

HEALTH INFORMATION BULLETIN

QUARTER 2 FEEDBACK

2016



Strategic Pillar 1: Preventive, curative, and rehabilitative health services

1. Non-communicable diseases, including nutrition, mental health and injuries
2. Maternal, infant, child and adolescent health
3. Communicable diseases, environmental health and health emergency preparedness, response and resilience



Strategic Pillar 2: Health systems strengthening

4. Expanded primary health care, with an emphasis on providing a continuum of care and improved quality and safety
5. Productive, motivated health workforce with a focus on patient rights and customer satisfaction
6. Evidence-based policy, planning, implementation and assessment
7. Medicinal products, equipment and infrastructure
8. Sustainable financing of the health system

Diagram note: the canoe represents the MoHMS initiative to promote health and wellness in the Fiji population

Message from the Director Health Information, Research and Analysis (DHIRA)

“Sound and reliable information is the foundation of decision-making across all health system building blocks, and is essential for health system policy development and implementation, governance and regulation, health research, human resources development, health education and training, service delivery and financing.” (WHO)

The availability of health information is critical in allowing us to ask, and to answer, the right questions about health care in Fiji. It is for this reason that Health Information Unit produces the quarterly bulletins which reflect the health care performance from the data received from various health facilities across the country.

This information is inclusive of health information systems such as Public Health and Information Systems (PHIS), Patient Information Systems (PATISplus), Non communicable diseases data, Hospital Admission and Discharge data, Communicable diseases data and Mortality statistics and other providers of health statistics.

The health information unit collects data on the 15th of the following month of the end of quarter from the health sector and other relevant sectors, analyses the data and ensures their overall quality, relevance and timeliness, and converts data into information for health-related decision-making. This rich dataset needs to be disseminated and communicated to all the health facilities and private doctors and practitioners for measuring and improving health outcomes. It also paves the way for use of reliable information as evidence for monitoring and evaluation that leads to effective and efficient planning, policy formulation, preventative interventions and clinical improvements.

It is vital that the data providers take note of the recommendations and compliance issues in order to contribute and obtain quality information that will have a better statistical analysis for improved decision making at various levels of the health system. The selection of current indicators in this report is based on available information and importance to various sections requirements.

We are susceptible to new ideas and improvements on this revised structure and look forward towards hearing more from the users on the use of health information for measuring and improving health outcomes. As you would note sections 5 (Human Resources) and 8 (Financing) are not part of the bulletin due to its separate feedback mechanisms.

I would like to thank all involved in the process for their diligent and consistent effort in ensuring this bulletin is made available to us.



Mr Shivnay Naidu

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Acknowledgement

The Health Information Unit would like to acknowledge the data contributors and providers from all the Divisional hospitals, the Sub divisional hospitals, health centers and nursing stations from in Fiji.

There are various key persons whose technical and analytical contribution are acknowledged in the collating, analyzing and producing relevant data for measuring and improving health outcomes.

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- Ms S. Sami – T/Statistical Officer [CD]
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- Mr S. Kumar – National PATIS Administrator
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- Ms N. Nisha – Project Officer
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Abbreviations

ANC	Ante Natal Clinic
ARI	Acute Respiratory Infection
ATD	Admission Transfer Discharge
CD	Communicable Disease
CPMR	Clinical Performance Management Report
CMRIS	Consolidated Monthly Return Information System
DM	Diabetes Mellitus
FBOS	Fiji Bureau of Statistics
HIU	Health Information Unit
LTD	Leptospirosis Typhoid Fever Dengue Fever
MCDC	Medical Cause of Death Certificate
MCH	Maternal Child Health
MDG	Millennium Development Goal
MoHMS	Ministry of Health and Medical Services
N	Number
NCD	Non-Communicable Disease
NIMS	National Iron Micronutrient
NNDSS	National Notifiable Disease Surveillance System
PATIS	Patient Information System
PHIS	Public Health Information System
RBS	Random Blood Sugar
SIC	Sister-In-Charge
UCOD	Underlying Cause of Death
WHO	World Health Organization

Glossary of Key Terms

The following glossary provides definitions of key terms used in the context of this bulletin.

Antepartum still births	A stillbirth where the baby died before the onset of labour (≥ 28 weeks gestation or, in absence of a reliable gestational age, those with a birth weight of $\geq 1000\text{g}$).
Caesarean section	Surgical procedure carried out when a normal vaginal birth could put the mother or the unborn baby at risk.
Crude death rate	The total number of deaths occurring among the population of a given geographical area during a given year per 1000 population.
Fetal deaths	Baby expelled from the mother's body at ≥ 22 weeks gestation, but before 28 weeks gestation that shows no signs of life. (In the absence of a reliable gestational age, includes those with a birth weight between 500-999g).
Intrapartum stillbirths	A stillbirth where the baby died after the onset of labour or during delivery (≥ 28 weeks gestation or, in absence of a reliable gestational age, those with a birth weight of $\geq 1000\text{g}$).
Premature mortality instance, age 75	Deaths that occur before a person reaches an expected age, for instance, age 75
Perinatal mortality	The "number of stillbirths and deaths in the first week of life per 1,000 live births, the perinatal period commences at 22 completed weeks (154 days) of gestation and ends seven completed days after birth
Still births	A baby born with no sign of life at or after 28 weeks gestation.
Under 5 mortality	Number of deaths occurring in a given population of under-five children during a specified time period.

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Section 1: Non Communicable Diseases [NCD], including Nutrition, Mental Health and Injuries

1.1 Cancer

A **cancer incidence rate** is the number of new cancers of a specific site/type occurring in a specified population during a year, usually expressed as the number of cancers per 100,000 population at risk.

That is, **Incidence rate = (New cancers / Population at risk) × 100,000**

The numerator of the incidence rate is the number of new cancers; the denominator is the size of the population at risk. The number of new cancers may include multiple primary cancers occurring in one patient. The primary site reported is the site of origin and not the metastatic site. In general, the incidence rate would not include recurrences. The population used depends on the rate to be calculated. For cancer sites that occur in only one sex, the sex-specific population (e.g., females for cervical cancer) is used. <http://surveillance.cancer.gov/statistics/types/incidence.html>

1.1.1 Top 5 leading Cancer Sites by Sex and Proportion distributions, Fiji

The table below shows the top five leading cancer sites by sexes. In the male category, cancer of the liver is a leading cause which comprise of 12 % followed by prostate gland with 11% and lung, Not Otherwise Specified with 6% when compared to the same reporting period last year unknown primary site had 13%, liver with 7.6% followed by prostate gland with 6.5%. In the female category breast (39%) and cervix uteri (9%) remains the two leading causes of cancer when compared to the same period last year.

Male	Cases 2016	%	Incidence Rate per 10000 0 pop	Cases 2015	%	Incidence Rate per 10000 0 pop	Female	Cases 2016	%	Incidence Rate per 10000 0 pop	Cases 2015	%	Incidence Rate per 10000 0 pop
Liver	8	9	2	7	8	2	Breast, NOS	46	23	11	45	17	11
Prostate gland	7	8	2	6	7	1	Cervix uteri	11	6	3	40	15	9
Lung, NOS	4	4	1	5	5	1	Head, face or neck, NOS	10	5	2	0	0	0
Lymph nodes of head, face and neck	3	3	1	0	0	0	Endometrium	7	4	2	13	5	3
Pancreases, NOS				0	0	0	Acute myeloblastic leukaemia [AML]	6	3	1	0	0	0
Rectum, NOS				0	0	0	Ovary	0	0	0	7	3	2
Testis, NOS				0	0	0	Uterus, NOS	0	0	0	5	2	1
Acute myeloblastic leukaemia [AML]	2	2	0	0	0	0							
Esophagus, NOS				0	0	0							
Head of pancreas				0	0	0							
Kidney				0	0	0							
Multiple myeloma				0	0	0							
Non-Hodgkin lymphoma, unspecified						0							
Penis, NOS				0	0	0							
Rectum				0	0	0							
Stomach, NOS				0	0	0							
Unknown Primary Site				12	13	3							
Bladder, NOS	0	0	0	4	4	1							
All other Sites	66	73	15	92	37	21	All Sites	119	60	28	159	59	37
Total	90	100	20	126	74	29		199	100	46	269	100	63

1.1.2 Cancer Rate, Quarter 2 2016

Age groups	Cases	Age Specific Rate (per 100,000 population)	Age Standard Rate (WHO World) per 100,000 population
1-4	2	2.3	0.2
5-9	1	1.1	0.1
10-14	2	2.6	0.2
15-19	4	5.3	0.4
20-24	3	4.1	0.3
25-29	5	7.4	0.6
30-34	8	12.0	0.9
35-39	14	23.3	1.7
40-44	9	17.1	1.1
45-49	20	39.8	2.4
50-54	14	28.6	1.5
55-59	28	69.0	3.1
60-64	24	79.5	3.0
65-69	14	64.0	1.9
70+	37	129.8	6.8
All Ages	185	21.3	24.4

The table above shows the age specific and age standardized rates per 100,000 population.

1.1.3 All cancer sites by Ethnicity, Quarter 2 2016

Ethnicity	Cases	Incidence Per 100,000 population
FID	54	17
FOD	9	19
I Taukei	122	26
Grand Total	185	62

The above table shows incidence of all cancer cases by Ethnicity per 100,000 population.

1.1.4 Paediatric Cases, Quarter 2 2016

Pediatric	Cases	Incidence Per 100,000 population
0-4	2	2
5-9	1	1
10-14	2	3
Grand Total	5	6

The table shows incidence of Paediatric cases that were received per 100,000 population. This demonstrates that Pediatric cases are still underreported and needs strengthening.

1.2 Diabetes

Diabetes is a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively uses the insulin it produces. In 2012 diabetes was the direct cause of 1.5 million deaths and

another 2.2 million deaths were attributable to high blood glucose. In 2014 the global prevalence of diabetes was estimated to be 8.5% among adults 18+ years. (World Health Organisation, 2016)

Data for Diabetes are obtained from the Diabetes notification form received from the Public Health Facilities every week and also through the CMRIS (PHIS).

Facility	Forms received – DM Notification	PHIS New Cases	%
Kavala Health Centre	2	3	66.7
Lagi Health Centre	2	4	50.0
Lomawai Health Centre	3	4	75.0
Nadi Hospital	35	*	*
Nasea Health Centre	1	*	*
Navua Hospital	6	*	*
Nuffield Health Centre	29	21	138.1
Savusavu Hospital	10	*	*
Suva Diabetes Hub	2	*	*
Wainunu Health Centre	1	1	100.0
Grand Total	91	18	100.0

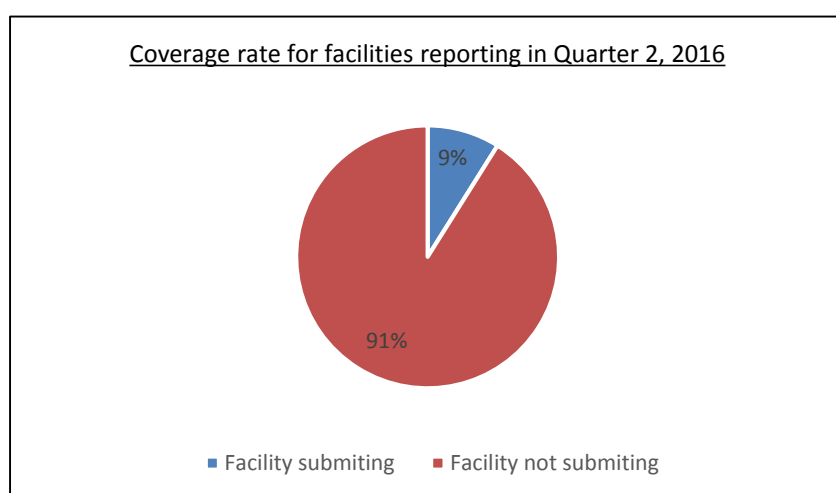
The above table shows the incidence of Diabetes Mellitus for Quarter 2, 2016. There were a total of 91 reports received from 10 facilities when compared to the same reporting period last year there were 117 reports received in HIU.

Sub Division	Medical Area	New cases DM	DM Notification	% compliance to DM Notification
National Total		810	91	11.2
<i>Naitasiri</i>	<i>Laselevu</i>	0	0	0.0
	<i>Nakorosule</i>	1	0	0.0
	<i>Naqali</i>	2	0	0.0
	<i>Vunidawa</i>	2	0	0.0
<i>Rewa</i>	<i>Mokani</i>	4	0	0.0
	<i>Nausori</i>	12	0	0.0
	<i>Wainibokasi</i>	0	0	0.0
<i>Serua/Namosi</i>	<i>Beqa</i>	6	0	0.0
	<i>Korovisilou</i>	5	0	0.0
	<i>Namuamua</i>	2	0	0.0
	<i>Navua</i>	12	6	50.0
<i>Suva</i>	<i>Lami</i>	28	0	0.0
	<i>Makoi</i>	0	0	0.0
	<i>Nuffield</i>	21	29	138.1
	<i>Raiwaqa (Central)</i>	9	0	0.0
	<i>Samabula</i>	28	0	0.0
	<i>Hub Centre</i>	7	2	28.6
	<i>Valelevu</i>	79	0	0.0
<i>Tailevu</i>	<i>Korovou</i>	7	0	0.0
	<i>Lodoni</i>	5	0	0.0
	<i>Nayavu</i>	15	0	0.0
Central Total		245	37	15.1
<i>Kadavu</i>	<i>Daviquele</i>	3	0	0.0

	<i>Kavala</i>	3	2	66.7
	<i>Vunisea</i>	1	0	0.0
<i>Lakeba</i>	<i>Kabara</i>	3	0	0.0
	<i>Lakeba</i>	0	0	0.0
	<i>Matuku</i>	0	0	0.0
	<i>Moala</i>	1	0	0.0
	<i>Ono-i-lau</i>	0	0	0.0
<i>Lomaiviti</i>	<i>Bureta</i>	0	0	0.0
	<i>Gau</i>	1	0	0.0
	<i>Koro</i>	4	0	0.0
	<i>Levuka</i>	0	0	0.0
<i>Lomaloma</i>	<i>Cicia</i>	4	0	0.0
	<i>Lomaloma</i>	1	0	0.0
<i>Rotuma</i>	<i>Rotuma</i>	1	0	0.0
<i>Eastern Total</i>		22	2	9.1
<i>Bua</i>	<i>Lekutu</i>	1	0	0.0
	<i>Nabouwalu</i>	7	0	0.0
	<i>Wainunu</i>	1	1	100.0
<i>Cakaudrove</i>	<i>Korotasere</i>	1	0	0.0
	<i>Nakorovatu</i>	2	0	0.0
	<i>Natewa</i>	0	0	0.0
	<i>Rabi</i>	1	0	0.0
	<i>Saqani</i>	7	0	0.0
	<i>Savusavu</i>	1	10	1000.0
	<i>Tukavesi</i>	2	0	0.0
<i>Macuata</i>	<i>Dreketi</i>	0	0	0.0
	<i>Labasa</i>	0	1	0.0
	<i>Lagi</i>	4	2	50.0
	<i>Naduri</i>	2	0	0.0
	<i>Seaqaqa</i>	7	0	0.0
	<i>Wainikoro</i>	5	0	0.0
<i>Taveuni</i>	<i>Qamea</i>	3	0	0.0
	<i>Vuna</i>	0	0	0.0
	<i>Waiyevo</i>	0	0	0.0
<i>Northern Total</i>		44	14	31.8
<i>Ba</i>	<i>Ba</i>	15	0	0.0
	<i>Balevuto</i>	10	0	0.0
	<i>Nailaga</i>	2	0	0.0
<i>Lautoka/Yasawa</i>	<i>Kamikamica</i>	0	0	0.0
	<i>Kese</i>	2	0	0.0
	<i>Lautoka</i>	163	0	0.0
	<i>Malolo</i>	0	0	0.0
	<i>Nacula</i>	0	0	0.0
	<i>Natabua</i>	5	0	0.0
	<i>Viseisei</i>	3	0	0.0

<i>Nadi</i>	<i>Bukuya</i>	4	0	0.0
	<i>Nadi</i>	227	35	15.4
	<i>Namaka</i>	34	0	0.0
<i>Nadroga/Navosa</i>	<i>Cuvu</i>	3	0	0.0
	<i>Keiyasi</i>	0	0	0.0
	<i>Korolevu</i>	5	0	0.0
	<i>Lomawai</i>	4	3	75.0
	<i>Raiwaqa (Western)</i>	9	0	0.0
	<i>Sigatoka</i>	1	0	0.0
	<i>Vatukarasa</i>	0	0	0.0
	<i>Vatulele</i>	0	0	0.0
<i>Ra</i>	<i>Namarai</i>	0	0	0.0
	<i>Nanukuloa</i>	5	0	0.0
	<i>Nasau</i>	0	0	0.0
	<i>Rakiraki</i>	3	0	0.0
<i>Tavua</i>	<i>Nadarivatu</i>	0	0	0.0
	<i>Tavua</i>	4	0	0.0
	<i>Vatukoula</i>	0	0	0.0
Western Total		499	38	7.6

The above table shows percentage compliance for submission of DM Notification forms. The national compliance stands at 11%. The Western Division has the poorest compliance at 7.6%. However, the other divisions do not fare well either, with all compliances below 50 %. Please note that Savusavu Medical Area has 2 facilities providing submissions, the Savusavu Health Centre provided 1 report whilst Savusavu Hospital 10 reports. Savusavu Hospital is not captured under PHIS but the electronic hospital monthly returns will soon capture this information.



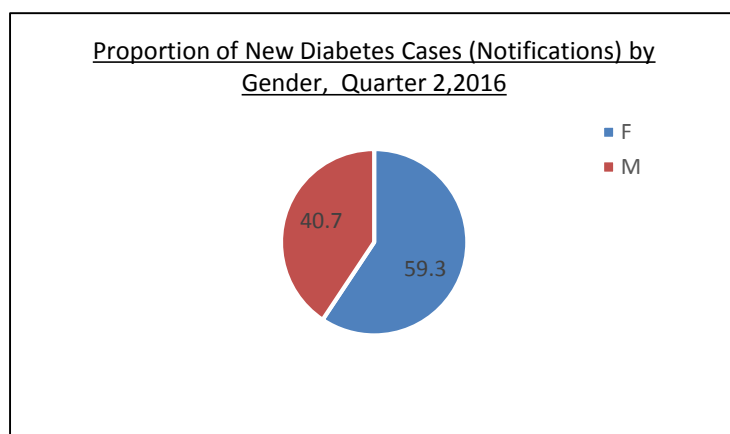
The above chart shows the coverage rate of all facilities reporting. Out of 112 facilities only 9% submitted their reports while the other 91% did not submit reports to the Health Information Unit.

1.2.1 Age distribution for new Diabetes Mellitus cases

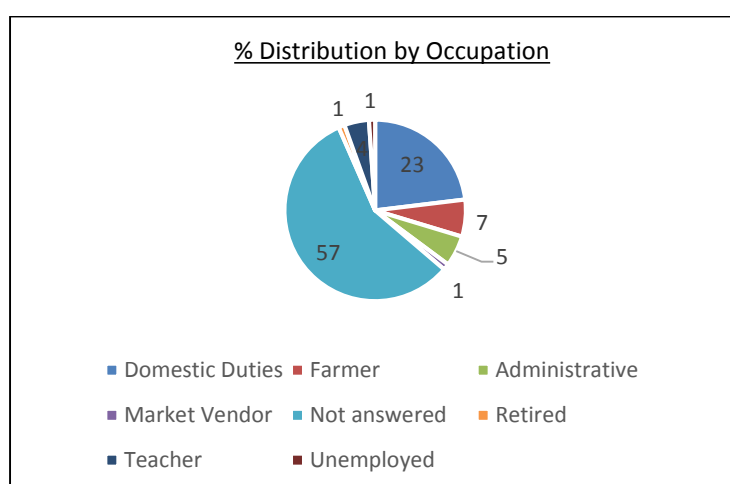
Age groups	Cases	%
25-29	1	1.1
30-34	2	2.2
35-39	5	5.5
40-44	12	13.2
45-49	11	12.1
50-54	19	20.9
55-59	12	13.2
60-64	14	15.4
65-69	7	7.7
70+	8	8.8
Grand Total	91	100

Source: Diabetes Notification Forms, 2016

The above table shows the age distribution for new Diabetes Mellitus cases that were notified through the Diabetes Mellitus notification mechanism. It was noted that Diabetes Mellitus was captured in the ages 25-70+ years. Majority of the cases were in the ages-groups 50-54 (20.9%) years followed by age-groups 60-64 years (15.4%).

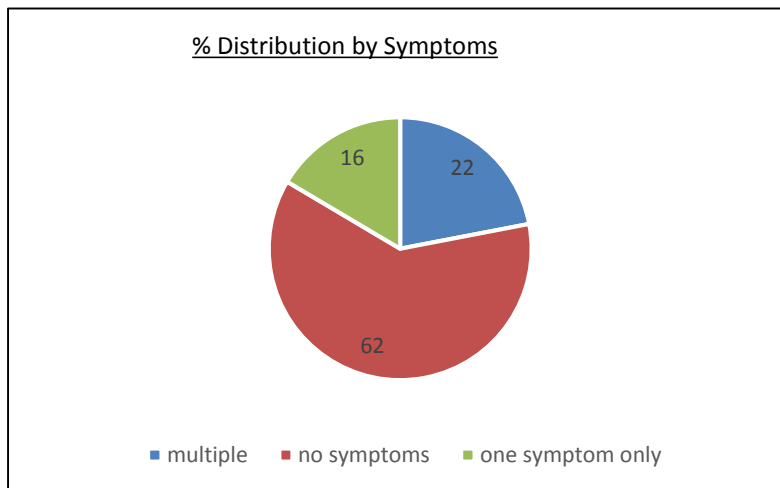


The pie chart shows the sex distribution of new diabetic cases. It clearly indicates that more females (54 cases) are diagnosed with diabetes than males (37) in Quarter 2, 2016. The total number of new diabetes cases is 91 of which 59.3% are female compared to 40% male. Diabetes Mellitus notification is still grossly under reported as is evident from the coverage from facilities.

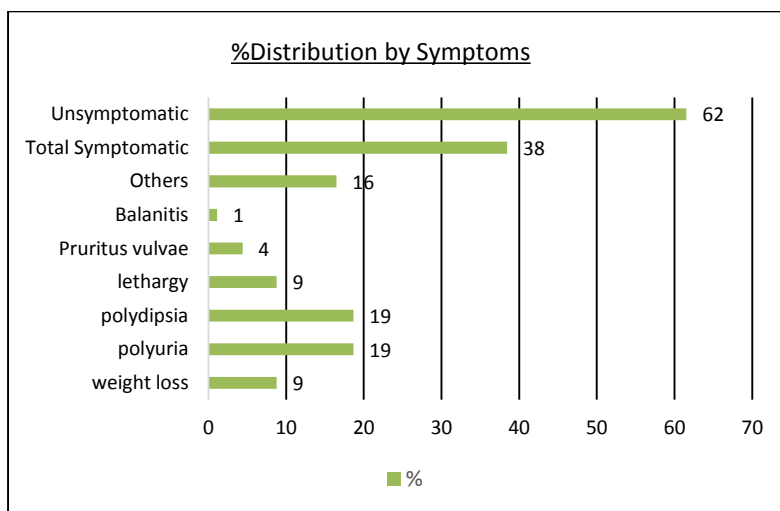


The graph demonstrates the occupation distribution for patients diagnosed with diabetes. 57% are of unknown occupation and this is a request to those filling in Diabetes Mellitus notification that all fields be completely filled.

Symptoms

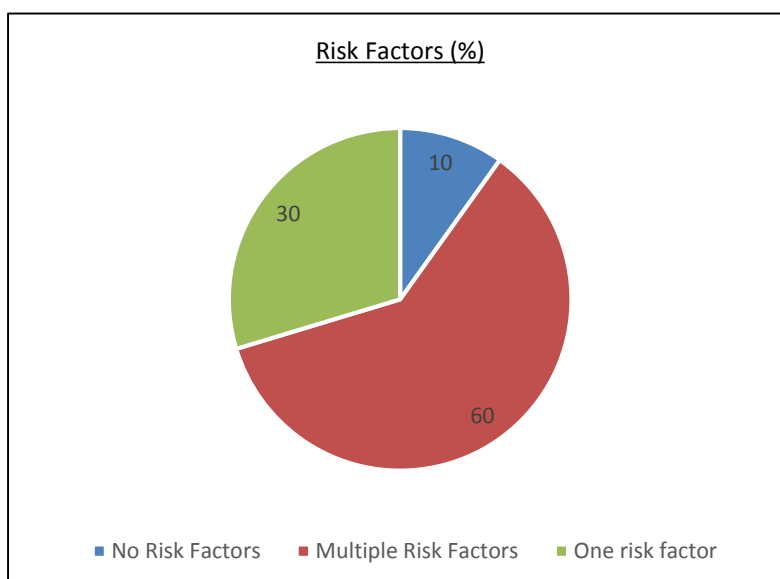


Most diabetes presented with no identifiable symptoms and were identified through screening.

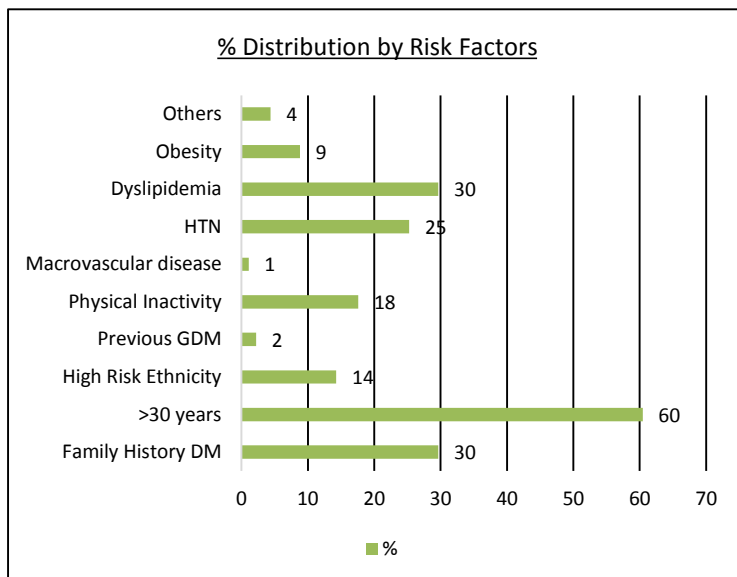


The distribution of symptoms by category is given above. Most patients presented with Polyuria & Polydipsia as symptoms. However, it is important to note that the majority of patients were unsymptomatic.

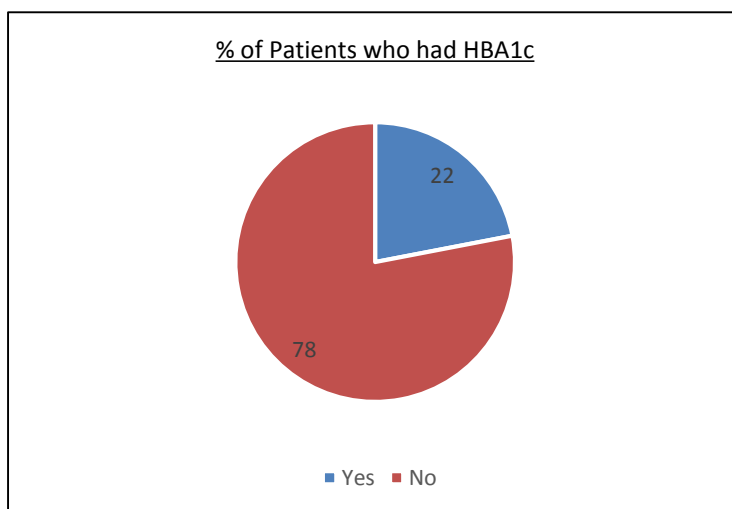
Risk Factors



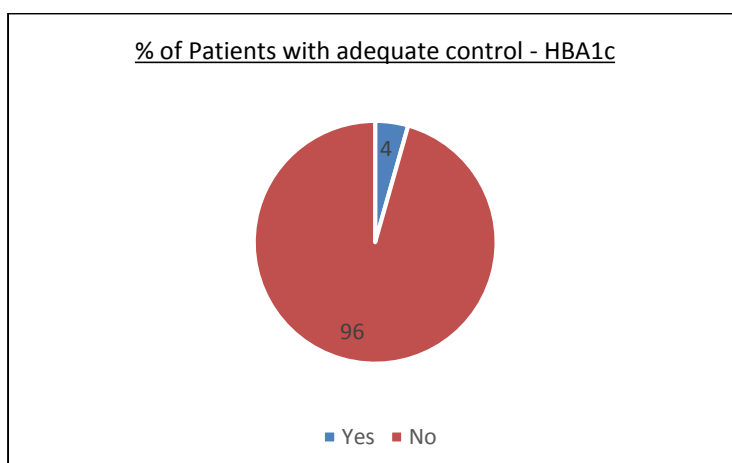
Most patients presented with multiple risk factors indicating their secondary and tertiary risks from diabetes and other NCDs including cardiovascular disease.



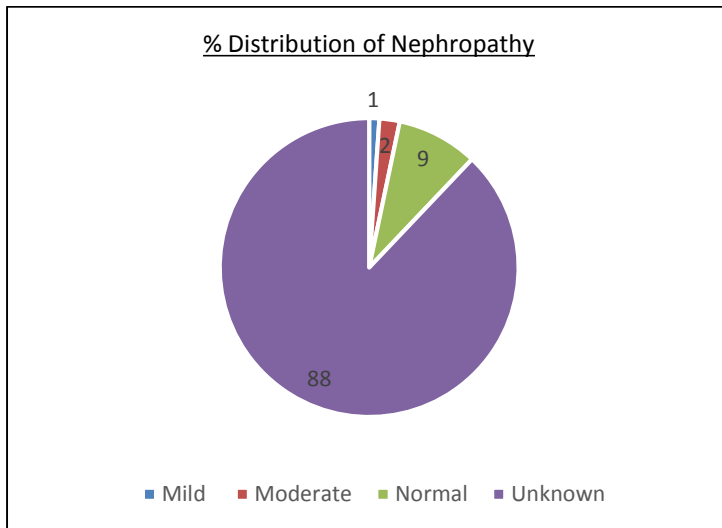
The risk factors that were most common were greater than 30years, family history of Diabetes Mellitus, Dyslipidemia and hypertension.



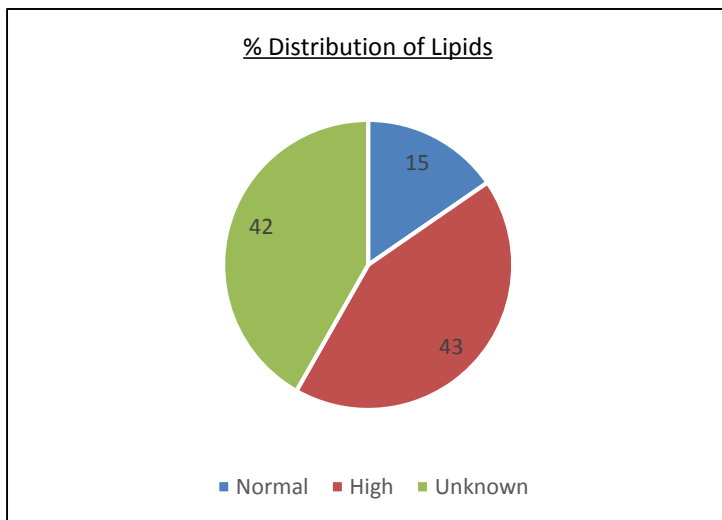
Many of the cases notified through the Diabetes Mellitus notification process did not have HBA1c undertaken at the time of notification.



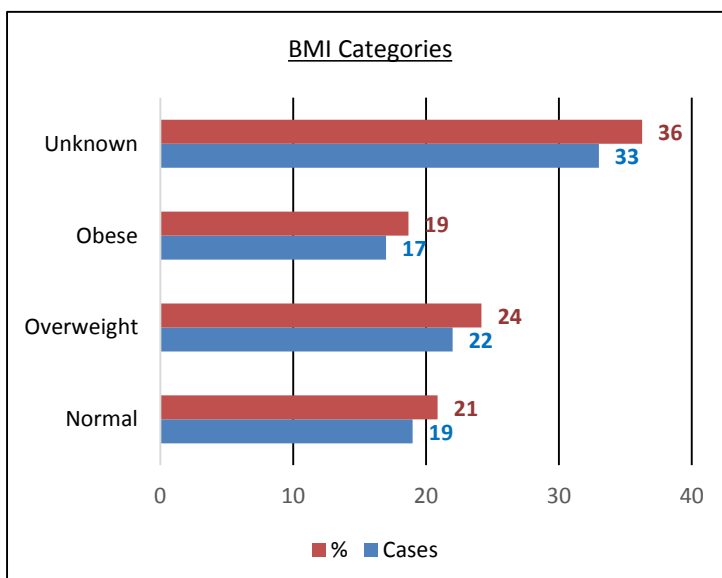
There was only a minute fraction of new cases that had HBA1c control.



The pie graph demonstrates the distribution of nephropathy. However 88% are of unknown and this is a request to those filling in Diabetes Mellitus notification that all fields be completely filled and to be properly categorized mild, moderate and normal.

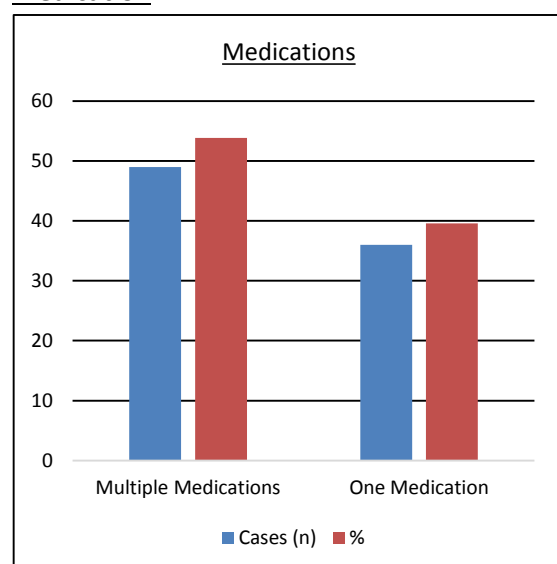


There was 15% of new cases that have normal lipid.

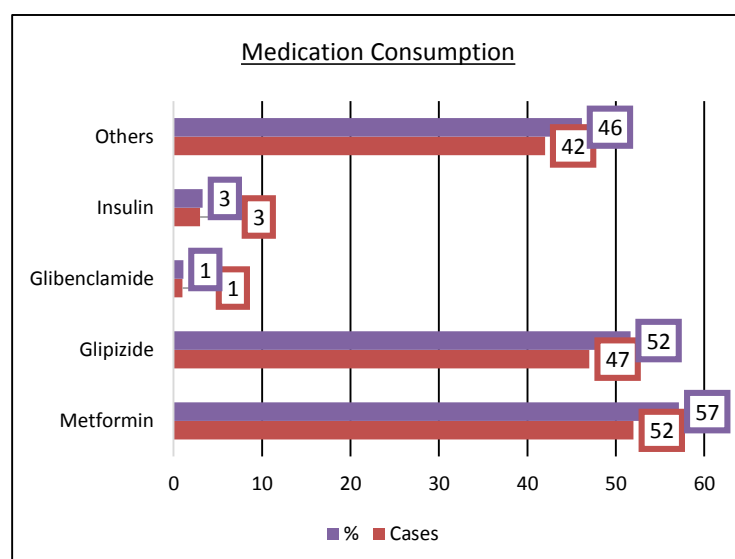


There were more unknown cases and most of the identified cases were recorded in the overweight categories.

Medication



The graph illustrates that more people diagnosed with diabetes were given multiple medications.



Most diabetes diagnosed patient were given metformin and glipizide.

1.2.2 Fasting Blood Sugar by gender and ethnicity

Blood Sugar			Gender				Ethnicity					
RBS	Total	Percentage	F	%	M	%	FID	%	FOD	%	I-Taukei	%
9-10	3	3.3	1	1.9	2	5.4	3	6.8	0	0.0	0	0.0
11-12	10	11.0	5	9.3	5	13.5	4	9.1	0	0.0	6	13.0
13-14	8	8.8	4	7.4	4	10.8	3	6.8	0	0.0	5	10.9
15-16	13	14.3	9	16.7	4	10.8	8	18.2	0	0.0	5	10.9
17-18	5	5.5	2	3.7	3	8.1	2	4.5	0	0.0	3	6.5
19	2	2.2	1	1.9	1	2.7	0	0.0	1	100	1	2.2
>20	18	19.8	10	18.5	8	21.6	4	9.1	0	0.0	14	30.4
Not answered	32	35.2	22	40.7	10	27.0	20	45.5	0	0.0	12	26.1
Total	91	100	54	100	37	100	44	100	1	100	46	100

Percentage calculation:

1. Formula: $[\text{number diagnosed} / \text{Total number of reports received} * 100]$

2. Gender & Ethnicity: $\text{Total Number of Gender \& Ethnicity} / \text{Number per RBS level}$.

Source: *Diabetes Notification Forms, 2016*

The previous table shows the total number of RBS level and its percentage, it also represents the gender and ethnicity proportion. It was also noted that the RBS field was not completely filled from Nadi Hospital. These fields are important to fill in which HIU reports on the incidence of DM in Fiji.

1.2.3 Proportion of RBS level per division

RBS	Central		Eastern		Northern		Western	
	Number	%	Number	%	Number	%	Number	%
9-10	0	0.0	0	0.0	0	0.0	1	0.0
11-12	0	0.0	0	0.0	0	0.0	4	0.0

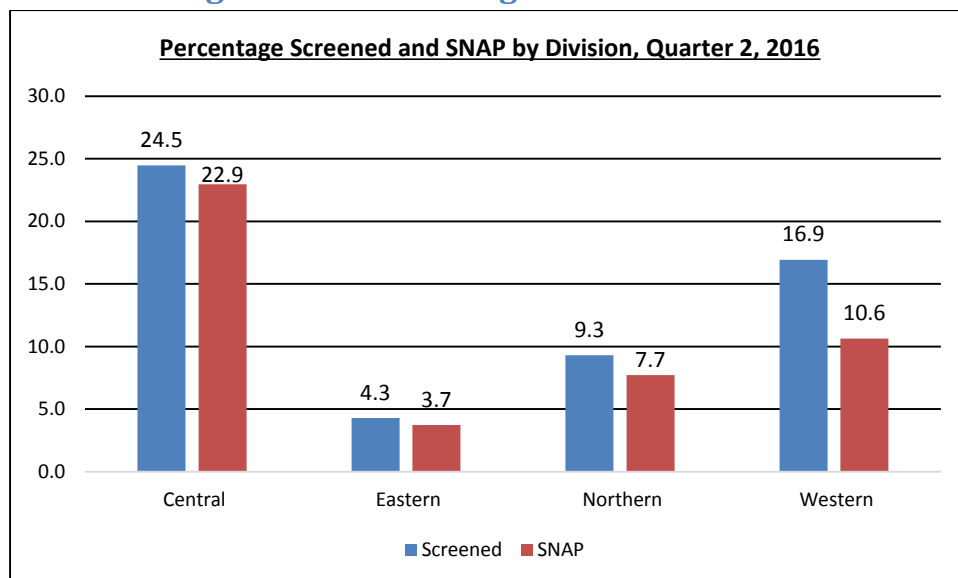
13-14	0	0.0	0	0.0	0	0.0	1	0.0
15-16	0	0.0	0	0.0	0	0.0	5	0.1
17-18	0	0.0	0	0.0	1	0.2	4	0.0
19	0	0.0	0	0.0	0	0.0	1	0.0
>20	1	0.3	0	0.0	1	0.2	10	0.1
Not answered	3	0.8	0	0.0	4	0.7	66	0.7

Source: DM notification form

Formula: Number per RBS level/ Total number by division

The above table indicates the reporting of the Diabetes Mellitus form by the 4 division. It was noted that the Western division recorded the highest reports received followed by the Northern division, and the Central division. No case was received in the Eastern Division. It was also noted that the Western Division recorded the highest in partially filling of the Diabetes Mellitus forms and labeled as not answered and followed by the Northern Division. *The total numbers of forms received were not used and only used the total number by division as the denominator and numerator as the number per RBS.*

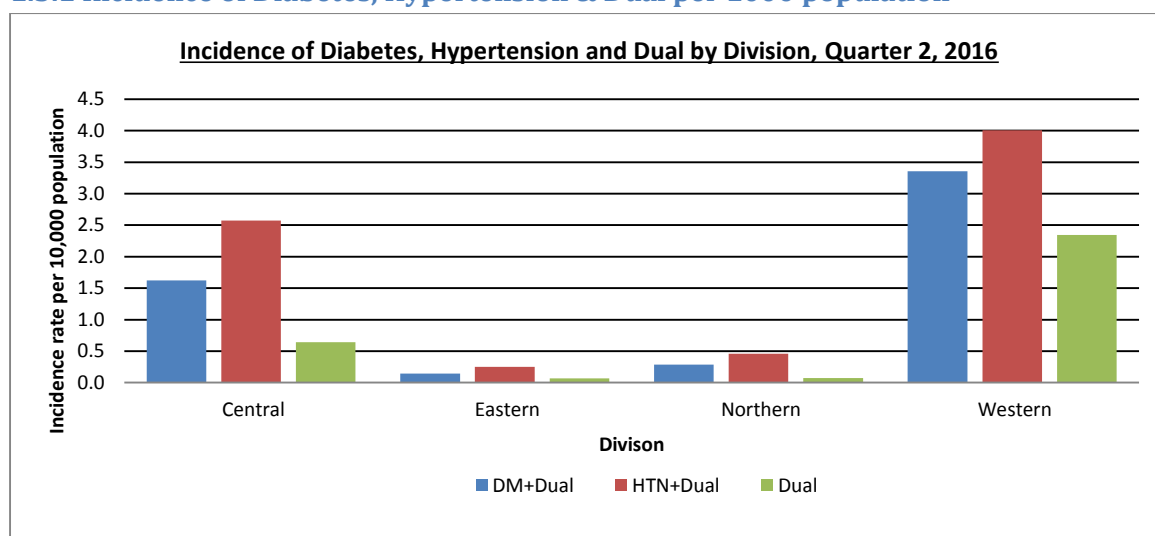
1.3 Screening and SNAP coverage



(Note: For calculating % screened (30+ age group) provided SNAP – the numerator is the number SNAP upon the number screened for each division. The total screened is 17586 and SNAP is 14404. Out of the totals that were screened, 81% received counseling regarding lifestyle activities, smoking, nutrition, alcohol and physical activities (SNAP). The largest number snapped was from the Central division (23%), followed by the Western division (10.6%), while the Eastern Division (3.7%) had the lowest. This trend is also observed in the number screened.

The results indicate that there were a national gap of 19% in those screened and those who were provided with SNAP counselling.

1.3.1 Incidence of Diabetes, Hypertension & Dual per 1000 population



(Note: The numerator is the number of DM, HTN & Dual cases (both new cases <30 and 30+). The denominator used is the 2016 FBOS population. The Acronym for Hypertension is HTN and Diabetes is DM.

The Western and Central Divisions reported the highest incidence of Diabetes, Hypertension and Dual cases and therefore require strategic interventions for primary and secondary prevention.

1.4 National Iron and Micronutrient Supplement (NIMS)

1.4.1 NIMS tabular report by division

Division	6-11month		12-23month			24-59month		
	MNP	VIT	Dewormed	MNP	VIT A	Dewormed	MNP	VIT A
Central	0	1	77	0	35	77	0	0
Eastern	4	31	85	20	62	126	4	71
Northern	2	0	12	1	1	12	3	3
Western	5	9	187	6	156	63	14	55
Total	11	41	361	27	254	278	21	129
Source: CMRIS Online (PHIS)								

The table above shows the number of individual doses that are given at each age category from 6-11months, 12 – 23months and 24-59months. The dosing protocols are:

- 6month – 11months - one dose each component
- 12months – 23months – two doses of each component
- 24month – 59months – three doses of each component

In the 6-11months categories, there were more Vitamin A given than MNP where Eastern recorded the highest followed by Western and Central with 31, 9 and 1 respectively.

The deworming table shows the highest doses given in the 12-23months and also in the 24-59months categories followed by Vitamin A and MNP in the same age category.

NIMS doses were most frequently distributed in the Eastern Division, followed by the Western Division and the Central Division while the Northern Division reported the lowest distribution.

The non-availability of the components for NIMS may also result in low reported figures.

Section 2: Maternal, Infant, Child and Adolescent Health

2.1 Births

The Outcome of Pregnancy, Mode of deliveries and other maternity relevant information [Hospital only] are covered in this section.

There have been changes on how birth details and delivering mothers details are reported. These sections have been separated into two major sections, which are:

- Birth Details – which mainly consists of the baby's details (outcome of pregnancy, mode of delivery and others)
- Delivering Mother Details – This consists of the mother's details.

2.1.1 Outcomes of Pregnancy [Hospital birth]

Division	Live Births n(%)	Intrapartum Stillbirths n(rate per 1000 tot births)	Antepartum Still Births (rate per 1000 tot births)	Total Number Of Stillbirths n(%)	Total Births n(%)	Fetal Death (ratio per 1000 live births)	Live Born Low Birth Weight n(rate per 100 live births)
Central	2820 (49.2)	4(1.4)	25(8.8)	29(58)	2849(49.3)	4(1.4)	125(4.4)
Eastern	55(1.0)	0(0.0)	0(0.0)	0(0)	55(1.0)	0(0.0)	2(3.6)
Northern	863(15.1)	1(0.4)	6(2.1)	7(14)	870(15.0)	0(0.0)	57(6.6)
Western	1995(34.8)	2(0.7)	12(4.2)	14(28)	2009(34.7)	13(6.5)	135(6.8)
Total	5733(100.0)	7(1.2)	43(7.4)	50(100)	5783(100)	17(3.0)	319(5.6)

Note: The Outcome of Pregnancy section captures information about live births (of any gestation), stillbirth's ≥ 28 weeks (Intrapartum and antepartum) fetal losses from 22 – 27 weeks gestation age and live born low birth weight.

The Central Division reported the highest number of live births followed by the Western and Northern Division, while the Eastern Division reported the least.

The Central Division reported the highest number of Stillbirths (n=29) and majority of the cases were reported from CWM Divisional Hospital (n=29) followed by Nausori and Korovou Hospital with 1 stillbirth. The Western Division reported 12 Stillbirths that occurred in the Lautoka Divisional Hospital with 1 still birth for Ba and Tavua Hospital. The Northern Division recorded 6 stillbirths in Labasa Hospital and 1 stillbirth in Taveuni Hospital while the Eastern Division reported nil cases.

The Western Division reported the highest fetal deaths (n=13); most of the cases were reported from the Lautoka Hospital (n=9) followed by Nadi District Hospital (n=3) and Ba Hospital (n=1). The Central Division also reported 4 fetal deaths that occurred at the CWM Hospital, while the Eastern and Northern Division reported nil cases.

The highest number of low birth weight was also reported from the Western Division.

2.1.2 Mode of Delivery [Hospital delivery only]

Division	Normal Vaginal Delivery n(%)	Breech n(%)	Emergency Caesarean Section n(%)	Elective Caesarean Section n(%)	Ventouse n(%)	Forceps n(%)	Other n(%)
Central	2328(48.6)	23(56.1)	430(55.6)	53(40.8)	23(48.9)	19(65.5)	0(0.0)
Eastern	55(1.1)	0(0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
Northern	687(14.3)	3(7.3)	135(17.5)	35(26.9)	6(12.8)	4(13.8)	0(0.0)
Western	1720(35.9)	15(36.6)	208(26.9)	42(32.3)	18(38.3)	6(20.7)	0(0.0)
Total	4790(100)	41(100)	773(100)	130(100)	47(100)	29(100)	0(0.0)

Note: the total number of deliveries was used as a denominator to calculate the mode of deliveries by percentage. The reporting format is number (percent). The mode of Delivery section captures service delivery information at hospital level including live births of any gestation and stillbirths (≥ 28 weeks gestation) only.

Normal vaginal delivery and emergency caesarean section were the most common modes of delivery reported at the hospitals followed by the Ventouse and Breech procedures.

The Central Division reported the highest number of normal vaginal deliveries (n=2328) followed by the highest number of emergency caesarean section (n=430) and also the highest number of elective caesarean section (n=53). Majority of the normal vaginal deliveries in the Central division were reported from the CWM Divisional Hospital (n=1879) followed by Nausori Hospital (n=267), Navua Hospital (n=101) and Korovou Hospital (n=52) while the Vunidawa Hospital (n=29) reported the least cases. It was noted that all of the emergency caesarean sections, elective caesarean sections, forceps and breech occurred mainly in the CWM Divisional Hospital.

The Western Division reported the second highest number of normal vaginal deliveries and majority of the normal deliveries were done at Lautoka Hospital and Nadi Hospital with 962 and 242 deliveries respectively. They also recorded the second highest number of emergency caesarean section and the second highest number of elective caesarean sections.

The Northern Division reported the third highest number of normal vaginal deliveries in which majority of the cases were reported from Labasa Hospital (n=457) followed by Savusavu Hospital (n=108), Waiyevo Hospital (n=75) and Nabouwalu Hospital (n=47). There were nil cases of emergency caesarean sections and elective caesareans reported from Savusavu and Nabouwalu Hospital while Labasa Hospital record a total of 134 and 35 deliveries in this mode of delivery and Waiyevo Hospital record 1 emergency caesarean section delivery.

The Eastern Division reported the least number of normal vaginal deliveries (n=55) in which majority of the cases were reported from the Levuka Hospital (n=28) followed by the Vunisea Hospital (n=17) and Lakeba Hospital (n=10) while Lomaloma and Rotuma Hospital had no births in this reporting period.

There are usually low numbers of caesarean sections reported at Sub-divisional Hospitals, unless there are surgical deliveries performed by a Medical Team from the Divisional hospitals. It is assumed that due to the limitation of resources and the safe motherhood programme/policy most of the cases from the Eastern Division are referred to major Divisional Hospitals.

2.1.3 Others – Mode of Delivery Section [Hospital only]

Division	Unbooked Mothers Who Delivered n(%)	Babies Born Before Arrival n(%)
Central	0(0.0)	24(41.4)
Eastern	0(0.0)	1(1.7)
Northern	0(0.0)	10(17.2)
Western	0(0.0)	23(39.7)

Total	0(0.0)	58(100)
Source: CMRIS Online (Hospital)		

The table above shows nil cases of unbooked mothers whereas majority of the babies born before arrival happened at the Central division (n=24) followed by Western division (n=23), Northern Division (n=10) and Eastern Division with the least case.

2.1.4 Delivering Mother Details [Hospital only]

Division	No Of Delivering Women n(%)	Emergency C/Section Procedures n(%)	Elective C/Section Procedures n(%)	Mothers Under 15 Years Old n(%)	Mothers Aged 15 - 19 Years n(%)	Intrapartum Transfers n(%)	No. Booked n(%)	No 4+ ANC Visits n(%)	TT/TD Fully Immunised n(%)
Central	2111(42.1)	289(45.6)	40(34.2)	0(0.0)	108(35.1)	94(29.8)	2073(42.2)	1451(35.8)	526(17.9)
Eastern	54(1.1)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	4(1.3)	54(1.1)	38(0.9)	26(0.9)
Northern	854(17.0)	137(21.6)	35(29.9)	2(100)	67(21.8)	32(10.2)	854(17.4)	816(20.2)	787(26.8)
Western	1997(39.8)	208(32.8)	42(35.9)	0(0.0)	133(43.2)	185(58.7)	1937(39.4)	1743(43.1)	1599(54.4)
Total	5016(100)	634(100)	117(100)	2(100)	308(100)	315(100)	4918(100.0)	4048(100)	2938(100)

The table above records information on delivering mother details that show the Central Division (n=2111) recorded the highest number of delivering women followed by the Western Division (n=1997), Northern Division (n=854) and the Eastern Division (n=54) recorded the least. Majority of delivering women had emergency caesarean section procedure than the elective caesarean section procedure as shown in this table.

The Western Division (n=133) recorded the highest frequency of adolescent birth when compared to Central Division (n=108) and Northern Division (n=69) whereas the Eastern Division had none.

The Eastern Division, Northern Division and Western Division had a 100% of women booked than the Central Division which recorded 98.2% of booked mothers.

**Total number of deliveries for the reporting period by each division was used as the denomination to calculate the percentage of Unbooked Mothers Who Delivered, Mothers Under 15 Years Old, Mothers Aged 15-19 Years and Intrapartum Transfers.*

***Total number of live births for the reporting period by division was used as the denominator to calculate the percentage of Babies Born Before Arrival and Live Born Low Birth Weight.*

2.2 Antenatal Clinic

This section covers both Hospital and Medical Area Maternal Health Status.

2.2.1 ANC Booking Visit by Trimester

Division	Trimester1	Trimester2	Trimester3	Total
Central	291(43.6)	777(43.5)	468(55.7)	1536(46.6)
Eastern	52(7.8)	76(4.3)	26(3.1)	154(4.7)
Northern	114(17.1)	202(11.3)	83(9.9)	399(12.1)
Western	210(31.5)	731(40.9)	263(31.3)	1204(36.6)
Total	667(100)	1786(100)	840(100)	3293(100)

Note: The total number of Trimester 1, 2 & 3 (3293) was used as a denominator to calculate the proportion of ANC booking per trimester.

The table above shows that majority of the women had their 1st booking in the 2nd Trimester (n=1786) than in Trimester 1(n=667) and Trimester 3 (n=840).

2.2.2 ANC Booking Visit by Age Group

Division	< 15 n(%)	15-19 n (%)	20-34 n(%)	35 > n(%)	Total n(%)
Central	3(42.9)	76(34.2)	1271(47.4)	190(47.9)	3(42.9)
Eastern	1(14.3)	10(4.5)	114(4.3)	30(7.6)	1(14.3)
Northern	0(0.0)	32(14.4)	318(11.9)	41(10.3)	0(0.0)
Western	3(42.9)	104(46.8)	979(36.5)	136(34.3)	3(42.9)
Total	7(100)	222(100)	2682(100)	397(100)	7(100)

The table above shows the ANC Booking visit by age group and demonstrates that the Central Division recorded the highest number of booking visits in the 20-34years and above 35years followed by the Western Division, Northern Division and the Eastern recorded the least.

Majority of the teenage pregnancy were recorded in the Western Division followed by Central Division, Northern Division and the least from Eastern Division.

2.2.3 ANC All Other Visit – Risk Conditions

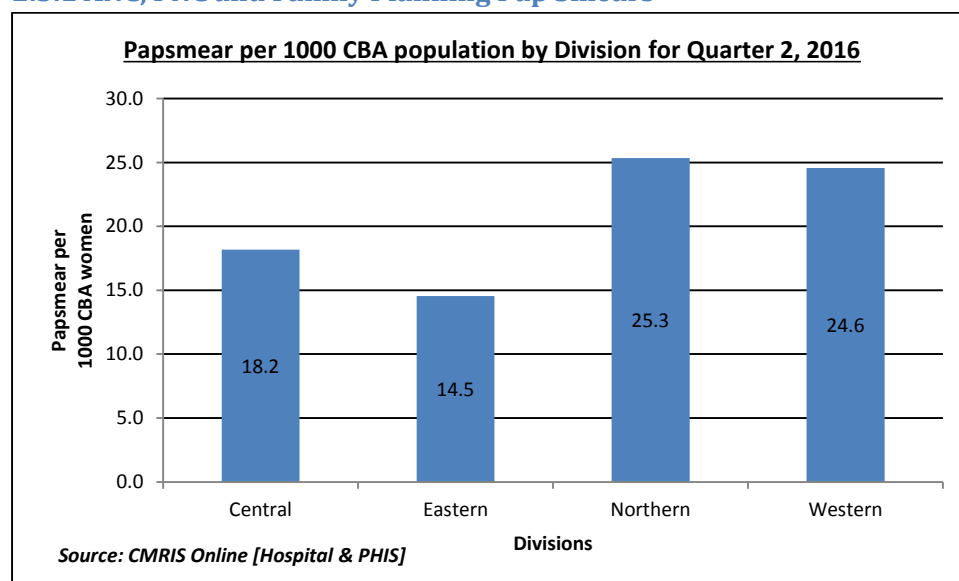
Risk Factor/ Complications in pregnancy	% of women at risk during pregnancy n[relative prevalence]
Anaemia	4021 (22.1)
Other	2650 (14.5)
Obesity	1860 (10.2)
Diabetes	993 (5.5)
Prev. Caesar	796 (4.4)
Multiple Pregnant	567 (3.1)
Underweight	384 (2.1)
VDRL	326 (1.8)
Hypertension	263 (1.4)
Hep B	157 (0.9)
Cardiac	101 (0.6)
Source: CMRIS (Hospital & PHIS)	

The table shows the relative prevalence of various risk conditions for women attending ANC All Other Visit. The largest contributor of complications was Anemia followed by other condition and Obesity.

The relative prevalence was calculated using each condition upon the total number of Normal Pregnancy (NP) + At Risk Pregnancy (ARP)) by percentage.

2.3 Postnatal Care

2.3.1 ANC, PNC and Family Planning Pap Smears



The table above shows the total Pap smear gathered from ANC, Family Planning and Postnatal Clinic reports from both hospitals and medical area.

A total of 4669 pap smears were conducted in combined clinics. The Western Division reported the highest number of Pap smears conducted at their combined clinics followed by the Central Division while the Eastern Divisions recorded the lowest. When compared to the same period last year (n=2576) there was an increase of 26% in pap smears been conducted. This increase was due to the inclusion of pap smears conducted in the Hospitals.

2.4 Family Planning

2.4.1 Contraceptive Methods in Family Planning

Percentage - Dispersion of Contraceptive Methods by Divisions Quarter 2, 2016

Division	Oral Pills (per 1000 CBA)	IUCD (per 1000 CBA)	Depo Provera (per 1000 CBA)	Noristerat (per 1000 CBA)	Implants (per 1000 CBA)	Condoms Female (per 1000 CBA)	Condoms Male (per 1000 CBA)	Vasectomy (n)	Tubal Ligation (per 1000 CBA)
Central	22.5	10.0	63.1	2.0	27.3	0.2	12.2	0.0	0.9
Eastern	17.3	4.5	69.4	10.4	61.5	0.2	2.8	0.0	0.0
Northern	11.2	0.5	37.8	5.4	6.8	0.2	11.8	0.0	1.9
Western	18.4	9.0	43.2	6.7	63.2	0.3	18.8	0.0	1.1
Total	19.0	8.0	51.8	4.7	39.9	0.2	14.3	0.0	1.1

Source: CMRIS Online [Hospital MCH & PHIS]

Note: The number of dispersion of Contraceptive Methods for each Division upon the number of CBA population n=2216120 (FBOS, 2016) by % was used to calculate the dispersion of Contraceptive Methods

The above shows the percentage of contraceptives dispensed by different methods. Depo Provera, Implants and Oral pills were the most common contraceptive methods used for birth control followed by Condom Male, IUCD and Noristerat which similar when compared to the same period last year.

The three main contraceptive method distributed were Depo Provera, Implants and Oral Pills. The Central Division reported the highest distribution of Depo Provera (n=5670) and Oral Pills (n=2020) while the Western Division recorded the highest distribution of Implants (n=5401).

2.5 Immunization

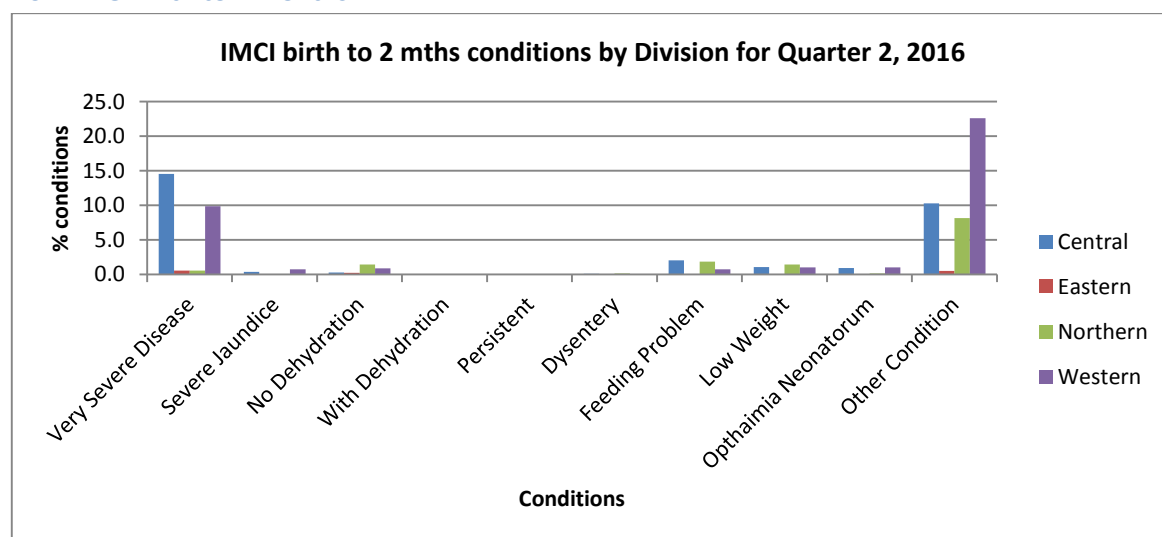
2.5.1 Immunization by Division & Vaccines

Division	HepBO	BCG0	DPT-Hep BHib1	OPV1	Penumoccal 1	Rotavirus1	DPT-Hep BHib2	OPV2	Penumoccal 2	DPT-Hep BHib3	OPV3	IPV	Penumoccal 3	Rotavirus2	MR1	OPV4
Central	2,799	2,800	2,443	2,392	2,430	2,438	2,248	2,178	2,233	1,971	1,884	1,850	1,960	1,948	2,320	1,021
Eastern	45	46	165	152	151	152	171	170	168	108	111	109	114	108	220	72
Northern	829	821	775	796	763	749	735	756	729	615	601	576	593	588	872	417
Western	1,982	1,547	1,871	1,834	1,852	1,870	1,792	1,748	1,807	1,530	1,286	1,487	1,513	1,511	1,805	811
Total	5,655	5,214	5,254	5,174	5,196	5,209	4,946	4,852	4,937	4,224	3,882	4,022	4,180	4,155	5,217	2,321
% per 100 births	110.3	101.7	102.5	100.9	101.3	101.6	96.5	94.6	96.3	82.4	75.7	78.4	81.5	81.0	101.7	45.3
Source: CMRIS Online [Hospital MCH & PHIS]																

The table above shows the number of immunization given for each vaccine. The number of vaccine given by each division was used as numerator and the quarterly prorata of 2015 live births (20510) figure as the denominator by percentage. The percentage of children immunized with MR1 vaccine was 101.7% which is more than last year when compared to the same period. This may be due to the increase number of children getting immunized in this reporting period and the number of children receiving MR 1 is more than the denominator.

2.6 IMCI

2.6.1 IMCI Birth to 2 months



[Note: The percentage was calculated using the number of each IMCI (birth to 2months) condition as numerator and the number seen was used as the denominator]

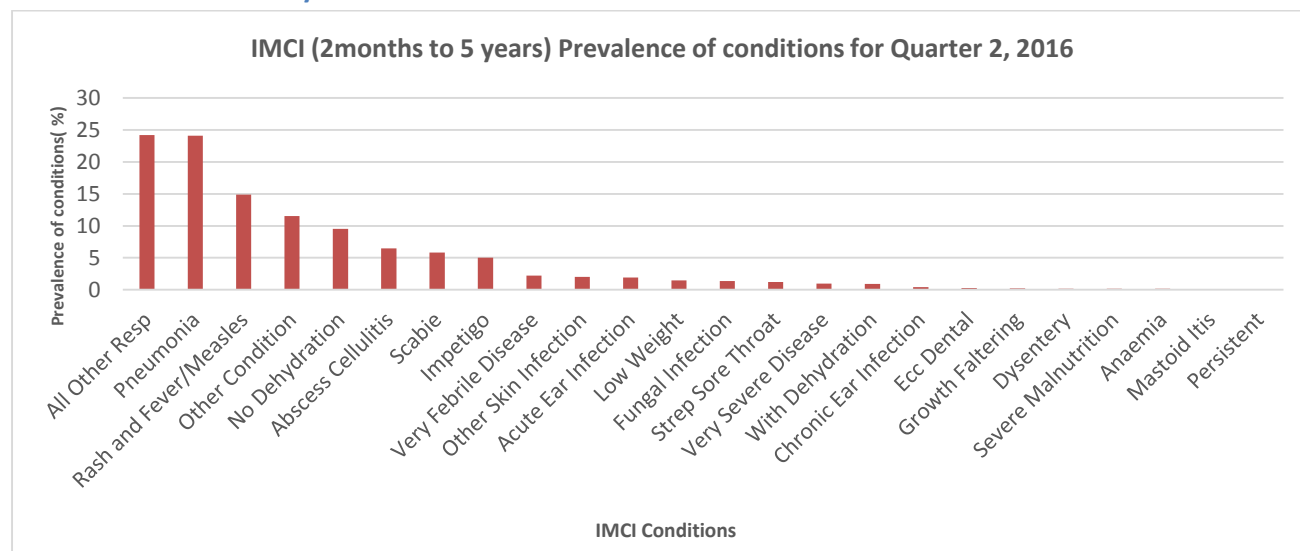
This graph represents the percentage of IMCI conditions of children from birth to 2months attending IMCI clinic at various health facilities in our country. It was noted that the top 5 ranked IMCI conditions among the birth to 2months children were: other conditions (Not Otherwise Specified – exclusive of multiple conditions being captured but not indicated), very severe disease, feeding problem, low weight and no dehydration.

The Western Division (n=533) reported the highest IMCI number seen with majority of the cases being reported from the Lautoka/ Yasawa SD (n=221), Nadi SD (n=122) and Ra SD (n=58) respectively.

The Central Division (n=512) reported the second highest IMCI numbers seen, where most of the cases were reported from the Suva SD (n=290), followed by Rewa SD (n=76) and Navua Hospital (n=63) respectively.

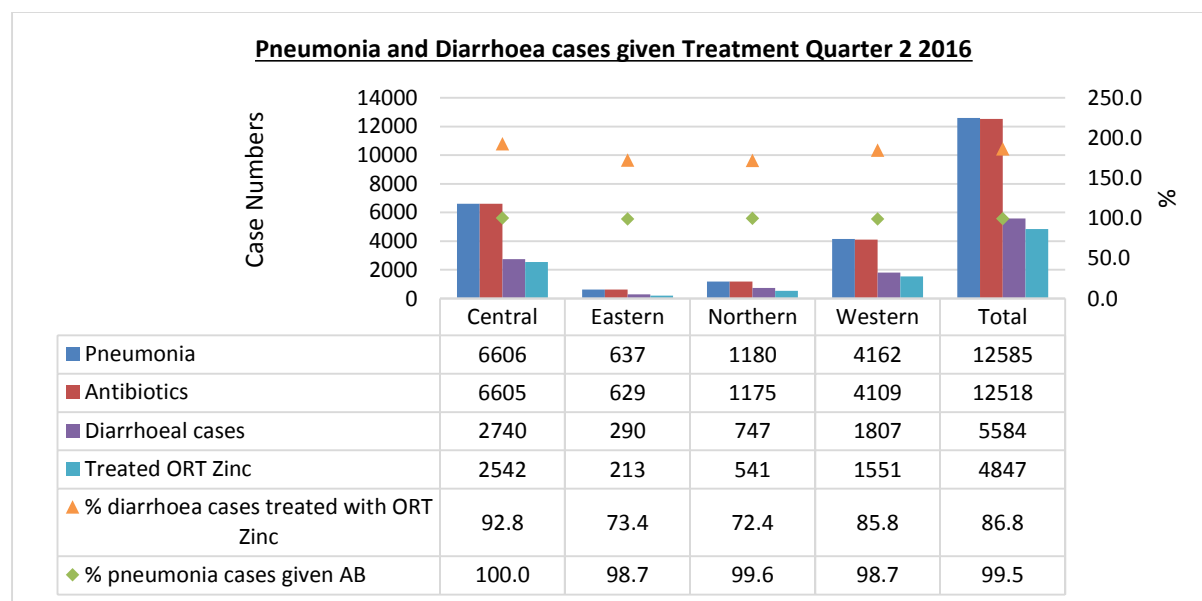
The Northern Division (n=83) reported the third highest IMCI numbers seen in which majority of the cases were reported from the Taveuni SD (n=137) and Bua SD (n=66) while the Eastern Division (n= 19) reported the least number of IMCI cases seen with the majority of the cases were reported from the Lomaiviti SD (n=8) and Kadavu SD (n=7). More children were seen with other condition apart from the condition provided.

2.6.2 IMCI 2 months - 5 years



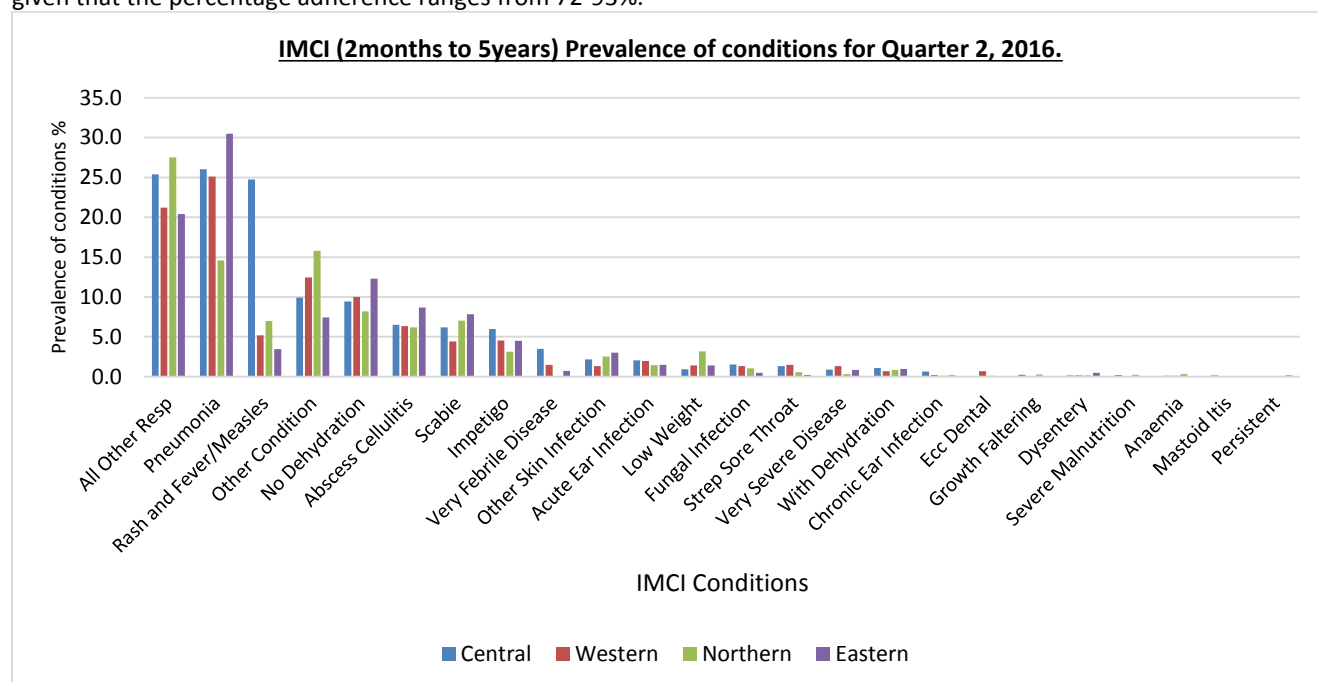
[Note: The prevalence was calculated using the number of each IMCI (2months to 5year) condition as numerator and the number seen (n= 52159) was used as the denominator]. It is important to note that the respiratory conditions dominated the caseloads in this age category for this reporting period.

This graph represents the prevalence of IMCI conditions (in percentage) of children from 2months to 5years attending IMCI clinic at various health facilities in our country. It was noted that the top 5 ranked IMCI conditions among the 2months to 5years children were: Pneumonia followed by all other respiratory conditions, fever rash, scabies and impetigo.



The above graph demonstrates the numbers and percentage of diarrheal and pneumonia cases given appropriate treatment. The percentage of pneumonia cases given antibiotics range from 99-100% signifying

optimal compliance to standards for treatment. However ORT/Zinc treatment compliance needs to be improved given that the percentage adherence ranges from 72-93%.



[Note: The relative prevalence was calculated using the number of each IMCI (2months – 5years) condition as numerator and the number seen was used as the denominator]

The Central Division (n= 25382) reported the highest IMCI numbers seen with majority of the cases were reported from the Suva SD (n= 14277), followed by Rewa SD (n= 5579), Serua/Namosi SD (n=2228), Tailevu SD (n=1490), CWM Hospital (n=955) and Naitasiri SD (n= 853) respectively.

The Western Division (n= 16592) reported the second highest IMCI number seen with majority of the cases being reported from the Nadi SD (n= 4935), Ba SD (n= 2551), Lautoka/Yasawa SD (n= 2394), Ra SD (n= 2241), Nadroga/Navosa SD (n= 2206), Tavua SD (n= 1233) and Lautoka Divisional Hospital (n=1032) respectively.

The Northern Division (n= 8096) reported the third highest IMCI numbers seen in which majority of the cases were reported from the Cakaudrove SD (n= 2801), Labasa Divisional Hospital (n= 2084), Taveuni SD (n=1490), Macuata SD (n= 966) and Bua SD (n=755) while the Eastern Division (n= 2089) reported the least number of IMCI cases seen with the majority of the cases were reported from the Kadavu SD (n= 945), Lomaiviti SD (n= 674), Lakeba SD (n= 323), Lomaloma SD (n=111) and Rotuma (n=36).

2.7 School Health Report

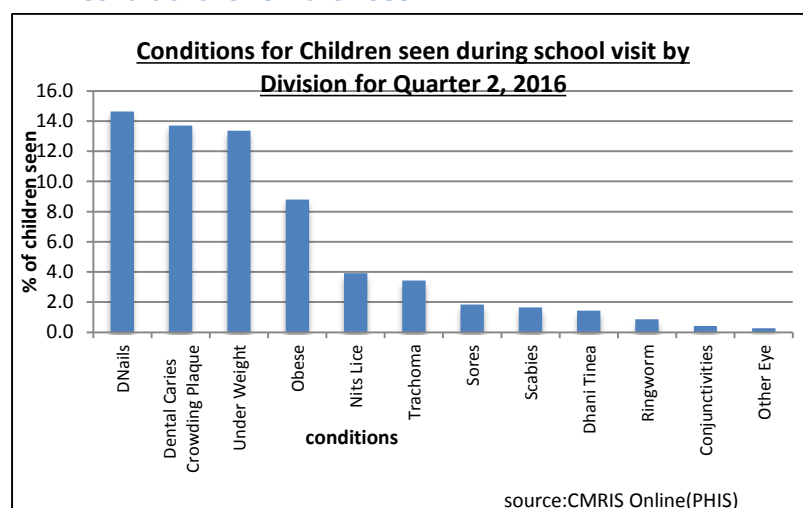
This report is captured from the PHIS School Health Summary Report from each sub-division.

2.7.1 Number of Schools Visited & School Size

Division	# of Schools visited	Total number of schools	School coverage visited (%)	Total Roll for the year	Total # Seen	Coverage seen (%)	# Not Consented
Central	104	213	48.8	14078	13348	94.8	219
Eastern	33	117	28.2	2784	2569	92.3	14
Northern	106	175	60.6	13396	12540	93.6	43
Western	126	261	48.3	26567	22332	84.1	726
All	369	766	48.2	56825	50789	89.4	1002

The table above shows approximately 48% of the total number of schools was visited during the reporting period which gives an indication that more schools were visited on the first half of the year. The total roll out for the school visited were 56825 of which only 89.4% of the children were seen, 8.9% were missed due to absentee and 1.8% were not given consent for vaccination. These cases (missed and not consented) pose a risk for outbreaks as a result of reduced immunity within the community. All effort should be placed on ensuring greater coverage.

2.7.2 Conditions for Children Seen

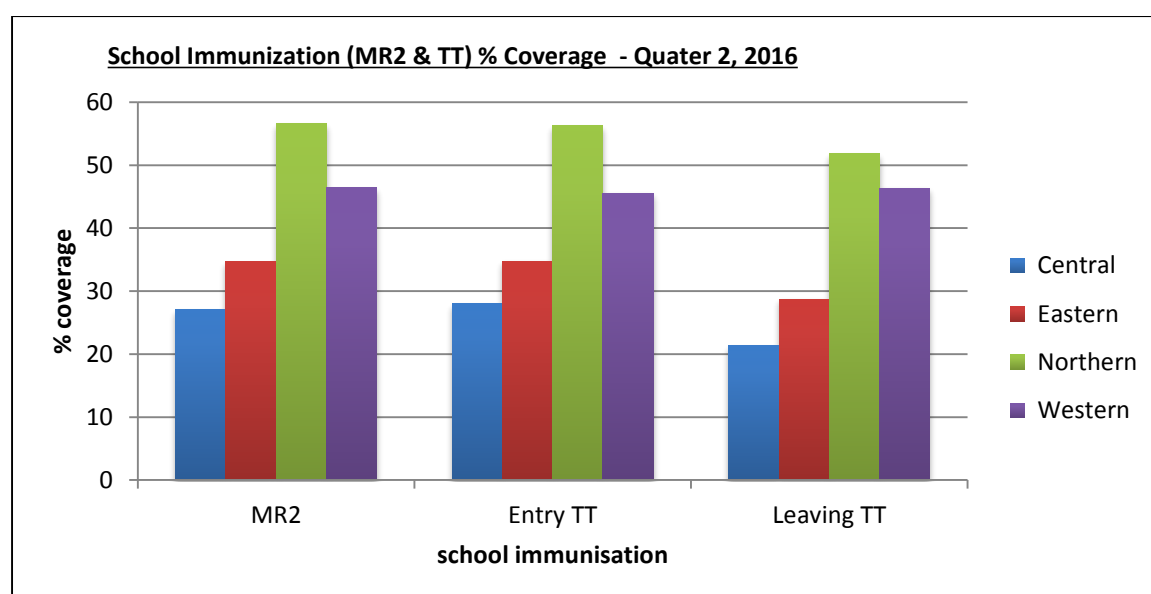


Majority of the children were seen with Dirty Nails (14.6%) followed by Dental caries (13.7%), Underweight (13.4%), Obese (8.8%) and nits/lice (3.9%).

The Western Division reported the highest percentage of children seen with dirty nails (18%), dental caries (16.5%) and Nits & Lice (4.5%) while the Central Division reported the highest percentage of children seen with Obesity (11.8%) and Northern Division recorded the highest percentage of children seen with underweight conditions.

2.7.3 School Immunization Coverage

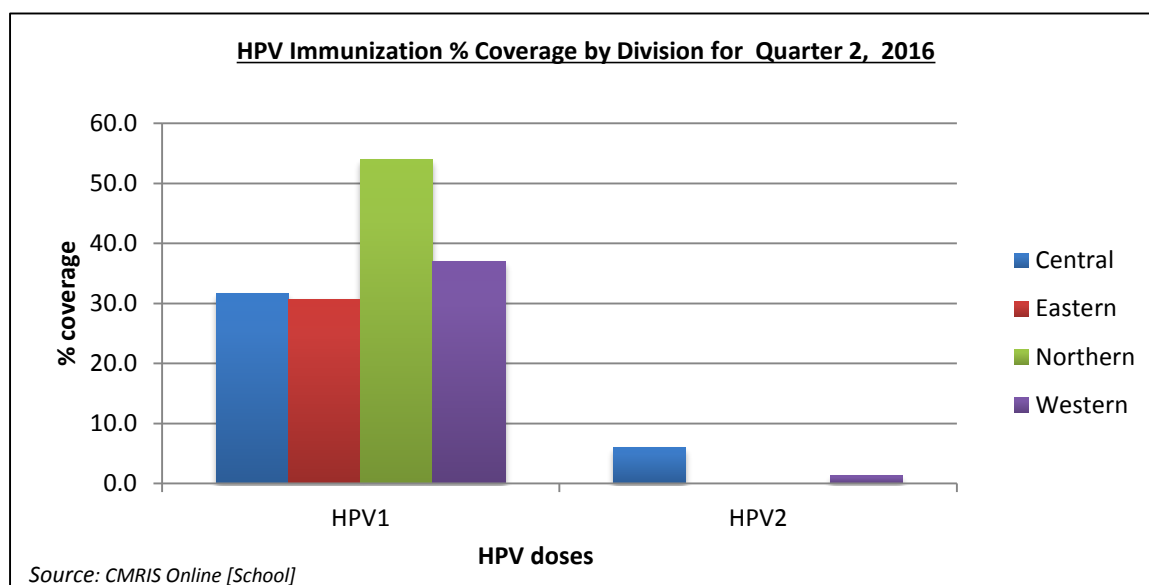
School Immunization (MR2 & TT) % Coverage



The above graph represents the Immunization coverage for MR2 & TT given to new enrolment students in class 1 & school leavers for class 6. The estimated coverage of MR2 was 39%, new entry for TT (44%) and leaving TT was 36%. This indicates that booster TT doses need to be strengthened as immunity wanes when coverage is low.

The Northern Division recorded the highest coverage of school children immunized with MR2, Entry TT and Leaving TT followed by the Western division, Eastern division and Central Division recorded the lowest coverage.

HPV Immunization % Coverage by Division



This graph shows the HPV Immunization coverage in percentage by division. The HPV vaccines are given to female students in Class 8 for cervical cancer prevention. There were more girls immunized for HPV1 (37.5%) than HPV2 with 2.9%. This also indicates that HPV awareness and vaccinations need to be strengthened if we are to put in long term measures for control of cervical cancer.

The Northern division recorded the highest coverage for HPV1 (54%) followed by Western Division, (36.9%), Central Division (31.6%) and Eastern Division recorded the lowest of 30.7%. The Central Division got the highest coverage for HPV 2 immunization with 6% and Western Division got 1.3% coverage whereas Northern Division and Eastern had none immunized for HPV 2. This may be due to how the school team schedule there HPV visit.

Section 3 – Communicable Diseases [CD]

The Notifiable Diseases analysis has been compiled from the Notifiable Disease Certificates received from 97 sites out of all public health facilities, 101 private health facilities and 2 private labs nationally. This report has been compiled from 81% data from 2nd quarter 2016 (public health facilities only).

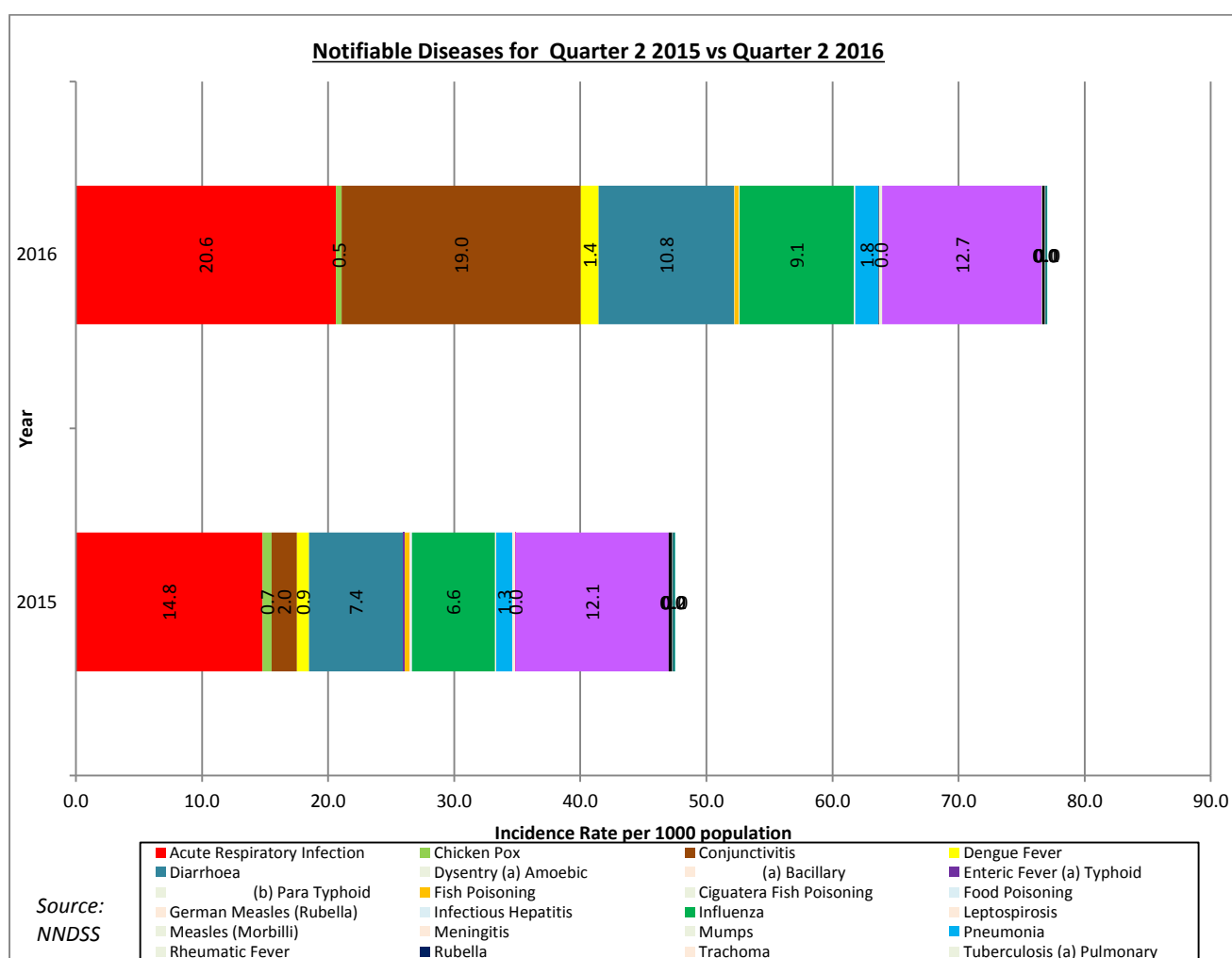
HIU urges all divisions to improve their submissions and capture of notifiable diseases as the deadline for receiving of all the notifiable diseases certificates is on a weekly basis. All outbreak situations still require routine reporting on the Notifiable Disease Certificate. The HIU draws attention to the timeliness of submissions which **continues** to need marked improvement from all facilities in all divisions.

The Public Health Act confers the responsibility of reporting notifiable diseases to medical practitioners:

“Notification of infectious diseases”

71. (1) When any person is suffering or has died from an infectious disease; any medical practitioner attending or called in to visit such person, on diagnosing that such person suffers or has died from an infectious disease, shall send at the prescribed times to the Permanent Secretary or to the medical officer of health of the Division where such person is residing or has died, a notice signed by him in the prescribed form containing such particulars as may be prescribed.

(2) Any medical practitioner required by this section to give a notice or certificate whether of sickness or of death or of both sickness and death who fails to give the same shall be liable to a fine not exceeding forty dollars.”



Notifiable Disease Certificates should be populated with all cases of notifiable diseases, both suspected and lab confirmed cases. Please note that this edition contains some of the reports from the General Practitioners.

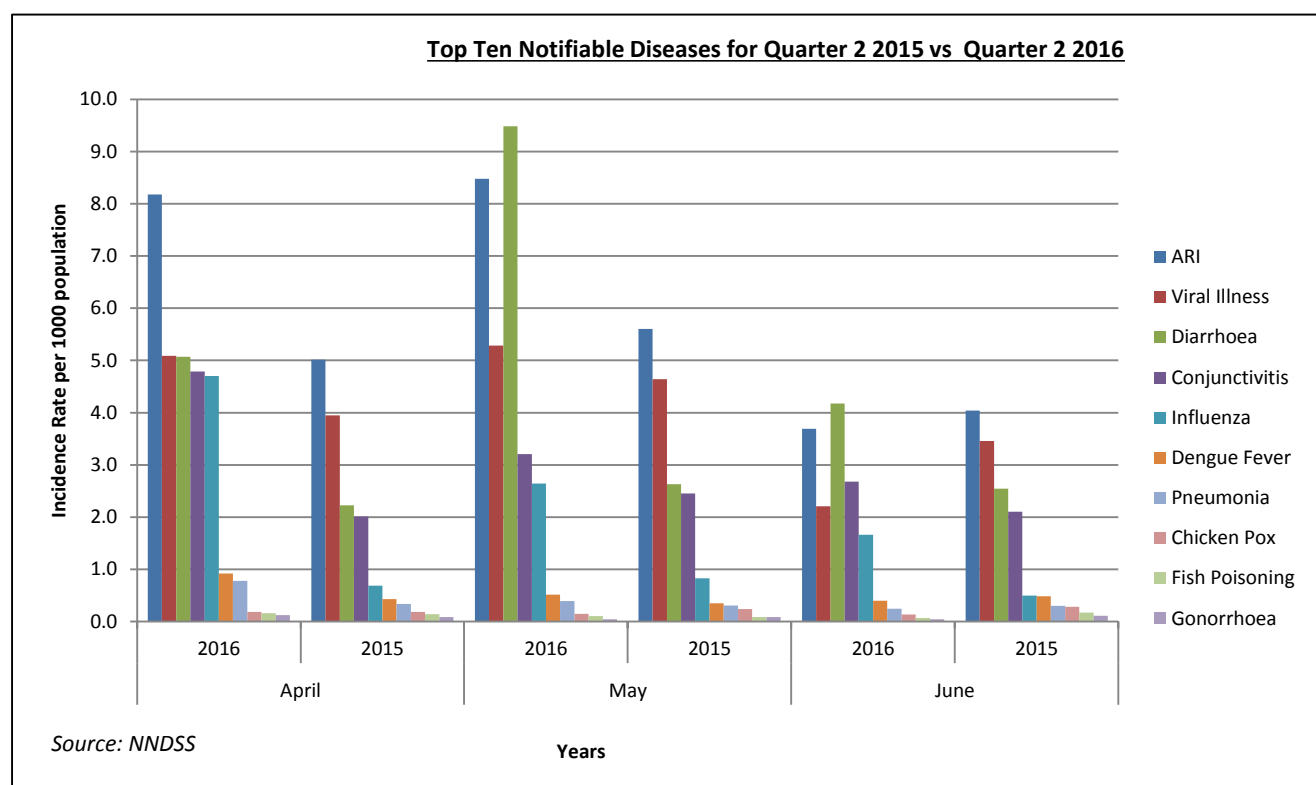
All light colored diseases in the legend represent nil cases.

3.1 National Notifiable Disease Surveillance System

The incidence rates were calculated using population at risk from 2016 projections from FBOS (870984) and reported as per 1,000 populations. The predominance of ARI, Viral Illness, Diarrhoea and Influenza is noted in both 2015 and 2016. The GPs reports are also included. Generally, reporting was higher in 2015 compared to 2016; this is because many of the reports are yet to be received. There may be some discrepancies as all lab based data are not reported and private sector data is still largely incomplete.

There is an obvious time lag noted for this reporting period as a result of pending submissions. Time lags affect analysis and comprehensiveness of reports markedly. On average there was only 81% reporting for this period from the Divisions which makes surveillance for infectious diseases difficult as sensitivity of the system reduces with reduction of complete and timely reports.

3.1.1 Top Ten Notifiable Diseases for Quarter 1 2015 vs Quarter 1 2016



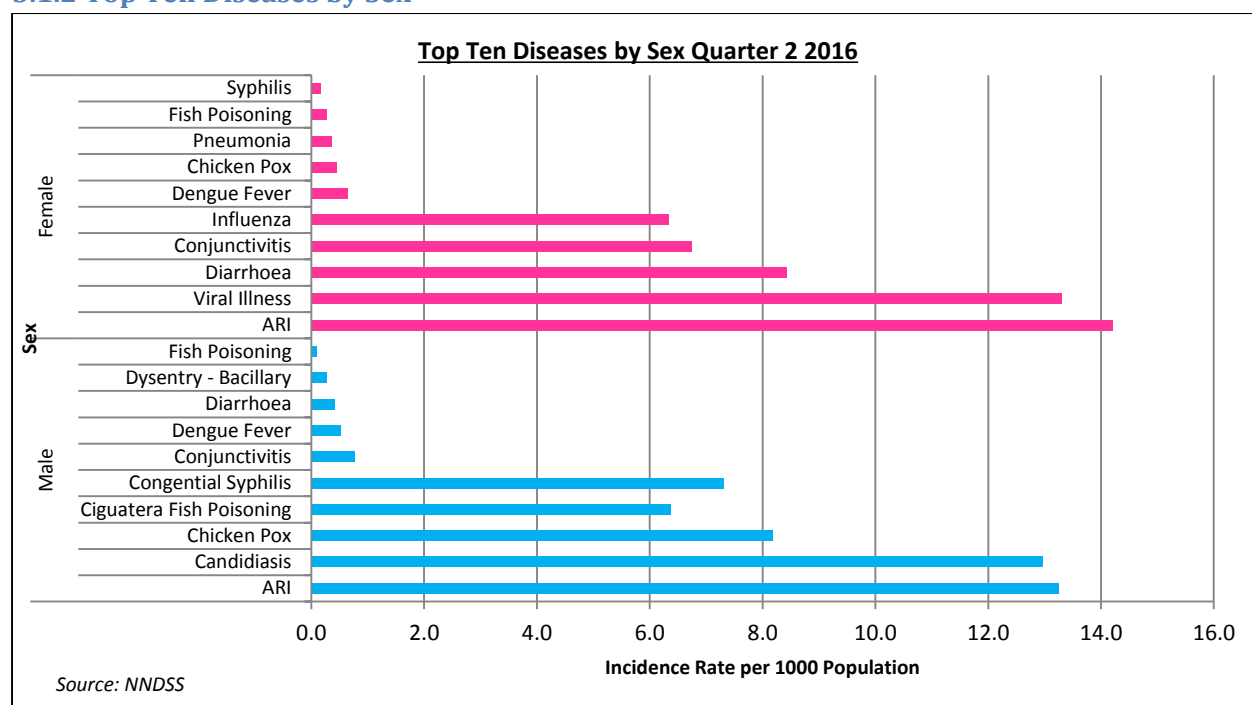
The incidence rates were calculated using population at risk from 2016 projections from FBOS (870984) and reported as per 1,000 populations. Over both the years, a predominance of diseases with viral origins was noted, such as ARI, Viral Illness and Diarrhoea.

Conjunctivitis was the 4th leading condition for 2016 (n=53958) and 2015 (n=35297), as there was an outbreak of this in the Western Division for conjunctivitis (predominantly Nadi).

Dengue Fever was the 6th leading cause of diseases for 2016 (n= 1599) and 2015 (n=1102) signaling a clear need for early public health response.

Influenza totaled 7817 cases in 2016 and 1751 cases in 2015 signaling for public health interventions for these areas to reduce risks of outbreaks.

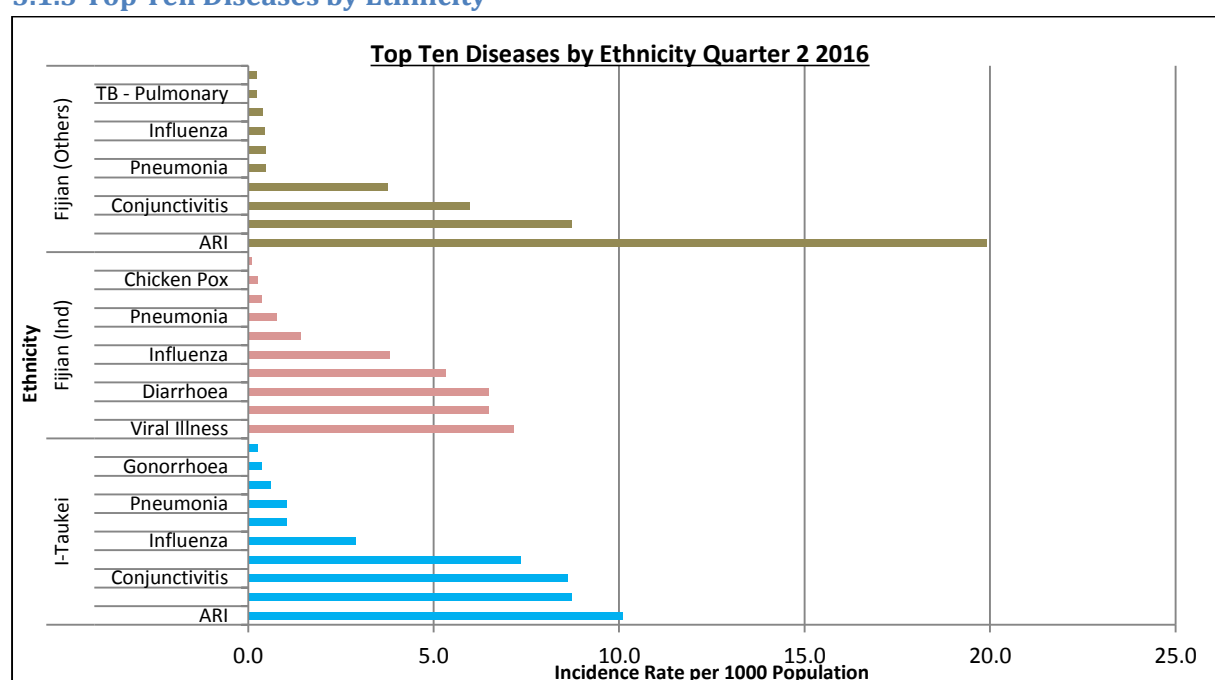
3.1.2 Top Ten Diseases by Sex



The incidence rates were calculated using the population at risk from 2016 population projections from FBOS (Male 442151 and Female 428833) and reported as per 1,000 populations. There is conformity to the national trend for males but in a different rank order. There is also agreement in the top nine cases in female category but in a different rank order. The 10th leading condition for the female category is Syphilis instead of Gonorrhea. This could be due to the ANC screening of pregnant women for syphilis and the earlier presentation of men with Gonorrhoea.

The cases of unknown sexes made up 33% (n= 21852) in 2nd quarter 2016. It is important for those reporting Notifiable diseases to specify sex, ethnicity and age. The current percentage demonstrates that those reporting on NNDSS are still unresponsive to the request to clearly state sex, ethnicity and age.

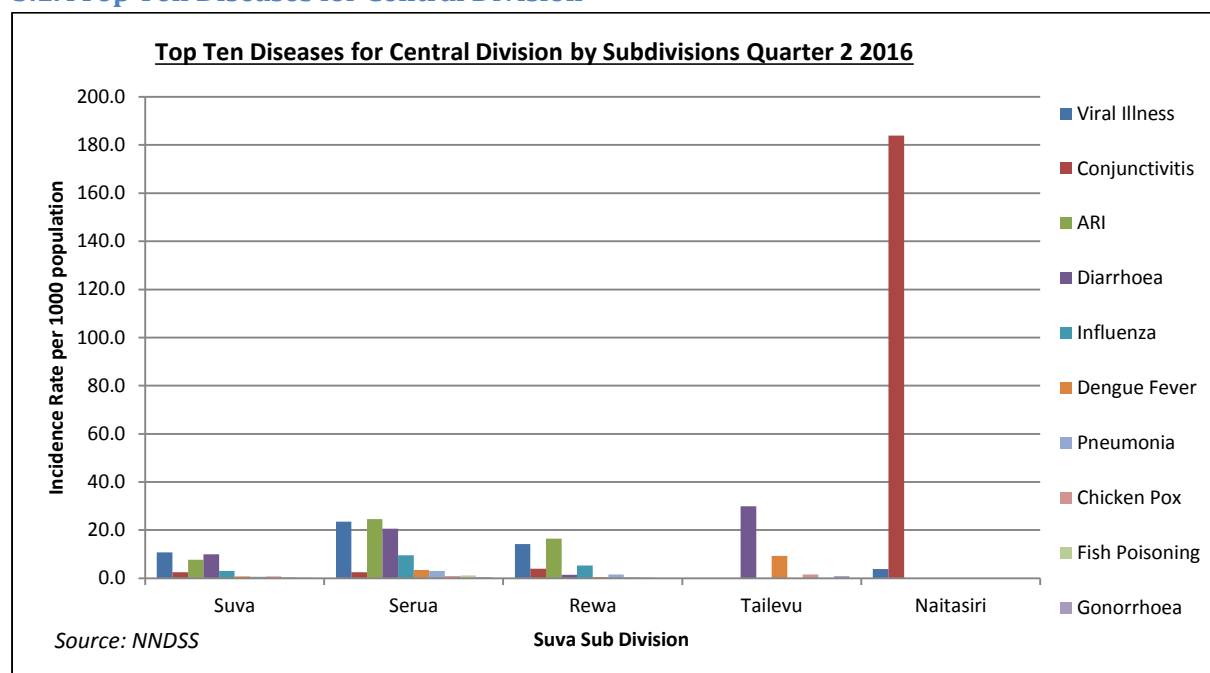
3.1.3 Top Ten Diseases by Ethnicity



The incidence rates were calculated using the population at risk from MoHMS 2015 population (I-Taukei 527844, Fijian (Ind) 351087 and Fijian (Others) 44807) and reported as per 1,000 populations. 28% (n= 18170) of cases were unclassified by ethnicity in 2nd quarter 2016. It is important to categorize each reportable disease according to ethnicity, age, gender, and locality.

I-Taukei and Fijians of Indian category simulate the national dataset but in different rank order. The Fijians of other category simulate the top nine conditions of the national dataset differing in rank order; the 10th leading condition for this category is Fish Poisoning (n=10).

3.1.4 Top Ten Diseases for Central Division

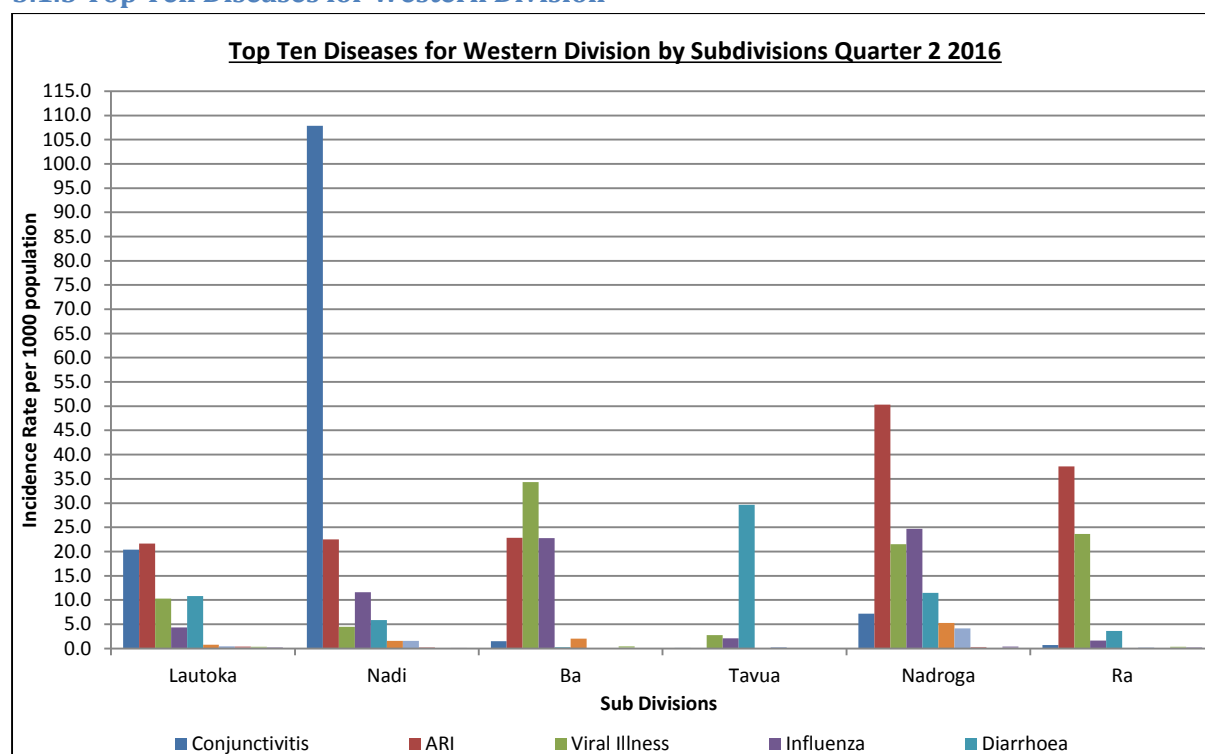


The incidence rates were calculated using the population at risk from MoHMS 2015 population (Suva 223816, Serua 30587, Rewa 88361, Tailevu 21578 and Naitasiri 19472) and reported as per 1,000 population. The predominance of Viral Illness, Conjunctivitis, ARI and Diarrhoea were recorded in Central division and is mostly reported from Suva, Rewa, Serua and Naitasiri. All the conditions in Central division are following the national rank order but in a differing array.

Conjunctivitis is the leading cause of disease for Naitasiri SD (n=3025) as there was an outbreak of this in the Central Division.

Viral Illness is the leading condition in the Central division [Suva (n=2391), Rewa (n=1237), Serua (n=702), Naitasiri (n=73)] and Tailevu (n=0). This was predominantly reported in Suva. Chicken Pox cases were also noted in Suva (n=157), Rewa (n=37), Tailevu (n=34), Serua (n=27), and Naitasiri (n=0), signaling a clear need for early public health response. In addition, cases of dengue fever were reported in Tailevu (n=198), Suva (n=182), Serua (n=106), Rewa (n=42), and Naitasiri (n=0). The Central has a localized outbreak of dengue fever signaling for public health interventions for these areas to reduce risks of outbreaks. Calls for adequate preventions and control are made in the light of emerging infectious diseases in the country and the region.

3.1.5 Top Ten Diseases for Western Division

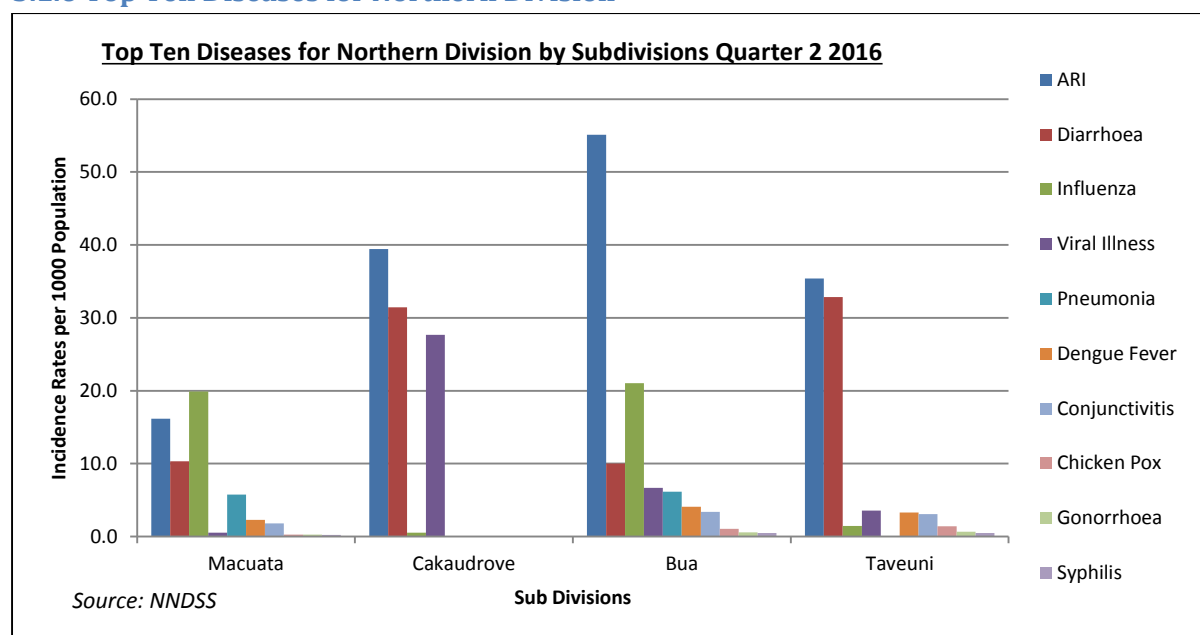


The incidence rates were calculated using the population at risk from MoHMS 2015 population (Lautoka 110733, Nadi 91702, Ba 56450, Tavua 26551, Nadroga 51871 and Ra 28232) and reported as per 1,000 populations. The predominance of Conjunctivitis, ARI, Viral Illness, Influenza, Diarrhoea and Pneumonia were reported from the Western division and was more frequently reported from Nadi, Lautoka and Nadroga (due to the majority of the reports being received from these sub divisions only). All the conditions in Western division are following the national rank order but in a differing array.

Conjunctivitis is the leading cause of disease for Nadi SD (n=8929), followed by Lautoka SD (n=2215) as there was an outbreak of this in the Western Division.

Diarrhoea was the 5th leading condition in Western division with Lautoka (n=1182), Tavua (n=764), Nadroga (n=588), Nadi (n=532), Ra (n=101) and Ba (n=15), and reporting this disease. Additionally, cases of dengue fever were reported in Nadroga (n=213), Nadi (n=143), Lautoka (n=45), Tavua (n=7), Ra (n=5) and Ba (n=3) signaling for public health interventions for these areas to reduce risks of outbreaks. Chicken Pox cases were also reported from all the subdivisions signaling a clear need for early public health response.

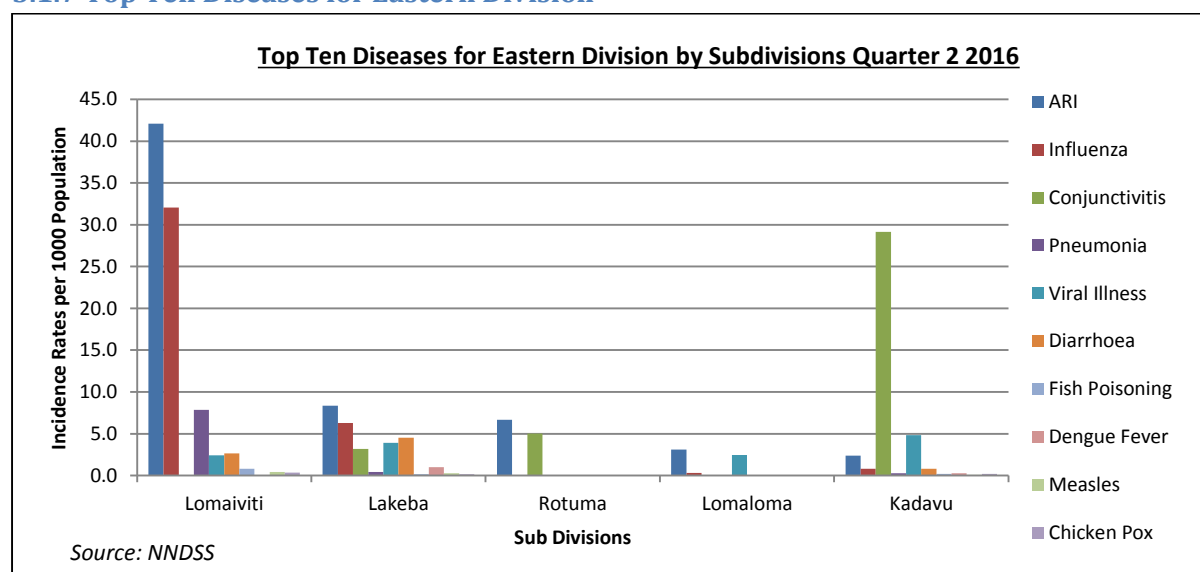
3.1.6 Top Ten Diseases for Northern Division



The incidence rates were calculated using the population at risk from MoHMS 2015 population (Macuata 66699, Cakaudrove 34883, Bua 17032 and Taveuni 16668) and reported as per 1000 population. The predominance of ARI, Diarrhoea, Influenza, Viral Illness, and Pneumonia were noted in the Northern division. The majority of the cases were reported from Cakaudrove, Macuata, and Bua sub divisions which are the most populated in the Northern Division. The top nine conditions in Northern division are consistent with the national rankings, although in a differing array. The 10th leading condition for the North is Syphilis.

Macuata (n=153), Bua (n=69), Taveuni (n=55) and Cakaudrove (n=0) have reported dengue cases requiring ongoing public health awareness and effective prevention and control. The advice continues to ensure that all Notifiable diseases are duly reported on NNDSS as per the Public Health Act provisions. Conjunctivitis cases were reported in Macuata (n=121), Bua (n=57), Taveuni (n=51), Cakaudrove (n=0) and.

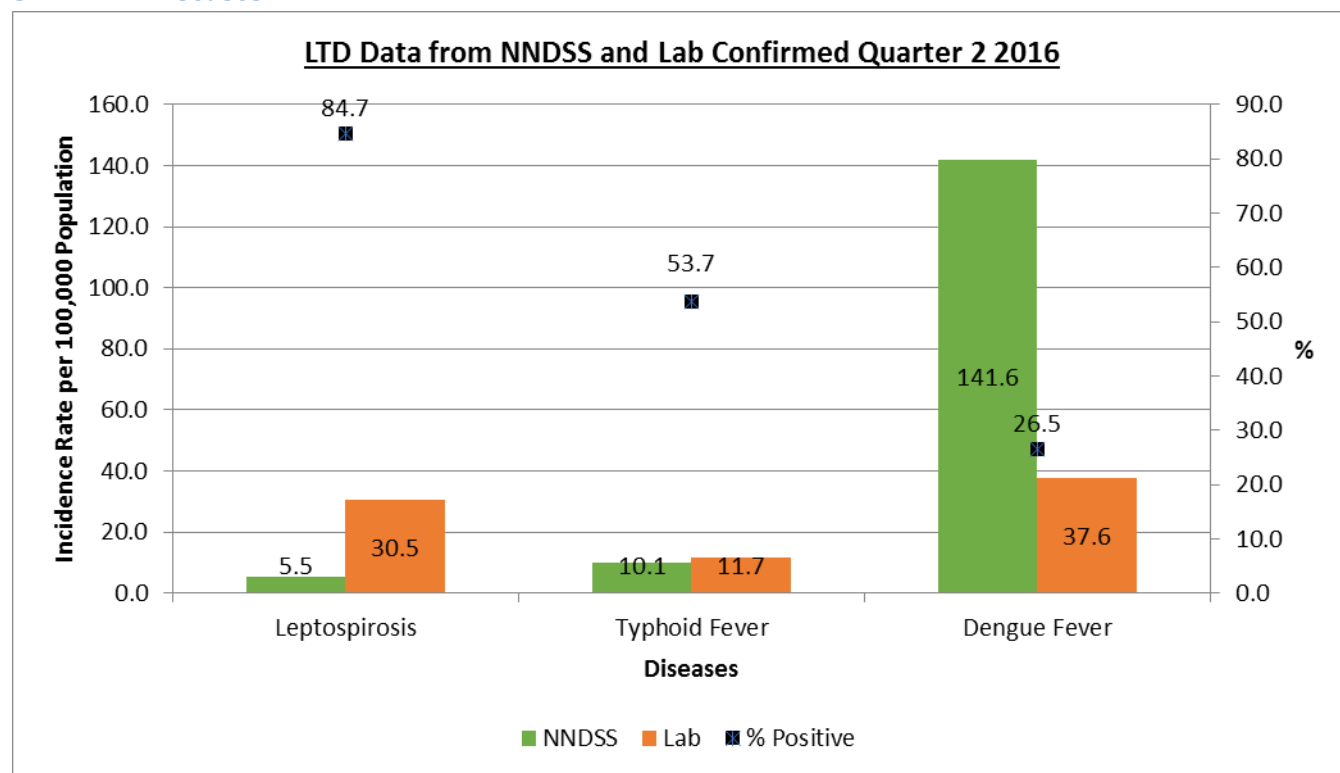
3.1.7 Top Ten Diseases for Eastern Division



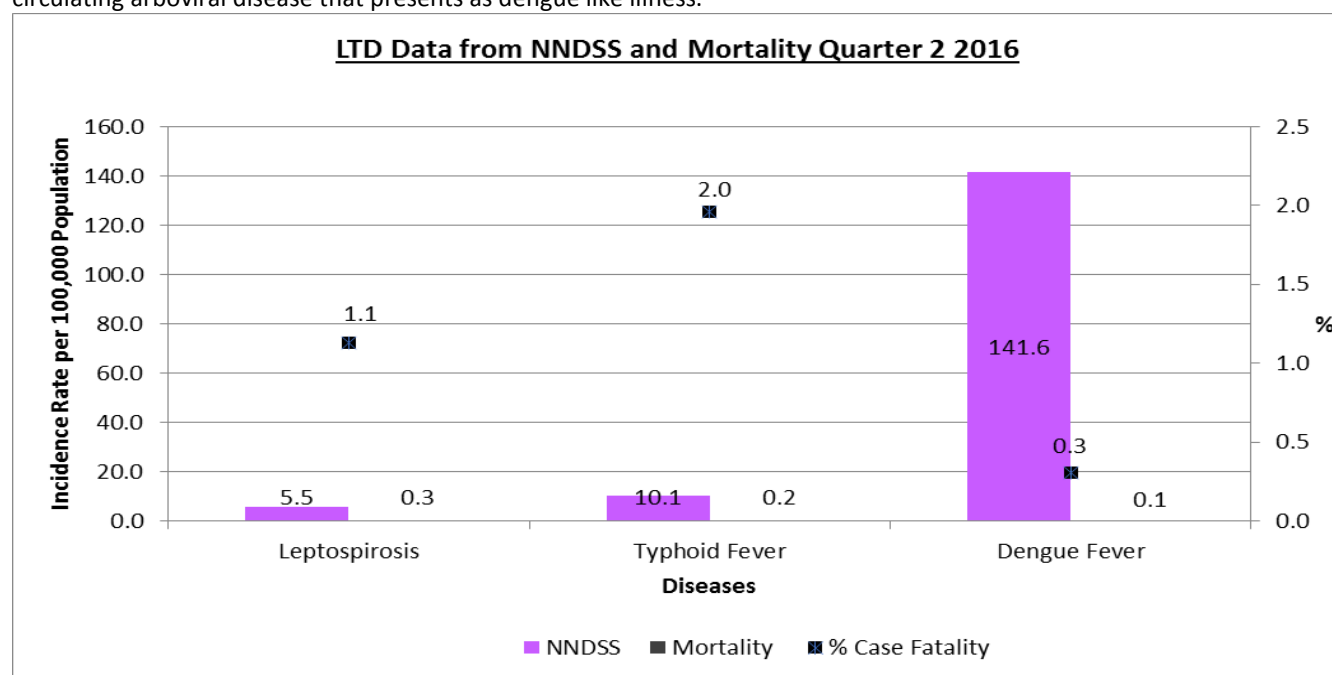
The rates were calculated using the population at risk from MoHMS 2015 population (Lomaiviti 16187, Lakeba 6892, Rotuma 1806, Lomaloma 3240 and Kadavu 10978) and reported as per 1000 population. The predominance of ARI, Influenza, Conjunctivitis, Pneumonia and Viral Illness were recorded in Eastern division. Majority of the cases were recorded in Lomaiviti, Lakeba and Kadavu sub divisions.

All the conditions in Eastern division are following the national rankings but in a differing rank order. Conjunctivitis cases were reported from all the subdivisions signaling a clear need for early public health response.

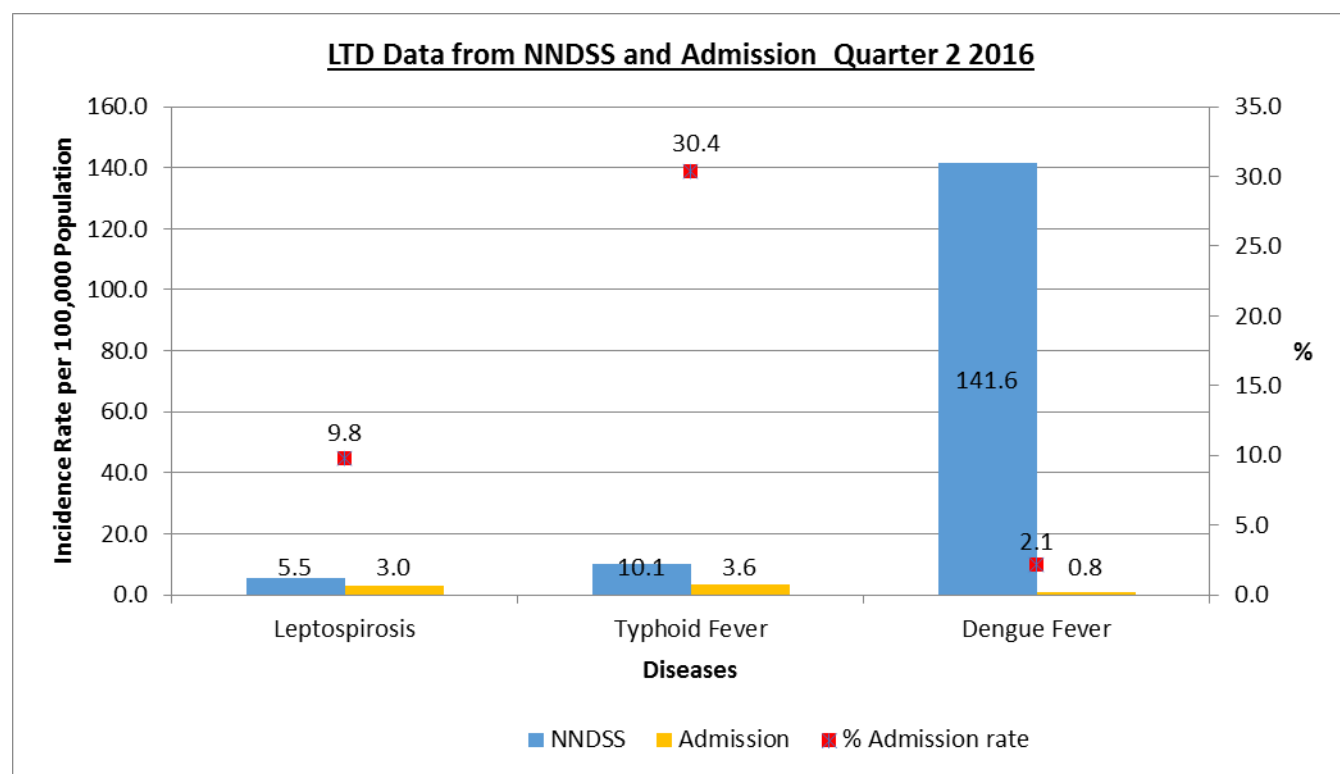
3.1.7 LTD Diseases



The incidence rates were calculated using the population at risk from 2016 projections from FBOS (870984) and reported as per 1000 population. The data sources are NNDSS from HIU and Laboratory data from FCCDC. There is a higher case load of Dengue Fever from the NNDSS (n=1232) compared to laboratory confirmed data (n=327). The percentage positivity for Dengue fever is lower than leptospirosis and typhoid. This may signal other circulating arboviral disease that presents as dengue like illness.



Leptospirosis and Typhoid have both higher case fatality and population based mortality. Severity of disease is estimated from both case fatality and admissions. There may be a need for greater public health response to prevent severe spectrum of disease and mortality from leptospirosis and typhoid. It is also imperative that case capture is heightened in its various forms (Lab confirmed, suspected, admissions and mortality).



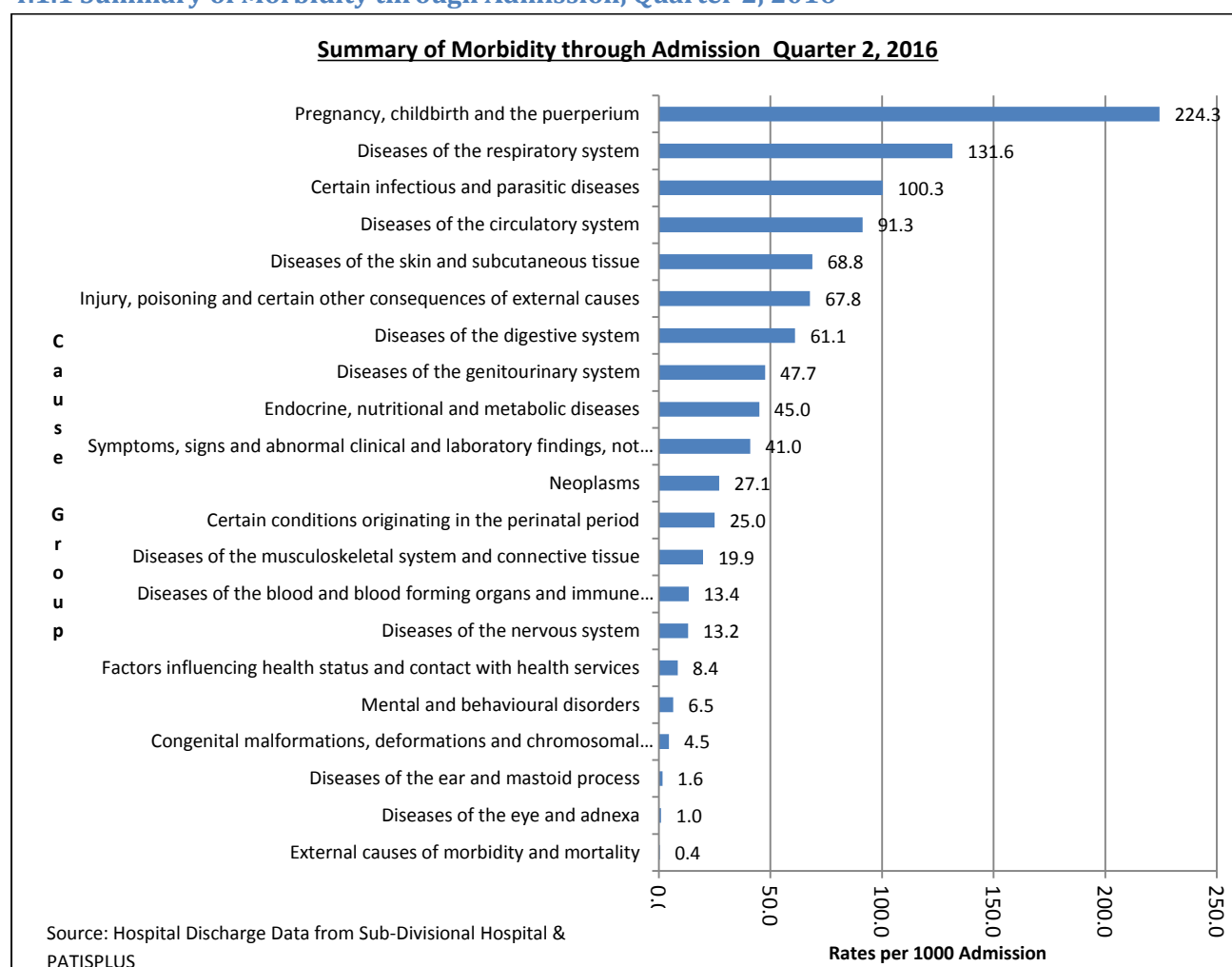
Leptospirosis and Typhoid have both higher admission rates. The burden of admissions from typhoid cases is higher than dengue and leptospirosis. This may be due to late presentations of typhoid with more severe symptoms and complications. There may be a need for greater public health response to prevent severe spectrum of disease for leptospirosis and typhoid. It is also imperative that case capture is heightened in its various forms (Lab confirmed, suspected, admissions and mortality).

All reporting officers are reminded to report all Notifiable cases through the mechanism of the NNDSS.

Section 4 – Expanded Primary Health care – Hospital Report

4.1 Summary of Morbidity

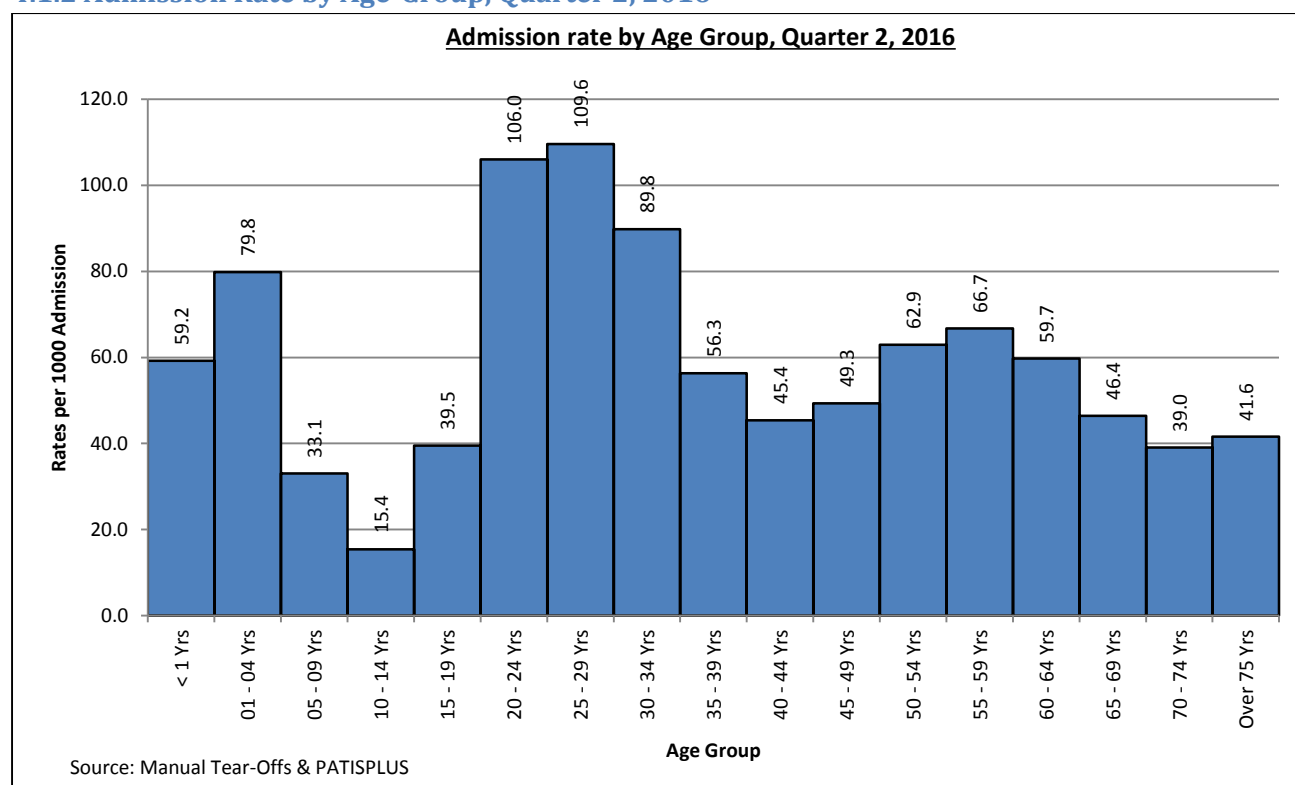
4.1.1 Summary of Morbidity through Admission, Quarter 2, 2016



The above graph demonstrates the Admissions by Cause Group in the 2nd quarter 2016. Leading overall admissions are Pregnancy, Childbirth & Puerperium [n=2178], Diseases of the respiratory system [n=1278], Certain Infectious & Parasitic Diseases [n=974] and Diseases of the Circulatory System [n=887].

Compared with the 2nd Quarter of 2015, the leading admissions were still Pregnancy, Childbirth & Puerperium [n=2627], Diseases of the Circulatory System [n=590], Certain Infectious & Parasitic Diseases [n=469] and Diseases of the Respiratory System [n=375]. The rates used were calculated per 1,000 admissions.

4.1.2 Admission Rate by Age-Group, Quarter 2, 2016



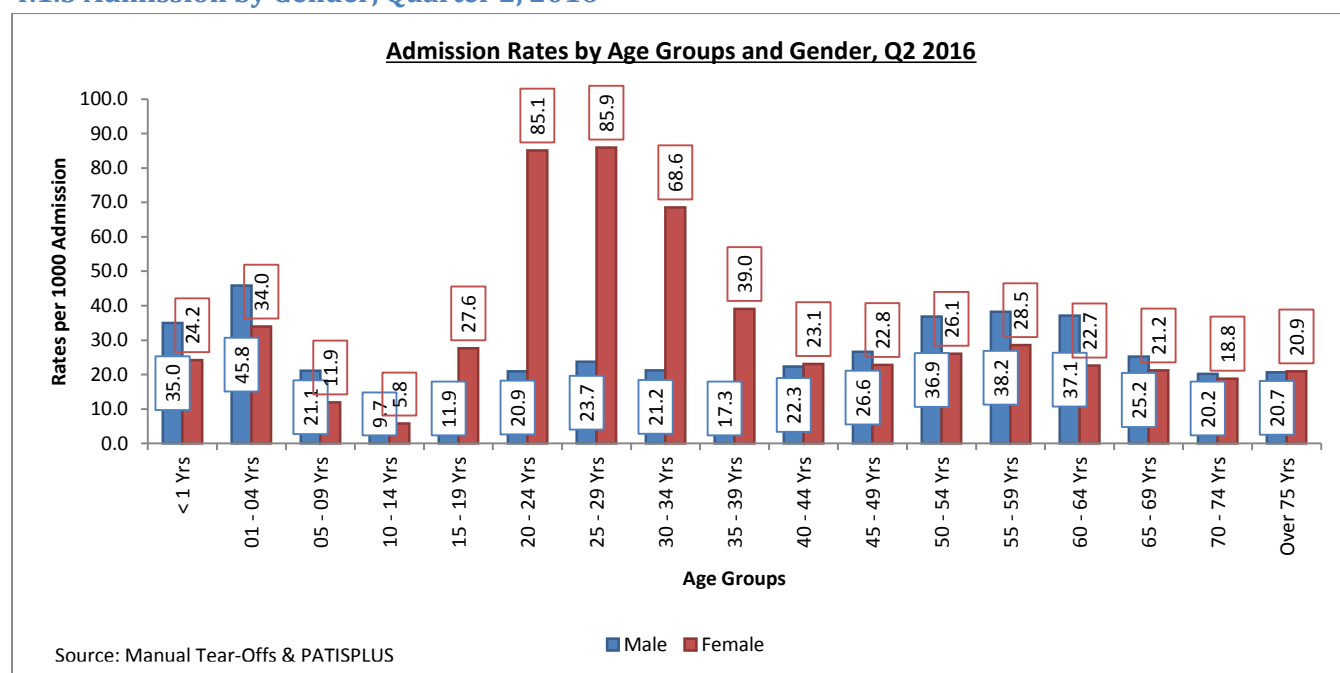
The highest occurrence of admissions were among the 20 – 34 years age groups [n=2965]; this was approximately 30.5% of all admissions, where the cause was pregnancy, its complications and outcomes. These outcomes included like single spontaneous (normal) delivery [n=849], perineal laceration during delivery [n=316], preterm delivery [n=189], labour & delivery complicated by fetal stress, unspecified [n=82], other specified diseases & conditions complicating pregnancy, childbirth & the puerperium [n=56] and Long labour, unspecified [n=42].

The under-five population comprised of approximately 14% of the total admissions for 2nd Quarter 2016. The top 3 causes of morbidity for this age group are pneumonia unspecified [n=249], diarrhoea & gastroenteritis of presumed infectious origin [n=110], and Febrile convulsions [n=95].

The 70+ age group comprised of approximately 8% of the total admissions. The top 3 causes of morbidity for this age group are Sepsis, unspecified [n=61], Pneumonia, unspecified [n=46], and stroke not specified as hemorrhage/infarction [n=40].

The lowest frequency of admissions were among the 10-14 age groups (n=150) at approximately 1.5%. The top 3 causes of morbidity for this age group are Viral infection, unspecified [n=8], diarrhoea & gastroenteritis of presumed infectious origin [n=7] and Cellulitis of lower limb [n=6].

4.1.3 Admission by Gender, Quarter 2, 2016

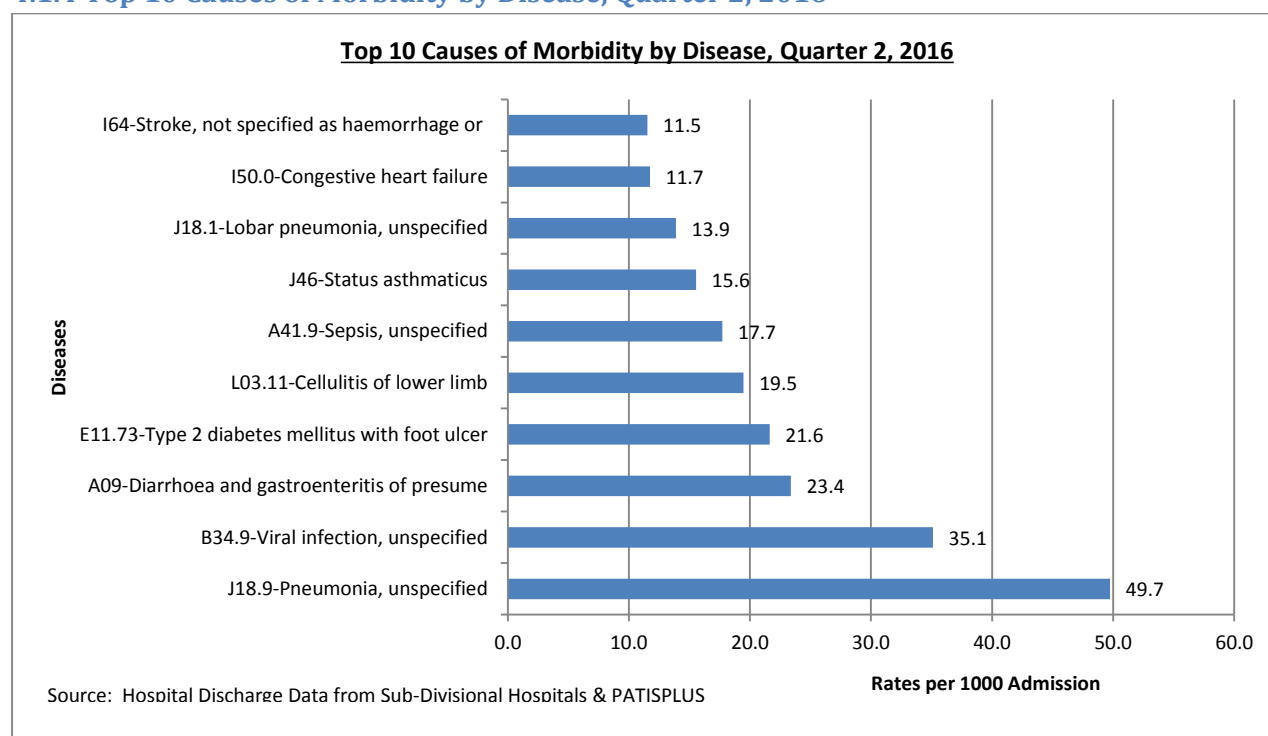


The graph represents the age groups disaggregated by gender. It shows that females contributed a higher rate in the age groups 25-29, making up the majority rate in this group with 85.9%. This is due to pregnancy, childbirth and puerperium.

Males in the age groups <5 were mostly admitted due to Pneumonia unspecified [n=147], Diarrhoea & gastroenteritis of presumed infectious origin [n=64], and Febrile convulsions [n=47].

Males in the age group >50 contributed a higher rate of 17.8% admissions for type 2 DM with foot ulcer due to multiple causes [n=84] Pneumonia unspecified [n=68] and Acute subendocardial myocardial infarction [n=63].

4.1.4 Top 10 Causes of Morbidity by Disease, Quarter 2, 2016

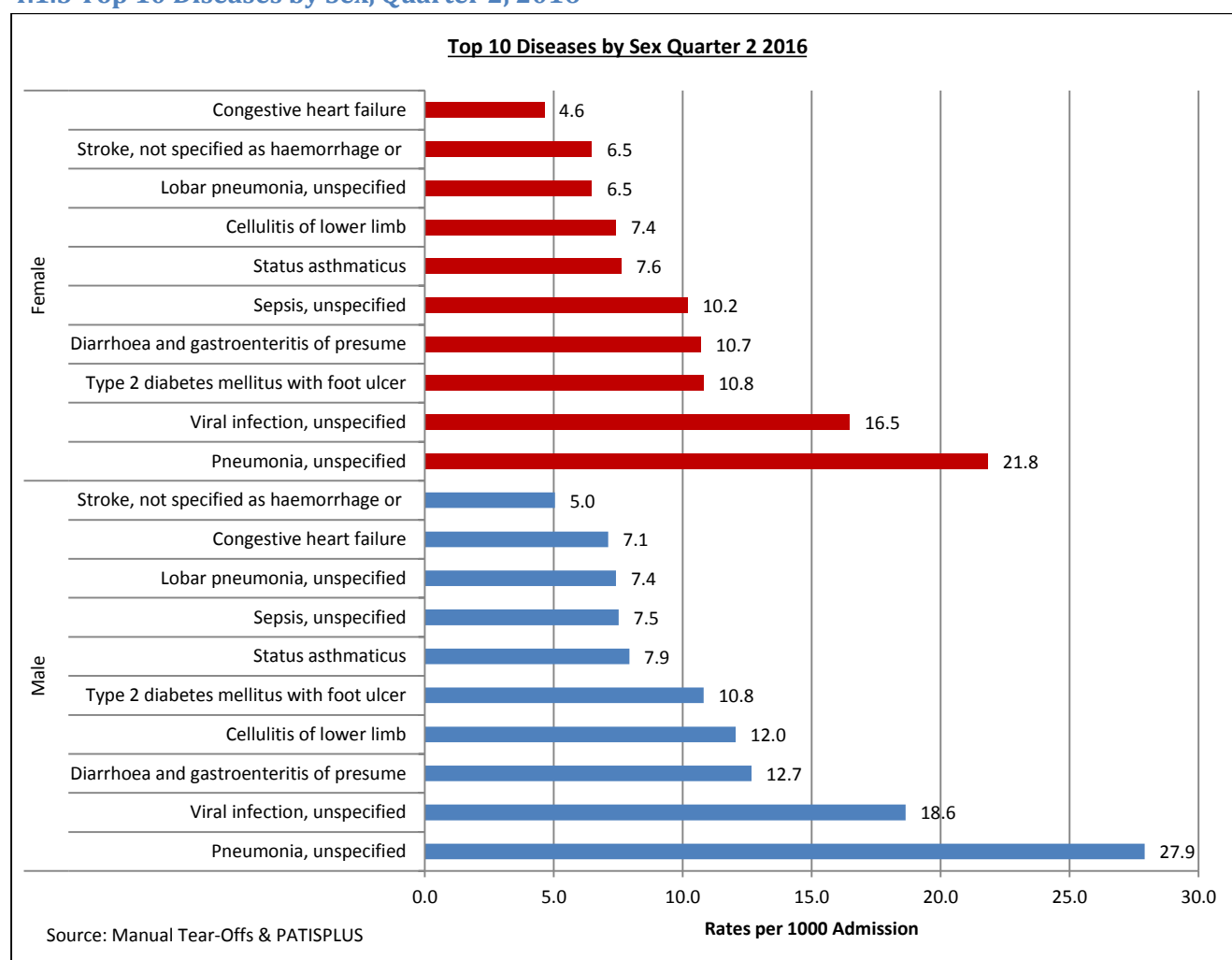


The graph displays the Top 10 causes of admissions by diseases with Pneumonia, unspecified [n=213] leading at 49.7 per 1000 admissions. Stroke not specified as hemorrhage/infarction [n=112] was 11.5 per 1000 admissions, as the tenth leading cause of admission. For the same period in 2015 viral infection unspecified [n=158] was the leading cause of admissions and Cutaneous abscess, furuncle & carbuncle of limb [n=49] accounted for the least admissions.

Pneumonia unspecified and viral infections unspecified were highest among the I-Taukei with 28.0% admissions compared to Fijians of Indian Descent at 9.1% and Fijians of Other Descent with 1.5% of admissions.

The gender distribution in the 2nd quarter 2016 demonstrated the highest admissions for both Pneumonia unspecified with 12.7% [n=271] and viral infection unspecified at 8.5% [n=181] in males.

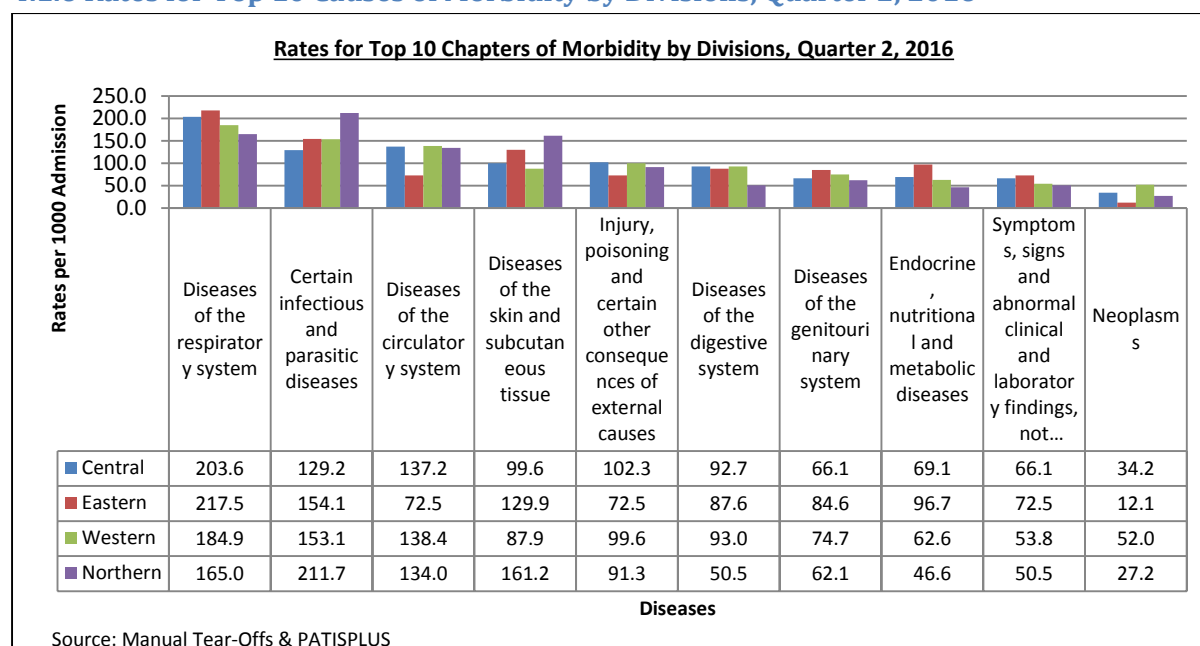
4.1.5 Top 10 Diseases by Sex, Quarter 2, 2016



The above graph shows the top 10 causes of morbidity distributed by sex. The leading admissions by diseases for both female are Pneumonia unspecified [n=212] with I Taukei in the lead followed by the Fijian of Indian decent and then Fijian of other ethnic descent and highest in the western division. The male also had Pneumonia unspecified [n= 271] as the leading cause of admissions with again I Taukei in the lead followed by the Fijian of Indian decent and then Fijian of other ethnic descent and highest in the central division.

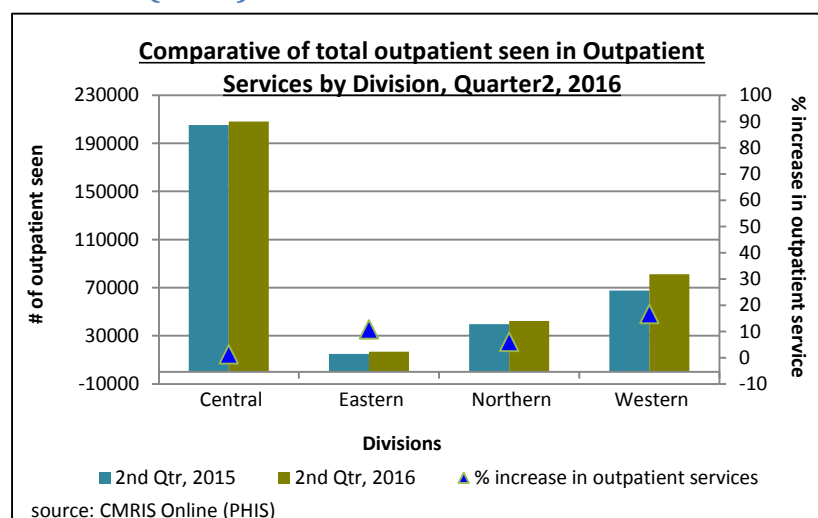
The 10th leading cause of admission for the females are Congestive heart failure [n=45] with I Taukei leading in the western division. In males Stroke, not specified as hemorrhage or infarction [n=49] was the 10th leading cause of disease for I Taukei in the central division. The rates used were per 1000 admissions.

4.1.6 Rates for Top 10 Causes of Morbidity by Divisions, Quarter 2, 2016



The graph above shows the top 10 chapters of morbidity by divisions. Most admissions were reported from the Central Division [n=3011] followed by the Western Division [n=2731], the Northern Division [n=515] & the Eastern Division [n=331] for the 2nd Quarter of 2016. The Diseases of the Respiratory System was highest in the central and the eastern division in the 1-4 age group, while in the Northern division the Certain Infectious & Parasitic Diseases, highest in the age group 5-9 years was the leading cause of morbidity. The Western division had Diseases of the circulatory system with 55-59 age group as the lead cause of admissions in the 2nd quarter 2016. The 10th leading cause of morbidity in the central, eastern, western and northern division was Neoplasms, highest with I-Taukel in the lead followed by the Fijian of Indian decent and then Fijian of other ethnic descent. Different divisions have differing top 10 causes of morbidity compared to the 2nd quarter of 2015; which has pregnancy, childbirth & the puerperium as the leading cause of morbidity for all the divisions. In this quarter the leading cause of admissions nationwide are pregnancy, childbirth & the puerperium. This is also reflected in the Central Division [n=1084] and Western Division [n=993]. However, the Northern Division has certain infectious & parasitic diseases [n=109] and the Eastern Division has the Diseases of the respiratory system [n=72] as the leading cause of admission. **The Labasa Divisional Hospital has backlog of uncoded folders which is the reason for low numbers reported from the Northern division.**

4.2 OPD (PHIS)



A total of 348106 were seen in the Outpatients services, which was 5.9% more compared to same period last year (327474). The Western Division (↑16.7%) reported the highest outpatient services followed by the Eastern Division (↑10.8) and the Northern Division (↑6.0%), while the Central Division (1.3%) reported the least % change in outpatient services utilization. When compared with the same period last year, the result are as follows; the Western Division (↑18.4%) reported the highest

outpatient services followed by the Central Division (↑13.6%) and the Eastern Division (↑11%), while the Northern Division had a decrease of 5% of outpatients services during the reporting period.

Table: Outpatients comparative percentage increased and decreased by Medical area level and below.

Division	Sub-division	Medical Area	2nd Qtr, 2015	2nd Qtr, 2016	% ↑↓ comparative 1st Qtr, 2015 and 2016.
		National	327474	348106	5.9
Central	Naitasiri	Laselevu	1151	1366	15.7
		Nakorosule	768	1005	23.6
		Naqali	3065	3189	3.9
		Vunidawa	91	143	36.4
	Rewa	Mokani	3638	3775	3.6
		Nausori	27266	16542	-64.8
		Wainibokasi	15460	10433	-48.2
	Serua/Namosi	Beqa	1252	757	-65.4
		Korovisilou	2425	3196	24.1
		Namuamua	1088	1220	10.8
		Navua	6691	9929	32.6
	Suva	Lami	20438	24864	17.8
		Makoi	22468	32145	30.1
		Nuffield	18706	17474	-7.1
		Raiwaqa (Central)	18808	18962	0.8
		Samabula	20390	25284	19.4
		Suva	543	537	-1.1
		Valelevu	31192	18191	-71.5
	Tailevu	Korovou	5034	12583	60.0
		Lodoni	3516	3934	10.6
		Nayavu	1305	2527	48.4
Eastern	Kadavu	Daviqele	2018	2624	23.1
		Kavala	1524	1562	2.4
		Vunisea	285	973	70.7
	Lakeba	Kabara	1063	886	-20.0
		Lakeba	835	548	-52.4
		Matuku	1063	649	-63.8
		Moala	1339	952	-40.7
		Ono-i-lau	273	351	22.2
	Lomaiviti	Bureta	1250	1443	13.4
		Gau	1093	1506	27.4
		Koro	2337	2643	11.6
		Levuka	622	677	8.1
	Lomaloma	Cicia	270	736	63.3
		Lomaloma	330	923	64.2
	Rotuma	Rotuma	531	155	-242.6
Northern	Bua	Lekutu	3525	2790	-26.3
		Nabouwalu	1663	1638	-1.5
		Wainunu	1564	2129	26.5
	Cakaudrove	Korotasere	898	1661	45.9

		Nakorovatu	1295	1306	0.8
		Natewa	689	976	29.4
		Rabi	936	1300	28.0
		Saqani	1049	828	-26.7
		Savusavu	699	901	22.4
		Tukavesi	1432	2487	42.4
	Macuata	Dreketi	3249	2678	-21.3
		Labasa	8289	9882	16.1
		Lagi	721	619	-16.5
		Naduri	995	1120	11.2
		Seaqaqa	5110	3041	-68.0
		Wainikoro	4316	5428	20.5
	Taveuni	Qamea	364	764	52.4
		Vuna	2127	1864	-14.1
		Waiyevo	862	908	5.1
Western	Ba	Ba	7946	9651	17.7
		Balevuto	2970	3825	22.4
		Nailaga	4792	4929	2.8
	Lautoka/Yasawa	Kamikamica	6481	8357	22.4
		Kese	1081	2187	50.6
		Lautoka	5249	8472	38.0
		Malolo	1113	1216	8.5
		Nacula	1010	1375	26.5
		Natabua	1917	2320	17.4
		Viseisei	3107	4845	35.9
	Nadi	Bukuya	467	621	24.8
		Nadi	1034	1106	6.5
		Namaka	9070	10119	10.4
	Nadroga/Navosa	Cuvu	4780	4276	-11.8
		Keiyasi	1926	2004	3.9
		Korolevu	2459	2854	13.8
		Lomawai	2978	4505	33.9
		Raiwaqa (Western)	1283	1086	-18.1
		Sigatoka	803	1014	20.8
		Vatukarasa	843	883	4.5
		Vatulele	710	749	5.2
	Ra	Namarai	224	455	50.8
		Nanukulua	2785	1170	-138.0
		Nasau	671	1226	45.3
		Rakiraki	747	1155	35.3
	Tavua	Nadarivatu	442	466	5.2
		Tavua	344	77	-346.8
		Vatukoula	331	159	-108.2

The above table shows the comparative percentage increase and decrease in outpatient service for quarter 2, 2015 and quarter 2, 2016. The changes reflect both actual changes in utilization and data quality issues where

case capture by the facilities is not accurate. This further increases the need to have individual level patient information at outpatient services rather than aggregate reporting.

4.2.1 Holding beds tabular by Division

Division	Number Of Beds	Total Patients	No. Referred	No. Discharged	No. Held Over 12	No. Deliveries	Occupancy Rate (%)	Held Over 12 Hours (%)
Central	92	4767	834	3617	94	5	56.9	2
Eastern	74	164	60	120	101	4	2.4	61.6
Northern	84	896	362	524	90	11	11.7	10
Western	92	741	394	375	42	11	8.9	5.7
Total	342	6568	1650	4636	327	31	21.1	5
<i>Source: CMRIS Online [PHIS]</i>								

The table above provides the information on the utilization of and need for beds at health centers. The Central division and Western division had the highest number of holding beds with 92 beds per division followed by Northern Division with 84beds and Eastern division with 74beds. The Central Division with 92beds also records the highest number of total patients and had the greatest number of people that were discharged. The Eastern Division had the highest number of patients held over 12 hours followed by the Central Division, Northern Division while the Western Division reported the lowest. Patients held over 12 hours should be transferred to hospital as the health centers are not liable to admit patients unless there are genuine reasons such as transportation delays, weather problem and geographical location of the facility.

The Northern Division and Western Division record the highest number of number of deliveries with 11 deliveries respectively followed by Central Division with 5 deliveries and Eastern Division with 4 deliveries. The numbers of delivery were reported to be higher in the North. This is reflective of the greatest number of deliveries occurring at the divisional hospitals in alignment with the practice of Safe Motherhood. Similar patterns were observed when compared with the same period last year.

Section 6 – Evidence-based Policy, Planning, Implementation and Assessment.

Mortality

A total of 1,558 deaths (excluding 40 stillbirths) were reported at the end of 2nd quarter, 2016 giving an estimated crude death rate of 1.8 per 1,000 population (using the 2016 FBOS population projections as a denominator). In comparison to the 2nd quarter of 2015, 805 MCDCs were received at HIU and the crude death rate (CDR) stood at 0.9 per 1000 population. These were from the certificates received from each division from 1st April 2016 to 15th July 2016. The reporting period was from 1st April 2016 to 30th June 2016.

6.1 Mortality by Chapter & Tabular

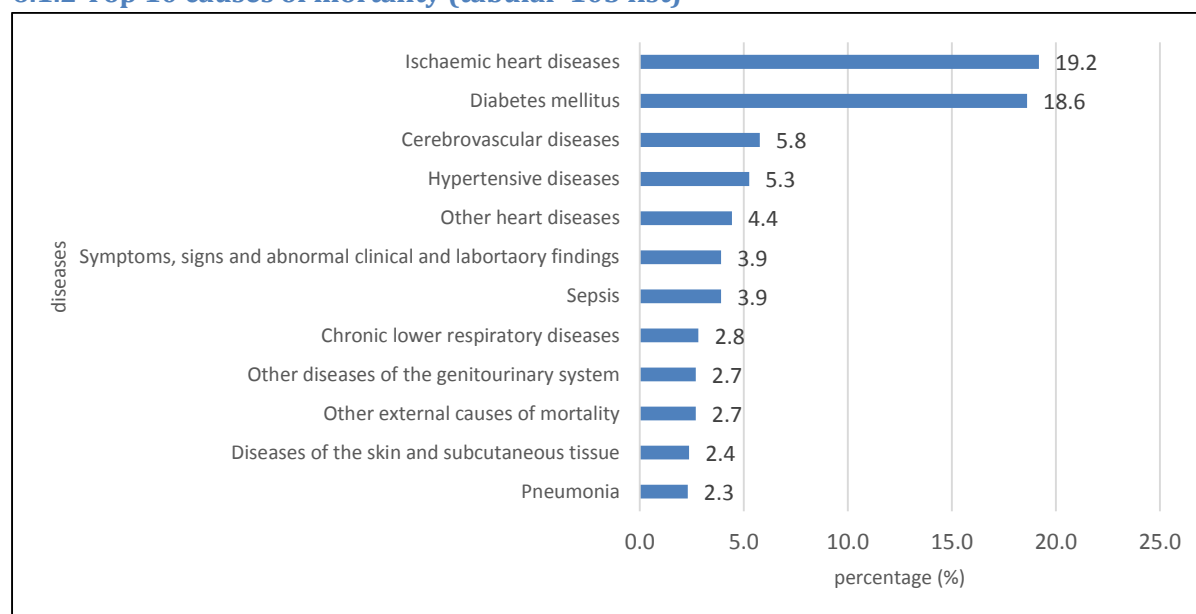
The major cause of mortality recorded for this quarter is Non Communicable Disease covering 77% of the total mortality while 23% is attributed to the rest of the diseases. Diseases of the circulatory system; endocrine, nutritional and metabolic diseases; and neoplasms continue to be the three leading causes of mortality, similar to the 1st quarter, 2015. There was a significant change in the top 10 chapters of mortality in this reporting period compared to the same period last year.

6.1.1 Top Ten causes of mortality (by chapter)

Rank	Code	Diseases	Total	%
1	I00-I99	Diseases of the circulatory system	556	35.7
2	E00-E90	Endocrine, nutritional and metabolic diseases	324	20.8
3	C00-D48	Neoplasms	134	8.6
4	A00-B99	Certain infectious and parasitic diseases	94	6.0
5	J00-J99	Diseases of the respiratory system	93	6.0
6	V01-Y98	External causes of mortality	77	4.9
7	R00-R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	61	3.9
8	N00-N99	Diseases of the genitourinary system	47	3.0
9	L00-L99	Diseases of the skin and subcutaneous tissue	37	2.4
10	K00-K93	Diseases of the digestive system	35	2.2
	P00-P96, G00-G99, M00-M99, D50-D89, Q00-Q99, F00-F99	Remainder of other diseases	100	6.4
		Grand Total	1558	100

It is important to note that ill- defined chapter has once again appeared in the top 10. This signals the need for Cause of Death training for those certifying deaths. It is important to follow international and nationally accepted procedures for certifying deaths. Certification of death needs to be built in the Medical school Curricula and as part of the Medical Internship Curricula.

6.1.2 Top 10 causes of mortality (tabular-103 list)



The graph shows that the five major causes of mortality by diseases were IHD (n=299), diabetes (n=290), cerebrovascular disease (n=90), hypertension (n=82) and other heart diseases (n=69). Other external cause of mortality has moved up in ranking from 10th place in 2nd quarter, 2015 to the 8th place in this reporting period. These were cases of poisoning due to pesticide, undetermined intent (n=16), exposure to an unspecified factor (n=13), inhalation of gastric content (n=4), sequelae of surgical and medical procedure as the cause of abnormal reaction (n=3), contact with blunt object, undetermined intent (n=2), and one each for contact with other and

unspecified machinery, foreign body entering into or through eye or natural orifice, exposure to unspecified electric current, and sequelae of other accidents. Diseases of the “Other” classifications have bulked cases which may be unspecified and is the reason that this classification has appeared in the top 10 causes of mortality by disease.

6.2 Mortality Disaggregated by Sex

6.2.1 Mortality Disaggregated by Sex

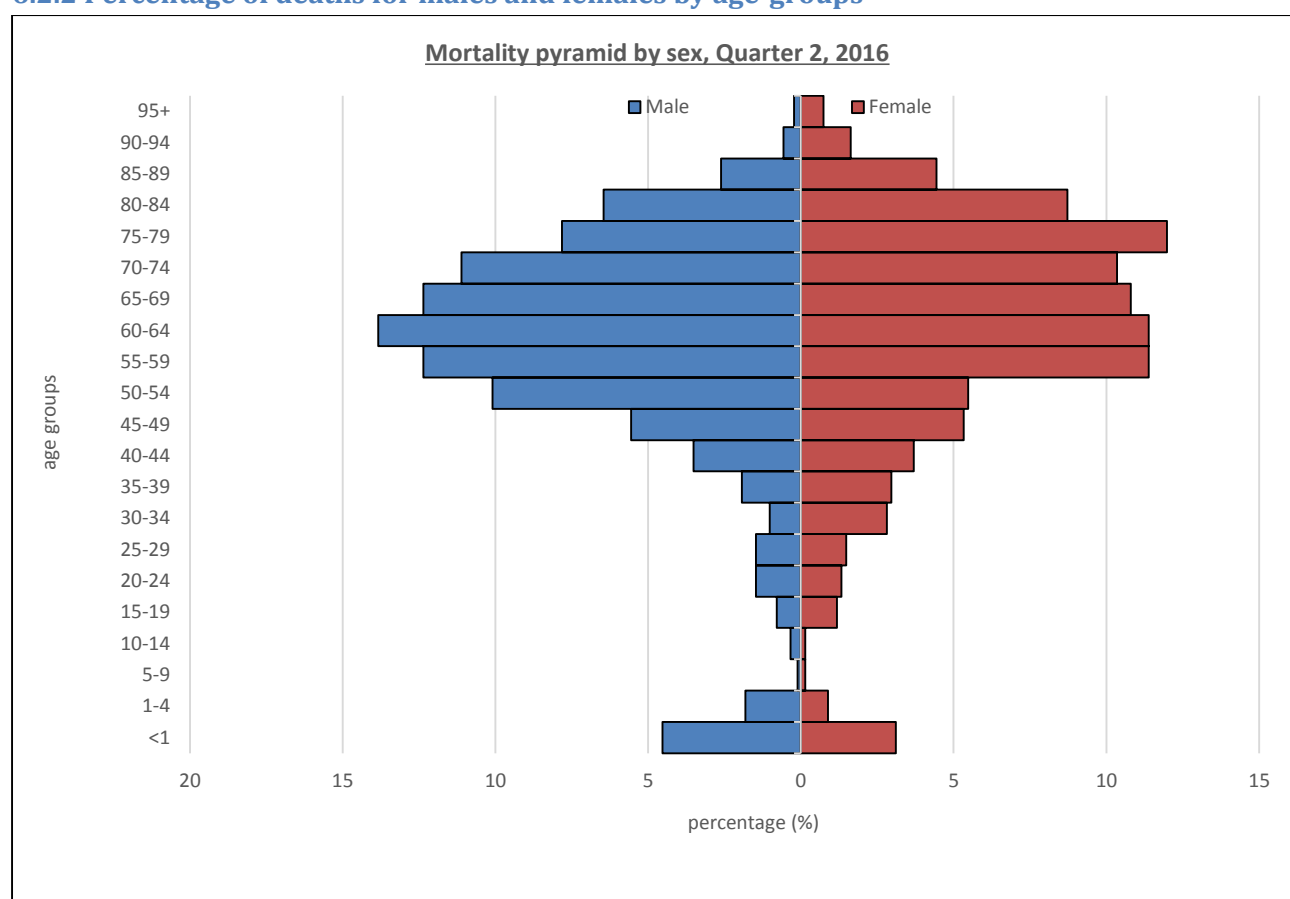
Male				Female			
Code	Diseases	Cases	%	Code	Diseases	Cases	%
I00-I99	Diseases of the circulatory system	355	40.3	I00-I99	Diseases of the circulatory system	201	29.8
E00-E90	Endocrine, nutritional and metabolic diseases	173	19.6	E00-E90	Endocrine, nutritional and metabolic diseases	151	22.3
J00-J99	Diseases of the respiratory system	55	6.2	C00-D48	Neoplasms	80	11.9
C00-D48	Neoplasms	54	6.1	A00-B99	Certain infectious and parasitic diseases	46	6.8
V01-Y98	External causes of mortality	49	5.6	J00-J99	Diseases of the respiratory system	38	5.6
A00-B99	Certain infectious and parasitic diseases	48	5.4	R00-R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	29	4.3
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	32	3.6	V01-Y98	External causes of mortality	28	4.1
N00-N99	Diseases of the genitourinary system	29	3.3	L00-L99	Diseases of the skin and subcutaneous tissue	24	3.6
P00-P96	Certain conditions originating in the perinatal period	24	2.7	K00-K93	Diseases of the digestive system	23	3.4
L00-L99	Diseases of the skin and subcutaneous tissue	13	1.5	N00-N99	Diseases of the genitourinary system	18	2.7
K00-K93	Diseases of the digestive system	12	1.4	M00-M99	Diseases of the musculoskeletal system and connective tissue	11	1.6
G00-G99	Diseases of the nervous system	12	1.4	D50-D89	Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism	9	1.3
Q00-Q99	Congenital malformation, deformation and chromosomal abnormalities	11	1.2	G00-G99	Diseases of the nervous system	8	1.2
M00-M99	Diseases of the musculoskeletal system and connective tissue	8	0.9	P00-P96	Certain conditions originating in the perinatal period	6	0.9
D50-D89	Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism	7	0.8	Q00-Q99	Congenital malformation, deformation and chromosomal abnormalities	3	0.4
				F00-F99	Mental and behavioural disorders	1	0.1
Grand Total		882	100	Grand Total		676	100

In this reporting period 56.6% of the deaths were male and 43.4% were female. The top three causes of death for males were disease of the circulatory system, endocrine, nutritional metabolic diseases and diseases of the respiratory system whereas for female, neoplasm is the third top causes of mortality. In comparison to the same reporting period last year the top three causes of mortality for both sexes were circulatory, endocrine and respiratory system.

Diseases of the digestive system have moved up in ranking from 14th in the same period last year to 9th ranking in this reporting period for females. Females may be driving the Endocrine and Neoplasms dataset and may be contributing to the higher ranking, but not by too much of a margin than males.

Signs and symptoms appeared in the top seven causes of mortality for both sexes. These were ill-defined causes of death and were not supposed to be assigned as an underlying cause of death.

6.2.2 Percentage of deaths for males and females by age-groups



The pyramid above shows the percentage of mortality by age groups and sexes for this quarter. Adult males have a greater proportion of deaths between 50 to 74 age groups at 59.8% (n=527) when compared to the rest of the age groups. The top 5 causes of death in these age range were Ischaemic heart disease, 30% (n=158) followed by diabetes mellitus at 21.3% (n=112), cerebrovascular diseases at 6.1% (n=32), hypertensive diseases at 4.6% (n=24) and other heart diseases at 4.4% (n=23).

Adult females have a high proportion of deaths in the age group 55-79 with 55.9% (n=378). The top 5 causes of death in these age range were diabetes mellitus at 25.7% (n=97) followed by Ischaemic heart disease at 15.6% (n=59), cerebrovascular diseases with 8.7% (n=33), hypertensive diseases with 6.3% (n=24) and sepsis with 5.3% (n=20).

Overall we continued to have a burden in Under 5 population and a burden of premature mortality.

6.3 Premature mortality

6.3.1 Premature mortality rate per 1000 population (<60yrs)

Age groups	Deaths			FBOS population projection 2016			Premature mortality rate per 10,000 population		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	56	27	83	44181	41696	86249	12.6	6.4	9.6
5-9	1	1	2	43902	41324	84503	0.2	0.2	0.2
10-14	3	1	4	40852	37880	77790	0.7	0.3	0.5
15-19	7	8	15	39141	36228	76547	1.8	2.2	2.0

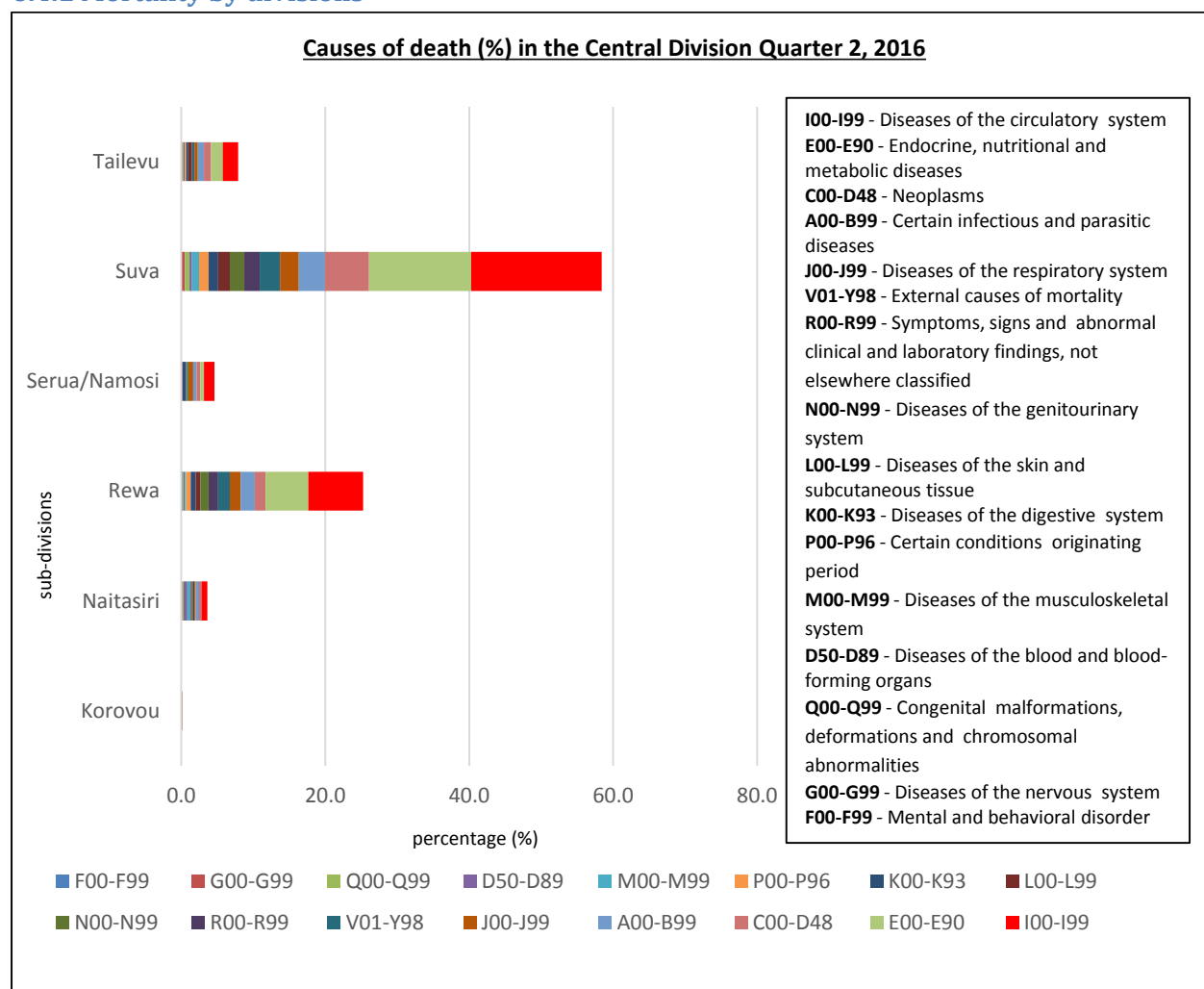
20-24	13	9	22	38648	35966	74217	3.4	2.5	3.0
25-29	13	10	23	35357	32666	69190	3.6	3.0	3.3
30-34	9	19	28	35301	32787	68229	2.6	5.8	4.1
35-39	17	20	37	31795	30312	61269	5.4	6.7	6.0
40-44	31	25	56	28080	26231	53533	11.2	9.6	10.5
45-49	49	36	85	25240	24725	50650	19.2	14.3	16.8
50-54	89	37	126	24914	24514	49112	35.8	15.2	25.7
55-59	109	77	186	21145	20760	40568	53.4	38.2	45.8

Premature mortality in Fiji refers to deaths for those individuals who are less than 60 years of age (62.6%; n=667) for this period. The population projection for 2016 from FBOS was used to calculate this rate.

Premature mortality rate per 10,000 population stands at 8.4, male stands at 9.7 whilst female stand at 7 in this reporting period. Majority of these deaths are recorded in the age groups between 45-59 years. In the 55-59 age groups, 53 per 10,000 males died prematurely compared to 38 per 10,000 females in this reporting period.

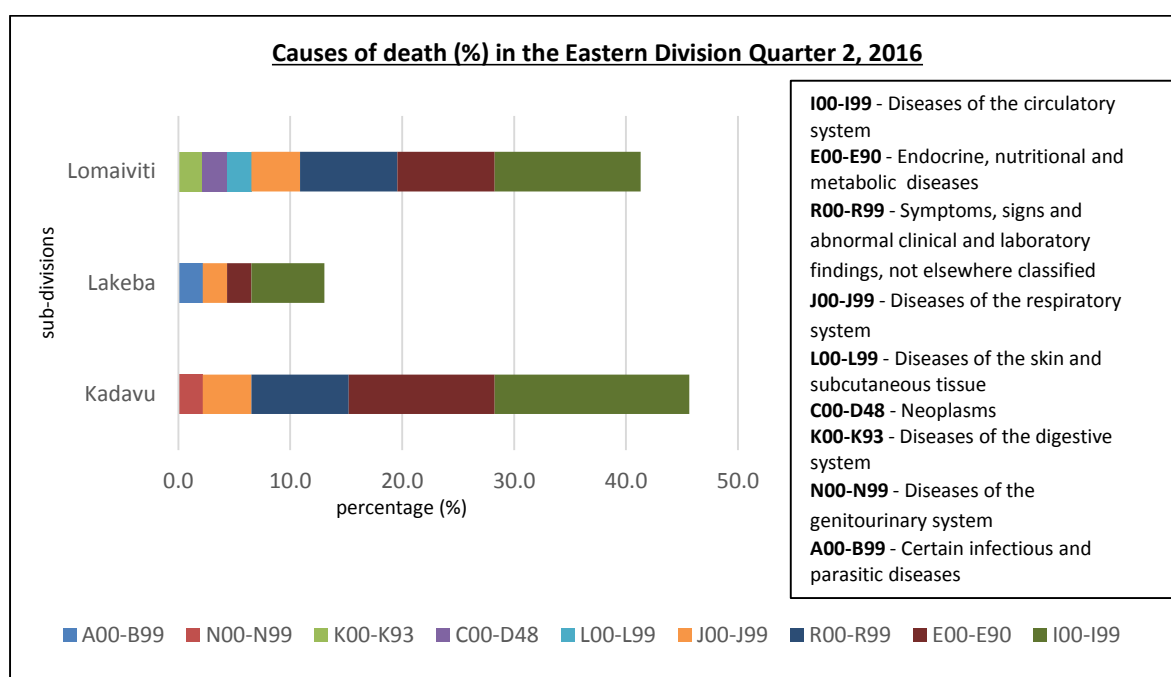
6.4 Mortality by Divisions

6.4.1 Mortality by divisions

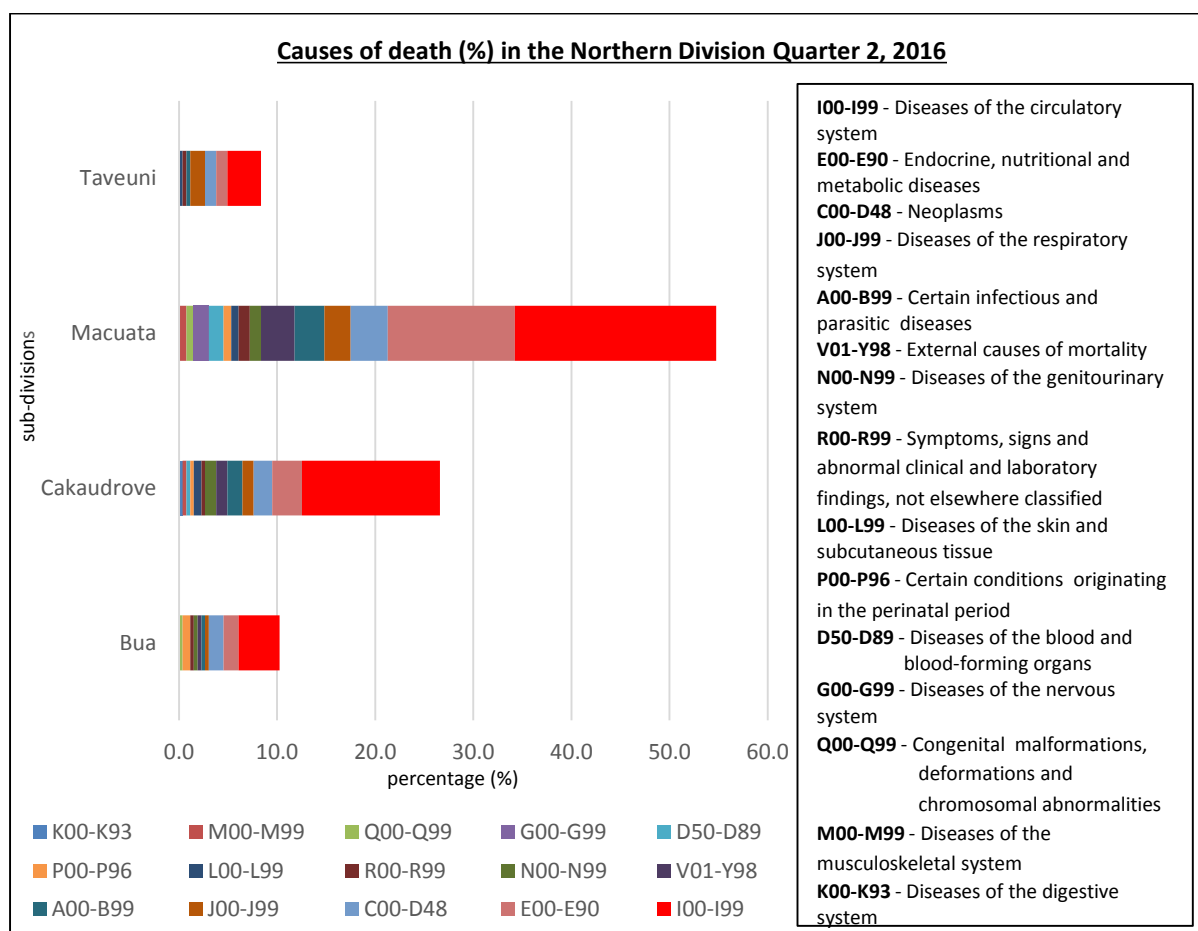


The graph shows the causes of death in the Central division. The 4 major causes of death were circulatory diseases (30.2%, n=183), endocrine, nutritional and metabolic diseases (22.3%, n=135), cancer (9.4%, n=57) and certain infectious and parasitic diseases (7.4%, n=45).

The 3 major causes of death for I-Taukei were circulatory diseases, endocrine, nutritional and metabolic diseases, and cancer, whereas for FIDs, the 3 major causes of death were circulatory diseases followed by endocrine, nutritional and metabolic diseases then external causes of mortality while for FODs the 3 major causes of deaths were endocrine, nutritional and metabolic diseases followed by circulatory diseases and cancer.

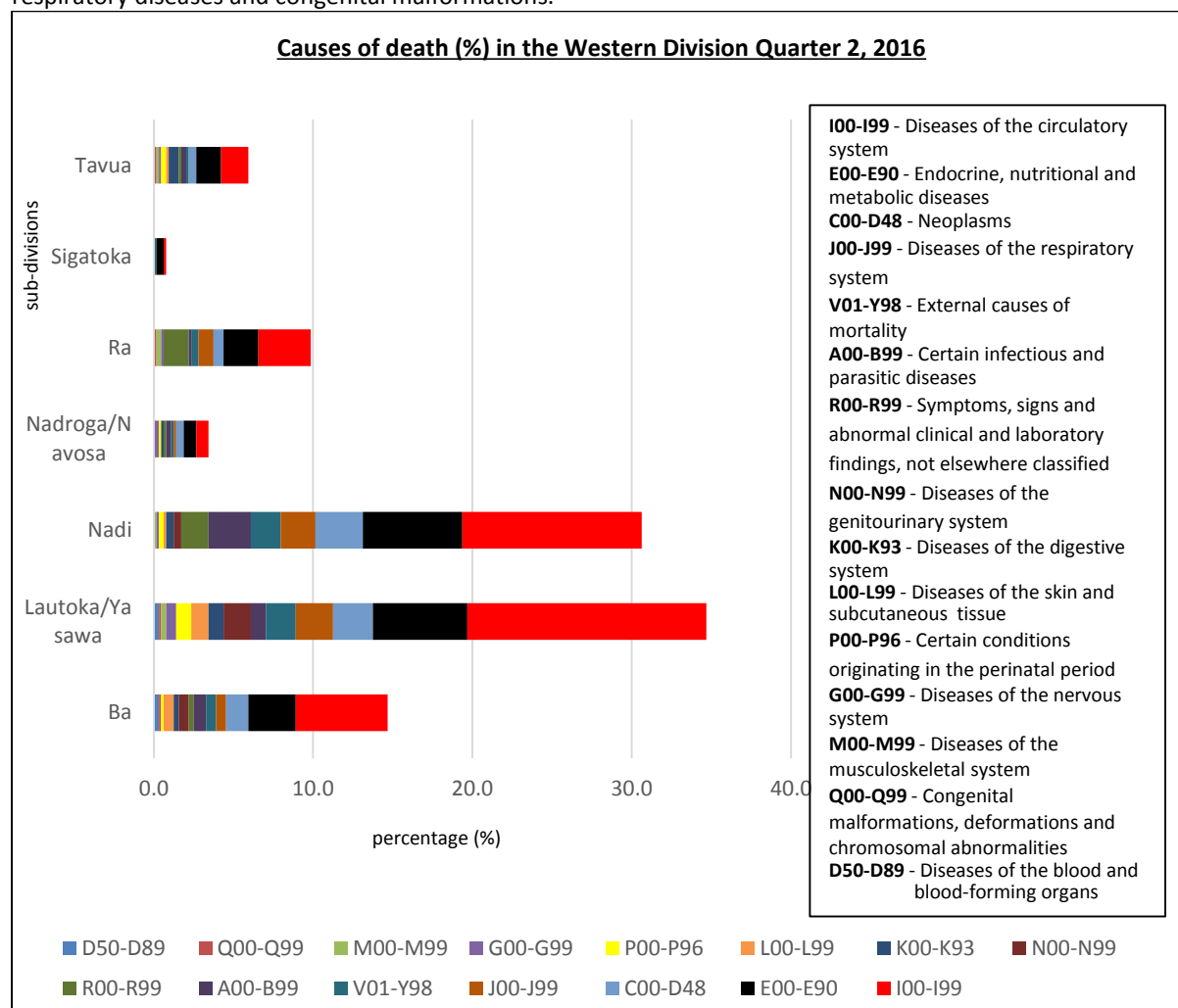


The graph shows the causes of mortality in the Eastern division. The major causes of death were circulatory diseases with 37% (n=17), followed by endocrine, nutritional and metabolic diseases with 23.9% (n=11), sign and symptoms with 17.4% (n=8) and respiratory diseases with 10.9% (n=5). There was only one reported death for FIDs and no reported death for FODs in this reporting period. There was no MDCD received from Lomaloma and Rotuma subdivision in this reporting period.



The graph shows the causes of death in the Northern division. The 4 major causes of death are circulatory diseases (42.2%, n=111), endocrine, nutritional and metabolic diseases (18.6%, n=49), cancer (8.4%, n=22) and respiratory diseases (5.7%, n=15).

The leading causes of death for I-Taukei were circulatory diseases followed by endocrine, nutritional and metabolic diseases, then cancer and the leading causes of death for FIDs were circulatory diseases followed by endocrine, nutritional and metabolic diseases, then external causes of mortality whereas for FODs, the leading cause of death were circulatory diseases followed by endocrine, nutritional and metabolic diseases, then cancer, respiratory diseases and congenital malformations.



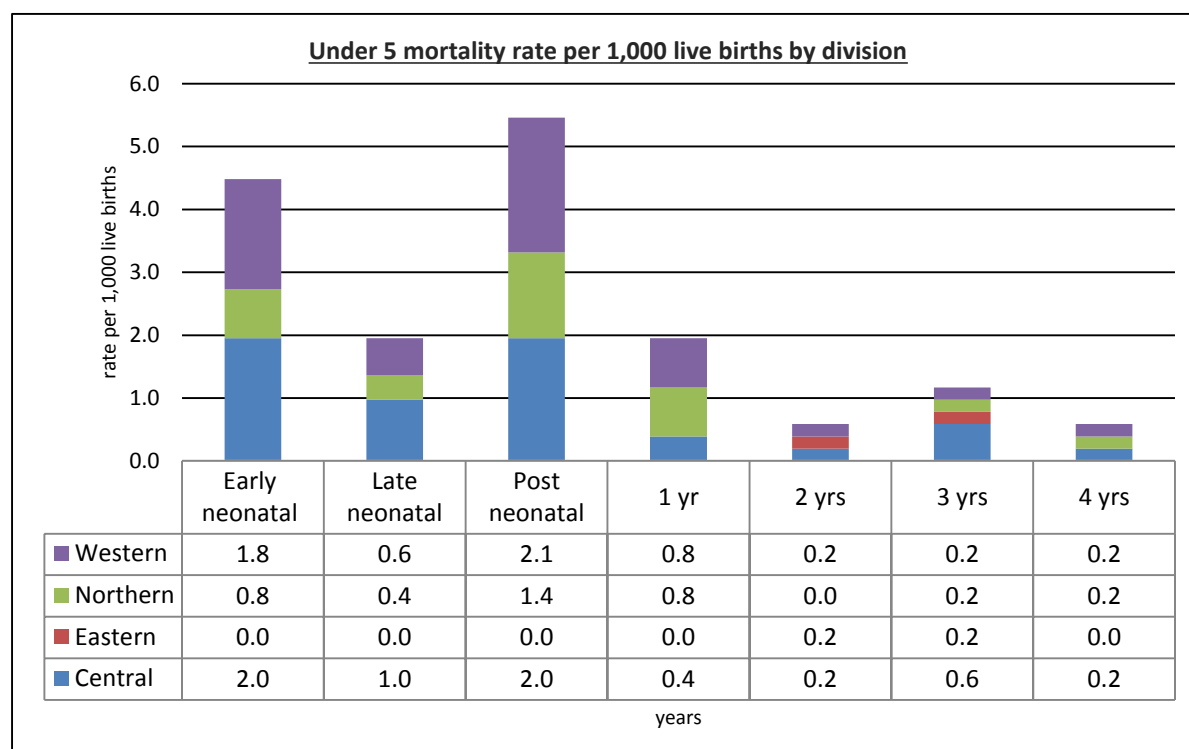
The graph shows the causes of death in the Western division. The 4 major causes of death were circulatory diseases (38%, n=243), endocrine, nutritional and metabolic diseases (20.2%, n=129), cancer (8.4%, n=54) and respiratory diseases (6.3%, n=40).

The 3 major causes of death for I-Taukei were circulatory diseases, endocrine, nutritional and metabolic diseases and cancer. The major causes of death for FIDs were circulatory diseases followed by endocrine, nutritional and metabolic diseases, then cancer and external causes of mortality whereas for FODs, the major causes were circulatory diseases followed by endocrine, nutritional and metabolic diseases and genitourinary followed by cancer, certain infectious and parasitic diseases, digestive and signs and symptoms.

The graph shows the causes of death in the Central division. The 4 major causes of death were circulatory diseases (30.2%, n=183), endocrine, nutritional and metabolic diseases (22.3%, n=135), cancer (9.4%, n=57) and certain infectious and parasitic diseases (7.4%, n=45).

6.5 Under 5 mortality by division

6.5.1 Under 5 Mortality

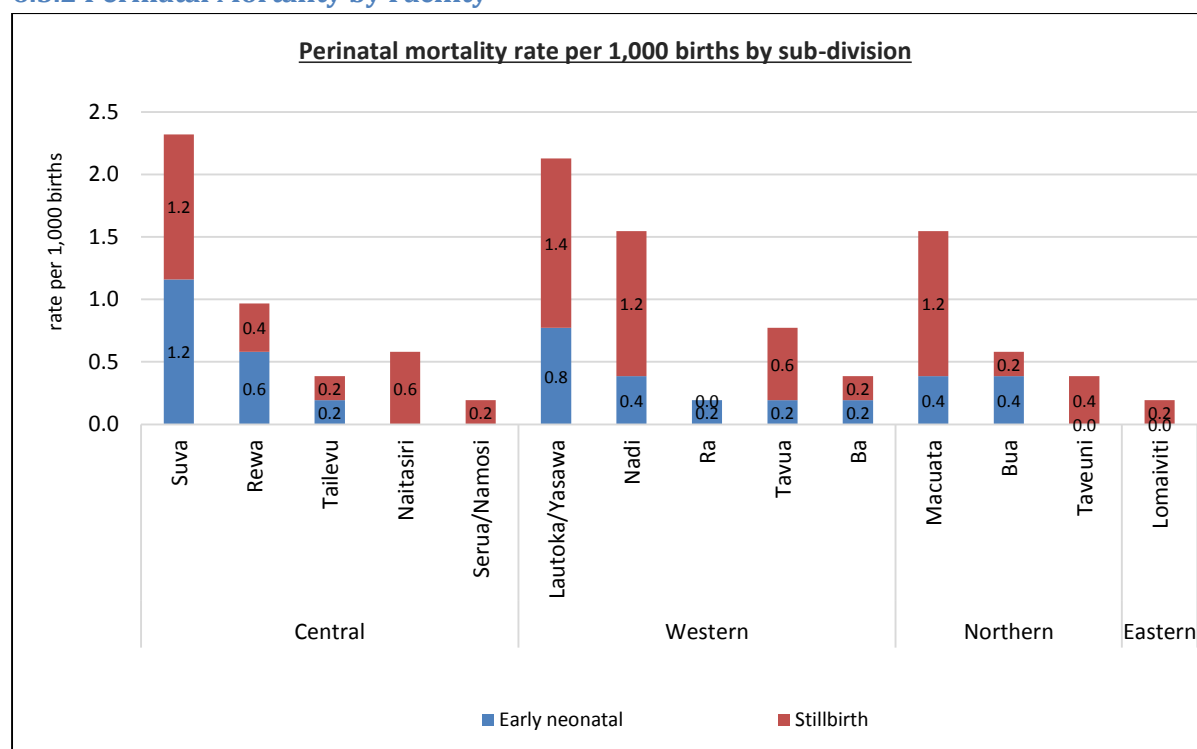


The 2015 MDG target for Under 5 mortality rate was 9.3 per 1,000 live births. The SDG indicator for under five mortality is to reduce this to at least 25 per 1000 live births. Fiji has already achieved this target. The Under 5 mortality rate stands at 16.2 per 1,000 live births for this quarter compared to 4.9 per 1,000 live births in 2nd quarter 2015. The neonatal mortality target for the SDG is at least 12 per 1000 live births.

The infant mortality rate stood at 11.9 per 1,000 live births compared to 3.5 per 1000 live births in the same period last year. The Central division reported the highest Under 5 mortality (n=32) followed by the Western division (n=30), the Northern division (n=19), and the lowest was recorded in the Eastern division (n=2) in this reporting period.

The increase in mortality can be attributed to improvements in information systems. A feature of the PATISplus system is the addition of a quality check which allows HIU to trace missing death certificates.

6.5.2 Perinatal Mortality by Facility



The Perinatal mortality rate stands at 12.2 per 1,000 births in this quarter compared to 4.9 per 1000 births in 2nd quarter 2015. The highest perinatal mortality rates were reported from the Suva sub-division (n=12), followed by Lautoka Sub-division (n=11), then Labasa and Nadi Sub-divisions (n=8). The lowest perinatal deaths were reported from Serua/Namosi sub-division, Ra Sub-division and Lomaiviti Sub-division with 1 each respectively. In addition to this, the graph demonstrates that still birth continue to be the cause of increase in perinatal mortality rates. This signal for greater investment, monitoring and evaluations in the antenatal period.

6.6 Compliance to Reporting Requirements

6.6.1 PHIS

On-time monitoring of PHIS paper-based and online reports received at HIU per Quarter

Divisions	Jan	Feb	Mar	Apr	May	Jun
Central	90	90	86	95	57	38
Eastern	93	47	87	13	33	60
Northern	100	100	100	100	53	84
Western	71	83	86	21	97	90
% coverage monthly	88.7	80.0	89.6	57.3	59.9	68.0
% coverage quarterly	86.1			61.7		

Source: PHIS register 2016, HIU, MOHMS

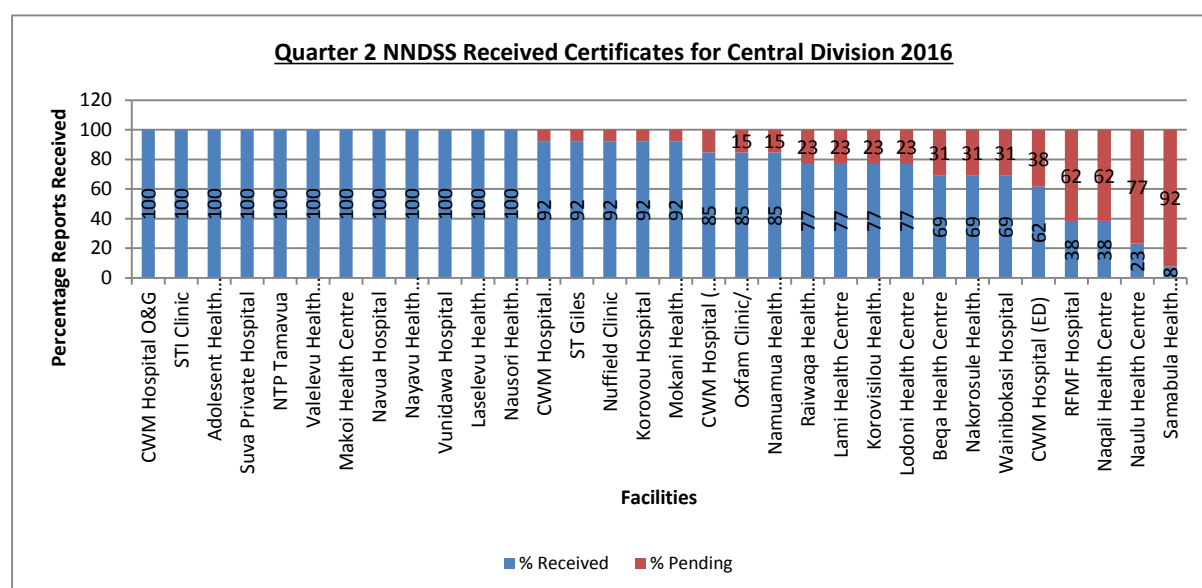
The table above shows the percentage of monthly reports received on-time from each division in quarter 2, 2016 which illustrates the performance of each Division's consistency in delivering reports to HIU. There has been a decline in submission of PHIS reports over the quarterly series which requires the need for improvement in submission. The Northern Divisions has been consistent in submitting their PHIS reports (paper based) even though they face challenges in their geographical location. The Central Division fared the least efficient in on-time submissions, despite being closest to HIU and having better access to health information resources.

PHIS late reporting Quarter 2, 2016.

Outstanding Reports by Month from the following Medical Areas for the reporting period			
Division	April	May	June
Central	Nil	Namuumua	Nil
Eastern	Nil	Nil	Nil
Northern	Nil	Nil	Nil
Western	Nil	Nil	Nil

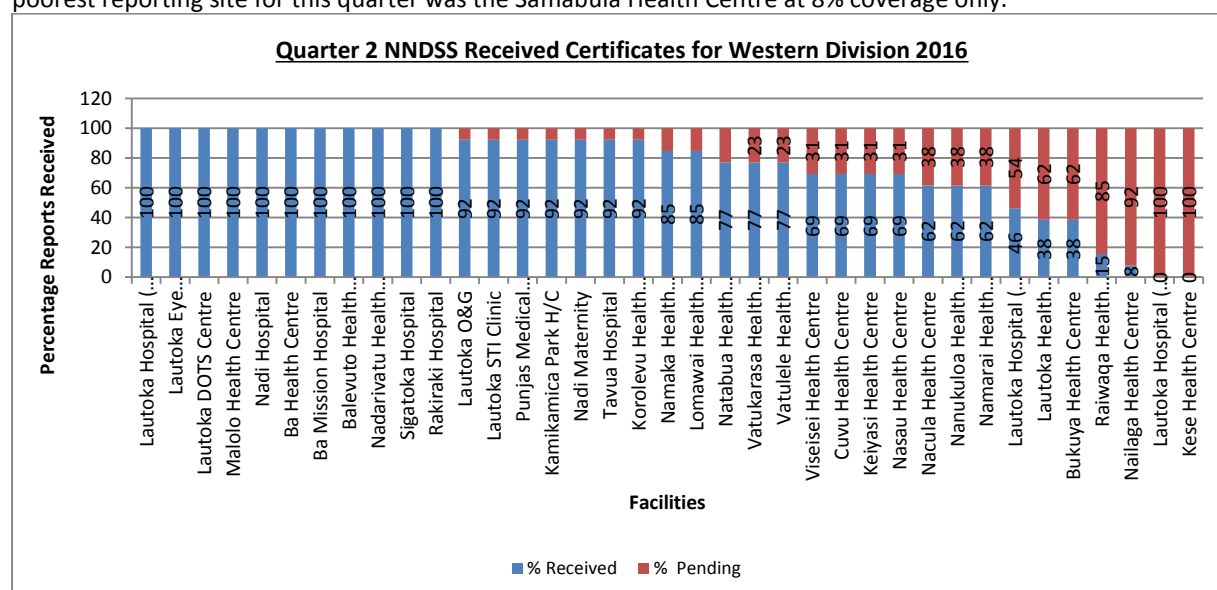
Source: CMRIS Online [PHIS, The table shows the medical areas that were late in monthly reporting by each division in Quarter 2, 2016]

6.6.2 Communicable Disease

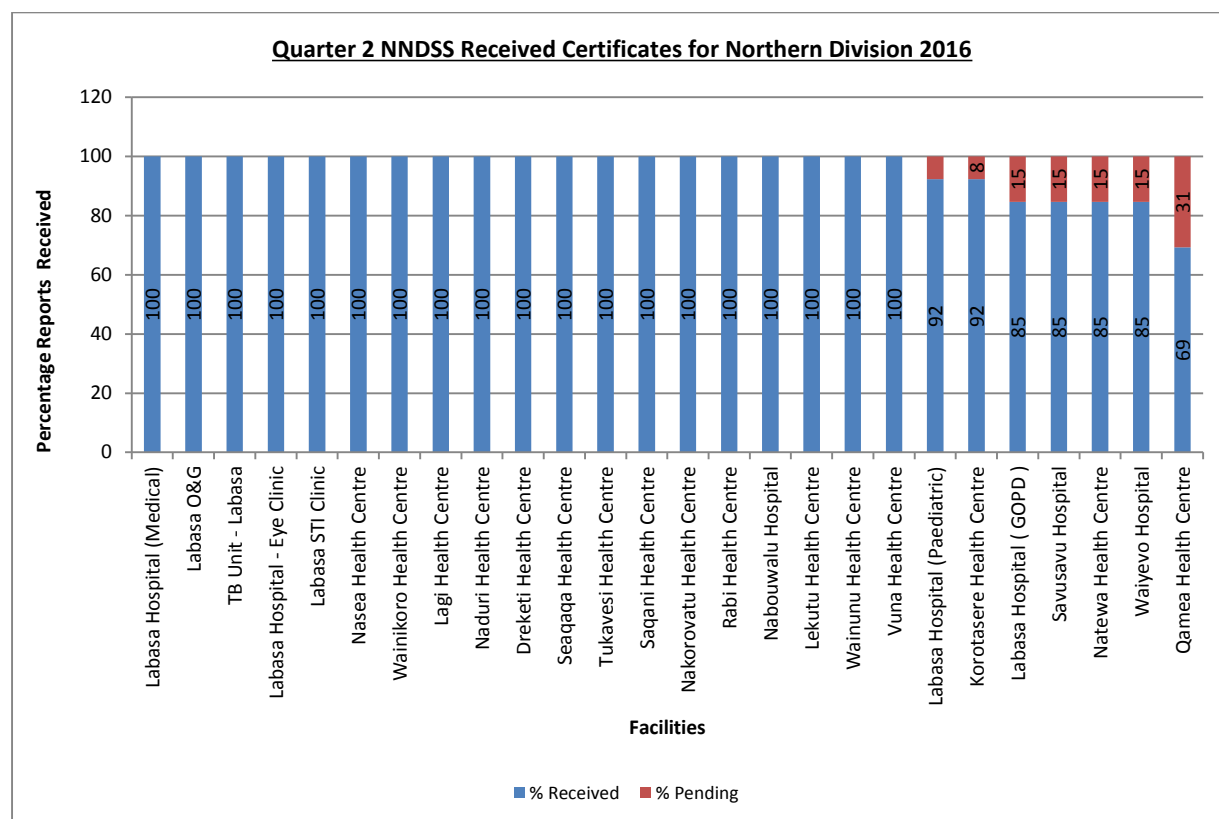


Eighty-one percent (81%) of reports were received for 2nd quarter 2016 from the Central division.

This division had the 2nd comprehensive coverage of report submission when compared to all other Divisions and has improved in the submission of reports as compared to other quarterly reports compliance rate. The poorest reporting site for this quarter was the Samabula Health Centre at 8% coverage only.

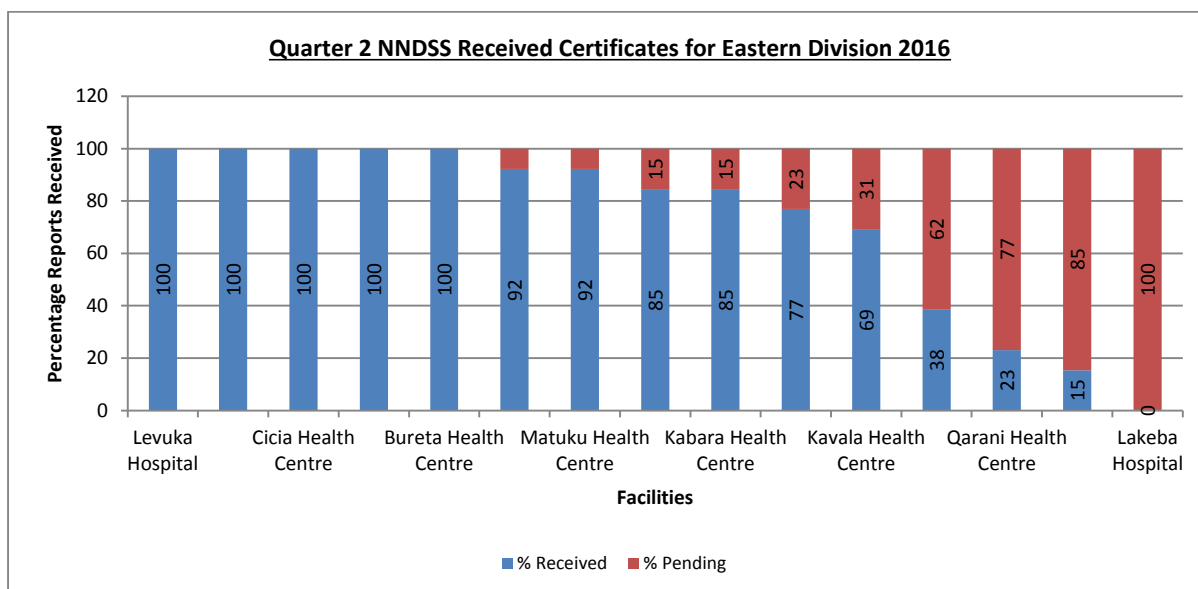


Seventy-four percent (74%) of reports were received for 2nd quarter 2016 from the Western Division. The poorest reporting site for this quarter was the Lautoka Hospital (GOPD) and Kese HC at 0% coverage. Other important sites to mention with reduced coverage are Nailaga HC, Bukuya HC, Lautoka HC, Lautoka Hospital (Medical), Namarai HC, and Nanukuloa HC.

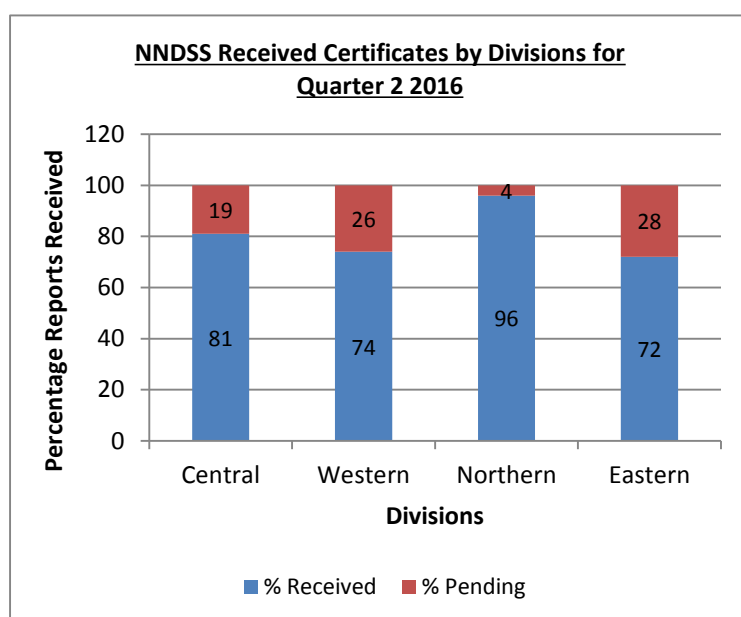


Ninety - six percent (96%) of reports were received for the 2nd quarter 2016 from the Northern division. This division had the most comprehensive coverage of submissions when compared to all other Divisions. The poorest reporting site for this area was Qamea HC at 69% coverage only.

Acknowledgements to the Northern division facilities for their reports as these are the best division in reporting of the Notifiable diseases for this quarter.



Seventy-two percent (72%) of reports were received for 2nd quarter 2016 from the Eastern division. The poorest reporting site for this area was the Lakeba Hospital at 0% coverage.

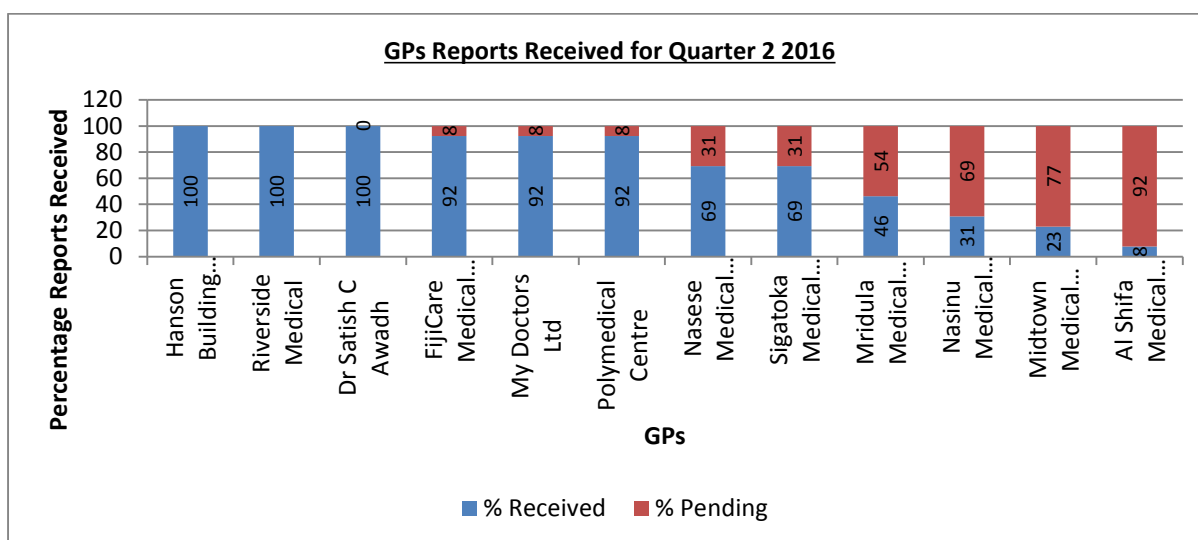


The following divisions are congratulated for being the best divisions in NNDSS reporting:

✓ Northern – 96% for 2nd quarter 2016.

The Eastern division had the lowest rates of reporting at 72%, followed by Western 74% and Central division with 81% reporting for 2nd quarter 2016. However, the influence of the Tropical Cyclone Winston also may be a causative factor for the under reporting on the NNDSS form the badly affected areas.

HIU urges all the divisions to improve their submissions and capture of notifiable diseases as the deadline is on a weekly basis. All outbreak situations still require routine reporting on the Notifiable Disease Certificate. **The HIU draws attention to the timeliness of submissions which needs marked improvement from all facilities in all divisions.**



HIU acknowledges all the private practitioners who have been submitting their reports. A total of 12 GPs have submitted their reports for the 2nd quarter 2016 (April to June) which equates to 8.1% of coverage from GPs. Acknowledgement is made to the 3 GPs who have complied with 100% reporting for the 2nd quarter. The rest of the GP's and private laboratories are encouraged to follow suit. **Requesting all the GPs to report the Notifiable disease reports as required according to the Public Health Act to report every week ending and if there is no case also report and indicate as NIL case. Private laboratories are yet to report cases (Vanmed, Austec and SPH).**

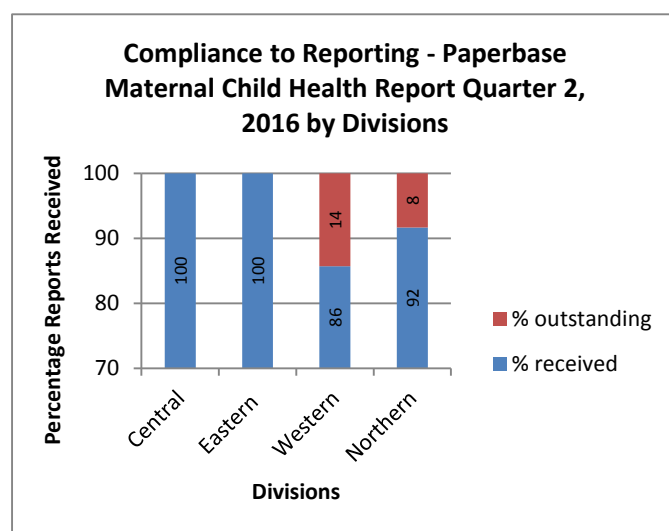
6.6.4 Hospital Monthly Returns

Reporting Facilities

Central	Western	Northern	Eastern
CWM Hospital (PATISplus)	Lautoka Hospital (PATISplus)	Labasa Hospital (PATISplus)	Cicia Hospital (Manual Tear offs)
Korovou Maternity Hospital (Manual Tear offs)	Ba Mission Hospital (Manual Tear offs)	Nabouwalu Hospital (Manual Tear offs)	Lakeba Hospital (Manual Tear offs)
Nausori Maternity Hospital (Manual Tear offs)	Nadi Hospital (Manual Tear offs)	Savusavu Hospital (Manual Tear offs)	Levuka Hospital (Manual Tear offs)
Navua Maternity Hospital (Manual Tear offs)	Naiserelagi Maternity Hospital (Manual Tear offs)	Waiyevo Hospital (Manual Tear offs)	Lomaloma Hospital (Manual Tear offs)
Tamavua Hospital (Manual Tear offs)	Rakiraki Hospital (Manual Tear offs)		Matuku Hospital (Manual Tear offs)
Vunidawa Hospital (Manual Tear offs)	Tavua Hospital (Manual Tear offs)		Rotuma Hospital (Manual Tear offs)
Wainibokasi Hospital (Manual Tear offs)	Sigatoka Hospital (Manual Tear offs)		Vunisea Hospital (Manual Tear offs)
St Giles Hospital (only Hospital Monthly Returns)			
Source: Manual Tear-Offs & PATISPLUS			

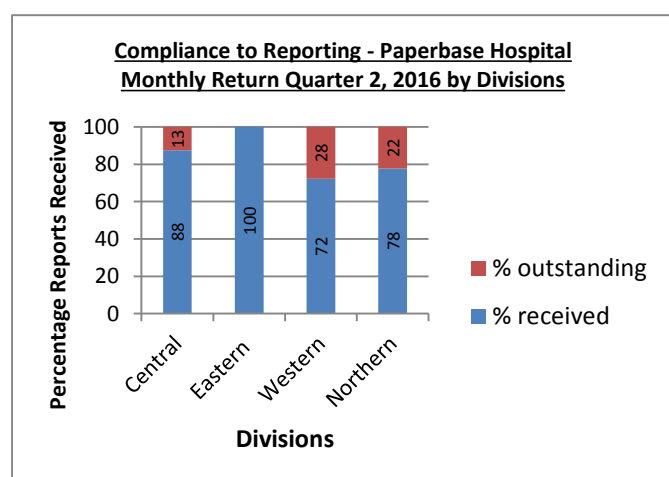
There are a total of 25 hospitals - Divisional Hospitals – 3; Sub divisional Hospitals – 18; Specialized Hospitals – 2 (St Giles, Tamavua/ Twomey Hospital; Private Hospitals – 2 (Naiserelagi Maternity and Military Hospital). The Military Hospital does not do any reporting to HIU. Tamavua/Twomey Hospital had 100% coverage of reports received from the Hospital Monthly Report. There is no reporting of Tear offs and PATISplus from the St Giles Hospital except for the Hospital Monthly Return. There were no reports received from Cicia Hospital for this quarter. Data on Hospital services has been obtained from the Hospital Discharge Data, PATISplus for those facilities on-line and Manual Tear-Offs for those facilities where PATISplus is still not available. PATISplus is only available at CWM, Labasa, Lautoka and Nadi. Manual tear offs are from the Sub-Divisional Hospitals. Hospital Discharge Data are obtained from all Sub-Divisional Hospitals and Divisional Hospitals (PATISplus).

Percentage received for Maternal Child Health paper base report



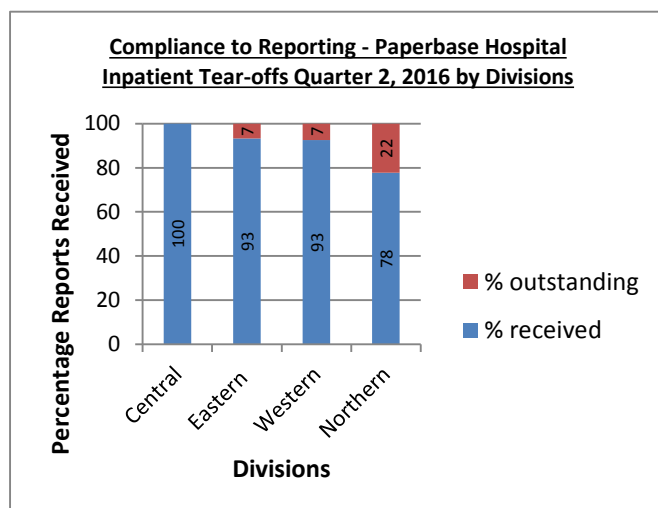
The analysis for the MCH Report is based on the reports received through paper based reports from the four Divisions for the 2nd Quarter 2016. A few Sub-Divisional Hospitals have yet to submit their reports as illustrated in the graph. Western Division submitted 85.7% of the MCH Form and the Northern Division submitted 91.7% reports. Congratulations to the Central and Eastern Divisions for 100% submission. **The facilities yet to report on the MCH forms are Tavua and Taveuni Hospital.**

Percentage received for Hospital Monthly Return reports



The analysis for Hospital Monthly Return is based on the reports received through paper-based systems from the Divisions. The Central Division still has outstanding returns for the 2nd quarter which stands at 12.5%; **as there were no reports from the Military Hospital.** The Western Division has outstanding returns of 27.8% and the Northern Division stands at 44.4% Congratulations to the Eastern Divisions for 100% submission. The facilities which have not submitted all the reports for the 2nd quarter 2016 are: Nabouwalu, Taveuni, Nadi and Rakiraki hospital.

Percentage received for Inpatient Tear-offs reports



The analysis for Hospital Inpatient Tear-Offs is based on reports received through Manual systems from the Divisions. The Eastern Division outstanding reports stands at 6.7%, Western stands at 7.4%, Northern Division still have outstanding returns which stand at 22.2%. Congratulations to the Central Division for 100% submission for 2nd quarter 2016. **The facilities yet to submit their reports are Lakeba, Sigatoka, Nadi, Taveuni, Rakiraki and Savusavu Hospital.** The three divisions need to improve in their submissions as Inpatient data cannot be coded without these submissions and datasets presented are not complete without the inclusion of these core inpatient datasets.

Section 7 – Medicinal products, equipment and infrastructure.

7.1 Pharmacy Indicator

7.1.1 Medicine Stock-Out Comparative report

The above table shows the percentage of Medicine Stock Out by divisions. The overall stock out for quarter 2, 2016 recorded 13%, which was 2% increase than what was reported in the same period last year (11%). During this reporting period the Northern Division had the most medicine stock outs with 16% across all medical areas followed by the Western Division (15%) and Eastern Division (10%), while the Central division reported the lowest percentage (9%). When compared with the results of the same period last year, the Northern Division (13%) recorded the most stock-out followed by the Eastern and the Western Division with 12% respectively while the Central reported the lowest percentage (6%). This also explores the ideation of review of stocks and allocations for the four divisions, taking into account the increasing demand for services and increases in service utilization.

7.1.2 Medicine Stock out Rate by Sub-Division

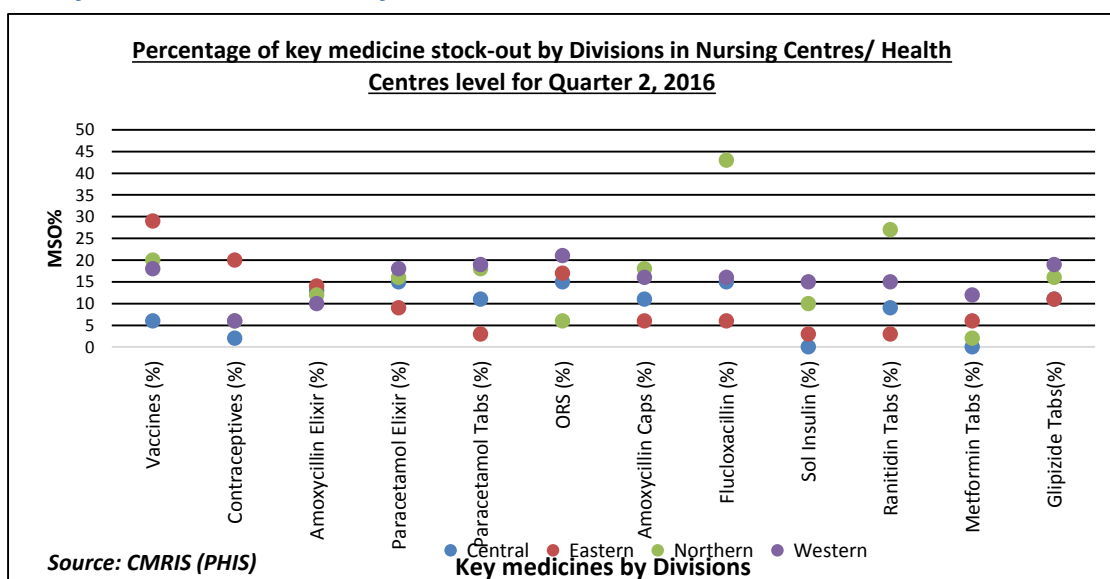
Division	Sub Division	Overall Stock out Rate (%)
Central	Tailevu	23
	Rewa	10
	Naitasiri	8
	Serua/Namosi	7
	Suva	2
Eastern	Lakeba	14
	Kadavu	11
	Lomaiviti	11
	Lomaloma	3
	Rotuma	0
Northern	Macuata	21
	Cakaudrove	19
	Bua	12

	Taveuni	3
Western	Lautoka/Yasawa	21
	Ba	16
	Nadroga/Navosa	15
	Ra	11
	Nadi	8
	Tavua	0

Source: CMRIS Online [PHIS]

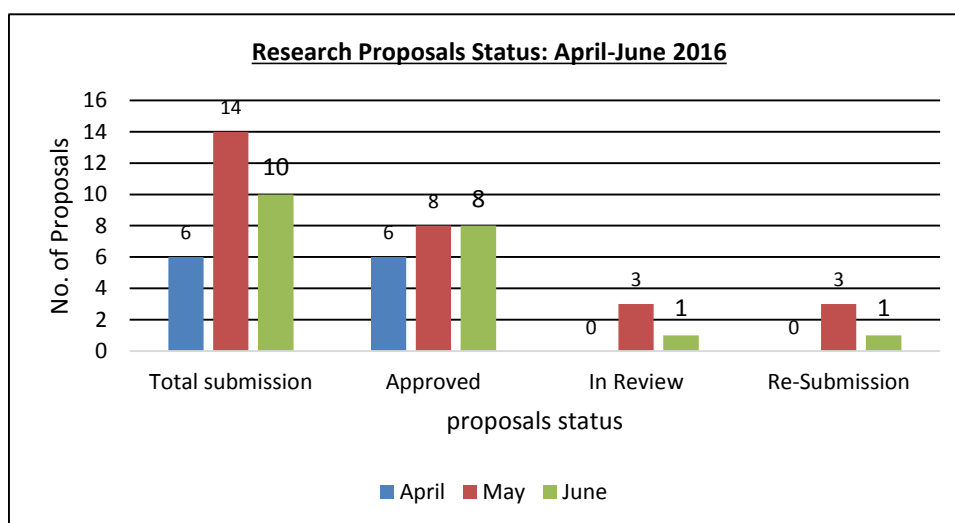
The table above shows the medicine stock out rate by sub-division. The medicine that usually stock-out in the top 5 sub-division in each division were Flucloxacillin, Amoxicillin, Paracetamol Elixir, Vaccines and Paracetamol Tablets.

7.1.3 Key medicine stock-out by Division



The common stock out in this quarter were Flucloxacillin (21%) followed by Vaccines (17%), Paracetamol Elixir (15%), ORS (15%), Glipizide Tabs (15%), Paracetamol Tabs (14%), Ranitidine Tabs (14%) Amoxycillin Caps (13%), Amoxicillin Elixir (12%), Sol Insulin (8%), Contraceptive (7%) and Metformin Tabs (5%). Overall, there was an increase in medicine stock by 2% this quarter when compared with the same period last year (11%).

Research Update



A total of 30 proposals were submitted for review and clearance by FNHRERC of which 22 proposals were Approved, 4 in review and 4 for re-submission. Breakdown of clearance per committee is reflected in the corresponding figure.

Section 8 - Reference Table

8.1 Hospital Utilization

No	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Discharge	Total Patient Days	Occupancy Rate	Daily Bed State	Average Length of Stay
1	CWM Hospital	31,336	481	5,131	4,716	29,044	66%	319	6.2
2	Navua Hospital		22	437	431	1,668	83%	18	3.9
3	Vunidawa Hospital	3,210	24	121	118	296	14%	3	2.5
4	Korovou Hospital	1,560	16	245	238	462	32%	5	1.9
5	Nausori Hospital	431	17	551	544	604	39%	7	1.1
6	Wainibokasi Hospital	1,460	12	200	200	644	59%	7	3.2
	Central Division Sub-total	37,997	572	6,685	6,247	32,718	63%	360	5.2
7	Lautoka Hospital	47,226	305	3,591	3,543	19,038	69%	209	5.4
8	Nadi Hospital	8,430	75	462	432	1,378	20%	15	3.2
9	Sigatoka Hospital	16,848	66	760	760	2,875	48%	32	3.8
10	Ba Mission Hospital	14,245	50	947	907	2,251	49%	25	2.5
11	Tavua Hospital	11,574	29	286	273	861	33%	9	3.2
12	Rakiraki Hospital	4,077	30	140	135	496	18%	5	3.7
	Western Division Sub-total	102,400	555	6,186	6,050	26,899	53%	296	4.4
13	Labasa Hospital	38,885	182	2,990	2,592	9,753	59%	107	3.8
14	Savusavu Hospital	13,676	56	463	458	1,456	29%	16	3.2
15	Waiyevo Hospital	3,298	33	325	319	692	23%	8	2.2
16	Nabouwalu Hospital	4,159	26	244	224	943	40%	10	4.2
	Northern Sub-total	60,018	297	4,022	3,593	12,844	48%	141	3.2
17	Levuka Hospital	7,913	40	209	194	570	16%	6	2.9
18	Vunisea Hospital	2,353	22	90	85	414	21%	5	4.9
19	Lakeba Hospital	1,027	12	69	66	203	19%	2	3.1
20	Lomaloma Hospital	1,476	16	26	23	118	8%	1	5.1
21	Matuku	391	5	15	15	20	4%	0	1.3
22	Rotuma Hospital	1,396	14	7	7	36	3%	0	5.1
	Eastern Division Sub-total	14,556	109	416	390	1,361	14%	15	3.5
	TOTAL (Divisional)	214,971	1,533	17,309	16,280	73,822	53%	811	4.5
SPECIALISED AND PRIVATE HOSPITALS									
No	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Discharge	Total Patient Days	Occupancy Rate	Daily Bed State	Average Length of Stay
1	St Giles Hospital	2,158	86	119	83	5,248	67%	58	63.2
2	Tamavua/Twomey Hospital	4,610	91	115	98	4,215	51%	46	43.0
4	Military Hospital		9				0%	0	0
5	Naiserelagi Maternity	397	7	49	49	64	10%	1	1.3
	Specialized Hospital Sub-total	7,165	193	283	230	9,527	54%	105	41.4
	GRAND TOTAL	222,136	1,726	17,592	16,510	83,349	53%	916	5.0

Source: Hospital Monthly Returns and ATD PATISPLUS

8.2 Notifiable Diseases by Months for Quarter 2 2016

No.	Diseases	April	May	June
1	Acute Poliomyelitis	0	0	0
2	Acute Respiratory Infection	7064	7324	3202
3	Anthrax	0	0	0
4	Brucellosis	0	0	0
5	Chicken Pox	161	131	117
6	Cholera	0	0	0
7	Conjunctivitis	4395	8182	3622
8	Dengue Fever	679	340	213
9	Diarrhoea	4152	2786	2329
10	Diphtheria	0	0	0
11	Dysentery (a) Amoebic	0	0	0
	(a) Bacillary	11	13	5
12	Encephalitis	0	0	0
13	Enteric Fever (a) Typhoid	0	0	0
	(b) Para Typhoid	0	0	0
14	Fish Poisoning	138	92	60
15	Ciguatera Fish Poisoning		4	
16	Food Poisoning	4	2	4
17	Infectious Hepatitis	18	27	6
18	Influenza	4077	2294	1446
19	Leprosy	0	0	0
20	Leptospirosis	16	24	8
21	Malaria	0	0	0
22	Measles (Morbilli)	10	6	5
23	Meningitis	13	6	6
24	Mumps	2		
25	Plague	0	0	0
26	Pneumonia	800	450	349
27	Puerperal Pyrexia	0	0	0
28	Relapsing Fever	0	0	0
29	Rheumatic Fever		2	6
30	German Measles (Rubella)	7	9	9
31	Smallpox	0	0	0
32	Tetanus	0	0	0
33	Trachoma	23	50	19
34	Tuberculosis (a) Pulmonary	22	13	16
	(b) Others	0	0	0
35	Typhoid Fever	30	35	23
36	Viral Illness/ Infection	4408	4577	1917
37	Whooping Cough	2	2	2
38	Yaws	0	0	0
39	Yellow Fever	0	0	0
40	Sexually Transmitted Diseases			
	(a) Gonorrhoea	107	37	37
	(b) Candidiasis	19	11	
	(c) Chlamydia	0	0	0
	(d) Congenital Syphilis	1	2	
	(e) Lymphogranulona Venerum	0	0	0
	(f) Herpes Zoster	2	1	5
	(g) Ophthalmia Neonatorum			1
	(h) PID	0	0	0
	(i) Syphilis	32	58	23
	(j) Trichomoniasis	19	6	2
	(k) Genital Warts	0	0	0

ORGANIZATION STRUCTURE: DEPARTMENT OF HEALTH INFORMATION, RESEARCH, ANALYSIS and MONITORING & EVALUATION

