

HEALTH INFORMATION BULLETIN

4th Quarter Bulletin, 2013

Using Health Information for Decision making with evidence based data

1. UTILIZATION

1.1 Hospital Utilization

Reporting Facility by Division, 4th Quarter 2013

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

The following details the hospital utilization for 4th Quarter 2013 by Divisional & Sub-Divisional Hospitals

No	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Discharge	Total Patient Days	Occupancy Rate	Daily Bed State	Aver Length of Stay
1	CWM Hospital	32,421	481	4,825	4,011	15,846	35.81	172.2	4.0
2	Navua Hospital	1,551	12	162	154	331	29.98	3.6	2.1
3	Vunidawa Hospital	3,493	24	129	109	411	18.61	4.5	3.8
4	Korovou Hospital	1,100	16	141	116	396	26.90	4.3	3.4
5	Nausori Hospital	5,420	17	422	341	543	34.72	5.9	1.6
6	Wainibokasi Hospital	550	12	152	144	548	49.64	6.0	3.8
	Sub-total	44,535	562	5,831	4,875	18,075	34.96	196.5	3.7
7	Lautoka Hospital	43,713	340	3,672	3,324	16,045	51.29	174.4	4.8
8	Nadi Hospital	22,025	75	1,332	1,046	4,327	62.71	47.0	4.1
9	Sigatoka Hospital	14,240	58	858	731	2,702	50.64	29.4	3.7
10	Ba Mission Hospital	17,104	55	635	643	1,664	32.89	18.1	2.6
11	Tavua Hospital	31,187	30	302	247	820	29.71	8.9	3.3
12	Rakiraki Hospital	19,302	27	333	297	966	38.89	10.5	3.3
	Sub-total	147,571	585	7,132	6,288	26,524	49.28	288.3	4.2
13	Labasa Hospital	17,612	169	2,744	1,768	8,235	52.97	89.5	4.7
14	Savusavu Hospital	5,645	56	267	233	873	16.94	9.5	3.7
15	Waiyevo Hospital	4,961	33	354	314	1,057	34.82	11.5	3.4
16	Nabouwalu Hospital	2,571	26	168	166	641	26.80	7.0	3.9

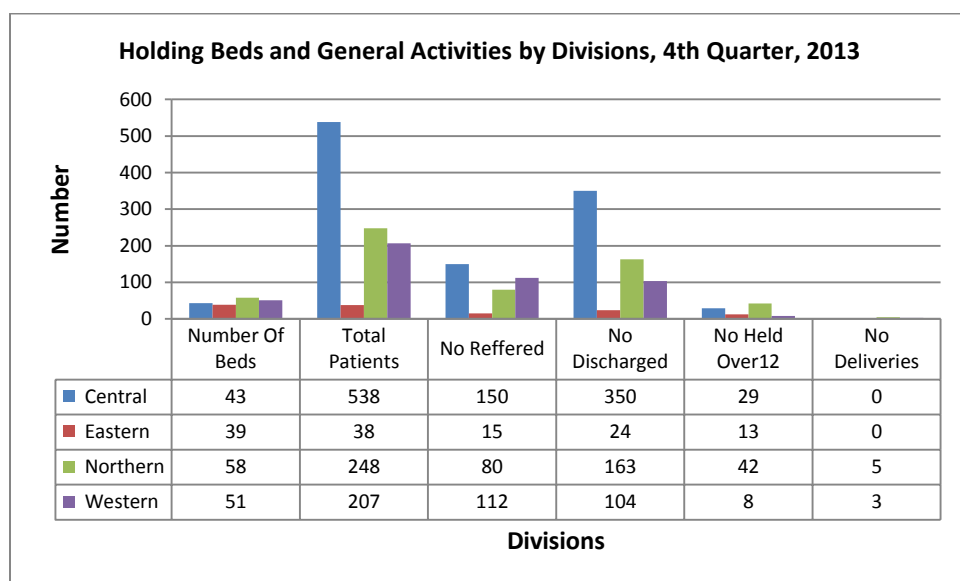
	Sub-total	30,789	284	3,533	2,481	10,806	41.36	117.5	4.4
17	Levuka Hospital	5,888	40	257	257	552	15.00	6.0	2.1
18	Vunisea Hospital	1,731	22	109	107	346	17.09	3.8	3.2
19	Lakeba Hospital	691	12	43	40	126	11.41	1.4	3.2
20	Lomaloma Hospital	654	16	22	20	88	5.98	1.0	4.4
21	Matuku	366	5	14	8	45	9.78	0.5	5.6
22	Rotuma Hospital	977	14	25	16	69	5.36	0.8	4.3
	Sub-total	10,307	109	470	448	1,226	12.23	13.3	2.7
	TOTAL	233,202	1,540	16,966	14,092	56,631	39.97	615.6	4.0
	GRAND TOTAL	237,696	1,783	17,169	14,265	64,505	39.32	701.1	4.5

SPECIALISED AND PRIVATE HOSPITALS

No	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Discharge	Total Patient Days	Occupancy Rate	Daily Bed State	Average Length of Stay
1	St Giles Hospital	1,012	136	103	88	4,938	39.47	53.7	56.1
2	Tamavua/Twohey Hospital	3,097	91	53	53	2,869	34.27	31.2	54.1
4	Military Hospital		9				0.00	0.0	0
5	Naiserelagi Maternity	385	7	47	32	67	10.40	0.7	2.1
	Sub-total	4,494	243	203	173	7,874	35.22	85.6	45.5

Based on the above reporting, the average length of stay is 4.5 days.

1.2 Health Centre Utilization

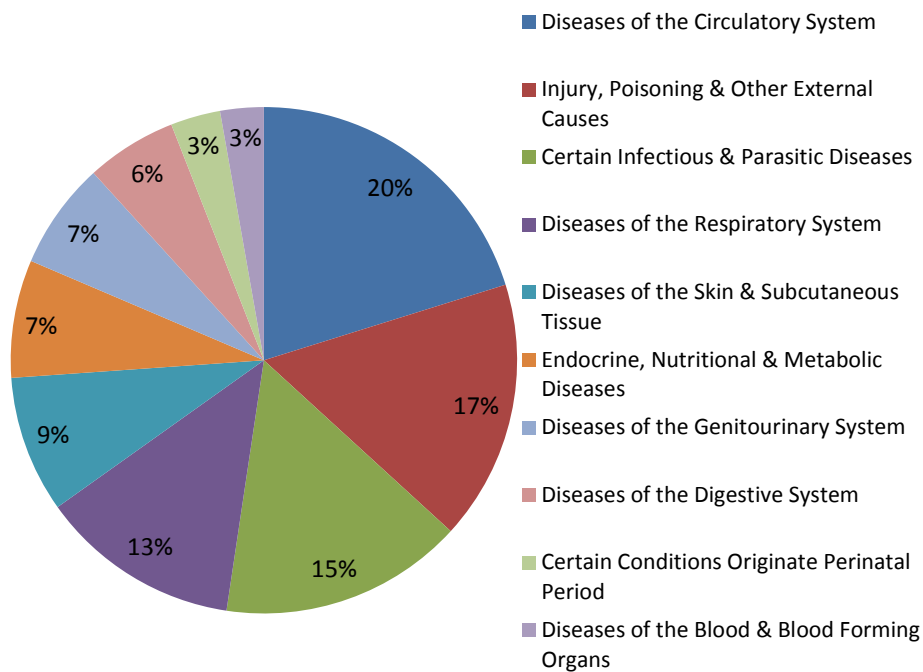


The status of holding beds for the 4th quarter is demonstrated above. The Northern division had the greatest number of holding beds; however, the central division had the greatest number of total patients. Northern division had the greatest number of people held over 12 hours followed by the Central division. The number of deliveries was also noted to be highest in the North. This is reflective of the greatest number of deliveries occurring at the divisional hospitals in line with the practice of Safe Motherhood. There were no figures available to compare results from the same period, 2012.

1.3Morbidity Top 10 Causes

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 indicated in the table.

Percentage [%] of Top 10 Causes of Morbidity - 4th Quarter
2013

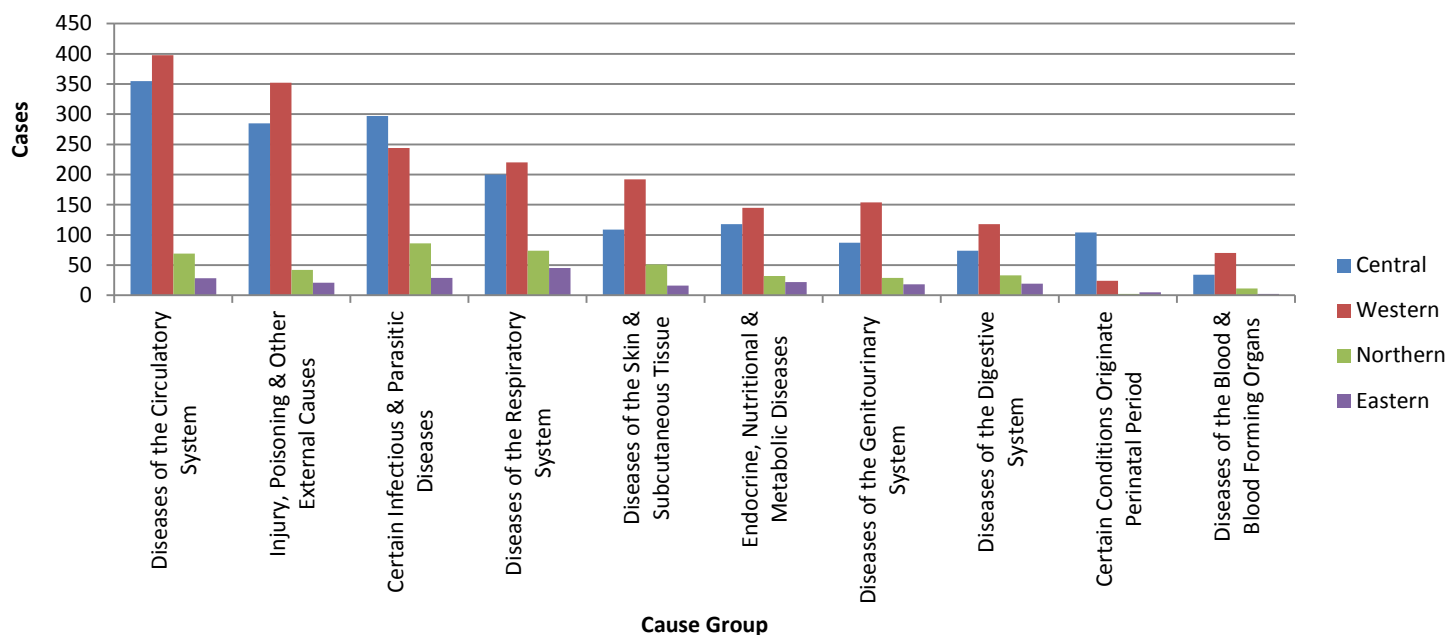


Source: Hospital Discharge Data

There were a total of 6037 admissions in the 4th quarter compared to 6257 in the 3rd quarter of 2013, comprising of 56% of females and 43% of males.

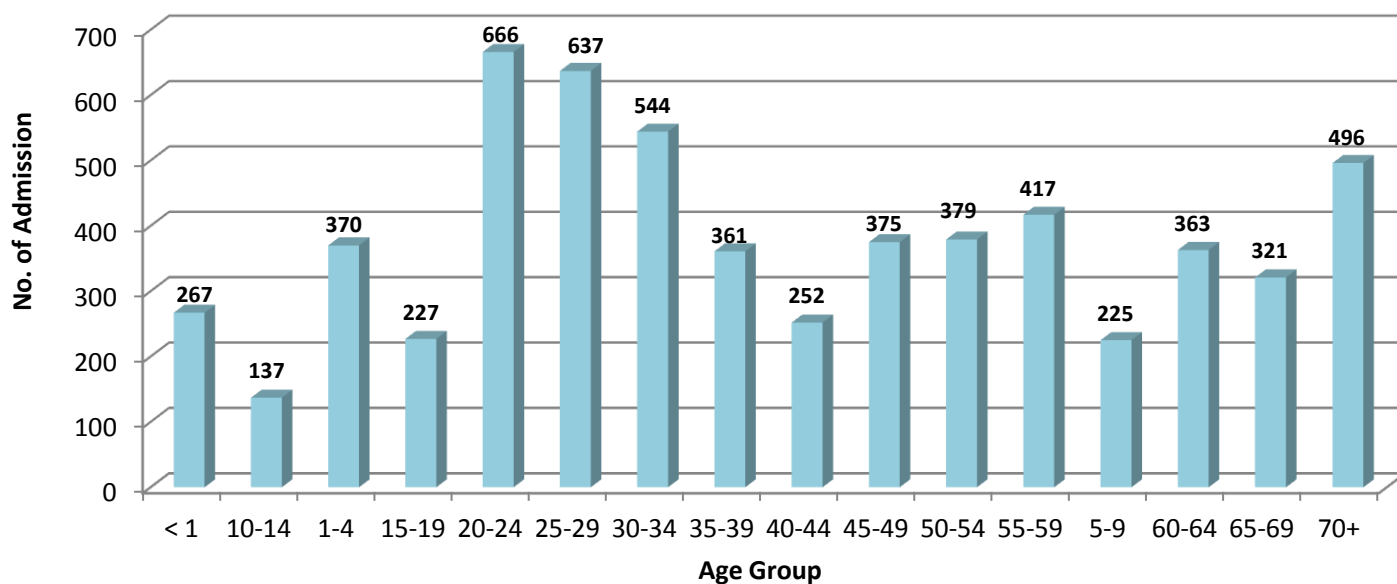
Diseases of Circulatory Systems accounted for about 20% of the total admissions, followed by Injury, Poisoning & External causes [17%], Certain Infectious & Parasitic Diseases [15%] and Diseases of the Respiratory Systems [13%]. Other causes for admissions comprised less than 10% of the Total Admissions.

Top 10 Causes of Morbidity by Divisions for 4th Quarter - 2013



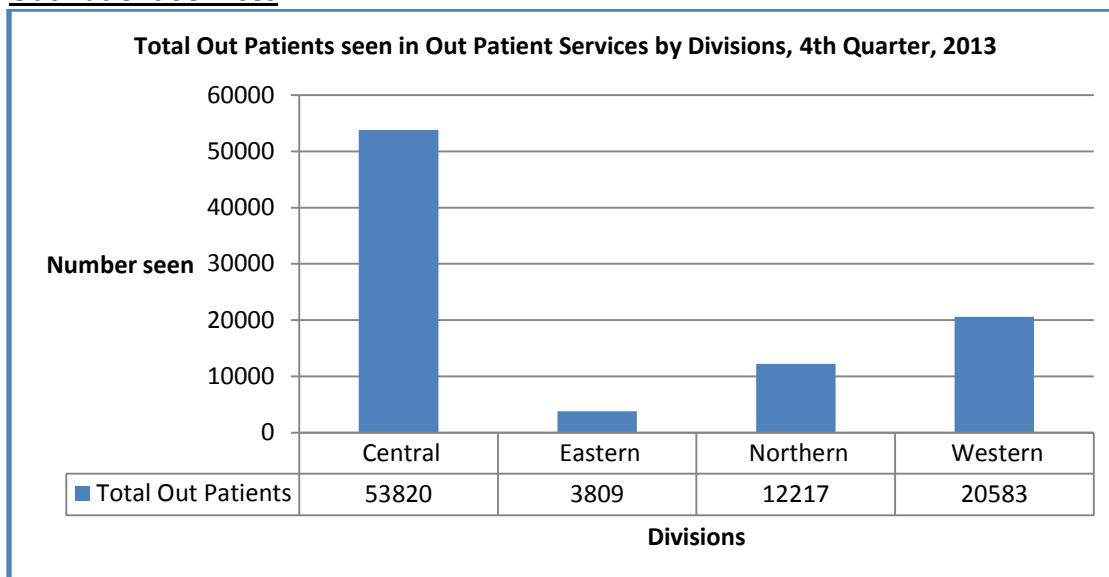
Most admissions were reported in the Western Divisions followed by the Central Divisions, Northern and Eastern Divisions in the fourth quarter. Although Injury, Poisoning and External causes were most common in all the Divisions, majority of admissions were due to Diseases of the Circulatory.

Admissions by Age Groups, 4th Quarter 2013



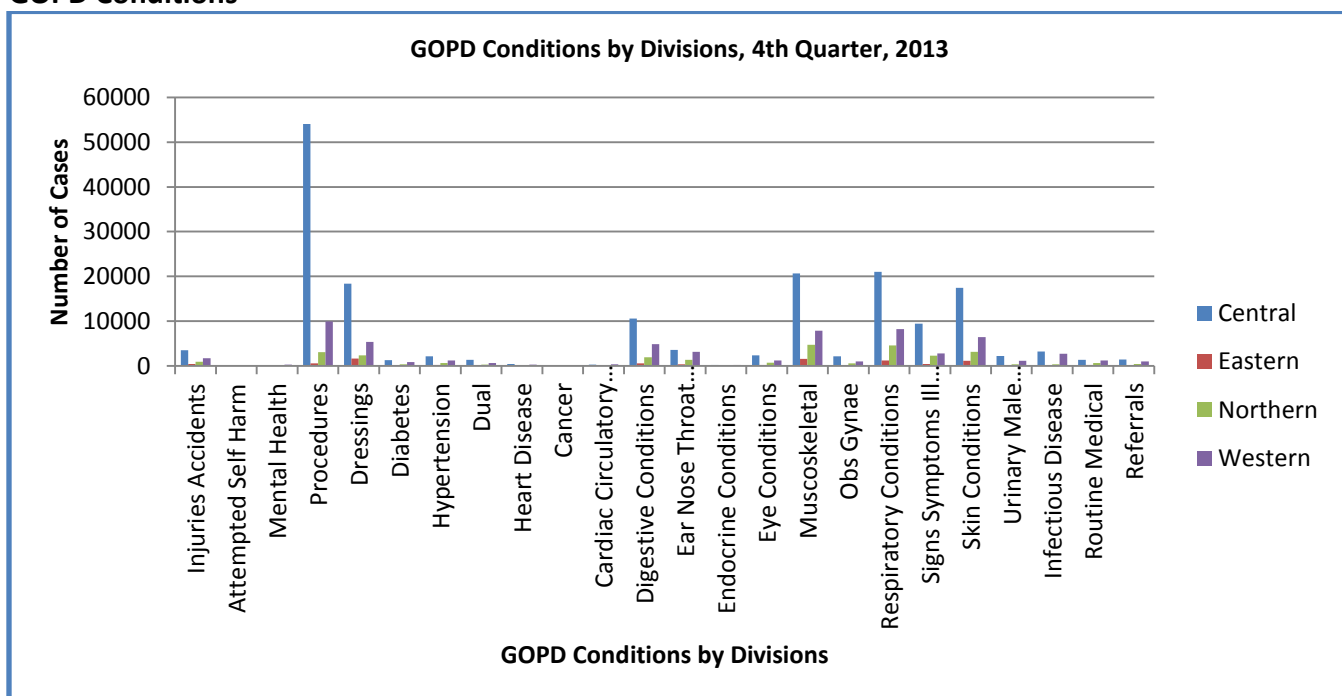
From the reports received, majority of admissions were reported in the 20-24 age groups [666 cases] and the least were reported in the 10-14 age groups [137 cases].

Out Patient Services



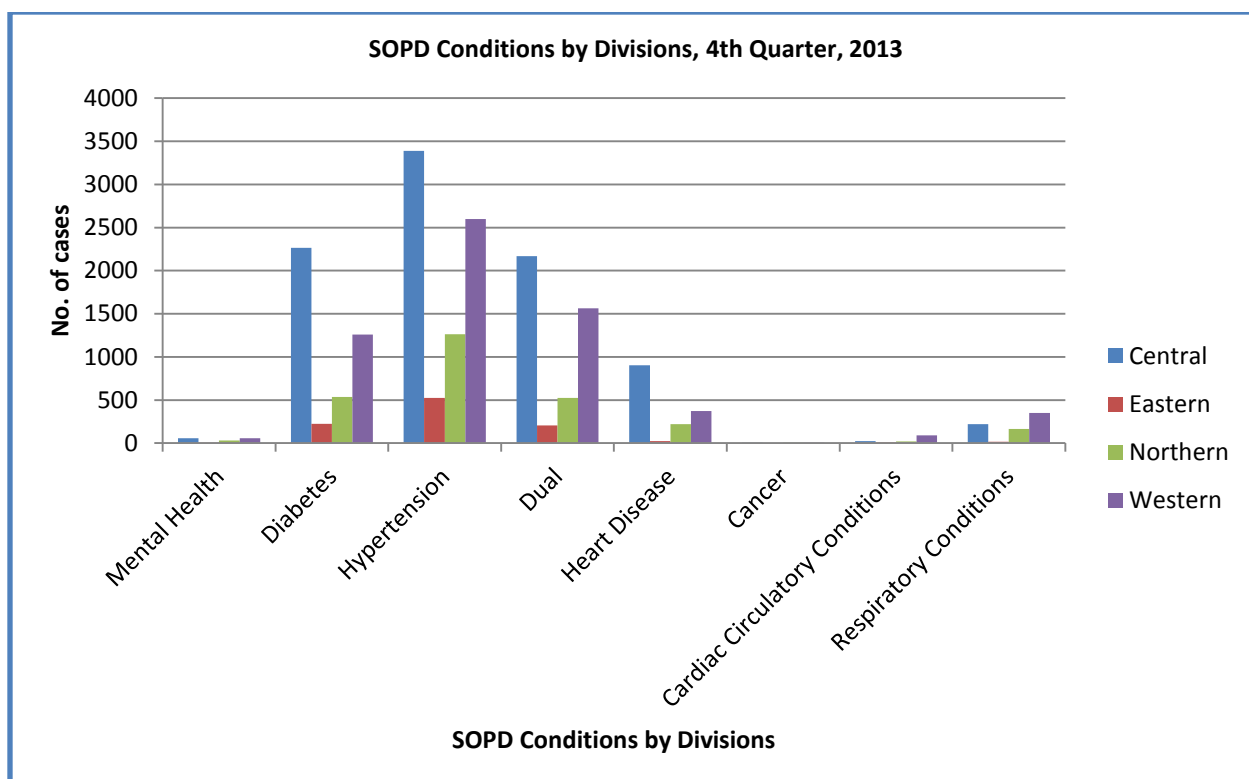
A total of 90,429 outpatients were seen through the outpatient service in all the divisions compared to a total of 166,141 outpatients seen through the same period in 2012. This was a decrease of 45.6% in the 4th Quarter [2013] compared to the same period last year.

GOPD Conditions



Minor procedures and dressings were carried out for majority of the patients visiting the GOPD particularly in the Central Division. Similar to the trends in the 4th quarter of 2012 respiratory conditions, followed by musculoskeletal and skin conditions were the leading causes of morbidity similar patterns were observed in 4th quarter of 2012 as well.

SOPD Conditions



It was observed that majority of the patients suffered from Hypertension and followed by Diabetes particularly in the Central Division similar to the trends observed in same period, 2012. Respiratory Conditions was recorded more in the Western Division however, Central Division recorded more Heart Disease.

Maternal Health

Normal and At Risk Pregnancy Table

Pregnancy category	4 th Quarter, 2013	4 th Quarter, 2012
Normal pregnancies	1490	1651
At Risk Pregnancies	847	1090
at risk & normal pregnancies	2337	2741

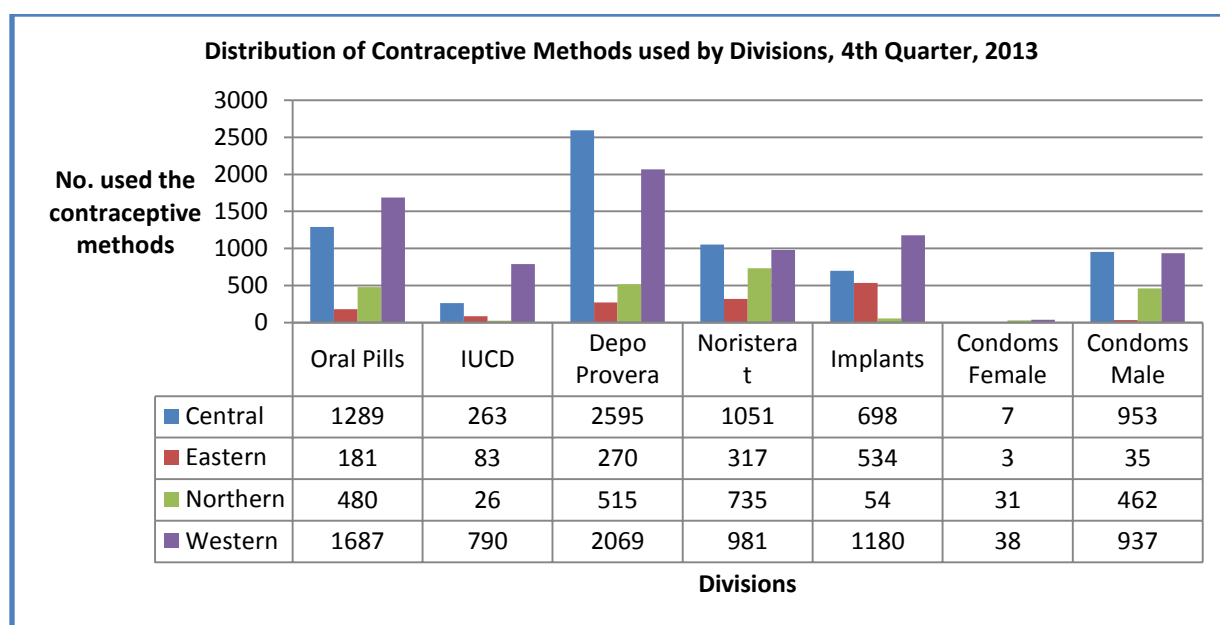
At antenatal clinics there were a total of 1490 normal pregnancies seen compared to same period, 2012 there was 9.8% more normal pregnancies seen. 22.3% less at risk pregnancies cases were seen at ANC in the 4th Quarter 2013 compared to the same period 2012 (1090). Among the complications/risk factors were those outlined in the table below:

Risk factors and Complications	% of at risk pregnancies	% of at risk pregnancies + normal pregnancies
Anaemia	6.7	2.4
Cardiac	0.2	0.1
Hyper Tension	1.7	0.6
Diabetes	0.5	0.2
Obstruct Labour	0.0	0.0
Prev Ceasar	7.1	2.6
Elderly Prim	2.5	0.9
Obesity	1.7	0.6
Under Weight	0.1	0.0
VDRL	2.0	0.7

The table above shows the relative prevalence of various risk conditions for women attending ANC clinics. The first column shows the relative prevalence of the condition among women who were considered 'at risk' while the second column shows the prevalence of the condition among the all women attending ANC.

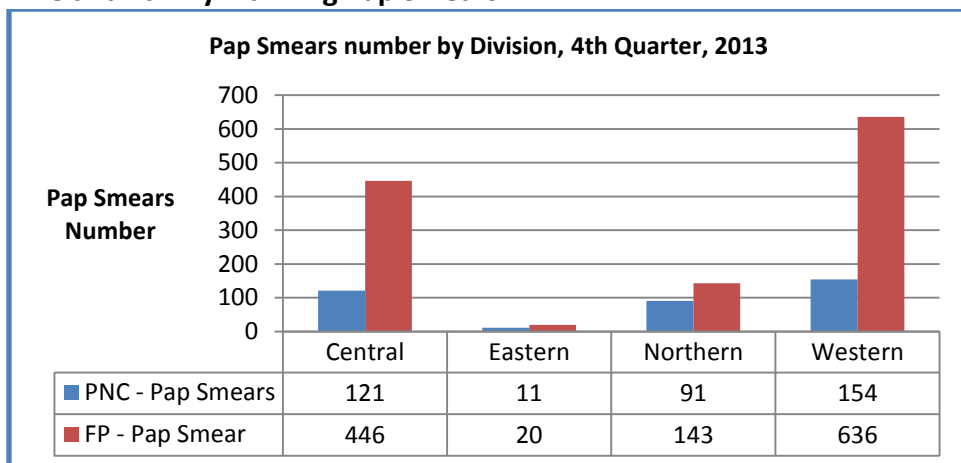
Family Planning

Contraceptive methods in Family Planning



Depo Provera injections and Oral pills were the most common contraceptive methods used for birth control followed by Implants and condoms as per reported by all divisions. Central division recorded the highest used of contraceptive methods followed by Western division while Eastern recorded the lowest. Similar patterns were observed same period in 2012.

PNC and Family Planning Pap Smears



A total of 1622 pap smears were conducted in combined clinics [76.8% of pap smears were recorded through family planning clinics and 23.2% through postnatal clinics. This is slightly less than the numbers reported for the same period in 2012. About 26.3% less pap smears were performed in the 4th quarter of 2013 compared to the same period, 2012 (2201).

Immunisation

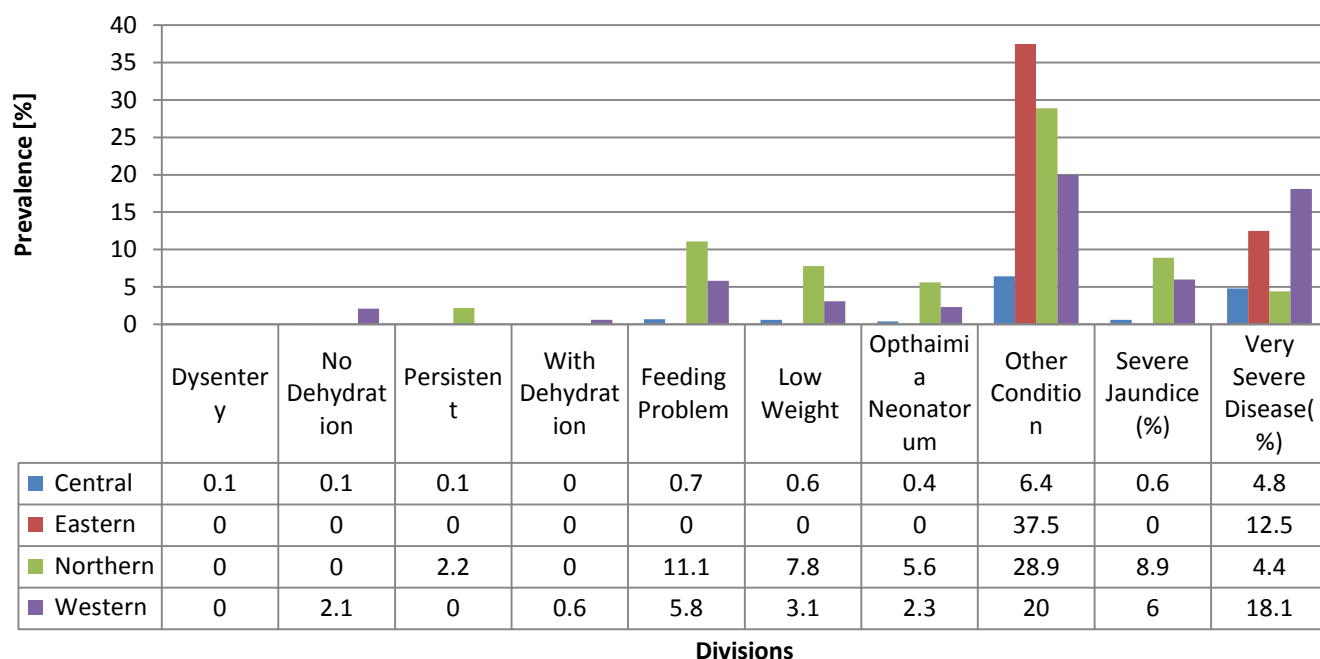
Immunisation by Division, 4th Quarter, 2013

Division	HepBO	BCG0	DPTHe BHib1	OPV1	Penumoc al1	Rotavirus 1	DPTHe BHib2	OPV2	Penumoc al2	DPTHe BHib3	OPV3	Penumoc al3	Rotavirus 2	MR1
Central	2	1	1,835	1,840	1,838	1,843	2,056	2,056	2,057	2,103	2,092	2,106	2,059	1,573
Eastern	5	6	129	129	132	135	161	161	158	190	189	192	184	176
Northern	12	15	575	609	607	606	639	653	653	753	774	774	773	600
Western	2	2	1,299	1,301	1,285	1,301	1,444	1,450	1,452	1,574	1,582	1,565	1,564	1,078
Total	21	24	3,838	3,879	3,862	3,885	4,300	4,320	4,320	4,620	4,637	4,637	4,580	3,427

Based on the above figure, estimated coverage of MR1 was about 67.9%. *[This estimation has used ¼ of 2012 live births (20178) as denominator]*. About 9.5% less when compared with the same period, 2012 the estimated coverage of MR1 was about 77.4%. *[This has been estimated using ¼ of 2011 live births (20425) as denominator]*.

MCH /IMCI: Birth to 2 months

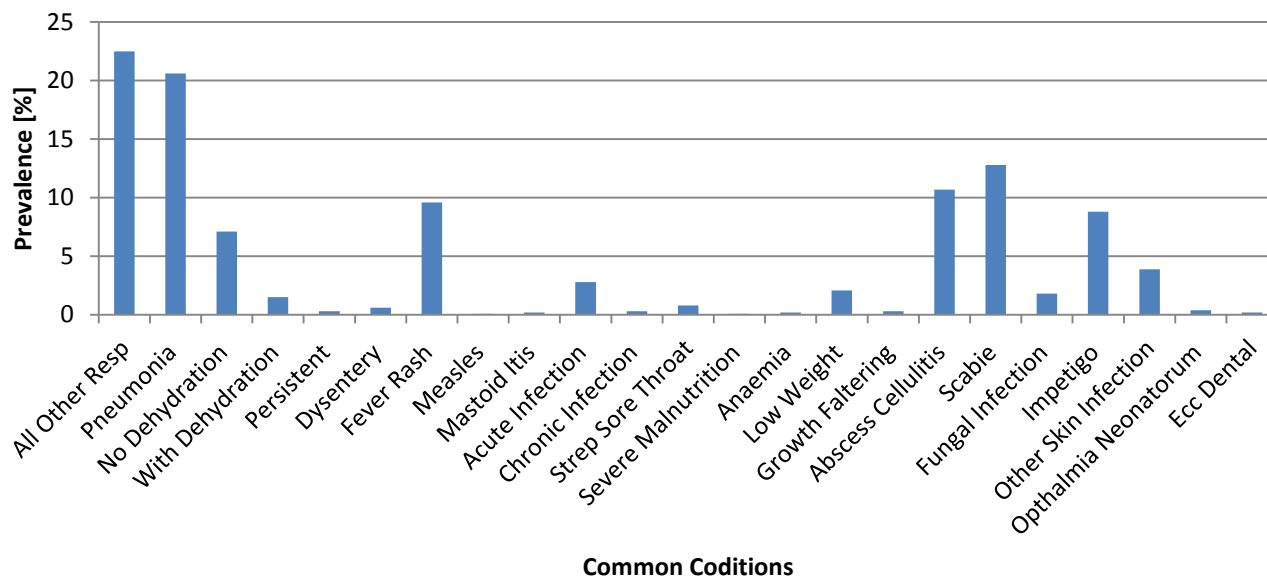
Prevalence of IMCI Conditions for Births - 2mnths by Divisions, 4th Quarter, 2013



Among the birth to 2 months old children attending IMCI clinic, other condition (prevalence of 37.5%) was most commonly reported followed by very severe disease [18.1%], this may be due to the combination of diseases under one title with low weight and feeding problem of 7.8% and 11.1% respectively (The majority of the very severe disease was from the Western Division whereas other condition cases was mostly reported from the Eastern division). When compared with the same period, 2012 similar patterns were seen.

MCH /IMCI: 2 months to 5 years

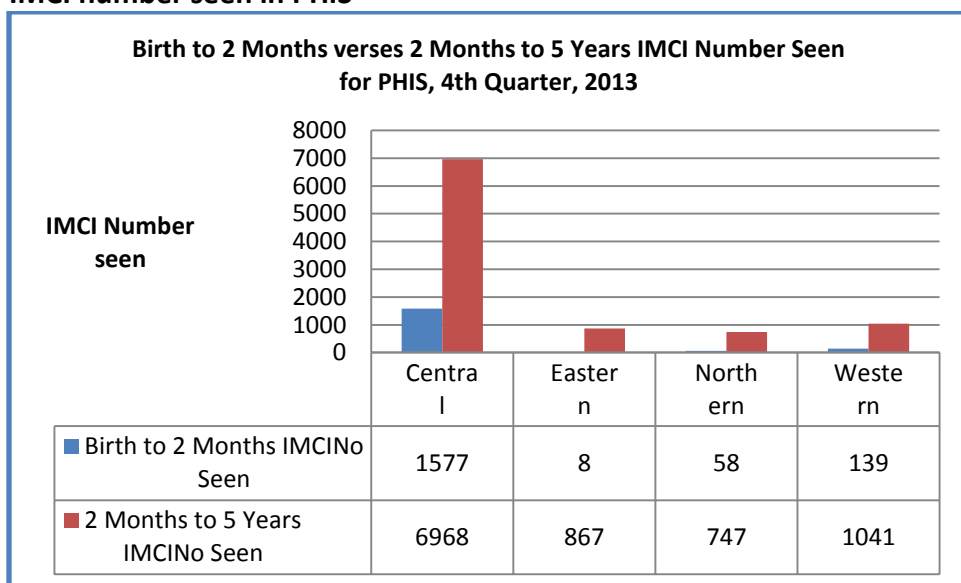
Prevalence of common IMCI Conditions among 2months-5years, 4th Quarter, 2013



Among the 2 months to 5yr old children attending IMCI clinic, respiratory conditions particularly those classified as all other respiratory , no pneumonia and antibiotics) was most common – prevalence of 68.4 compared to same period,

2012 (23.19%); Skin conditions such as abscesses or cellulitis were also very common. Low weight was also recorded among 2.1% [4.06% same period, 2012] of those attending IMCI.

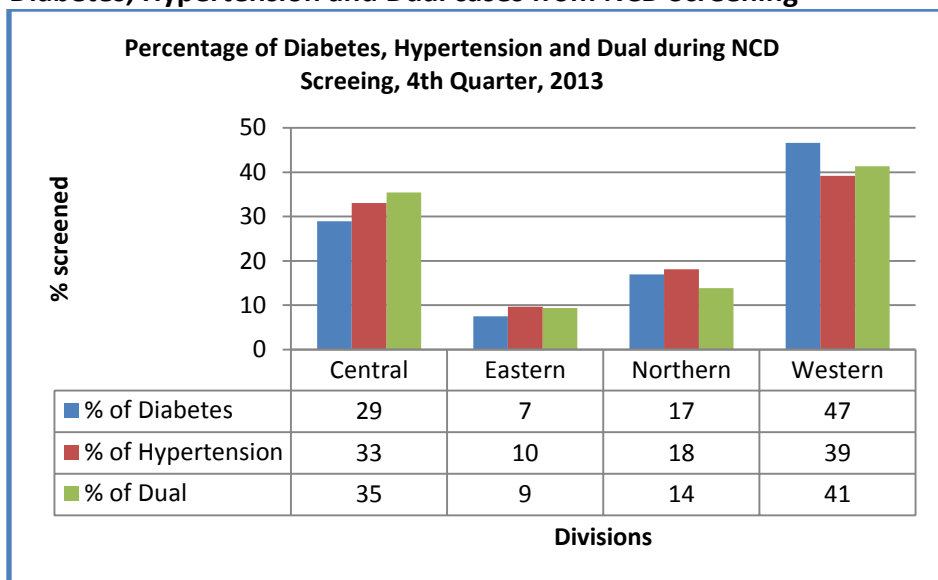
IMCI number seen in PHIS



Integrated Management of Childhood Illness [IMCI] is an integrated approach to child health that focuses on the well-being of the whole child. IMCI aims to reduce death, illness and disability, and to promote improved growth and development among children under five years of age. It has been observed that there were more IMCI conditions detected in the age group of 2 months to 5 years which was 15.6% (9623) more than birth to 2 month (1782) as Central Division recorded the highest followed by Western while Northern and Eastern division had similar trends.

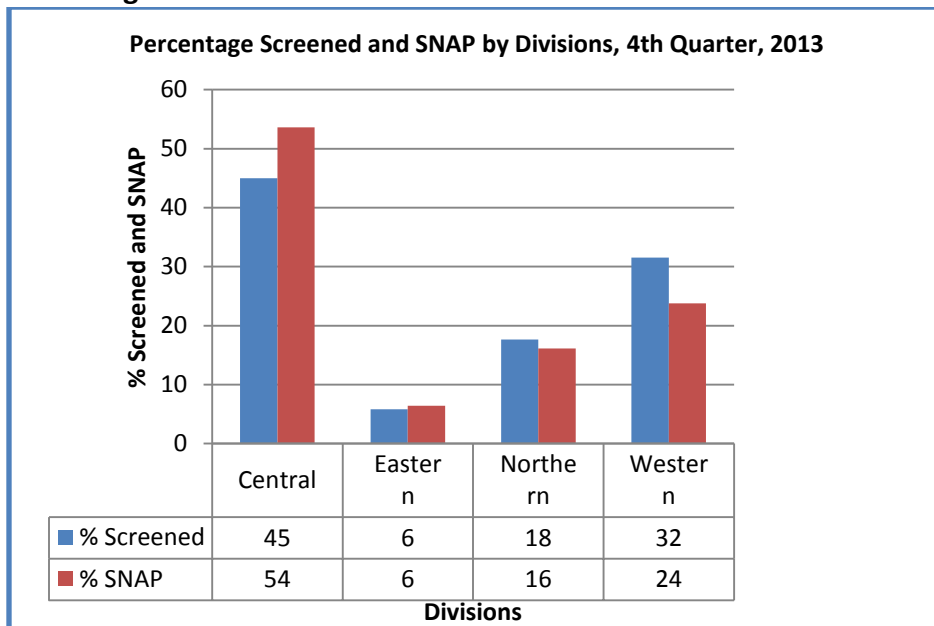
Non Communicable Diseases

Diabetes, Hypertension and Dual cases from NCD Screening



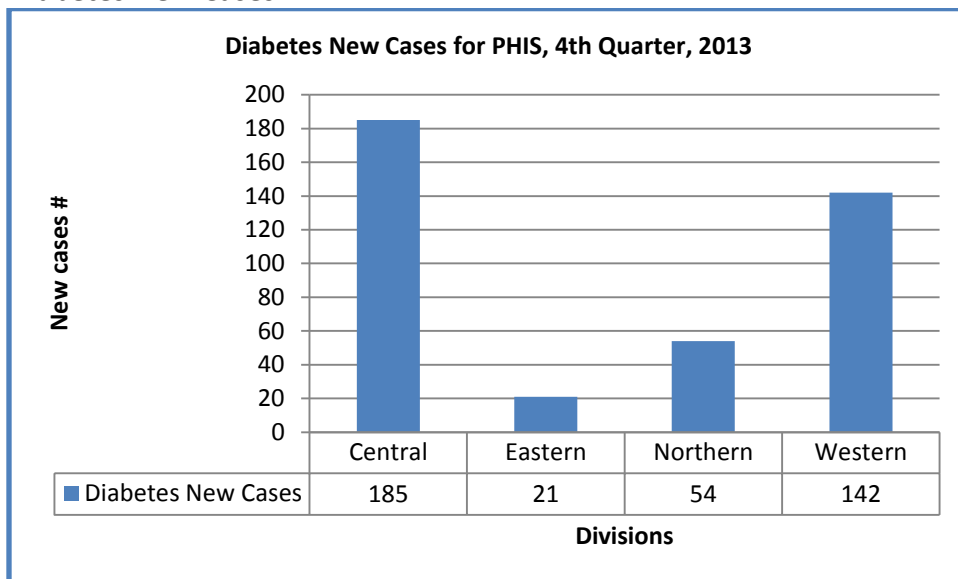
It was observed that most people screened suffered from Diabetes, followed by Dual and hypertension particularly in the Western Division while Eastern Division recorded the lowest coverage during the screening. There were no figures available to compare results from the same period, 2012.

Screening and SNAP Results



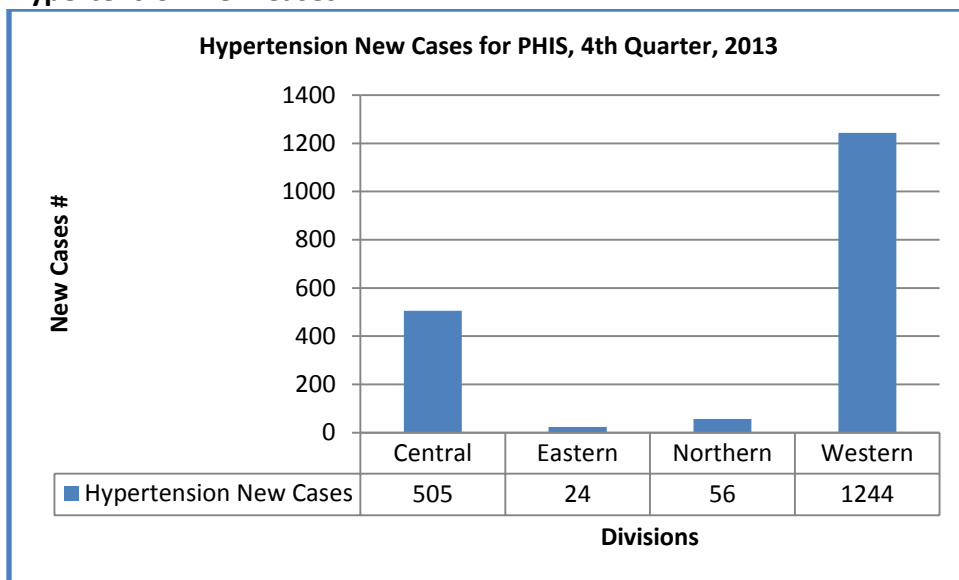
In the 4th Quarter, 2013 –26,652 people were screened for diabetes and hypertension. Counseling was done regarding lifestyle activities, smoking, nutrition, alcohol and physical activity (SNAP). The largest numbers of people screened were from the Central division followed by the Western Division while Eastern division had the lowest number screened. There were no figures available to compare results from the same period, 2012.

Diabetes New Cases



The total number of diabetes new cases for PHIS were 402 which was 7.2% less when compared to quarter 3 (433) which recorded the highest during its NCD screening done at the Health Centre, Nursing stations and Zone level by 30- and 30+ for the entire quarter. The new cases that PHIS captures are from its 90 medical areas. More over, Central Division had the highest news cases recorded where by PHIS recorded 185 new cases when compared to 3rd quarter Western Division had the highest number of new cases (200) which was 7.5 more than 4th quarter followed by Northern Division while Eastern division which recorded the Lowest that was similar to 3rd quarter.

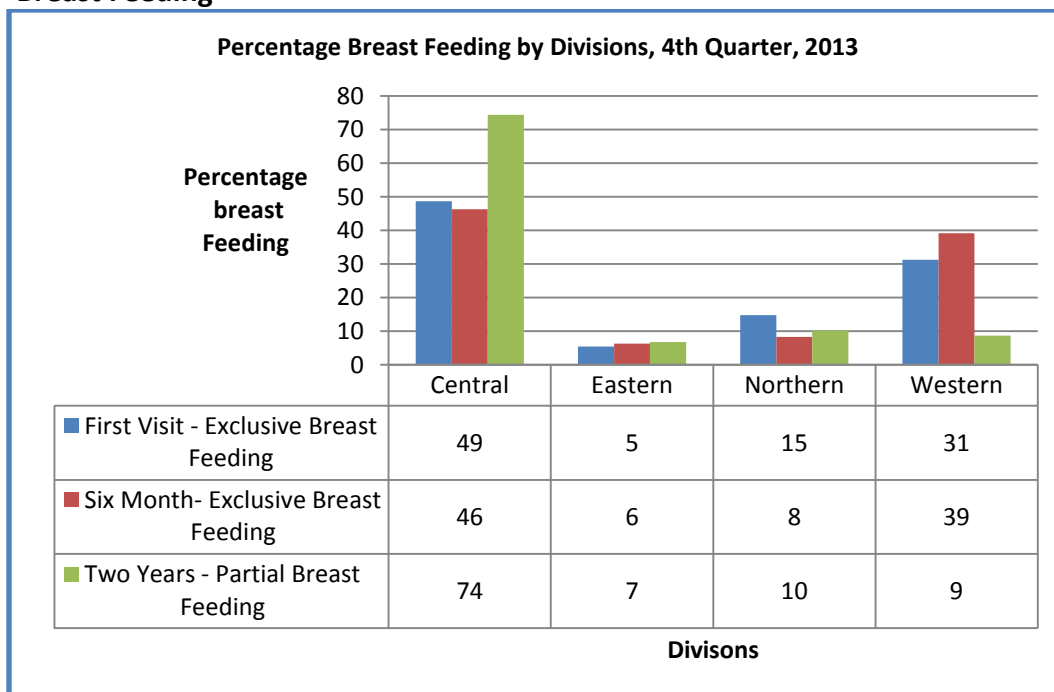
Hypertension New Cases



This is the 1st time Hypertension new cases is reflected in the quarterly bulletin. The total number of Hypertension received from PHIS for new cases were 1829 for the entire 4th quarter. Western Division had a total of 1244 new cases followed by Central Division while Eastern division recorded the Lowest. According to the results male are more vulnerable to hypertension compared to females. This is dependable upon the lifestyle and behaviour of an individual. Hypertension new cases for PHIS are gathered during its NCD screening and subsequent clinical case reporting at the Health Centre, Nursing stations and Zone level which is captured from its 90 Medical Areas.

Nutrition

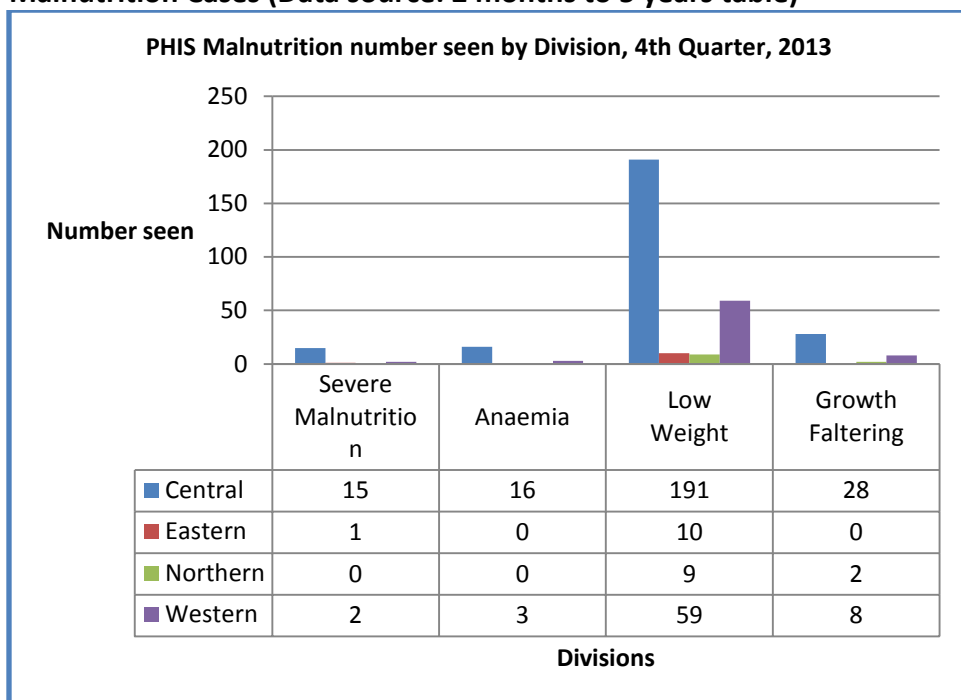
Breast Feeding



Central Division recorded more mothers practicing breast feeding during the birth to 6 months, followed by Western Division while Eastern recorded the lowest. Central Division recorded 74% of mothers who continued breast feeding after 6 months and up until 2 years compared to the Western Division which recorded less than 39% compared to 50% in 2nd

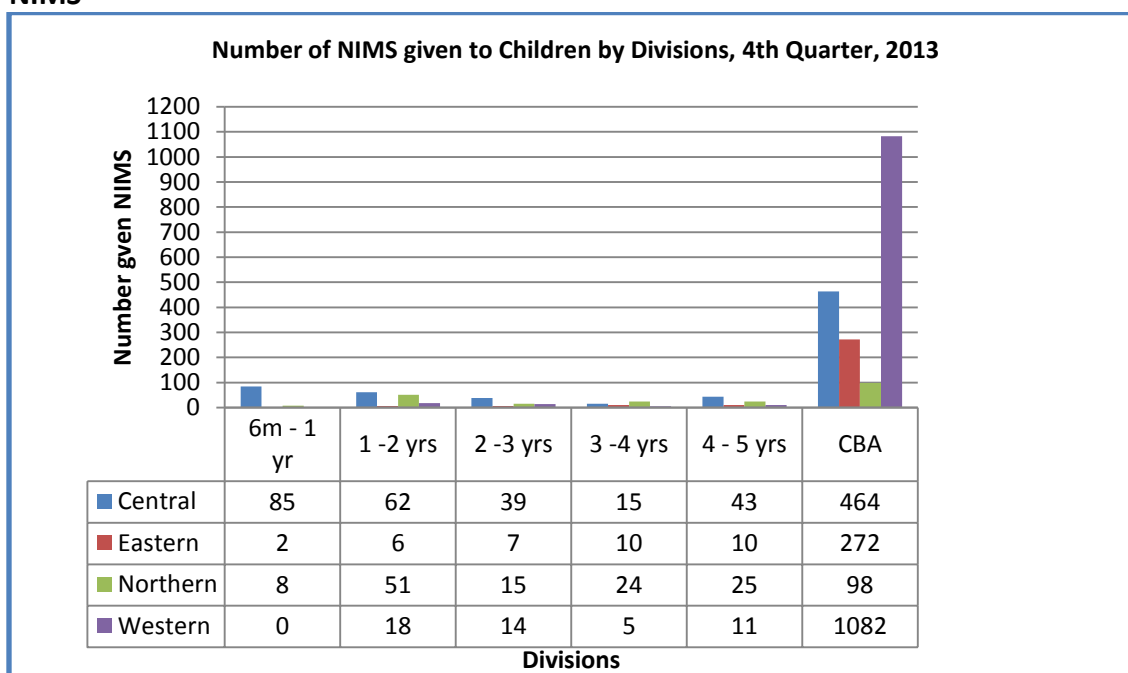
Quarter 2013 who continued breastfeeding after 6months and until 2 years. There were no figures available to compare results from the same period, 2012.

Malnutrition Cases (Data source: 2 months to 5 years table)



Malnutrition detection is one of the key indicators of Ministry of Health. Malnutrition is a result of eating disorder which is most commonly found amongst children as they need nutritious for growth and development. This graph above captures the malnutrition among children who are in the age category of 2 months to 5years. Central division had the highest malnutrition cases recorded followed by the Western division while Northern and Eastern recorded similar trends.

NIMS



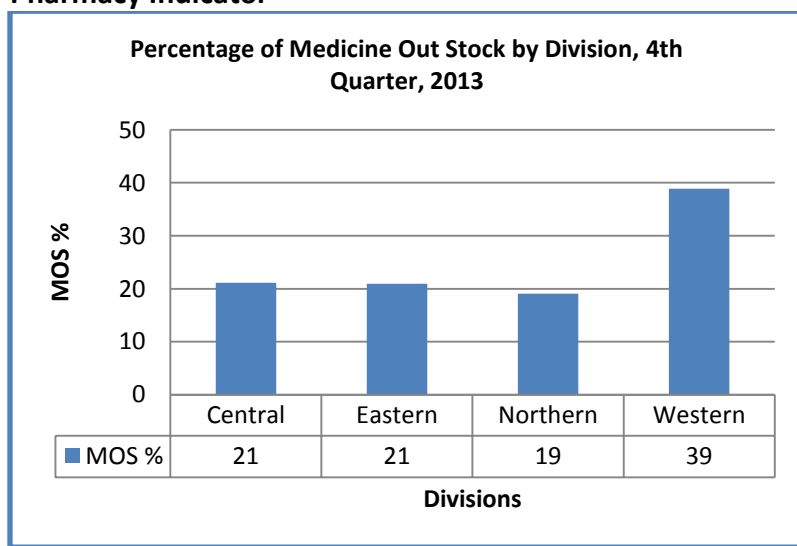
NIMS were mostly distributed in the Western Division, followed by the Central Division. All NIMS are recorded by dieticians/ health professional mainly the nurses where by it is submitted to the Sister in Charge to be entered in the PHIS forms, Sub-Divisional Health Sister or the Divisional Health Sister as a compiled report. Compared to the 1st, 2nd and 3rd Quarter there was under reporting of NIM distribution. There were no figures available to compare results from the same period, 2012.

PHIS School update

Division	Total # Seen	RHD Screen #	RHD Screen %	NIMS Doses #	NIMS Doses %	Obese #	Obese %	Under Weight #	Under Weight %
Central	2295	0	0	1617	70.5	204	8.9	279	12.2
Eastern	417	430	103.1	0	0	24	5.8	0	0.0
Northern	33	0	0	0	0	3	9.1	30	90.9
Western	659	0	0	664	100.8	2	0.3	0	0.0
Total	3404	430	12.6	2281	67.0	233	6.8	309	9.1

The above table shows the number and the percentage of RHD, NIMS, Obese and Under Weight of school children determinant upon the services provided by the School Health Team in their 1st or re-visit. The denominator is the number seen in the 4th quarter period for the each condition number recorded calculated to give the prevalence of the conditions by Divisions.

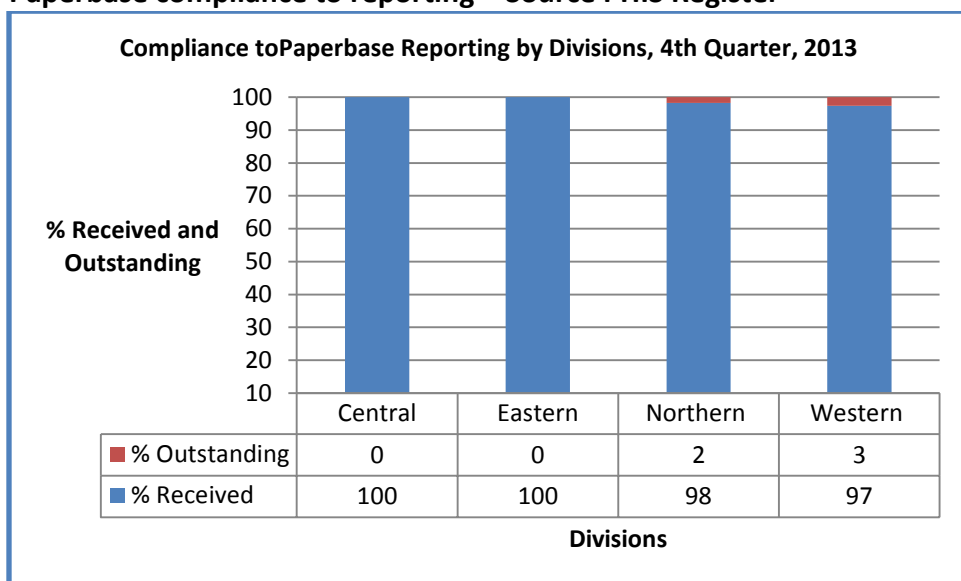
Pharmacy Indicator



The PHIS system records the number of occasions where any one of the key medicines has been out of stock for a week or more in a month from each Medical Area. During 4th Quarter, 2013, the Western Division had the most medicine stock outs with 39% across all Medical Area with Northern Divisions having the lowest percentage (19). There were no figures available to compare results from the same period, 2012.

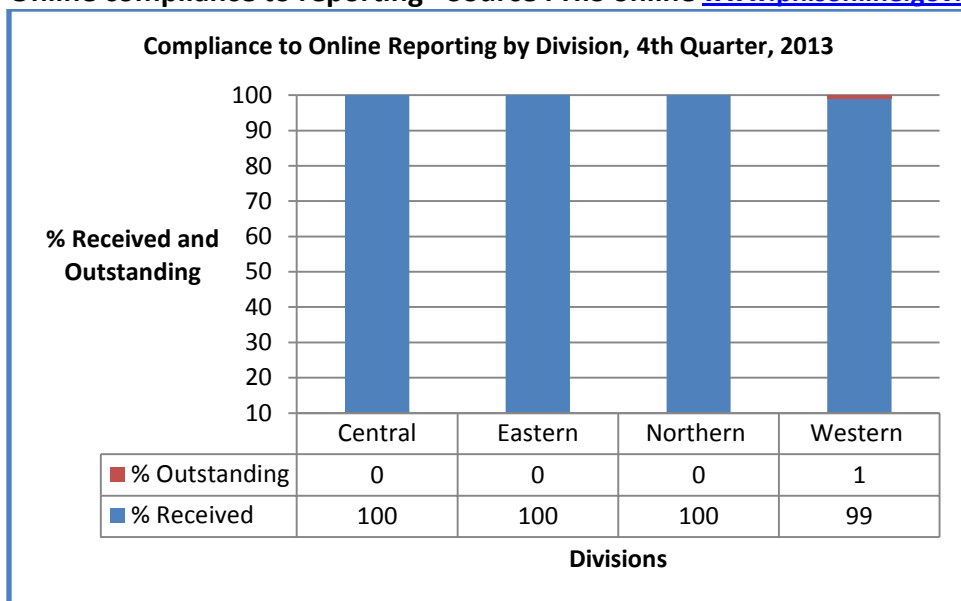
PHIS Compliance to Reporting

Paperbase compliance to reporting – Source PHIS Register



The preceding analysis is based on the 98.8% of reports received through the paper based reports from the four divisions for the 4th Quarter, 2013. 1.2% decline in the receipt of reports was noted compared to 94% for the 4th Quarter, 2012. The discrepancy between the online reporting and paper based system is due to: the ability for sub-divisions to access PHIS online for immediate data entry; the lag time for receiving paper based reports due to logistics. There is a continuation of the paper based reports until the online systems are able to sustain reporting requirements.

Online compliance to reporting –Source PHIS online www.phisonline.gov.fj



The preceding analysis is based on 99% of reports received through PHIS online for the 4th Quarter, 2013. There was an improvement in reporting by 5% in this quarter compared to the 2nd Quarter, 2013 [94%]. There were no figures available to compare results from the same period, 2012 as PHIS online started in January of 2013.

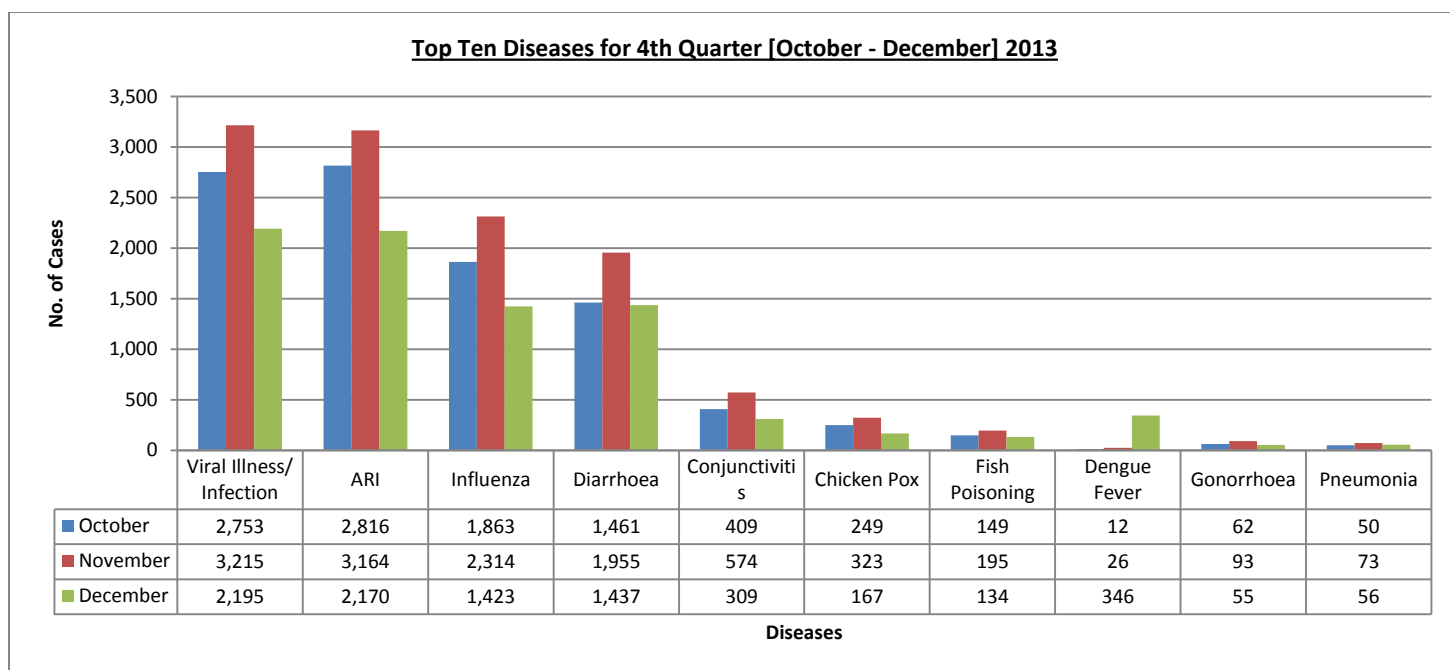
2. NOTIFIABLE DISEASES

Data for the Notifiable diseases are obtained from the Notifiable Diseases Certificates, every week – ending.

Notifiable Diseases by Months for 4th Quarter 2013

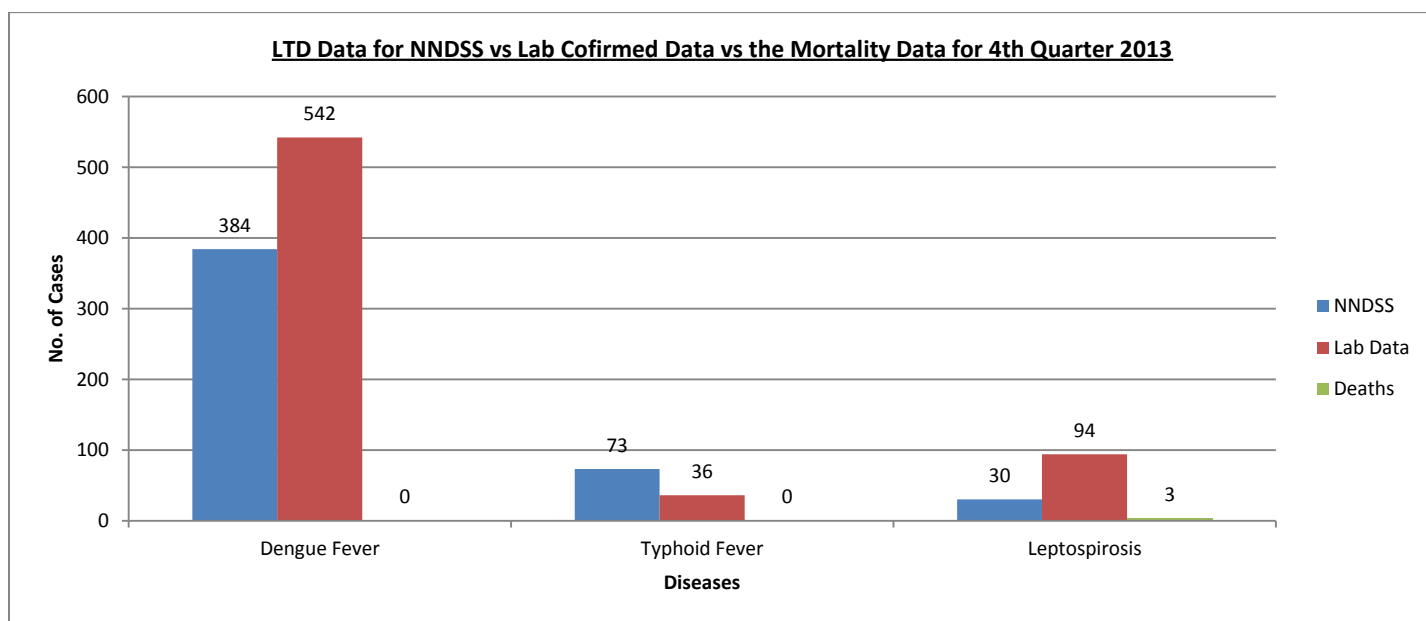
No.	Diseases	October	November	December	Total
1	Acute Poliomyelitis	0	0	0	0
2	Acute Respiratory Infection	2,816	3,164	2,170	8,150
3	Anthrax	0	0	0	0
4	Brucellosis	0	0	0	0
5	Chicken Pox	249	323	167	739
6	Cholera	0	0	0	0
7	Conjunctivitis	409	574	309	1,292
8	Dengue Fever	12	26	346	384
9	Diarrhoea	1,461	1,955	1,437	4,853
10	Diphtheria	0	0	0	0
11	Dysentery (a) Amoebic	0	0	1	1
	(a) Bacillary	4	5	7	16
12	Encephalitis	0	0	0	0
13	Enteric Fever (a) Typhoid	17	33	23	73
	(b) Para Typhoid	0	0	0	0
14	Fish Poisoning	149	195	134	478
15	Ciguatera Fish Poisoning	0	0	17	17
16	Food Poisoning	1	0	0	1
17	German Measles (Rubella)	10	7	0	17
18	Infectious Hepatitis	23	35	13	71
19	Influenza	1,863	2,314	1,423	5,600
20	Leprosy	1	0	0	1
21	Leptospirosis	3	13	14	30
22	Malaria	1	0	0	1
23	Measles (Morbilli)	3	1	0	4
24	Meningitis	3	2	1	6
25	Mumps	0	0	0	0
26	Plague	0	0	0	0
27	Pneumonia	50	73	56	179
28	Puerperal Pyrexia	0	0	0	0
29	Relapsing Fever	0	0	0	0
30	Rheumatic Fever	4	3	3	10
31	Smallpox	0	0	0	0
32	Tetanus	0	0	0	0
33	Trachoma	64	7	5	76
34	Tuberculosis (a) Pulmonary	10	25	15	50
	(b) Others	0	0	0	0
35	Typhus	0	0	0	0
36	Viral Illness/ Infection	2,753	3,215	2,195	8,163
37	Whooping Cough	0	1	2	3
38	Yaws	0	0	0	0
39	Yellow Fever	0	0	0	0
40	Sexually Transmitted Diseases				
	(a) Gonorrhoea	62	93	55	210
	(b) Candidiasis	13	19	9	41
	(c) Chlamydia	0	0	0	0
	(d) Congenital Syphilis	3	0	3	6
	(e) Genital Herpes	0	0	0	0
	(f) Granuloma Inguinale	0	0	0	0
	(g) Herpes Zoster	3	4	3	10
	(h) Lymphogranuloma Inguinale	0	0	0	0
	(i) Ophthalmia Neonatorum	4	2	0	6
	(j) PID	0	0	0	0
	(k) Soft Chancre	0	0	0	0
	(l) Syphilis	25	37	33	95
	(m) Trichomoniasis	9	2	0	11
	(n) Veneral Warts	0	0	0	0

Source: NNDSS



Source: NNDSS

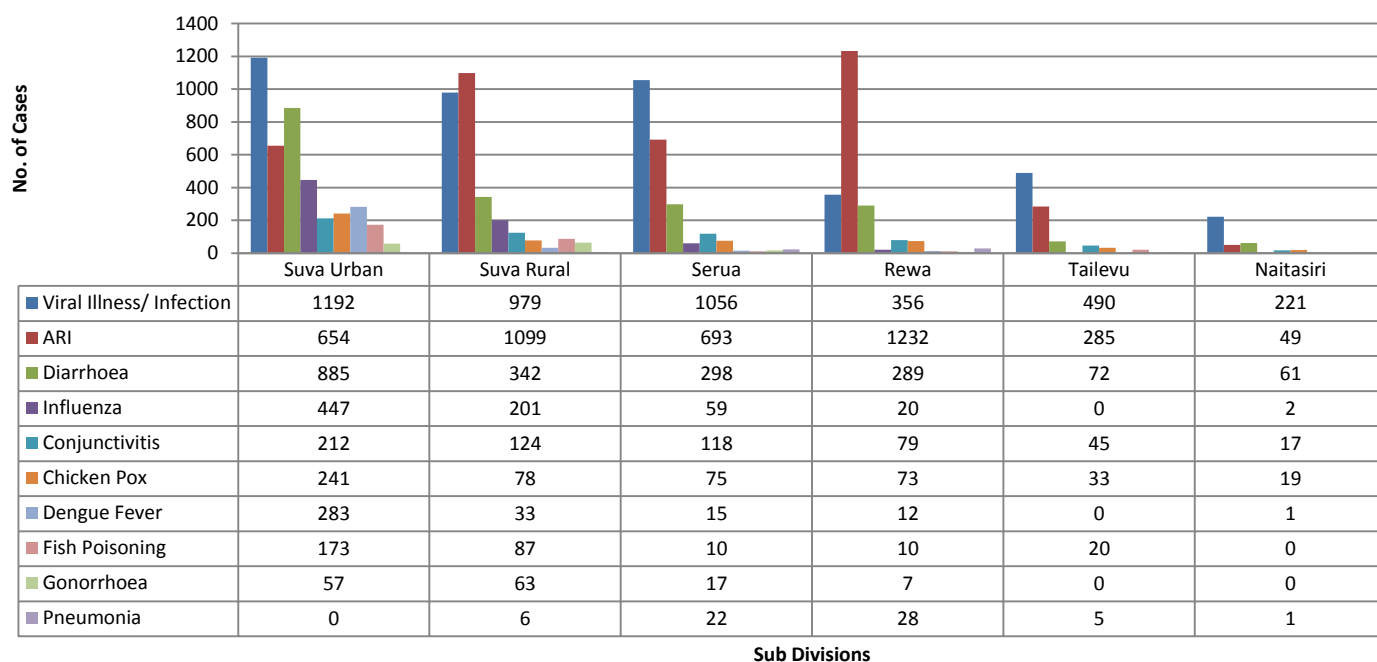
The above are the top ten diseases for 4th quarter 2013. The leading diseases are Viral Illness, ARI, Influenza and Diarrhoea.



Source: NNDSS, Lab Data & Mortality Data

The LTD data are compiled from the NNDSS, the Lab Data and the Mortality data for months of October to December. The Lab data are all Positive cases. For Dengue Fever there are 542 positive cases, the NNDSS data is 384 cases with no cases of death. Typhoid Fever, there are more cases reported through NNDSS with 73 cases whereas, Lab positive data have only 36 cases. No deaths for Typhoid Fever. Leptospirosis, there are more positive cases with 94 confirmed cases, whereas, there are only 30 cases reported through NNDSS, and there are 3 deaths received through the Mortality data. One of the reasons for less cases reported through NNDSS is because the facilities do not submit the timeliness report to Health Information Unit.

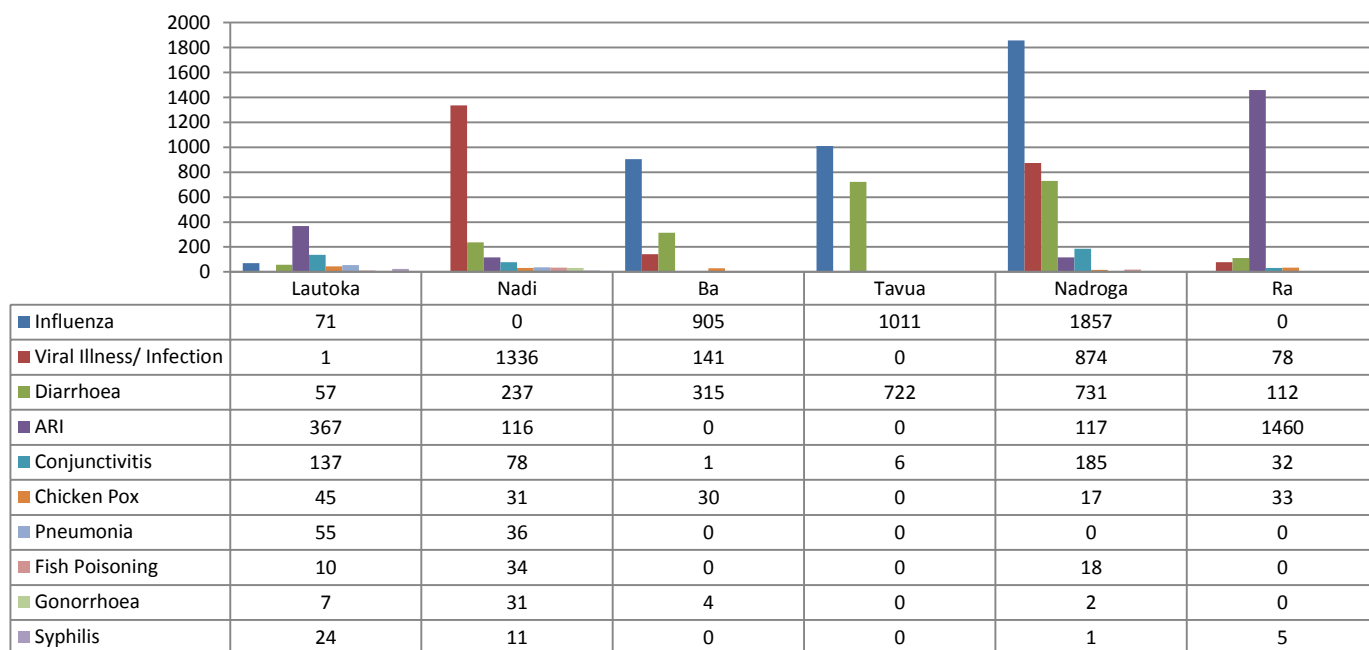
Top Ten Diseases for Central Division by Subdivisions 4th Quarter 2013



Source: NNDSS

The above graph shows the top ten Notifiable diseases for each subdivision in Central division. The highest number of cases recorded for Central division is Viral Illness, ARI and Diarrhoea.

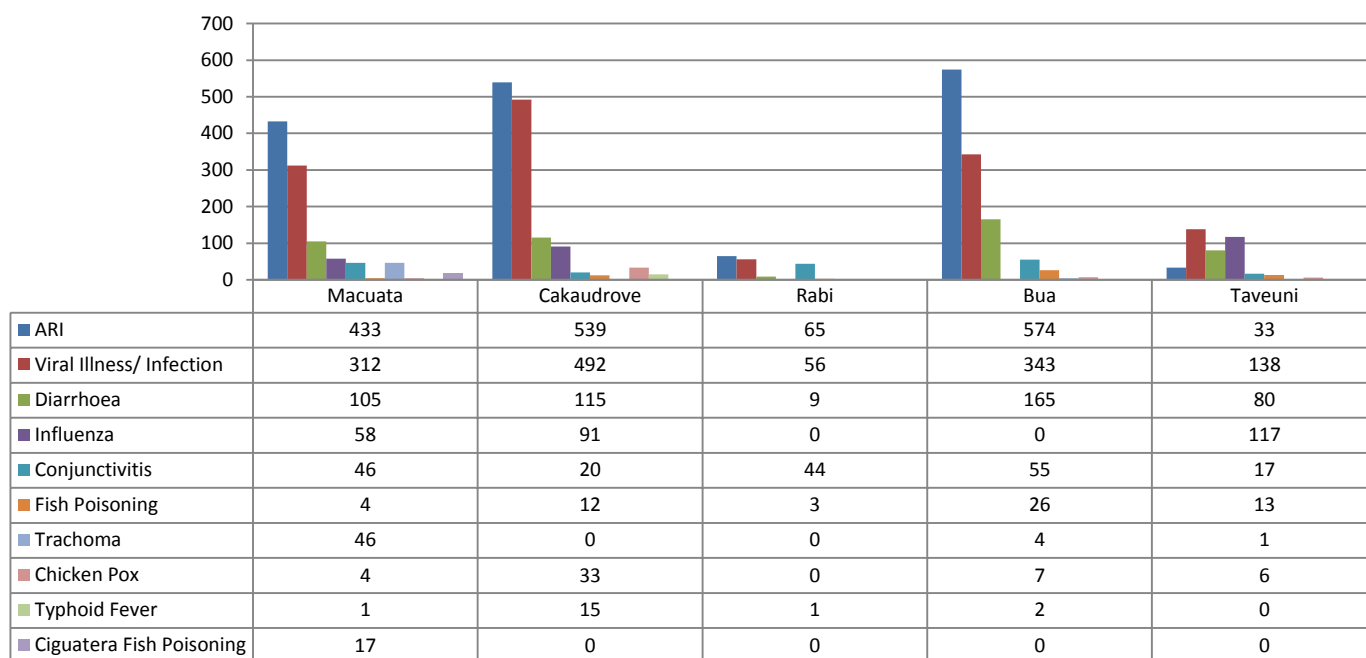
Top Ten Diseases for Western Division by Subdivisions 4th Quarter 2013



Source: NNDSS

The above graph shows the top ten Notifiable diseases for each subdivision in Western division. The highest number of cases recorded for Western division is Influenza, Viral Illness and Diarrhoea.

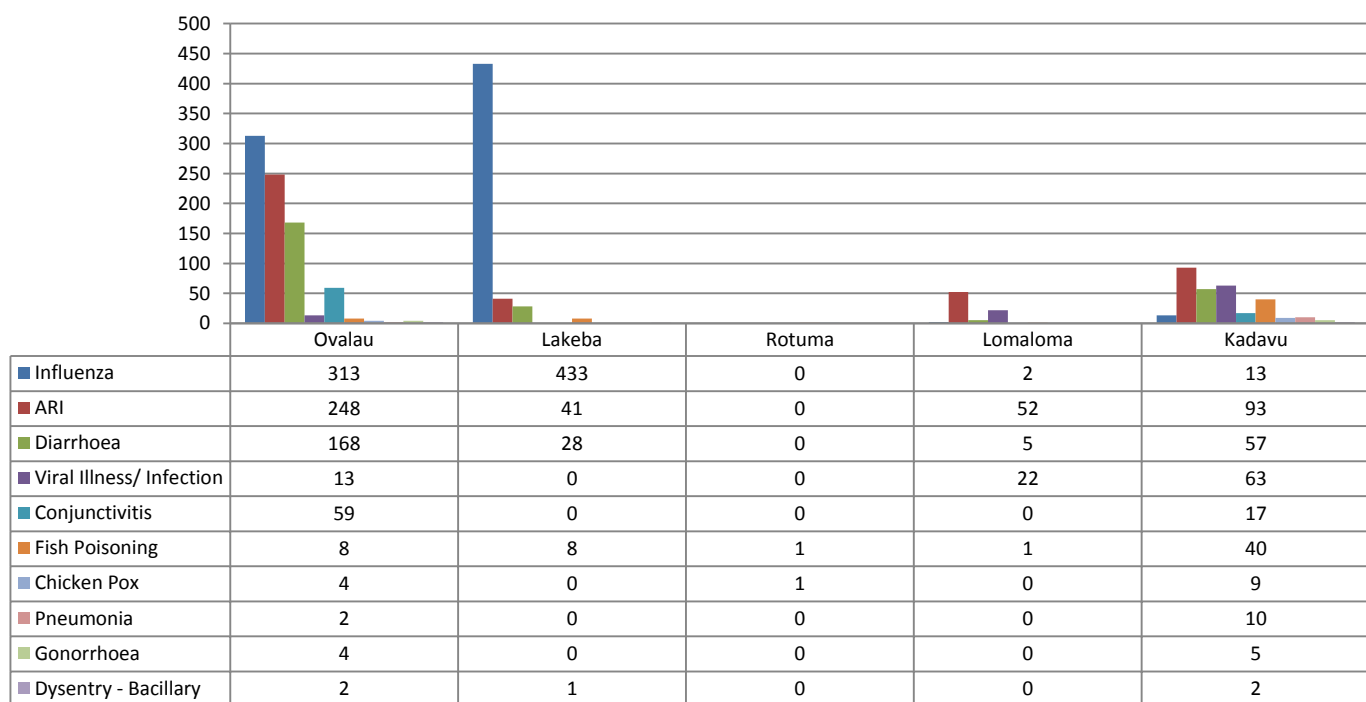
Top Ten Diseases for Northern Division by Subdivisions 4th Quarter 2013



Source: NNDSS

The above graph shows the top ten Notifiable diseases for each subdivision in Northern division. The highest number of cases recorded for Northern division is ARI, Viral Illness and Diarrhoea.

Top Ten Diseases for Eastern Division by Subdivisions 4th Quarter 2013

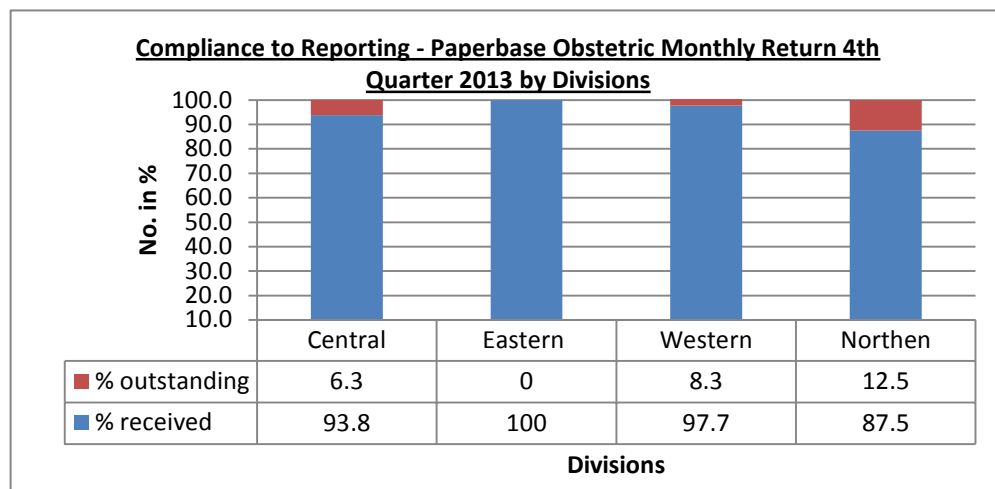


Source: NNDSS

The above graph shows the top ten Notifiable diseases for each subdivision in Eastern division. The highest number of cases recorded for Eastern division is Influenza, ARI and Diarrhoea.

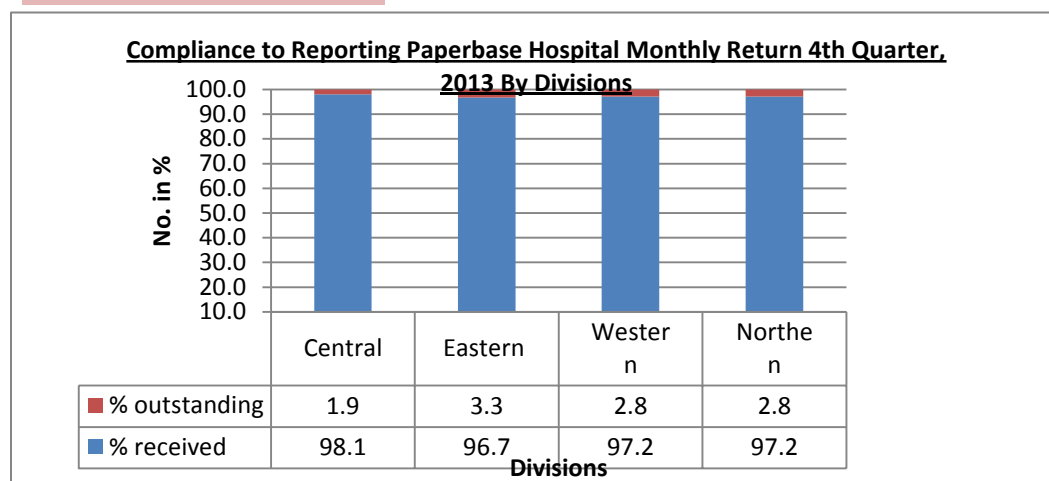
COMPLIANCE TO REPORTING

OBSTETRIC RETURN

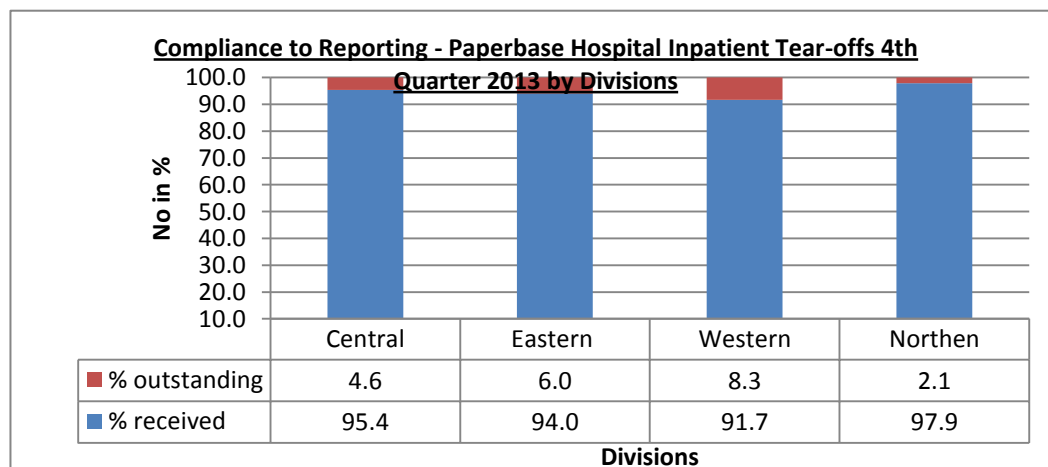


The preceding analysis for Obstetric Monthly Return is based on the 100% of reports received through paper based reports from the Eastern Divisions, 93.8% Central Divisions, 97.7% Western Division & 87.5% is Northern Divisions for the 4th Quarter 2013.

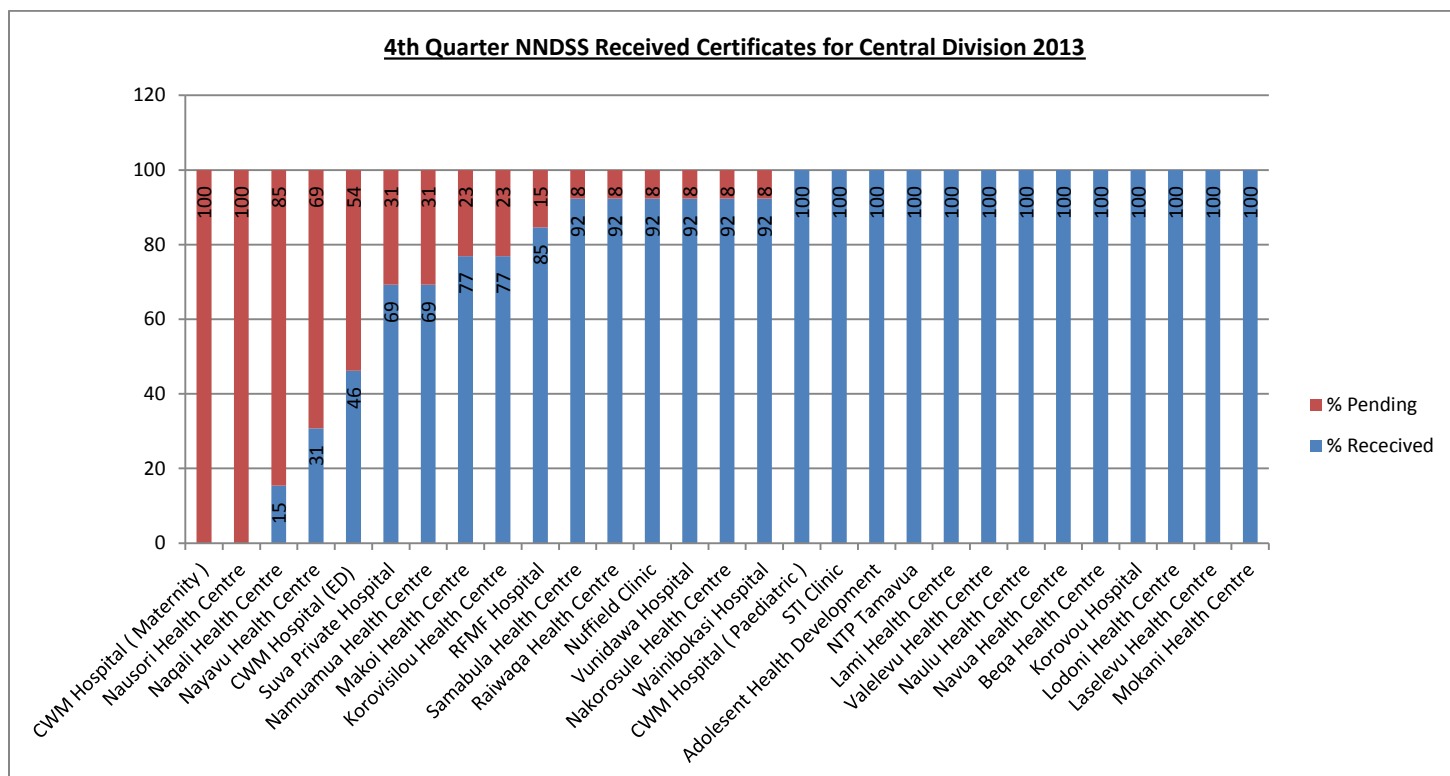
HOSPITAL MONTHLY REPORT



Timeliness submissions of reports to HIU sent by the facilities have been improved compared to previous years for Central Division. The reports received for Central Division is 98.1%, few hospitals have yet to submit their reports as illustrated in the graph.

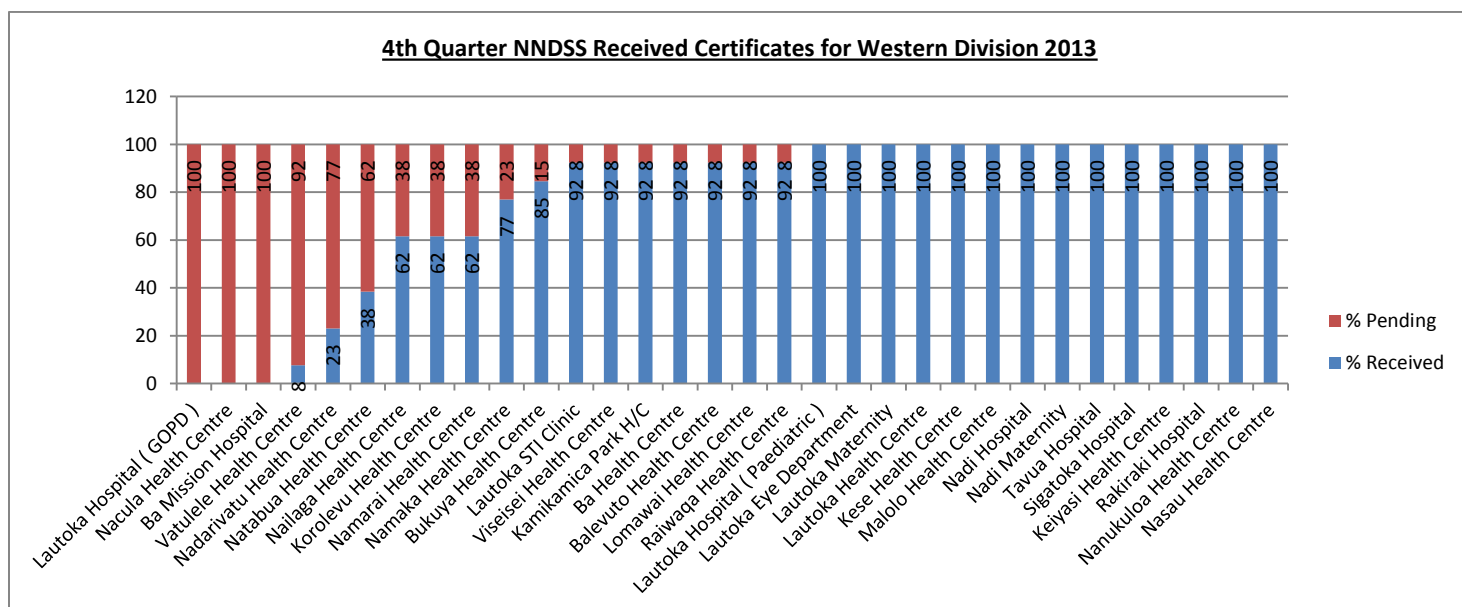


Timeliness submissions of reports to HIU sent by the facilities have been improved compared to previous years for Central Division. The reports received for Central Division is 98.1%, few hospitals have yet to submit their reports as illustrated in the graph.



Source: NNDSS

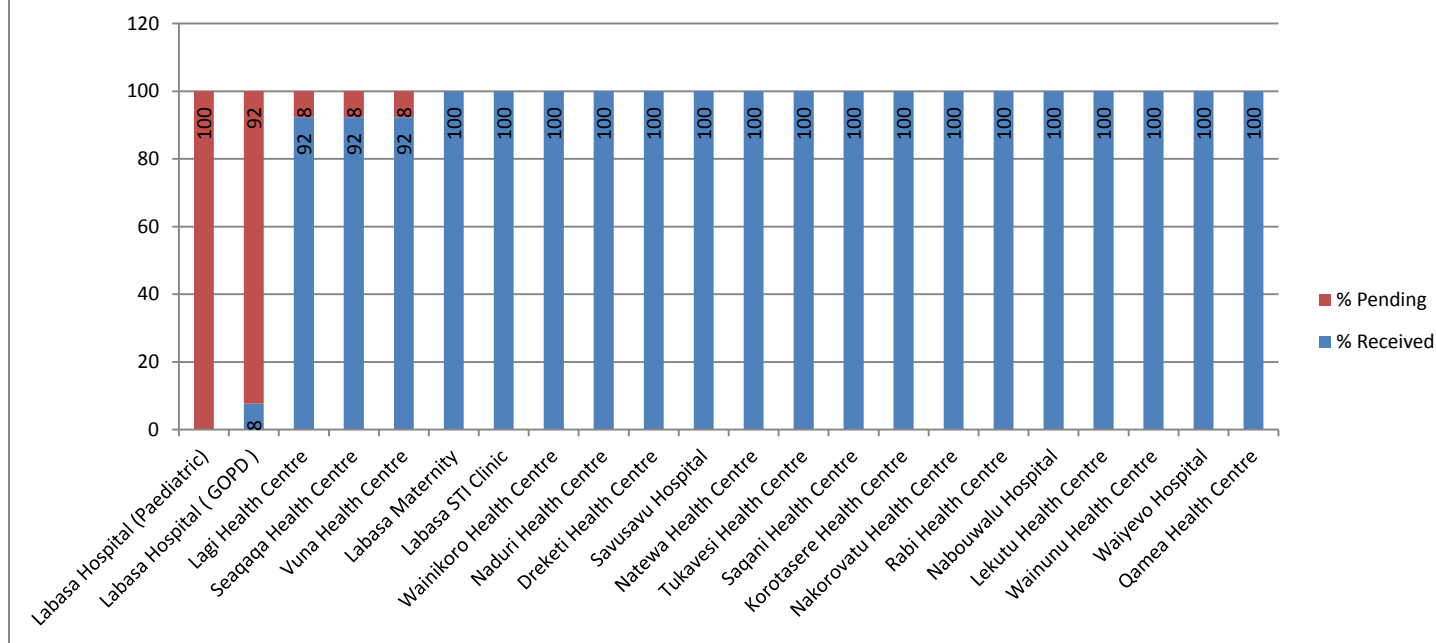
Timeliness submission of reports to HIU sent by the facilities has been improved compared to previous years. Few facilities have yet to submit their reports as illustrated in the above graph.



Source: NNDSS

Timeliness submission of reports to HIU sent by the facilities has been improved compared to previous years for Western division. The reports received for Western division is 77%, few facilities have yet to submit their reports as illustrated in the above graph.

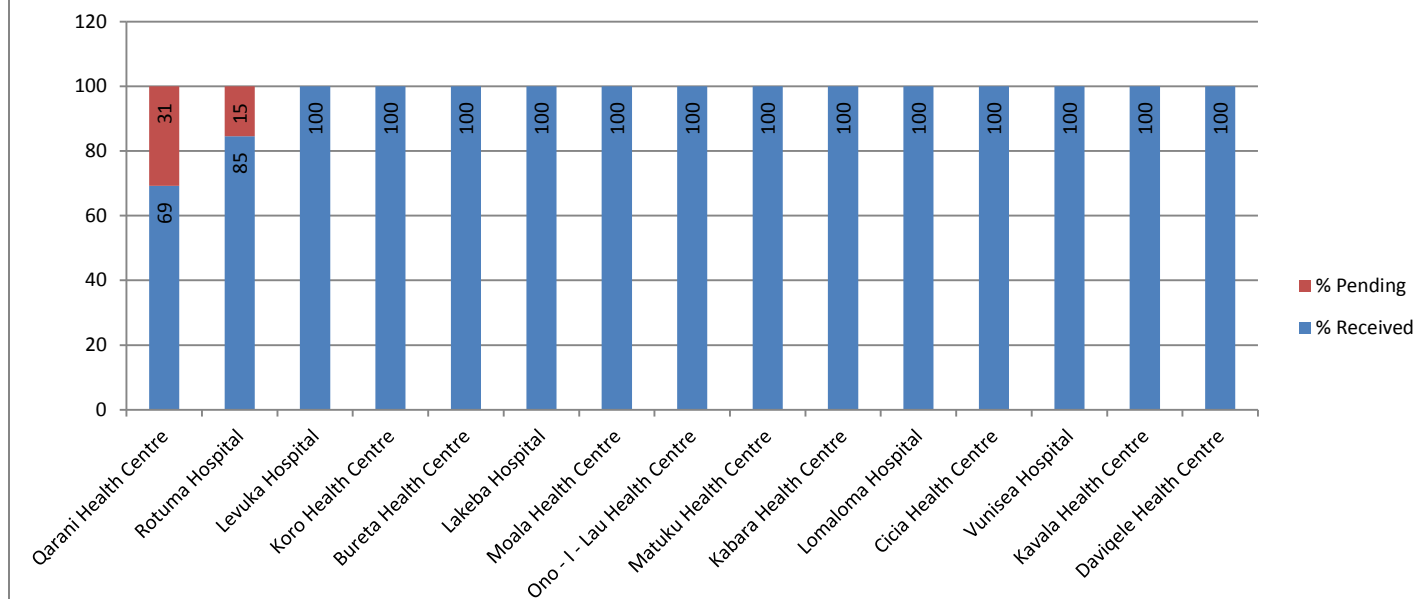
4th Quarter NNDSS Received Certificates for Northern Division 2013



Source: NNDSS

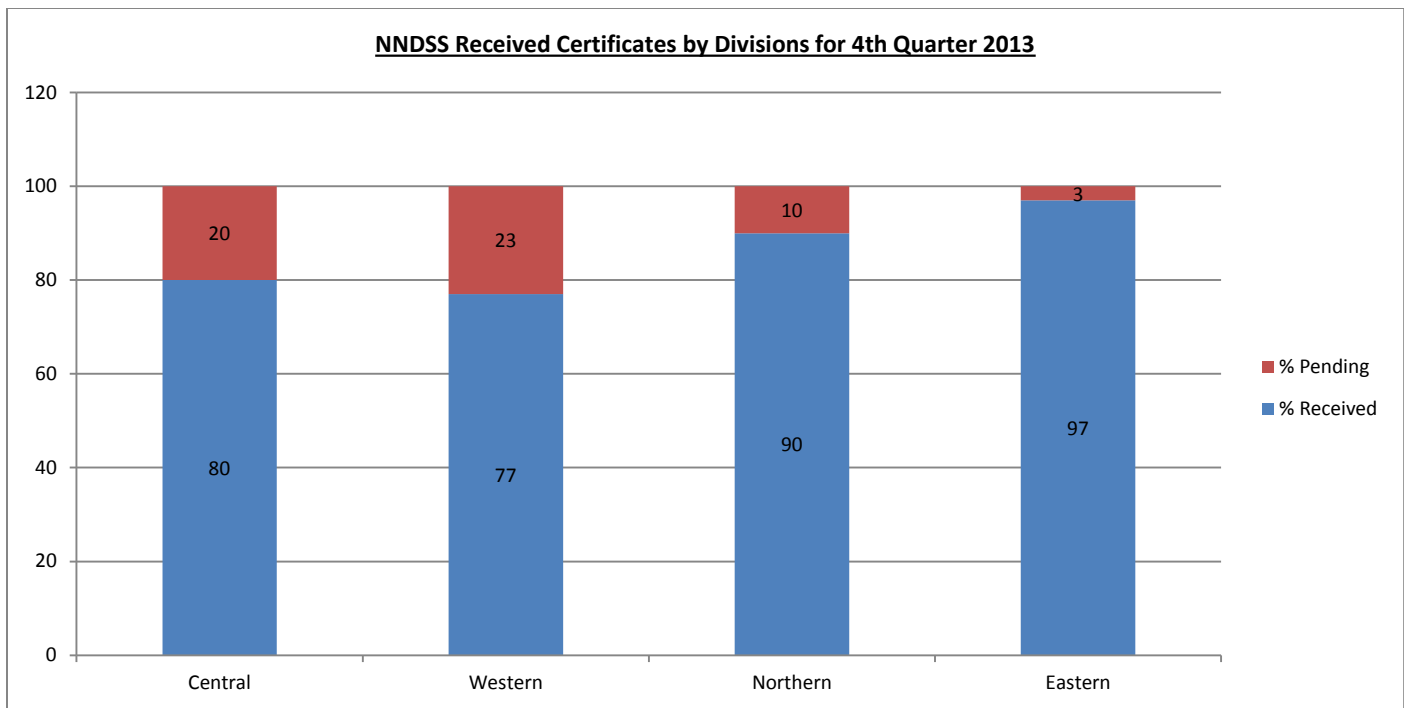
Timeliness submission of reports to HIU sent by the facilities has been improved compared to previous years for Northern division. The reports received for Northern division is 90%, few facilities have yet to submit their reports as illustrated in the above graph.

4th Quarter NNDSS Received Certificates for Eastern Division 2013



Source: NNDSS

The timeliness of reports for Eastern division is good. It has 97% reports have been received from this division. Thanks to all the facilities and the Medical officers for their great effort in sending the timeliness and complete report to HIU. Few facilities have yet to submit their reports as illustrated in the above graph.

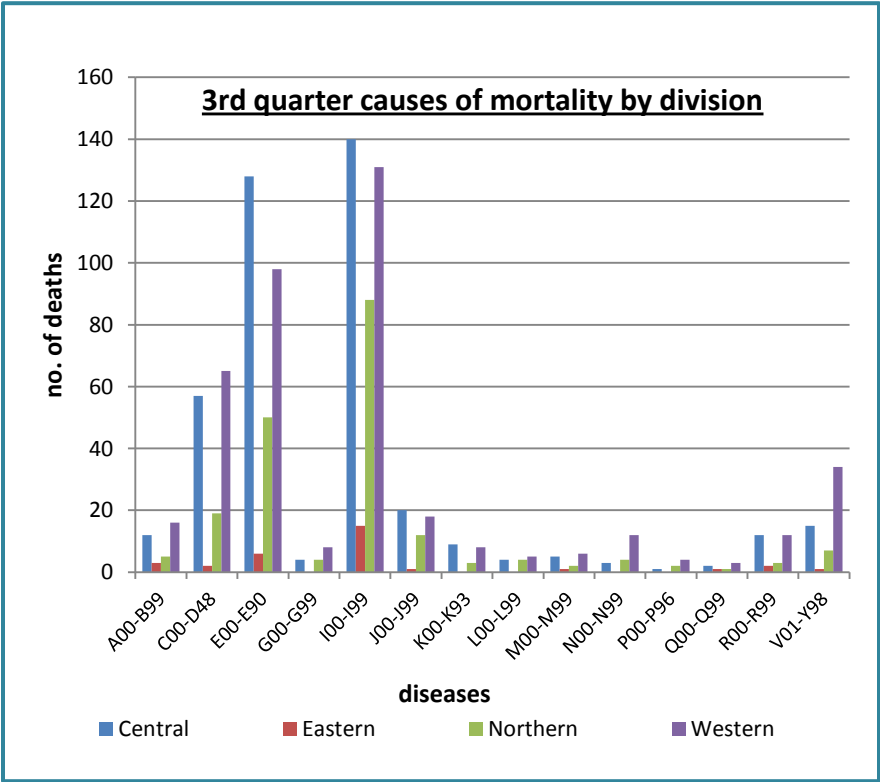


Source: NNDSS

Overall the reports received from all the division has been improved compared to the previous years. For Central division 80% reports received, Northern division 90%, Western is 77% and Eastern is 97%. It is encouraging to note that the compliance to reporting has improved compared to other quarterly reports in previous years.

MORTALITY

There were a total of 1068 deaths in 4th quarter of 2013 compared to 848 in the 3rd quarter 2013. 54% of deaths were among males and 46% among females. The major causes of death included: Diabetes mellitus (25%), Ischaemic heart diseases (18%) and cerebrovascular (7%).



- A00-B99 – Certain infectious and parasitic diseases
- C00-D48 – Neoplasms
- D50-D89 – Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
- E00-E90 – Endocrine, nutritional and metabolic diseases
- G00-G99 – Diseases of the nervous system
- I00-I99 – Diseases of the circulatory system
- J00-J99 – Diseases of the respiratory system
- K00-K93 – Diseases of the digestive system
- L00-L99 – Diseases of the skin and subcutaneous tissue
- M00-M99 – Diseases of the musculoskeletal system and connective tissue

Diseases of circulatory system were the leading cause of death followed by endocrine, nutritional and metabolic disease in all the Divisions. Hypertension and ischaemic heart disease among the circulatory diseases was the most common cause of death. Diabetes among the metabolic, endocrine and nutritional diseases was the most common. Majority of deaths were reported from Western and Central Divisions respectively.

Top 10 causes of mortality

Diseases	Total	%
Diabetes mellitus	269	25
Ischaemic heart disease	187	18
Cerebrovascular diseases	80	7
Other heart diseases	56	5
Hypertensive diseases	48	4
Chronic lower respiratory diseases	31	3
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	29	3
Other malignant neoplasms	22	2
All other external causes	22	2
Malignant neoplasm of breast	22	2

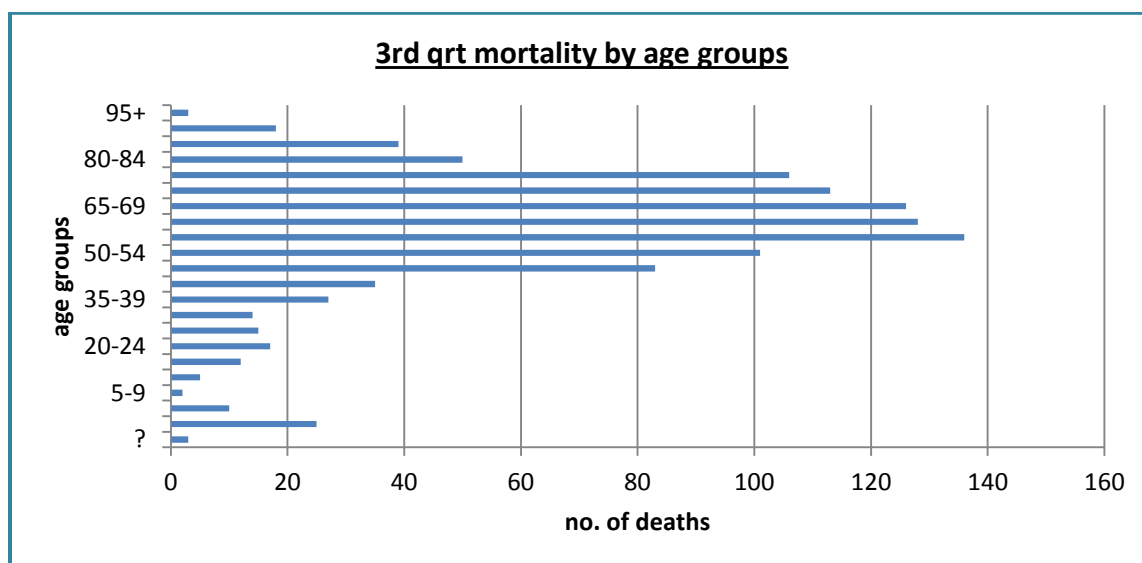
The top ten causes of mortality are NCDs with diabetes mellitus topping the list by 25%. Poor documentations on the Medical cause of death certificates results on the appearance of the ill-define causes of mortality (R00-R99) on the top 10 causes of mortality.

Causes of death among females	
Diseases	Female
Endocrine, nutritional and metabolic diseases	148
Diseases of the circulatory system	140
Neoplasms	88
External causes of morbidity and mortality	23
Diseases of the respiratory system	22
Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	17
Certain infectious and parasitic diseases	14
Diseases of the genitourinary system	8
Diseases of the skin and subcutaneous tissue	8
Diseases of the musculoskeletal system and connective tissue	6
Diseases of the digestive system	6
Congenital malformations, deformations and chromosomal abnormalities	3
Diseases of the nervous system	3
Certain conditions originating in the perinatal period	2
Grand Total	488

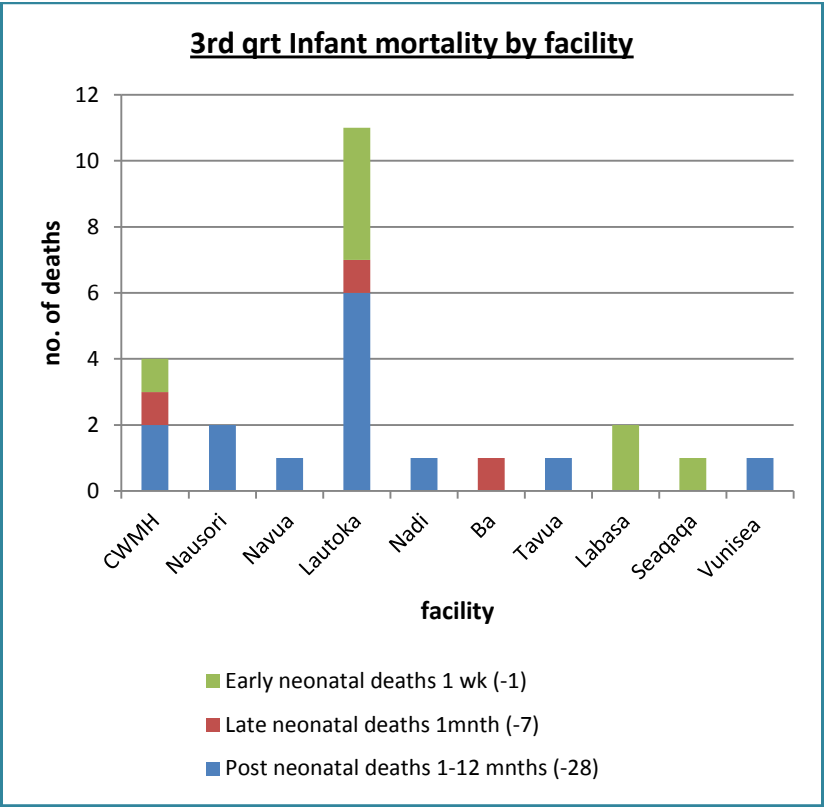
The leading cause of death among females were endocrine, nutritional and metabolic disease (which includes diabetes) followed by diseases of the circulatory system and neoplasm.

Causes of death among males	
Diseases	Male
Diseases of the circulatory system	234
Endocrine, nutritional and metabolic diseases	134
Neoplasms	55
External causes of morbidity and mortality	34
Diseases of the respiratory system	29
Certain infectious and parasitic diseases	22
Diseases of the digestive system	14
Diseases of the nervous system	13
Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	12
Diseases of the genitourinary system	11
Diseases of the musculoskeletal system and connective tissue	8
Diseases of the skin and subcutaneous tissue	5
Certain conditions originating in the perinatal period	5
Congenital malformations, deformations and chromosomal abnormalities	4
Total	580

There were more deaths due to diseases of the circulatory system among males compared to females. There were very similar number of deaths due to endocrine and nutritional disorders among males and females and 1.5 times the number of deaths due to neoplasms among females compared to males.



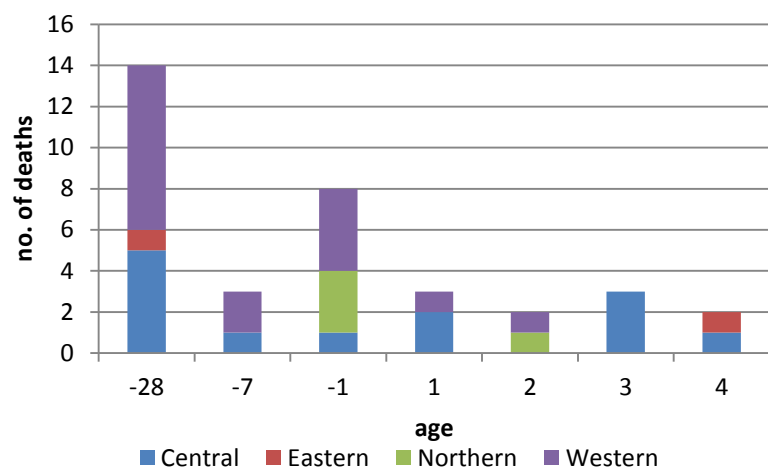
Most deaths occur early at the age of 35years which shows that our population was suffering from diseases in their twenties.



There were a total of 14 infant deaths giving an estimated infant mortality rate of 3 per 1000 live births (using 4th qtr. of 2012 live births as denominator). Majority of the deaths were reported in the early neonatal and Post-neonatal periods. Lautoka followed by CWM hospitals had the highest number of deaths.

There were a total of 16 Under 5 deaths reported giving and estimated Under 5 mortality rate of 4 per 1000 live births (using 4th qtr. of 2012 live births as denominator). The greatest number of deaths occurred in the Central and Western division respectively.

Under 5 mortality by division



HHU Structure 2013



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