MINISTRY of HEALTH & MEDICAL SERVICES

Shaping Fiji's Health

Health Information Unit 3rd 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 Bulletins 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
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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.

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Contents

Acronyms

A&E	Accident and Emergency
ALOS	Average Length of Stay
ANC	Ante Natal Coverage
CBA	Child Bearing Age
CD	Communicable Diseases
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
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
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

A Healthy population

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.

Equity

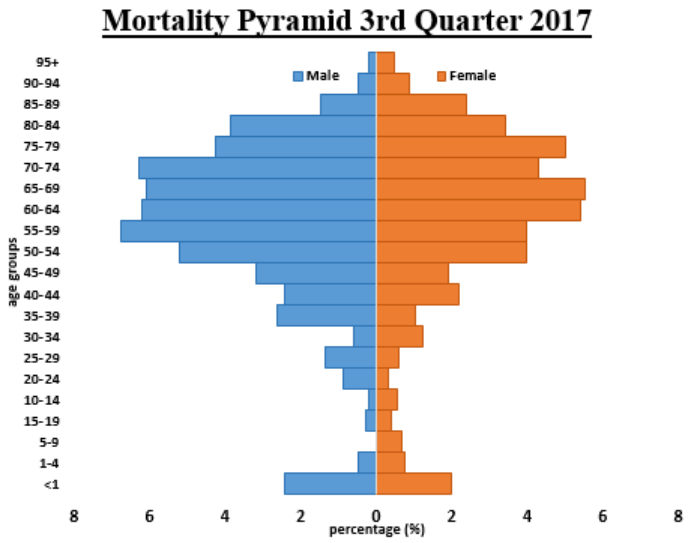
Integrity

Respect for Human Dignity

Responsiveness

Customer Focus

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

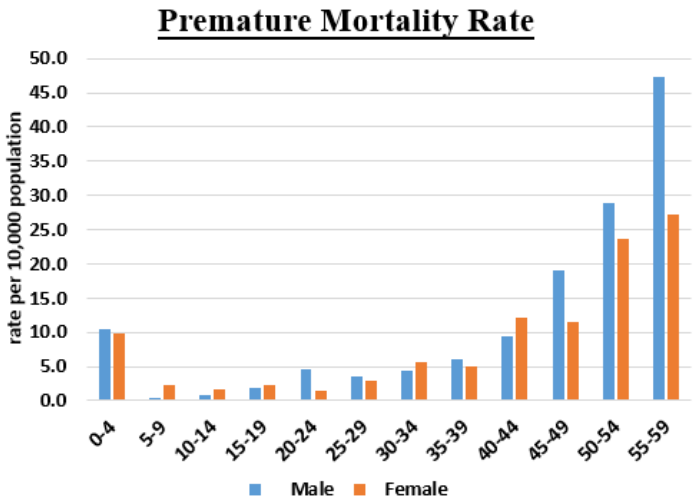


Source: PATISPlus

The mortality rates between males and females demonstrate that males have a peak between 55-70yrs and females have a peak between 60-75 yrs. Most males are dying younger than females.

Premature Mortality Rate 3rd Quarter, 2017

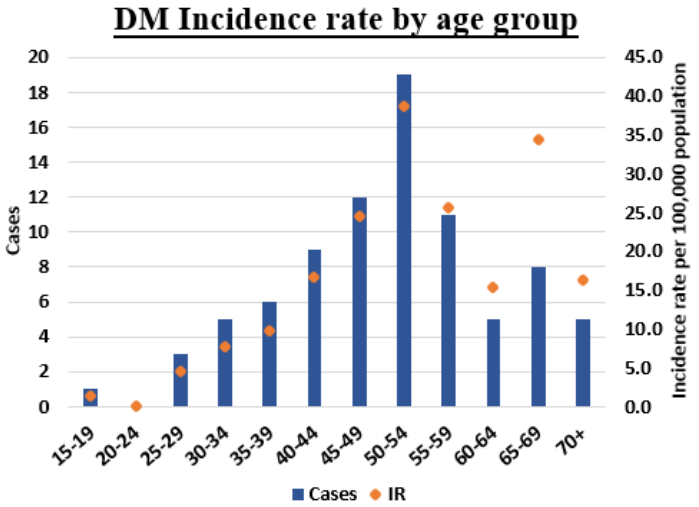
The population projection for 2017 from FBOS was used to calculate this rate. Majority of these deaths are recorded in the age groups between 50-59 years. In the 0 – 4 age group more males die prematurely compared to females. In the 55-59 age group, 47.3 per 10,000 males died prematurely compared to 27.1 per 10,000 females in this reporting period. Generally there is a higher rate of male mortality compared to female mortality in most of the age groups



Source: PATISPlus (Death Certiifcates)

Non Communicable Disease

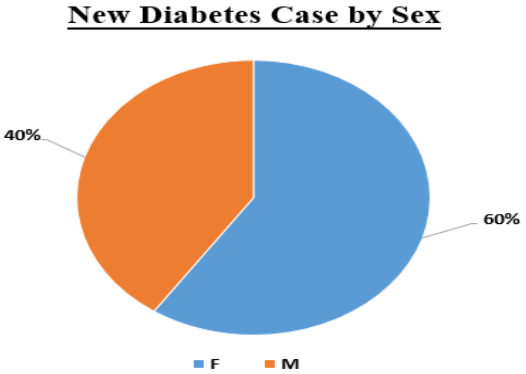
DM incidence rate, 3rd Quarter, 2017



Source: Diabetes Notification Forms

Diabetes remains a chronic disease of concern for Fiji. The graph shows the number of cases and incidence rate by age group in this reporting period. There are nil reported cases between 20 – 24 year age groups. However, there is an increase of new cases between 25 – 50 year age groups and early detection in the 15 – 19 age groups. Peak incidence is noted in the 50-54 and 65 -69 age groups. Data presented is based on the actual report received from the facilities in this reporting period.

Proportion of Diabetes Cases 3rd Quarter, 2017

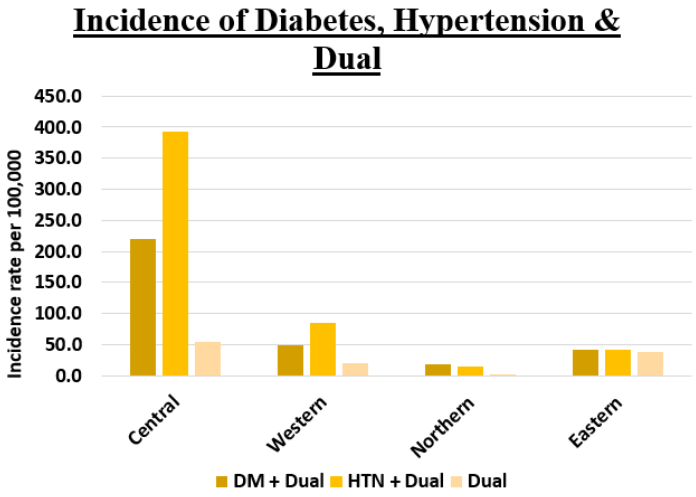


Source: Diabetes Notification Forms

The above graph demonstrates that females are reported to have greater frequency of diabetes (19% higher than males) in this quarter. However, the reported cases may not be a true reflection due to underreporting on the forms.

Incidence of Diabetes, Hypertension & Dual by Division, 3rd Quarter, 2017

There are more cases reported through the PHIS than diabetes notification and this may reflect underreporting through the diabetes notification.

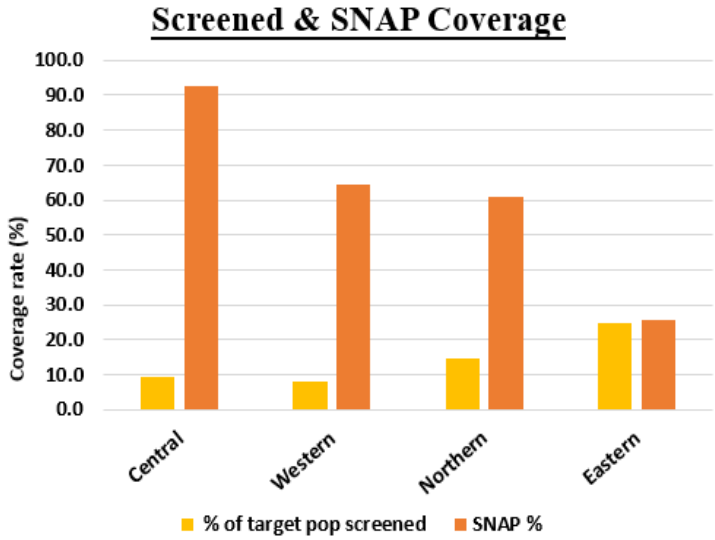


Source: PHIS

*(*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 followed by the Western division. The Central division also has the highest incidence of Hypertension and Dual cases.

Screening and SNAP Coverage by Division, 3rd Quarter, 2017

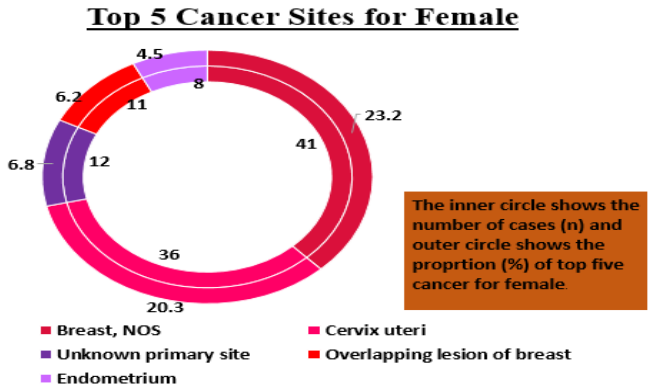


Source: PHIS

The Eastern division (25%) managed to have the greatest coverage of screening for its population, followed by Northern (15%), Central (9%) and Western (8%). [Calculations for target population was as follows: 25% per quarter of 30+ population (minus those with hypertension, diabetes and dual), specific to the division].

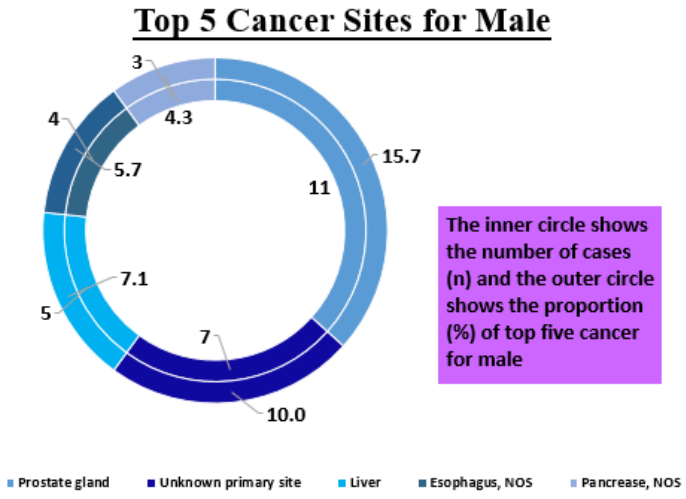
The Central Division had the highest frequency of SNAP for its screened population [93%], followed by the Western division [64%]. The lowest rate of SNAP was in the Eastern division [26%]. It is important that while we have screening for NCD appropriate intervention such as SNAP are simultaneously carried out.

Cancer Cases 3rd Quarter, 2017 Top 5 Leading Cancer Sites by Sex and Proportion distributions, Fiji.



Source: Cancer Registry 2017

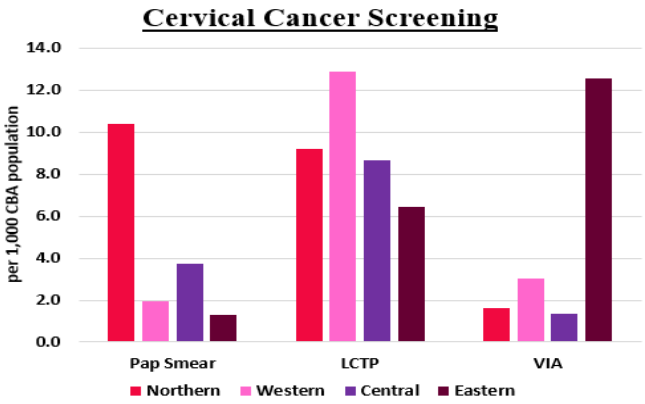
The leading causes of cancer in females in this reporting period are breast NOS (n=41), cervix uteri (26) and unknown primary site (12). When compared to the same reporting period for 2016, breast NOS and cervix uteri remain the top 2 cancer site for female whilst the 3rd leading site was head, face or neck NOS.



Source: Cancer Registry 2017

The leading cause of cancer in this reporting period in the male category are prostate gland (n=11), unknown primary site (n=7) and liver (n=5). When compared to the same period last year lung NOS (n= 12), prostate gland (n=11) and colon NOS (n=9) were the top 3 male cancer sites.

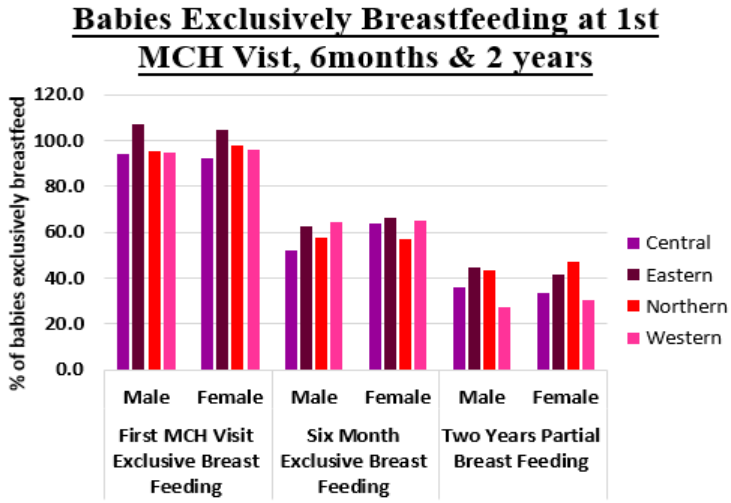
Cervical Cancer Screening by Division, 3rd Quarter, 2017



Source: PHIS

A total of 3,631 cervical screenings was recorded via pap smear, liquid cytology/ thin prep (LCTP) and visual inspection with acetic acid (VIA). The highest percentage of pap smears were conducted in the Northern Division (10.4%) followed by the Central Division (3.7%), the Western Division (1.9%) and the Eastern Division (1.3%).

Nutrition (Breastfeeding, MAM & SAM) 3rd Quarter, 2017

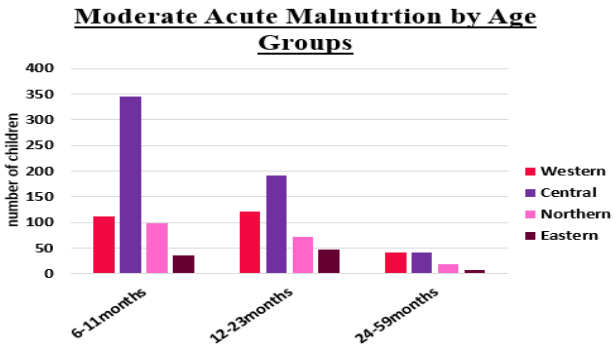


Source: CMRISonline

The graph above demonstrates the % of babies exclusively breastfed by sex and division. The Eastern division has relative consistency through the latter indicator years and may reflect barriers to access artificial supplementation, which in this case may be beneficial. However the decline in exclusive

breastfeeding is noted in all divisions with progression of age of the baby

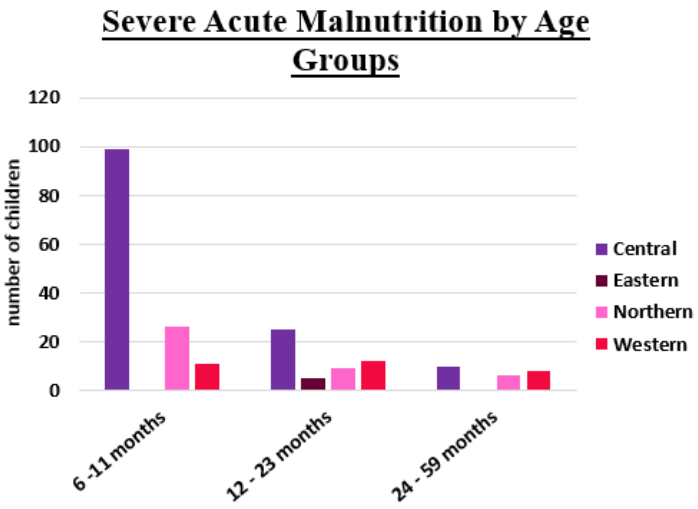
Moderate Acute Malnutrition by Age groups, 3rdQuarter, 2017



Source: CMRISonline

MAM has the highest frequency in the Central division and is highest in the under 12 month's age group. As a policy action, compliance to breastfeeding, appropriate nutritional advice to mother and adherence at MCH clinics must be monitored. In addition, working with appropriate social determinants of health agencies such as poverty alleviation may be key to addressing this issue.

Severe Acute Malnutrition by Age groups, 3rd Quarter, 2017



Source: CMRISonline

SAM has the highest frequency in the Central division and is highest in the 6 – 11months age group followed by the Northern and Western division. This may require rigorous policy action.

Priority 2: Maternal, Infant, Child and Adolescent Health

Vital and Health Statistics [1]

MCH Indicator	*Rates*
Total Live birth	*(n) 4662*
Crude birth rate	*5.3*
Crude death rate	*1.7*
Rate of Natural Increase	*0.4*
Infant Mortality Rate	*14.4*
Perinatal Mortality Rate	*9.4*
Neonatal Mortality Rate	*8.6*
Post neonatal mortality rate	*5.8*
Under 5 mortality rate	*18.2*
Maternal Mortality Rate	*0.0*
General Fertility Rate	*21.7*
Family planning protection rate	*11.9*

The total live birth (n-4462 is the denominator to calculate the related death rates detailed above. Please note that the high rates is due to the low denominator.

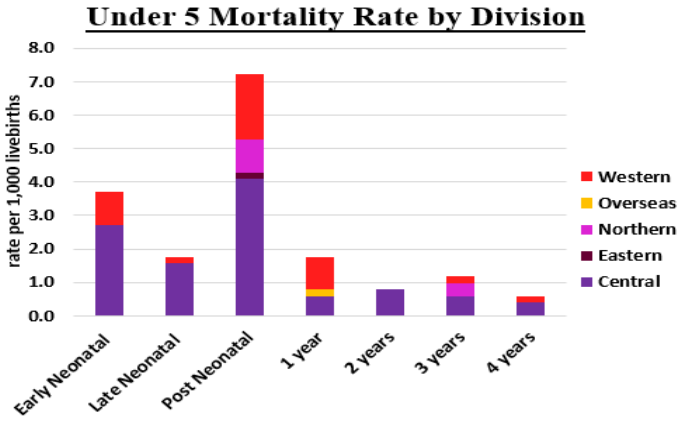
Maternal, Perinatal, Infant and Stillbirth Mortality

Under 5 Mortality

The Under 5 mortality rate in this reporting period stands at 18 per 1000 live births whilst perinatal mortality rate stands at 10 per 1000 live births.

[1] The mortality rates are calculated as per 100,000 population & birth related rates are calculated as per 1,000 live births

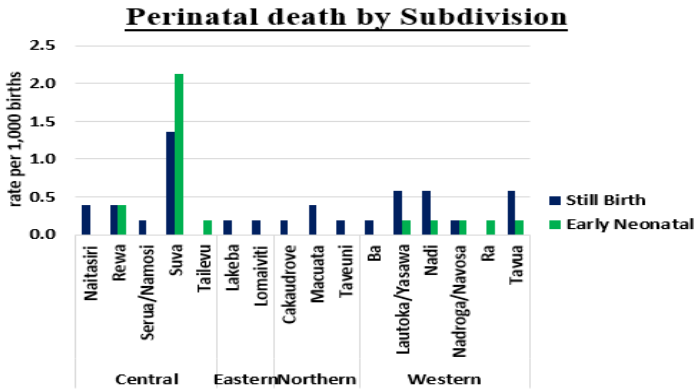
Under 5 Mortality by Division, 3rd Quarter, 2017



Source: PATISPlus

The Central division recorded most rates of early neonatal and postnatal deaths. The MCDC is the source of the information and the variability is due to the reporting of these cases.

Perinatal Mortality by Facility, 3rd Quarter, 2017



Source: PATISPlus

The perinatal mortality rate for this quarter stands at 10 per 1000 births. The Suva Subdivision recorded the highest perinatal and still births in this reporting period. There is a high probability that these deaths occurred at the CWM Hospital. Perinatal Mortality is obtained from the MCDCs and the variability in these is due to definitions around foetal losses, foetal deaths and reporting of these cases.

Births, Antenatal, Postnatal and Immunization Coverage

Outcomes of Pregnancy – hospital birth, 3rd Quarter, 2017

Division	Male n (r)	Female (r)	Total n (r)
Central	169 (13.2)	152 (13.3)	321 (13.2)
Eastern	10 (0.8)	8 (0.7)	18 (0.7)
Northern	293 (22.8)	283 (24.7)	576 (23.7)
Western	813 (63.3)	703 (61.3)	1516 (62.4)
Total	**1285 (100)**	**1146 (100)**	**2431 (100)**

Source: CMRIS Online

The table depicts that more males (1285) were born than females (1146) 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. **However, the Health Information Unit is yet to receive report from the O&G Unit of CWM Hospital from January this year.** The coverage depends on the accuracy of facilities reporting this.

ANC Booking Visit by Trimester, 3rd Quarter, 2017

Division	*Tri 1*	*Tri 2*	*Tri 3*	*Total*
Central	*223(22.2)*	*342(20.8)*	*96(22.8)*	*661(21.5)*
Eastern	*94(9.4)*	*81(4.9)*	*14(3.3)*	*189(6.2)*
Northern	*220(21.9)*	*269(16.3)*	*76(18.1)*	*565(18.4)*
Western	*468(46.6)*	*955(58.0)*	*235(55.8)*	*1658(54.0)*
Total	***1005(100)***	***1647(100)***	***421(100)***	***3073(100)***

Source: CMRISonline

The table indicate that majority of women had their 1st booking in the 2nd trimester [n=1647] than in the 1st trimester [n= 1005] and 3rd trimester [421]. The variance in coverage depends on case capture and accuracy of facilities reporting this. **However, the Health Information Unit is yet to receive July – September report from the O&G Unit of CWM Hospital.**

ANC Booking Visit by Age Group, 3rd Quarter, 2017

Division	*< 15*	*15-19*	*20-34*	*35 >*	*Total*
Central	*1(2.0)*	*54(23.8)*	*511(20.9)*	*96(29.4)*	***662(21.7)***

Eastern	*14(28.6)*	*23(10.1)*	*136(5.6)*	*16(4.9)*	***189(6.2)***
Northern	*6(12.2)*	*36(15.9)*	*437(17.9)*	*73(22.3)*	***552(18.1)***
Western	*28(57.1)*	*114(50.2)*	*1363(55.7)*	*142(43.4)*	***1647(54.0)***
Total	***49(100)***	***227(100)***	***2447(100)***	***327(100)***	***3050(100)***

Source: CMRIS Online

The highest number of booking visits was recorded in the age group categories 20-34 with the Western division reporting the highest cases nationally. **However, the Health Information Unit is yet to receive July – September report from the O&G Unit of CWM Hospital.**

Adolescent pregnancy was reported highest in the Western Division [n=114] in this quarter compared to the Central Division [n=172] in 3rd quarter, 2016

Contraceptive Methods in Family Planning per 1000 CBA, 3rd Quarter, 2017

Division	*Central*	*Eastern*	*Northern*	*Western*	*Total*
Oral Pills	*24.5*	*21.2*	*8.1*	*15.6*	*18.2*
IUCD	*6.8*	*7.2*	*1.4*	*9.5*	*6.8*
Depo Provera	*56.8*	*97.9*	*33.4*	*50.5*	*51.7*
Noristerat	*4.0*	*6.6*	*4.6*	*4.0*	*4.2*
Implants	*19.5*	*65.2*	*3.8*	*26.2*	*20.7*
Condoms Female	*0.1*	*0.5*	*0.2*	*0.1*	*0.1*
Condoms Male	*14.2*	*2.4*	*12.0*	*29.7*	*19.0*
Vasectomy	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*
Tubal Ligation	*0.0*	*0.0*	*0.9*	*1.0*	*0.5*

Source: CMRISonline

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

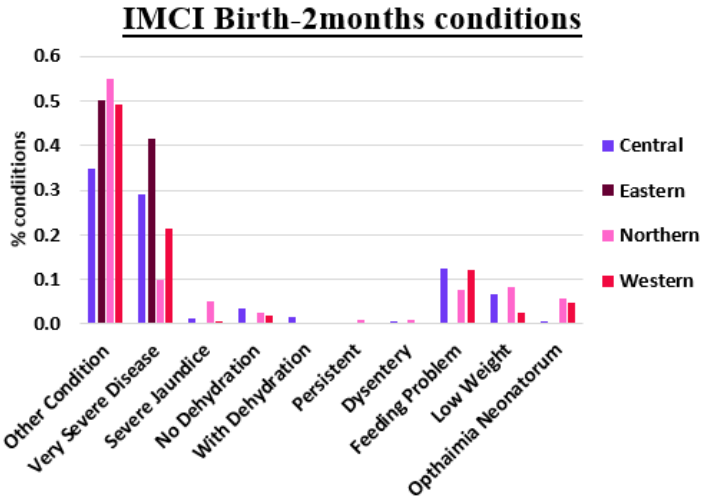
Immunization by Division & Vaccines, 3rd Quarter, 2017

Division	Central	Eastern	Northern	Western	Total	per 100 births
HepBO	300	18	594	1,586	2498	52.1
BCG0	300	18	593	1,572	2483	51.8
DPTHepBHib1	2040	128	780	1,688	4636	96.7
OPV1	2003	130	780	1,686	4599	95.9
Penumocal1	2035	136	780	1,688	4639	96.7
Rotavirus 1	2028	137	775	1,688	4628	96.5
DPTHepBHib2	2054	179	773	1,833	4839	100.9
OPV2	2010	178	779	1,831	4798	100.1
Penumocal2	2051	177	778	1,832	4838	100.9
DPTHepBHib3	2185	211	793	1,885	5074	105.8
OPV3	2102	210	800	1,892	5004	104.4
IPV	2150	208	802	1,884	5044	105.2
Penumocal3	2178	212	799	1,884	5073	105.8
Rotavirus 2	2,156	210	787	1,883	5036	105.0
MR1 Male	886	81	372	728	2067	43.1
MR1 Female	739	86	349	728	1902	39.7
MR1 Total	1625	167	721	1456	3969	82.8
OPV4	1232	112	546	1101	2991	62.4
MR2	887	79	426	966	2358	49.2

Source: CMRISonline

Based on the above figures, approximate coverage of MR1 was 82.8. The number of vaccines given by each division was used as the numerator and the quarterly pro rata live births [19180] as the denominator.

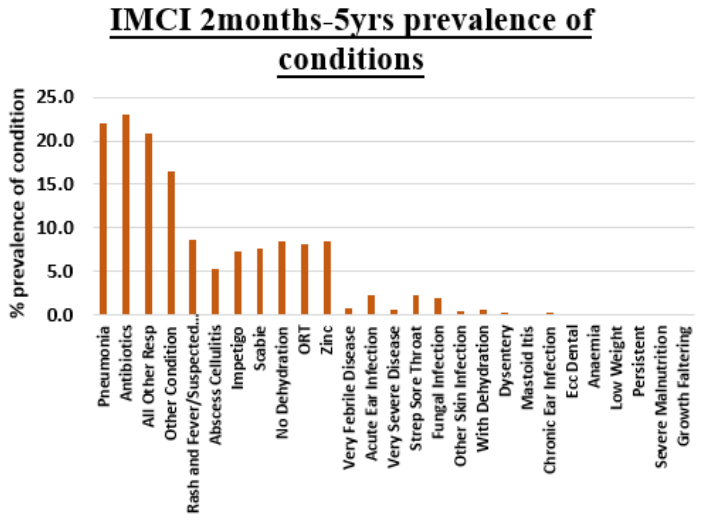
IMCI Birth – 2 Months Conditions by Division, 3rd Quarter, 2017



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 and feeding problem, low weight and ophthalmia neonatorum.

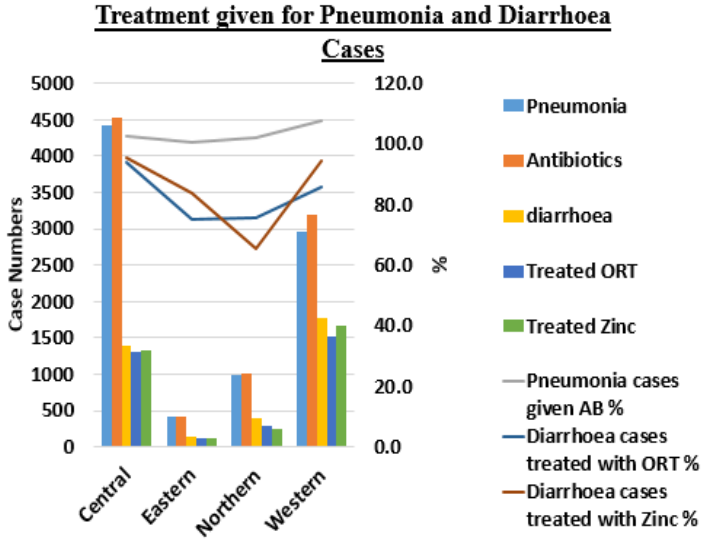
IMCI 2 Months – 5years Prevalence Conditions, 3rd Quarter, 2017



Source: CMRISonline

The top five IMCI conditions among the 2 months to 5 years children were Pneumonia and all other respiratory, other conditions, impetigo and Rash and Fever/suspected.

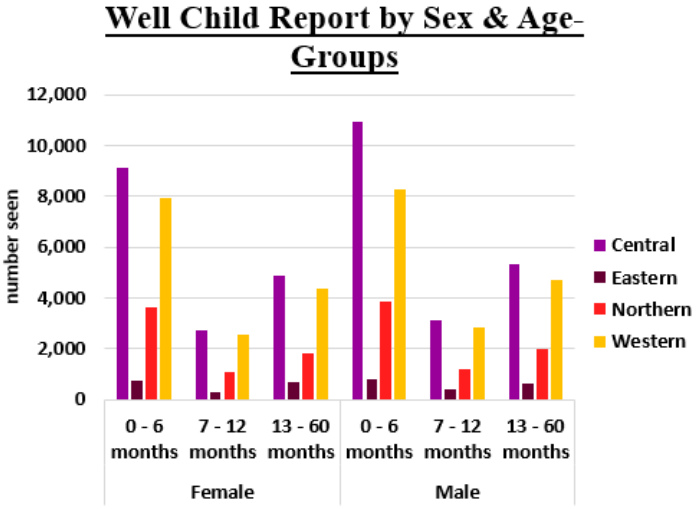
Treatment given for Pneumonia and Diarrhoea by Division, 3rd Quarter, 2017



Source: CMRISonline

The percentage of antibiotics given to pneumonia cases ranges from 102 – 108% and the percentage of diarrhoea cases treated with ORT and Zinc treatment ranges from 75 – 94% and 65 – 95% respectively. The increase in the indicator rates for pneumonia cases given antibiotics in all the divisions (the Western division (107.7%), the Central division (102.6%), Northern division (101.8%) and Eastern division (100.7%) may be due to data collation errors or overtreatment.

Well Child by Sex & Age Group by Division, 3rd Quarter, 2017



Source: CMRISonline

A total of 83,802 children were seen and the Central Division reported the highest numbers seen in both the sexes with 36,058 children in this reporting period followed by the Western division (30,657), the Northern division (13,537) and the Eastern division (3,550).

School Health Report

Number of Schools visited by Division, 3rd Quarter, 2017

Division	# of School visited	Total number of Schools	School coverage visited (%)
Central	*58*	*213*	*27.2*
Eastern		*Not Available*	
Northern	*87*	*175*	*49.7*
Western	*117*	*261*	*44.8*
Total	**262**	**766**	**34.2**

Source: CMRISonline

The above table shows approximately 34.2% of the total number of schools were visited in this reporting period. There was an increase of school visitation by 0.5% when compared to quarter 3, 2016. There were no reports received for the Eastern division for this quarter.

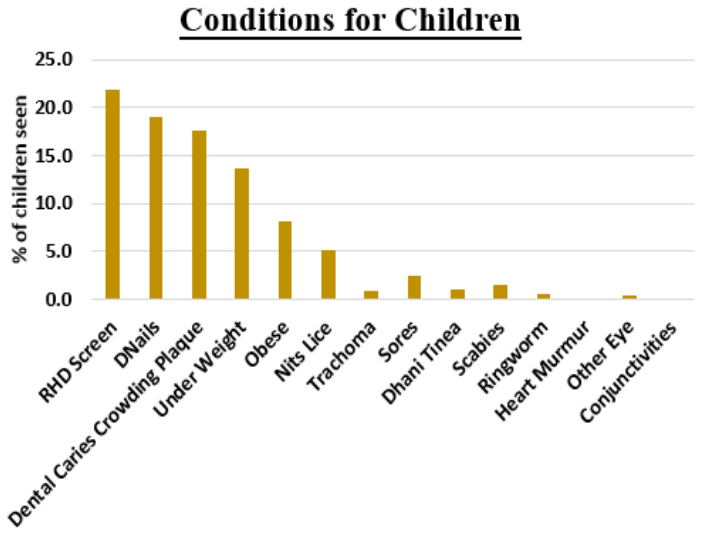
Number of School Children by Division, 3rd Quarter, 2017

Division	Total Roll for the year	Total Number Seen	Coverage seen (%)	Number Not Consented
Central	*11685*	*8858*	*75.8*	*367*
Eastern		*Not Available*		
Northern	*5025*	*2758*	*54.9*	*56*
Western	*4047*	*3404*	*84.1*	*75*
Total	**20757**	**15020**	**72.4**	**498**

Source: CMRISonline

The total number of school children seen was 15,020. The coverage was 72.4%. 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. There was no report received for the Eastern division for this quarter.

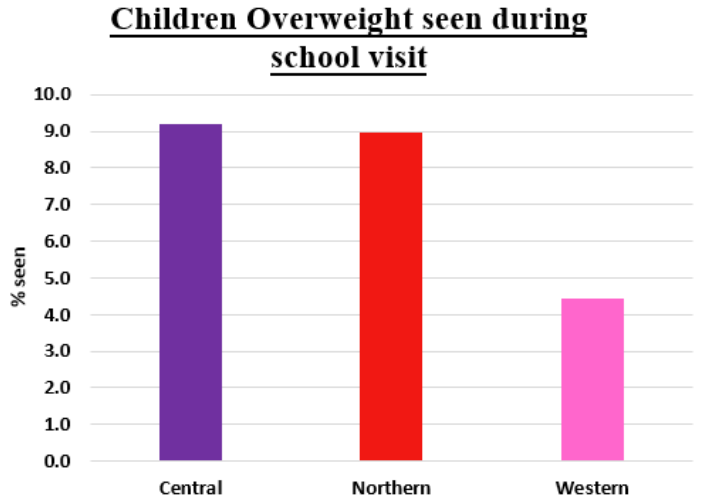
Conditions of Children Seen During School Visit, 3rd Quarter, 2017



Source: CMRISonline

The above graph shows the conditions reported in school children during visits. Majority of the children were screened for RHD [21.8%], followed by dirty nails [19.0%], oral health conditions [17.6%], underweight [13.7%] and obese [8.1%].

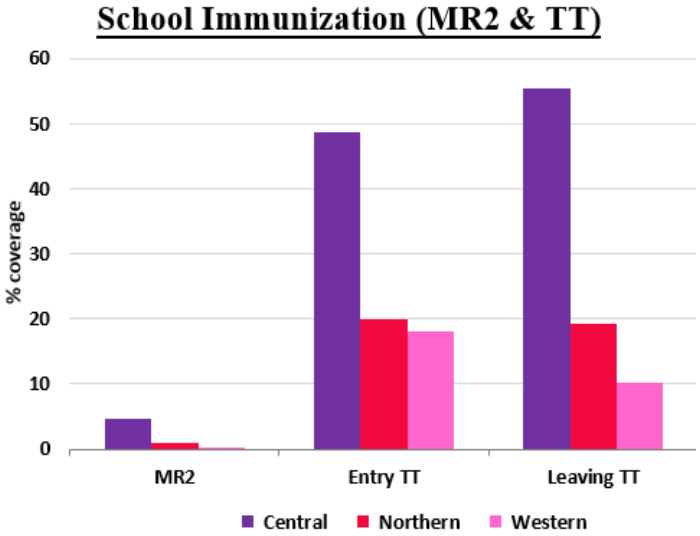
Percentage of Children Overweight seen during school visit, 3rd Quarter, 2017



Source: CMRISonline

Majority of this children were seen from the Central Division (9.2%) followed by the Northern Division (9.0%), the least from the Western Division (4.4%).

School Immunization (MR2 & TT) % Coverage, 3rd Quarter, 2017

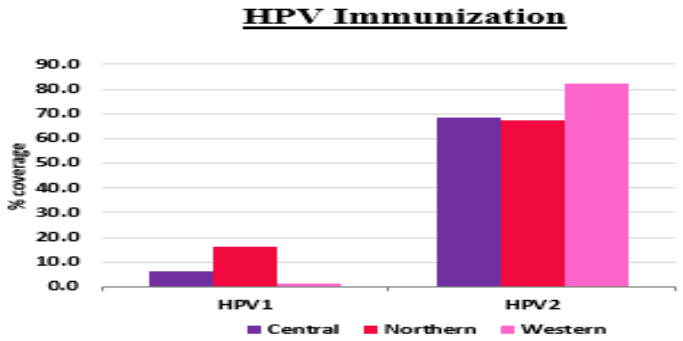


Source: CMRISonline

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 3%, new entry for TT (44%) and leaving TT was 37%. This indicates that booster TT doses need to be strengthened as immunity wanes when coverage is low.

The Central Division recorded the highest coverage of school children immunized with MR2, Entry TT and Leaving TT followed by the Northern division and the Western division recorded the lowest coverage. There were no reports received for the Eastern division.

Percentage of HPV Immunization Coverage by Division, 3rd Quarter, 2017



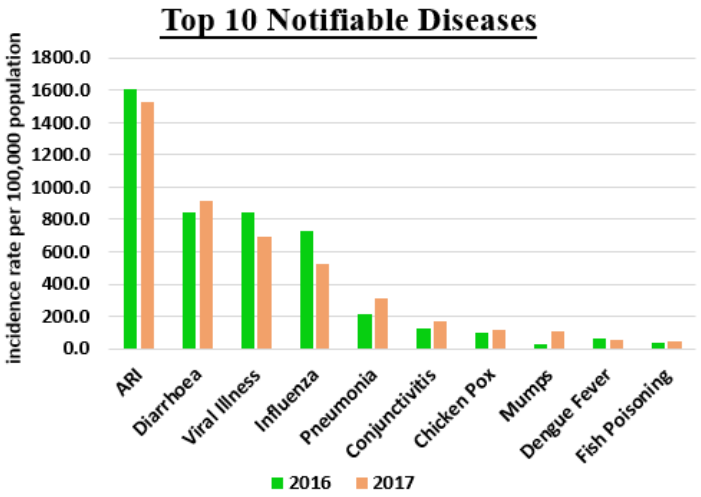
Source: CMRISonline

The Northern Division recorded the highest coverage for HPV1 (16.4%) followed by the Central division (6.3%), and Western Division recorded the lowest of 1.5%. The coverage for HPV1 recorded 6.9% compared to 73.9% for HPV2. The result may be due to the school team schedule dates for 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]

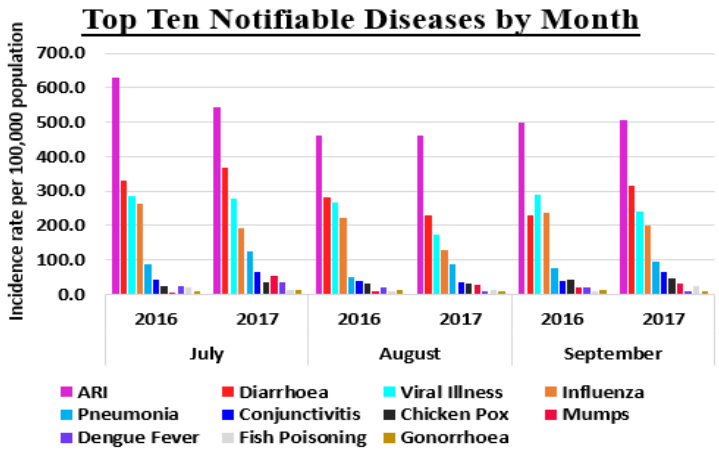
National Notifiable Disease Surveillance System, 3rd Quarter, 2017 vs 2016



Source: NNDSS

The incidence rates were calculated using population at risk from 2017 projections from FIBOS (872948) 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.

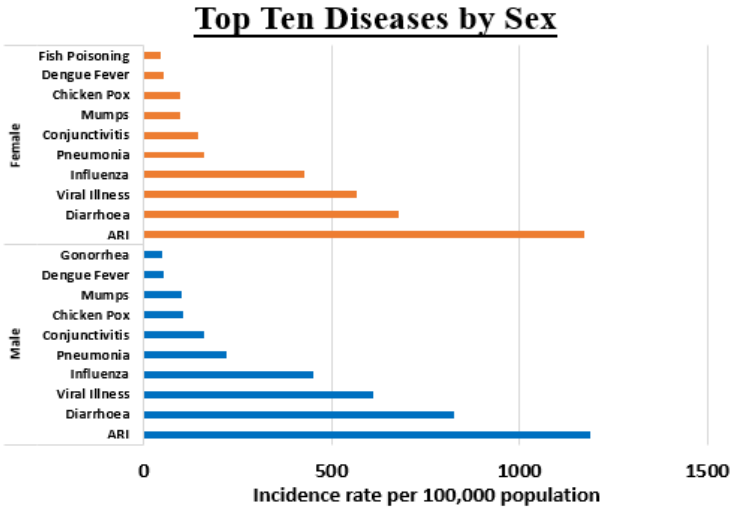
Top 10 Notifiable Diseases by Month, 3rd Quarter, 2017



Source: NNDSS

The incidence rates were calculated using population at risk from 2017 projections from FIBOS (872948) and reported as per 100,000 populations. Over both the years, a predominance of diseases with viral origins was noted, such as ARI, Viral Illness, Influenza and Diarrhoea. There is decrease of ARI cases when compared to the same period last year (13111 cases in 2017 and 13814 cases in 2016)

Top 10 Diseases by Sex, 3rd Quarter, 2017



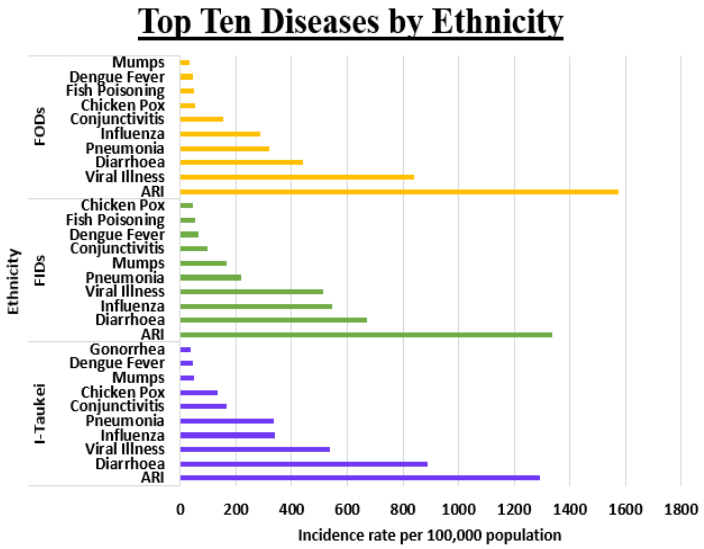
Source: NNDSS

The incidence rates were calculated using the population at risk from 2017 population projections from FIBOS (Male – 442,942 and Female – 430,006) and reported as per 100,000 population. The top 6 diseases is common in both the sexes and the 10th leading condition for the female category is fish poisoning and gonorrhoea for the male category.

The cases of unknown gender made up 19% (n= 7359) in the top 10 diseases by sex.

It is important for those reporting notifiable diseases to specify sex, ethnicity and age. The current percentage demonstrates that those reporting on NNDSS are still unresponsive to the request to clearly state sex, ethnicity and age.

Top 10 Diseases by Ethnicity, 3rd Quarter, 2017

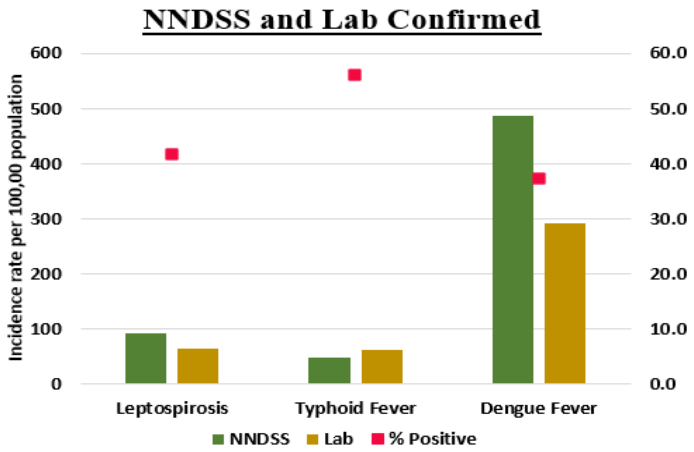


Source: NNDSS

The incidence rates were calculated using the population at risk from MoHMS 2015 population I-Taukei (527844), FID (351087) and FOD (44807) and reported as per 100,000 populations. 10% (n= 3947) of cases with unclassified ethnicity in this reporting period. It is important to categorize each reportable disease according to ethnicity, age, sex, and locality to empower public intervention on target population.

Leptospirosis, Typhoid and Dengue Fever

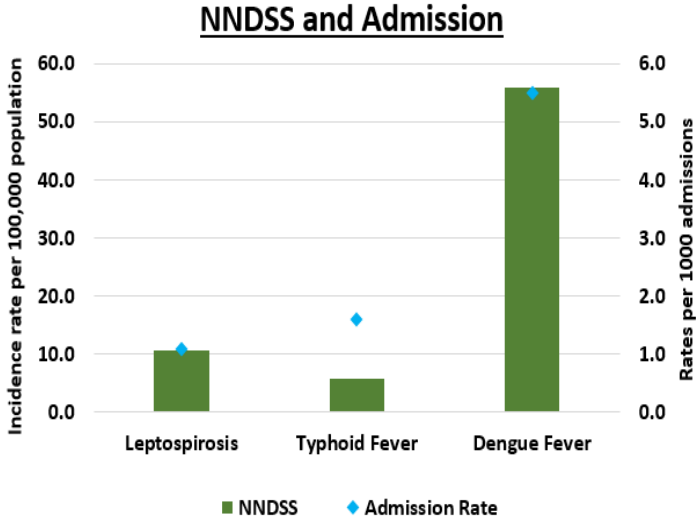
NNDSS vs Lab Confirmed Cases, 3rd Quarter, 2017



Source: Laboratory confirmed Data from Mataika House and NNDSS

The incidence rates were calculated using the population at risk from 2017 projections from FIBOS (872948) 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=487) compared to laboratory confirmed data (n= 292).

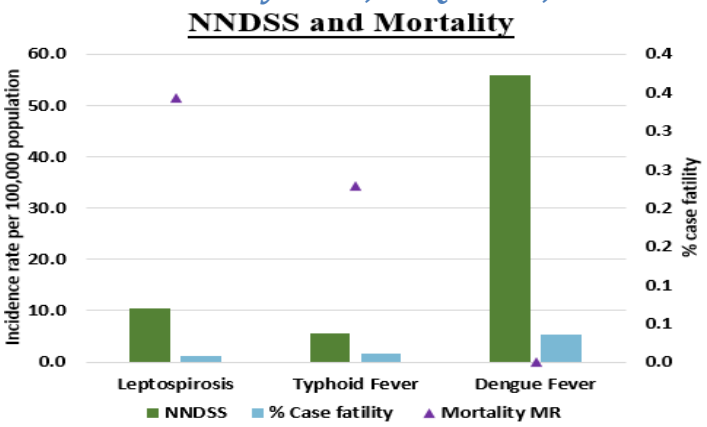
NNDSS vs Admission Cases, 3rdQuarter, 2017



Source: NNDSS & PATISplus

Typhoid fever have higher admission rates. The burden of admissions from typhoid fever cases is higher than dengue fever and leptospirosis. This may be due to the typhoid fever outbreak which resulted in the high admission rates in this reporting quarter.

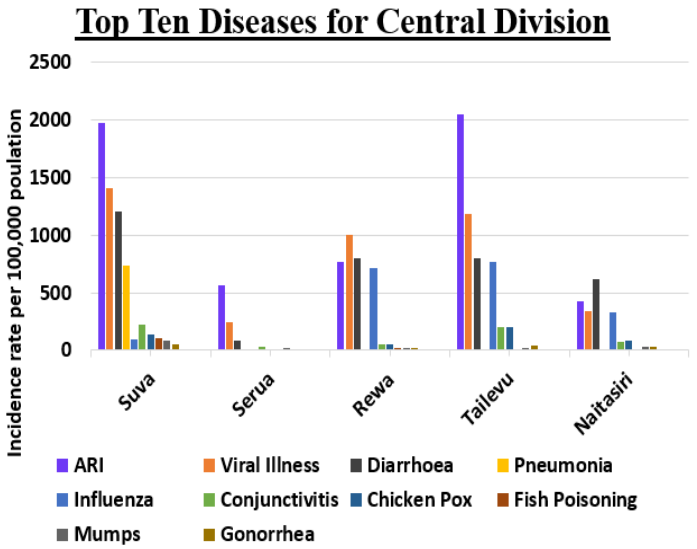
NNDSS vs Mortality Cases, 3rd Quarter, 2017



Source: Laboratory confirmed Data from Mataika House and NNDSS

Dengue fever and leptospirosis 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 dengue and leptospirosis. It is also imperative that case capture is heightened in its various forms.

Top 10 diseases for Central Division by Subdivision, 3rd Quarter, 2017



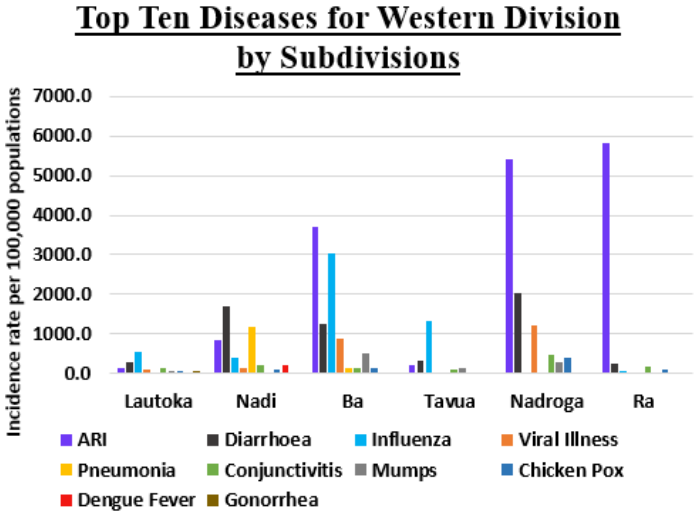
Source: NNDSS

The incidence rates were calculated using the population at risk from MoHMS 2017 population (Suva – 21,760, Serua – 29,504, Rewa – 84,659, Tailevu – 19,770 and Naitasiri – 19,017) and reported as per 100,000 population. The predominance of ARI, Viral Illness, Diarrhoea, Pneumonia, Influenza,

Conjunctiviis, Chicken pox, Fish poisoning, Mumps and Gonorrhea were recorded in Central division.

ARI is the leading condition in the Central division with cases reported from Suva (n=4211), Rewa (n=645), Tailevu (n=396) Serua (n=167), and Naitasiri (n=80). This was mostly reported in Suva. It signals a clear need for early public health response.

Top 10 diseases for Western Division by Subdivision, 3rd Quarter, 2017



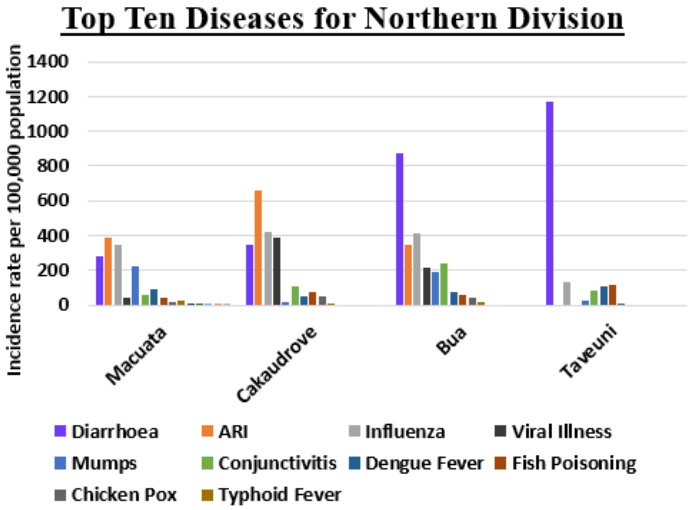
Source: NNDSS

The incidence rates were calculated using the population at risk from MoHMS 2016 population (Lautoka - 97503, Nadi - 87392, Ba - 54526, Tavua - 25609, Nadroga - 50021 and Ra - 26814) 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.

Dengue fever cases were reported in Nadi (n=1034), Nadroga (n= 84), Lautoka (n= 74), Ba (n=56), Tavua (n=35 and Ra (n=2) signalling for public health interventions for these areas to reduce risks of outbreaks. Chicken Pox cases are reported in Nadi (n= 102), Lautoka (n= 52), Nadroga (n= 49), Ba (n= 24), Ra (n= 11) and Tavua (n= 5) signalling a clear need for early public health response.

Typhoid cases were also reported from Lautoka (n= 10), Nadroga (n= 5), Nadi and Ra (n= 4).

Top 10 diseases for Northern Division by Subdivision, 3rd Quarter, 2017

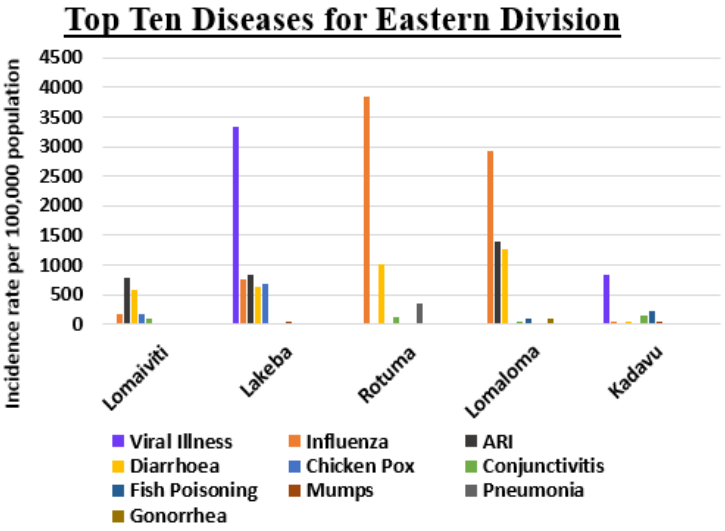


Source: NNDSS

The incidence rates were calculated using the population at risk from 2017 projections from FBOS (Macuata - 58721, Cakaudrove - 33787, Bua - 16099 and Taveuni - 16304) and reported as per 100,000 population. The predominance of Diarrhoea, ARI, Influenza, Viral Illness, Mumps and Conjunctivitis were noted in the Northern division. The 10th leading condition is Typhoid Fever.

Macuata (n=146), Taveuni (n= 48), Cakaudrove (n=30) and Bua (n=17) have reported dengue cases requiring ongoing public health awareness and effective prevention and control. The advice continues to ensure that all Notifiable diseases are duly reported on NNDSS as per the Public Health Act provisions.
Mumps cases reported in Macuata (n=334), Bua (n= 106), Cakaudrove (n=43 and Taveuni (n=29). Chicken Pox and Typhoid fever cases are reported from all the subdivisions signalling a clear need for early public health response.

Top 10 diseases for Eastern Division by Subdivision, 3rd Quarter, 2017



Source: NNDSS

The rates were calculated using the population at risk from 2017 projections from FBOS (Lomaiviti - 14400, Lakeba - 6593, Rotuma - 1703, Lomaloma - 2318 and Kadavu - 10539) and reported as per 100,000 population. The predominance of Viral Illness, Influenza, ARI, Diarrhoea, and Conjunctivitis were recorded in Eastern division. Top nine conditions in Eastern division are following the national rank order but in a differing array, the 10th leading condition is Gonorrhoea.

Conjunctivitis, Mumps, Dengue fever and Chicken Pox cases were reported from all the subdivisions signalling a clear need for early public health response.

Priority 4: Expanded Primary Health Care – Hospital Report

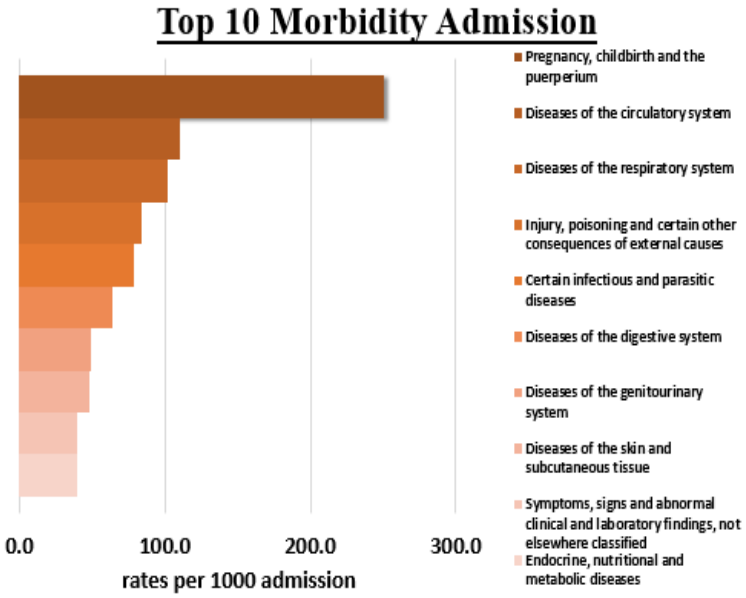
Summary of Morbidity

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

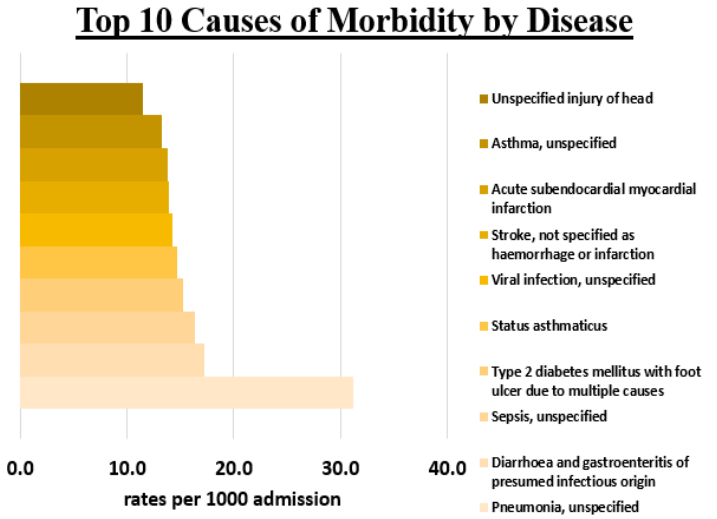
Top Ten Morbidity through Admission, 3rd Quarter, 2017



Source: PATISPlus

The leading admissions by cause group are Pregnancy, Childbirth & Puerperium which accounted for 250 per 1000 admission [n=3129] with Endocrine, nutritional and metabolic diseases (n=498) is the tenth leading hospital admission which accounted for 40 per 1000 admission.

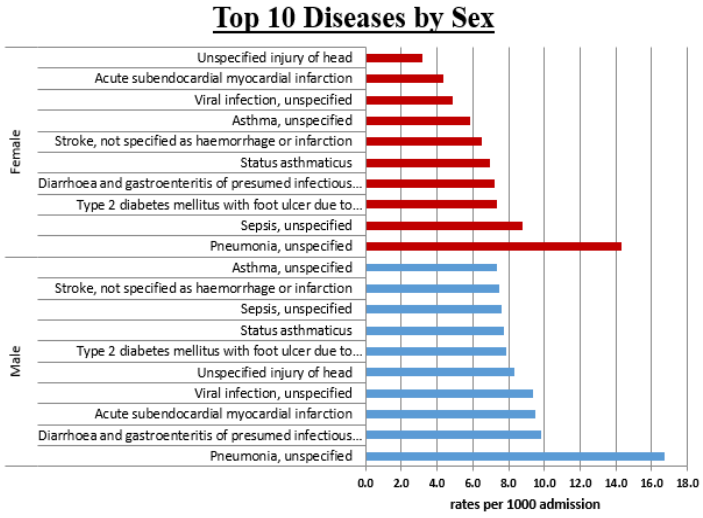
Top Ten Causes of Morbidity by Disease, 3rd Quarter 2017



Source: PATISPlus

Pneumonia, unspecified is the leading cause which accounted for 31 per 1,000 admissions while unspecified injury of head is the tenth leading cause and accounted for 11 per 1,000 admissions. For the same period in 2016, Stroke not specified as haemorrhage/infarction accounted for the least admissions.

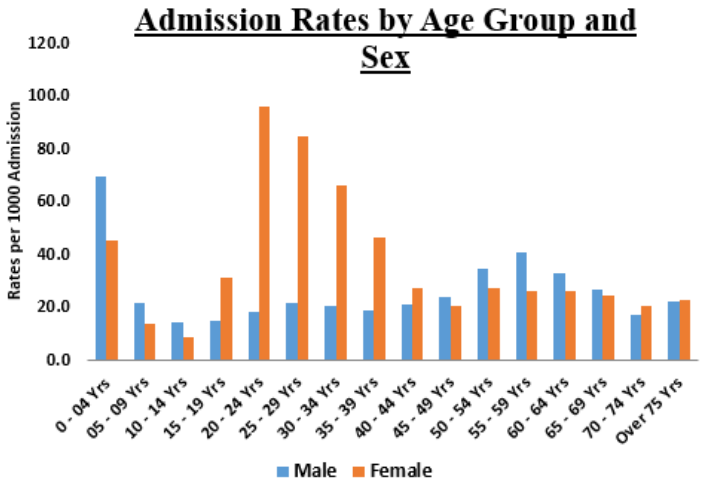
Top Ten Disease by Sex, 3rd Quarter 2017



Source: PATISPlus

The sex distribution demonstrated that males and females have similar top diseases namely Pneumonia, unspecified whilst the 10th causes of admission for males is Asthma unspecified. In female, unspecified injury if head is the 10th causes of admission.

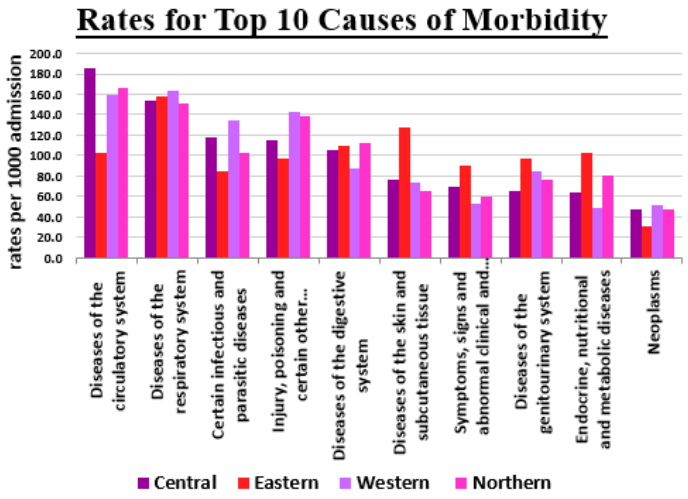
Admission Rates by Age Groups and Sex, 3rd Quarter, 2017



Source: PATISPlus

There were a total of 12,495 admissions in the 3rd quarter of 2017 compared to 10,993 admissions in the same period last year. There is a peak in admission for females in 20 – 35 years age group however, males recorded most admission in the 0 – 4 age group.

Rates for Top 10 Causes of Morbidity by Division, 3rd Quarter, 2017



Source: PATISPlus

Most admissions were reported in the Central Division [n= 3282] followed by the Western division [n=3258],

the Northern Division [n=132] and the Eastern Division [n=165] in this reporting period. Majority of admissions in the overseas category (n=12) were due to injury, poisoning and certain other consequences of external causes (S00-T98). *(Refer to Annex for code description)*

Mortality

A total of 1460 deaths recorded in the 3rd quarter, 2017 giving an estimated crude death rate of 1.9 per 1000 population. These were sourced from the Medical Cause of Death Certificates received at the HIU from 3rd quarter July - September, 2017. However, the analysis is based on the 1,291 coded death records.

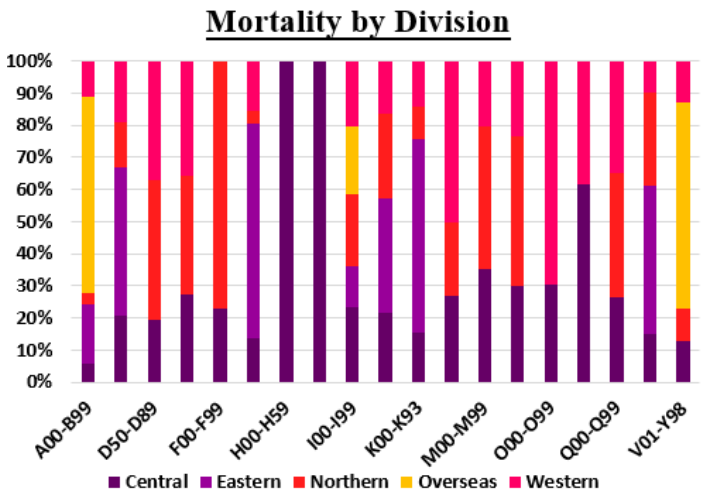
Top Ten Causes of Mortality by Chapter, 3rd Quarter, 2017

Rank	Code	Diseases	Cases	%
1	I00-I99	Diseases of the circulatory system	**446**	**34.5**
2	E00-E90	Endocrine, nutritional and metabolic diseases	**252**	**19.5**
3	C00-D48	Neoplasms	**161**	**12.5**
4	V01-Y98	External causes of mortality	**83**	**6.4**
5	J00-J99	Disease of the respiratory system	**74**	**5.7**
6	A00-B99	Certain infectious and parasitic diseases	**55**	**4.3**
7	R00-R99	Symptoms and signs	**42**	**3.3**
8	K00-K93	Disease of the digestive system	**31**	**2.4**
9	N00-N99	Diseases of the genitourinary system	**28**	**2.2**
10	G00-G99	Diseases of the nervous system	**26**	**2.0**
	L00-L99, P00-P96, Q00-Q99, M00-M99, D50-D89, O00-O99, F00-F99, H00-H59, H60-H95	Other diseases	**93**	**7.2**
		Grand Total	**1291**	**100.0**

Source: PATISPlus

The table above shows the top 10 causes of mortality by chapter which totals up to 92.8% 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=859,66.5%) in this reporting period. In this reporting period, 55.1% of the deaths were males and 44.9% were females. The top 3 causes of death for both sexes are diseases of the circulatory system, followed by endocrine, nutritional and metabolic diseases, neoplasm. *(Refer to Annex)*

Percentage of deaths by Division, 3rd Quarter, 2017

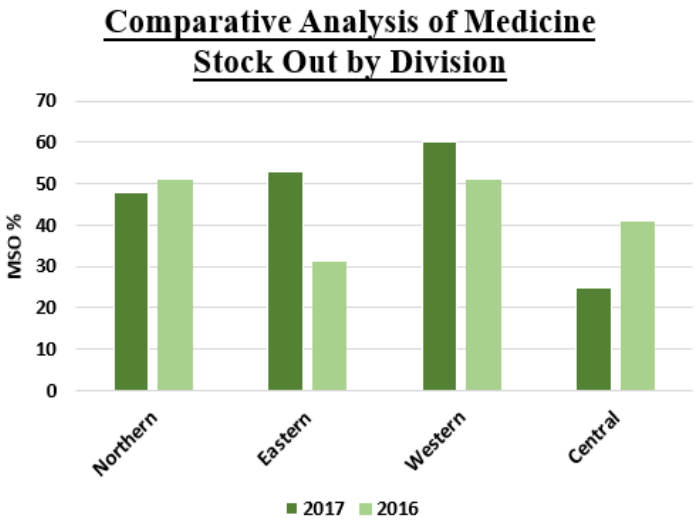


Source: PATISplus

Generally, the percentage distribution differs by divisions and is dependent on services offered in these divisions. *(Refer to Annex for code description)*

Priority 7: Medicinal Products, Equipment and Infrastructure

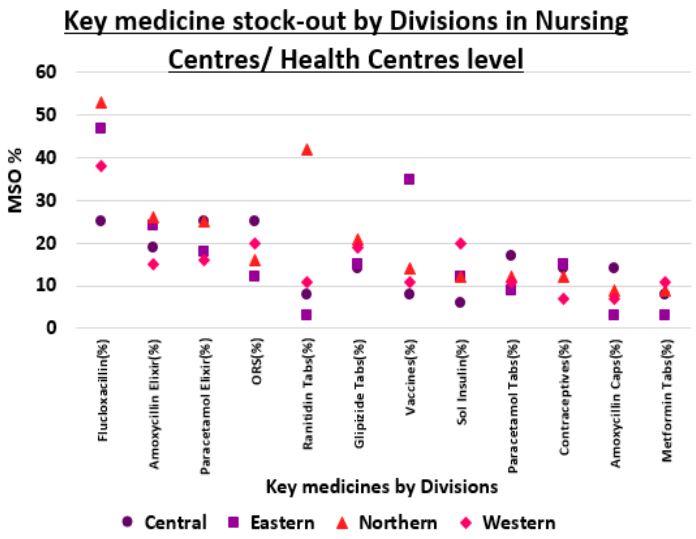
Medicine stock out rate, 3rd Quarter 2016 - 2017



Source: CMRISonline

The overall stock out for 3rd quarter was 47% which was 2% more than what was reported in the same period last year (45%). The Western Division had the most medicine stock out with 60% across all medical areas followed by the Eastern Division (53%) and the Northern Division (48%), while the Central division reported the lowest percentage (25%).

Key medicine stock out rate, 3rd quarter, 2017

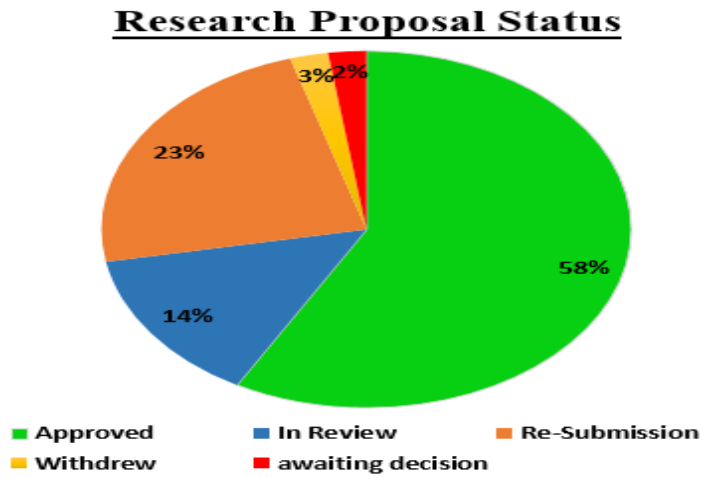


Source: CMRISonline

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

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, 3rd Quarter, 2017

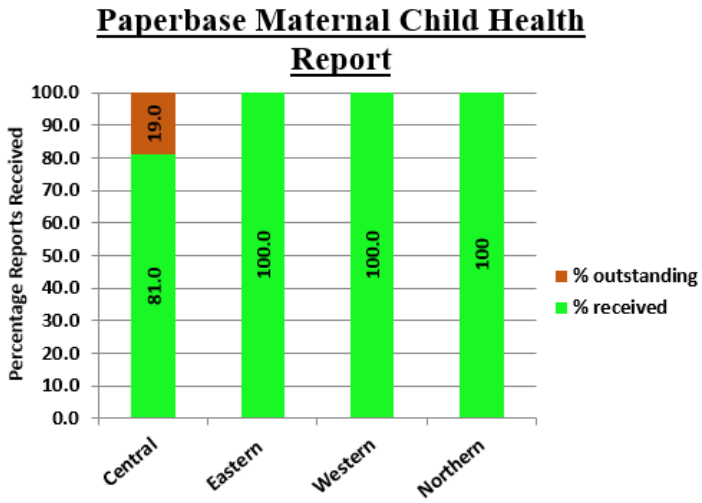


Source: Research Unit

A total of 43 proposals were submitted for review and clearance by FNHRERC of which 25 proposals were approved, 6 in review, 10 for re-submission, 1 withdrew and 1 awaiting decision. The reporting period from 1st July – 30th September, 2017.

Compliance Reporting

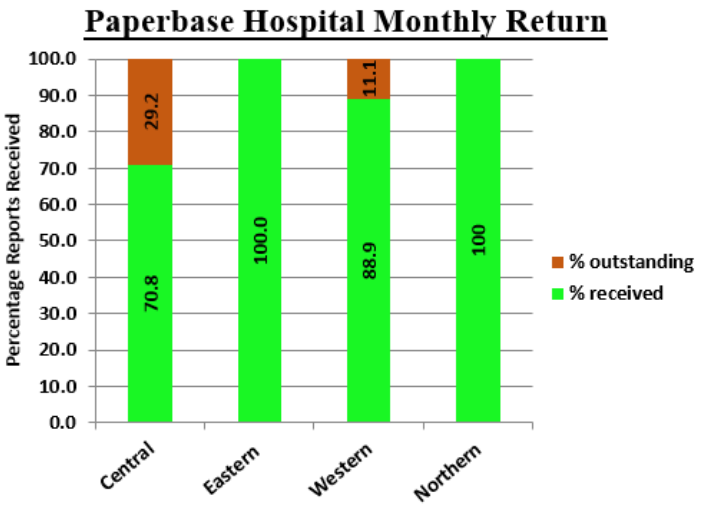
Percentage received for Hospital Maternal and Child Health [MCH] reports, Quarter, 3rd Quarter, 2017



Source: CMRISonline

The analysis for the MCH Report is based on the reports received through paper based reports from the four Divisions for the 3rd quarter, 2017. **Congratulations to the Western, Northern and Eastern Division for 100% submission.** The Central Division outstanding reports stands at 81%. ***The facilities yet to report on the MCH forms are CWMH (July – September) and Navua Hospital (August).***

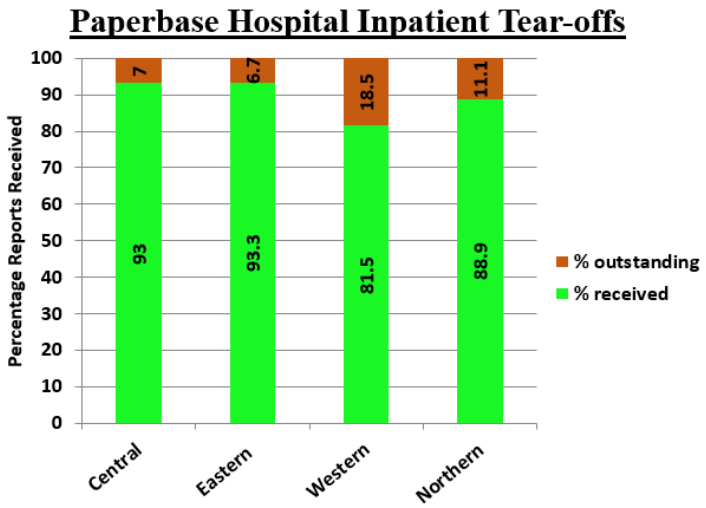
Percentage received for Hospital Monthly Report [HMR] reports, 3rdQuarter, 2017



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 3rd quarter which stands at 29.2% whilst the Eastern Division has outstanding returns of 11.1%. ***Congratulations to the Northern and Eastern Division for 100% submission. The facilities which have not submitted all the reports for the 2nd quarter 2017 are: Fiji Military (September), Rakiraki (August) and Nadi (September).***

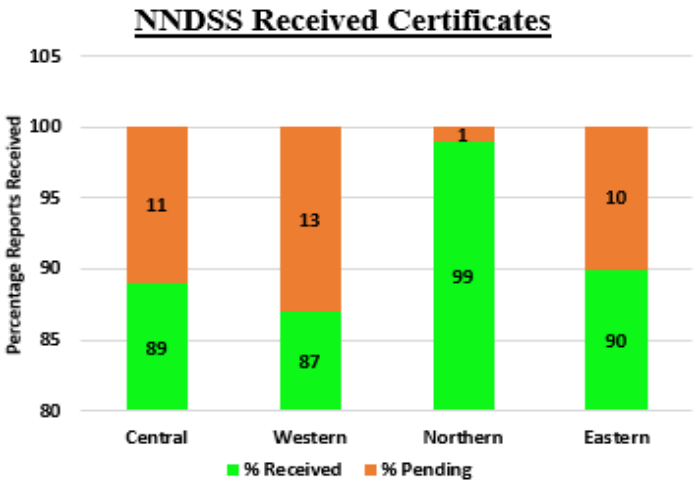
Percentage received for Hospital Inpatient Tear Offs, 3rd Quarter, 2017



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 Western division's outstanding reports stands at 18.5%, the Northern Division at 11.1%, the Central division at 7% and the Eastern division stands at 6.7% ***The facilities yet to submit their reports are Fiji Military Forces (August & September), Rakiraki (August & September), Nadi (September), Taveuni (July) and Vunisea (September).*** All the divisions need to improve their tear off submissions in order to be coded. Without the inclusion of these core inpatient datasets, information presented are incomplete and inaccurate.

National Notifiable Forms Certificates Received by Division, 3rd Quarter 2017



Source: NNDSS

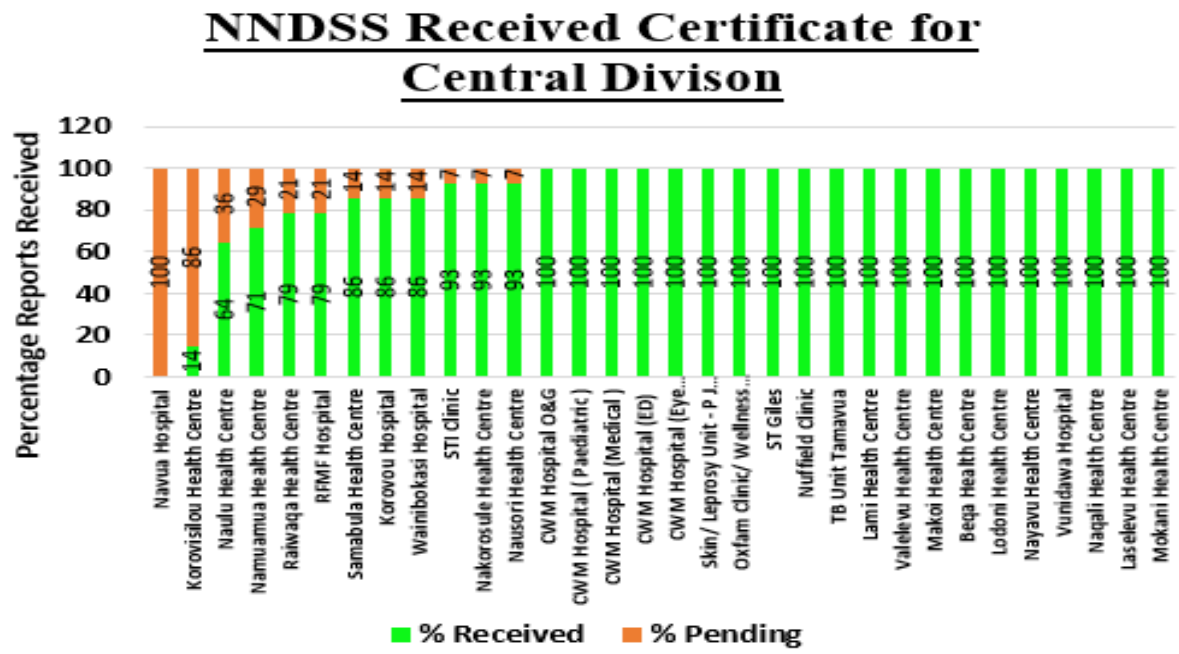
The Northern Division are congratulated for being the best divisions in NNDSS reporting:

- ✓ ***95% for 3rd Quarter, 2017***

The Eastern division recorded 90%, the Central division had 89% and the Western division had 87% in this reporting period.

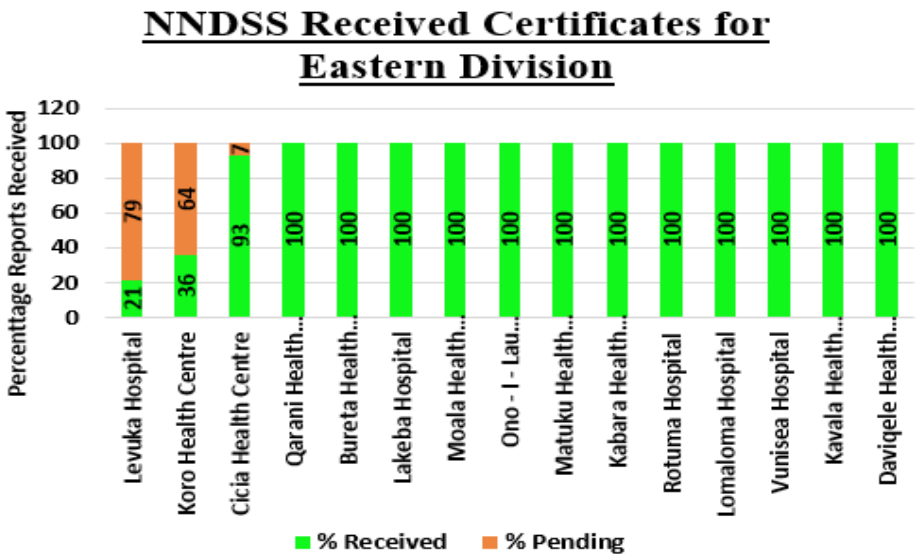
HIU urges all the divisions to continue improving their submissions and capture of notifiable diseases as the deadline for receiving of all the notifiable diseases certificates is on a weekly basis.

National Notifiable Forms Certificates Received by Facilities, 3rdQuarter 2017



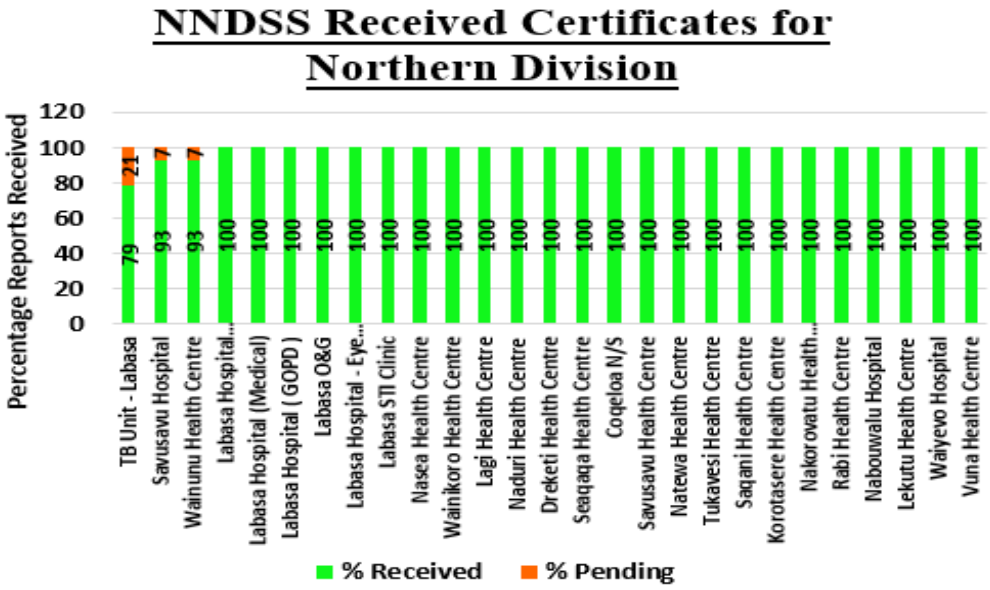
Source: NNDSS

Eighty nine (89%) of reports were received for 3rd Quarter 2017 from the Central division. The pending reporting site for this quarter were the Navua Hospital, Korovisilou HC, Naulu HC, Namuamua HC, Raiwaqa HC, RFMF Hospital, Samabula HC Korovou Hospital, Wainibokasi Hospital, STI Clinic, Nakorosule HC and Nausori HC.



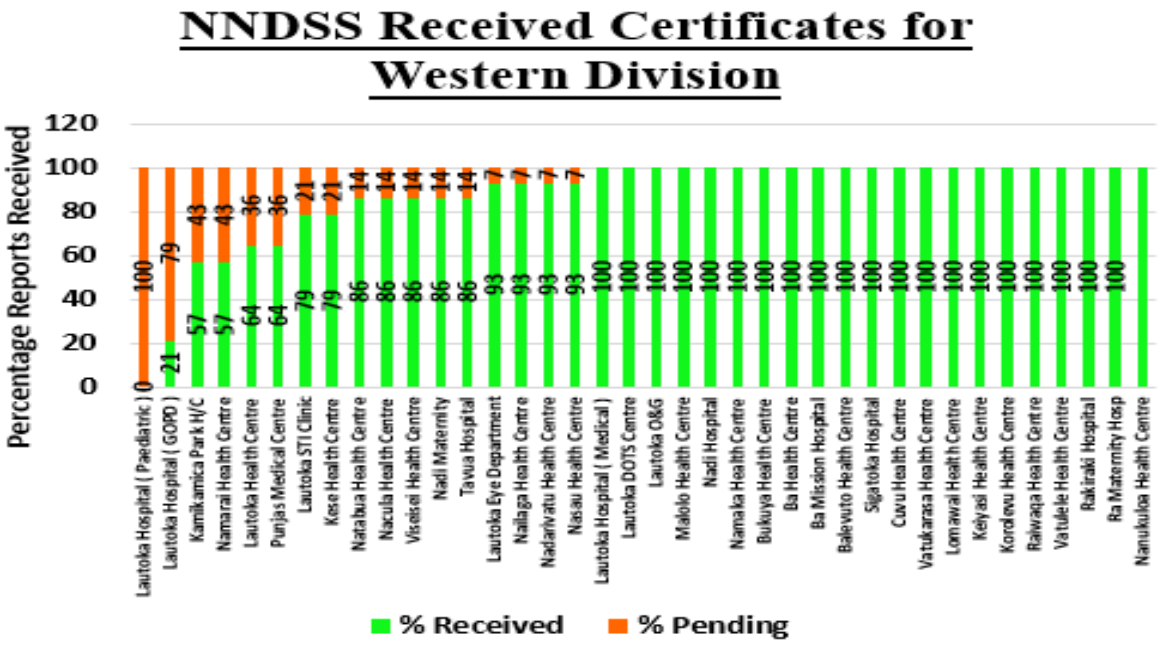
Source: NNDSS

Ninety (90%) of reports were received 3rd quarter, 2017 from the Eastern division. The pending reporting site for this quarter were Levuka Hospita, Koro H and Cicia HC.



Source: NNDSS

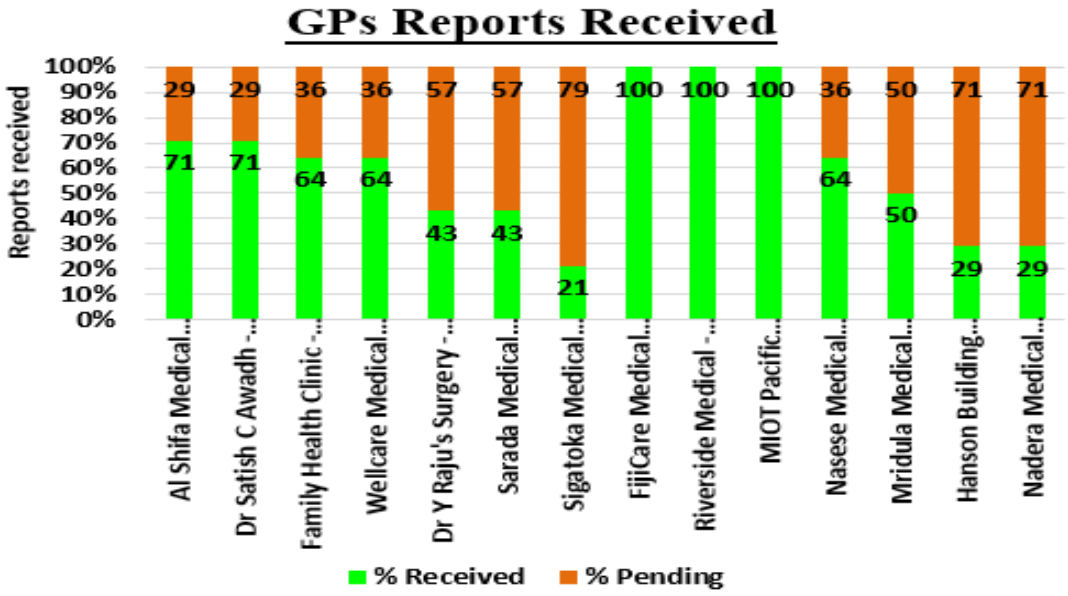
Ninety nine (99%) of reports were received 3rd quarter, 2017 from the Northern division. The pending reporting site for this division were TB Unit Labasa, Savusavu Hospital and Wainunu HC.



Source: NNDSS

Eighty seven (87%) of reports were received 3rd quarter, 2017 from the Western division. The pending reporting site for this quarter were Lautoka Hospital (Paeds, Medical & GOPD), Lautoka Hospital (GOPD), Kamikamica HC, Namarai HC, Lautoka HC, Punja Medical Centre, Lautoka STI Clinic, Kese HC, Natabua HC, Nacula HC, Viseisei HC, Nadi Maternity, Tavua Hospital, Lautoka Eye Department, Nailaga HC, Ndarivatu HC, Nasau HC.

National Notifiable Forms Certificates Received from General Practitioners, 3rd Quarter 2017



Source: NNDSS, GP Reports

HIU acknowledges all the private practitioners who have been submitting their reports. A total of 14 GPs have submitted their reports for the 3rd quarter 2017 (July to August). **Acknowledgement is made to the 3 GPs who have complied with 100% reporting for the 3rd quarter.** The rest of the GP's and private laboratories are encouraged to follow suit. **Requesting all the GPs to report the Notifiable disease reports as required according to the Public Health Act to report every week ending and if there is no case also report and indicate as NIL case.**

On time monitoring of PHIS paper- based and online reports received at HIU, 3rd Quarter 2017

Divisions	July	August	September
Central	86	57	67
Eastern	100	20	100
Northern	100	100	100
Western	86	82	0
% coverage monthly	92.9	64.8	66.7
% coverage quarterly		74.8	

The table illustrates the performance of each Division's consistency in delivering reports to HIU. An increase in the timely submission of PHIS reports over the 3 months period has been noted which may be due to that all the facilities now have access to the form.

Submission coverage of PHIS paper- based and online reports received at HIU, 3rd Quarter 2017

Divisions	July	August	September
Central	95	100	90
Eastern	100	100	100
Northern	100	100	100
Western	100	100	96
% coverage monthly	98.8	97.6	96
% coverage quarterly		98.5	

The table illustrates the performance of each Division's consistency in delivering reports to HIU. There has been a slight decrease of submission performance of PHIS reports over the quarterly series with 98.5% coverage.

Submission coverage of School Summary reports received at HIU, 3rd Quarter 2017

Divisions	July	August	September
Central	10	10	10
Eastern	7	0	0
Northern	21	0	16
Western	67	33	67
% coverage monthly	26.0	10.7	23.0
% coverage quarterly		19.9	

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 19.9% coverage.

On time monitoring of Nutrition reports received at HIU, 3rd Quarter 2017

Divisions	July	August	September
Central	19	29	33
Eastern	53	27	71
Northern	74	53	58
Western	50	54	57
% coverage monthly	49.0	40.4	54.9
% coverage quarterly		48.1	

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, 3rd Quarter 2017

Divisions	July	August	September
Central	81	57	71
Eastern	60	40	33
Northern	100	100	100
Western	68	71	68
% coverage monthly	77.2	67.1	68.2
% coverage quarterly		70.8	

The table above illustrates the performance of each Division's consistency in delivering reports to HIU. The 3rd quarter submission coverage stands at 70.8%.

Annex

Hospital Utilization Table, 3rd 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	36683	481	5200	4640	27318	0.6	296.9	5.9
2	Navua Hospital		22	210	176	820	0.4	8.9	4.7
3	Vunidawa Hospital	2270	24	102	78	207	0.1	2.3	2.7
4	Korovou Hospital	1359	16	165	161	304	0.2	3.3	1.9
5	Nausori Hospital	173	17	576	566	620	0.4	6.7	1.1
6	Wainibokasi Hospital	2098	12	256	233	728	0.7	7.9	3.1
	Central Division Sub-total	**42583**	**572**	**6509**	**5854**	**29997**	**0.6**	**326.1**	**5.1**
7	Lautoka Hospital	38861	305	4091	4058	20428	0.7	222.0	5.0
8	Nadi Hospital	12541	75	699	680	1064	0.2	11.6	1.6
9	Sigatoka Hospital	17610	66	864	836	4343	0.7	47.2	5.2
10	Ba Mission Hospital	10870	50	892	825	2870	0.6	31.2	3.5
11	Tavua Hospital	7335	29	203	200	627	0.2	6.8	3.1
12	Rakiraki Hospital	6295	30	361	340	874	0.3	9.5	2.6
	Western Division Sub-total	**93512**	**555**	**7110**	**6939**	**30206**	**0.6**	**328.3**	**4.4**
13	Labasa Hospital	25875	182	2654	2323	9662	0.6	105.0	4.2
14	Savusavu Hospital	10040	56	587	514	1915	0.4	20.8	3.7
15	Waiyevo Hospital	3774	33	334	306	784	0.3	8.5	2.6
16	Nabouwalu Hospital	2722	30	197	173	633	0.2	6.9	3.7
	Northern Sub-total	**42411**	**301**	**3772**	**3316**	**12994**	**0.5**	**141.2**	**3.4**
17	Levuka Hospital	3165	40	110	102	368	0.1	4.0	3.6
18	Vunisea Hospital	1989	22	75	43	235	0.1	2.6	5.5
19	Lakeba Hospital	721	12	38	38	130	0.1	1.4	3.4
20	Lomaloma Hospital	1696	16	29	29	124	0.1	1.3	4.3
21	Matuku	456	5	17	17	42	0.1	0.5	2.5
22	Rotuma Hospital	1018	14	20	19	51	0.0	0.6	2.7
	Eastern Division Sub-total	**9045**	**109**	**289**	**248**	**950**	**0.1**	**10.3**	**3.8**
	TOTAL (Divisional)	**187551**	**1537**	**17680**	**16357**	**74147**	**0.5**	**805.9**	**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	2409	100	168	116	6227	0.7	67.7	53.7
2	Tamavua/Twomey Hospital	7167	91	77	84	4126	0.5	44.8	49.1
4	Military Hospital		9				0.0	0.0	0
5	Naiserelagi Maternity	43	7	27	24	34	0.1	0.4	1.4
	Specialized Hospital Sub-total	9619	207	272	224	10387	0.5	112.9	46.4
	GRAND TOTAL	**197170**	**1744**	**17952**	**16581**	**84534**	**0.5**	**918.8**	**5.1**

Notifiable Disease, 3rd Quarter, 2017

No.	Diseases	July	August	September
1	Acute Poliomyelitis	0	0	0
2	Acute Respiratory Infection	4714	3998	4399
3	Anthrax	0	0	0
4	Brucellosis	0	0	0
5	Chicken Pox	307	283	394
6	Cholera	0	0	0
7	Conjunctivitis	572	305	568
8	Dengue Fever	320	76	91
9	Chikungunya	0	0	0
10	Diarrhoea	3193	2008	2738
11	Diphtheria	0	0	0
12	Dysentry (a) Amoebic	0	0	0
13	(a) Bacillary	3	16	21
14	Encephalitis	0	0	0
15	Enteric Fever (a) Typhoid	16	13	20
16	(b) Para Typhoid	0	0	0
17	Fish Poisoning	125	94	203
18	Ciguatera Fish Poisoning	0	2	2
19	Food Poisoning	0	4	2
20	Infectious Hepatitis	13	12	13
21	Influenza	1665	1127	1736
22	Leprosy	0	1	0
23	Leptospirosis	6	6	80
24	Malaria	2	1	0
25	Measles (Morbilli)	2	1	6
26	Meningitis	19	13	16
27	Meningococcemia	0	0	0
28	Mumps	455	248	262
29	Plague	0	0	0
30	Pneumonia	1090	763	835
31	Puerperal Pyrexia	0	0	0
32	Relapsing Fever	0	0	3
33	Rheumatic Fever	2	1	0
34	German Measles (Rubella)	0	1	0
35	Smallpox	0	0	0
36	Tetanus	0	0	0
37	Trachoma	10	5	13
38	Tuberculosis (a) Pulmonary	35	19	18
39	(b) Others	9	3	7
40	Viral Illness/ Infection	2406	1516	2110
41	Whooping Cough	1	2	1
42	Yaws	0	0	0
43	Yellow Fever	0	0	0
44	**Sexually Transmitted Diseases**			
	(a) Gonorrhoea	101	70	81
	(b) Candidiasis	18	17	15
	(c) Chlamydia	1	0	0
	(d) Congential Syphilis	3	1	2
	(e) Lymphogranulona Venerum	0	0	0
	(f) Herpes Zoster	4	5	13
	(g) Ophthalmia Neonatorum	2	3	3
	(h) PID	3	0	1
	(i)Syphilis	65	43	55
	(j)Soft Chancre	1	0	0
	(k)Trichominiasis	14	2	6
	(l) Veneral Warts	0	0	0

Premature Mortality Rate per 1,000 population (<60yrs), 3rd Quarter 2017

Age groups	Death			Population			Rate per 10,000 population		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	53	34	87	44009	41667	85676	12.0	8.2	10.2
5-9	5	3	8	45893	43414	89308	1.1	0.7	0.9
10-14	6	1	7	40631	37798	78429	1.5	0.3	0.9
15-19	6	3	9	38770	36052	74822	1.5	0.8	1.2
20-24	10	10	20	37711	35521	73232	2.7	2.8	2.7
25-29	15	10	25	33934	31997	65931	4.4	3.1	3.8
30-34	25	10	35	33887	32146	66033	7.4	3.1	5.3
35-39	31	24	55	30700	29850	60550	10.1	8.0	9.1
40-44	33	24	57	27332	25954	53286	12.1	9.2	10.7
45-49	44	32	76	24766	24600	49366	17.8	13.0	15.4
50-54	90	56	146	24641	24512	49154	36.5	22.8	29.7
55-59	120	76	196	21001	20831	41832	57.1	36.5	46.9
Total	**438**	**283**	**721**	**403275**	**384343**	**787618**	**10.9**	**7.4**	**9.2**

Mortality Disaggregated by Sex, 3rd Quarter, 2017

Male				Female			
Code	**Diseases**	**Cases**	**%**	**Code**	**Diseases**	**Cases**	**%**
I00-I99	Diseases of the circulatory system	**267**	**39.1**	I00-I99	Diseases of the circulatory system	**179**	**29.4**
E00-E90	Endocrine, nutritional and metabolic diseases	**120**	**17.6**	E00-E90	Endocrine, nutritional and metabolic diseases	**132**	**21.7**
C00-D48	Neoplasms	**56**	**8.2**	C00-D48	Neoplasms	**105**	**17.2**
J00-J99	Diseases of the respiratory diseases	**56**	**8.2**	V01-Y98	Transport accidents	**34**	**5.6**
V01-Y98	Transport accidents	**49**	**7.2**	A00-B99	Certain infectious and parasitic diseases	**25**	**4.1**
A00-B99	Certain infectious and parasitic diseases	**30**	**4.4**	R00-R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	**22**	**3.6**
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	**20**	**2.9**	J00-J99	Diseases of the respiratory diseases	**18**	**3.0**
K00-K93	Diseases of the digestive system	**16**	**2.3**	N00-N99	Diseases of the genitourinary system	**16**	**2.6**
G00-G99	Diseases of the nervous system	**14**	**2.1**	L00-L99	Diseases of the skin and subcutaneous tissue	**15**	**2.5**
N00-N99	Diseases of the genitourinary system	**12**	**1.8**	K00-K93	Diseases of the digestive system	**15**	**2.5**
Q00-Q99	Congenital malformation, deformation and chromosomal abnormalities	**11**	**1.6**	G00-G99	Diseases of the nervous system	**12**	**2.0**
P00-P96	Certain conditions originating in the perinatal period	**8**	**1.2**	P00-P96	Certain conditions originating in the perinatal period	**12**	**2.0**
M00-M99	Diseases of the musculoskeletal system and connective tissue	**8**	**1.2**	M00-M99	Diseases of the musculoskeletal system and connective tissue	**7**	**1.1**
L00-L99	Diseases of the skin and subcutaneous tissue	**8**	**1.2**	Q00-Q99	Congenital malformation, deformation and chromosomal abnormalities	**7**	**1.1**

D50-D89	Diseases of the blood and blood-forming organs	**5**	**0.7**	D50-D89	Diseases of the blood and blood-forming organs	**5**	**0.8**
H00-H59	Diseases of the eye and adnexa	**1**	**0.1**	O00-O99	Pregnancy, childbirth and the puerperium	**3**	**0.5**
H60-H95	Diseases of the ear and mastoid process	**1**	**0.1**	F00-F99	Mental and behavioural disorders	**2**	**0.3**
Grand Total		**682**	**100.0**	**Grand Total**		**609**	**100.0**

Medicine Stock out Rate by Sub-division, 3rd Quarter, 2017

Division	Sub Division	Overall Stockout Rate (%)
Central	**Naitasiri**	**58**
	Rewa	**22**
	Tailevu	**11**
	Serua/Namosi	**11**
	Suva	**19**
Eastern	**Kadavu**	**78**
	Lakeba	**67**
	Lomaloma	**50**
	Lomaiviti	**33**
	Rotuma	**0**
Northern	**Cakaudrove**	**43**
	Bua	**44**
	Macuata	**56**
	Taveuni	**50**
Western	**Lautoka/Yasawa**	**62**
	Nadroga/Navosa	**75**
	Ba	**67**
	Ra	**50**
	Tavua	**22**
	Nadi	**56**

DM Cases by Facility, 3rd Quarter, 2017

Facility	Forms received	N (%)
Korovou Hospital	**4**	**4.8**
Lautoka Diabetes Hub	**3**	**3.6**
Lomawai Health Centre	**3**	**3.6**
Nacula Health Centre	**2**	**2.4**
Nadi Hospital	**38**	**45.2**
Suva Diabetic Hub Centre	**9**	**10.7**
Tavua Hospital	**1**	**1.2**
Valelevu Health Centre	**11**	**13.1**
Vatulele Health Centre	**2**	**2.4**
Wainibokasi Hospital	**10**	**11.9**
Wainunu Health Centre	**1**	**1.2**
Grand Total	**84**	**100**

ICD 10 Code & Description

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 chromosomal abnormalities**
R00-R99	**Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified**
V01-Y98	**External causes of mortality**