2 | 2.7 | 2.8 |
| Asthma | 100.0 | 6.1 | 30.5 | 63.5 | ... | 1.1 | 2.7 | 2.8 |
| Pneumonia | 100.0 | 31.1 | 38.8 | 30.1 | ... | 2.9 | 3.9 | 3.8 |
| Streptococcal sore throat | 100.0 | * | 26.7 | 72.9 | ... | ... | 4.1 | 4.1 |
| Croup | 100.0 | 12.7 | 62.1 | 25.2 | ... | 3.1 | 6.1 | 5.4 |
| Selected ear conditions | | | | | | | | |
| Middle ear infection | 100.0 | 21.2 | 51.0 | 27.8 | ... | 1.1 | 1.3 | 1.2 |
| External ear canal infection | 100.0 | * | 14.9 | 82.6 | ... | ... | 3.8 | 4.1 |
| Selected eye conditions | | | | | | | | |
| Infectious conjunctivitis | 100.0 | 14.7 | 42.1 | 43.2 | ... | 3.0 | 3.9 | 4.0 |
| Correctable vision | 100.0 | *3.9 | 31.4 | 64.7 | ... | 1.2 | 3.6 | 4.0 |
| Selected other conditions | | | | | | | | |
| Viral syndrome | 100.0 | 23.5 | 42.5 | 34.0 | ... | 2.3 | 2.8 | 3.1 |
| Eczema | 100.0 | 20.5 | 29.5 | 50.0 | ... | 2.8 | 2.6 | 3.0 |
| Attention deficit disorder | 100.0 | * | *6.2 | 93.7 | ... | ... | 1.9 | 1.9 |
| Bladder infection | 100.0 | *6.1 | 34.0 | 59.9 | ... | 2.0 | 4.6 | 4.7 |
| Gastroenteritis | 100.0 | 13.0 | 53.3 | 33.7 | ... | 2.7 | 6.3 | 6.1 |
| Chicken pox | 100.0 | *12.7 | 37.9 | 49.4 | ... | 4.1 | 6.9 | 7.8 |
| All other diagnoses | 100.0 | 18.5 | 30.3 | 51.2 | ... | 0.7 | 0.8 | 0.9 |

... Category not applicable.

* Estimates with a relative standard error between 30–50 percent are shown with an asterisk. Estimates with a relative standard error greater than 50 percent are not shown.

NOTE: This table excludes 1.9 percent of visits without a principal diagnosis coded, and differs from data presented in table 1. See [appendix table 1](#) for definitions of principal diagnosis categories and ICD–9–CM codes.

Table 3. Ambulatory care visits among children under 15 years of age by sex and principal diagnosis category: United States, average annual 1993–95

| Principal diagnosis category | Both sexes | Males | Females | Both sexes | Males | Females |
|--|-------------------------------|--------|---------|----------------|-------|---------|
| | Number of visits in thousands | | | Standard error | | |
| Total | 162,072 | 85,699 | 76,373 | 5,850 | 3,234 | 2,789 |
| Well-child visit | 23,896 | 12,127 | 11,769 | 1,370 | 782 | 724 |
| Injury | 16,579 | 9,623 | 6,956 | 666 | 435 | 325 |
| Selected respiratory conditions | | | | | | |
| Cold, cough, runny nose | 13,805 | 7,047 | 6,758 | 771 | 441 | 441 |
| Sore throat, tonsillitis | 8,445 | 4,253 | 4,192 | 595 | 339 | 327 |
| Hayfever, sinusitis | 5,321 | 2,805 | 2,516 | 405 | 250 | 217 |
| Bronchitis | 4,232 | 2,452 | 1,781 | 395 | 281 | 182 |
| Asthma | 4,109 | 2,451 | 1,658 | 286 | 182 | 171 |
| Pneumonia | 2,299 | 1,207 | 1,093 | 243 | 166 | 126 |
| Streptococcal sore throat | 1,870 | 843 | 1,027 | 212 | 129 | 136 |
| Croup | 822 | 432 | 390 | 108 | 75 | 73 |
| Selected ear conditions | | | | | | |
| Middle ear infection | 20,127 | 10,844 | 9,283 | 1,140 | 692 | 548 |
| External ear canal infection | 1,006 | 542 | 464 | 136 | 92 | 73 |
| Selected eye conditions | | | | | | |
| Infectious conjunctivitis | 2,093 | 1,057 | 1,035 | 180 | 123 | 106 |
| Correctable vision | 1,821 | 886 | 935 | 337 | 160 | 189 |
| Selected other conditions | | | | | | |
| Viral syndrome | 3,756 | 1,796 | 1,960 | 306 | 157 | 194 |
| Eczema | 3,192 | 1,875 | 1,316 | 238 | 165 | 127 |
| Attention deficit disorder | 2,113 | 1,684 | 428 | 258 | 208 | 78 |
| Bladder infection | 1,035 | 225 | 810 | 115 | 49 | 104 |
| Gastroenteritis | 651 | 372 | 279 | 90 | 65 | 50 |
| Chicken pox | 631 | 300 | 331 | 97 | 57 | 77 |
| All other diagnoses | 44,270 | 22,878 | 21,392 | 1,754 | 982 | 895 |
| Number of visits per 100 children per year | | | | | | |
| Total | 283.7 | 293.1 | 273.9 | 10.2 | 11.1 | 10.0 |
| Well-child visit | 41.8 | 41.5 | 42.2 | 2.4 | 2.7 | 2.6 |
| Injury | 29.0 | 32.9 | 24.9 | 1.2 | 1.5 | 1.2 |
| Selected respiratory conditions | | | | | | |
| Cold, cough, runny nose | 24.2 | 24.1 | 24.2 | 1.4 | 1.5 | 1.6 |
| Sore throat, tonsillitis | 14.8 | 14.6 | 15.0 | 1.0 | 1.2 | 1.2 |
| Hayfever, sinusitis | 9.3 | 9.6 | 9.0 | 0.7 | 0.9 | 0.8 |
| Bronchitis | 7.4 | 8.4 | 6.4 | 0.7 | 1.0 | 0.7 |
| Asthma | 7.2 | 8.4 | 5.9 | 0.5 | 0.6 | 0.6 |
| Pneumonia | 4.0 | 4.1 | 3.9 | 0.4 | 0.6 | 0.5 |
| Streptococcal sore throat | 3.3 | 2.9 | 3.7 | 0.4 | 0.4 | 0.5 |
| Croup | 1.4 | 1.5 | 1.4 | 0.2 | 0.3 | 0.3 |
| Selected ear conditions | | | | | | |
| Middle ear infection | 35.2 | 37.1 | 33.3 | 2.0 | 2.4 | 2.0 |
| External ear canal infection | 1.8 | 1.9 | 1.7 | 0.2 | 0.3 | 0.3 |
| Selected eye conditions | | | | | | |
| Infectious conjunctivitis | 3.7 | 3.6 | 3.7 | 0.3 | 0.4 | 0.4 |
| Correctable vision | 3.2 | 3.0 | 3.4 | 0.6 | 0.6 | 0.7 |
| Selected other conditions | | | | | | |
| Viral syndrome | 6.6 | 6.1 | 7.0 | 0.5 | 0.5 | 0.7 |
| Eczema | 5.6 | 6.4 | 4.7 | 0.4 | 0.6 | 0.5 |
| Attention deficit disorder | 3.7 | 5.8 | 1.5 | 0.5 | 0.7 | 0.3 |
| Bladder infection | 1.8 | 0.8 | 2.9 | 0.2 | 0.2 | 0.4 |
| Gastroenteritis | 1.1 | 1.3 | 1.0 | 0.2 | 0.2 | 0.2 |
| Chicken pox | 1.1 | 1.0 | 1.2 | 0.2 | 0.2 | 0.3 |
| All other diagnoses | 77.5 | 78.3 | 76.7 | 3.1 | 3.4 | 3.2 |

Table 3. Ambulatory care visits among children under 15 years of age by sex and principal diagnosis category: United States, average annual 1993–95—Con.

| Principal diagnosis category | Both sexes | Males | Females | Both sexes | Males | Females |
|---------------------------------|----------------------|-------|---------|----------------|-------|---------|
| | Percent distribution | | | Standard error | | |
| Total | 100.0 | 100.0 | 100.0 | ... | ... | ... |
| Well-child visit | 14.7 | 14.2 | 15.4 | 0.6 | 0.7 | 0.7 |
| Injury | 10.2 | 11.2 | 9.1 | 0.3 | 0.4 | 0.4 |
| Selected respiratory conditions | | | | | | |
| Cold, cough, runny nose | 8.5 | 8.2 | 8.9 | 0.4 | 0.4 | 0.5 |
| Sore throat, tonsillitis | 5.2 | 5.0 | 5.5 | 0.3 | 0.3 | 0.4 |
| Hayfever, sinusitis | 3.3 | 3.3 | 3.3 | 0.3 | 0.3 | 0.3 |
| Bronchitis | 2.6 | 2.9 | 2.3 | 0.2 | 0.3 | 0.2 |
| Asthma | 2.5 | 2.9 | 2.2 | 0.2 | 0.2 | 0.2 |
| Pneumonia | 1.4 | 1.4 | 1.4 | 0.1 | 0.2 | 0.2 |
| Streptococcal sore throat | 1.2 | 1.0 | 1.3 | 0.1 | 0.1 | 0.2 |
| Croup | 0.5 | 0.5 | 0.5 | 0.1 | 0.1 | 0.1 |
| Selected ear conditions | | | | | | |
| Middle ear infection | 12.4 | 12.7 | 12.2 | 0.5 | 0.6 | 0.5 |
| External ear canal infection | 0.6 | 0.6 | 0.6 | 0.1 | 0.1 | 0.1 |
| Selected eye conditions | | | | | | |
| Infectious conjunctivitis | 1.3 | 1.2 | 1.4 | 0.1 | 0.2 | 0.1 |
| Correctable vision | 1.1 | 1.0 | 1.2 | 0.2 | 0.2 | 0.3 |
| Selected other conditions | | | | | | |
| Viral syndrome | 2.3 | 2.1 | 2.6 | 0.2 | 0.2 | 0.2 |
| Eczema | 2.0 | 2.2 | 1.7 | 0.1 | 0.2 | 0.2 |
| Attention deficit disorder | 1.3 | 2.0 | 0.6 | 0.2 | 0.2 | 0.1 |
| Bladder infection | 0.6 | 0.3 | 1.1 | 0.1 | 0.1 | 0.1 |
| Gastroenteritis | 0.4 | 0.4 | 0.4 | 0.1 | 0.1 | 0.1 |
| Chicken pox | 0.4 | 0.4 | 0.4 | 0.1 | 0.1 | 0.1 |
| All other diagnoses | 27.3 | 26.7 | 28.0 | 0.6 | 0.7 | 0.7 |
| Percent distribution | | | | | | |
| Total | 100.0 | 52.9 | 47.1 | ... | 0.5 | 0.5 |
| Well-child visit | 100.0 | 50.8 | 49.3 | ... | 1.4 | 1.4 |
| Injury | 100.0 | 58.0 | 42.0 | ... | 1.1 | 1.1 |
| Selected respiratory conditions | | | | | | |
| Cold, cough, runny nose | 100.0 | 51.1 | 49.0 | ... | 1.6 | 1.6 |
| Sore throat, tonsillitis | 100.0 | 50.4 | 49.6 | ... | 1.8 | 1.8 |
| Hayfever, sinusitis | 100.0 | 52.7 | 47.3 | ... | 2.3 | 2.3 |
| Bronchitis | 100.0 | 57.9 | 42.1 | ... | 2.9 | 2.9 |
| Asthma | 100.0 | 59.7 | 40.3 | ... | 2.7 | 2.7 |
| Pneumonia | 100.0 | 52.5 | 47.5 | ... | 3.7 | 3.7 |
| Streptococcal sore throat | 100.0 | 45.1 | 54.9 | ... | 4.5 | 4.5 |
| Croup | 100.0 | 52.5 | 47.5 | ... | 6.2 | 6.2 |
| Selected ear conditions | | | | | | |
| Middle ear infection | 100.0 | 53.9 | 46.1 | ... | 1.3 | 1.3 |
| External ear canal infection | 100.0 | 53.9 | 46.1 | ... | 4.9 | 4.9 |
| Selected eye conditions | | | | | | |
| Infectious conjunctivitis | 100.0 | 50.5 | 49.5 | ... | 3.6 | 3.6 |
| Correctable vision | 100.0 | 48.6 | 51.4 | ... | 2.6 | 2.6 |
| Selected other conditions | | | | | | |
| Viral syndrome | 100.0 | 47.8 | 52.2 | ... | 2.4 | 2.4 |
| Eczema | 100.0 | 58.8 | 41.2 | ... | 2.7 | 2.7 |
| Attention deficit disorder | 100.0 | 79.7 | 20.3 | ... | 2.7 | 2.7 |
| Bladder infection | 100.0 | 21.8 | 78.2 | ... | 4.4 | 4.4 |
| Gastroenteritis | 100.0 | 57.1 | 42.9 | ... | 5.8 | 5.8 |
| Chicken pox | 100.0 | 47.5 | 52.5 | ... | 7.7 | 7.7 |
| All other diagnoses | 100.0 | 51.7 | 48.3 | ... | 0.8 | 0.8 |

... Category not applicable.

NOTE: This table excludes 1.9 percent of visits without a principal diagnosis coded, and differs from data presented in table 1. See [appendix table I](#) for definitions of principal diagnosis categories and ICD–9–CM codes.

Table 4. Ambulatory care visits among children under 15 years of age by race and principal diagnosis category: United States, average annual 1993–95

| Principal diagnosis category | All races ¹ | White | Black | All races ¹ | White | Black |
|--|-------------------------------|---------|--------|------------------------|-------|-------|
| | Number of visits in thousands | | | Standard error | | |
| Total | 162,072 | 136,849 | 18,623 | 5,850 | 5,420 | 1,042 |
| Well-child visit | 23,896 | 20,166 | 2,376 | 1,370 | 1,225 | 216 |
| Injury | 16,579 | 14,032 | 2,109 | 666 | 616 | 163 |
| Selected respiratory conditions | | | | | | |
| Cold, cough, runny nose | 13,805 | 11,292 | 1,764 | 771 | 716 | 184 |
| Sore throat, tonsillitis | 8,445 | 7,359 | 840 | 595 | 548 | 98 |
| Hayfever, sinusitis | 5,321 | 4,688 | 344 | 405 | 391 | 71 |
| Bronchitis | 4,232 | 3,786 | 325 | 395 | 369 | 77 |
| Asthma | 4,109 | 3,155 | 760 | 286 | 259 | 90 |
| Pneumonia | 2,299 | 1,959 | 289 | 243 | 216 | 60 |
| Streptococcal sore throat | 1,870 | 1,640 | *186 | 212 | 208 | 57 |
| Croup | 822 | 747 | *63 | 108 | 106 | 24 |
| Selected ear conditions | | | | | | |
| Middle ear infection | 20,127 | 17,636 | 1,800 | 1,140 | 1,054 | 139 |
| External ear canal infection | 1,006 | 936 | * | 136 | 136 | ... |
| Selected eye conditions | | | | | | |
| Infectious conjunctivitis | 2,093 | 1,773 | 285 | 180 | 174 | 58 |
| Correctable vision | 1,821 | 1,638 | *115 | 337 | 310 | 41 |
| Selected other conditions | | | | | | |
| Viral syndrome | 3,756 | 3,088 | 380 | 306 | 267 | 57 |
| Eczema | 3,192 | 2,337 | 609 | 238 | 206 | 100 |
| Attention deficit disorder | 2,113 | 1,871 | 230 | 258 | 238 | 60 |
| Bladder infection | 1,035 | 856 | *140 | 115 | 104 | 45 |
| Gastroenteritis | 651 | 541 | 96 | 90 | 83 | 27 |
| Chicken pox | 631 | 519 | 83 | 97 | 91 | 22 |
| All other diagnoses | 44,270 | 36,832 | 5,770 | 1,754 | 1,596 | 385 |
| Number of visits per 100 children per year | | | | | | |
| Total | 283.7 | 301.7 | 209.9 | 10.2 | 11.9 | 11.7 |
| Well-child visit | 41.8 | 44.5 | 26.8 | 2.4 | 2.7 | 2.4 |
| Injury | 29.0 | 30.9 | 23.8 | 1.2 | 1.4 | 1.8 |
| Selected respiratory conditions | | | | | | |
| Cold, cough, runny nose | 24.2 | 24.9 | 19.9 | 1.4 | 1.6 | 2.1 |
| Sore throat, tonsillitis | 14.8 | 16.2 | 9.5 | 1.0 | 1.2 | 1.1 |
| Hayfever, sinusitis | 9.3 | 10.3 | 3.9 | 0.7 | 0.9 | 0.8 |
| Bronchitis | 7.4 | 8.3 | 3.7 | 0.7 | 0.8 | 0.9 |
| Asthma | 7.2 | 7.0 | 8.6 | 0.5 | 0.6 | 1.0 |
| Pneumonia | 4.0 | 4.3 | 3.3 | 0.4 | 0.5 | 0.7 |
| Streptococcal sore throat | 3.3 | 3.6 | *2.1 | 0.4 | 0.5 | 0.7 |
| Croup | 1.4 | 1.6 | *0.7 | 0.2 | 0.2 | 0.3 |
| Selected ear conditions | | | | | | |
| Middle ear infection | 35.2 | 38.9 | 20.3 | 2.0 | 2.3 | 1.6 |
| External ear canal infection | 1.8 | 2.1 | * | 0.2 | 0.3 | ... |
| Selected eye conditions | | | | | | |
| Infectious conjunctivitis | 3.7 | 3.9 | 3.2 | 0.3 | 0.4 | 0.7 |
| Correctable vision | 3.2 | 3.6 | *1.3 | 0.6 | 0.7 | 0.5 |
| Selected other conditions | | | | | | |
| Viral syndrome | 6.6 | 6.8 | 4.3 | 0.5 | 0.6 | 0.6 |
| Eczema | 5.6 | 5.2 | 6.9 | 0.4 | 0.5 | 1.1 |
| Attention deficit disorder | 3.7 | 4.1 | 2.6 | 0.5 | 0.5 | 0.7 |
| Bladder infection | 1.8 | 1.9 | *1.6 | 0.2 | 0.2 | 0.5 |
| Gastroenteritis | 1.1 | 1.2 | 1.1 | 0.2 | 0.2 | 0.3 |
| Chicken pox | 1.1 | 1.1 | 0.9 | 0.2 | 0.2 | 0.2 |
| All other diagnoses | 77.5 | 81.2 | 65.1 | 3.1 | 3.5 | 4.3 |

Table 4. Ambulatory care visits among children under 15 years of age by race and principal diagnosis category: United States, average annual 1993–95—Con.

| Principal diagnosis category | All races ¹ | White | Black | All races ¹ | White | Black |
|---------------------------------|------------------------|-------|-------|------------------------|-------|-------|
| | Percent distribution | | | Standard error | | |
| Total | 100.0 | 100.0 | 100.0 | ... | ... | ... |
| Well-child visit | 14.7 | 14.7 | 12.8 | 0.6 | 0.6 | 0.9 |
| Injury | 10.2 | 10.3 | 11.3 | 0.3 | 0.4 | 0.7 |
| Selected respiratory conditions | | | | | | |
| Cold, cough, runny nose | 8.5 | 8.3 | 9.5 | 0.4 | 0.4 | 0.8 |
| Sore throat, tonsillitis | 5.2 | 5.4 | 4.5 | 0.3 | 0.3 | 0.5 |
| Hayfever, sinusitis | 3.3 | 3.4 | 1.9 | 0.3 | 0.3 | 0.4 |
| Bronchitis | 2.6 | 2.8 | 1.7 | 0.2 | 0.3 | 0.4 |
| Asthma | 2.5 | 2.3 | 4.1 | 0.2 | 0.2 | 0.4 |
| Pneumonia | 1.4 | 1.4 | 1.6 | 0.1 | 0.1 | 0.3 |
| Streptococcal sore throat | 1.2 | 1.2 | *1.0 | 0.1 | 0.1 | 0.3 |
| Croup | 0.5 | 0.6 | *0.3 | 0.1 | 0.1 | 0.1 |
| Selected ear conditions | | | | | | |
| Middle ear infection | 12.4 | 12.9 | 9.7 | 0.5 | 0.5 | 0.6 |
| External ear canal infection | 0.6 | 0.7 | * | 0.1 | 0.1 | ... |
| Selected eye conditions | | | | | | |
| Infectious conjunctivitis | 1.3 | 1.3 | 1.5 | 0.1 | 0.1 | 0.3 |
| Correctable vision | 1.1 | 1.2 | *0.6 | 0.2 | 0.2 | 0.2 |
| Selected other conditions | | | | | | |
| Viral syndrome | 2.3 | 2.3 | 2.0 | 0.2 | 0.2 | 0.3 |
| Eczema | 2.0 | 1.7 | 3.3 | 0.1 | 0.1 | 0.5 |
| Attention deficit disorder | 1.3 | 1.4 | 1.2 | 0.2 | 0.2 | 0.3 |
| Bladder infection | 0.6 | 0.6 | *0.8 | 0.1 | 0.1 | 0.2 |
| Gastroenteritis | 0.4 | 0.4 | 0.5 | 0.1 | 0.1 | 0.2 |
| Chicken pox | 0.4 | 0.4 | 0.5 | 0.1 | 0.1 | 0.1 |
| All other diagnoses | 27.3 | 26.9 | 31.0 | 0.6 | 0.7 | 1.1 |

... Category not applicable.

* Estimates with a relative standard error between 30–50 percent are shown with an asterisk. Estimates with a relative standard error greater than 50 percent are not shown.

¹All races includes races not listed separately.NOTE: This table excludes 1.9 percent of visits without a principal diagnosis coded, and differs from data presented in table 1. See [appendix table 1](#) for definitions of principal diagnosis categories and ICD–9–CM codes.

Table 5. Ambulatory care visits among children under 15 years of age by selected principal diagnosis category, age, and race: United States, average annual 1993–95

| Age and race | All visits | Selected diagnoses | | | | | Asthma |
|--|------------|--------------------|----------------------|--------|-------------------------|--------------------------|--------|
| | | Well-child visit | Middle ear infection | Injury | Cold, cough, runny nose | Sore throat/ tonsillitis | |
| Number of visits per 100 children per year | | | | | | | |
| Under 15 years | | | | | | | |
| All races ¹ | 283.7 | 41.8 | 35.2 | 29.0 | 24.2 | 14.8 | 7.2 |
| White | 301.7 | 44.5 | 38.9 | 30.9 | 24.9 | 16.2 | 7.0 |
| Black | 209.9 | 26.8 | 20.3 | 23.8 | 19.9 | 9.5 | 8.6 |
| Under 5 years: | | | | | | | |
| All races ¹ | 443.9 | 89.9 | 73.9 | 27.1 | 47.4 | 16.3 | 7.6 |
| White | 469.3 | 96.1 | 80.7 | 28.6 | 48.2 | 18.1 | 7.5 |
| Black | 340.6 | 59.5 | 47.5 | 23.3 | 39.4 | 10.2 | 9.4 |
| Under 1 year: | | | | | | | |
| All races ¹ | 797.6 | 255.9 | 110.4 | 18.3 | 81.3 | 11.6 | 6.4 |
| White | 836.7 | 276.2 | 121.4 | 18.9 | 79.9 | 12.2 | 6.4 |
| Black | 628.6 | 156.4 | 73.0 | 16.5 | 82.6 | 8.9 | 6.5 |
| 1–4 years: | | | | | | | |
| All races ¹ | 357.1 | 49.2 | 65.0 | 29.3 | 39.1 | 17.4 | 7.9 |
| White | 379.5 | 52.1 | 70.8 | 31.0 | 40.4 | 19.6 | 7.8 |
| Black | 270.3 | 35.8 | 41.3 | 24.9 | 28.8 | 10.5 | 10.2 |
| 5–14 years: | | | | | | | |
| All races ¹ | 199.8 | 16.6 | 14.9 | 30.0 | 12.0 | 14.0 | 7.0 |
| White | 214.3 | 17.5 | 17.1 | 32.1 | 12.8 | 15.2 | 6.7 |
| Black | 140.0 | 9.3 | 5.7 | 24.0 | 9.5 | 9.1 | 8.1 |
| Standard error | | | | | | | |
| Under 15 years | | | | | | | |
| All races ¹ | 10.2 | 2.4 | 2.0 | 1.2 | 1.4 | 1.0 | 0.5 |
| White | 11.9 | 2.7 | 2.3 | 1.4 | 1.6 | 1.2 | 0.6 |
| Black | 11.7 | 2.4 | 1.6 | 1.8 | 2.1 | 1.1 | 1.0 |
| Under 5 years: | | | | | | | |
| All races ¹ | 18.1 | 5.4 | 4.5 | 1.3 | 2.7 | 1.5 | 0.8 |
| White | 20.9 | 6.0 | 5.3 | 1.6 | 3.1 | 1.8 | 1.0 |
| Black | 20.6 | 5.9 | 3.7 | 1.9 | 4.0 | 1.8 | 1.5 |
| Under 1 year: | | | | | | | |
| All races ¹ | 37.2 | 18.1 | 9.1 | 1.9 | 5.8 | 2.2 | 1.2 |
| White | 41.7 | 20.1 | 10.7 | 2.2 | 6.4 | 2.3 | 1.5 |
| Black | 45.7 | 20.5 | 9.1 | 2.4 | 11.3 | 3.8 | 1.5 |
| 1–4 years: | | | | | | | |
| All races ¹ | 14.4 | 2.9 | 3.9 | 1.4 | 2.6 | 1.7 | 1.0 |
| White | 16.9 | 3.5 | 4.6 | 1.7 | 3.0 | 2.0 | 1.2 |
| Black | 17.5 | 4.4 | 3.6 | 2.1 | 3.9 | 2.1 | 1.7 |
| 5–14 years: | | | | | | | |
| All races ¹ | 7.0 | 1.3 | 0.9 | 1.3 | 1.0 | 1.1 | 0.5 |
| White | 8.2 | 1.5 | 1.1 | 1.5 | 1.2 | 1.2 | 0.6 |
| Black | 8.6 | 1.4 | 0.9 | 2.3 | 1.8 | 1.4 | 1.2 |

¹All races includes races not listed separately.NOTE: This table excludes 1.9 percent of visits without a principal diagnosis coded, and differs from data presented in table 1. See [appendix table I](#) for definitions of principal diagnosis categories and ICD–9–CM codes.

Table 6. Ambulatory care visits among children under 15 years of age by place of visit and principal diagnosis category: United States, average annual 1993–95

| Principal diagnosis category | All places | Physician office | Hospital outpatient department | Hospital emergency department | All places | Physician office | Hospital outpatient department | Hospital emergency department |
|--|-------------------------------|------------------|--------------------------------|-------------------------------|----------------|------------------|--------------------------------|-------------------------------|
| | Number of visits in thousands | | | | Standard error | | | |
| Total | 162,072 | 125,968 | 13,457 | 22,647 | 5,850 | 4,957 | 1,492 | 969 |
| Well-child visit | 23,896 | 21,825 | 1,997 | 74 | 1,370 | 1,304 | 213 | 12 |
| Injury | 16,579 | 7,856 | 1,006 | 7,717 | 666 | 442 | 165 | 330 |
| Selected respiratory conditions | | | | | | | | |
| Cold, cough, runny nose | 13,805 | 11,509 | 772 | 1,524 | 771 | 741 | 130 | 96 |
| Sore throat, tonsillitis | 8,445 | 6,980 | 443 | 1,022 | 595 | 558 | 89 | 72 |
| Hayfever, sinusitis | 5,321 | 4,854 | 265 | 202 | 405 | 409 | 53 | 24 |
| Bronchitis | 4,232 | 3,587 | 119 | 527 | 395 | 389 | 26 | 43 |
| Asthma | 4,109 | 3,029 | 469 | 611 | 286 | 272 | 106 | 46 |
| Pneumonia | 2,299 | 1,747 | 103 | 449 | 243 | 231 | 25 | 43 |
| Streptococcal sore throat | 1,870 | 1,607 | 100 | 163 | 212 | 206 | 25 | 24 |
| Croup | 822 | 595 | *34 | 193 | 108 | 103 | 14 | 23 |
| Selected ear conditions | | | | | | | | |
| Middle ear infection | 20,127 | 16,310 | 1,172 | 2,646 | 1,140 | 1,077 | 151 | 152 |
| External ear canal infection | 1,006 | 846 | *50 | 110 | 136 | 136 | 16 | 17 |
| Selected eye conditions | | | | | | | | |
| Infectious conjunctivitis | 2,093 | 1,688 | 131 | 273 | 180 | 177 | 23 | 28 |
| Correctable vision | 1,821 | 1,661 | *159 | * | 337 | 332 | 60 | ... |
| Selected other conditions | | | | | | | | |
| Viral syndrome | 3,756 | 2,668 | 157 | 931 | 306 | 282 | 26 | 86 |
| Eczema | 3,192 | 2,613 | 240 | 338 | 238 | 222 | 41 | 34 |
| Attention deficit disorder | 2,113 | 1,887 | 220 | *5 | 258 | 252 | 49 | 2 |
| Bladder infection | 1,035 | 753 | 84 | 198 | 115 | 115 | 16 | 20 |
| Gastroenteritis | 651 | 428 | 37 | 186 | 90 | 84 | 9 | 24 |
| Chicken pox | 631 | 500 | 25 | 106 | 97 | 94 | 7 | 15 |
| All other diagnoses | 44,270 | 33,027 | 5,873 | 5,370 | 1,754 | 1,335 | 694 | 267 |
| Number of visits per 100 children per year | | | | | | | | |
| Total | 283.7 | 220.5 | 23.6 | 39.6 | 10.2 | 8.7 | 2.6 | 1.7 |
| Well-child visit | 41.8 | 38.2 | 3.5 | 0.1 | 2.4 | 2.3 | 0.4 | 0.0 |
| Injury | 29.0 | 13.8 | 1.8 | 13.5 | 1.2 | 0.8 | 0.3 | 0.6 |
| Selected respiratory conditions | | | | | | | | |
| Cold, cough, runny nose | 24.2 | 20.1 | 1.4 | 2.7 | 1.4 | 1.3 | 0.2 | 0.2 |
| Sore throat, tonsillitis | 14.8 | 12.2 | 0.8 | 1.8 | 1.0 | 1.0 | 0.2 | 0.1 |
| Hayfever, sinusitis | 9.3 | 8.5 | 0.5 | 0.4 | 0.7 | 0.7 | 0.1 | 0.0 |
| Bronchitis | 7.4 | 6.3 | 0.2 | 0.9 | 0.7 | 0.7 | 0.1 | 0.1 |
| Asthma | 7.2 | 5.3 | 0.8 | 1.1 | 0.5 | 0.5 | 0.2 | 0.1 |
| Pneumonia | 4.0 | 3.1 | 0.2 | 0.8 | 0.4 | 0.4 | 0.0 | 0.1 |
| Streptococcal sore throat | 3.3 | 2.8 | 0.2 | 0.3 | 0.4 | 0.4 | 0.0 | 0.0 |
| Croup | 1.4 | 1.0 | *0.1 | 0.3 | 0.2 | 0.2 | 0.0 | 0.0 |
| Selected ear conditions | | | | | | | | |
| Middle ear infection | 35.2 | 28.6 | 2.1 | 4.6 | 2.0 | 1.9 | 0.3 | 0.3 |
| External ear canal infection | 1.8 | 1.5 | *0.1 | 0.2 | 0.2 | 0.2 | 0.0 | 0.0 |
| Selected eye conditions | | | | | | | | |
| Infectious conjunctivitis | 3.7 | 3.0 | 0.2 | 0.5 | 0.3 | 0.3 | 0.0 | 0.1 |
| Correctable vision | 3.2 | 2.9 | *0.3 | * | 0.6 | 0.6 | 0.1 | ... |
| Selected other conditions | | | | | | | | |
| Viral syndrome | 6.6 | 4.7 | 0.3 | 1.6 | 0.5 | 0.5 | 0.1 | 0.2 |
| Eczema | 5.6 | 4.6 | 0.4 | 0.6 | 0.4 | 0.4 | 0.1 | 0.1 |
| Attention deficit disorder | 3.7 | 3.3 | 0.4 | * | 0.5 | 0.4 | 0.1 | ... |
| Bladder infection | 1.8 | 1.3 | 0.2 | 0.3 | 0.2 | 0.2 | 0.0 | 0.0 |
| Gastroenteritis | 1.1 | 0.7 | 0.1 | 0.3 | 0.2 | 0.1 | 0.0 | 0.0 |
| Chicken pox | 1.1 | 0.9 | 0.0 | 0.2 | 0.2 | 0.2 | 0.0 | 0.0 |
| All other diagnoses | 77.5 | 57.8 | 10.3 | 9.4 | 3.1 | 2.3 | 1.2 | 0.5 |

Table 6. Ambulatory care visits among children under 15 years of age by place of visit and principal diagnosis category: United States, average annual 1993–95—Con.

| Principal diagnosis category | All places | Physician office | Hospital outpatient department | Hospital emergency department | All places | Physician office | Hospital outpatient department | Hospital emergency department |
|---------------------------------|----------------------|------------------|--------------------------------|-------------------------------|----------------|------------------|--------------------------------|-------------------------------|
| | Percent distribution | | | | Standard error | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | ... | ... | ... | ... |
| Well-child visit | 14.7 | 17.3 | 14.8 | 0.3 | 0.6 | 0.7 | 1.1 | 0.1 |
| Injury | 10.2 | 6.2 | 7.5 | 34.1 | 0.3 | 0.3 | 0.7 | 0.7 |
| Selected respiratory conditions | | | | | | | | |
| Cold, cough, runny nose | 8.5 | 9.1 | 5.7 | 6.7 | 0.4 | 0.5 | 0.6 | 0.3 |
| Sore throat, tonsillitis | 5.2 | 5.5 | 3.3 | 4.5 | 0.3 | 0.4 | 0.4 | 0.3 |
| Hayfever, sinusitis | 3.3 | 3.9 | 2.0 | 0.9 | 0.3 | 0.4 | 0.2 | 0.1 |
| Bronchitis | 2.6 | 2.9 | 0.9 | 2.3 | 0.2 | 0.3 | 0.1 | 0.2 |
| Asthma | 2.5 | 2.4 | 3.5 | 2.7 | 0.2 | 0.2 | 0.6 | 0.2 |
| Pneumonia | 1.4 | 1.4 | 0.8 | 2.0 | 0.1 | 0.2 | 0.1 | 0.2 |
| Streptococcal sore throat | 1.2 | 1.3 | 0.7 | 0.7 | 0.1 | 0.2 | 0.1 | 0.1 |
| Croup | 0.5 | 0.5 | *0.3 | 0.9 | 0.1 | 0.1 | 0.1 | 0.1 |
| Selected ear conditions | | | | | | | | |
| Middle ear infection | 12.4 | 13.0 | 8.7 | 11.7 | 0.5 | 0.6 | 0.5 | 0.4 |
| External ear canal infection | 0.6 | 0.7 | 0.4 | 0.5 | 0.1 | 0.1 | 0.1 | 0.1 |
| Selected eye conditions | | | | | | | | |
| Infectious conjunctivitis | 1.3 | 1.3 | 1.0 | 1.2 | 0.1 | 0.1 | 0.1 | 0.1 |
| Correctable vision | 1.1 | 1.3 | *1.2 | * | 0.2 | 0.3 | 0.4 | ... |
| Selected other conditions | | | | | | | | |
| Viral syndrome | 2.3 | 2.1 | 1.2 | 4.1 | 0.2 | 0.2 | 0.2 | 0.3 |
| Eczema | 2.0 | 2.1 | 1.8 | 1.5 | 0.1 | 0.2 | 0.2 | 0.1 |
| Attention deficit disorder | 1.3 | 1.5 | 1.6 | * | 0.2 | 0.2 | 0.3 | ... |
| Bladder infection | 0.6 | 0.6 | 0.6 | 0.9 | 0.1 | 0.1 | 0.1 | 0.1 |
| Gastroenteritis | 0.4 | 0.3 | 0.3 | 0.8 | 0.1 | 0.1 | 0.1 | 0.1 |
| Chicken pox | 0.4 | 0.4 | 0.2 | 0.5 | 0.1 | 0.1 | 0.0 | 0.1 |
| All other diagnoses | 27.3 | 26.2 | 43.6 | 23.7 | 0.6 | 0.7 | 1.8 | 0.5 |
| Percent distribution | | | | | | | | |
| Total | 100.0 | 77.7 | 8.3 | 14.0 | ... | 1.1 | 0.8 | 0.6 |
| Well-child visit | 100.0 | 91.3 | 8.4 | 0.3 | ... | 0.9 | 0.9 | 0.1 |
| Injury | 100.0 | 47.4 | 6.1 | 46.6 | ... | 1.7 | 0.9 | 1.5 |
| Selected respiratory conditions | | | | | | | | |
| Cold, cough, runny nose | 100.0 | 83.4 | 5.6 | 11.0 | ... | 1.4 | 1.0 | 0.9 |
| Sore throat, tonsillitis | 100.0 | 82.6 | 5.3 | 12.1 | ... | 1.6 | 1.1 | 1.1 |
| Hayfever, sinusitis | 100.0 | 91.2 | 5.0 | 3.8 | ... | 1.4 | 1.2 | 0.5 |
| Bronchitis | 100.0 | 84.8 | 2.8 | 12.5 | ... | 1.7 | 0.7 | 1.4 |
| Asthma | 100.0 | 73.7 | 11.4 | 14.9 | ... | 3.1 | 2.5 | 1.4 |
| Pneumonia | 100.0 | 76.0 | 4.5 | 19.6 | ... | 3.0 | 1.2 | 2.5 |
| Streptococcal sore throat | 100.0 | 86.0 | 5.3 | 8.7 | ... | 2.2 | 1.5 | 1.5 |
| Croup | 100.0 | 72.4 | *4.1 | 23.5 | ... | 4.2 | 1.8 | 3.6 |
| Selected ear conditions | | | | | | | | |
| Middle ear infection | 100.0 | 81.0 | 5.8 | 13.1 | ... | 1.4 | 0.8 | 0.9 |
| External ear canal infection | 100.0 | 84.1 | *5.0 | 10.9 | ... | 3.5 | 1.9 | 2.2 |
| Selected eye conditions | | | | | | | | |
| Infectious conjunctivitis | 100.0 | 80.7 | 6.3 | 13.1 | ... | 2.5 | 1.2 | 1.7 |
| Correctable vision | 100.0 | 91.2 | *8.7 | * | ... | 3.5 | 3.5 | ... |
| Selected other conditions | | | | | | | | |
| Viral syndrome | 100.0 | 71.0 | 4.2 | 24.8 | ... | 2.8 | 0.8 | 2.5 |
| Eczema | 100.0 | 81.9 | 7.5 | 10.6 | ... | 2.0 | 1.2 | 1.2 |
| Attention deficit disorder | 100.0 | 89.3 | 10.4 | *0.3 | ... | 2.6 | 2.6 | 0.1 |
| Bladder infection | 100.0 | 72.7 | 8.1 | 19.2 | ... | 4.0 | 1.8 | 2.9 |
| Gastroenteritis | 100.0 | 65.7 | 5.7 | 28.6 | ... | 5.3 | 1.6 | 4.5 |
| Chicken pox | 100.0 | 79.3 | *4.0 | 16.7 | ... | 3.9 | 1.3 | 3.3 |
| All other diagnoses | 100.0 | 74.6 | 13.3 | 12.1 | ... | 1.5 | 1.3 | 0.6 |

... Category not applicable.

0.0 Quantity more than zero but less than 0.05.

* Estimates with a relative standard error between 30–50 percent are shown with an asterisk. Estimates with a relative standard error greater than 50 percent are not shown.

NOTE: This table excludes 1.9 percent of visits without a principal diagnosis coded, and differs from data presented in table 1. See [appendix table I](#) for definitions of principal diagnosis categories and ICD–9–CM codes.

Table 7. Ambulatory care visits among children under 15 years of age by place of visit, race, and selected principal diagnosis category: United States, average annual 1993–95

| Principal diagnosis category | All places | | Physician office | | Hospital outpatient department | | Hospital emergency department | |
|--------------------------------------|--|-------|------------------|-------|--------------------------------|-------|-------------------------------|-------|
| | White | Black | White | Black | White | Black | White | Black |
| | Number of visits per 100 children per year | | | | | | | |
| Well-child visit | 44.5 | 26.8 | 41.9 | 17.8 | 2.5 | 8.8 | * | * |
| Middle ear infection | 38.9 | 20.3 | 32.6 | 10.6 | 2.0 | 2.8 | 4.3 | 6.9 |
| Injury | 30.9 | 23.8 | 15.5 | 6.8 | 1.6 | 2.8 | 13.8 | 14.1 |
| Asthma | 7.0 | 8.6 | 5.6 | 4.1 | 0.7 | 1.7 | 0.7 | 2.8 |
| Attention deficit disorder | 4.1 | 2.6 | 3.8 | *2.0 | 0.4 | 0.6 | * | * |
| | Standard error | | | | | | | |
| Well-child visit | 2.7 | 2.4 | 2.6 | 2.1 | 0.3 | 1.1 | ... | ... |
| Middle ear infection | 2.3 | 1.6 | 2.2 | 1.3 | 0.3 | 0.4 | 0.3 | 0.6 |
| Injury | 1.4 | 1.8 | 0.9 | 1.2 | 0.3 | 0.6 | 0.6 | 1.1 |
| Asthma | 0.6 | 1.0 | 0.6 | 0.8 | 0.1 | 0.4 | 0.1 | 0.3 |
| Attention deficit disorder | 0.5 | 0.7 | 0.5 | 0.7 | 0.1 | 0.2 | ... | ... |

... Category not applicable.

* Estimates with a relative standard error between 30–50 percent are shown with an asterisk. Estimates with a relative standard error greater than 50 percent are not shown.

NOTE: Data shown for selected diagnostic categories only. See [appendix table 1](#) for definitions of principal diagnosis categories and ICD–9–CM codes.

Table 8. Injury visits among children under 15 years of age by place of visit and principal injury diagnosis category: United States, average annual 1993–95

| Principal injury diagnosis category | All places | Physician office | Hospital outpatient department | Hospital emergency department | All places | Physician office | Hospital outpatient department | Hospital emergency department |
|--|------------|------------------|--------------------------------|-------------------------------|------------|------------------|--------------------------------|-------------------------------|
| | | | | | | | | |
| Total | 16,579 | 7,856 | 1,006 | 7,717 | 666 | 442 | 165 | 330 |
| Open wound | 3,910 | 1,107 | 183 | 2,620 | 214 | 135 | 40 | 125 |
| Fracture of upper, lower extremity | 3,401 | 2,160 | 307 | 935 | 221 | 195 | 58 | 57 |
| Scrape, bite, blister, bruise | 3,381 | 1,513 | 167 | 1,701 | 184 | 147 | 44 | 84 |
| Dislocations, strains, sprains of joints | 2,128 | 1,162 | 103 | 863 | 150 | 122 | 20 | 61 |
| Fracture of skull or intracranial injury | 768 | 310 | 30 | 427 | 83 | 70 | 10 | 35 |
| Poisoning or toxic effect | 539 | 208 | 25 | 305 | 80 | 69 | 7 | 30 |
| Trauma | 440 | 204 | 35 | 201 | 55 | 47 | 12 | 24 |
| All other injury | 2,012 | 1,192 | 156 | 665 | 139 | 119 | 31 | 50 |
| Number of visits per 100 children per year | | | | | | | | |
| Total | 29.0 | 13.8 | 1.8 | 13.5 | 1.2 | 0.8 | 0.3 | 0.6 |
| Open wound | 6.9 | 1.9 | 0.3 | 4.6 | 0.4 | 0.2 | 0.1 | 0.2 |
| Fracture of upper, lower extremity | 6.0 | 3.8 | 0.5 | 1.6 | 0.4 | 0.3 | 0.1 | 0.1 |
| Scrape, bite, blister, bruise | 5.9 | 2.7 | 0.3 | 3.0 | 0.3 | 0.3 | 0.1 | 0.2 |
| Dislocations, strains, sprains of joints | 3.7 | 2.0 | 0.2 | 1.5 | 0.3 | 0.2 | 0.0 | 0.1 |
| Fracture of skull or intracranial injury | 1.3 | 0.5 | 0.1 | 0.8 | 0.2 | 0.1 | 0.0 | 0.1 |
| Poisoning or toxic effect | 0.9 | 0.4 | 0.0 | 0.5 | 0.1 | 0.1 | 0.0 | 0.1 |
| Trauma | 0.8 | 0.4 | 0.1 | 0.4 | 0.1 | 0.1 | 0.0 | 0.0 |
| All other injury | 3.5 | 2.1 | 0.3 | 1.2 | 0.2 | 0.2 | 0.1 | 0.1 |
| Percent distribution | | | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | ... | ... | ... | ... |
| Open wound | 23.6 | 14.1 | 18.2 | 34.0 | 0.9 | 1.5 | 1.9 | 0.9 |
| Fracture of upper, lower extremity | 20.5 | 27.5 | 30.5 | 12.1 | 1.0 | 2.0 | 3.6 | 0.5 |
| Scrape, bite, blister, bruise | 20.4 | 19.3 | 16.6 | 22.0 | 0.9 | 1.8 | 2.3 | 0.7 |
| Dislocations, strains, sprains of joints | 12.8 | 14.8 | 10.2 | 11.2 | 0.7 | 1.3 | 1.3 | 0.6 |
| Fracture of skull or intracranial injury | 4.6 | 4.0 | 3.0 | 5.5 | 0.5 | 0.9 | 0.9 | 0.4 |
| Poisoning or toxic effect | 3.3 | 2.7 | 2.5 | 4.0 | 0.5 | 0.9 | 0.6 | 0.3 |
| Trauma | 2.7 | 2.6 | 3.5 | 2.6 | 0.3 | 0.6 | 0.9 | 0.3 |
| All other injury | 12.1 | 15.2 | 15.5 | 8.6 | 0.7 | 1.4 | 1.6 | 0.5 |
| Percent distribution | | | | | | | | |
| Total | 100.0 | 47.4 | 6.1 | 46.6 | ... | 1.7 | 0.9 | 1.5 |
| Open wound | 100.0 | 28.3 | 4.7 | 67.0 | ... | 2.5 | 1.0 | 2.4 |
| Fracture of upper, lower extremity | 100.0 | 63.5 | 9.0 | 27.5 | ... | 2.6 | 1.6 | 1.9 |
| Scrape, bite, blister, bruise | 100.0 | 44.8 | 4.9 | 50.3 | ... | 2.8 | 1.3 | 2.5 |
| Dislocations, strains, sprains of joints | 100.0 | 54.6 | 4.8 | 40.6 | ... | 2.9 | 1.0 | 2.7 |
| Fracture of skull or intracranial injury | 100.0 | 40.4 | 3.9 | 55.6 | ... | 5.8 | 1.4 | 5.5 |
| Poisoning or toxic effect | 100.0 | 38.7 | 4.7 | 56.6 | ... | 7.7 | 1.4 | 7.1 |
| Trauma | 100.0 | 46.3 | 8.0 | 45.7 | ... | 6.7 | 2.6 | 5.8 |
| All other injury | 100.0 | 59.2 | 7.7 | 33.1 | ... | 3.0 | 1.5 | 2.5 |

... Category not applicable.

0.0 Quantity more than zero but less than 0.05.

NOTE: This table excludes 1.9 percent of visits without a principal diagnosis coded, and differs from data presented in table 1. See [appendix table II](#) for definitions of principal injury diagnosis categories and ICD-9-CM codes.

Appendix

Principal Diagnosis Category and Population Tables

Table I. Principal diagnosis categories and ICD–9–CM codes

| Principal diagnosis category | Definition of ICD–9–CM code |
|------------------------------|--|
| Well-child visit | |
| V20.2 | Routine infant or child health check |
| V70.0 | Routine general medical exam |
| V70.5 | Health exam of defined subpopulations |
| V70.9 | Unspecified general medical exam |
| Injury | |
| 800–999 | Injury and poisoning |
| Cold, cough, runny nose | |
| 460.0 | Acute nasopharyngitis |
| 464.0 | Acute laryngitis |
| 465.9 | Acute upper respiratory infection, unspecified site |
| 472.0 | Chronic rhinitis |
| 786.2 | Cough |
| Sore throat, tonsillitis | |
| 462.0 | Acute pharyngitis |
| 463.0 | Acute tonsillitis |
| 472.1–472.2 | Chronic pharyngitis/nasopharyngitis |
| 474 | Chronic diseases of tonsils and adenoids |
| 475 | Peritonsillar abscess |
| Hayfever, sinusitis | |
| 461 | Acute sinusitis |
| 473 | Chronic sinusitis |
| 477 | Allergic rhinitis |
| Bronchitis | |
| 466.0 | Acute bronchitis |
| 490 | Bronchitis, not specified as acute or chronic |
| 491 | Chronic bronchitis |
| Asthma | |
| 493 | Asthma |
| Pneumonia | |
| 466.1 | Acute bronchiolitis |
| 480 | Viral pneumonia |
| 481 | Pneumococcal pneumonia |
| 482 | Other bacterial pneumonia |
| 483 | Pneumonia due to specified organism |
| 484 | Pneumonia in infectious disease |
| 485 | Bronchopneumonia, organism unspecified |
| 486 | Pneumonia, organism unspecified |
| 487.0 | Influenza with pneumonia |
| Streptococcal sore throat | |
| 034.0 | Streptococcal sore throat |
| 034.1 | Scarlet fever |
| Croup | |
| 464.1–464.4 | Acute tracheitis, laryngotracheitis, epiglottitis, and croup |
| Middle ear infection | |
| 381.0–381.4 | Nonsuppurative otitis media |
| 382 | Suppurative and unspecified otitis media |

Table I. Principal diagnosis categories and ICD–9–CM codes—Con.

| Principal diagnosis category | Definition of ICD–9–CM code |
|-------------------------------------|---|
| External ear canal infection | |
| 380.1–380.16 | Infective otitis externa |
| 380.2–380.23 | Other otitis externa |
| Infectious conjunctivitis | |
| 077.9 | Viral conjunctivitis, not otherwise specified |
| 372.0–372.05 | Acute conjunctivitis |
| 372.1–372.14 | Chronic conjunctivitis |
| 372.30 | Conjunctivitis, unspecified |
| 372.39 | Other conjunctivitis |
| 372.9 | Unspecified disorder of conjunctiva |
| Correctable vision | |
| 367.0 | Hypermetropia |
| 367.1 | Myopia |
| 367.2 | Astigmatism |
| 367.3 | Anisometropia and aniseikonia |
| 367.4 | Presbyopia |
| 367.5 | Disorders of accommodation |
| 367.8 | Other disorders of refraction and accommodation |
| 367.9 | Unspecified disorder of refraction and accommodation |
| 378.0–378.9 | Strabismus and other disorders of binocular eye movements |
| Viral syndrome | |
| 054.2 | Herpetic gingivostomatitis |
| 054.9 | Herpes simplex without mention of complication |
| 057.0 | Erythema infectiosum |
| 057.8 | Other viral exanthemata (Fourth disease, roseola etc). |
| 057.9 | Viral exanthem, unspecified |
| 074.0 | Herpangina |
| 074.3 | Hand, foot, and mouth disease |
| 074.8 | Other diseases due to Coxsackie virus |
| 075.0 | Infectious mononucleosis |
| 079.0 | Adenovirus |
| 079.1 | ECHO virus |
| 079.2 | Coxsackie virus |
| 079.3 | Rhinovirus |
| 079.8 | Other specified viral infections |
| 079.9 | Viral infection, not otherwise specified |
| 487.1 | Influenza with other respiratory manifestations |
| 780.6 | Pyrexia of unknown origin |
| Eczema | |
| 691 | Atopic dermatitis and related conditions |
| 692 | Contact dermatitis and other eczema |
| 693 | Dermatitis due to substances taken internally |
| 708 | Urticaria |
| Attention deficit disorder | |
| 314.0 | Without hyperactivity |
| 314.01 | With hyperactivity |
| Bladder infection | |
| 595.0 | Acute cystitis |
| 595.9 | Cystitis, unspecified |
| 599.0 | Urinary tract infection, site not specified |
| Gastroenteritis | |
| 008.6 | Enteritis due to specified virus |
| 008.8 | Other organism, not elsewhere classified |
| 009.0 | Infectious colitis, enteritis, and gastroenteritis |
| 009.1 | Gastroenteritis of presumed infectious origin |
| 009.2 | Infectious diarrhea |
| 009.3 | Diarrhea of presumed infectious origin |
| Chicken pox | |
| 052 | Varicella, with and without complications |
| All other diagnoses | Includes all other diagnoses not mentioned in the above categories, excluding missing diagnoses |

NOTE: ICD–9–CM code numbers include currently existing subcategories. For example, code 367.2 includes 367.20–367.22.

Table II. Principal injury diagnosis categories and ICD-9-CM codes

| Principal injury diagnosis category | Definition of ICD-9-CM code |
|--|--|
| Open wound | |
| 870-879 | Open wound head, neck, trunk |
| 880-887 | Open wound upper limb |
| 890-897 | Open wound lower limb |
| Fracture of upper, lower extremity | |
| 810-819 | Fracture upper limb |
| 820-829 | Fracture lower limb |
| Scrape, bite, blister, bruise | |
| 910-924 | Superficial injury, contusion with intact skin surface |
| Dislocations, strains, sprains of joints | |
| 830-839 | Dislocation |
| 840-848 | Sprains and strains of joints and adjacent muscles |
| Fracture of skull or intracranial injury | |
| 800-804 | Fracture of skull |
| 850-854 | Intracranial injury, excluding those with skull fracture |
| Poisoning or toxic effect | |
| 960-979 | Poisoning by drugs, medicinals and biological substances |
| 980-989 | Toxic effects of substances chiefly nonmedicinal as to source |
| Trauma | |
| 958-959 | Certain traumatic complications and unspecified injuries |
| All other injury | Includes all other injury diagnoses (ICD-9-CM codes 800-999) not mentioned in the above categories |

NOTE: ICD-9-CM code numbers include currently existing subcategories. For example, 872 includes 872.00-872.9.

Table III. Civilian noninstitutionalized population by age, sex, and race: United States, average annual 1993-95

| Age | All races | Male | Female | White | Black |
|---------------------------------|-----------|--------|--------|--------|-------|
| Number in thousands | | | | | |
| Under 15 years of age | 57,123 | 29,236 | 27,887 | 45,364 | 8,870 |
| Under 5 years | 19,647 | 10,052 | 9,594 | 15,541 | 3,092 |
| Under 1 year | 3,868 | 1,978 | 1,889 | 3,053 | 607 |
| 1-4 years | 15,779 | 8,074 | 7,705 | 12,488 | 2,485 |
| 5-14 years | 37,476 | 19,183 | 18,293 | 29,823 | 5,778 |

NOTE: All races includes races not shown separately. All estimates are consistent with the 1990 census as enumerated, without adjustment for undercoverage.

Source: U.S. Population Estimates, by age, sex, race, and Hispanic origin: 1990-1994 Civilian noninstitutionalized population. PPL-21 Appendix D. U.S. Population Estimates by age, sex, race, and Hispanic origin: 1990-1996. PPL-57. Populations Projection Branch, U.S. Bureau of the Census.

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