MINISTRY of HEALTH & MEDICAL SERVICES
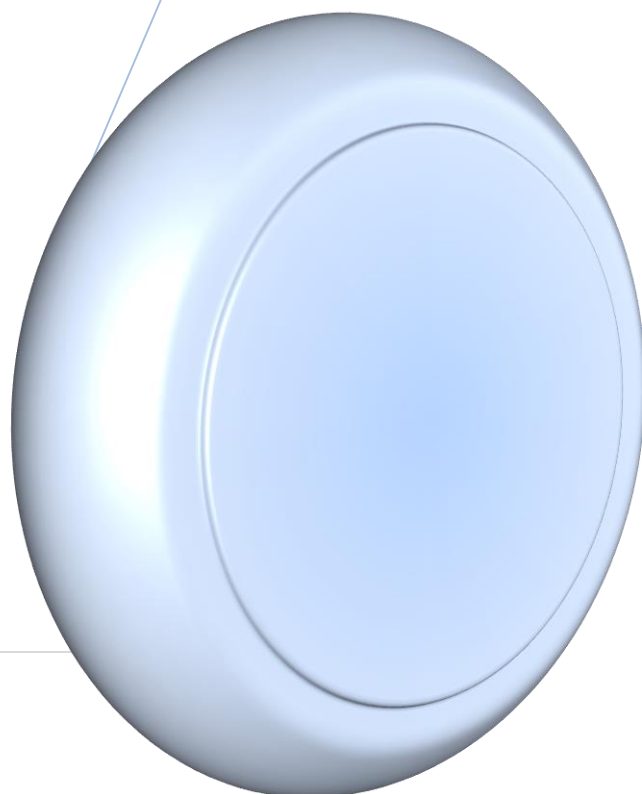
Shaping Fiji's Health

Health Information Unit 1st Quarter, Bulletin

2017

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 the Health Information Unit (HIU) produces the Quarterly Bulletinns which reflects health care performance from the data received from various health facilities across the country.

This information is inclusive of health information systems such as the Consolidated Monthly Routine Information Systems (CMRIS) which encompasses the Public Health and Information Systems (PHIS), Patient Information Systems (PATISPlus), Non communicable diseases data (Cancer & Diabetes), Hospital Admission and Discharge data, Communicable diseases data (NNDSS) and Mortality statistics and all other providers of health statistics.

HIU 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 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 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 acquiescent 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.

I would like convey my sincere gratitude to all involved in the process for their diligent and consistent effort in ensuring this report is made available to us. My hearty thanks also to my hardworking team of enthusiastic, vibrant and motivated individuals.

Mr Shivnay Naidu
Director Health Information, Research and Analysis
Ministry of Health and Medical Services
Suva, Fiji.

Acknowledgement

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

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

- Mr S. Naidu – Director Health Information, Research and Analysis
- Dr D. Nand – Director Epidemiology
- Mr I. Ravuci – National Health Information Officer
- Ms V. Smith – Senior Statistician
- Ms R. Vuadreu - Statistician
- Ms M. Rokovutoro – Assistant Statistician [Public Health]
- Ms K. Mataitoga – Assistant Statistician [Hospital]
- Ms A. Naiqero – Statistical Officer [NCD]
- Ms S. Sami – T/Statistical Officer [CD]
- Ms A. Bali – Statistical Officer [Hospital]
- Ms R. Tubuitamana – Statistical Officer [PHIS]
- Ms A. Kumari – Product Manager – PATISplus
- Mr S. Kumar – National PATIS Administrator
- Mr A. Kumar – System Analyst CMRIS
- Ms N. Nisha – Project Officer (Health Information Technician)
- Ms L. Marama – Project Officer (Health Information Technician)

Table of Content

Contents

Acronyms

A&E	Accident and Emergency
ACBA	Australian Coding Benchmark Audit
ACP	Annual Corporate Plan
ALOS	Average Length of Stay
ANC	Ante Natal Coverage
BP	Business Plan
CBA	Child Bearing Age
CD	Communicable Diseases
CDC	Centre for Disease Control
CMRIS	Consolidated Monthly Return Information System
CWMH	Colonial War Memorial Hospital
FPBS	Fiji Pharmaceutical and Biomedical Services
GOF	Government of Fiji
GOPD	General Outpatient Department
HBV	Hepatitis B Virus
HC	Health Centre
HIU	Health Information Unit
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HPV	Human Papillomavirus
HQ	Headquarters
HRP	Health Research Portal
ICT	Information Communication Technology
IMCI	Integrated Management of Childhood Illnesses
KPI	Key Performance Indicator
LIMS	Laboratory Information System
MDG	Millennium Development Goals
MoHMS	Ministry of Health and Medical Services
NCD	Non Communicable Diseases
NIMS	National Iron and Micronutrient Supplementation
NNDSS	National Notifiable Disease Surveillance System
PATIS	Patient Information System
PHIS	Public Health Information System
PSHMS	Permanent Secretary for Health and Medical Services
RDQA	Routine Quality Data Assessment
RHD	Rheumatic Heart Disease
SDG	Sustainable Development Goals
SOPD	Special Outpatient Department
SP	Strategic Plan
STI	Sexually Transmitted Infections
TB	Tuberculosis
TT	Tetanus Toxoid

Ministry of Health and Medical Services Overview

The Ministry of Health and Medical Services of the Republic of Fiji therefore acknowledges that it is a fundamental right of every citizen of the nation, irrespective of ethnicity, gender, creed, or socioeconomic status to have access to a national health system providing quality health care with respect to accessibility, affordability, efficiency and a strengthened partnership with communities to improve the quality of life.

Ministry of Health and Medical Services Priorities

The Ministry of Health and Medical Services Strategic Plan 2016 - 2020 articulates two (2) Strategic Pillars:

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

Guiding Principles

Vision

A Healthy population

Mission

To empower people to take ownership of their health

To assist people to achieve their full health potential by providing quality preventative, curative and rehabilitative services through a caring sustainable health care system.
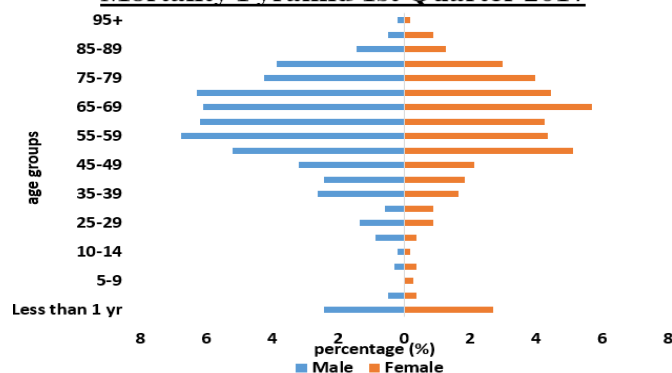
Values

Equity

Integrity

Respect for Human Dignity

Responsiveness

Customer Focus

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

Mortality Pyramid 1st Quarter 2017

The mortality rates between males and females demonstrate that males have a peak between 50-79yrs and females have a peak between 55-84 yrs. Most males are dying earlier than females.

Premature Mortality Rate 1st Quarter, 2017

Premature mortality in Fiji refers to deaths for those individuals who are less than 60 years of age. The population projection for 2016 from FBOS was used to calculate this rate. Majority of these deaths are recorded in the age groups between 45-59 years. In the 55-59 age group, 32.5 per 10,000 males died prematurely compared to 21.0 per 10,000 females in this reporting period.
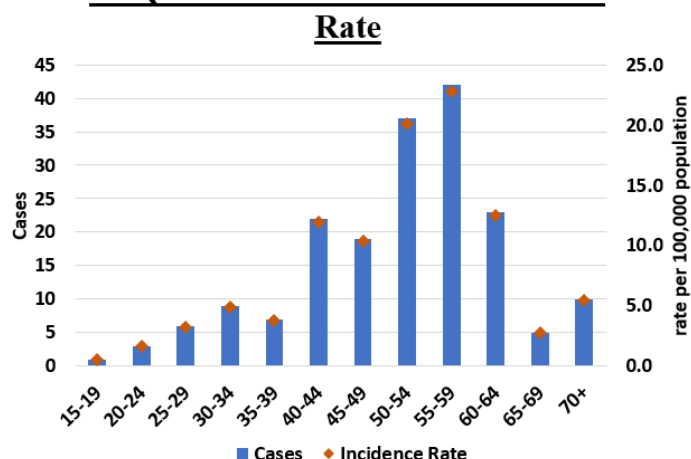
Premature Mortality Rate
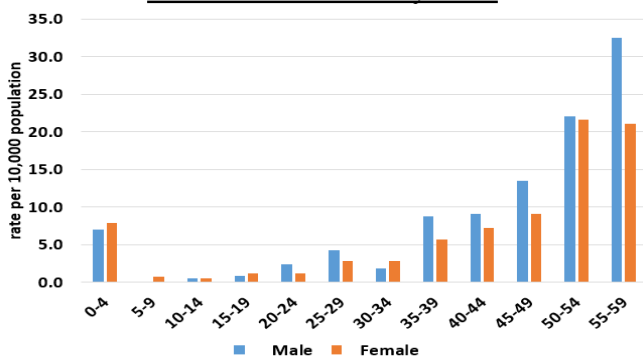
Non Communicable Disease

1st Quarter 2017 Diabetes Incidence Rate

Diabetes remains a chronic disease of concern for Fiji. The graph shows the number of cases and incidence rates by age group in this reporting period. There are noticeable fluctuations in reported cases, reflecting on reporting artefacts and do not capture true case numbers/rates. The fluctuations reflect the reporting challenges and underreporting from the notifications.

Proportion of Diabetes Cases 1st Quarter, 2017

New Diabetes Cases by Gender
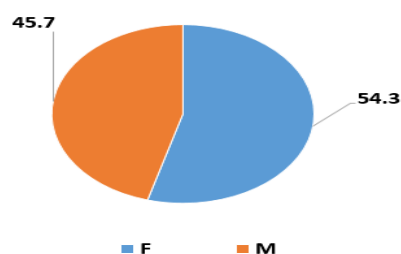
The above graph shows that more males are reported to have diabetes (9% higher than females) in this quarter. However, the reported cases may not be a true reflection due to underreported.

Incidence of Diabetes, Hypertension & Dual by Division, 1st Quarter, 2017

The cases from the PHIS show an exponential increase in reported cases of diabetes. However, these are merely due to improvement true increases in cases.

Incidence of Diabetes, Hypertension & Dual
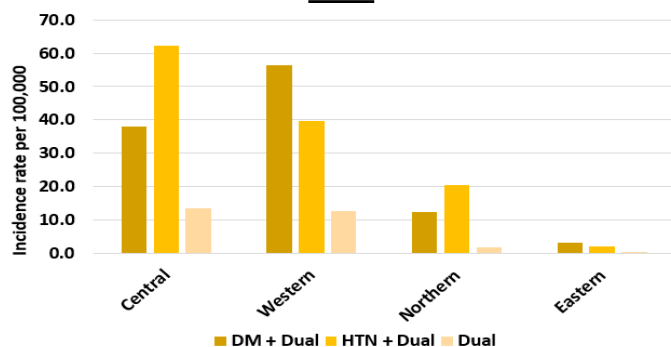
Source: PHIS

(Note: The numerator is the number of DM, HTN & Dual cases (both new cases <30 and 30+).The denominator used is the 2017 FBOS population.

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

Screening and SNAP Coverage by Division, 1st Quarter, 2017
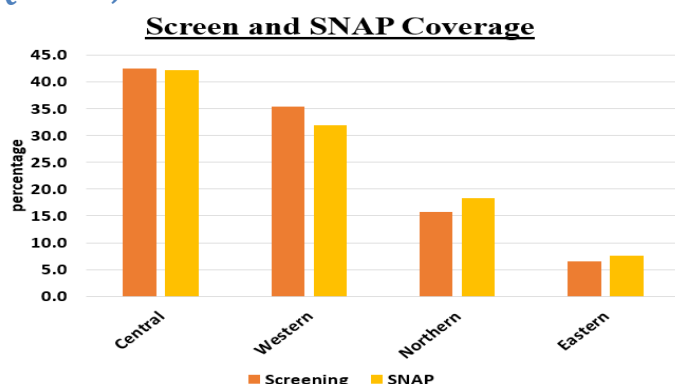
Source: PHIS

There were more NCD screenings conducted in the Central Division [42.4%], followed by the Western Division [35.3%], the Northern Division [15.7%] and Eastern Division [6.5%]. Out of the 100 % of people screened in the four divisions, 80% were counselled regarding smoking, nutrition, alcohol and physical activities [SNAP].

The Central Division had the highest frequency of SNAP for its screened population [42.1%], followed by the Western division [31.9%]. The lowest rate of SNAP was in the Eastern division [7.6%].

Cancer Cases 1st Quarter, 2017

A cancer registry review is currently underway to validate and confirm cases for 2011 – 2015 in line with international requirements.

Top 5 Leading Cancer Sites by Sex and Proportion distributions, Fiji.

The inner circle shows the number of cases (n) and outer circle shows the proprtion (%) of top five cancer for female.
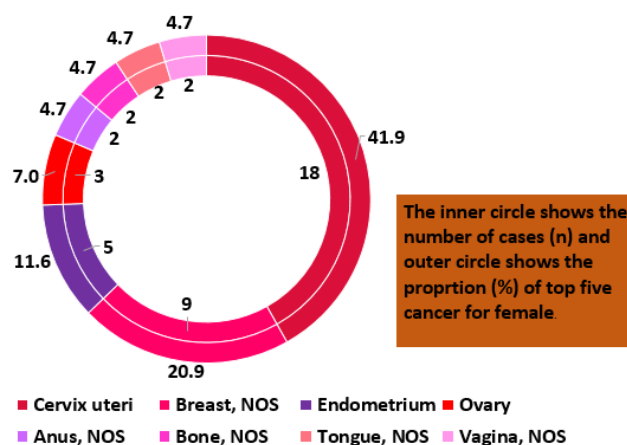
Source: Cancer Registry 2017

The leading causes of cancer in females in this reporting period are cervix uteri (n=18), breast NOS (9) and endometrium (5). When compared to the same reporting period for 2016, Cervix and breast remain the top 2 cancer site for female whilst the 3rd leading site was liver/ ovary.

The inner circle shows the number of cases (n) and the outer circle shows the proportion (%) of top five cancer for male

In the male category bladder NOS, connective, subcutaneous and other soft tissues NOS, Lymph nodes of head, face and neck, Pleura NOS, Prostate gland, Spinal cord, Testis NOS, Transverse colon and Tounge NOS recorded 1 case per site. There were major difference when compared to the same period last year with Unknown primary site (n=9), Prostate (n=7) and Liver/ Colon (n=6) were the top 3 male cancer sites.

Cervical Cancer Screening by Division, 1st Quarter, 2017

Cervical Cancer Screening
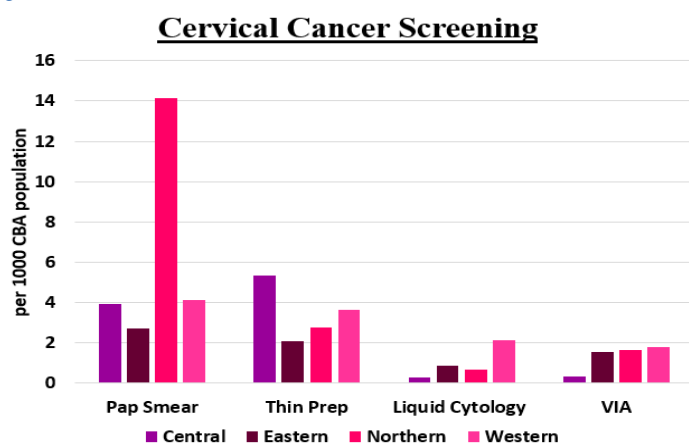
A total of 2559 cervical screenings was recorded via liquid cytology, pap smear, thin prep and visual inspection with acetic acid (VIA). The highest percentage of pap smears were conducted in the Northern Division followed by the Western Division, the Central Division and the Eastern Division.

Nutrition (Breastfeeding, MAM & SAM) 1st Quarter, 2017

Babies Exclusively Breastfeeding at 1st MCH Vist, 6months & 2 years
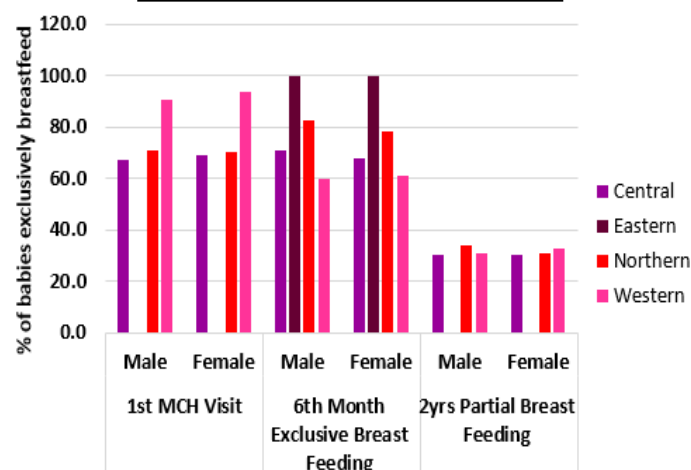
The graph above demonstrates the % of babies exclusively breastfed by gender and division. The variability in these by division is due to the reporting artefacts.

Moderate Acute Malnutrition by Age groups, 1st Quarter, 2017

Moderate Acute Malnutrition by Age-Groups

Priority 2: Maternal, Infant, Child and Adolescent Health
Vital and Health Statistics

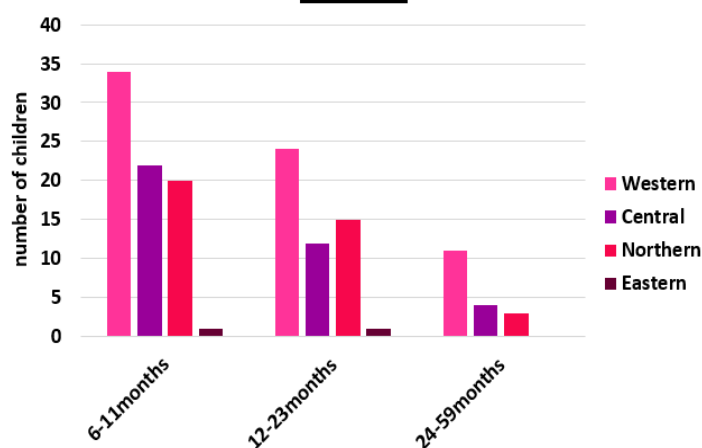| MCH Indicator	Rates
Total Live birth	*4762*
Crude birth rate	*5.3*
Crude death rate	*1.2*
Rate of Natural Increase	*0.4*
Infant Mortality Rate	*11.1*
Perinatal Mortality Rate	*13.7*
Neonatal Mortality Rate	*6.7*
Post neonatal mortality rate	*4.4*
Under 5 mortality rate	*13.0*
Maternal Mortality Rate	*0.0*
General Fertility Rate	*90*
Family planning protection rate	*42.3*

Maternal, Perinatal, Infant and Stillbirth Mortality
Under 5 Mortality

The Under 5 mortality rate in this reporting period stands at 13 per 1000 live births whilst infant mortality rate stands at 11 per 1000 live births.

Under 5 Mortality by Division, 1st Quarter, 2017
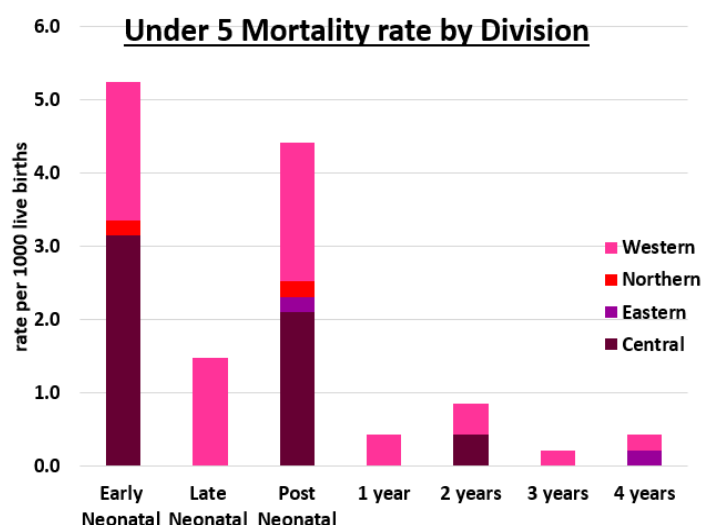
Source: PATISPlus

The graph above illustrates the U5 mortality rate by division. There seems to be demonstrated higher rates of early neonatal, postnatal and under 5 mortality in the Central division. The U5 mortality is obtained from the MCDCs and the variability is due to the reporting of these cases.

Perinatal Mortality by Facility, 1st Quarter, 2017
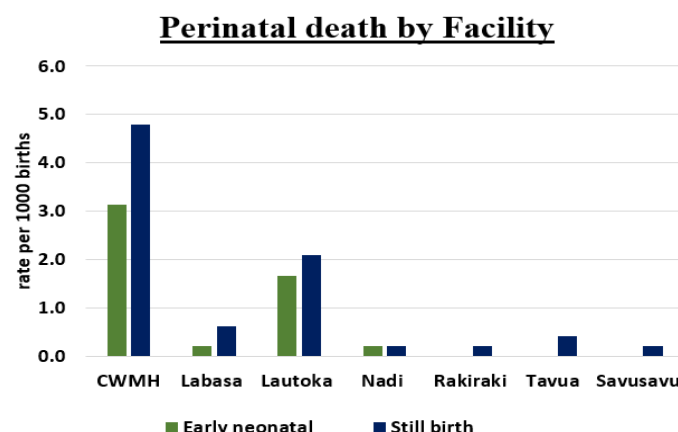
Source: PATISPlus

The perinatal mortality rate for this quarter stands at 13.7 per 1000 births. CWM Hospital recorded the most perinatal deaths and stillbirths in this quarter followed by Lautoka Hospital then Labasa Hospital. Perinatal Mortality is obtained from the MCDCs and the variability in these is due to definitions around fetal loses, fetal deaths and reporting of these cases.

Births, Antenatal, Postnatal and Immunization Coverage
Outcomes of Pregnancy – hospital birth, 1st Quarter, 2017

Division	Male N (r)	Female N (r)	Total N (r)
Central	*813 (38.8)*	*608 (35.6)*	*1421 (37.4)*
Eastern	*16 (0.8)*	*10 (0.6)*	*26 (0.7)*
Western	*891 (42.6)*	*751 (43.9)*	*1642 (43.2)*
Northern	*374 (17.9)*	*340 (19.9)*	*714 (18.8)*
Total	*2094 (100)*	*1709 (100)*	*3803 (100)*

Source: CMRIS Online

The table depicts that more males (2094) were born than females (1709) in this reporting period. Majority of the hospital births occurred in the Western division followed by the Central division, the Northern division and the lowest number recorded from the Eastern division. The coverage depends on the accuracy of facilities reporting this.

ANC Booking Visit by Trimester, 1st Quarter, 2017

Division	Tri 1 N(r)	Tri 2 N(r)	Tri 3 N(r)	Total N(r)
Central	140 (22.0)	355(18.1)	120(21.7)	615(19.5)
Eastern	63(9.9)	251(12.8)	55(9.9)	369(11.7)
Northern	219(34.4)	386(19.7)	101(18.2)	706(22.4)
Western	214(33.6)	971(49.5)	278(50.2)	1463(46.4)
Total	636(100)	1963(100)	554(100)	3153(100)

Source: CMRISonline

The table indicate that majority of women had their 1st booking in the 2nd trimester [n=1963] than in the 1st trimester [n=636] and 3rd trimester [554]. There is an increase in numbers of 1st bookings reported from each divisions compared to the 1st quarter, 2016. The variance in coverage depends on case capture and accuracy of facilities reporting this.

ANC Booking Visit by Age Group, 1st Quarter, 2017

Division	< 15 N(r)	15-19 N(r)	20-34 N(r)	35 > N(r)	Total N(r)
Central	1(6.7)	56(25.9)	509(20.9)	87(20.0)	653(21.0)
Eastern	7(46.7)	22(10.2)	289(11.9)	31(7.1)	349(11.2)
Northern	0(0.0)	51(23.6)	561(23.0)	90(20.7)	702(22.6)
Western	7(46.7)	87(46.7)	1079(44.3)	227(52.2)	1400(45.1)
Total	15(100)	216(100)	2438(100)	435(100)	3104(100)

Source: CMRIS Online

The highest number of booking visits was recorded in the age group categories 20-34 and > 35 with the Central division reporting the highest cases in both these categories nationally, followed by the Western division, the Northern division and the Eastern division.

Adolescent pregnancy was reported highest in the Western Division [n=94] compared to the Central Division [n=57] in 1st quarter, 2016

Contraceptive Methods in Family Planning per 1000 CBA, 1st Quarter, 2017

Division	Central	Eastern	Northern	Western	Total
Oral Pills	22.7	20.3	9.8	18.3	18.7
IUCD	6.7	6.1	0.6	6.6	5.5
Depo Provera	52.2	89.2	29.6	41.4	45.4
Noristerat	2.9	6.8	5.6	5.6	4.5
Implants	18.4	68.6	4	17.9	17.3
Condoms Female	1.9	0.1	0.2	1	1.2
Condoms Male	18.9	1.9	11	7.1	12.6
Vasectomy	0	0	0	0	0
Tubal Ligation	0	0	0.7	1.5	0.7

Source: CMRISonline

The table shows the percentage of contraceptives dispensed by different methods. Depo Provera, Implants and Oral Pills were the commonest contraceptive methods followed by Condoms Male, IUCD, Noristerat, Tubal ligation, Condoms Female and the Vasectomy rates were not available or reported.

Immunization by Division & Vaccines, 1st Quarter, 2017

| Division	Central	Eastern	Northern	Western	Total	per 100 births
HepB0	235	19	718	1,399	2,371	49.4
BCG0	234	18	714	913	1,879	39.2
DPTHepBHib1	1,475	86	443	1,179	3,183	66.4

OPV1	1,475	86	443	1,179	3,183	66.4
Penumoccal1	1,466	73	429	1,044	3,012	62.8
Rotavirus 1	1,470	72	443	1,048	3,033	63.3
DPTHepBHib2	1,239	99	382	1,006	2,726	56.9
OPV2	1,233	86	374	843	2,536	52.9
Penumoccal2	1,232	88	375	842	2,537	52.9
DPTHepBHib3	1,307	104	445	906	2,762	57.6
OPV3	1,328	106	462	1,095	2,991	62.4
IPV	1,313	100	465	903	2,781	58
Penumoccal3	1,307	95	462	898	2,762	57.6
Rotavirus 2	1,310	97	447	893	2,747	57.3
MR1	1,899	376	837	2,604	5,716	119.2
OPV4	1,385	132	543	1,050	3,110	64.9

Source: CMRISonline

Based on the above figures, approximate coverage of MR1 was 119.2%. This figure is a result of the target population being lower than the immunized babies. The number of vaccines given by each division was used as the numerator and the quarterly pro rata live births [19180] as the denominator.

IMCI Birth – 2 Months Conditions by Division, 1st Quarter, 2017
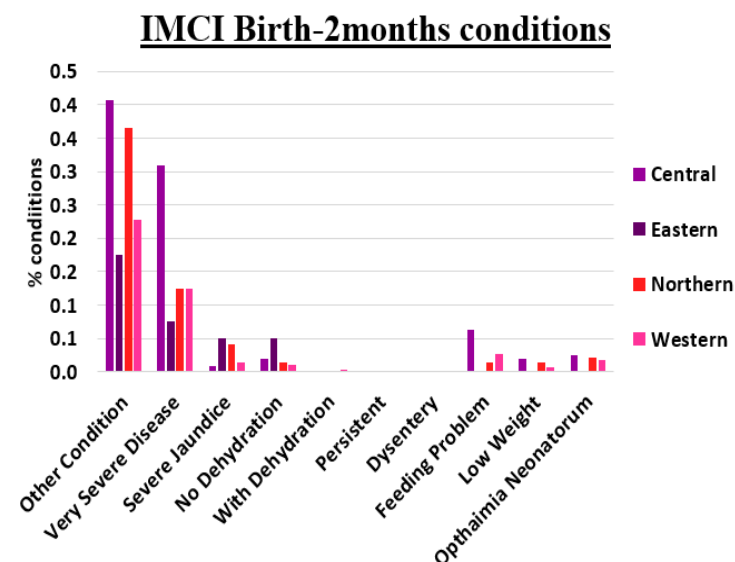
Source: CMRISonline

The top five IMCI conditions amongst children from birth to 2months was other condition [not otherwise specified- exclusive of multiple conditions being captured but not indicated], very severe disease, no dehydration, severe jaundice and diarrhoea with dehydration.

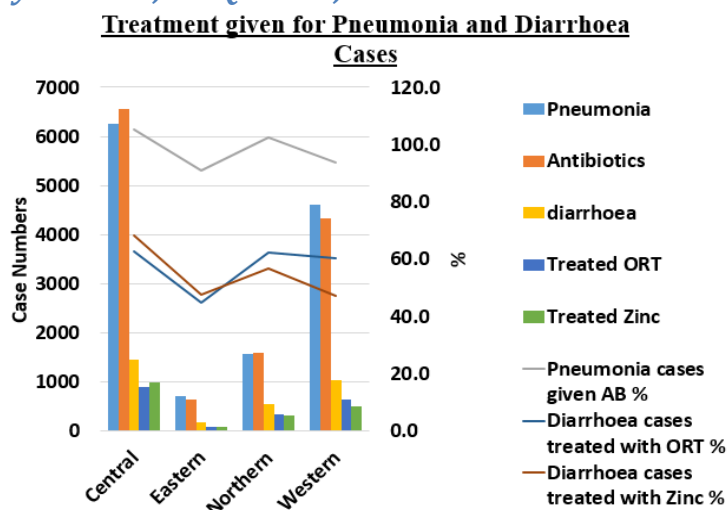*IMCI 2 Months – 5years Prevalence Conditions, 1st Quarter, 2017*
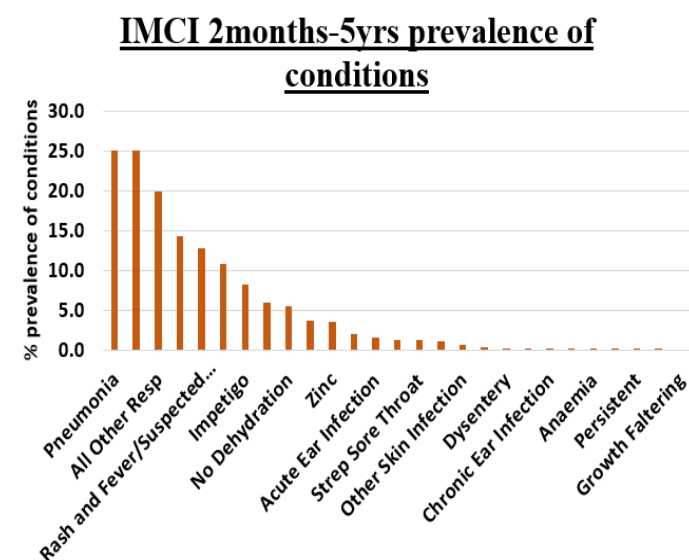
Source: CMRISonline

The top five IMCI conditions among the 2 months to 5 years children were Pneumonia, followed by

antibiotics, all other respiratory, other conditions and Rash and Fever/suspected.

Treatment given for Pneumonia and Diarrhoea by Division, 1st Quarter, 2017

Source: CMRISonline

The percentage of antibiotics given to pneumonia cases ranges from 91 – 105% and the percentage of diarrhoea cases treated with ORT and Zinc treatment ranges from 44 – 62% and 47 – 68% respectively. The increase in the indicator rates for pneumonia cases given antibiotics in the Central division (10.5.1%) and the Western division (102.6%) may be due to data collation errors or overzealous treatment.

Well Child by Sex & Age Group by Division, 1st Quarter, 2017
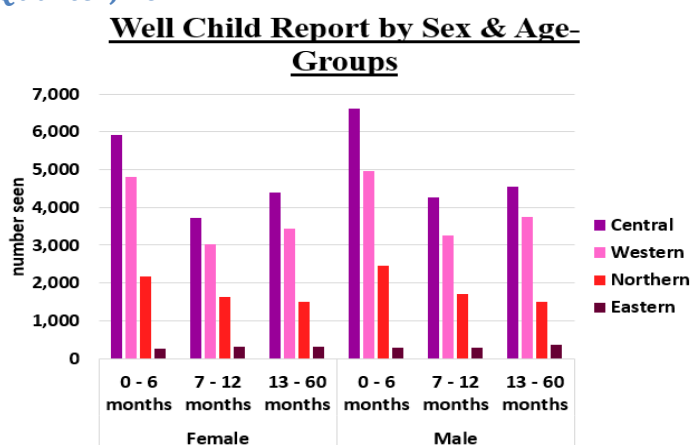
Source: CMRISonline

A total of 65,439 children were seen and the Central Division reported the highest numbers seen in both the sexes with 29,430 children in the 1st quarter, 2017 followed by the Western division (23,231), the Northern division (10,980) and the Eastern division (1798).

School Health Report

Number of Schools visited by Division, 1st Quarter, 2017

Division	# of School visited	Total number of Schools	School coverage visited (%)
Central	155	213	72.8
Eastern	2	117	1.7
Northern	107	175	61.1
Western	172	261	65.9
Total	436	766	56.9

Source: CMRISonline

The above table shows approximately 56.9% of the total number of schools were visited in the first quarter 2017 compared to 29.9% of the total number of schools that were visited in the first quarter, 2016.

Number of School Children by Division, 1st Quarter, 2017

Division	Total Roll for the year	Total Number Seen	Coverage seen (%)	Number Not Consented
Central	18504	16778	90.7	412
Eastern	74	74	100.0	0
Northern	15807	14953	94.6	247
Western	32391	24145	74.5	657
Total	66776	55950	83.8	1316

Source: CMRISonline

The total number of school children seen was 55,950. The coverage was 83.8%. This demonstrates the need for greater awareness and education to parents and guardians so that all children have access to school health services and coverage increases to 100%. The

absent and non-consented children signify missed opportunities for public health protection.

Conditions of Children Seen During School Visit, 1st Quarter, 2017
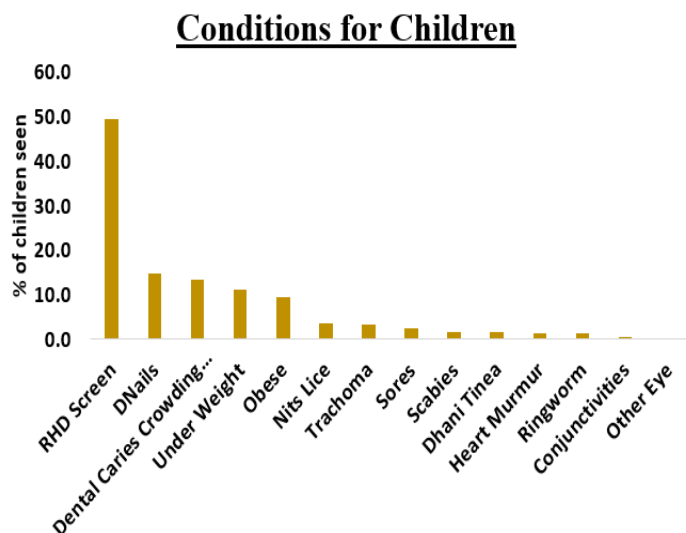
Conditions for Children

The above graph shows the conditions reported in school children during visits. Majority of the children were screened for RHD [49.5%], followed by dirty nails [14.8%], oral health conditions [13.3%], underweight [11.1%] and obese [9.4%].

Percentage of Children Overweight seen during school visit, 1st Quarter, 2017

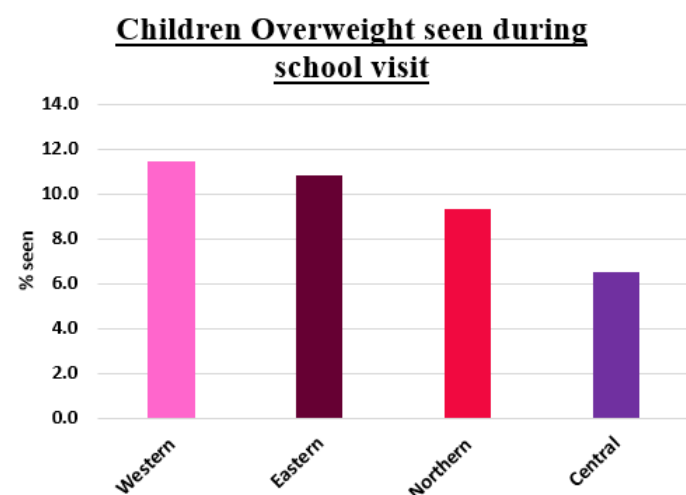### Children Overweight seen during school visit

Majority of this children were seen from the Western Division (11.5%) followed by the Eastern Division (10.8%), the Northern Division (9.3%) and the least from the Central Division (6.5%).

School Immunization (MR2 & TT) % Coverage, 1st Quarter, 2017
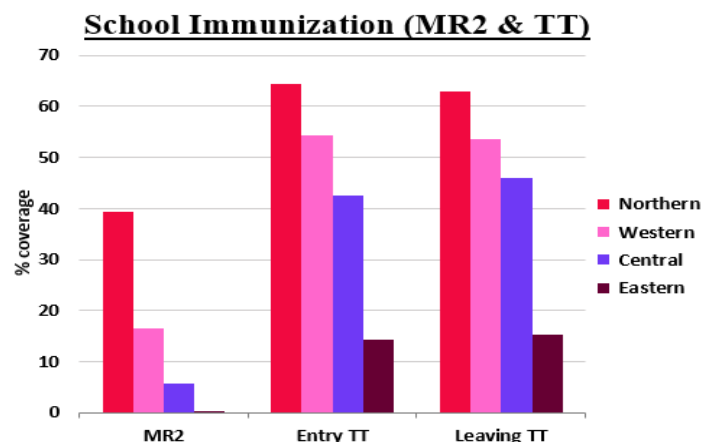
School Immunization (MR2 & TT)

The 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 32%, new entry for TT (43%) and leaving TT was 42%. This indicates that booster TT doses need to be strengthened as immunity wanes when coverage is low.

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

Percentage of HPV Immunization Coverage by Division, 1st Quarter, 2017

HPV Immunization
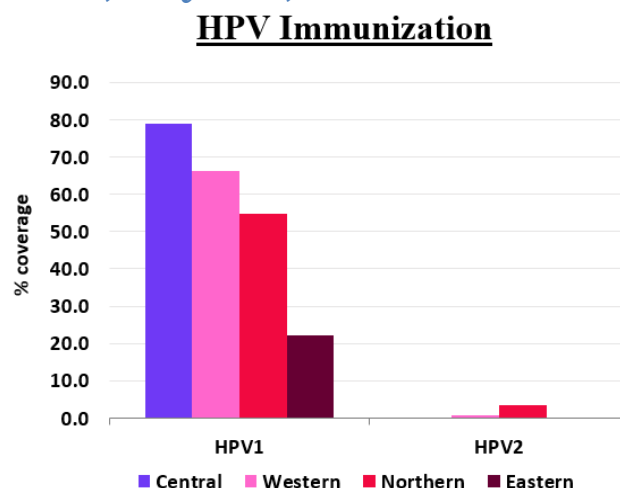
The Central Division recorded the highest coverage for HPV1 (78.8%) followed by Western Division, (66.3%),

Northern Division (54.9%) and Eastern Division recorded the lowest of 22.2%. This indicates a 69% coverage in HPV1 compared to 0.9% for HPV2. This may be due to how the school team schedule there HPV visit.

This also indicates that HPV awareness and vaccinations need to be strengthened if we are to put in long term measures for control of cervical cancer. The HPV vaccines are given to female students in Class 8 for cervical cancer prevention.

Priority 3: – Communicable Diseases [CD]

National Notifiable Disease Surveillance System, 1st Quarter, 2017 vs 2016

Top 10 Notifiable Diseases

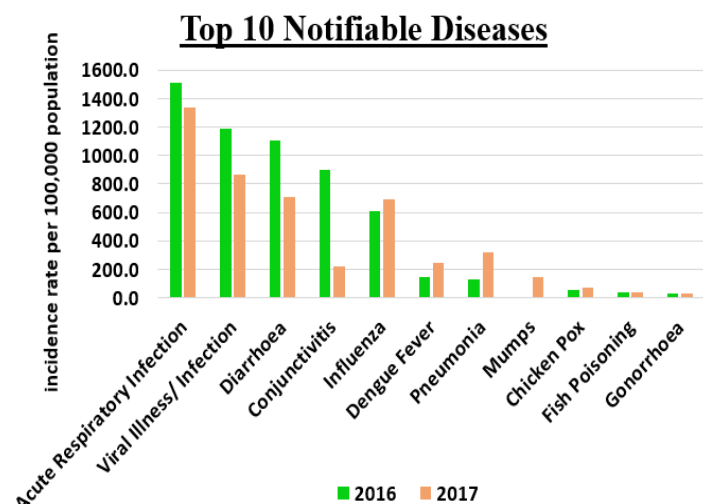The incidence rates were calculated using population at risk from 2016 projections from FIBOS (870984) and reported as per 100,000 populations. The predominance of ARI, Viral illness, Diarrhoea is repeated (as per the same reporting period last year). The GPs reports are also included. There may be some discrepancies as all lab based data are not reported and private sector data is still largely incomplete.

Top 10 Notifiable Diseases by Month, 1st Quarter, 2017
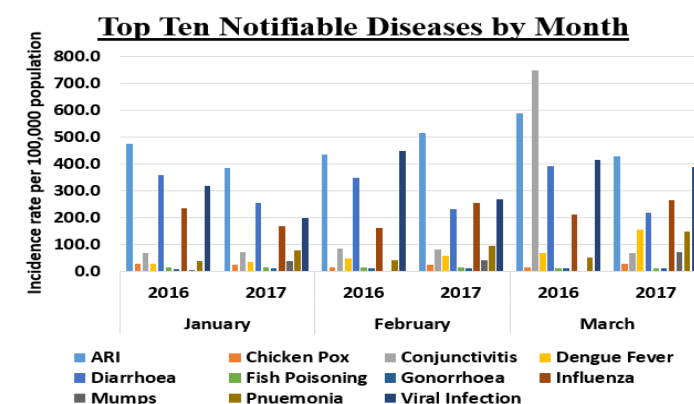
Top Ten Notifiable Diseases by Month

The incidence rates were calculated using population at risk from 2016 projections from FIBOS (870984) and reported as per 100,000 populations. Over both the years, a predominance of diseases with viral origins was noted, such as ARI, Influenza, Viral Illness, and Diarrhoea. ARI totalled 11524 cases in 2017 and 12997 cases in 2016 signalling for public health interventions for these areas to reduce risks of outbreaks. Dengue fever was noted (n=2148) for this quarter.

Top 10 Diseases by Sex, 1st Quarter, 2017
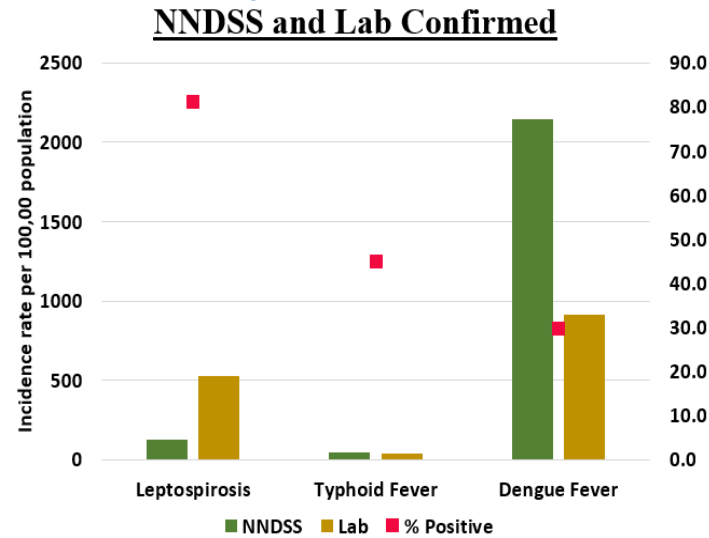

Top Ten Diseases by Sex
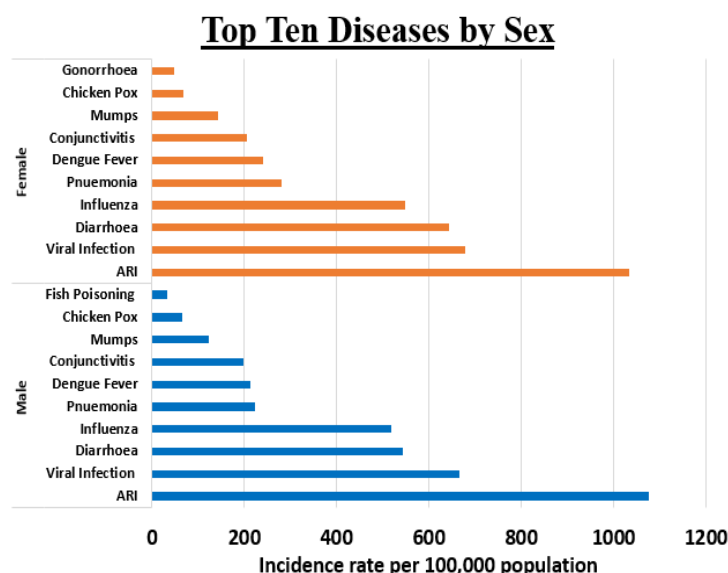
The incidence rates were calculated using the population at risk from 2016 population projections from FIBOS (Male - 442151 and Female - 428833) and reported as per 100,000 population. The top 9

diseases is common in both the sexes but the 10th leading condition for the female category is Gonorrhoea and Fish poisoning for the male category. The cases of unknown gender made up 0.19 % (n= 7593) in 1st quarter 2017. 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 sex, ethnicity and age.

Leptospirosis, Typhoid and Dengue Fever
NNDSS vs Lab Confirmed Cases, 1st Quarter, 2017

Source: Laboratory confirmed Data from Mataika House and NNDSS

The incidence rates were calculated using the population at risk from 2016 projections from FIBOS (870984) and reported as per 100,000 population. The data sources are NNDSS from HIU and Laboratory data from FCCDC. There is a higher case load of dengue fever from the NNDSS (n=2148) compared to laboratory confirmed data (n= 913). The percentage positivity for dengue fever is lower than leptospirosis and typhoid. This may signal other circulating arboviral diseases that presents as dengue like illness.

NNDSS vs Admission Cases, 1st Quarter, 2017
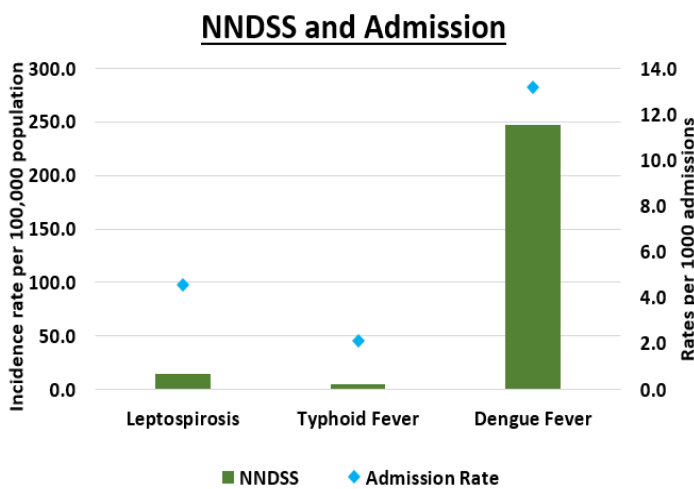
Source: Laboratory confirmed Data from Mataika House and NNDSS

Leptospirosis and dengue fever have both higher admission rates. The burden of admissions from dengue cases is higher than typhoid and leptospirosis. This is due to the dengue fever outbreak which resulted in the high admission rates for this quarter. There may be a need for greater public health response to prevent severe spectrum of disease for leptospirosis and dengue fever.

NNDSS vs Mortality Cases, 1st Quarter, 2017
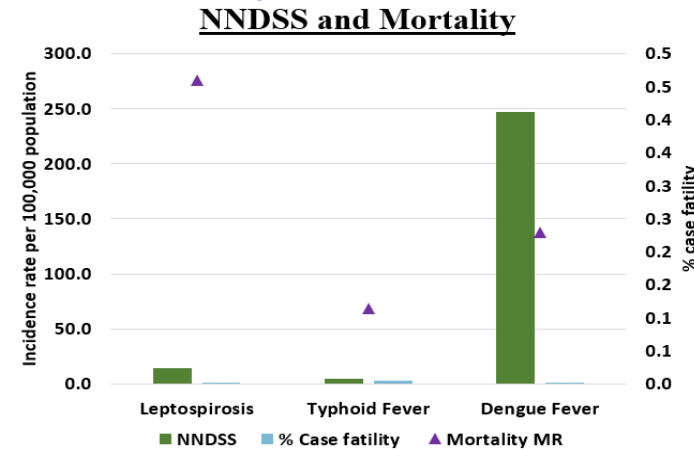
Source: Laboratory confirmed Data from Mataika House and NNDSS

Leptospirosis and dengue fever have both higher case fatality and population based mortality. The notable increase in dengue fever cases is due to an outbreak. Thus there is a need for greater public health response to prevent severe spectrum of disease and mortality from leptospirosis and dengue fever. It is also

imperative that case capture is heightened in its various forms.

Top 10 diseases for Central Division by Subdivision, 1st Quarter, 2017

Top Ten Diseases for Central Division

The incidence rates were calculated using the population at risk from MoHMS 2015 population (Suva - 223816, Serua - 30587, Rewa - 88361, Tailevu - 21578 and Naitasiri - 19472) and reported as per 100,000 population. The predominance of Viral Illness, 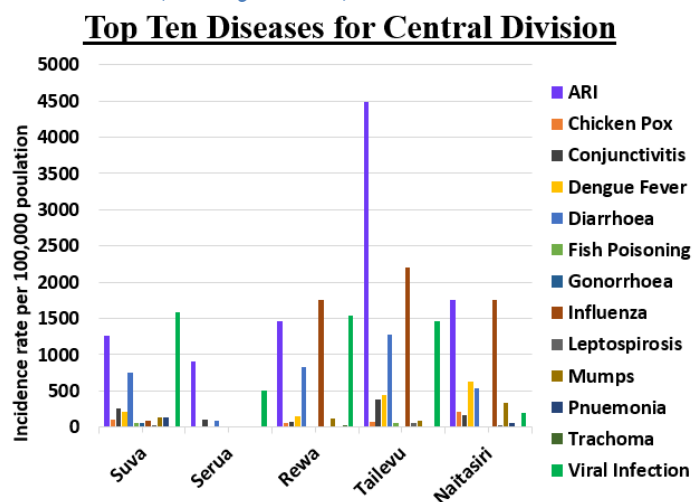Influenza, Dengue fever, ARI and Diarrhoea were recorded in Central division. All the conditions in Central division are following the national rank order but in a differing array.

ARI is the leading condition in the Central division with cases reported from Suva (n=2773), Rewa (n=1277), Serua (n=275), Naitasiri (n=336) and Tailevu (n=927). This was predominantly reported in Suva. Diarrhea cases was reported from Suva (n=1671), Rewa (n=727), Serua (n=28), Tailevu (n=273) and Naitasiri (n=104). Dengue Fever cases were also noted in Suva (n=469), Rewa (n=127), Serua (n=1), Tailevu (n=94), and Naitasiri (n=122), signaling a clear need for early public health response. In addition, cases of Viral Infection was reported in Suva (n=3479), Serua (n=154), Naitasiri (n=39), Rewa (n =1333) and Tailevu (n=311).

Top 10 diseases for Western Division by Subdivision, 1st Quarter, 2017

Top Ten Diseases for Western Division

The incidence rates were calculated using the population at risk from MoHMS 2015 population (Lautoka - 110733, Nadi - 91702, Ba - 56450, Tavua - 26551, Nadroga - 51871 and Ra - 28232) and reported as per 100,000 populations. The predominance of ARI, Viral Illness, Influenza, Diarrhoea and Pneumonia were reported from the Western division and was more frequently reported from Lautoka Nadi, Ba and Nadroga (due to the majority of the reports being received from these sub divisions only). All the conditions in Western division are following the national rank order but in a differing array.
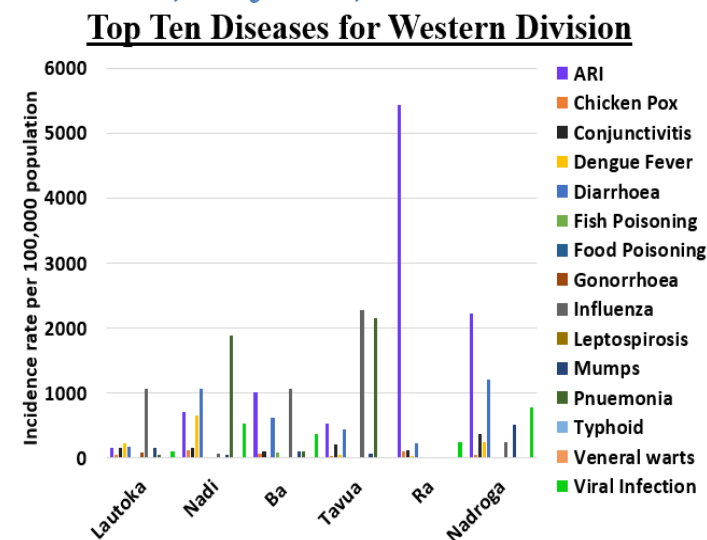
Top 10 diseases for Northern Division by Subdivision, 1st Quarter, 2017
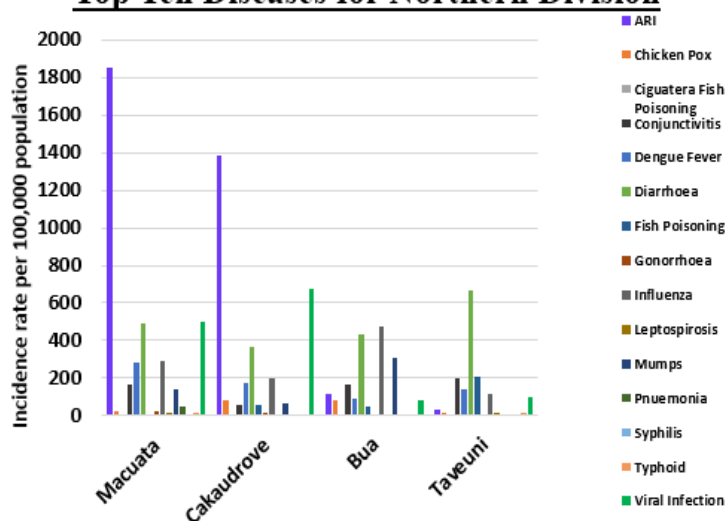
Source: NNDSS

The incidence rates were calculated using the population at risk from MoHMS 2015 population (Macuata - 66699, Cakaudrove - 34883, Bua - 17032 and Taveuni - 16668) and reported as per 100,000 population. The predominance of ARI, Diarrhoea, Influenza and Viral Illness were noted in the Northern division. The majority of the cases were reported from Cakaudrove, Macuata, and Bua sub divisions which are the most populated in the Northern Division. The top conditions in Northern division are consistent with the national rankings, although in a differing array.

Top 10 diseases for Eastern Division by Subdivision, 1st Quarter, 2017
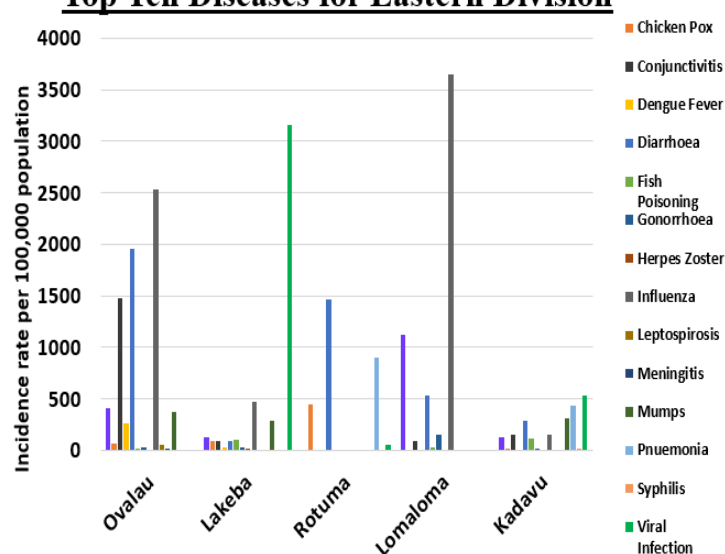
Source: NNDSS

The rates were calculated using the population at risk from MoHMS 2015 population (Lomaiviti - 16187, Lakeba - 6892, Rotuma - 1806, Lomaloma - 3240 and Kadavu - 10978) and reported as per 100,000 population. The predominance of ARI, Influenza, Conjunctivitis, Pneumonia and Viral Illness were recorded in Eastern division. Majority of the cases were recorded in Lomaiviti, Lakeba, Lomaloma and Kadavu sub divisions.

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

Priority 4: Expanded Primary Health Care – Hospital Report

Summary of Morbidity

Data on hospital services has been obtained from the Hospital discharged data (Patisplus) from CWM Hospital, Lautoka Hospital, Labasa Hospital and Nadi Hospital. Also data from Manual tear offs has been obtained from the following Sub divisional hospitals:

CENTRAL	WESTERN	NORTHERN	EASTERN
CWM Hospital (Patisplus)	Lautoka Hospital (Patisplus)	Labasa Hospital (Patisplus)	Cicia Hospital (Manual Tearoffs
Korovou Maternity Hospital (Manual Tearoffs	Ba Mission Hospital (Manual Tearoffs	Nabouwalu Hospital (Manual Tearoffs	Lakeba Hospital (Manual Tearoffs
Nausori Maternity Hospital (Manual Tearoffs	Nadi Hospital (Manual Tearoffs	Savusavu Hospital (Manual Tearoffs	Levuka Hospital (Manual Tearoffs
Navua Maternity Hospital (Manual Tearoffs	Naiserelagi Maternity Hospital (Manual Tearoffs	Waiyevo Hospital (Manual Tearoffs	Lomaloma Hospital (Manual Tearoffs
Tamavua Hospital (Manual Tearoffs)	Rakiraki Hospital (Manual Tearoffs		Matuku Hospital (Manual Tearoffs
Vunidawa Hospital (Manual Tearoffs	Tavua Hospital (Manual Tearoffs		Rotuma Hospital (Manual Tearoffs
Wainibokasi Hospital (Manual Tearoffs	Sigatoka Hospital (Manual Tearoffs		Vunisea Hospital (Manual Tearoffs

St Giles Hospital (only Hospital Monthly Returns			

Source: PATISPlus

Top Ten Morbidity through Admission, 1st Quarter, 2017
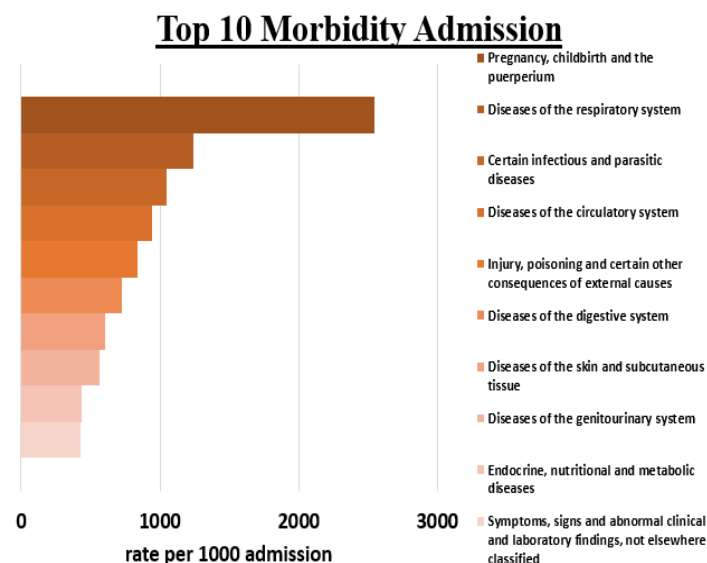
Source: PATISPlus

The leading admissions by cause group are Pregnancy, Childbirth & Puerperium which accounted for 236.1 per 1000 admission [n=2544] with external causes of morbidity and mortality having the least number of admissions which accounted for 0.6 per 1000 admission.

Top Ten Causes of Morbidity by Disease, 1st Quarter 2017

Top 10 Causes of Morbidity by Disease

- Pneumonia, unspecified
- Viral infection, unspecified
- Type 2 diabetes mellitus with foot ulcer due to multiple causes
- Sepsis, unspecified
- Diarrhoea and gastroenteritis of presumed infectious origin
- Dengue fever [classical dengue]
- Cellulitis of lower limb
- Status asthmaticus
- Acute bronchiolitis, unspecified
- Lobar pneumonia, unspecified
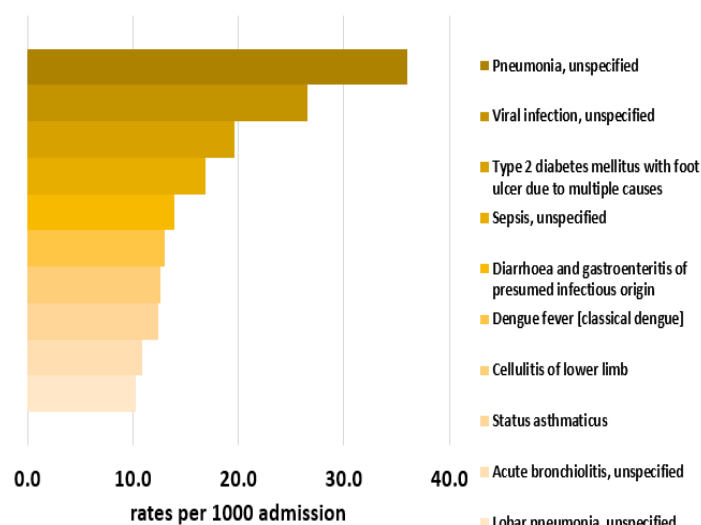
Source: PATISPlus

Pneumonia, unspecified is the leading cause which accounted for 36.0 per 1,000 admissions while lobar pneumonia, unspecified is the tenth leading cause and accounted for 10.2 per 1,000 admissions. For the same period in 2016 diarrhoea & gastroenteritis of presumed infectious origin was the leading cause of admissions, and Stroke not specified as haemorrhage/infarction accounted for the least admissions.

Top Ten Disease by Sex, 1st Quarter 2017

Top 10 Diseases by Sex
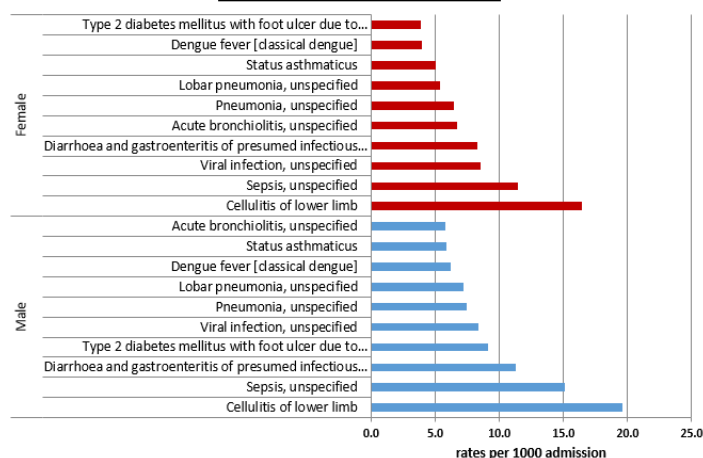
Source: PATISPlus

The sex distribution demonstrated that male and female has similar top diseases namely cellulitis of lower limb and sepsis, unspecified. Whilst the 10th causes of admission for males are status asthmaticus and acute bronchiolitis. In female, type 2 diabetes mellitus with foot ulcer is the 10th causes of admission

Admission Rates by Age Groups and Sex, 1st Quarter, 2017

Admission Rates by Age Group and Sex
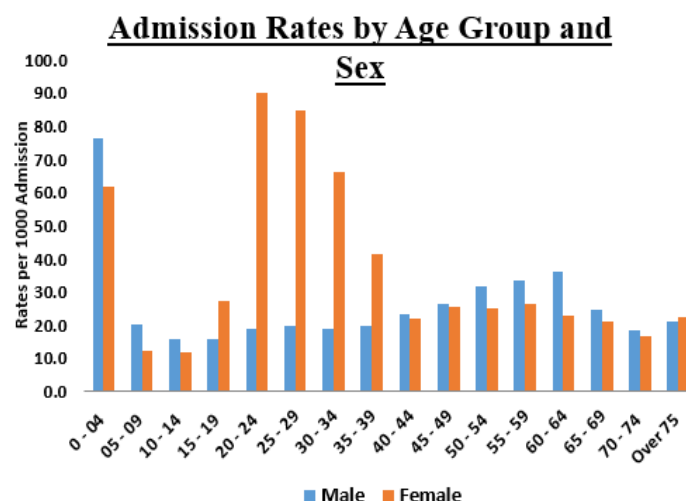
Source: PATISPlus

There were a total of 11,300 admission in the first quarter of 2017 compared to 16,386 admissions same period last year.

Rates for Top 10 Causes of Morbidity by Division, 1st Quarter, 2017

Rates for Top 10 Causes of Morbidity
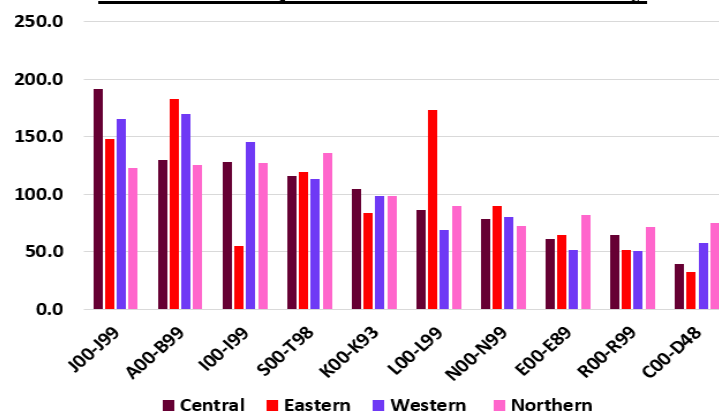
Source: PATISPlus

Most admissions were reported in the Central Division [n=3506] followed by the Western [n=2581], the Northern Division [n=772] and the Eastern Division [n=311] in the 1st quarter. Admissions due to diseases of the respiratory system (J00-J99) were most common in the Central, Western and Eastern divisions respectively. Majority of admissions in the Northern division were due to injury, poisoning and certain other consequences of external causes (S00-T98). *(Refer to Annex for code description)*

Mortality

A total of 1035 deaths recorded in the 1st quarter, 2017 giving an estimated crude death rate of 1.2 per 1000 population. These were sourced from the Medical Cause of Death Certificates received at the HIU from 1st April – 15th April, 2017.

Top Ten Causes of Mortality by Chapter, 1st Quarter, 2017

#	Code	Disease description	cases	%
1	I00-I99	Diseases of the circulatory system	343	33.1
2	E00-E90	Endocrine, nutritional and metabolic diseases	204	19.7
3	C00-D48	Neoplasm	119	11.5
4	A00-B99	Certain infectious and parasitic diseases	68	6.6
5	V01-Y98	External causes of mortality	49	4.7
6	J00-J99	Diseases of the respiratory system	48	4.6
7	P00-P96	Certain conditions originating in the perinatal period	31	3.0
8	R00-R99, K00-K93	Symptoms and signs and Diseases of the digestive system	29	2.8
9	L00-L99, N00-N99	Diseases of the skin and subcutaneous tissue and Diseases of the genitourinary system	25	2.4
10	G00-G99	Diseases of the nervous system	19	1.8
	M00-M99, D50-D89, Q00-Q99, O00-O99, F00-F99	Remainder of Other diseases	46	4.4
		Grand Total	**1035**	

Source: PATISPlus

The table above shows the top 10 causes of mortality by chapter which totals up to 95.6% of the total deaths recorded. The leading cause of death was diseases of the circulatory system followed by endocrine, nutritional and metabolic diseases then neoplasm which covers more than half of the total death (n=666, 64.3%) in this reporting period.

Mortality Disaggregated by Sex, 1st Quarter, 2017

Male				Female			
Code	Diseases	Cases	%	Code	Diseases	Cases	%
I00-I99	Diseases of the circulatory system	227	39.8	I00-I99	Diseases of the circulatory system	116	25.0
E00-E90	Endocrine, nutritional and	93	16.3	E00-E90	Endocrine, nutritional and	111	23.9

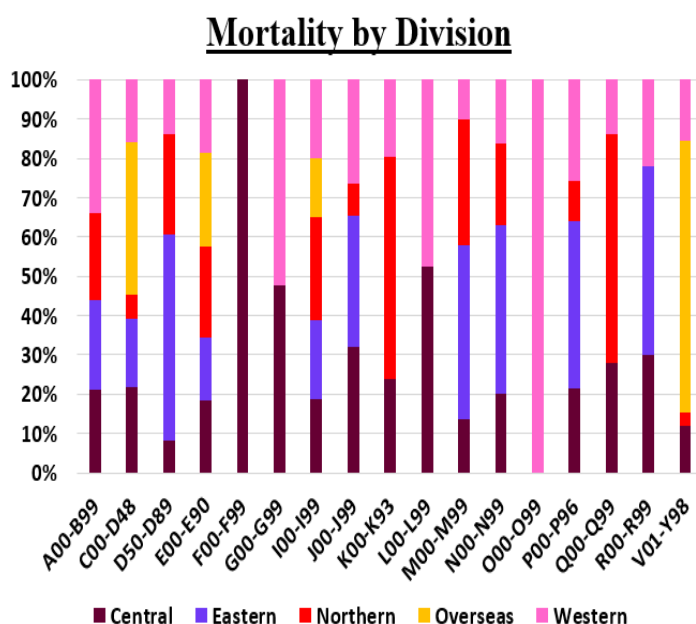| Code	Description	n	%	Code	Description	n	%
	metabolic diseases				metabolic diseases		
C00-D48	Neoplasm	48	8.4	C00-D48	Neoplasm	71	15.3
A00-B99	Certain infectious and parasitic diseases	41	7.2	A00-B99	Certain infectious and parasitic diseases	27	5.8
J00-J99	Diseases of the respiratory system	29	5.1	V01-Y98	External causes of mortality	20	4.3
V01-Y98	External causes of mortality	29	5.1	J00-J99	Diseases of the respiratory system	19	4.1
K00-K93	Diseases of the digestive system	17	3.0	P00-P96	Certain conditions originating in the perinatal period	17	3.7
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	17	3.0	L00-L99	Diseases of the skin and subcutaneous tissue	16	3.4
N00-N99	Diseases of the genitourinary system	16	2.8	K00-K93	Diseases of the digestive system	12	2.6
P00-P96	Certain conditions originating in the perinatal period	14	2.5	M00-M99	Diseases of the musculoskeletal system and connective tissue	12	2.6
G00-G99	Diseases of the nervous system	9	1.6	R00-R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	12	2.6
L00-L99	Diseases of the skin and subcutaneous tissue	9	1.6	G00-G99	Diseases of the nervous system	10	2.2
Q00-Q99	Congenital malformation, deformation and chromosomal abnormalities	8	1.4	N00-N99	Diseases of the genitourinary system	9	1.9
D50-D89	Diseases of the blood and blood forming organs and certain disorders	7	1.2	D50-D89	Diseases of the blood and blood forming organs and certain disorders	7	1.5

Code	Description	n	%	Code	Description	n	%
	involving the immune mechanism				involving the immune mechanism		
M00-M99	Diseases of the musculoskeletal system and connective tissue	6	1.1	Q00-Q99	Congenital malformation, deformation and chromosomal abnormalities	3	0.6
F00-F99	Mental and behavioural disorders	1	0.2	O00-O99	Pregnancy, childbirth and puerperium	2	0.4
Grand Total		571	100.0	Grand Total		464	100.0

Source: PATISplus

In this reporting period, 55% of the deaths were males and 45% were females. This pattern is common in many countries. The top 4 causes of death for both sexes are diseases of the circulatory system, followed by endocrine, nutritional and metabolic diseases, neoplasm and certain infectious and parasitic diseases. Males recorded more deaths in circulatory diseases while females recorded more deaths in endocrine, nutritional and metabolic disorders and neoplasm.

Percentage of deaths by Division, 1st Quarter, 2017

Mortality by Division

Source: PATISplus

(Refer to Annex for code description)

Priority 7: Medicinal Products, Equipment and Infrastructure

Medicine stock out rate

Comparative Analysis of Medicine Stock Out by Division for 1st Quarter, 2016 - 2017
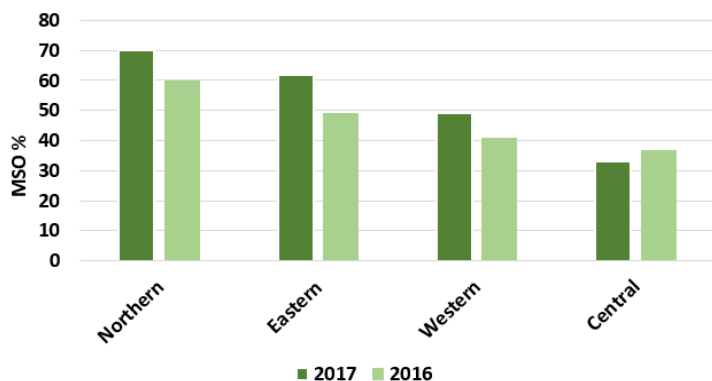
Source: CMRISonline

The overall stock out for 1st quarter was 53%, which was 7% more than what was reported in the same period last year (46%). The Northern Division had the most medicine stock out with 70% across all medical areas followed by the Eastern Division (62%) and the Western Division (49%), while the Eastern division reported the lowest percentage (33%). The same stock out trend was observed in the same period last year.

Key medicine stock out rate

Key medicine stock-out by Divisions in Nursing Centres/ Health Centres level
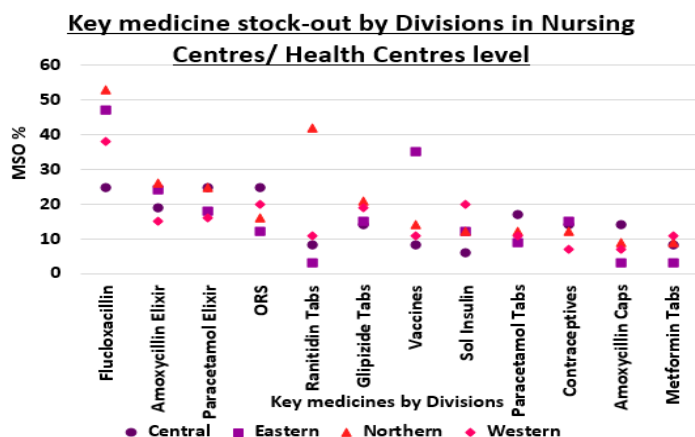
Source: CMRISonline

The common stock out in this quarter were Flucloxacillin (41%), followed by Amoxycillin Elixir (20%), Paracetamol Elixir (20%), ORS (18%), Ranitidine Tabs (18%), Glipizide Tabs(18%), Vaccines (15%), Sol Insulin (14%), Paracetamol Tabs (12%), Contraceptives (11%), Amoxicillian Tabs (8%) and Metformin Tabs (8%).

This is important to consider when referring to the Diabetes notification data analysis which shows that 62% of patients diagnosed with diabetes are on metformin and 43% on glipizide.

Overall, there was an increase in medicine stock by 7% for this quarter (53%) when compared with the same period last year (46%).

There is need for sustainability of provision of all key medicines at the Medical area level. There is an immediate need for optimal stock management practices.

Research Update, 1st Quarter, 2017

Research Proposals Status
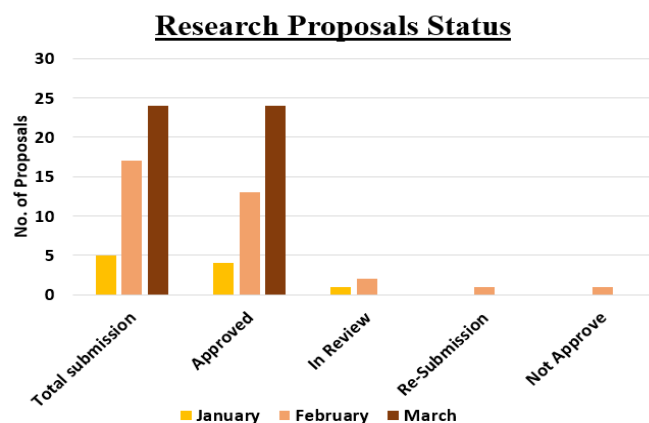
Source: Research Unit

A total of 46 proposals were submitted for review and clearance by FNHRERC of which 41 proposals were approved, 3 in review, 1 for re-submission and 1 not approved due to retrospective approval.

Breakdown of clearance per committee is reflected in the corresponding figure.

Compliance Reporting

Percentage received for Hospital Maternal and Child Health [MCH] reports, Quarter, 1st Quarter, 2017

Paperbase Maternal Child Health Report
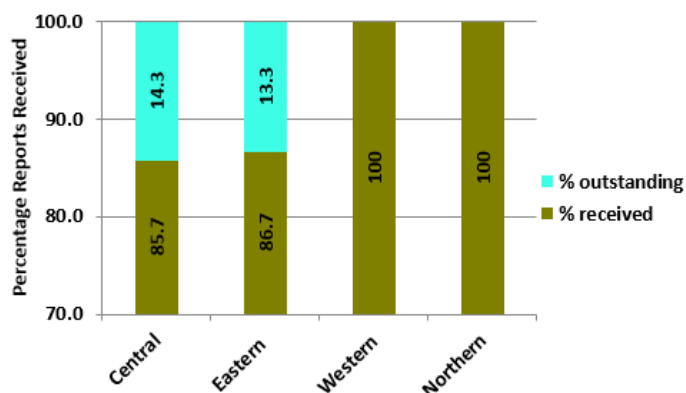
Source: CMRISonline

The analysis for the MCH Report is based on the reports received through paper based reports from the four Divisions for the 1st quarter 2017. The Central Division submitted 85.7% of the MCH Form and the Eastern Division submitted 86.7% reports. ***Congratulations to the Western and the Northern Divisions for 100% submission. The facilities yet to report on the MCH forms are CWMH and Rotuma Hospital***.

Percentage received for Hospital Monthly Report [HMR] reports, Quarter, 1st Quarter, 2017

Paperbase Hospital Monthly Return
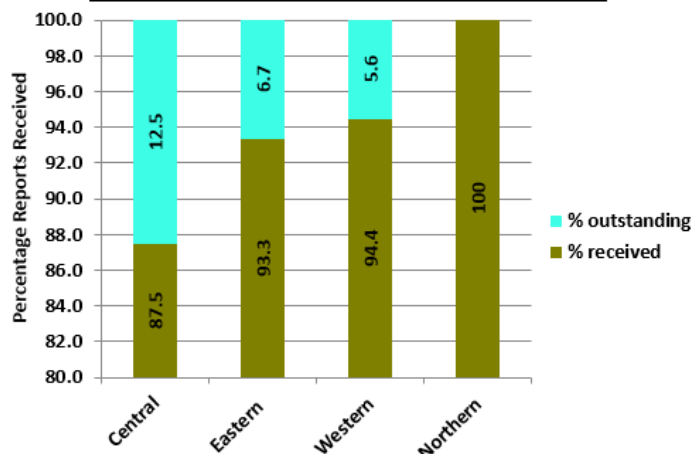
Source: CMRISonline

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 1st quarter which stands at 12.5%. The Easter Division has outstanding returns of 6.7% and the Western Division stands at 5.6%. ***Congratulations to the Northern Division for 100% submission. The facilities which have not submitted all the reports for the 1st quarter 2017 are: Fiji Military, Rakiraki and Rotuma hospital.***

Percentage received for Hospital Inpatient Tear Offs, Quarter, 1st Quarter, 2017

Paperbase Hospital Inpatient Tear-offs
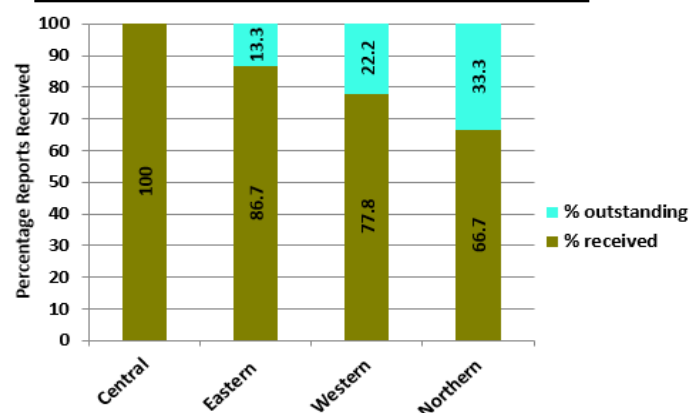
Source: Subdivisional Hospital Inpatient Tear Offs

The analysis for Hospital Inpatient Tear-Offs is based on reports received through Manual systems from the Divisions. The Northern Division's outstanding reports stands at 33.3%. The Western Division 22.2% outstanding returns and the Eastern Division stands at 13.3%. ***Congratulations to the Central Division for 100% submission for 1st quarter 2017. The facilities yet to submit their reports are Ba, Tavua, Rakiraki, Ra Maternity, Taveuni, Lakeba and Rotuma Hospital.*** The three divisions need to improve in their submissions as Inpatient data cannot be coded without these submissions and datasets presented are not complete without the inclusion of these core inpatient datasets.

National Notifiable Forms Certificates Received by Division, 1st Quarter 2017

NNDSS Received Certificates
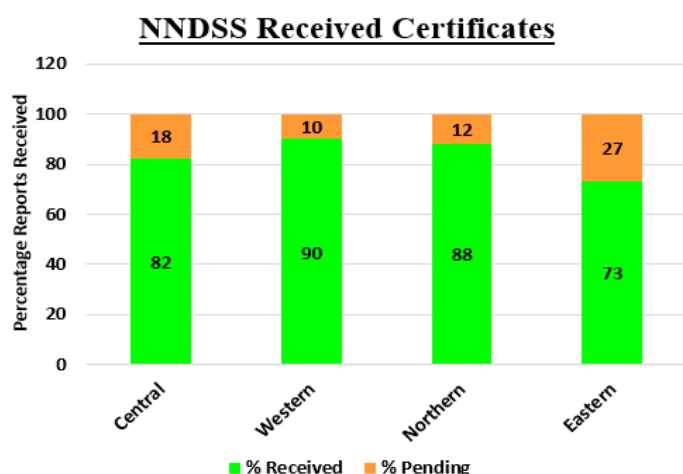
Source: CMRISonline

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

✓ **Western – 90% for 1st Quarter, 2017**

The Eastern division had the lowest rates of reporting at 73%, followed by the Central at 82% and the Northern division with 88% reporting.

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.

National Notifiable Forms Certificates Received by Facilities, 1st Quarter 2017

NNDSS Received Certificates for Central Division
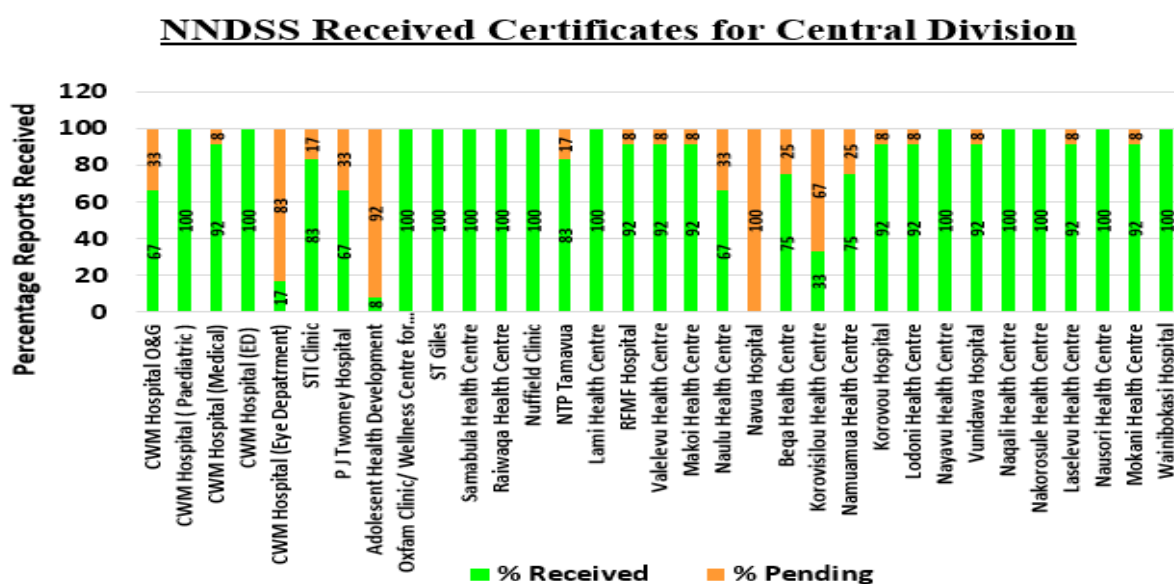
Source: NNDSS

Eighty-two percent (82%) of reports were received for 1st Quarter 2017 from the Central division. The poorest reporting site for this quarter was Navua Hospital at 0% coverage.

NNDSS Received Certificates for Eastern Division
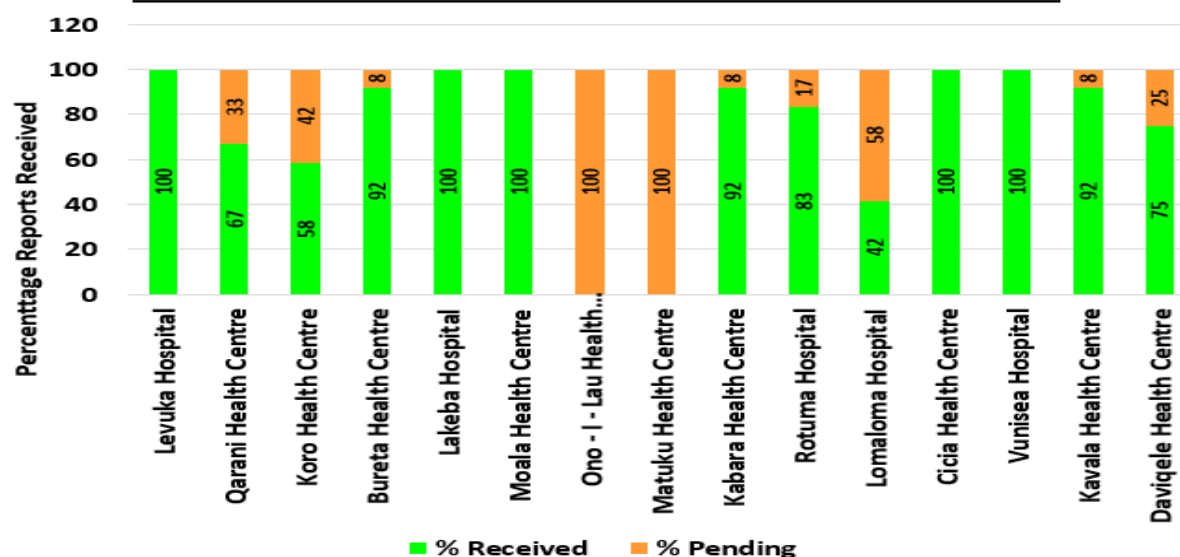
Source: NNDSS

Seventy three percent (73%) of reports were received 1st quarter, 2017 from the Eastern division. The poorest reporting site for this area were Ono – i- Lau & Matuku Health Centre at 0% coverage.

NNDSS Received Certificates for Northern Division
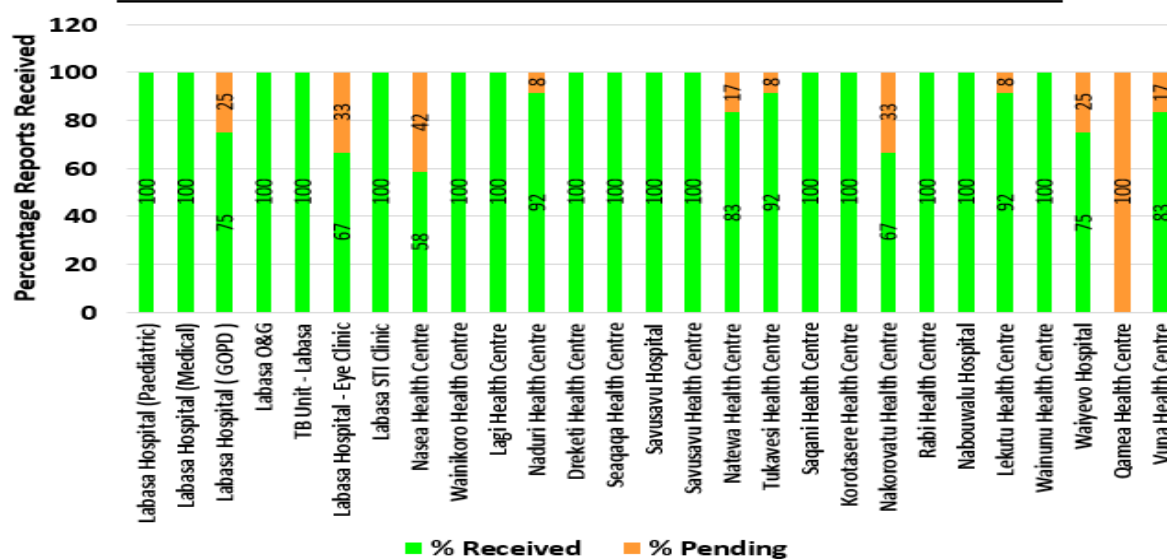
Source: NNDSS

Eighty eight (88%) of reports were received 1st quarter, 2017 from the Northern division. The poorest reporting site for this area was Qamea Health Centre at 0% coverage.

NNDSS Received Certificates for Western Division
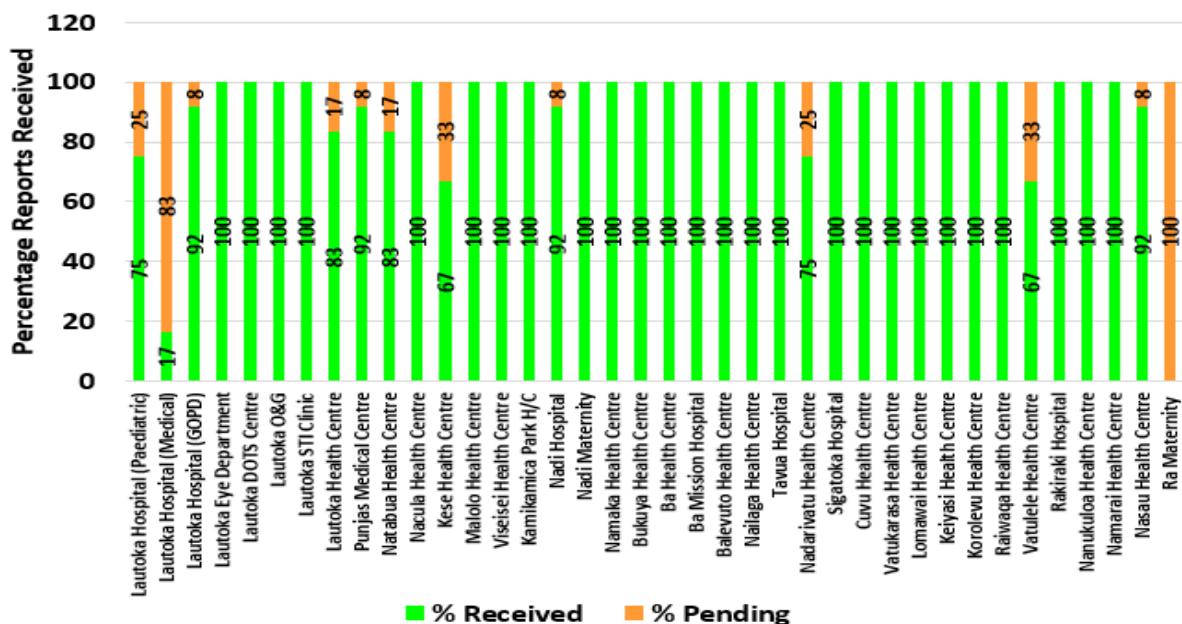
Source: NNDSS

Ninety (90%) of reports were received 1st quarter, 2017 from the Western division. The poorest reporting site for this area was Ra Maternity at 0% coverage.

National Notifiable Forms Certificates Received from General Practitioners, 1st Quarter 2017
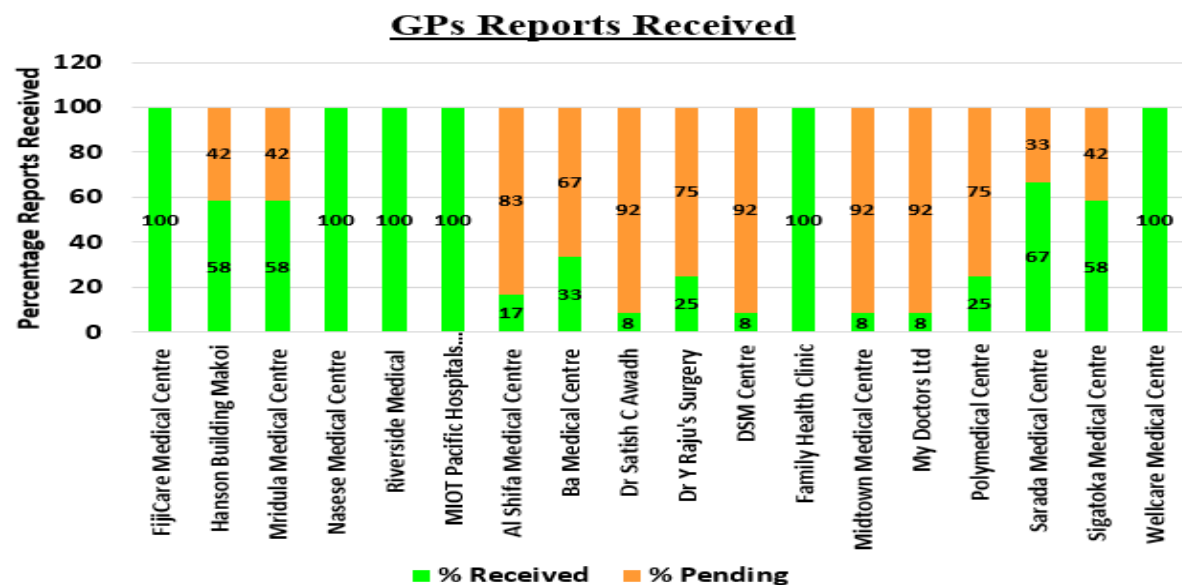
Source: NNDSS, GP Reprots

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 12 GPs have submitted their reports for the 2nd quarter 2016 (April to June) which equates to 8.1% of coverage from GPs. Acknowledgement is made to the 3 GPs who have complied with 100% reporting for the 2nd quarter. The rest of the GP's and private laboratories are encouraged to follow suit. Requesting all the GPs to report the Notifiable disease reports as required according

to the Public Health Act to report every week ending and if there is no case also report and indicate as NIL case. Private laboratories are yet to report cases (Vanmed, Austec and SPH).

On time monitoring of PHIS paper- based and online reports received at HIU, 1st Quarter 2017

Divisions	Jan	Feb	Mar
Central	71	71	71
Eastern	67	93	47
Northern	100	68	84
Western	71	100	86
% coverage monthly	77.4	83.3	72.0
% coverage quarterly	77.6		

The table illustrates the performance of each Division's consistency in delivering reports to HIU. There has been a decline in timely submission of PHIS reports over the 3 months period which requires the need for improvement in submission. The decline may be due to the delay in provision of paper base form to the reporting facilities after the CMRIS (paper base & online) review.

Submission coverage of PHIS paper- based and online reports received at HIU, 1st Quarter 2017

Divisions	Jan	Feb	Mar
Central	100	100	100
Eastern	100	93.3	100
Northern	100	100	100
Western	100	100	100
% coverage monthly	100	98.3	100
% coverage quarterly	99.4		

The table illustrates the performance of each Division's consistency in delivering reports to HIU. There has been a remarkable progress in submission of PHIS reports over the quarterly series with 99.4% coverage.

Submission coverage of School Summary reports received at HIU, 1st Quarter 2017

Divisions	Jan	Feb	Mar
Central	5	24	38
Eastern	0	0	7
Northern	0	47	68
Western	11	21	25
% coverage monthly	3.9	23.2	34.5
% coverage quarterly	20.5		

The table illustrates the performance of each Division's consistency in delivering school summary reports to HIU. There has been a slow progress in submission of PHIS reports over the quarterly series with 20.5% coverage.

On time monitoring of Nutrition reports received at HIU, 1st Quarter 2017

Divisions	Jan	Feb	Mar
Central	14	38	29
Eastern	0	7	0
Northern	5	5	0
Western	36	64	61
% coverage monthly	13.8	28.6	22.3
% coverage quarterly	21.6		

This shows the performance of each division on the timely submission of nutrition reports to HIU. The decline may be due to the delay in provision of paper base form to the reporting facilities after the CMRIS (paper base & online) review.

Submission coverage of Nutrition paper- based and online reports received at HIU, 1st Quarter 2017

Divisions	Jan	Feb	Mar
Central	38	62	57
Eastern	0	13	27
Northern	68	68	68
Western	57	75	71
% coverage monthly	40.9	54.7	55.9
% coverage quarterly	50.5		

The table illustrates the performance of each Division's consistency in delivering reports to HIU. The 1st quarter % coverage stands at 50.5.

Annex

Hospital Utilization Table, 1st Quarter, 2017

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	38,057	481	6,154	5,720	31,846	74%	354	5.6
2	Navua Hospital		22	223	189	972	49%	11	5.1
3	Vunidawa Hospital	2,631	24	128	107	255	12%	3	2.4
4	Korovou Hospital	1,855	16	196	184	513	36%	6	2.8
5	Nausori Hospital	285	17	652	594	743	49%	8	1.3
6	Wainibokasi Hospital	1,393	12	245	269	1,059	98%	12	3.9
	Central Division Sub-total	**44,221**	**572**	**7,598**	**7,063**	**35,388**	**69%**	**393**	**5.0**
7	Lautoka Hospital	43,082	305	4,120	4,006	21,079	77%	234	5.3
8	Nadi Hospital	20,073	75	1,211	1,038	3,192	47%	35	3.1
9	Sigatoka Hospital	10,014	66	916	749	3,009	51%	33	4.0
10	Ba Mission Hospital	5,412	50	1,213	873	1,875	42%	21	2.1
11	Tavua Hospital	10,032	29	271	206	778	30%	9	3.8
12	Rakiraki Hospital	10,784	30	332	288	1,103	41%	12	3.8
	Western Division Sub-total	**99,397**	**555**	**8,063**	**7,160**	**31,036**	**62%**	**345**	**4.3**
13	Labasa Hospital	43,112	182	2,674	2,366	9,923	61%	110	4.2
14	Savusavu Hospital	11,354	56	418	333	1,981	39%	22	5.9
15	Waiyevo Hospital	5,122	33	331	268	770	26%	9	2.9
16	Nabouwalu Hospital	2,168	30	266	216	30	1%	0.3	0.1
	Northern Sub-total	**61,756**	**301**	**3,689**	**3,183**	**12,704**	**47%**	**141**	**3.4**
17	Levuka Hospital	7,019	40	168	169	517	14%	6	3.1
18	Vunisea Hospital	1,992	22	78	55	306	15%	3	5.6
19	Lakeba Hospital	590	12	31	31	118	11%	1	3.8
20	Lomaloma Hospital	1,598	16	49	43	142	10%	2	3.3
21	Matuku	254	5	8	5	16	4%	0.2	3.2
22	Rotuma Hospital	819	14	6	4	18	1%	0.2	4.5
	Eastern Division Sub-total	**12,272**	**109**	**340**	**307**	**1,117**	**11%**	**12**	**3.6**
	TOTAL (Divisional)	**217,646**	**1,537**	**19,690**	**17,713**	**80,245**	**58%**	**892**	**4.5**

SPECIALISED AND PRIVATE HOSPITALS

No	Institution	Number of Outpatient	Number of Beds	Total Admission	Total Discharge	Total Patient Days	Occupancy Rate	Daily Bed State	Average Length of Stay
1	St Giles Hospital	2,073	100	145	90	5,642	63%	63	62.7
2	Tamavua/Twomey Hospital	8,030	91	124	95	5,149	63%	57	54.2
4	Military Hospital	0	9	0	0	0	0.0%	0.0	0
5	Naiserelagi Maternity	58	7	36	36	47	7%	0.5	1.3
	Specialized Hospital Sub-total	**10,161**	**207**	**305**	**221**	**10,838**	**58%**	**120**	**49.0**
	GRAND TOTAL	**227,807**	**1,744**	**19,995**	**17,934**	**91,083**	**58%**	**1,012**	**5.1**

Notifiable Disease, 1st Quarter, 2017

Diseases	Number of Cases	IR per 100,000 pop
Acute Poliomyelitis	0	0.0
Acute Respiratory Infection	11524	1340.8
Anthrax	0	0.0
Brucellosis	0	0.0
Chicken Pox	653	75.0
Cholera	0	0.0
Conjunctivitis	1890	217.5
Dengue Fever	2148	247.2
Diarrhoea	6129	708.7
Diphtheria	0	0.0
Dysentry (a) Amoebic	1	0.1
(a) Bacillary	1	0.1
Encephalitis	0	0.0
Enteric Fever (a) Typhoid	44	5.1
(b) Para Typhoid	0	0.0
Fish Poisoning	334	38.4
Ciguatera Fish Poisoning	11	1.3
Food Poisoning	1	0.1
Hepatitis A	2	0.2
Hepatitis B	34	3.9
Infectious Hepatitis	3	0.3
Influenza	5977	691.0
Leprosy	0	0.0
Leptospirosis	123	14.1
Malaria	1	0.1
Measles (Morbilli)	1	0.1
Meningitis	40	4.6
Mumps	1304	149.9
Plague	0	0.0
Pneumonia	2791	321.5
Puerperal Pyrexia	0	0.0
Relapsing Fever	1	0.1
Rheumatic Fever	10	1.1
German Measles (Rubella)	0	0.0
Smallpox	0	0.0
Tetanus	0	0.0
Trachoma	74	8.5
Tuberculosis (a) Pulmonary	61	7.0
(b) Others	19	2.2
Viral Illness/ Infection	7446	862.3
Whooping Cough	0	0.0
Yaws	0	0.0
Yellow Fever	0	0.0
Sexually Transmitted Diseases	0	0.0
(a) Gonorrhoea	284	32.6
(b) Candidiasis	29	3.3
(c) Chlamydia	1	0.1
(d) Congential Syphilis	1	0.1
(e) Lymphogranulona Venerum	0	0.0
(f) Herpes Zoster	11	1.3
(g) Ophthalmia Neonatorum	1	0.1
(h) PID	0	0.0
(i)Syphilis	116	13.3
(j)Trichominiasis	23	2.6
(k) Veneral Warts	1	0.1

Premature Mortality Rate per 1,000 population (<60yrs)

Age groups	Deaths			FIBOS projected population			Rate per 10,000 population		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
0-4	30	32	62	43,203	40,900	84,103	6.9	7.8	7.4
5-9		3	3	46,331	43,923	90,255	0.0	0.7	0.3
10-14	2	2	4	41,035	38,258	79,293	0.5	0.5	0.5
15-19	3	4	7	38,405	35,603	74,008	0.8	1.1	0.9
20-24	9	4	13	37,687	35,404	73,091	2.4	1.1	1.8
25-29	14	9	23	33,446	31,540	64,986	4.2	2.9	3.5
30-34	6	9	15	33,524	31,630	65,154	1.8	2.8	2.3
35-39	27	17	44	30,849	30,108	60,957	8.8	5.6	7.2
40-44	25	19	44	27,669	26,256	53,924	9.0	7.2	8.2
45-49	33	22	55	24,549	24,320	48,869	13.4	9.0	11.3
50-54	54	53	107	24,508	24,547	49,055	22.0	21.6	21.8
55-59	70	45	115	21,543	21,388	42,931	32.5	21.0	26.8

Medicine Stock out Rate by Sub-division, 1st Quarter, 2017

Division	Sub Division	Overall Stockout Rate (%)
Central	Naitasiri	44
	Rewa	44
	Tailevu	44
	Serua/Namosi	25
	Suva	22
Eastern	Kadavu	89
	Lakeba	80
	Lomaloma	67
	Lomaiviti	33
	Rotuma	0
Northern	Cakaudrove	86
	Bua	78
	Macuata	56
	Taveuni	56
Western	Lautoka/Yasawa	81
	Nadroga/Navosa	63
	Ba	44
	Ra	33
	Tavua	11
	Nadi	0

ICD 10 Code & Description – Mortality by Division

Code	Description
A00-B99	Certain infectious parasitic diseases
C00-D48	Neoplasm
D50-D89	Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism
E00-E90	Endocrine, nutritional and metabolic disorders
F00-F99	Mental and behavioural disorders
G00-G99	Diseases of the nervous system
H00-H59	Diseases of the eye and adnexa
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
N00-N99	Diseases of the genitourinary system
P00-P96	Certain conditions originating in the perinatal period
Q00-Q99	Congenital malformation, deformation and chromosonal abnormalities
R00-R99	Symptons, signs and abnormal clinical and laboratory findings, not elsewhere classified
V01-Y98	External causes of mortality

ICD 10AM Code & Description – Top 10 Causes of Morbidity

Code	Description
J00 - J99	Diseases of the respiratory system
A00 - B99	Certain infectious and parasitic diseases
I00 - I99	Diseases of the circulatory system
S00 - T98	Injury, poisoning and certain other consequences of external causes
K00 - K93	Diseases of the digestive system
L00 - L99	Diseases of the skin and subcutaneous tissue
N00 - N99	Diseases of the genitourinary system
E00 - E89	Endocrine, nutritional and metabolic diseases
R00 - R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
C00 - D48	Neoplasms