

HEALTH INFORMATION BULLETIN

QUARTER 3 FEEDBACK

2015



Using Health Information for Measuring and Improving Health Outcomes

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.



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Acknowledgement

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Abbreviations

CD	Communicable Disease
CMRIS	Consolidated Monthly Return Information System
CYP	Couple Years Protection
DM	Diabetes
HIU	Health Information Unit
HTN	Hypertension
MCH	Maternal Child Health
MR	Measles-Rubella [vaccine]
NIMS	National Iron and Micronutrient Supplement
NCD	Non-Communicable Disease
OPV	Oral polio vaccine
PATIS	Patient Information System
PHIS	Public Health Information System
PNC	Postnatal clinic
RHD	Rheumatic heart disease
SNAP	Smoking, Nutrition, Alcohol and Physical activities
SIC	Sister-In-Charge
TT	Tetanus Toxoid
VCCT	Voluntary counseling and confidential testing
VIA	Visual inspection using ascetic acid

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	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	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

Female Cancer Sites	Incidence Rate (per 100,000 population)	
	2015 n (%)	2014 n (%)
Breast, NOS	48 (11.23)	21(4.94)
Cervix, uteri	24(5.62)	24(5.65)
Endometrium	16(3.74)	9(2.12)
Unknown primary site	8(1.87)	0
Lung, NOS	7(1.64)	6(4.41)
Stomach and Rectum	0	5(1.18)

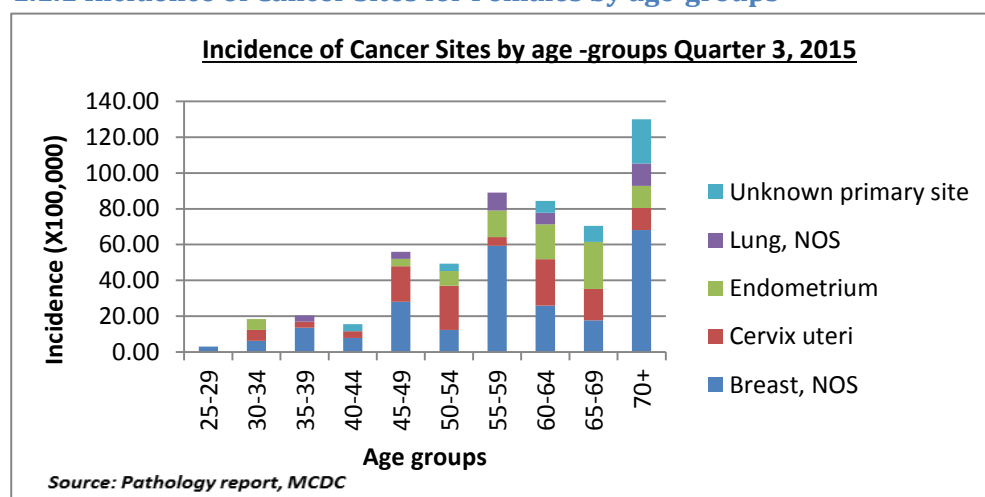
Source: Pathology report, MCDC

Formula:

$\text{Number of new cases (site specific)} / (\text{Total \# of Females} - \text{Number of new cases (site specific)}) * 100,000$

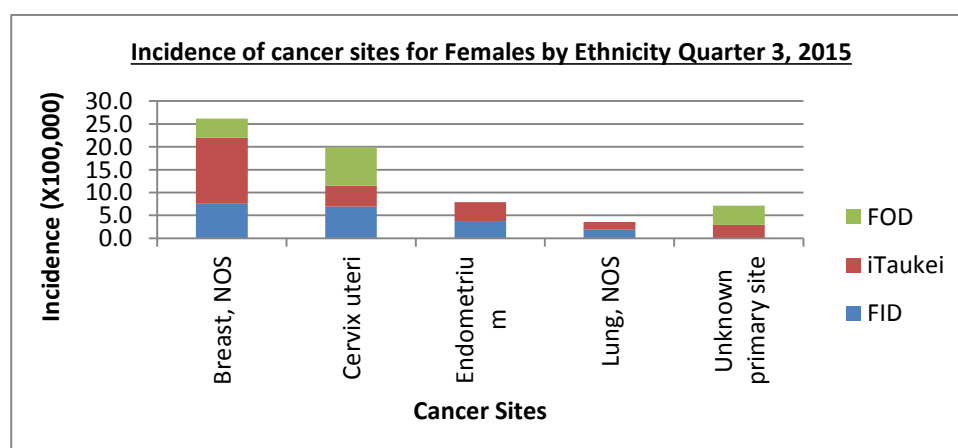
In Q3 of 2015, a total of 243 cases were received compared to 223 of the same period last year. The leading sites for cancer amongst women are Breast (n=48), Cervix (n=24), and Endometrium (n=16). The incidence of the 3 leading female cancer sites was higher in Q3, 2015 compared to the same period last year.

1.1.1 Incidence of Cancer Sites for Females by age-groups



The graph shows the incidence of cancer sites by age groups. It was noted that Breast cancer is common throughout the age groups 25-70+ years and had a higher incidence in the age groups 55-59 and 70+ years whereas cervical cancer was noted to have later onset between the 30 to 70+ age groups.

1.1.2 Incidence of Cancer Sites for Females by ethnicity



The graph shows the incidence of cancer sites by ethnicity. In Q3, 2014 103 reports were received. The iTaukei was noted to have the highest frequency (n=67) followed by FIDs (n=32) and FOD (n=4). Cancer of the Breast was high in the iTaukei (n=35) followed by FID (n=12). Cervical cancer were common in both iTaukei and FID (n=11). Endometrium were also high in the iTaukei (n=10) followed by the

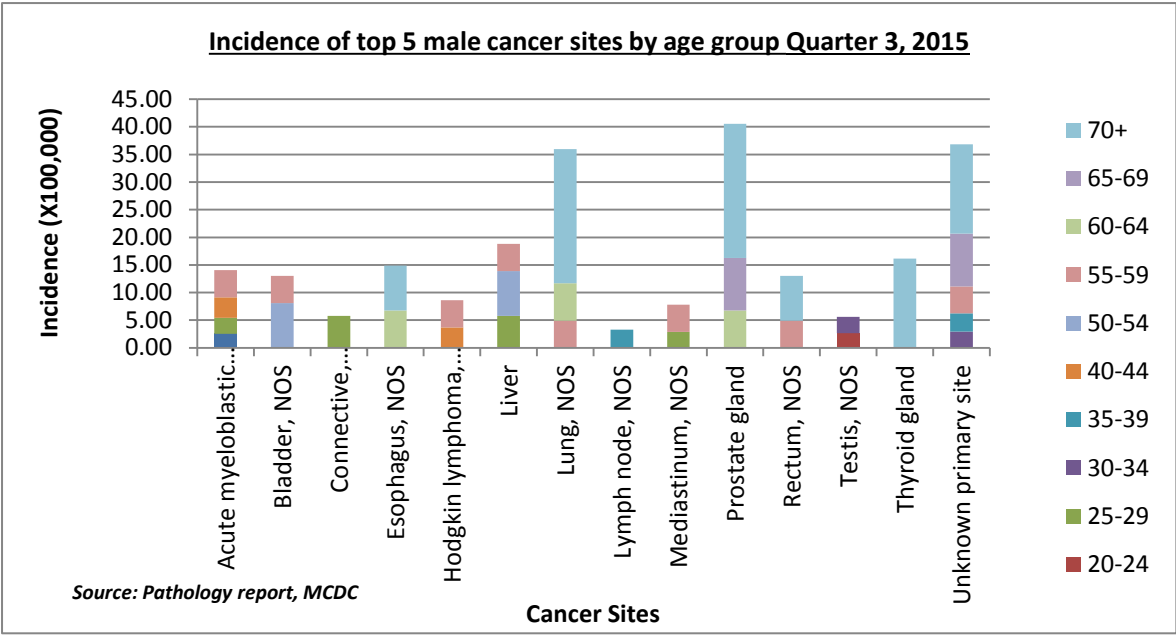
FIDs(n=6). This is reflective of ethnicity dispersal.

1.1.3 Male Cancer 2014 vs 2015

Male Cancer Sites	Incidence Rate	
	2015 % (n)	2014 % (n)
Unknown primary site	1.36(6)	0.0(0)
Liver, Lung, Prostate gland	1.13(5)	0.0(0)
Acute myeloblastic leukaemia [AML]	0.91(4)	0.0(0)
Bladder, NOS, Colon	0.68(3)	0.0(0)
Lung, NOS	0.45(2)	0.0(0)
Bone marrow	0.45(2)	0.0(0)
Bone, NOS	0.45(2)	0.0(0)
Brain, NOS	0.45(2)	0.0(0)
Breast, NOS	0.45(2)	0.0(0)
Chronic myeloid leukaemia [CML], BCR/ABL -positive	0.45(2)	0.0(0)
Connective, Subcutaneous and other soft tissues of upper limb and shoulder	0.45(2)	0.0(0)
Esophagus, NOS	0.45(2)	0.0(0)
Hodgkin lymphoma, unspecified	0.45(2)	0.0(0)
Lymph nodes of head, face and neck	0.45(2)	0.0(0)
Mediastinum, NOS	0.45(2)	0.0(0)
Rectum, NOS	0.45(2)	0.0(0)
Testis, NOS	0.45(2)	0.0(0)
Thyroid gland	0.45(2)	0.0(0)
Prostate	0.00(0)	1.59(7)
Stomach	0.00(0)	1.37(6)
Brain, NOS	0.00(0)	1.14(5)
Rectum, NOS, Other and ill-defined digestive organs, polycythaemia vera	0.00(0)	0.91(4)
Esophagus and colon	0.00(0)	0.68(3)
<i>source: Pathology report, MCDC</i> <i>Formula:</i> <i>Number of new cases by site/Total # of Males*100,000</i>		

In Q3 of 2015, a total of 79 cases were received compared to 91 cases of the same period last year. This result shows the inconsistency in submitting the reports to HIU during compilation. The above table shows the incidence of the top 5 cancer sites Q4, 2015 vs. Q4, 2014. The leading cancer sites in males are unknown primary site (n=6) compared to the same period last year prostate was leading (n=7) followed by Liver, lung, prostate gland (n=5) when compared to Q4, 2014 it had stomach cancer (n=5).

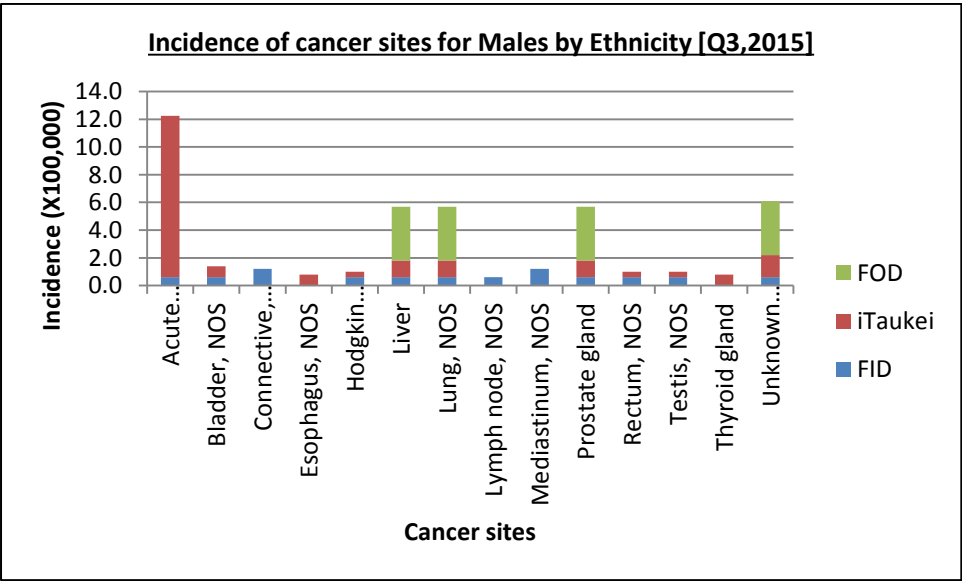
1.1.4 Incidence of top 5 male cancer sites by age group [Q3,2015]



The graph shows the incidence of the top 5 male cancer sites by age groups. It was noted that Lung and Prostate gland were common in the age groups 70+(n=3) followed by thyroid gland

and unknown primary(n=2). Esophagus, Lung and Prostate gland were common in the age groups 60-64 years in Q3, 2014.

1.1.5 Incidence of cancer sites for Males by Ethnicity, Quarter 3, 2015



The above graph shows the top 5 incidence of cancer sites for Males by ethnicity. The iTaukei was noted to have the highest frequency (n=25) followed by FID (n=14) and FODs (n=4). This is reflective of the population dispersal.

Cancer cases in Paediatric Population Quarter 3, 2015

In Q3, 2015 only one report was received when compared to the same period last year 4 reports were received.

1.2 Diabetes

Data for Diabetes are obtained from the Diabetes notification form received from the Public Health Facilities every week.

Figure 1: Diabetes Notification Form received by facility.

Facility	Forms received N (%)
Nadi Hospital	73 (48.7)
Labasa-Diabetic Hub	24 (16.0)
Nabouwalu Hospital	16 (10.7)
Navua Hospital	11 (7.3)
Savusavu Hospital	10 (6.7)
Tavua Hospital	4 (2.7)
Nailaga Health Centre	3 (2.0)
Dreketi Health Centre	2 (1.3)
Natabua Health Centre	2 (1.3)
Levuka Hospital	2 (1.3)
Suva - National Diabetic Hub	1 (0.7)
Wainikoro Health Centre	1 (0.7)
Namuamua Health Centre	1 (0.7)
Grand Total	150 (100)

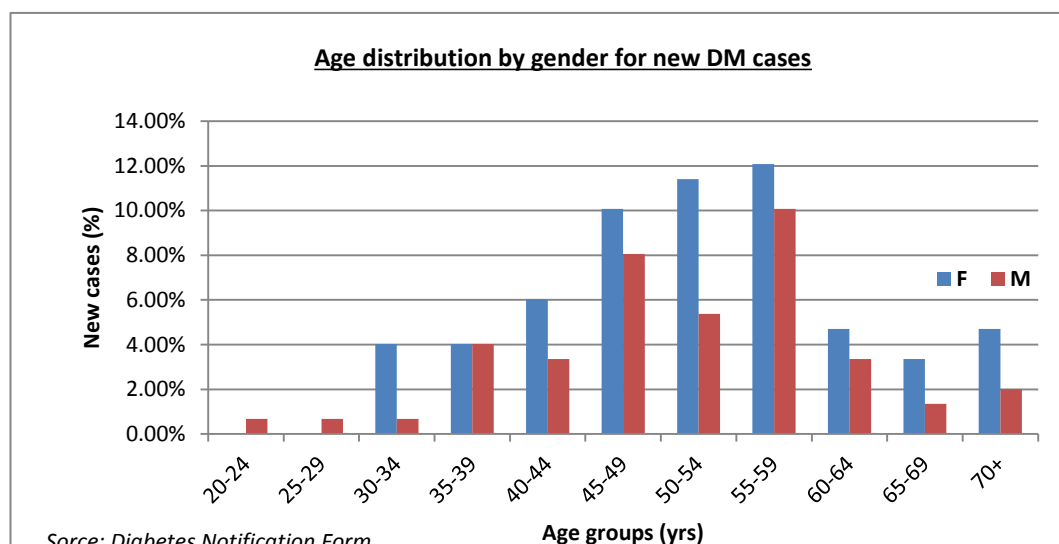
source: Diabetes Notification Form

Note: The denominator for calculating percentage is total Diabetes form received.

The table shows the incidence of DM for Qtr. 3, 2015. 150 DM notification forms were received compared to 63 reports in the same period last year. This figure is likely to be grossly underreported with only 13 out of 102 facilities submitting reports.

1.2.1 Age distribution by gender for new DM cases

The graph below represents new diabetic cases between the age group of 20-70+ years by gender. It indicates



Source: Diabetes Notification Form

Note:

1. The denominator for calculating percentage is total Diabetes forms received.
2. A total of 150 reported DM new cases were received; 1 out of the total was excluded as it many variables were unknown during analysis making the total roll as 149.

detection or earlier onset of disease (20-24 age groups). However these results are taken at a point and must be interpreted in this context.

that females contributed the highest number of diabetes patients in the age-group 55 – 59 in Q3, 2015. There is clear demonstration that out of the reported figures women contributed the highest frequency of DM cases. There is also a trend from previous reports where the at risk age groups for developing or detecting DM for women is around age group 30-59 years. Men for this quarter seemed to have earlier

1.2.2 Fasting Blood Sugar by gender and ethnicity

Blood Sugar	Total	Percentage	Gender				Ethnicity			
RBS			F	%	M	%	iTaukei	%	FID	%
6-7	27.3	2.1	3	0.03	1	0.017	0	0	4	0.04
8-9	18.3	1.4	4	0.04	1	0.017	0	0	5	0.05
10-11	111.6	8.5	8	0.09	3	0.051	3	0.06	8	0.08
12-13	129.2	9.9	8	0.09	8	0.136	5	0.10	11	0.11
14-15	149.7	11.4	6	0.07	5	0.085	6	0.12	5	0.05
16-17	150.9	11.5	11	0.12	4	0.068	5	0.10	10	0.1
18-19	209.6	16.0	10	0.11	3	0.051	7	0.14	6	0.06
>20	484.6	37.0	12	0.13	12	0.203	11	0.22	13	0.13
Not answered	28	2.1	28	0.31	22	0.373	12	0.24	38	0.38

Percentage calculation;

1. Formula:[number diagnosed/Total number of reports received*100]
2. Gender & Ethnicity: Total Number of Gender /Number per RBS level.

source: DM Notification Form

The above table shows that 37 % of the RBS level of those >20 were common which had a peak in both male and female and were dominant in the FID followed by the iTaukei

1.2.3 Proportion per division

Blood Sugar	Central		Eastern		Northern		Western	
RBS	Number	%	Number	%	Number	%	Number	%
6-7	0	0	0	0	3	0.06	1	0.012
9-10	0	0	0	0	4	0.08	4	0.049
11-12	3	0.2	0	0	5	0.09	8	0.099
13-14	0	0	1	0.5	3	0.06	8	0.099
15-16	1	0.1	0	0	4	0.08	9	0.111
17-18	3	0.2	0	0	7	0.13	4	0.049
19	0	0.0	0	0	5	0.09	2	0.025
>20	4	0.3	0	0	8	0.15	12	0.148
Not answered	2	0.2	1	0.5	14	0.26	33	0.407

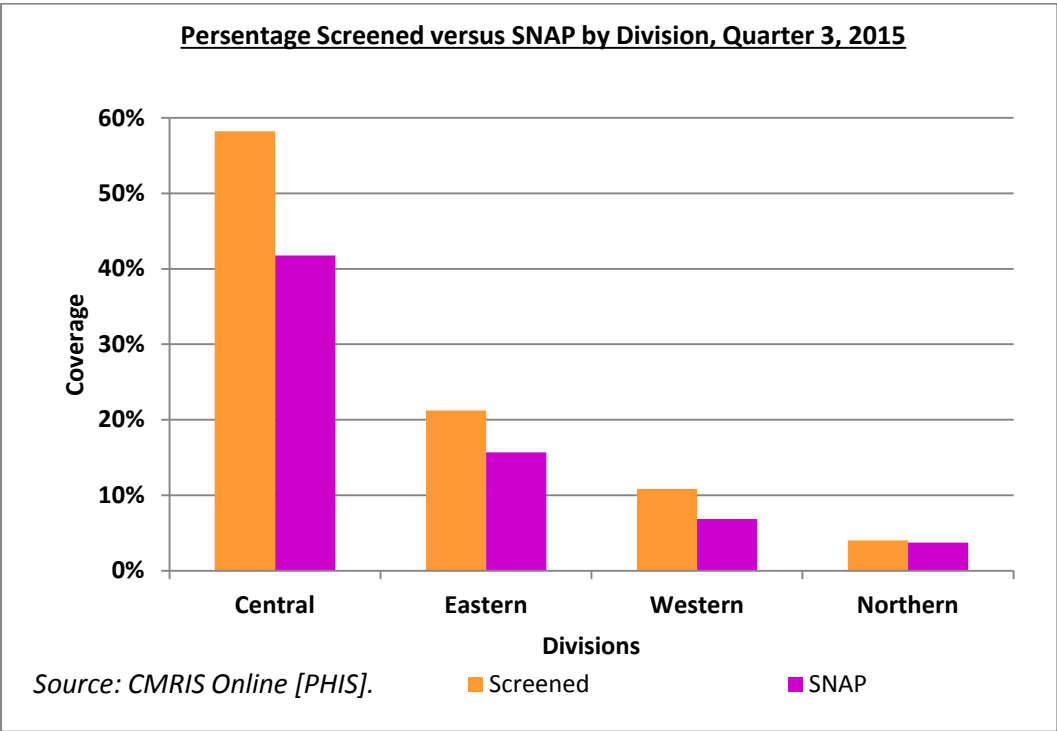
Source: DM notification form

Formula: Total number by division/Number per RBS level

The above table indicates the reporting of the DM form by the 4 division. It was noted that the Western division recorded the highest reports received in Qtr. 3 of 2015, followed by the Northern division, Central and the Eastern division recorded the lowest. It was also noted that the Western Division did not filled the DM forms completely and were shown 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 Non Communicable Disease – PHIS Report

1.31 Screening and SNAP coverage



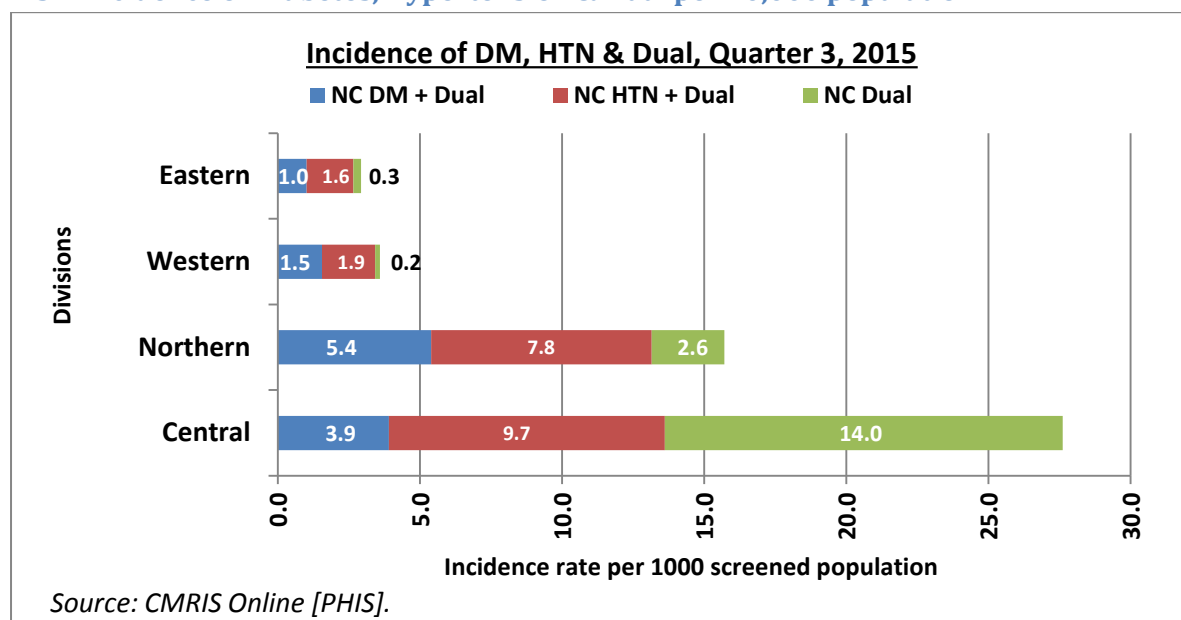
(Note: For calculating % screened (30+ age group) provided SNAP – the numerator is the number SNAP upon the number screened for each division by percentile (screened (n=29849) and SNAP (n=21417) The Lomaloma MA PHIS report is not captured in this section, as it was not received during the compilation of this report.).

Out of the totals that were screened, 72% received counseling regarding lifestyle activities, smoking, nutrition, alcohol and physical activities (SNAP). The largest number snapped was from the Central division (42%), followed by the Eastern division (16%), the Western Division (7%) while the Northern division (4%) had the lowest. Similar trends were observed in the same period last year.

The results indicate that there were 28% gap in those screened and those who were provided counseling on SNAP which is concerning. The objective of any screening programme is to ensure early intervention for prevention. If those screened are not getting the correct advice on prevention than the screening programme will not achieve its ultimate outcome of reducing the burden of hypertension and diabetes in the population.

As per the PHIS counting rules the number screened should equal to or be more than the number SNAP. The ultimate goal is to have 100% screened and SNAP.

1.3.2 Incidence of Diabetes, Hypertension & Dual per 10,000 population



(Note: The numerator is the number of DM, HTN & Dual cases (both new cases <30 and 30+). The denominator used was the total number screened population (n=29849)).

The Central Division reported the highest incidence of HTN & Dual cases while the Northern Division reported the highest in Diabetes. The cases demonstrated above are only new cases of disease.

1.4 National Iron and Micronutrient Supplement (NIMS)

1.4.1 NIMS tabular report by division

Division	NIMS (n)					
	6mnths - 1 yrs	1 - 2 yrs	2 - 3 yrs	3 - 4 yrs	4 - 5 yrs	CBA
Central	8	104	65	60	52	0
Eastern	0	9	3	1	1	66
Northern	1	7	6	4	10	0
Western	1	1	2	1	4	94
Total	10	121	76	66	67	160

Source: CMRIS Online [PHIS].

NIMS were commonly distributed in the Central Division, followed by the Northern Division while

the Western Division reported the lowest distribution. Similar trends were observed for last year.

It has been observed that the NIMS and CBA data have been under reported. The completeness of reporting relies heavily upon the release of statistics captured by the Dietitians. The non-availability of the components for NIMS may also result in low reporting rates.

All NIMS dosages should be recorded by dietitians and provided to the Zone Nurses. These figures should then be submitted to the Sister in Charge for it to be captured in the PHIS forms and then sent to the Sub-Divisional Health Sister as a compiled report.

Despite the drive by HIU to rectify the reporting issue with Family Health, Nursing division and Dietetics Division – this has not been adequately addressed.

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. The Birth report for the Central Division is not fully captured for this quarter due to the pending reports yet to be received at HIU. This section started its reporting this year.

This evidence is an imperative for comprehensive measuring of health outcomes of delivery; resource allocation; improvement and development of birthing units for better health care; and service planning.

2.1.1 Outcomes of Pregnancy [Hospital birth]

Division	Live Births	Intrapartum Stillbirths	Antepartum Still Births	Total Number Of Stillbirths	Total Births	Fetal Death
Central	1104 (5.1)	1 (0)	2 (0)	3 (0)	1107 (5.1)	0 (0)
Eastern	36 (0.2)	0 (0)	0 (0)	0 (0)	36 (0.2)	0 (0)
Northern	723 (3.3)	4 (0)	6(0)	10 (0)	733 (3.3)	3 (0)
Western	1667 (7.7)	3 (0)	7 (0)	10 (0)	1677 (7.7)	1 (0)
Total	3530 (16.2)	8 (0)	15 (0.1)	23 (0.1)	3553 (16.3)	4 (0)

Source: CMRIS Online [Hospital MCH & PHIS]

Note: 2015 FBOS CBA population (n=217490) was used as a denominator to calculate the rates per 1000 population. The Outcome of Pregnancy section captured information about live births (of any gestation), still births ≥28 weeks (intrapartum and antepartum) and foetal losses from 22 – 27 weeks gestation age.

The rates were significantly low because the denominator used is the national FBOS CBA Population instead of the CBA Population by division. The Western Division reported the highest number of live births followed by the Central Division while the Eastern Division reported the lowest.

The Northern division reported the highest number of stillbirths and fetal deaths (n=10, 3), 9 stillbirths and 3 fetal deaths were reported from Labasa Hospital, followed by the Western Division where 10 stillbirths and 1 fetal death occurred at the Lautoka Hospital. There were 3 stillbirths reported from the Central Division and this occurred at Nausori Maternity Hospital while the Eastern Division reported nil cases of stillbirths and fetal deaths. These stillbirths and fetal deaths occurred mainly in the Sub-divisional and Divisional Hospitals

2.1.2 Mode of Delivery [Hospital delivery only]

The mode of Delivery section captured service delivery information at hospital level including live births of any gestation and stillbirths (≥28 weeks gestation) only.

Division	Normal Vaginal Delivery	Breech	Emergency Caesarean Section	Elective Caesarean Section	Ventouse	Forceps	Other	Total Number Of Deliveries	Total Number Of Emergency Sections	Total Number Of Elective Sections
Central	956(4.4)	5(0)	140(0.6)	0(0)	13(0.1)	6(0)	0(0)	1120(5.1)	0(0)	0(0)
Eastern	36(0.2)	0(0)	0(0)	0(0)	0(0)	0(0)	0(0)	36(0.2)	0(0)	0(0)
Northern	631(2.9)	5(0)	113(0.5)	27(0.1)	0(0)	6(0)	0(0)	752(3.6)	114(0.5)	27(0.1)
Western	1455(6.7)	12 (0.1)	156(0.7)	68(0.2)	6(0)	3(0)	0(0)	1673(7.7)	156(0.7)	41(0.2)
Total	3078(14.1)	22(0.1)	409 (1.9)	68 (0.3)	19(0.1)	15(0.1)	0(0)	3611 (16.6)	270(1.2)	68(0.3)

Source: CMRIS Online [Hospital MCH]

Note: 2015 CBA population (n=217,490) from FBOS was used as denominator to calculate the rates per 1000 CBA population. Reporting format is number (rate). The rates are significantly low because denominator used is the national FBOS CBA Population instead of the CBA Population by division.

Normal vaginal delivery and emergency caesarean section were the most common mode of delivery method reported at the hospitals, followed by Forceps and Breech deliveries.

The Western division reported the highest normal vaginal deliveries and emergency caesarean sections followed by the Central division, the Northern Division, while the Eastern division reported the lowest. There was no data available to compare this to the same period last year as reporting of this section began this year.

There is 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 most of the cases from the Eastern Division are referred to Divisional Hospitals.

2.1.3 Others – Births Section [Hospital only]

Division	Unbooked Mothers Who Delivered	Babies Born Before Arrival	Mothers Under 15Years Old	Mothers Aged 15-19Years	Live Born Low Birth Weight	Intrapartum Transfers
Central	12(0.1)	15(0.1)	0(0)	28(0.1)	70(0.3)	52(0.2)
Eastern	0(0)	3(0)	0(0)	0(0)	0(0)	4(0)
Northern	6(0)	7(0)	0(0)	37(0.2)	31(0.1)	30(0.1)
Western	29(0.1)	19(0.1)	1(0)	115(0.5)	92(0.4)	126(0.6)
Total	47(0.2)	44(0.2)	1(0)	180(0.8)	193(0.9)	212(1.0)

Source: CMRIS Online [Hospital MCH]

The table above records information on Other maternity related indicators and intrapartum transfers. It captures miscellaneous data for live births of any gestation and stillbirths (≥ 28 weeks gestation). Note: (n=217490) FBOS CBA population was used as denominator to calculate the rates per 1000 CBA population.

The Western Division recorded the highest in all the categories followed by the Central Division while the Eastern Division recorded the lowest. This is mainly due to most of the cases are referred from Sub-divisional level and below to Divisional Hospitals to ensure safe motherhood practices as limited resources are available to cater for this need. Babies born before arrival were referred from the medical area below facilities to the nearest hospital.

2.2 Antenatal Clinic

This section covers both Hospital and Medical Area Maternal Health Status. The Antenatal report for the Central Division is not fully captured for this quarter due to the pending reports yet to be received at HIU. *The Lomaloma MA PHIS report is not captured in this section, as it was not received during the compilation of this report.*

2.2.1 Normal and At Risk Pregnancy Table

Division	Normal Pregnancy (NP) + At Risk Pregnancy (ARP)	NP	ARP
Central	5025 (0.25)	1790 (0.21)	3235 (0.29)
Eastern	794(0.04)	496 (0.06)	298 (0.03)
Northern	4950 (0.25)	2688 (0.31)	2262 (0.20)
Western	9058 (0.46)	3722 (0.43)	5336 (0.48)
Total	19827	8696	11131

There were a total of 19827 attendances at antenatal clinics in the 3rd quarter period of 2015, which is 89% more than what was reported the same period last year (n=2118). This was because in the previous year the hospital data was not included in the reporting template. The majority of the maternal visits for normal pregnancy were from the Western Division followed by the Central Division, while the Eastern Divisions reported the lowest. *The reporting format is number (proportion). The numerator is the number of Normal Pregnancy (NP) + At Risk Pregnancy (ARP)*

by each division and the denominator is the total of Normal Pregnancy (NP) + At Risk Pregnancy (ARP).

Source: CMRIS Online [Hospital MCH & PHIS] and CWM ANC Report

2.2.2 At Risk Pregnancy Conditions

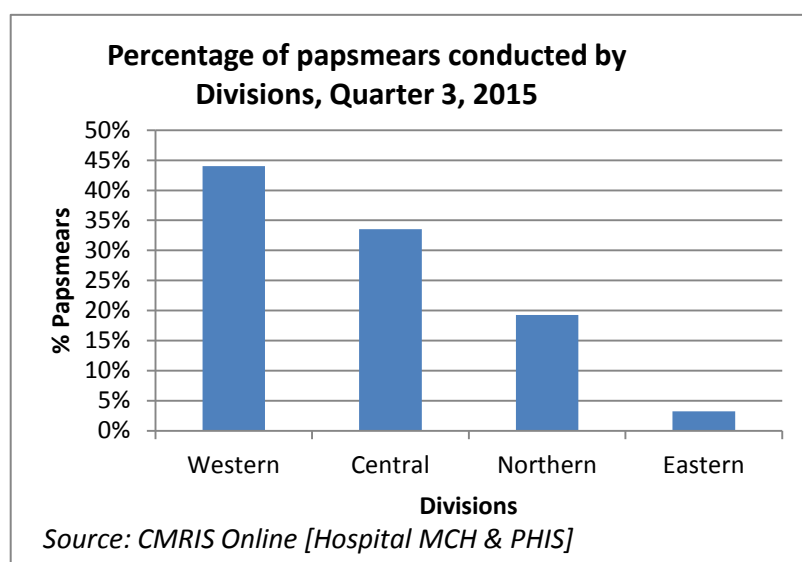
The table shows the reported relative prevalence of various risk conditions for women attending ANC clinics. The largest contributor of complications was Anemia followed by Diabetes and VDRL. *The calculation for the relative prevalence, the numerator (each condition) upon the denominator (total number of Normal Pregnancy (NP) + At Risk Pregnancy (ARP)) by percentile.*

Source: CMRIS Online [Hospital MCH & PHIS] including CWM Report

Risk Factor/ Complications in pregnancy	% of at risk pregnancies
Risk Factor/ Complications in pregnancy	% of at risk pregnancies
Anaemia	11.1
Diabetes	7.0
VDRL	3.7
Elderly Primp	1.6
Cardiac	1.4
Hep B	1.3
Prev Caesar	1.3
Obstruct Labour	0.7

2.3 Postnatal Care

2.3.1 PNC and Family Planning Pap Smears



Note: the Papsmear data were gathered from the normal pregnancy, at risk pregnancy, postnatal and family planning tabular reports from medical area level and below & hospitals. (The Lomaloma MA PHIS report is not captured in this section, as it was not received during the compilation of this report).

A total of 3584 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=2296) there was an increase of 36% in pap smears being 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 used in the CBA population by Divisions Quarter 3, 2015

Division	CBA	New Acceptors									
		ECP	Oral Pills	IUCD	Depo Provera	Noristerat	Implants	Condoms Female	Condoms Male	Vasectomy	Tubal Ligation
Central	85,932	0.2	0.3	0.0	0.6	0.0	0.6	0.0	0.1	0.0	0.1
Eastern	8,470	0.0	0.2	0.0	0.6	0.0	0.1	0.0	0.1	0.0	0.0
Northern	38,441	0.1	0.1	0.0	0.6	0.0	0.3	0.0	0.2	0.0	0.1
Western	84,647	0.0	0.3	0.1	0.8	0.0	0.4	0.0	0.3	0.0	0.0
Total	217490	0.1	0.3	0.0	0.7	0.0	0.5	0.0	0.2	0.0	0.1

Source: CMRIS Online [Hospital MCH & PHIS]

Note: To calculate the dispersion percentage of Contraceptive Methods the numerator used was the number of dispersion of Contraceptive Methods for each Division upon the denominator, the number of CBA population

n=217490 (FBOS, 2015) by %. (The Lomaloma MA PHIS report is not captured in this section, as it was not received during the compilation of this report.).

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.

The three main contraceptive method distributed were Depo Provera, Implants and Oral Pills. The Western Division reported the highest dispersion of Depo Provera (n=676) and Oral Pills (n=264) while the Central Division recorded the highest dispersion of Implants (n=551). Same trend were observed on the same period last year.

2.4.2 Family Planning Couple of Years Protection, Quarter 3, 2015

Division	Years Protection Dispensed for the quarter										
	ECP	Oral Pills	IUCD	Depo Provera	Noristerat	Implants	Female Condoms	Male Condoms	Vasectomy	Tubal Ligation	CYP Rate (per 100 Women)
Central	11.7	2.8	9.8	0.2	67.6	0.5	0	0	7.5	11.7	2.8
Eastern	7.4	2.2	8.7	0.2	81.4	0.1	0	0	0	7.4	2.2
Northern	5.1	3.1	14.4	0.8	53	1.2	0	0	22.4	5.1	3.1
Western	13	1.8	4.6	0.2	76.7	0.3	0	0	3.3	13	1.8
Total	11.8	2.2	7.1	0.2	72.6	0.4	0	0	5.7	11.8	2.2

Source: CMRIS Online [Hospital MCH & PHIS]

This table above shows the Years of Protection for each of the contraceptive methods being dispensed by division and at national level. It is the standard international indicator for measuring the effectiveness of family planning program.

The highest CYP was demonstrated in the Northern Division followed by the Central Division while the Eastern Division reported the lowest. *(The Lomaloma MA PHIS report is not captured in this section, as it was not received during the compilation of this report).*

It was noted, the highest years of protection dispensed were from Noristerat followed by ECP, Tubal Ligation, IUCD, Vasectomy, Oral Pills, Implants and Depo Provera.

2.5 Immunization

2.5 Immunization by Division & Vaccines

Division	HepB0	BCG0	DPTHeP BHib1	OPV1	Penumoccal1	Rotavirus1	DPTHeP BHib2	OPV2	Penumoccal2	DPTHeP BHib3	OPV3	Penumoccal3	Rotavirus2	MR1	OPV4
Central	1,789	1,794	2,424	2,428	2,429	2,437	2,648	2,656	2,654	2,786	2,785	2,793	2,785	1,975	1278
Eastern	31	31	155	153	156	154	204	207	208	241	249	246	238	205	136
Northern	319	316	776	778	783	781	857	848	863	853	858	862	859	641	426
Western	777	765	1,860	1,860	1,867	1,859	2,031	2,030	2,043	2,145	2,148	2,170	2,136	1,549	952
Total	2916	2906	5215	5219	5235	5231	5740	5741	5768	6025	6040	6071	6018	4370	2792
% per 100 births	57.6	57.4	103.0	103.1	103.4	103.3	113.4	113.4	113.9	119.0	119.3	119.9	118.9	86.3	55.2

Source: CMRIS Online [Hospital MCH & PHIS]

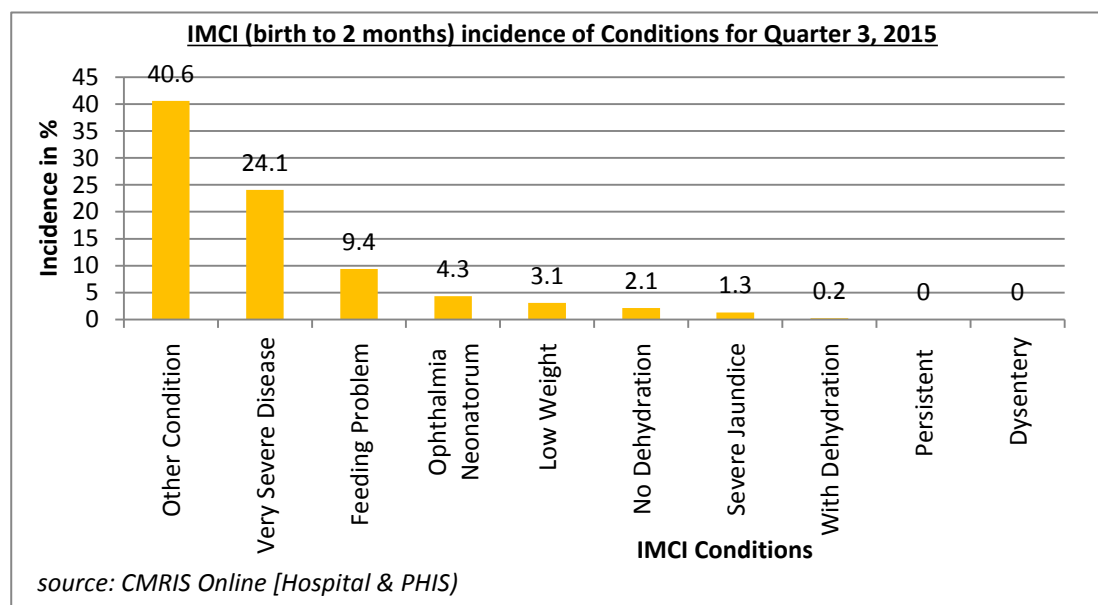
The above table includes data gathered from Hospitals (Divisional and Sub-divisional) and PHIS (Medical area level and below) for immunization.

The coverage of MR1 was 86.3%. The coverage was calculated using the number of vaccine given by each division as numerator and the quarterly prorata of 2014 live births (20249) figure as the denominator by percentage. When compared to the same period last year, there was an increase of 6.3% in the MR1 coverage (83.6%) [Note: the quarterly prorata of 2013 live births (20970) was used as denominator]. The Lomaloma MA PHIS report is not captured in this section, as it was not received during the compilation of this report.

It is assumed that late immunization of children from the previous quarter leads to the increase of the coverage to more than 100% for each of the vaccine. This affects the target population used for the denominator in calculating the percentage coverage

2.6 MCH/ IMCI

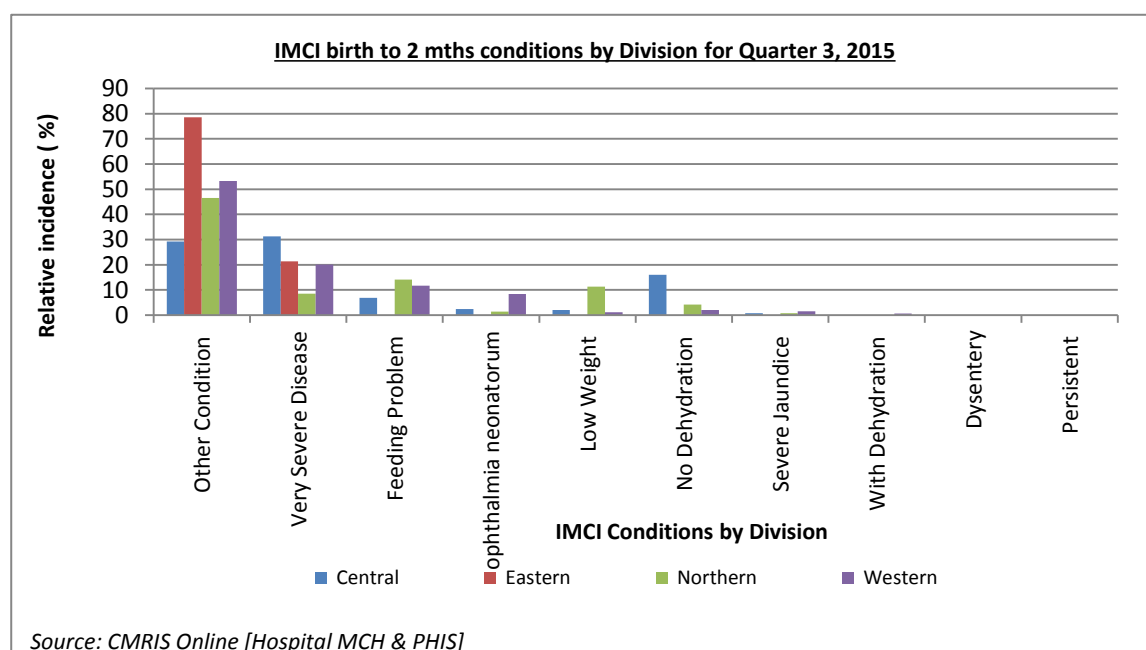
2.6.1 IMCI Birth to 2 months



[Note: The relative incidence was calculated using the number of each IMCI (birth to 2months) condition as numerator and the number seen (n=2441) was used as the denominator. The Lomaloma MA PHIS report is not captured in this section, as it was not received during

the compilation of this report].

This graph represents the incidence 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 rank IMCI condition among birth to 2months children were other conditions (Not Otherwise Specified – exclusive of multiple conditions being captured but not indicated), very severe disease, feeding problem, ophthalmia neonatorum, low weight and no dehydration.

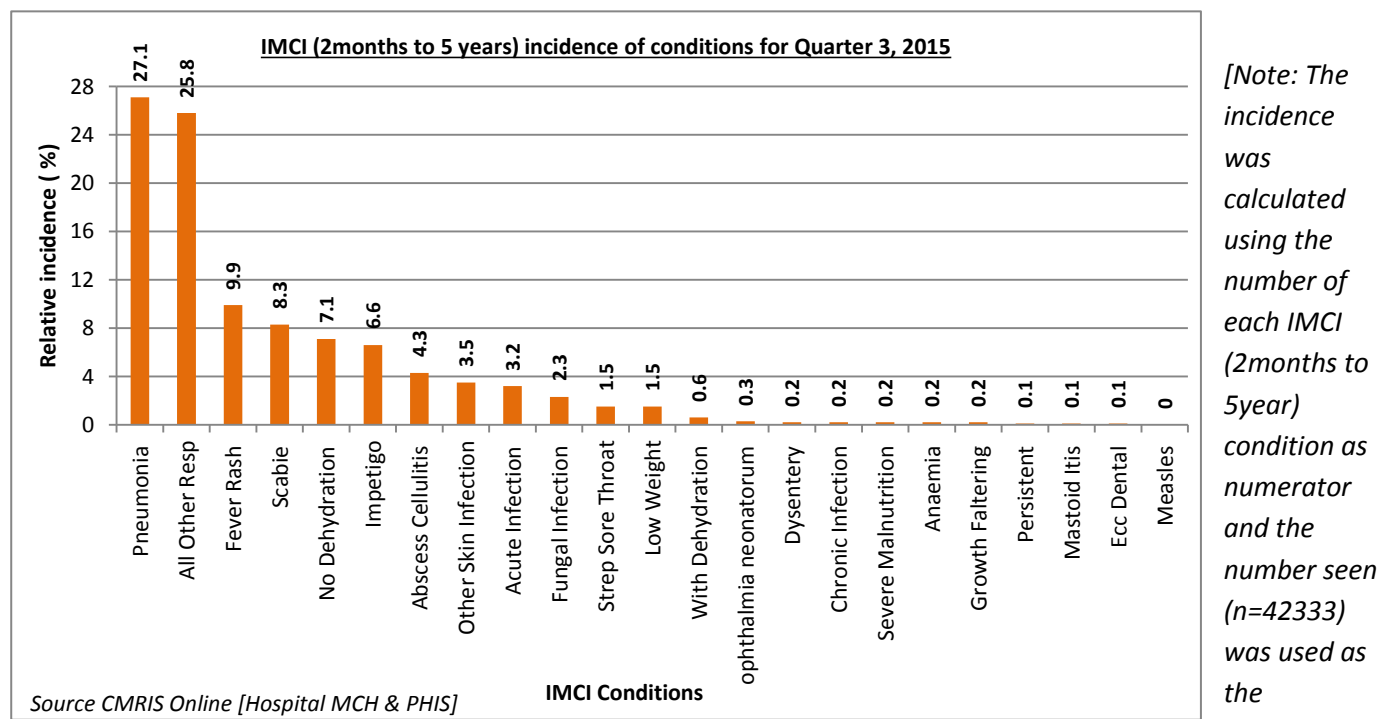


[Note: The relative incidence was calculated using the number of each IMCI (birth to 2months) condition as numerator and the number seen was used as the denominator]

The Central division (n=1136) reported the highest IMCI numbers seen with majority of the cases being reported from the Suva SD (n=572), followed by Rewa SD (n=260) and Serua Namosi SD (n=108). The Western division reported the second highest (n=925) IMCI numbers seen, whereby majority of the cases were reported from the Lautoka/ Yasawa SD (n=344), Nadroga/Navosa SD (n=140) and Nadi SD (n=139) respectively.

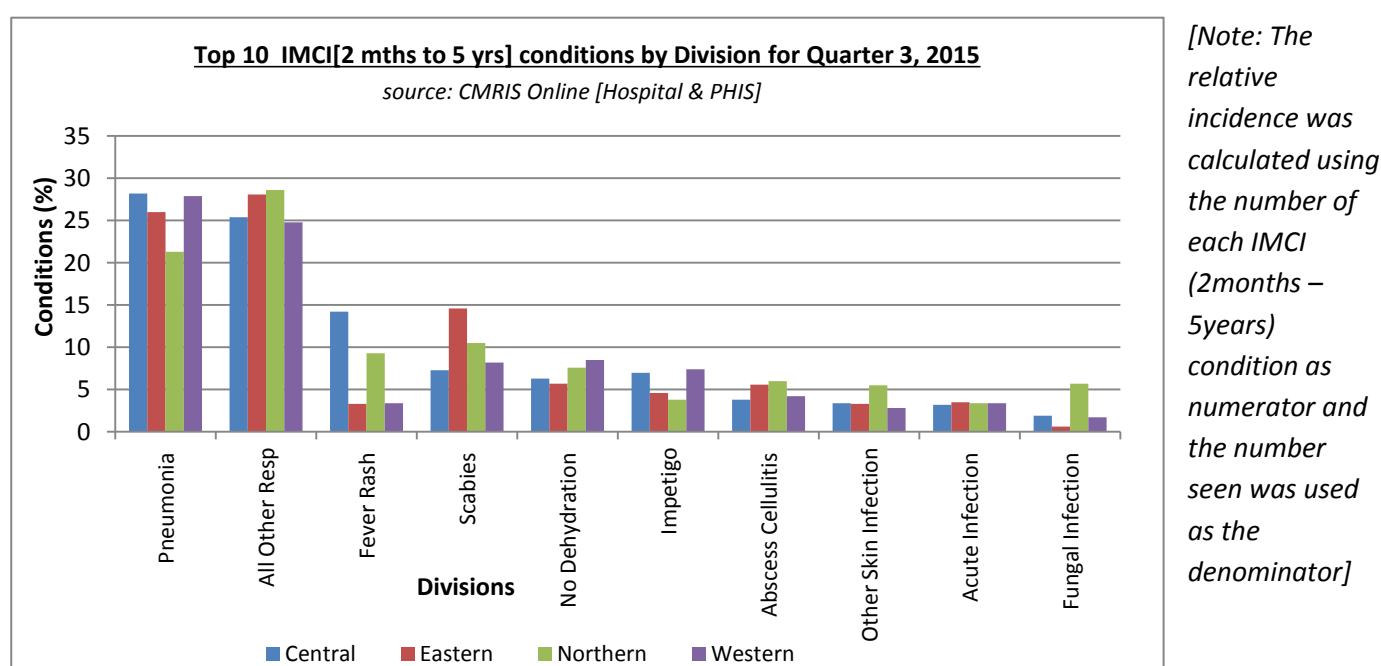
The Northern Division (n=337) reported the third highest, majority of the cases were reported from the Macuata SD (n=187) and Cakaudrove SD (n=43). The Eastern Division (n= 43) reported the least of the IMCI cases.

2.6.2 IMCI 2 months - 5 years



denominator]

This graph represents the incidence of IMCI conditions (in percentage) of children from 2months to 5year attending IMCI clinic at various health facilities in our country. It was noted that the top 5 rank IMCI conditions among 2months to 5year children were Pneumonia followed by all other respiratory conditions, fever rash, scabies and no dehydration.



The above table shows the relative incidence of Top 10 IMCI conditions for children under the age category of 2months to 5years and it was observed that the Top 10 IMCI conditions were similar to the same reporting period last year.

The Northern Division recorded the highest incidence of conditions for all other respiratory conditions (28.6%), abscess cellulitis (6%), other skin infection (5.5%) and fungal infection (5.7%). Pneumonia and Fever & Rash was dominant in the Central Division with 28.2% and 14.2% respectively whereas no-dehydration (8.5%) and impetigo (7.4%) were reported the highest in the Western Division. Scabies (14.6%) and Acute Infection (3.5%) were higher in the Eastern Division.

There is a need for interventions such as wellness awareness on IMCI conditions to the parents/ guardians on nutritional advocacy and meticulous holistic care of the 2month to 5years children

2.7 School Health Report

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

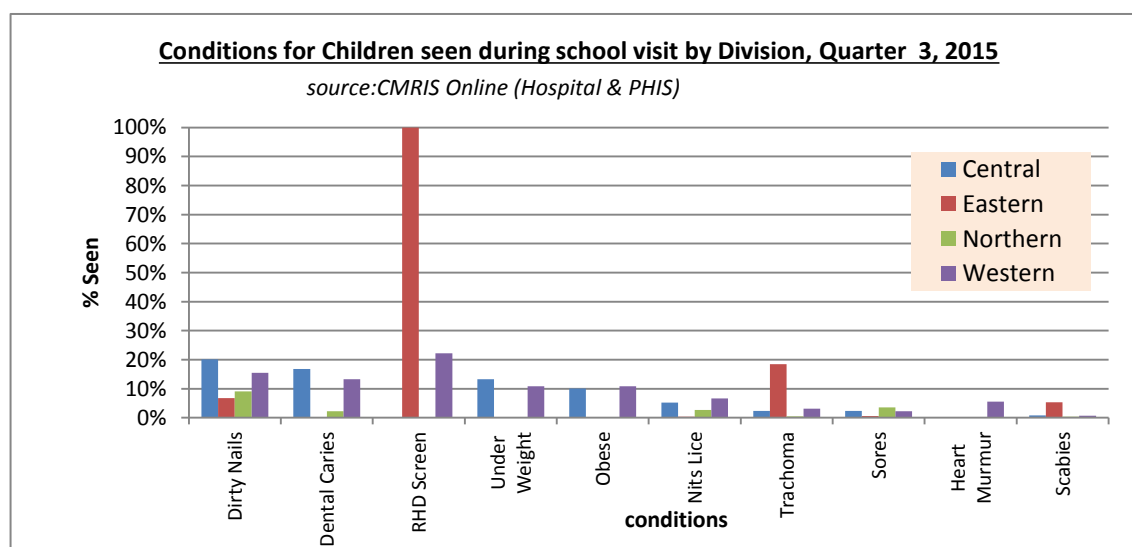
2.7.1 Number of Schools Visited & School Size

Division	# of Schools visited	Total Roll	Total # Seen	Coverage seen (%)	# Not Consented
Central	56	8616	7332	85	142
Eastern	23	784	755	96	7
Northern	84	3823	641	17	0
Western	103	6081	5391	89	194
All	266	19304	14119	73	343
<i>Source: CMRIS Online (PHIS School Health Report)</i>					

The table above shows the total number of schools visited during the reporting period. Approximately 0.4 proportions of the schools in the Western Division were visited followed by the Northern Division (0.3) and Central Division (0.2), while the Eastern recorded the lowest proportion of schools been visited (0.1).

The total roll out for the school visited were 19,304 of which only 73% of the children were seen, 27% were missed due to absenteeism and 2% were not given consent for vaccinations.

2.7.2 Conditions for Children Seen



Majority of the children were seen with dirty nails (17%) followed by, dental caries (14%), RHD Screening (14%), underweight (11%), obese (9%) and nits & lice (5%).

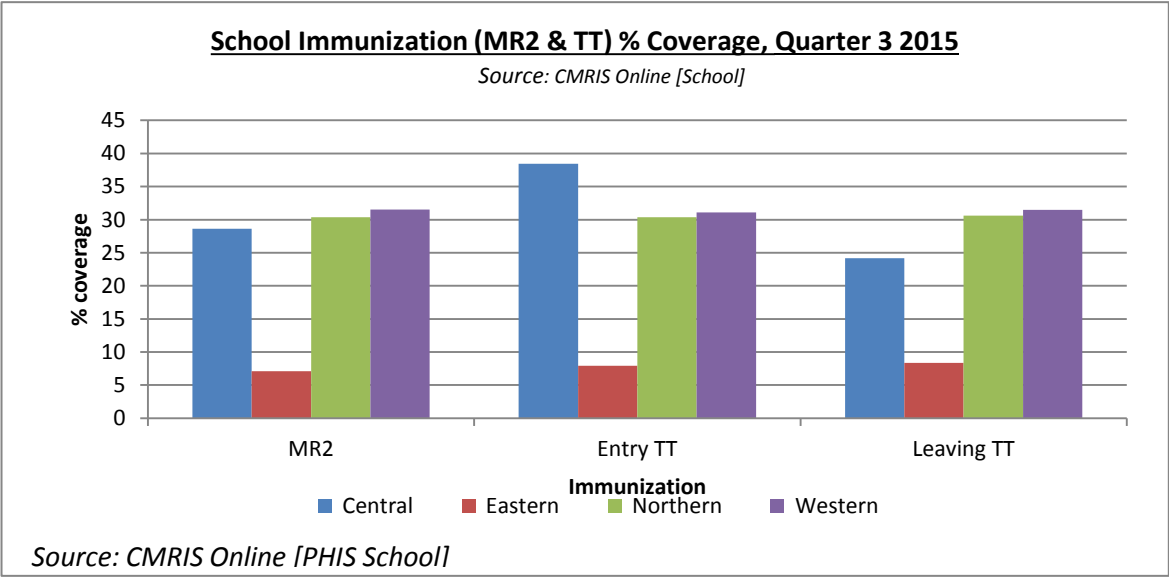
The Central Division reported the highest percentage of

children seen with dirty nails (20%), dental carries (17%) and children with underweight (13%). The Western

Division reported the highest percentage of children seen with obese (11%) and nits & lice (7%) whereas the Eastern Division reported 100% coverage for children screened for RHD.

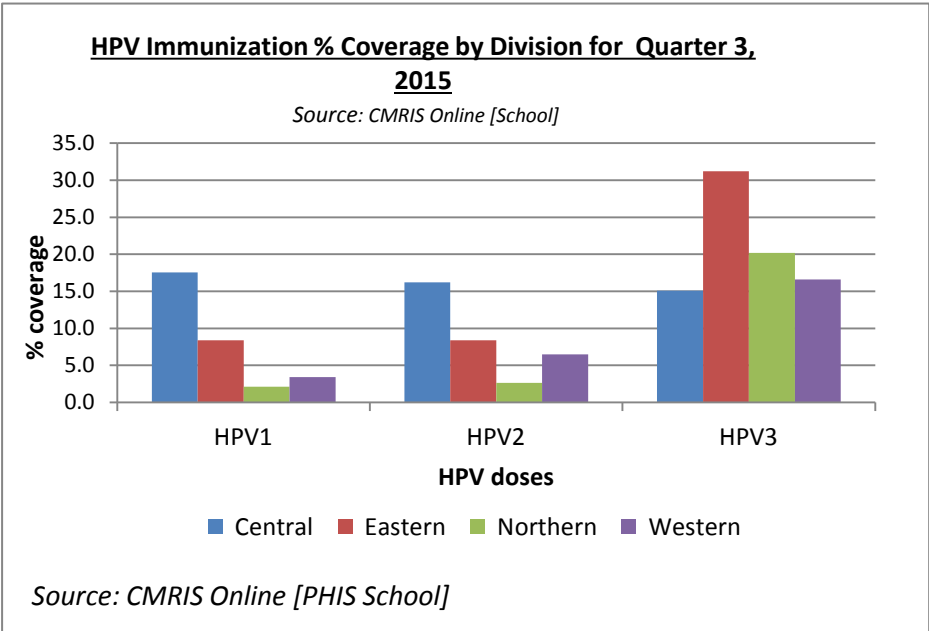
2.7.3 School Immunization Coverage

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 12%, new entry for TT (11%) and leaving TT was 10%. The Western Division had the highest coverage for children being immunized with MR 2 & school leavers TT (Leaving TT) followed by the Northern Division and Central Division while the Eastern Division reported the least. The Central Division (13%) reported the highest coverage for School Entry TT Immunization, followed by the Western Division (11%) and Northern Division (8%) while the Eastern Division (5%) reported the lowest.

HPV Immunization % Coverage by Division

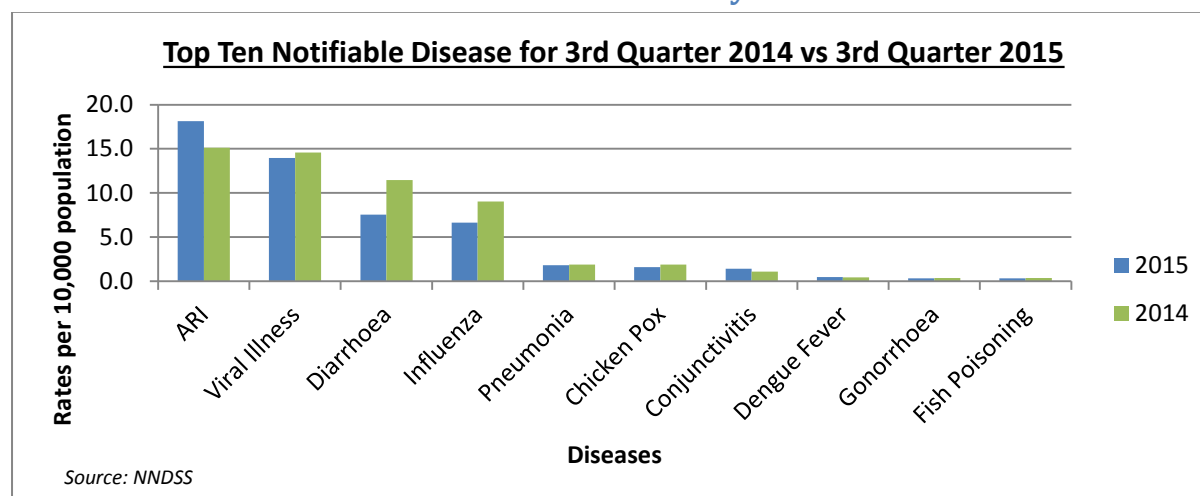


This graph shows the HPV Immunization coverage in percentage by division. The HPV vaccines are given to female students in Class 8 for cervical cancer prevention. In this period, there was a decrease in the HPV3 (n=1370; 17%) coverage by 9 % when compared to same period last year(n=2042;26%). The HPV3 (17%) recorded the highest coverage of girls immunized than HPV2 (10%) and HPV1 (9%).

Section 3 – Communicable Diseases [CD]

The Notifiable Diseases analyses have 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 86% data from 3rd quarter 2015 (public health facilities only).

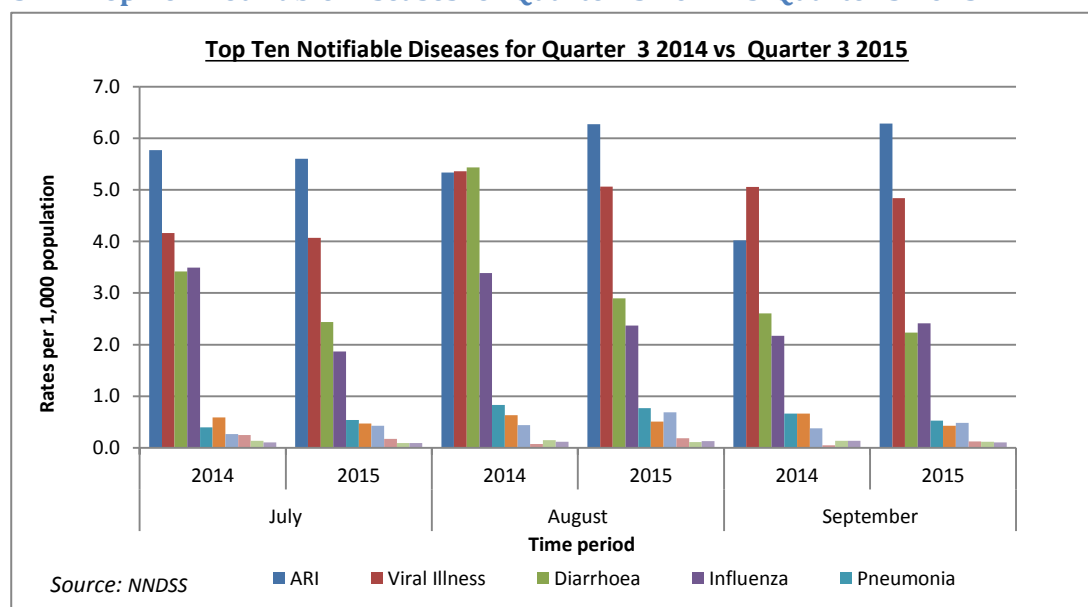
3.1 National Notifiable Disease Surveillance System



The incidence rates were calculated using 2015 projections from FIBOS (868532) and reported as per 1000 population. The predominance of ARI, Viral Illness, Diarrhoea and Influenza is noted in both 2014 and 2015. The GPs reports are also included. Generally, reporting was higher in 2014 compared to 2015; 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 86% 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. Most pending reports were from September 2015.

3.1.1 Top Ten Notifiable Diseases for Quarter 3 2014 vs Quarter 3 2015



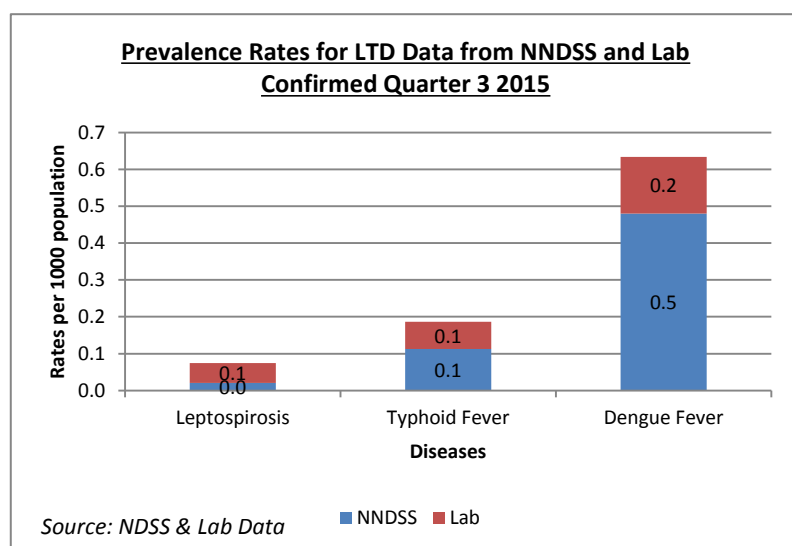
The incidence rates were calculated using 2015 projections from FIBOS (868532) and reported as per 1000 population. Over both the years, a predominance of diseases with viral origins was noted, such as ARI, Viral Illness and Diarrhoea.

Chicken Pox is the 7th leading cause of diseases for 2015

(n=1392) and 2014 (n=947) signaling a clear need for early public health response.

Dengue Fever was reported 417 cases in 2015, 324 cases in 2014 signaling for public health interventions for these areas to reduce risks of outbreaks.

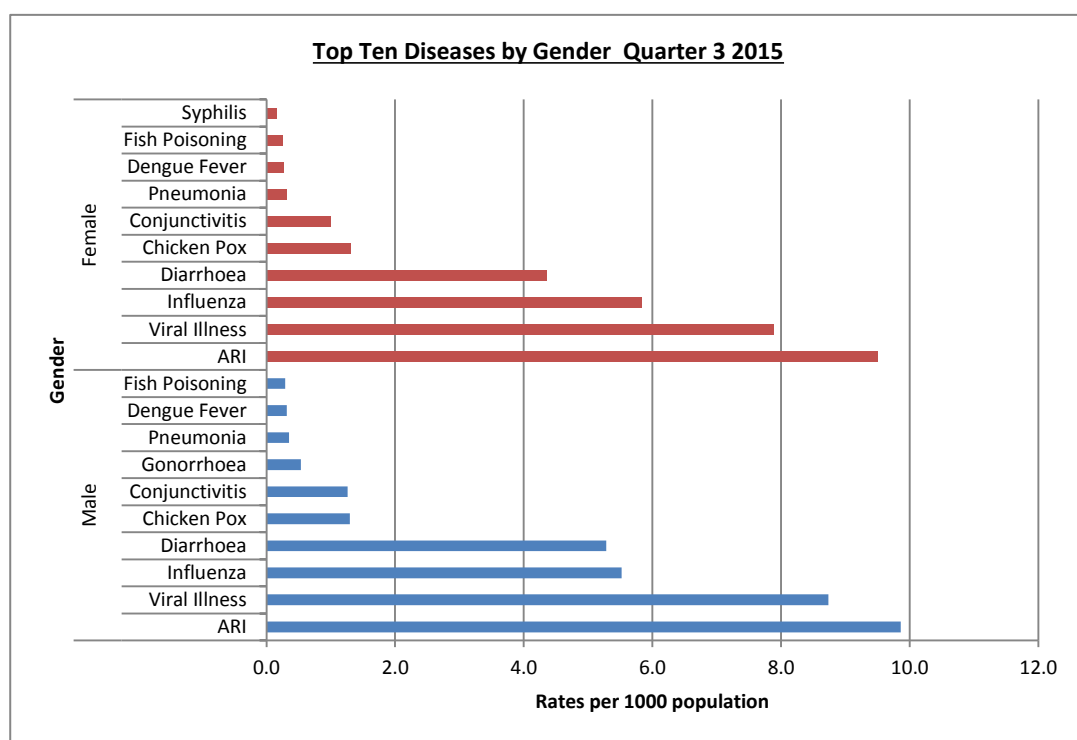
3.1.2 LTD Diseases



The incidence rates were calculated using 2015 projections from FIBOS (868532) and reported as per 1000 population. The data sources are NNDSS and Laboratory data from Mataika House. There is a higher case load of Dengue Fever from the NNDSS (n=417) compared to laboratory confirmed data (n=134); this is due to clinically suspected cases being reported in NNDSS. The Laboratory confirmed cases of Typhoid fever are 64 and NNDSS noted 98 cases. There were 18 cases of Leptospirosis reported from NNDSS whereas 47 cases were from Laboratory data (note that some cases were not reported on NNDSS). **All reporting officers are reminded to report all Notifiable cases through the**

mechanism of the NNDSS.

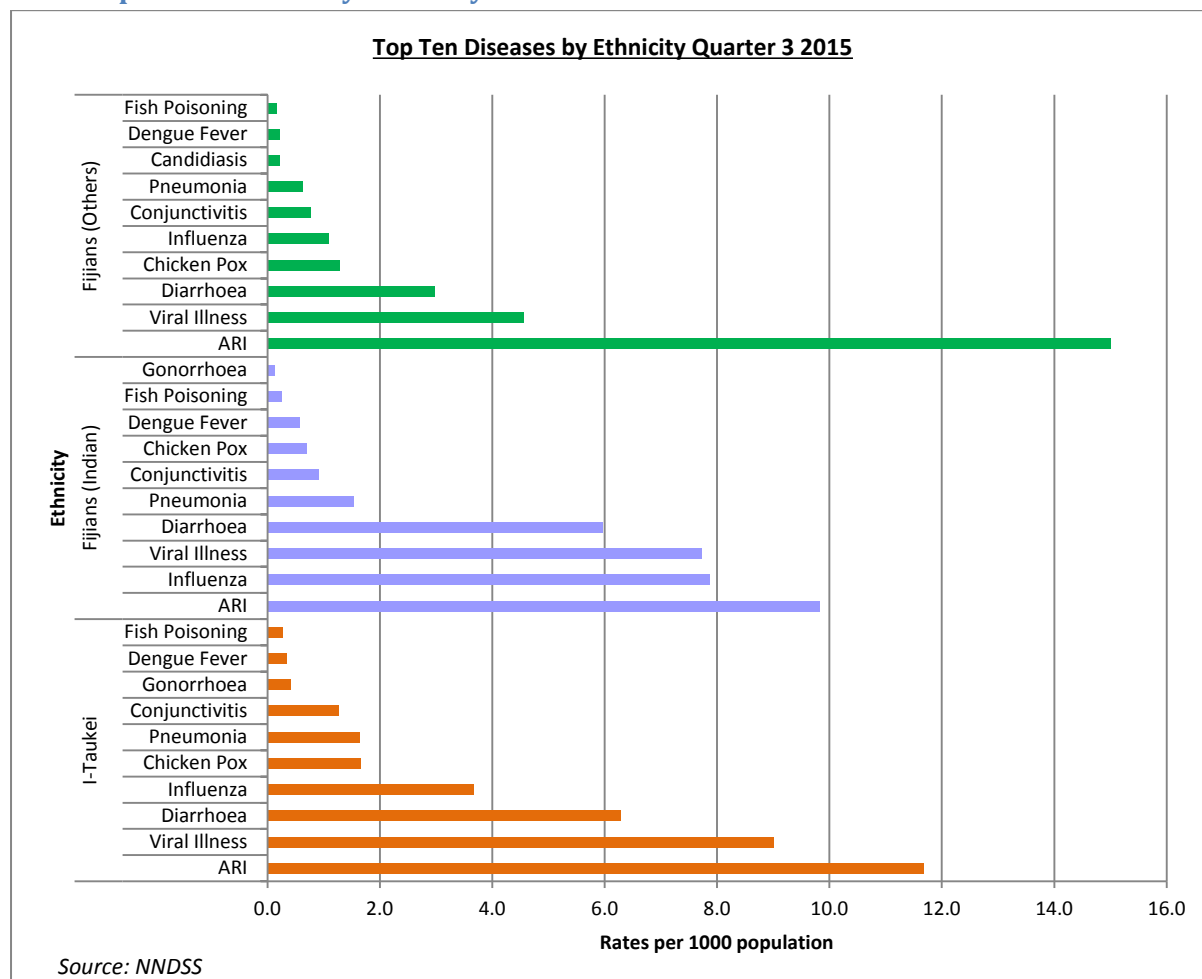
3.1.3 Top Ten Diseases by Gender



The incidence rates were calculated using 2015 population projections from FIBOS (Male 441129 and Female 427402) and reported as per 1000 population. There is conformity to the national trend for male but in different rank order. However, there is agreement in the top nine cases in female Gender but in different rank order. The 10th leading condition for female is Syphilis instead of Gonorrhoea.

The cases of unknown gender made up 44% (n=17522) in 3rd quarter 2015; It is important for those reporting Notifiable diseases to specify gender, ethnicity and age. The current percentage demonstrates that those reporting on NNDSS are still unresponsive to the request to clearly state gender, ethnicity and age.

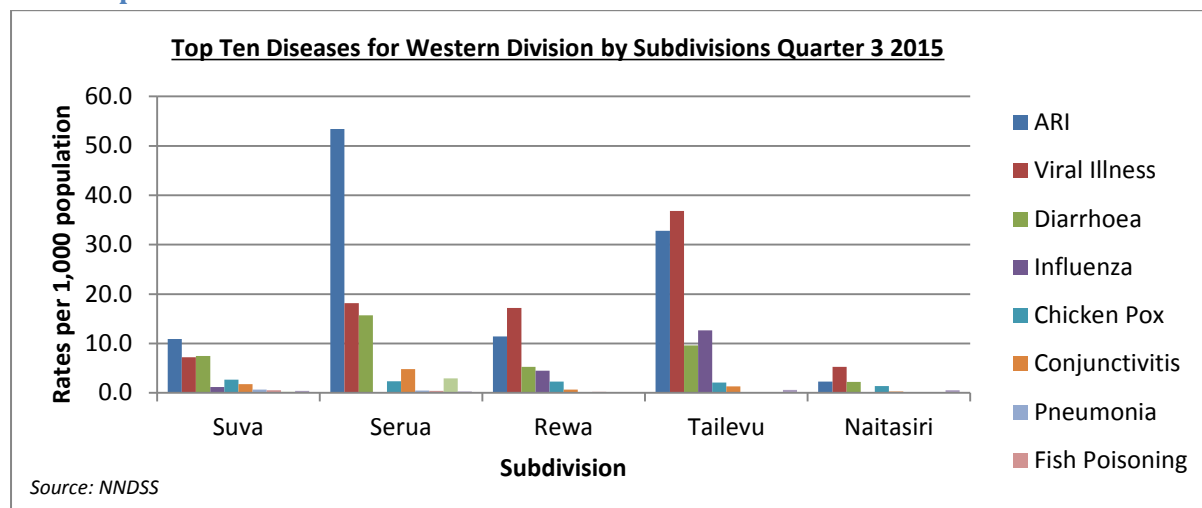
3.1.4 Top Ten Diseases by Ethnicity



The incidence rates were calculated using MoHMS 2014 population (I-Taukei 536483, Fijian (Ind) 355299 and Fijian (Others) 41242) and reported as per 1000 population. 31% (n= 12288) of cases were unclassified by ethnicity in 3rd quarter 2015. 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 simulates the top nine conditions of the national dataset differing in rank order; the 8th leading condition for this category is; Candidiasis instead of Gonorrhoea.

3.1.5 Top Ten Diseases for Central Division



The incidence rates were calculated using MoHMS 2014 population (Suva 217597, Serua 29588, Rewa 84872, Tailevu 22384 and Naitasiri 20232) and reported as per 1000 population. The predominance of ARI, Viral Illness, Diarrhoea, and Influenza were recorded in central division and is mostly recorded in Serua and Tailevu; due to the complete report received from these sub divisions.

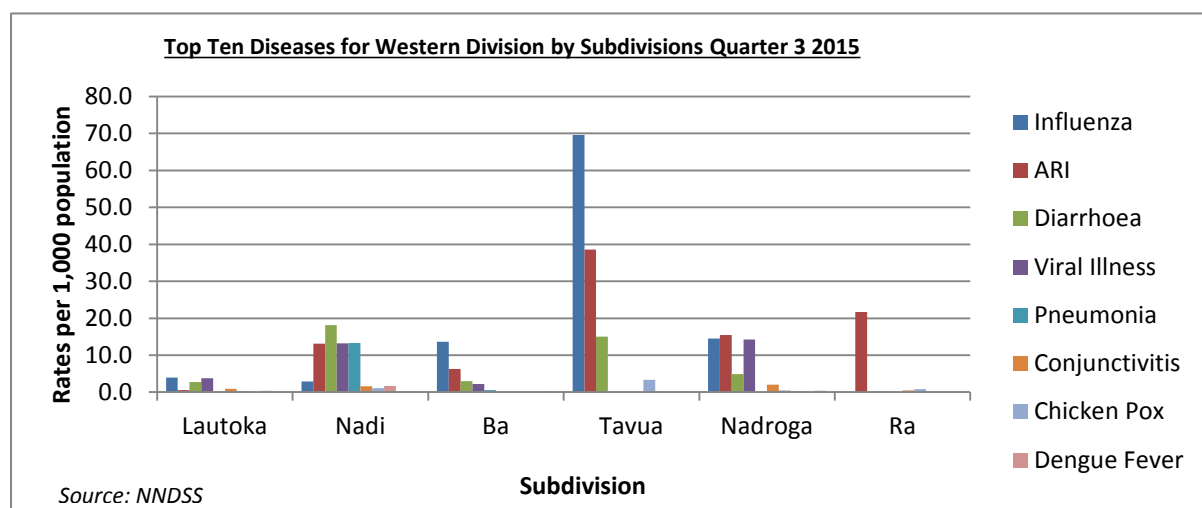
All the conditions in Central division are following the national rank order but in differing array.

Chicken Pox cases are noted in Suva (n=584), Serua (n=70), Rewa (n=193), Tailevu (n=47) and Naitasiri (n=28), signaling a clear need for early public health response.

Dengue fever cases were reported in Suva (n=5), Serua (n=86), and Rewa (n=1), signaling for public health interventions for these areas to reduce risks of outbreaks. This must also be combined with environmental risk assessment of transmission by the vectors. Calls for adequate preventions and control are made in the light of emerging viral infections in the region and country.

3.1.6 Top Ten Diseases for Western Division

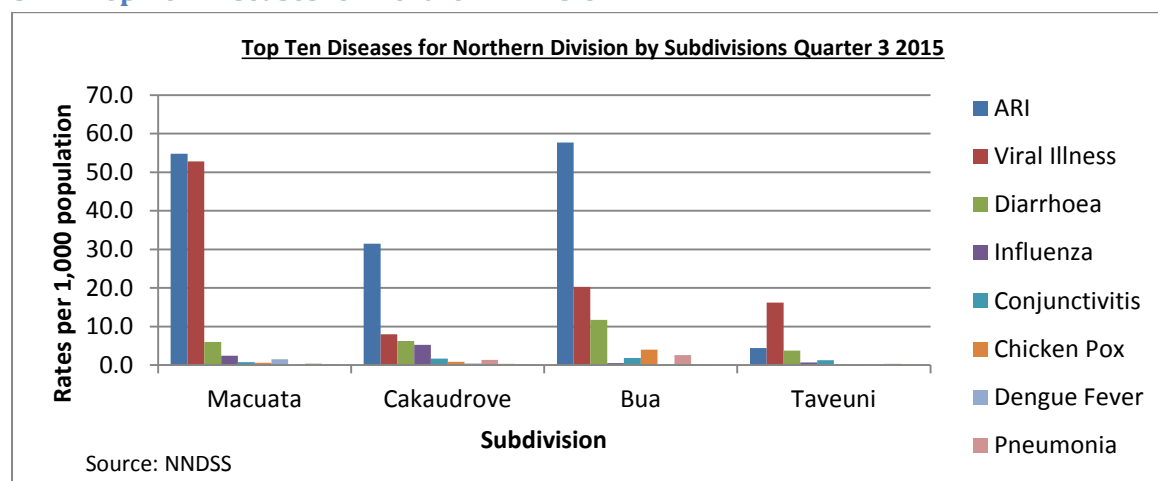
The incidence rates were calculated using MoHMS 2014 population (Lautoka 132385, Nadi 90810, Ba 56143, Tavua



26376, Nadroga 52730 and Ra 29266) and reported as per 1000 population. The predominance of Influenza, ARI, Diarrhoea, Viral Illness and Pneumonia were recorded in Western division and is mostly recorded in Tavua and Nadi; due to the majority of the reports being received from these sub divisions. All the conditions in Western division are following the national rank order but in differing array.

Dengue fever cases were reported in Nadi (n=153), Tavua (n= 4) and Nadroga (n=14) signaling for public health interventions for these areas to reduce risks of outbreaks. Chicken Pox cases are reported from all the subdivisions signaling a clear need for early public health response.

3.1.7 Top Ten Diseases for Northern Division



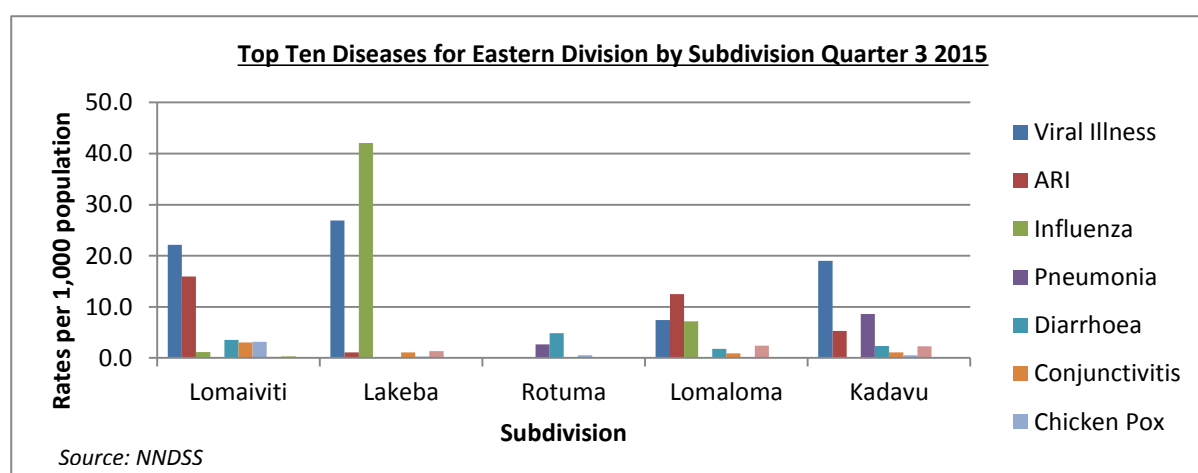
The incidence rates were calculated using MoHMS 2014 population (Macuata 64439, Cakaudrove 33034, Bua 16868 and Taveuni 16649) and reported as per 1000 population. The predominance of ARI, Viral Illness, Diarrhoea, Influenza and Conjunctivitis were recorded in Northern division. Majority of the cases are recorded in Macuata, Cakaudrove and Bua sub divisions which are the most populated in the Northern Division. The top 9 conditions in the Northern division are following the national rankings but in differing array. One of the conditions in top nine is Typhoid Fever instead of Fish Poisoning.

Macuata (n=94), Cakaudrove (n=14) and Taveuni (n=1) have reported dengue cases requiring ongoing public health awareness on prevention and control. The North has a localized outbreak of dengue fever although reporting is poor on NNDSS. The advice continues to ensure that all Notifiable diseases are duly reported on NNDSS as per the Public Health Act provisions.

Typhoid Fever cases were reported in Macuata (n=16) and Cakaudrove (n=5) signaling a clear need for early public health response.

Public health and clinical interventions must be cohesive and complimentary.

3.1.8 Top Ten Diseases for Eastern Division



The rates were calculated using MoHMS 2014 population (Lomaiviti 16187, Lakeba 7294, Rotuma 1866, Lomaloma 3358 and Kadavu 10946) and reported as per 1000 population. The predominance of Viral Illness, ARI, Influenza, Pneumonia and Diarrhoea were recorded in Eastern division. Majority of the cases are recorded in Lomaiviti and Kadavu sub divisions.

The top nine conditions in Eastern division are following the national rankings but in differing sort order. One of the conditions in top ten ranking is Typhoid Fever instead of Dengue Fever (n=0) for 3rd quarter.

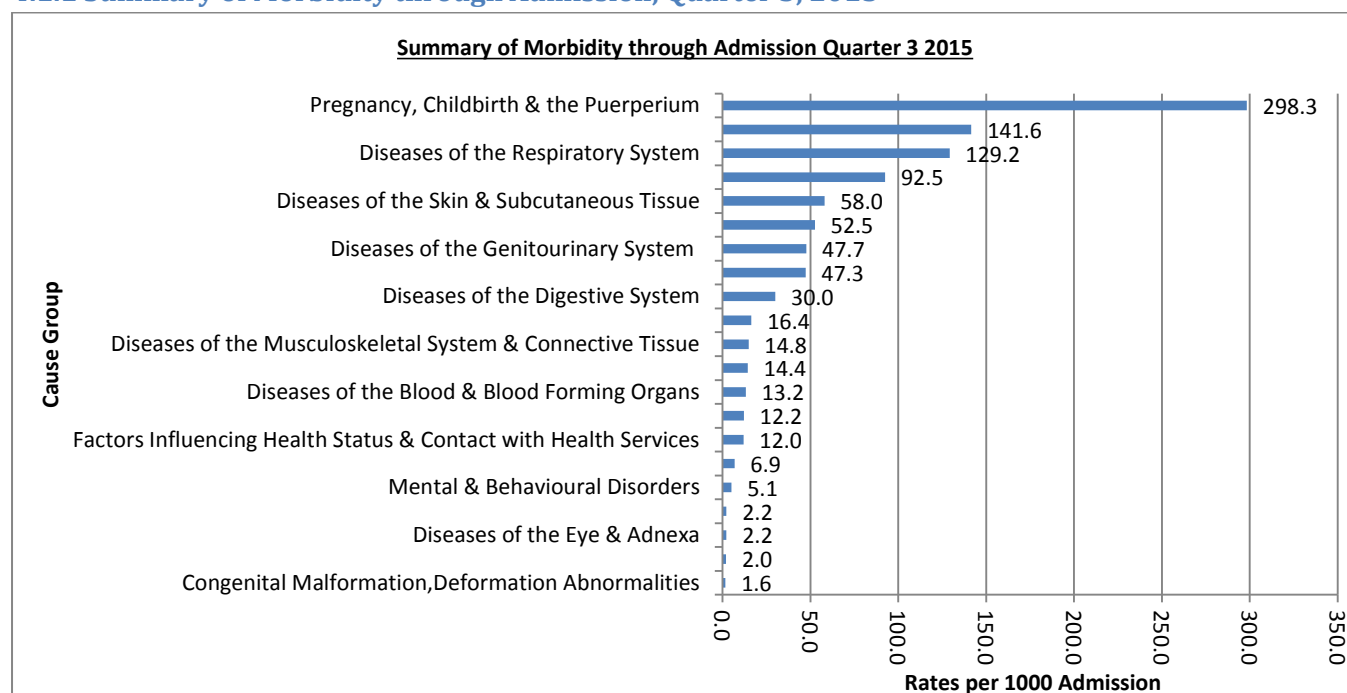
The top nine conditions in Eastern division are following the national rankings but in differing sort order. One of the conditions in top ten ranking is Typhoid Fever instead of Dengue Fever (n=0) for 3rd quarter.

Typhoid Fever cases were reported in Lomaiviti (n=2) and Lakeba (n=1) signaling a clear need for early public health response.

Section 4 – Expanded Primary Health care – Hospital Report

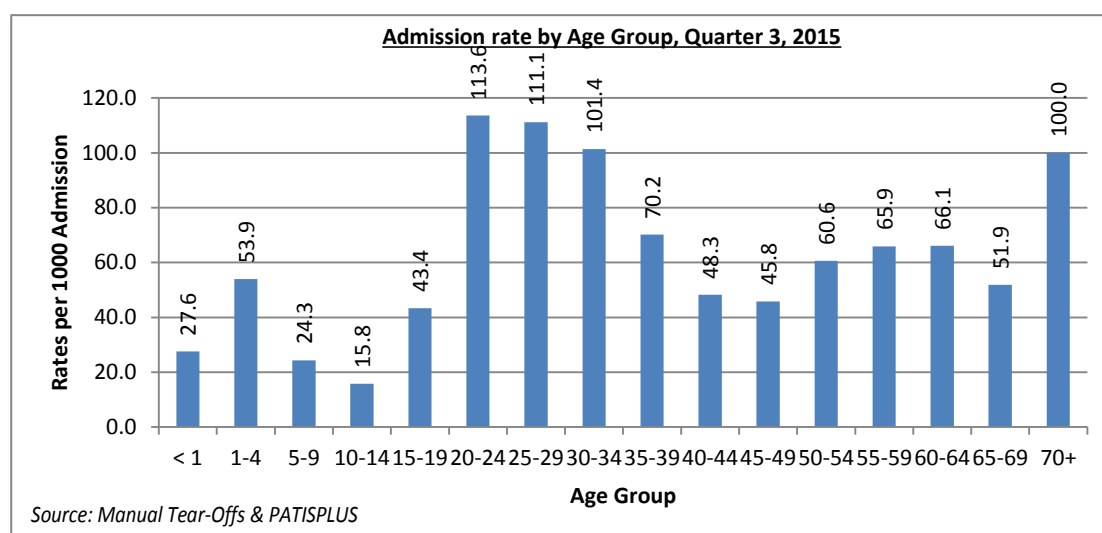
4.1 Summary of Morbidity

4.1.1 Summary of Morbidity through Admission, Quarter 3, 2015



Source: Hospital Discharge Data from Sub-Divisional Hospitals & PATISPLUS

The above graph demonstrates the Admissions by Cause Group in the 3rd quarter 2015. Leading overall admissions are Pregnancy, Childbirth & Puerperium [n=1471], Diseases of the Circulatory System [n=698], Diseases of the Respiratory System [n=637] and Certain Infectious & Parasitic Diseases [n=456]. Compared with the 3rd Quarter of 2014, the leading admissions were still Pregnancy, Childbirth & Puerperium [n=1099], Diseases of the Circulatory System (also the 2nd highest) [n=674], Certain Infectious & Parasitic Diseases [n=456], and Diseases of the Respiratory System [n=445]. The rates used were calculated per 1000 admissions.



4.1.2 Admission Rate by Age-Group, Quarter 3, 2015

The highest occurrence of admissions were among the 20 – 24 yrs age groups (n=560); this was approximately 33% of all admissions, where the cause of morbidity were due

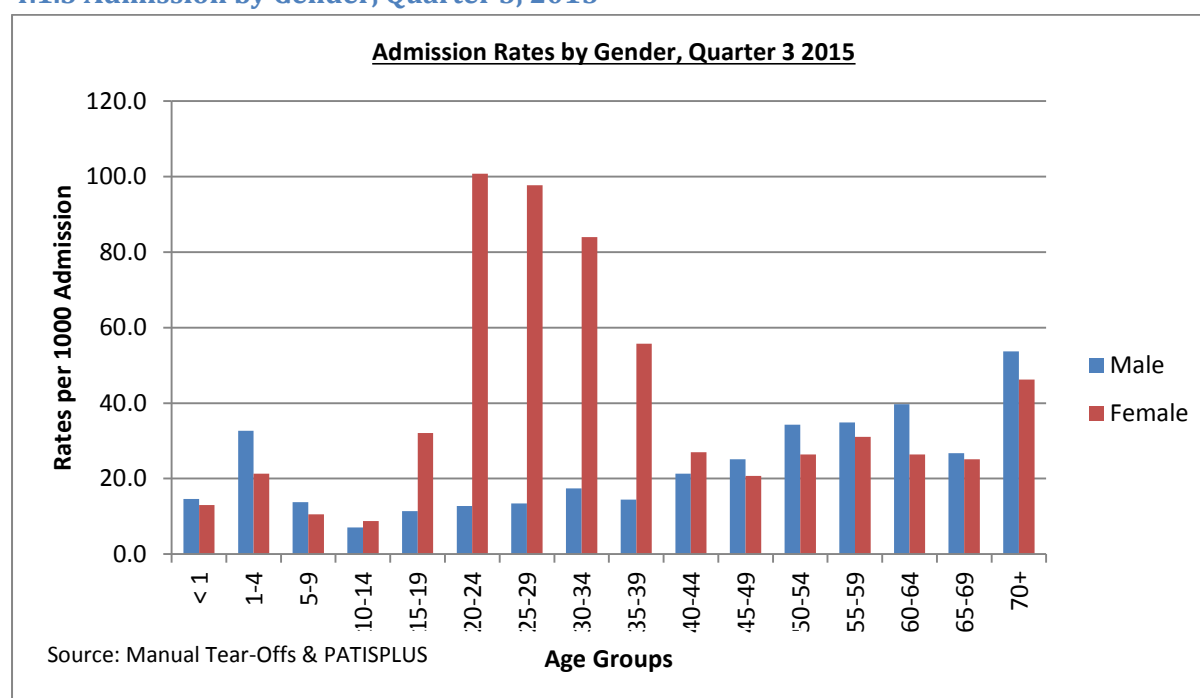
to pregnancy, its complications and outcomes (Single spontaneous delivery (n=674), First degree perineal laceration during delivery & Perineal laceration during delivery (n=187), Long labour unspecified (n=48), Labour & delivery complicated by fetal distress, unspecified (n=44) and Premature rupture of membranes (n=40) .

The under-five population comprised of approximately 8% of the total admissions for 3rd Quarter 2015; the top 3 causes of morbidity for this age group are Pneumonia (n=66), Acute bronchiolitis unspecified (n=22) and Bronchopneumonia unspecified (n=21). The lowest frequency of admissions were among 10-14 age groups (n=78)

at approximately 15.8%; the top 3 causes of morbidity for this age group are Viral infection (n=8), Diarrhoea & gastroenteritis of presumed infectious origin (n=6), and Status asthmaticus (n=3).

The 70+ age group comprised of approximately 10% of the total admissions; the top 3 causes of morbidity for this age group are Septicaemia unspecified (n=29), Stroke not specified haemorrhage/infarction (n = 26) and Congestive heart failure (n=25).

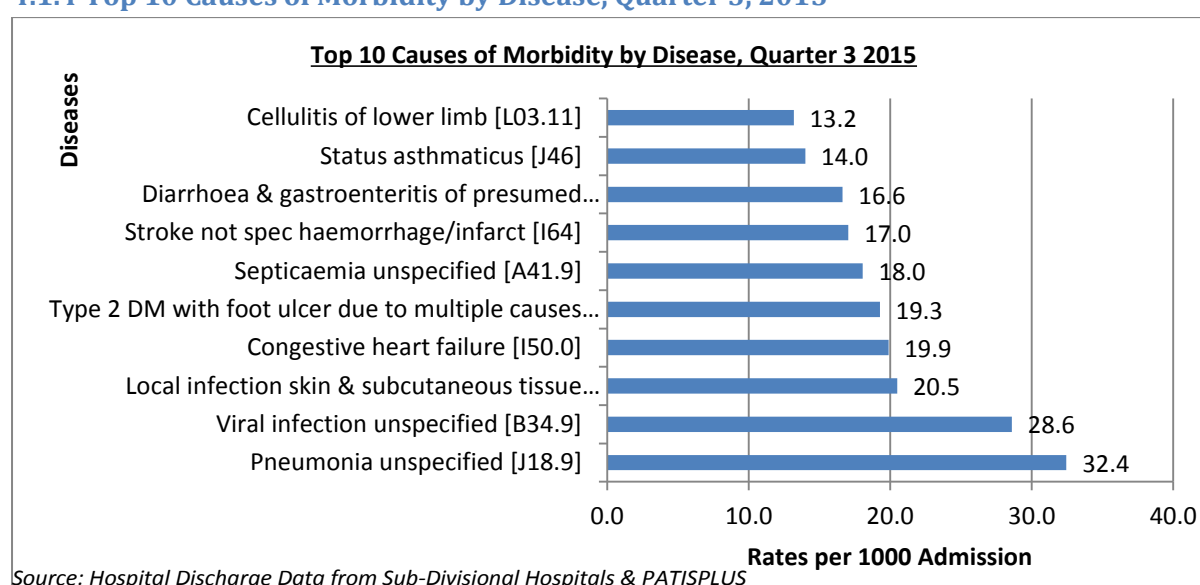
4.1.3 Admission by Gender, Quarter 3, 2015



The graph represents the age groups disaggregated by gender. It shows that females contributed a higher number of cases in the age groups 25-24, making up the majority of case in this group. This is due to pregnancy, childbirth and puerperium.

Males in the age groups <1 – 14 were mostly admitted due to Abscess of external ear [n=45], followed by Acute abdomen [n=22] and Acute bronchiolitis unspecified [19]. In males with the age group >50 contributed a higher number of admissions for Congestive heart failure [n=56], Stroke not specified haemorrhage/infarction [n=36] and Local infection skin & subcutaneous tissue unspecified [n=35].

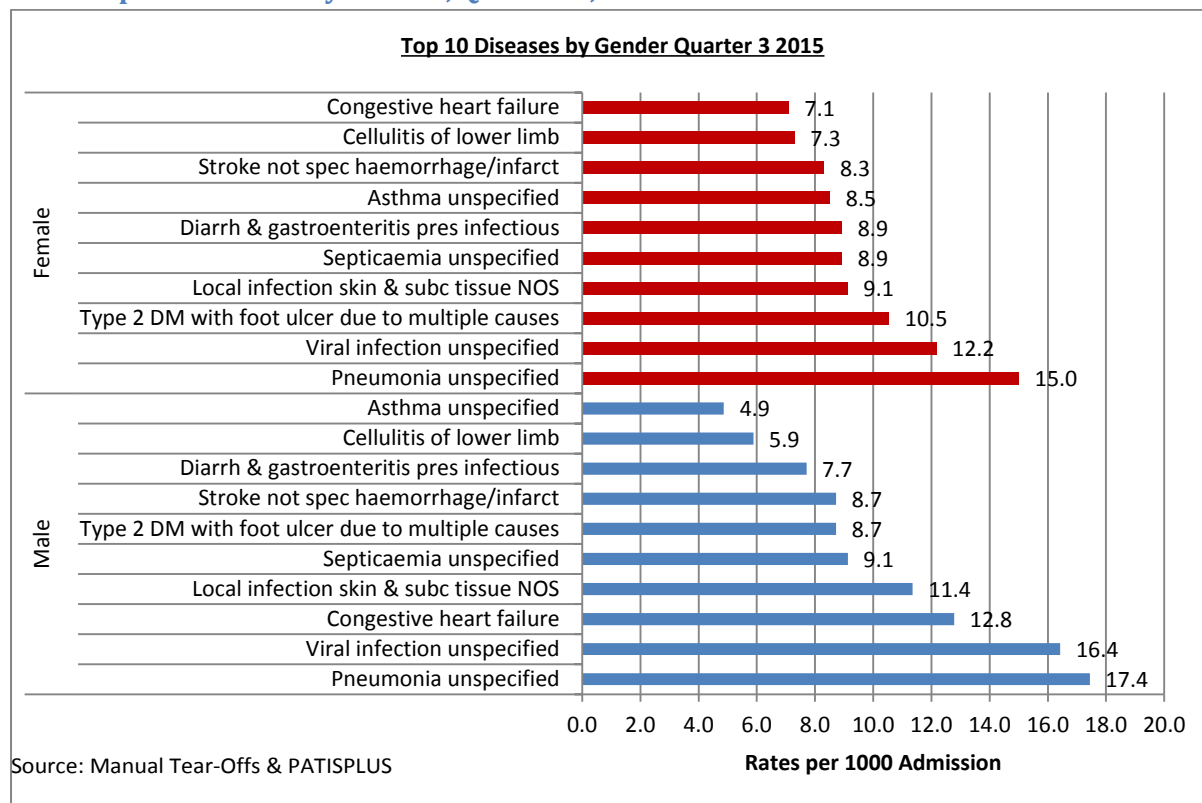
4.1.4 Top 10 Causes of Morbidity by Disease, Quarter 3, 2015



The graph displays the Top 10 causes of admissions by diseases with Pneumonia unspecified [n=160] leading which accounted for 32.4 per 1000 admissions, while Cellulitis of lower limb [n=65] accounting for 13.2 per 1000

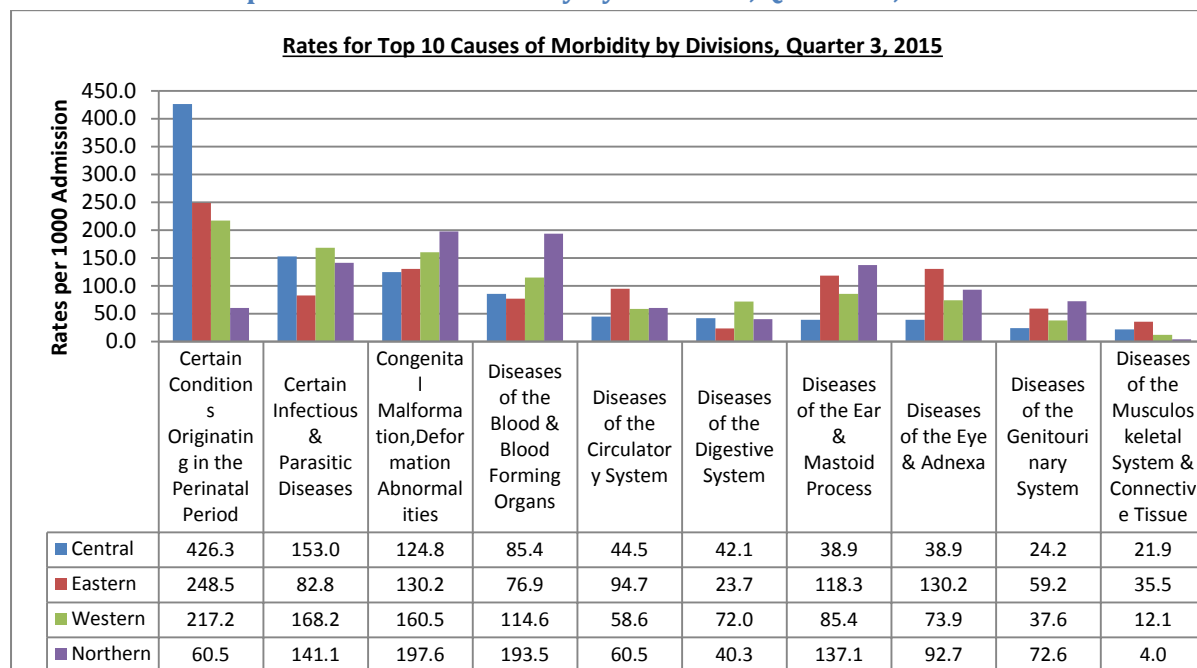
admissions is the tenth cause of admission. For the same period in 2014 Pneumonia [n=203] was also the leading cause of admissions and Local infection skin & subcutaneous tissue unspecified [n=62] with the least admissions. Viral infection and Cellulitis of lower limb were highest among the I-Taukei with 20.2% admissions compared to Fijian of Indian descent at 9.3% and Fijian of Other descent with 1% admission; while in gender distribution in 3rd quarter 2015 the Males had highest admissions for both Pneumonia with 8.7% [n=86] and Viral infection unspecified at 8.2% [n=81] than women.

4.1.5 Top 10 Diseases by Gender, Quarter 3, 2015



The above graph shows the top 10 causes of Morbidity distributed by Gender. The leading admissions by diseases for Female and Male are Pneumonia and Viral Infection. The least admissions for the females are the Congestive Heart Failure whereas for males the least admissions were for Asthma. The Cellulitis of Lower Limb was 2nd lowest in both the gender. The rates used were calculated per 1000 admissions.

4.1.6 Rates for Top 10 Causes of Morbidity by Divisions, Quarter 3, 2015

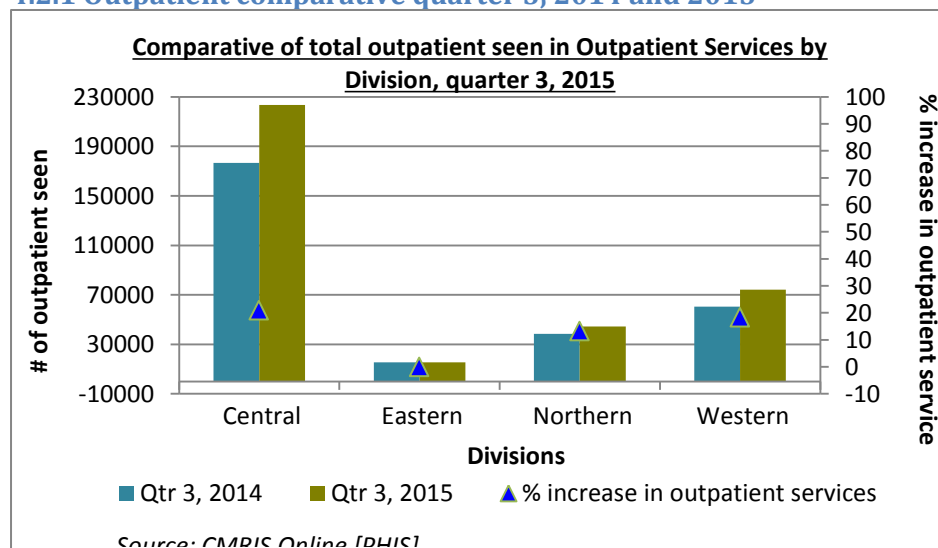


Source: Manual Tear-Offs & PATISPLUS

The graph above shows the top 10 causes of Morbidity by Divisions. Most admission were reported from Central Divisions [n=2517] followed by Western Divisions [n=1570], Northern Divisions [n=248] & Eastern Divisions [n=169] for 3rd Quarter 2015. Different Divisions have different top 10 causes of morbidity compared to 3rd quarter 2014 which have Pregnancy, Childbirth & the Puerperium as the leading causes of morbidity for all the Divisions. In this quarter the leading cause of Admissions nationwide are Pregnancy, Childbirth & the Puerperium in the Central (n=1073) and Eastern Divisions (n=42), Western Division the circulatory system origins (n=341) and in the Northern Division Certain Infectious and Parasitic Diseases (n=15) was the leading cause of admission.

4.2 Outpatients

4.2.1 Outpatient comparative quarter 3, 2014 and 2015



An average of 89336 out-patients (total OP n= 357342) were seen per quarter. This was 18.6% more compared to same period last year (291002). The Central Division (↑20.9%) reported the highest out patient services followed by the Western Division (↑18.4%) and the Northern Division (↑13.2%), while the Eastern Division decreased by 1%. *The Lomaloma MA PHIS report is not captured in this section, as it was not received during the compilation of this report.*

4.3 Holding Beds

4.3.1 Holding beds tabular by Division

Division	No. Bed	Total Patients	No. Referred	No. Discharged	No. Held Over 12 hours	No. Deliveries	Occupancy Rate (%)	Held Over 12 Hours (%)
Central	114	6846	1027	4967	1368	3	65.3	20
Eastern	64	139	63	99	68	7	2.4	48.9
Northern	83	794	338	449	72	8	10.4	9.1
Western	93	615	355	253	34	6	7.2	5.5
Total	354	8394	1783	5768	1542	24	25.8	18.4
Source: CMRIS Online [PHIS]. Source: CMRIS Online [PHIS]								

The table above provides the information on the utilization of and need for beds at health centres. The Central division had the highest number of holding beds, number of total patients and had the greatest number of people held over 12 hours followed by the Northern division while the Eastern 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 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 1,309 deaths (excluding 18 stillbirths) were reported at the end of 3rd quarter, 2015 giving an estimated crude death rate of 1.5 per 1000 population (using the 2015 FBOS population projections as a denominator). In comparison to the 3rd quarter of 2014, 995 MCDC were received at HIU and the crude death rate (CDR) stood at 1.1 per 1000 population. These were from the certificates received from each division from 1st July 2015 to 15th October 2015.

6.1 Mortality by Chapter & Tabular

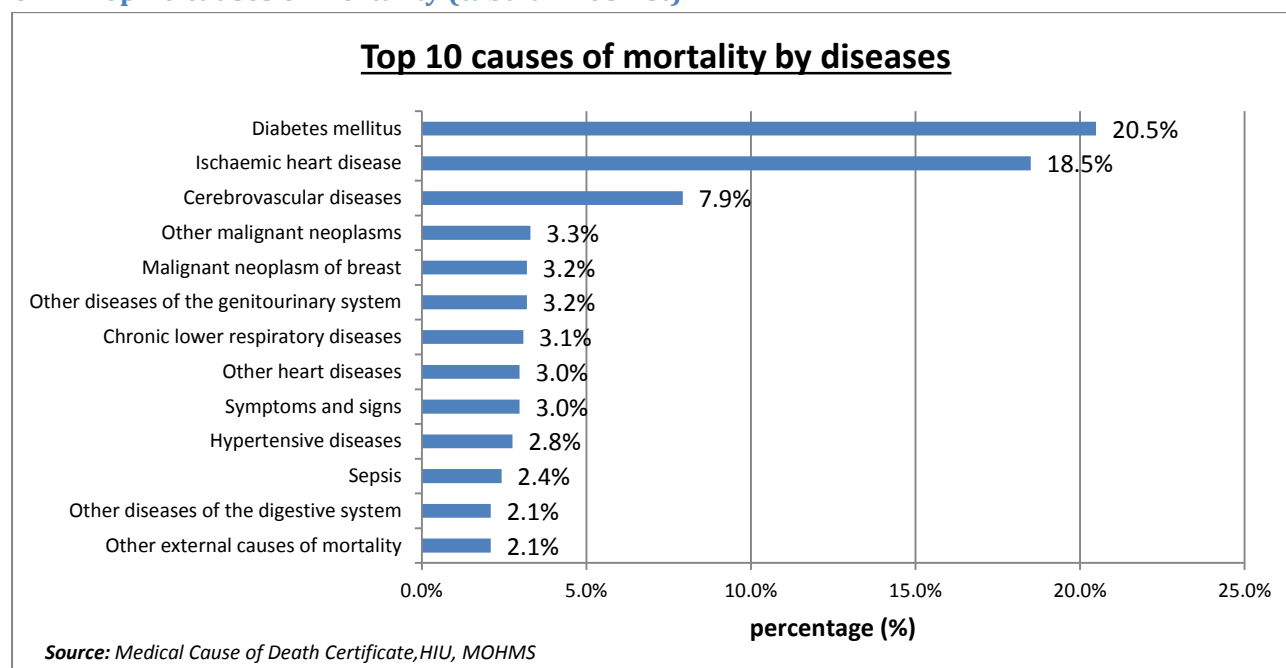
Non Communicable Diseases are the major causes of mortality (Top 10 causes) for 3rd quarter, 2015 covering 79.7% of the total mortality while 20.3% covers the rest of the diseases. Diseases of the circulatory system, Endocrine, nutritional and metabolic diseases and Neoplasms continue to be the three leading causes of mortality, similar to the 3rd quarter, 2014. External causes of mortality have fallen in ranking from 4th in 2014, 3rd quarter to 5th place in the 3rd quarter, 2015. There has been no significant change in the top 10 chapters of the mortality over the last 2 years as shown below.

6.1.1 Top Ten causes of mortality (by chapter)

Code	Diseases	Total	%
I00-I99	Diseases of the circulatory system	298	32.8%
E00-E93	Endocrine, nutritional and metabolic diseases	203	22.4%
C00-D48	Neoplasms	132	14.5%
J00-J99	Diseases of the respiratory system	52	5.7%
V01-Y98	External causes of mortality	39	4.3%
A00-B99	Certain infectious and parasitic diseases	33	3.6%
N00-N99	Diseases of the genitourinary system	30	3.3%
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	27	3.0%
K00-K93	Diseases of the digestive system	25	2.8%
M00-M99	Diseases of the musculoskeletal system	15	1.7%
	Grand Total	908	100%

3rd qtr. 2014	-	3rd qtr. 2015
Diseases of the circulatory system	1	Diseases of the circulatory system
Endocrine, nutritional and metabolic diseases	2	Endocrine, nutritional and metabolic diseases
Neoplasms	3	Neoplasms
Certain Infectious & Parasitic Diseases	4	Diseases of the respiratory system
External causes of mortality	5	External causes of mortality
Diseases of the respiratory system	6	Certain Infectious & Parasitic Diseases
Diseases of the genitourinary system	7	Diseases of the genitourinary system
Diseases of the nervous system	8	Symptoms and signs
Symptoms and signs	9	Diseases of the digestive system
Diseases of the digestive system	10	Diseases of the musculoskeletal system

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



The graph shows that NCDs (96.1%) remains the major cause of mortality where diabetes (20.5%) and IHD (18.5%) remain the two leading causes of mortality for this quarter. Cerebrovascular disease has moved up in ranking from 9th place in the 3rd quarter, 2014 to the 3rd place in this reporting period. Hypertensive diseases have fallen in ranking from 2nd place in 3rd quarter, 2014 to 8th place in this period. Breast cancer has moved up to 5th ranking in this reporting period. Other External causes of mortality has also fallen in ranking from 6th place in 3rd quarter, 2014 to 10th place in this reporting period. Diseases of the “Other” classifications have bulk cases which may be unspecified and is the reason that this classifications have appeared in the top 10 causes of mortality by disease.

<u>3rd qtr. 2014</u>	-	<u>3rd qtr. 2015</u>
Diabetes mellitus	1	Diabetes mellitus
Hypertensive diseases	2	Ischaemic heart disease
Ischaemic heart disease	3	Cerebrovascular diseases
Other heart diseases	4	Other malignant neoplasms
Chronic lower respiratory diseases	5	Malignant neoplasm of breast & other genitourinary diseases
Other external causes of mortality	6	Chronic lower respiratory diseases
Other malignant neoplasms	7	Other heart diseases & symptoms and signs
Other diseases of the genitourinary system	8	Hypertensive diseases
Diseases of the musculoskeletal, symptoms and signs, cerebrovascular diseases	9	Sepsis
Malignant neoplasm of breast	10	Other digestive diseases & other external causes of mortality

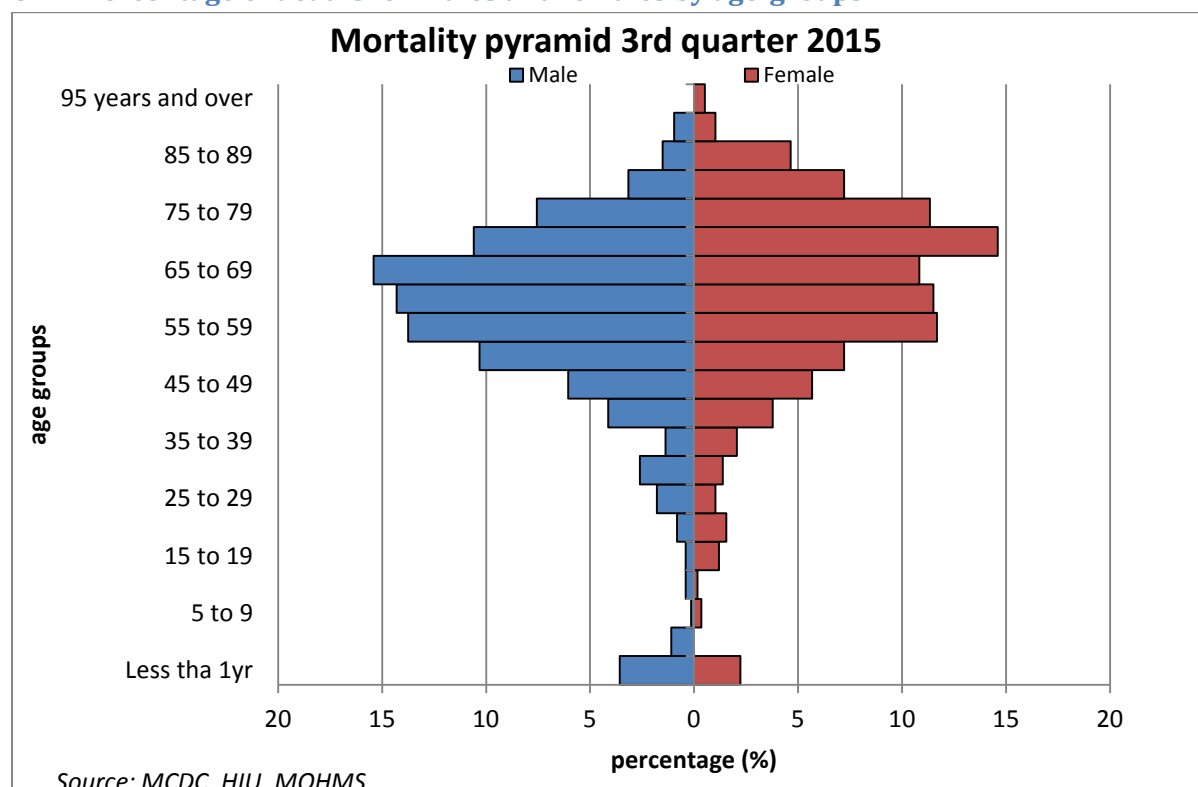
6.2 Males vs Females Mortality

6.2.1 Males vs Females Mortality

Male			Female		
Diseases	Cases	%	Diseases	Cases	%
Diseases of the circulatory system	185	38.1%	Diseases of the circulatory system	113	26.7%
Endocrine, nutritional and metabolic diseases	97	20.0%	Endocrine, nutritional and metabolic diseases	106	25.1%
Neoplasms	46	9.5%	Neoplasms	86	20.3%
Diseases of the respiratory system	35	7.2%	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	22	5.2%
External causes of mortality	26	5.4%	Diseases of the respiratory system	17	4.0%
Diseases of the genitourinary system	20	4.1%	Certain infectious and parasitic diseases	13	3.1%
Certain infectious and parasitic diseases	20	4.1%	External causes of mortality	13	3.1%
Diseases of the digestive system	14	2.9%	Diseases of the digestive system	11	2.6%
Congenital malformation, deformation and chromosomal abnormalities	8	1.6%	Diseases of the genitourinary system	10	2.4%
Diseases of the musculoskeletal system and connective tissue	7	1.4%	Diseases of the musculoskeletal system and connective tissue	8	1.9%
Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism	6	1.2%	Diseases of the skin and subcutaneous tissue	6	1.4%
Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	5	1.0%	Diseases of the nervous system	5	1.2%
Diseases of the nervous system	5	1.0%	Certain conditions originating in the perinatal period	5	1.2%
Certain conditions originating in the perinatal period	4	0.8%	Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism	4	0.9%
Diseases of the skin and subcutaneous tissue	4	0.8%	Congenital malformation, deformation and chromosomal abnormalities	4	0.9%
Mental and behavioural disorders	3	0.6%			
Total	485		Total	423	

The top 3 chapters remain the leading causes of mortality in both genders. The top 3 chapters for Female remain the same as per the 3rd quarter, 2014. Symptoms and signs appear in 4th ranking in female for this period where most (n=17) were coded to Old age as the UCOD with age above 70 years and the rest (n=5) were coded to other ill-defined and unspecified causes of mortality. This is concerning as it suggests that certification of death for the female gender may require strengthening with further COD trainings. It may be prudent to conduct a post mortem to ascertain cause of death where cause of death is difficult to determine. It is important to know that both genders follow the top three rankings by chapters in the National dataset. Females may be driving the Endocrine and Neoplasms dataset and may be contributing to the higher ranking, but not by too much a margin than males. This is consistent with the diabetes incidence results from the diabetes notification forms, where females had consistently higher rates of incidence (1.1.2). In males in the same reporting last year, the External cause of mortality was on rank 3 and falls to 5th rank in this quarter.

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 gender for this quarter. Most males died within the age group 65-69 (15.4%, n=112); while majority of the females died within the age group of 70-74 (14.6%, n=85). Adult males have a greater frequency of deaths in the 40 to 69 age group compared to the rest of the age groups. In females the highest frequency of mortality is delayed by 10 years, when compared to males, with a greater frequency in the 50-89 age group. This also translates into the aptitude of females to live longer than males (based on the reporting period).

6.3 Premature mortality

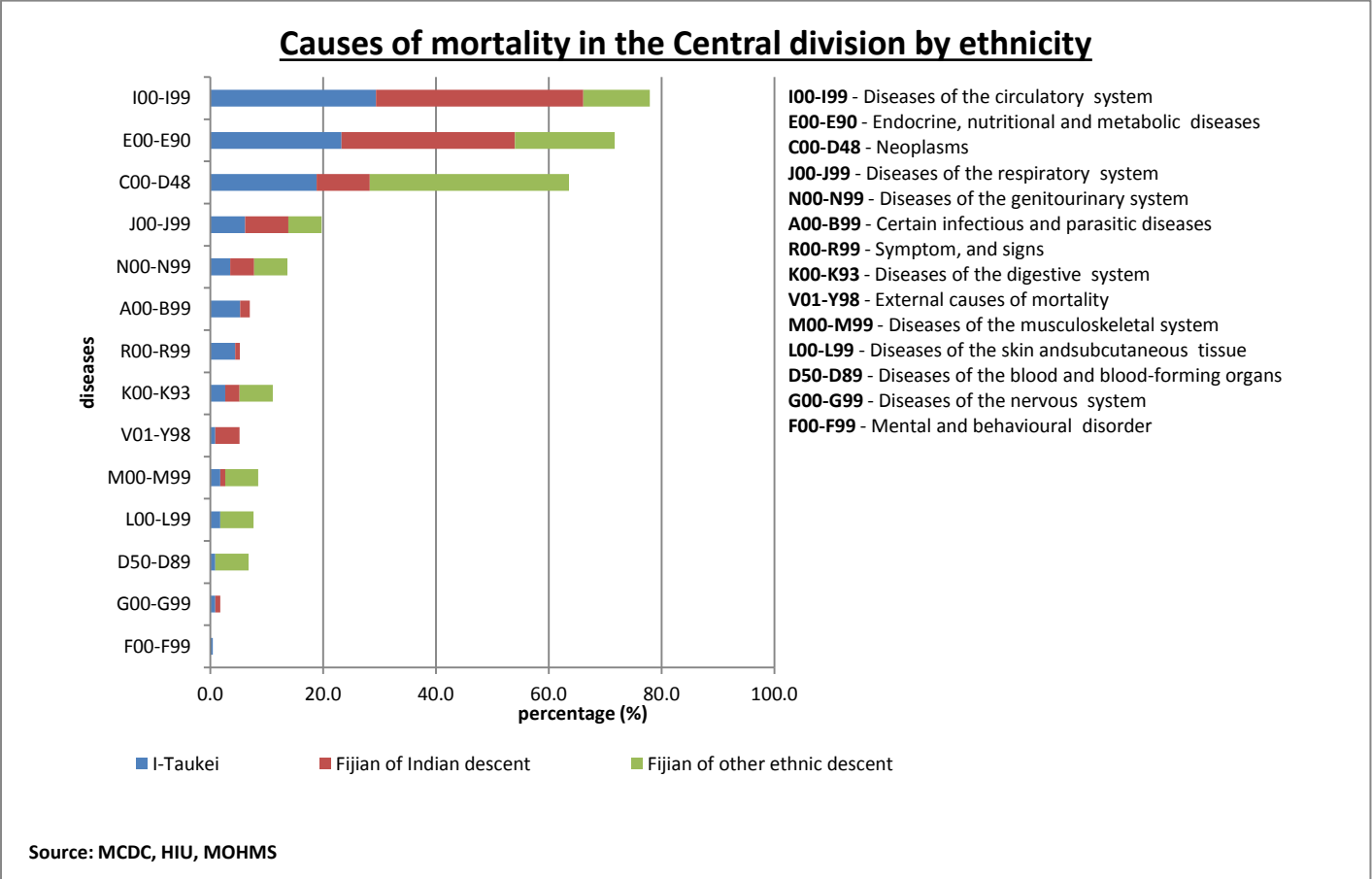
6.3.1 Premature mortality rate per 1000 population (<60yrs)

Age groups	Number of deaths			FIBOS population			Premature mortality rate per 10,000 population		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	34	13	47	44806	42427	87233	7.6	3.1	5.4
5-9	1	2	3	45262	42696	87958	0.2	0.5	0.3
10-14	3	1	4	40201	37338	77539	0.7	0.3	0.5
15-19	3	7	10	39355	36739	76094	0.8	1.9	1.3
20-24	6	9	15	37540	35427	72967	1.6	2.5	2.1
25-29	13	6	19	34670	32650	67321	3.7	1.8	2.8
30-34	19	8	27	33990	32480	66470	5.6	2.5	4.1
35-39	10	12	22	30536	29440	59976	3.3	4.1	3.7
40-44	30	22	52	26962	25742	52703	11.1	8.5	9.9
45-49	44	33	77	25179	25012	50191	17.5	13.2	15.3
50-54	75	42	117	24633	24298	48931	30.4	17.3	23.9
55-59	100	68	168	20332	20225	40556	49.2	33.6	41.4
Total	338	223	561	403466	384473	787939	8.4	5.8	7.1

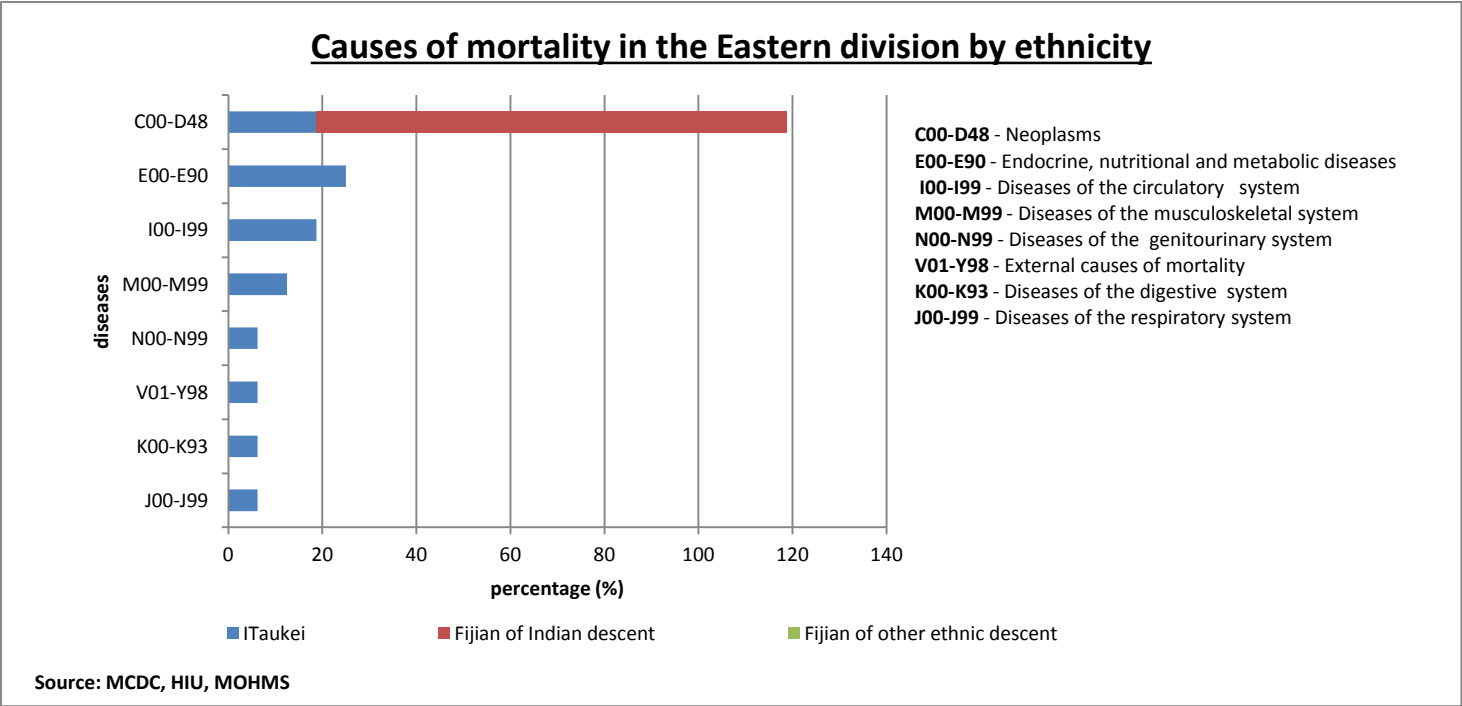
Premature mortality in Fiji are deaths less than 60 years (42.9%, n=561) for this period. The population projection for 2015 from the FIBOS was used to calculate this rate. Majority of these deaths are recorded in the age groups from 55-59 years where circulatory diseases, endocrine, nutritional and metabolic diseases, cancer, respiratory diseases and external causes of mortality are the top 5 causes of these deaths totaling up to 79.7%.

6.4 Mortality by Divisions

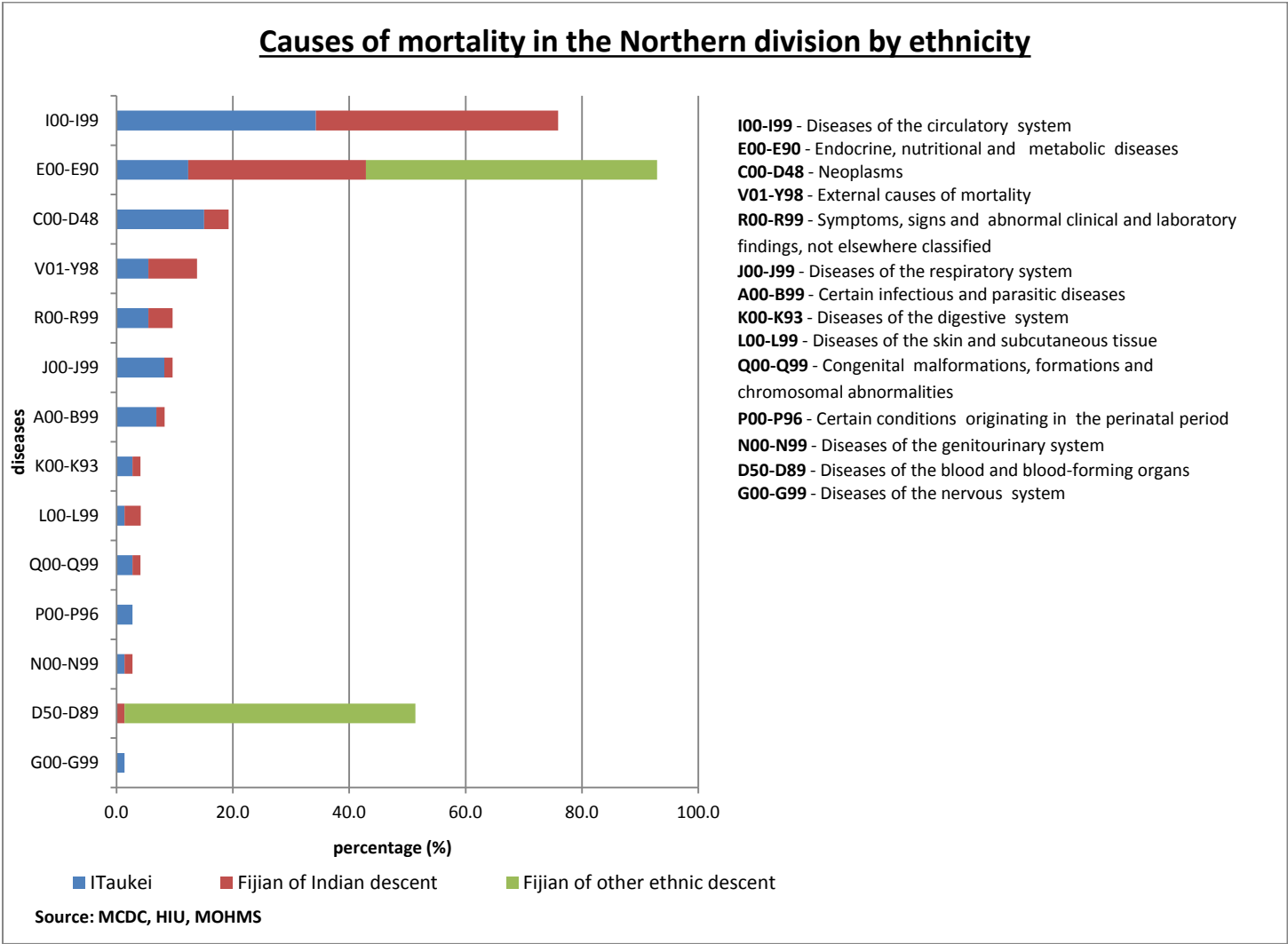
6.4.1 Mortality by divisions



The graph shows the percentage of causes of deaths in the Central division. The major causes of death are circulatory diseases (30.9%, n=112), endocrine, nutritional and metabolic diseases (25.4%, n=92), cancer (16.6%, n=60) and respiratory diseases (6.6%, n=24). The 3 major causes of death for I-Taukei and FID are circulatory diseases, endocrine, nutritional and metabolic disorders, and cancer whereas for FOD the main cause of death was cancer followed by endocrine, nutritional and metabolic disorders then circulatory diseases.

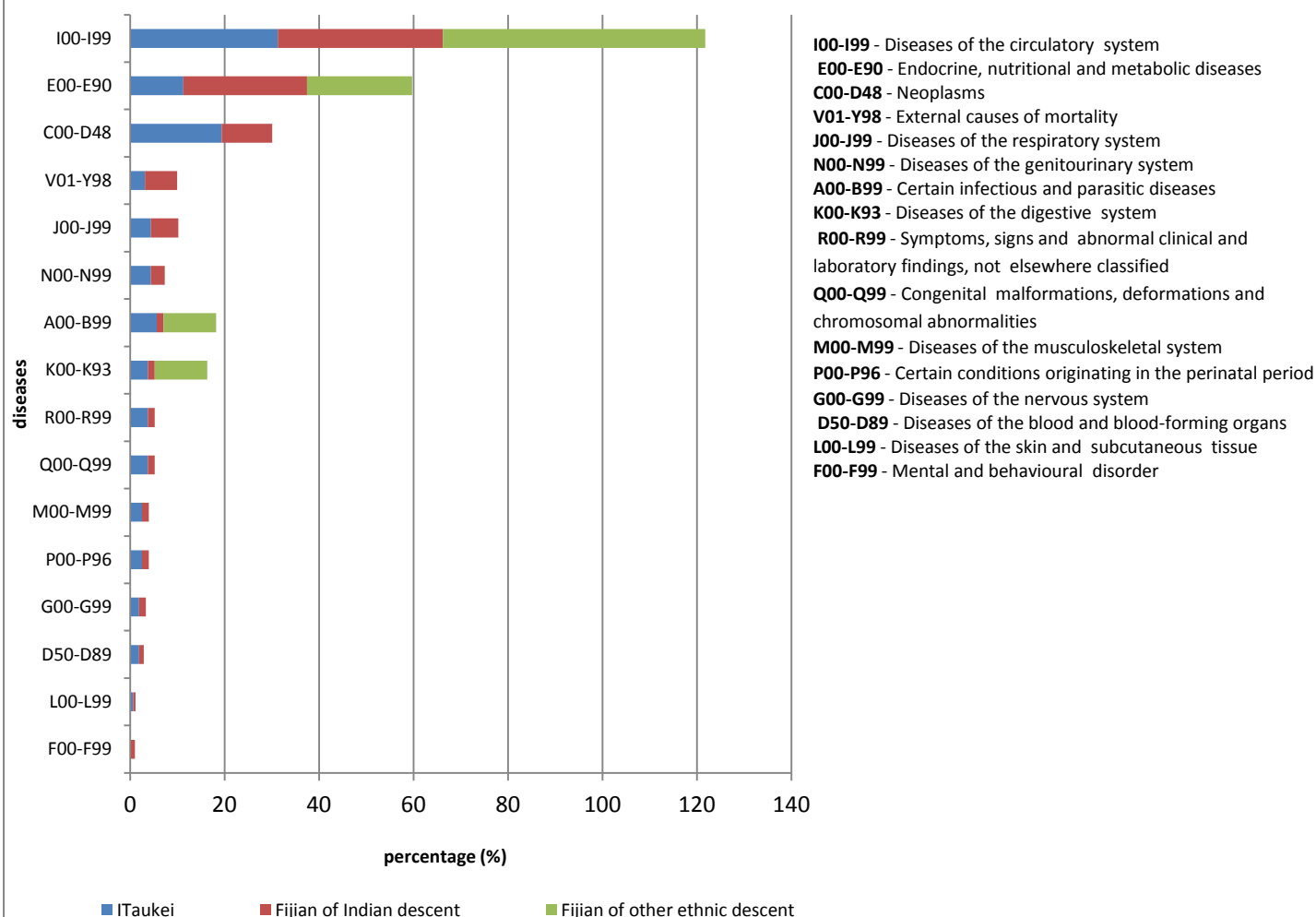


The graph shows the percentage of causes of mortality in the Eastern division. The major causes of death are Cancer with 23.5% (n=4), endocrine, nutritional and metabolic diseases with 23.5% (n=4), circulatory diseases with 17.6% (n=3) and musculoskeletal diseases with 11.8% (n=2). The top 3 causes of death for I-Taukei are endocrine, nutritional and metabolic diseases followed by cancer the circulatory diseases whilst the main cause of death for FIDS was cancer. There was no reported death for FODS in this reporting period.



The graph shows the percentage of causes of deaths in the Northern division. The major causes of death are circulatory diseases (37.4%, n=55), endocrine, nutritional and metabolic diseases (21.8%, n=32), cancer (9.6%, n=14) external causes of mortality (6.8%, n=10). The 3 major causes of death for I-Taukei are circulatory diseases followed by cancer then endocrine, nutritional and metabolic diseases whereas for FID the major cause was circulatory diseases followed by endocrine, nutritional and metabolic diseases then external causes of mortality. The major cause of death for FOD was endocrine, nutritional and metabolic disease and diseases of the blood.

Causes of mortality in the Western division by ethnicity

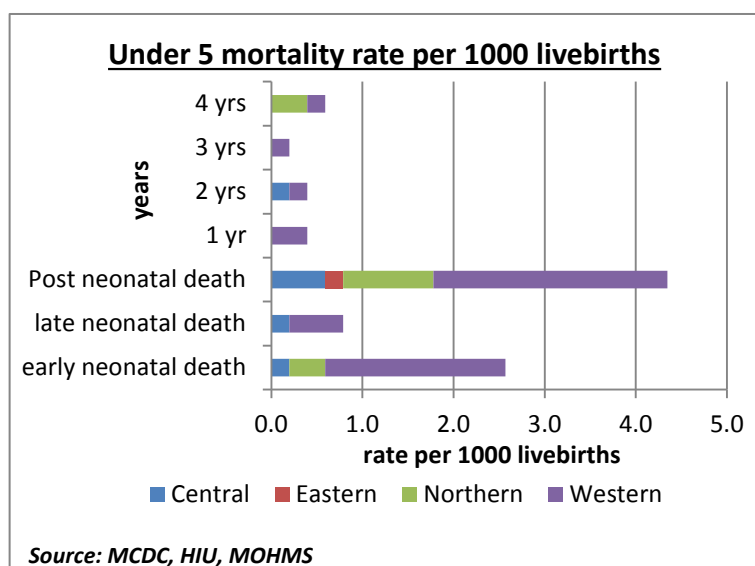


Source: MCDC, HIU, MOHMS

The graph shows the percentage of causes of deaths in the Western division. The major causes of death are circulatory diseases (33.9%, n=127), endocrine, nutritional and metabolic diseases (19.7%, n=74), cancer (14.1%, n=53), external causes of mortality and respiratory diseases (5.1%, n=19). The 3 major causes of death for I-Taukei are circulatory diseases followed by cancer then endocrine, nutritional and metabolic diseases whereas for FID, the major cause was circulatory diseases followed by endocrine, nutritional and metabolic diseases then cancer. The major causes of death for FOD are circulatory diseases, endocrine, nutritional and metabolic disease and certain infectious and diseases of the digestive system.

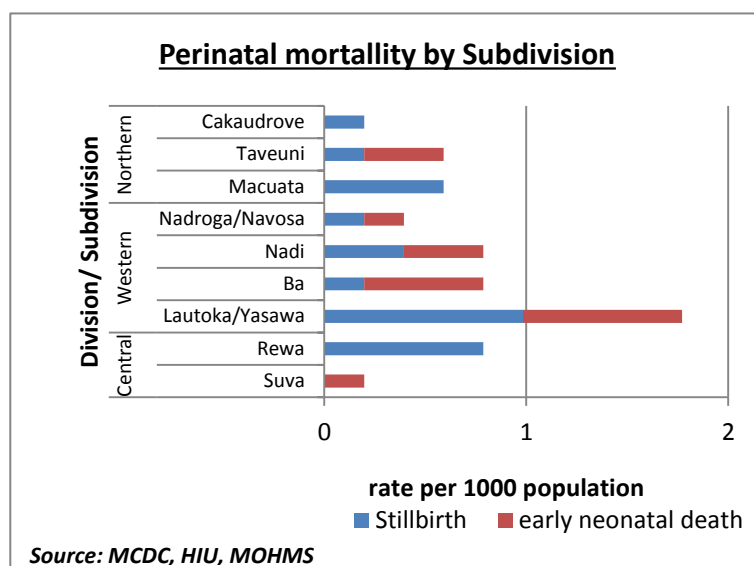
6.5 Under 5 mortality by division

6.5.1 Under 5 Mortality



The 2015 MDG target for Under 5 mortality rate is 9.3 per 1,000 live births. The Under 5 mortality rate stands at 9.3 per 1000 live births for this quarter compared to 9.7 per 1000 live-births in 3rd quarter 2014. The Infant mortality rate stood at 7.7 per 1000 live-births compared to 7.6 per 1000 live-births in the same period last year. The Western Division reported the highest Under 5 mortality (n=31) followed by the Northern (n=9), Central (n=6) and Eastern Division (n=1) in this reporting period.

6.5.2 Perinatal Mortality



The Perinatal mortality rate stands at 6.1 per 1000 births for this quarter compared to 7 per 1000 births in 3rd quarter 2014. Lautoka (9) reported the most followed by Rewa (4), Nadi (4) and Ba (4)

6.6 Compliance to Reporting Requirements

6.6.1 Non-Communicable Disease

Reports received - DM Notification vs PHIS online

PHIS		DM Notification	%reported
Dual	DM	Forms	
352	501	149	17.5

The table shows the number of new diabetic cases received in Qrt.3 of 2015. There more cases reported in PHIS compared to the DM notification form. It can be noted that only 17.5% reports were received from DM notification forms in Q3,2014. **GROSS**

UNDERREPORTING IS NOTED

6.6.2 PHIS

Percentage PHIS Paper based form and PHIS On-line report received

Divisions	% Received
Central	100
Eastern	93
Northern	100
Western	100

The preceding analysis is based on the 98.3% of reports received through the paper based reports and online from the four divisions for quarter 3, 2015. There was 1.7% decline in the receipt of reports. This was achieved through continues follow-up and routine monitoring by SDHS and HIU that had contributed to the improvement in reporting.

Source: CMRIS Online [PHIS]

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

Divisions	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Central	100	100	100	86	100	100	100	100	95
Eastern	100	100	100	100	100	100	67	100	93
Northern	100	100	100	100	100	100	100	100	100
Western	97	100	100	100	100	100	71	100	96
Coverage (%)	99	100	100	96	100	100	85	100	96
Quarterly coverage (%)	99.7			98.8			93.5		

The table above shows the percentage of monthly reports received on-time from each division in quarter 3, 2015 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 3, 2015.

Reports received late by Month from the following Medical Areas [received after 15th of the following month]			
Division	Jul	Aug	Sep
Central	Nil	Nil	Raiwaqa Medical Area
Eastern	Levuka Medical Area Bureta Medical Area Gau Medical Area Koro Medical Area Vunisea Medical Area Kavala Medical Area Davilele Medical Area	Nil	Vunisea Medical Area Lomaloma Medical Area
Northern	Nil	Nil	Nil
Western	Nailaga Medical Area Balevuto Medical Area Ba Medical Area Kese Medical Area	Nil	Nil

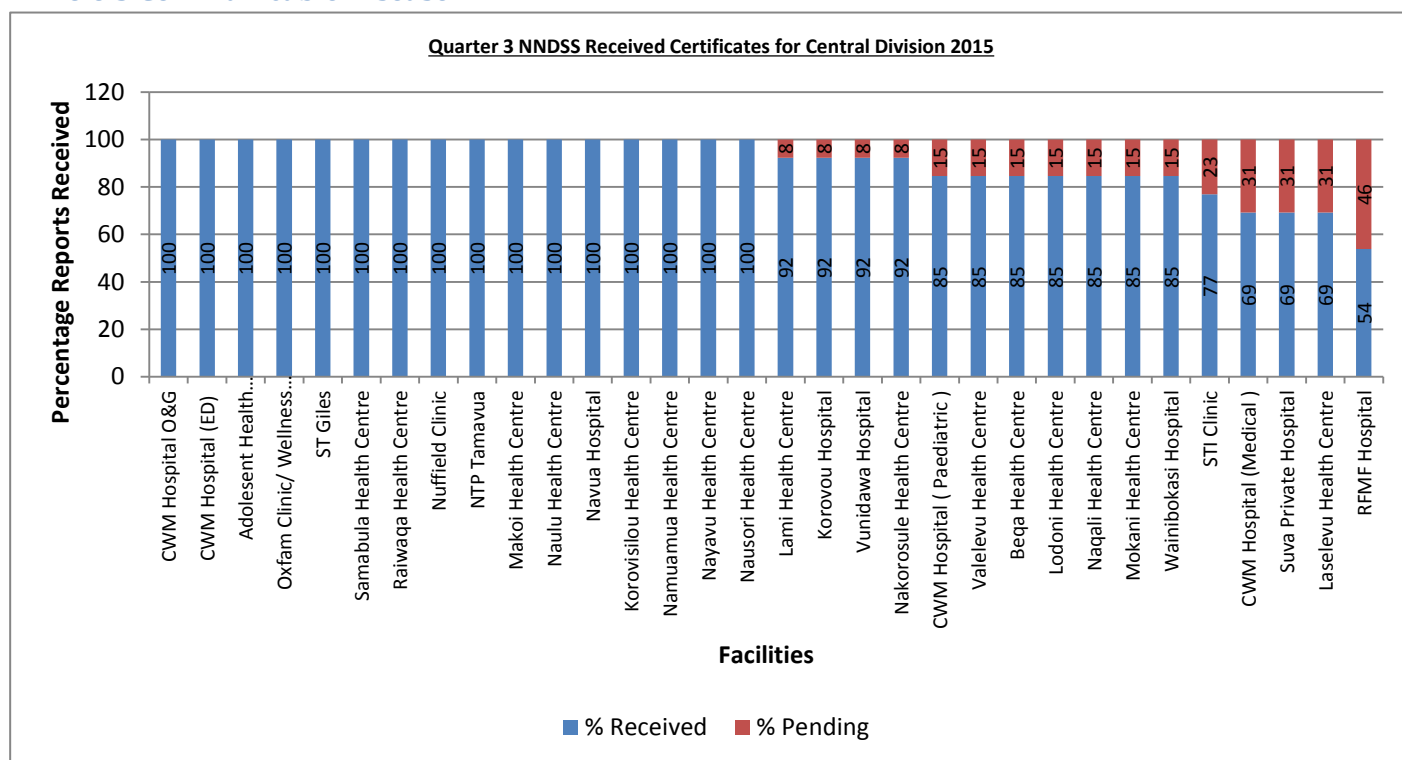
Source: CMRIS Online [PHIS, The table shows the medical areas that were late in monthly reporting by each division in Quarter 3, 2015.

Connectivity Update:

The figure below shows the accessibility and connectivity of the SDHS to PHIS Online System. Total Facility: 20 (15 connected and 5 no connectivity)

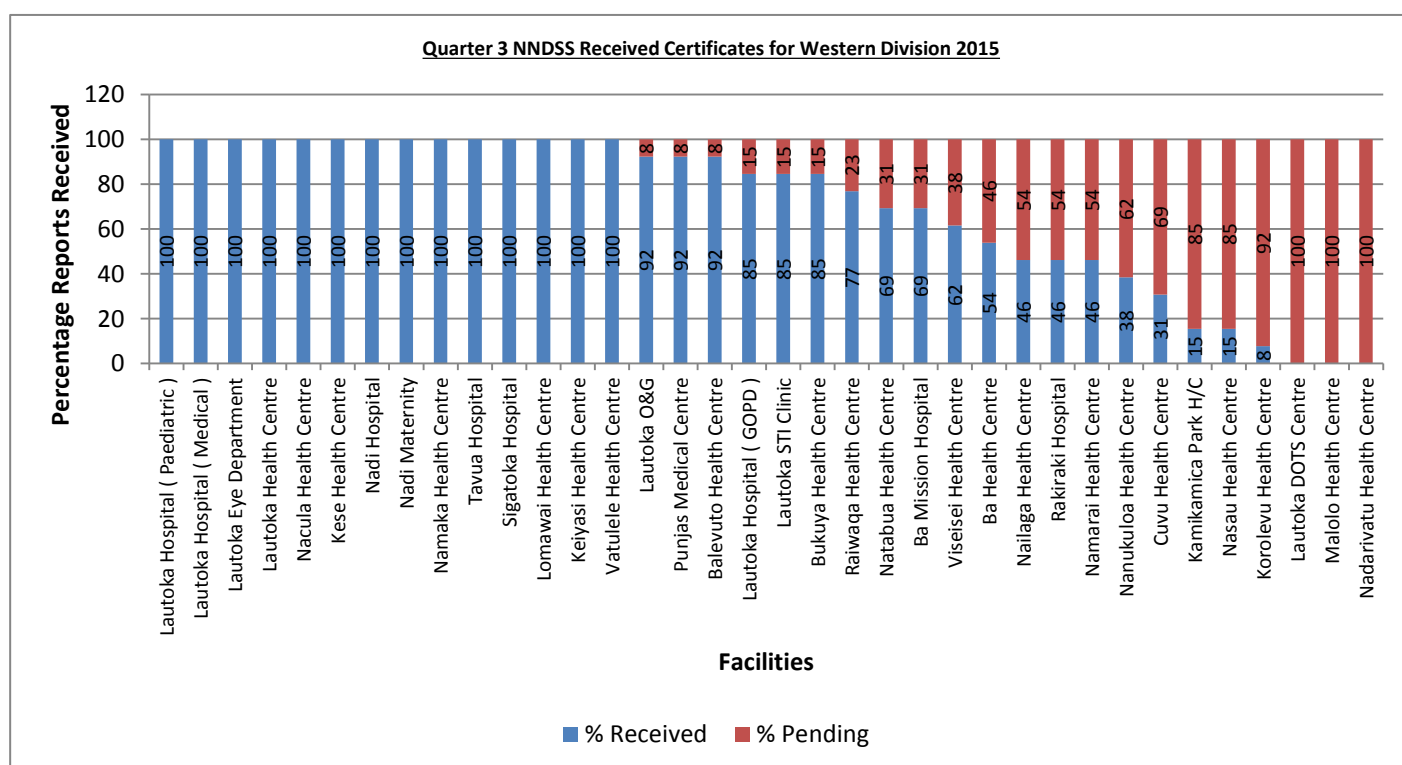
Division	Sub Division	Accessibility	Division	Sub Division	Accessibility
Central	Suva Subdivision	Accessible	Northern	Cakaudrove Sub-Division	Accessible
	Serua/Namosi Subdivision	No Connection at all		Macuata Subdivision	Accessible
	Rewa Subdivision	Accessible		Taveuni Subdivision	Accessible
	Tailevu Subdivision	Accessible		Bua Subdivision	Accessible
	Naitasiri Subdivision	Accessible	Western	Nadroga/ Navosa Subdivision	Accessible
Eastern	Lomaiviti Subdivision	Inaccessible at SDHS level but accessible in Hospital Level)		Nadi Subdivision	Accessible
	Kadavu Subdivision	Accessible		Ba Subdivision	No Govnet Access
	Lakeba Subdivision	Inaccessible		Tavua Subdivision	Accessible
	Lomaloma Subdivision	Inaccessible		Ra Subdivision	Accessible
	Rotuma Subdivision	Accessible		Lautoka/Yasawa Subdivision	Accessible

6.6.3 Communicable Disease



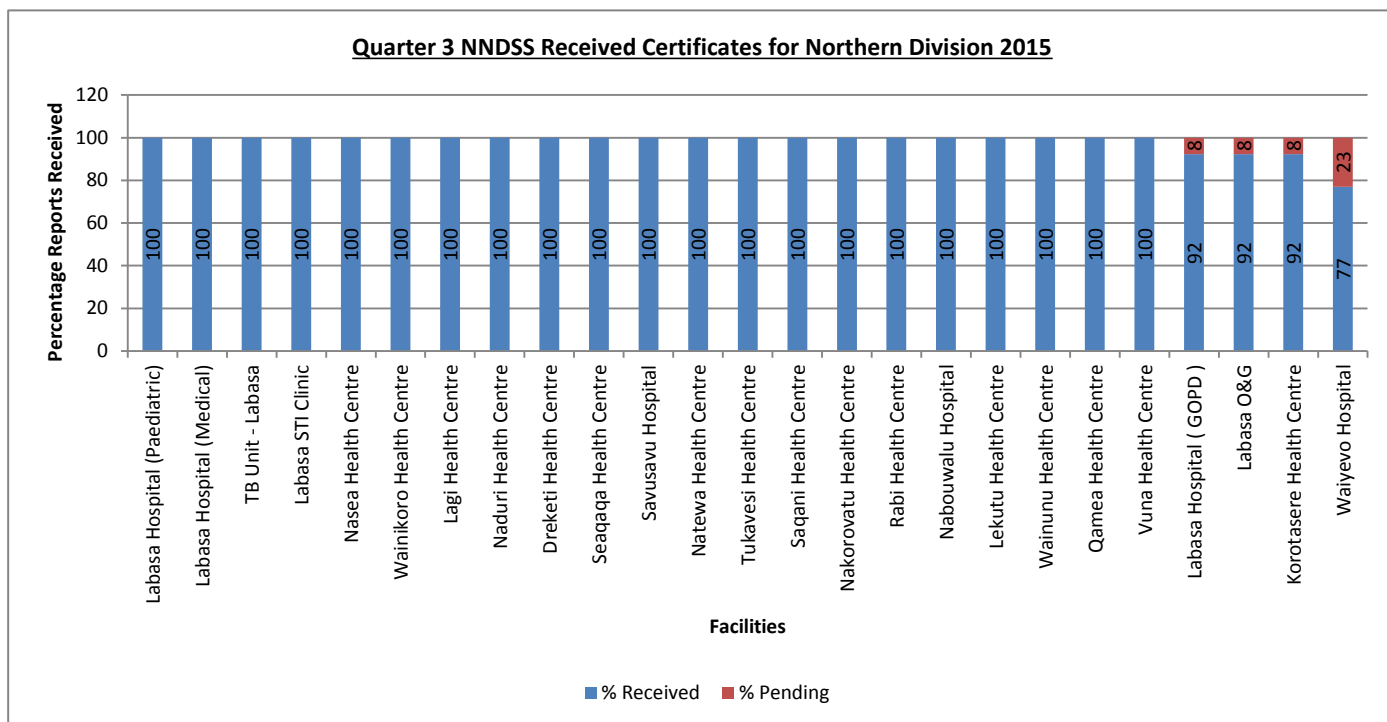
Source: NNDSS

91% of reports were received for 3rd quarter 2015 from the Central division.



Source: NNDSS

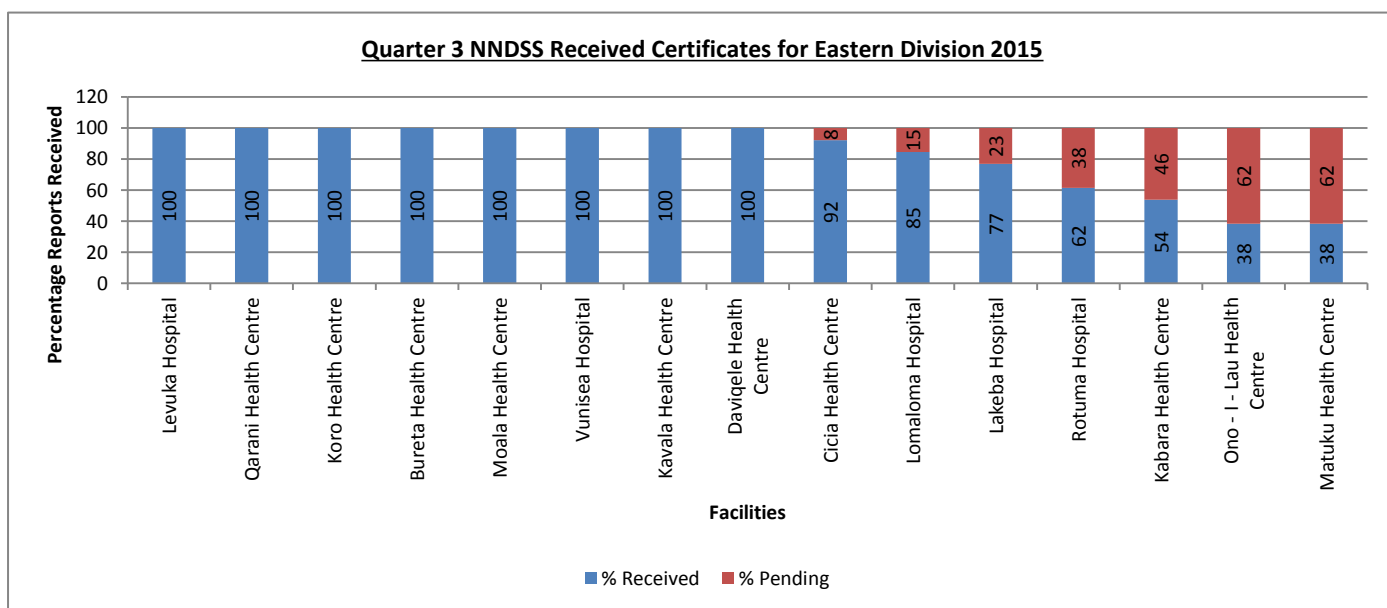
70% of reports were received for 3rd quarter 2015 from the Western Division.



Source: NNDSS

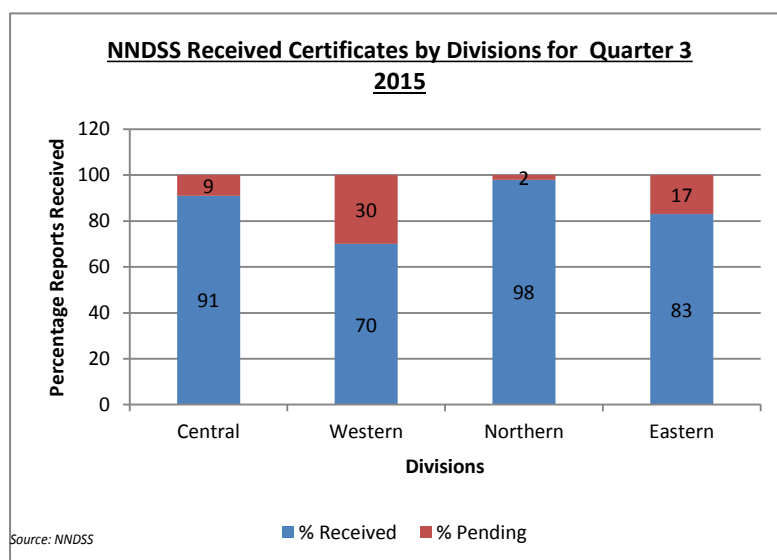
98% of reports were received for 3rd quarter 2015 from the Northern division. This division had the most comprehensive coverage of report submission when compared to all other Divisions.

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



Source: NNDSS

83% of reports were received for 3rd quarter 2015 from the Eastern division.



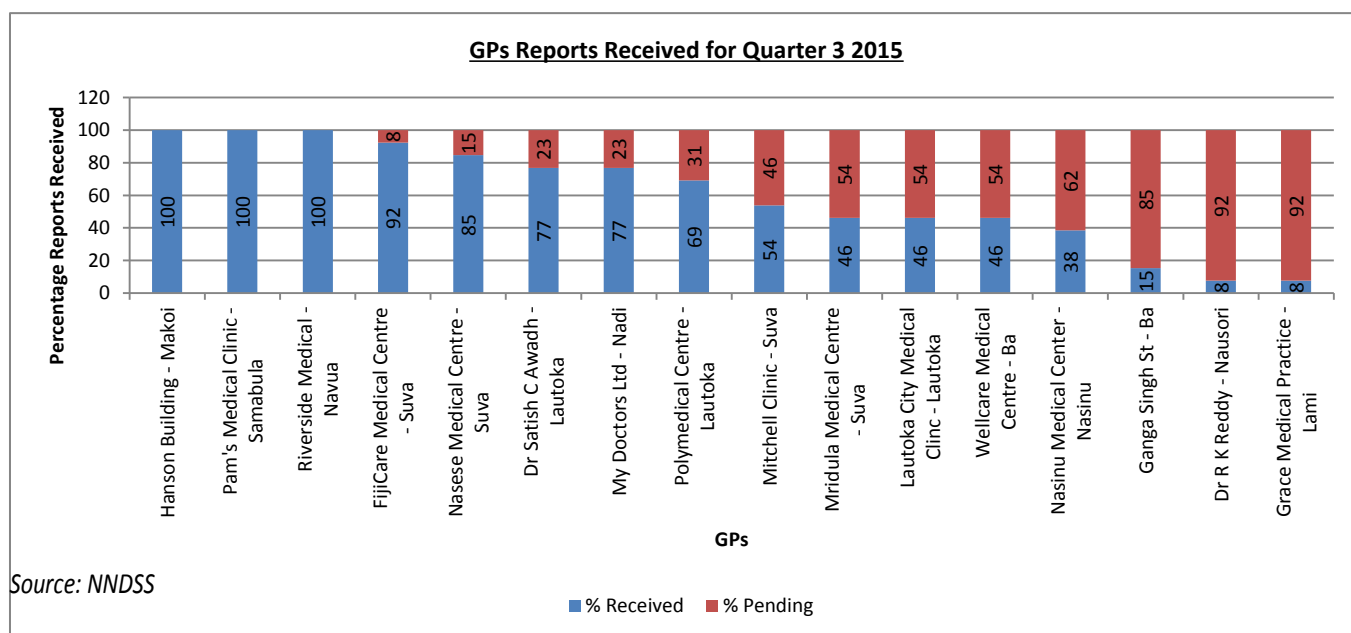
The following divisions are congratulated for being the best divisions in NNDSS reporting:

✓ Northern – 98% for 3rd quarter 2015.

✓ The Western division had the lowest rates of reporting at 70%, followed by Eastern 83% and Central division with 91% reporting for 3rd quarter 2015.

HIU urges all the 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 needs marked improvement from all facilities in all divisions.**



The General Practitioners have been reporting the Notifiable diseases since April of 2014 and HIU acknowledges all the private practitioners who have been submitting their reports. A total of 16 GPs have submitted their reports for the 3rd quarter 2015 (July to September) which equates to 15% of coverage from GPs. Acknowledgement is made to the 3 GPs who have complied with 100% reporting for the 3rd 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 Suva Private Lab).

6.6.4 Hospital Monthly Returns

Reporting Facilities

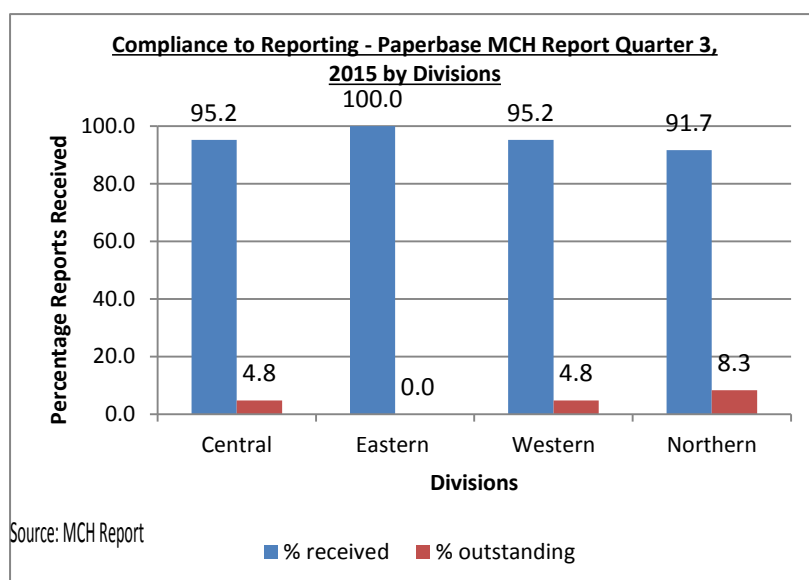
Central	Western	Northern	Eastern
CWM Hospital	Lautoka Hospital	Labasa Hospital	Cicia Hospital
Korovou Maternity Hospital	Ba Mission Hospital	Nabouwalu Hospital	Lakeba Hospital
Nausori Maternity Hospital	Nadi Hospital	Savusavu Hospital	Levuka Hospital
Navua Maternity Hospital	Naiserelagi Maternity Hospital	Waiyevo Hospital	Lomaloma Hospital
Tamavua Hospital	Rakiraki Hospital		Matuku Hospital
Vunidawa Hospital	Tavua Hospital		Rotuma Hospital
Wainibokasi Hospital	Sigatoka Hospital		Vunisea Hospital
St Giles Hospital			

Source: Manual Tear-Offs & PATISPLUS

Total: 25; Divisional Hospitals – 3; Subdivisional Hospitals – 18; Specialised Hospitals – 2 (St Giles, Tamavua/ Twomey Hospital ; Private Hospitals – 2 (Naiserelagi Maternity and Military Hospital).

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).

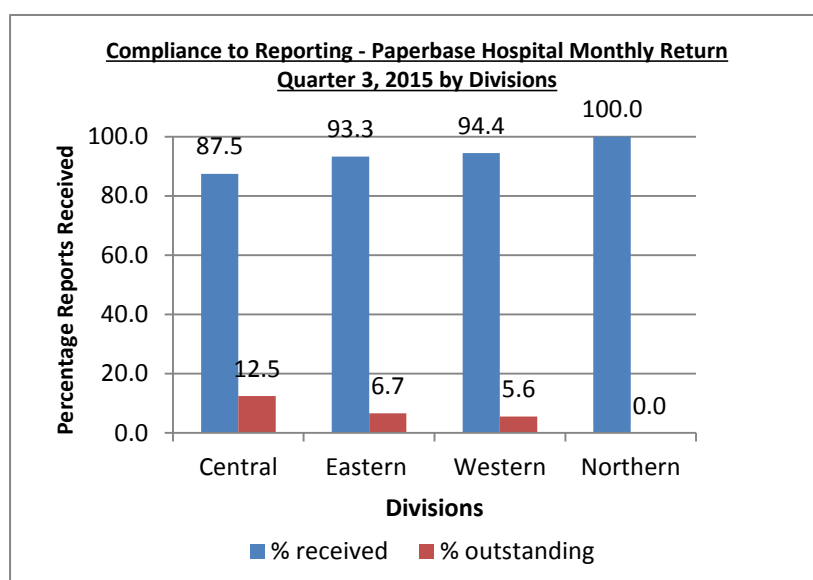
Percentage received for Hospital Maternal and Child Health[MCH] reports



The analysis for the MCH Report is based on the reports received through paper base from the four Divisions for 3rd Quarter 2015. A few Sub-Divisional Hospitals have yet to submit their reports as illustrated in the graph. Central and Western Divisions submitted 95.2% and Northern Division submitted 91.7% of the MCH Form. Congratulations to the Eastern Division for 100% submission. The facilities yet to report on

the MCH forms are CWM Hospital [Maternity Unit], Nabouwalu Hospital and Rakiraki Hospital.

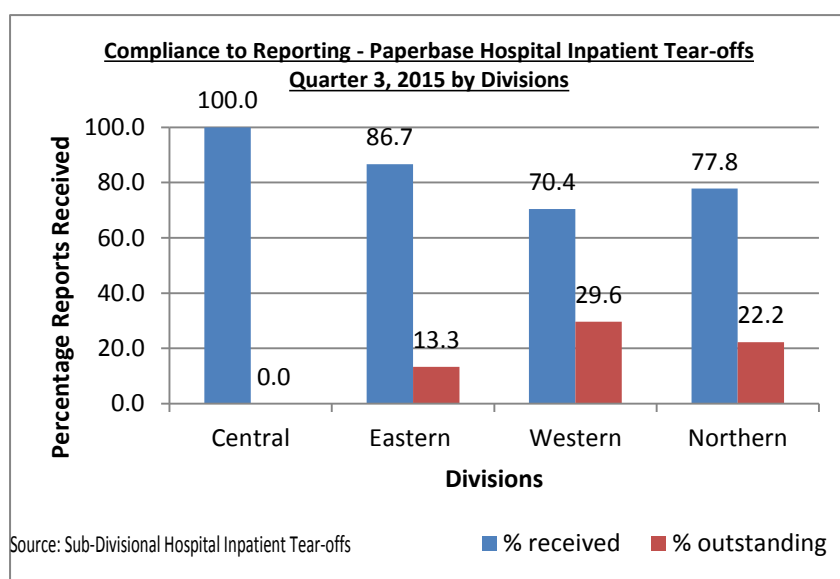
Percentage received for Hospital Monthly Return reports



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 3rd quarter which stands at 12.5%; as there were no reports from Military Hospital. Western Division has outstanding returns of 56.6% and Eastern Division stands at 6.7%. Congratulations to the

Northern Divisions for 100% submission. This is consistent with PHIS on time reports and CMRIS where the Central division lags behind the other divisions.

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. Congratulations to the Central for 100% submission. The Eastern Divisions outstanding reports is 13.3%, Western stands at 29.6% and Northern Divisions still have outstanding returns which stand at 22.2% of the returns for 3rd quarter 2015.

The facility yet to submit their reports are Rakiraki and Sigatoka, Nadi, Taveuni, Lomaloma and Vunisea Hospital. All divisions except the Western division 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.

6.6.5 Mortality

Number of MCDC yet to be received at HIU by months

Facility	July	August	September	Total
CWM Divisional Hospital	8	8	46	62
Labasa Divisional Hospital	2	2	2	6
Lautoka Divisional Hospital	1	3	2	6
Grand Total	11	13	50	74

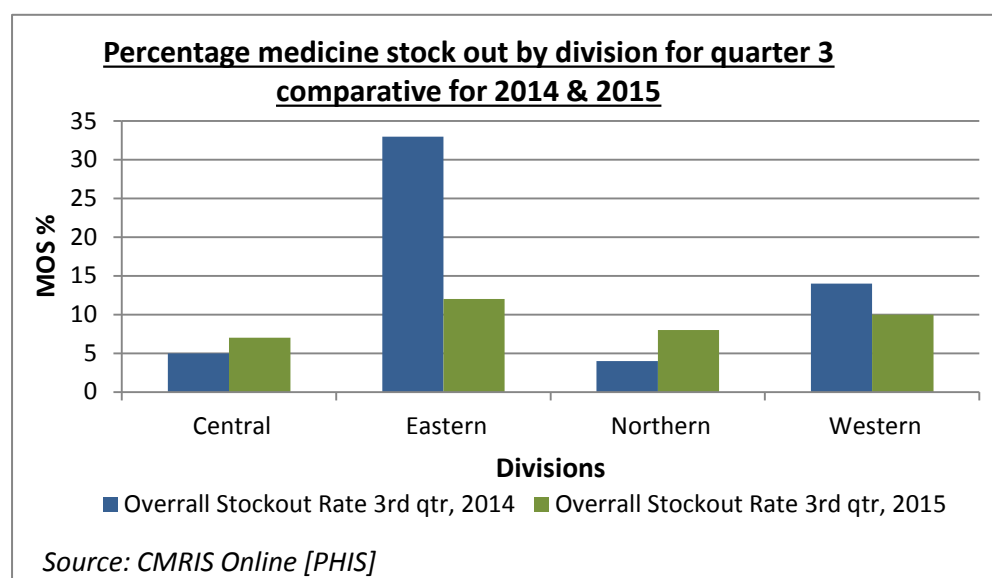
The table shows the number of Medical Cause of Death Certificates (MCDC) that are yet to be received at HIU. These are the admissions in PATISplus where the patient has been discharged as deceased. Please note that MCDCs received after the 15th of October 2015 (for July to September) are not included in this analysis but will be counted in the Annual Report. **Recommendations for all health facilities to submit the HIU copy of the MCDCs within 48 hours after death has occurred except for forensic investigation.** Please note that the CWMH has the highest number of pending MCDCs. The Assistant Statisticians are requested to ensure timely and complete submissions of all MCDC's and notify HIU in the event of delayed MCDCs.

A batch of 57 MCDCs from 2002-2014 was received in HIU from Lomaloma Hospital and a batch of 19 MCDCs for 2009-2012 was received from Naqali Health Centre. These were both received in this quarter.

Section 7 – Medicinal products, equipment and infrastructure

7.1 Pharmacy Indicator

7.1.1 Medicine Stock-Out Comparative report



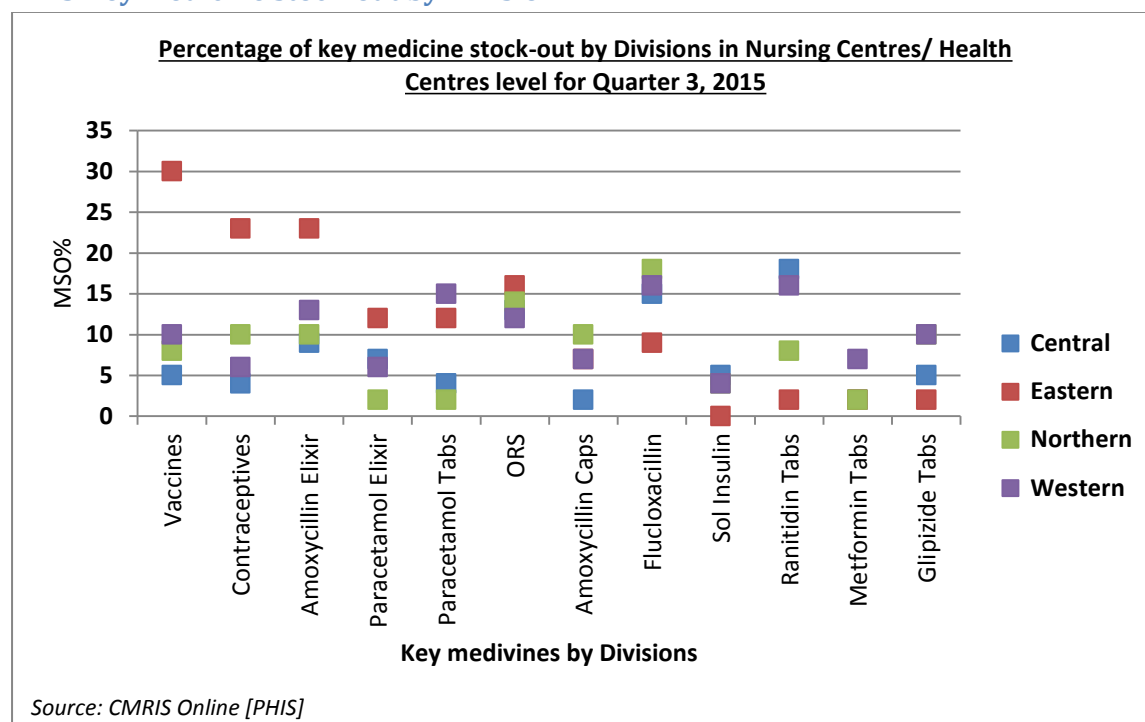
The overall stock out for quarter 3 was 9%, which was 4% less than what was reported in the same period last year (13%). The above table shows the percentage of Medicine Stock Out by divisions. During 3rd Quarter, 2015, the Eastern division had the

most medicine stock outs with 12% across all medical areas followed by the Western division (10%), while the Central division reported the lowest percentage (7%). Compared with the results of the same period last year, the Western division recorded 7.8% more stock-out followed by Northern (5.5%) while the Central reported the lowest percentage (1.4%).

7.1.2 Medicine Stock out Rate by Sub-Division Source: CMRIS Online [PHIS]

Division	Sub Division	Overall Stock out Rate (%)
Central	Tailevu	21
	Rewa	15
	Serua/Namosi	6
	Naitasiri	5
	Suva	0
Eastern	Kadavu	18
	Lakeba	14
	Lomaiviti	12
	Lomaloma	0
	Rotuma	0
Northern	Cakaudrove	12
	Taveuni	8
	Bua	5
	Macuata	5
Western	Lautoka/Yasawa	15
	Ba	13
	Nadroga/Navosa	11
	Ra	8
	Tavua	2
	Nadi	0

7.1.3 Key medicine stock-out by Division



The common stocks out in this quarter were Flucloxacillin (15%), ORS (13%), Vaccines (13%), Amoxycillin Elixir (13%), Ranitidine Tabs (12%) and Contraceptives (10%). Overall, there was a decrease in medicine stock of 7% in the 3rd quarter, 2015 when compared to the same period last year (18%).

The health managers at the facility level need to notify the FPBS in advance or as soon as their stock reach threshold to avoid medicine stock outs. Stock management is the key to avoiding stock outs.

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	29,746	481	6,307	6,143	42,356	96%	460	6.9
2	Navua Hospital	1,914	22	355	354	997	49%	11	2.8
3	Vunidawa Hospital	2,190	24	87	79	198	9%	2	2.5
4	Korovou Hospital	1,077	16	224	219	526	36%	6	2.4
5	Nausori Hospital	1,357	17	573	512	669	43%	7	1.3
6	Wainibokasi Hospital	512	12	190	187	835	76%	9	4.5
	Central Division Sub-total	36,796	572	7,736	7,494	45,581	87%	495	6.1
7	Lautoka Hospital	43,944	305	2,986	2,844	16,666	59%	181	5.9
8	Nadi Hospital	29,988	75	1,108	1,019	3,222	47%	35	3.2
9	Sigatoka Hospital	15,949	66	789	690	2,956	49%	32	4.3
10	Ba Mission Hospital	18,912	50	822	761	1,879	41%	20	2.5
11	Tavua Hospital	13,553	29	301	262	829	31%	9	3.2
12	Rakiraki Hospital	14,537	30	339	312	1,070	39%	12	3.4
	Western Division Sub-total	136,883	555	6,345	5,888	26,622	52%	289	4.5
13	Labasa Hospital	21,288	182	1,980	1,637	7,374	44%	80	4.5
14	Savusavu Hospital	20,472	56	494	483	1,336	26%	15	2.8
15	Waiyevo Hospital	3,928	33	250	245	580	19%	6	2.4
16	Nabouwalu Hospital	6,955	26	208	207	815	34%	9	3.9
	Northern Sub-total	52,643	297	2,932	2,572	10,105	37%	110	3.4
17	Levuka Hospital	5,196	40	129	122	400	11%	4	3.3
18	Vunisea Hospital	1,049	22	49	46	215	11%	2	4.7
19	Lakeba Hospital	1,055	12	34	33	155	14%	2	4.7
20	Lomaloma Hospital	1,594	16	20	15	111	8%	1	7.4
21	Matuku	359	5	12	12	32	7%	0.3	2.7
22	Rotuma Hospital	1,100	14	8	8	24	2%	0.3	3.0
	Eastern Division Sub-total	10,353	109	252	236	937	9%	10	4.0
	TOTAL (Divisional)	236,675	1,533	17,265	16,190	83,245	59%	905	5.1

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	1,913	86	131	85	5,331	67%	58	62.7
2	Tamavua/Twomey Hospital	6,474	91	91	79	3,392	41%	37	42.9
4	Military Hospital		9				0%	0	0
5	Naiserelagi Maternity	392	7	46	46	78	12%	1	1.7
	Specialized Hospital Sub-total	8,779	193	268	210	8,801	50%	96	41.9
	GRAND TOTAL	245,454	1,726	17,533	16,400	92,046	58%	1,001	5.6

8.2 Percentage increased and decreased by Medical area level and below

Division	Sub-division	Medical Area	Qtr 3, 2015	Qtr 3, 2015	% ↑↓
National			291002	357342	^18.6%
Central	Suva	Nuffield	10352	32476	68.1
		Lami	15735	24224	35.0
		Samabula	17248	23055	25.2
		Suva	626	803	22.0
		Makoi	21133	24097	12.3
		Valelevu	31215	34421	9.3
		Raiwaqa (Central)	21342	19205	-11.1
	Rewa	Wainibokasi	4291	7336	41.5
		Mokani	3804	4461	14.7
		Nausori	25762	25678	-0.3
	Serua/Namosi	Korovisilou	2714	3562	23.8
		Namuaumu	1023	1234	17.1
		Navua	5650	5675	0.4
		Beqa	1521	1086	-40.1
	Naitasiri	Naqali	1741	2806	38.0
		Nakorosule	810	659	-22.9
		Vunidawa	305	199	-53.3
		Laselevu	1476	952	-55.0
	Tailevu	Korovou	4505	5723	21.3
		Lodoni	3690	4213	12.4
		Nayavu	1554	1535	-1.2
Western	Nadroga/Navosa	Cuvu	0	2825	100
		Vatukarasa	0	966	100
		Raiwaqa (Western)	1036	1515	31.6
		Lomawai	3774	5366	29.7
		Vatulele	724	923	21.6
		Keiyasi	1907	2258	15.5
		Korolevu	2729	2802	2.6
		Sigatoka	2220	856	-159.3
	Lautoka/Yasawa	Lautoka	1199	7333	83.6
		Kamikamica	4311	4775	9.7
		Malolo	1271	1253	-1.4
		Natabua	1894	1856	-2.0
		Kese	1699	1533	-10.8
		Nacula	1252	1105	-13.3
		Viseisei	4399	3605	-22.0
	Ra	Rakiraki	373	1298	71.3
		Nanukuloa	2075	2900	28.4
		Namarai	301	256	-17.6
		Nasau	1112	734	-51.5
	Tavua	Vatukoula	92	120	23.3
		Nadarivatu	598	435	-37.5
		Tavua	324	176	-84.1
	Nadi	Namaka	8350	10346	19.3
		Nadi	1416	1165	-21.5
		Bukuya	570	383	-48.8
	Ba	Nailaga	3992	4718	15.4
		Ba	9291	9227	-0.7
		Balevuto	3554	3339	-6.4
Northern	Cakaudrove	Natewa	482	1126	57.2
		Saqani	741	1012	26.8
		Tukavesi	1456	1619	10.1
		Nakorovatu	1339	1417	5.5
		Korotasere	862	904	4.6
		Savusavu	807	717	-12.6
		Rabi	1695	1243	-36.4
	Bua	Nabouwalu	896	1656	45.9
		Lekutu	2757	3153	12.6
		Wainunu	1561	1671	6.6
	Taveuni	Qamea	519	751	30.9

		Vuna	2419	2361	-2.5
		Waiyevo	1222	1158	-5.5
	Macuata	Lagi	730	929	21.4
		Labasa	8034	9932	19.1
		Wainikoro	4006	4921	18.6
		Dreketi	2654	3234	17.9
		Seaqaqa	4896	5462	10.4
		Naduri	1409	1064	-32.4
Eastern	Lomaiviti	Levuka	125	381	67.2
		Koro	2497	2338	-6.8
		Gau	1612	1199	-34.4
		Bureta	1582	1153	-37.2
	Rotuma	Rotuma	84	181	53.6
	Lakeba	Matuku	594	1179	49.6
		Kabara	975	1117	12.7
		Moala	1167	1298	10.1
		Ono-i-lau	452	427	-5.9
		Lakeba	1121	838	-33.8
	Lomaloma	Cicia	327	624	47.6
		Lomaloma	272	393	30.8
	Kadavu	Davilele	2323	2406	3.4
		Vunisea	633	627	-1.0
		Kavala	1793	1383	-29.6

8.3 Notifiable Diseases by Months for Quarter 3 2015

No.	Diseases	July	August	September
1	Acute Poliomyelitis	0	0	0
2	Acute Respiratory Infection	4,864	5,446	5,456
3	Anthrax	0	0	0
4	Brucellosis	0	0	0
5	Chicken Pox	374	599	419
6	Cholera	0	0	0
7	Conjunctivitis	408	442	374
8	Dengue Fever	150	161	106
9	Diarrhoea	2,116	2,516	1,937
10	Diphtheria	0	0	0
11	Dysentery (a) Amoebic	0	0	0
	(a) Bacillary	11	12	10
12	Encephalitis	0	0	0
13	Enteric Fever (a) Typhoid	31	44	23
	(b) Para Typhoid	0	0	0
14	Fish Poisoning	83	97	104
15	Ciguatera Fish Poisoning	1	9	10
16	Food Poisoning	4	6	0
17	German Measles (Rubella)	0	14	7
18	Infectious Hepatitis	12	17	6
19	Influenza	1,620	2,060	2,097
20	Leprosy	0	0	0
21	Leptospirosis	7	6	5
22	Malaria	0	0	0
23	Measles (Morbilli)	0	0	0
24	Meningitis	8	16	1
25	Mumps	1	0	0
26	Plague	0	0	0
27	Pneumonia	470	666	457
28	Puerperal Pyrexia	0	0	0
29	Relapsing Fever	0	0	0
30	Rheumatic Fever	2	3	0
31	Smallpox	0	0	0
32	Tetanus	0	0	0
33	Trachoma	21	37	18
34	Tuberculosis (a) Pulmonary	23	25	22
	(b) Others	0	0	0
35	Typhus	0	0	0
36	Viral Illness/ Infection	3,536	4,399	4,203
37	Whooping Cough	0	1	2
38	Yaws	0	0	0
39	Yellow Fever	0	0	0
40	Sexually Transmitted Diseases			
	(a) Gonorrhoea	80	115	90
	(b) Candidiasis	19	13	15
	(c) Chlamydia	1	0	0
	(d) Congential Syphilis	0	2	3
	(e) Lymphogranuloma Venerum	0	0	0
	(f) Herpes Zoster (Shingles)	3	5	4
	(g) Ophthalmia Neonatorum	2	2	0
	(h) PID	0	0	0
	(i) Syphilis	30	35	28
	(j) Trichomoniasis	9	5	9
	(k) Genital Warts	0	0	0

DEPARTMENT OF HEALTH INFORMATION, RESEARCH & ANALYSIS

