



MINISTRY OF HEALTH
AND MEDICAL SERVICES
— REPUBLIC OF FIJI —

HEALTH STATUS REPORT

2018 - 2022

Five Years of Data.
Evidence for Better Health.



PEOPLE
AT THE CENTRE



EQUITY
IN HEALTH



QUALITY
DATA



STRONGER SYSTEMS
BETTER OUTCOMES



HEALTHIER
FIJI

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We express our deepest gratitude to the Ministry of Health and Medical Services (MHMS) leadership for their vision and guidance throughout the compilation of this report. Special thanks go to the Divisional and Subdivisional Health Teams for their dedication in collecting, validating, and reporting health data from facilities across Fiji. Your hard work forms the foundation of this report and ensures that it accurately reflects the health landscape of our nation.

We extend our sincere appreciation to our regional and international development partners, including the Department of Foreign Affairs and Trade (DFAT), World Health Organization (WHO), UNICEF, UNFPA, and the Pacific Community (SPC), for their technical assistance, capacity-building support, and valuable insights. Your partnership has been instrumental in strengthening Fiji's health systems and ensuring evidence-based decision-making.

Our gratitude also goes to the Data Analysis and Management Unit (DAMU) and Information Communication and Technology (ICT) Unit, epidemiologists, statisticians, analysts, and advisors who meticulously analyzed the data and provided key insights that underpin this report. The invaluable contributions of administrative staff and technical experts who ensured the smooth coordination and timely production of this document are also highly appreciated.

Finally, we thank the Fijian communities who have contributed to health data collection through their participation in surveys and health programs. Your cooperation enables us to track progress, identify challenges, and implement effective health interventions.

This report is a testament to the collective efforts of all stakeholders and serves as a foundation for future health planning and policymaking to achieve a healthier Fiji. To everyone involved, we extend our heartfelt thanks.

Vinaka Vakalevu.

Message from Acting Permanent Secretary

The Ministry's *Health Status Report 2018–2022* has been strategically aligned with the outcomes of our National Strategic Plan (NSP) and Annual Operational Plans (AOPs), providing a clear reflection of the progress made toward our national health priorities and global commitments.

This report reaffirms that Fiji continues to face a dual burden of disease, with Non-Communicable Diseases (NCDs) and Communicable Diseases (CDs) posing significant challenges to our population's health and wellbeing. Mortality data highlight that diseases of the circulatory system, endocrine, metabolic and nutritional disorders, and neoplasms remain the leading causes of death — a trend that is consistent with admission patterns across our health facilities.

These findings serve as a vital reminder that our vision of “*A Healthy Population in Fiji*” requires a comprehensive and proactive response. The Health Status Report is not merely an account of past performance; it is a catalyst for renewed action. It calls on us to transform the delivery of Primary Health Care, focusing more intensively on addressing the risk factors driving NCDs and strengthening the prevention, preparedness, and response mechanisms for CDs.

Aligned to the Sustainable Development Goals, particularly **SDG 3: Ensure healthy lives and promote wellbeing for all at all ages**, the Ministry is committed to building a resilient, equitable, and people-centered health system. This involves shifting the focus from reactive care to preventive and promotive health, ensuring that every Fijian — regardless of location or circumstance — can access quality health services.

The preparation of this report highlighted challenges such as the fragmentation of health information systems, which led to delays and inefficiencies. Recognizing this, the Ministry is accelerating efforts to fully leverage digital health innovations and integrated information platforms. Strengthening the interoperability and use of health information systems will be critical for improving data quality, timeliness, and utility.

Reliable, real-time data will form the backbone of evidence-based policymaking, strategic planning, and resource allocation. It will empower the Ministry to make informed decisions that directly support the strengthening of the health system, the achievement of our NSP and AOP targets, and our contribution to global health goals.

I urge all divisional and program heads to be champions of digital transformation — advocating for the effective use of our health information systems, fostering a data-driven culture, and prioritizing information quality at every level of the health service.

We also acknowledge with gratitude and support of our development partners, stakeholders, and communities, whose collaboration is integral to the success of our vision and mission.

Together, let us continue our journey towards achieving a healthier Fiji — where health services are strengthened, health outcomes are improved, inequalities are reduced, and every individual is empowered to lead a healthy and productive life.



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Dr Luisa Cikamatana
Acting Permanent Secretary

Message from Head of Research, Innovation, Data Management and Information Technology

The Health Status Report 2018-2022 helps us to show the performance of the Fiji health sector and the outcomes on the health indicators at the national level that are encompassed by the Sustainable Development Goals, the Healthy Islands, National Strategic Plans, and the Annual Operational Plans.

The source of the data for the Health Status Report comes from the various information systems being used by the Ministry of Health and Medical Services (MOHMS) including Consolidated Monthly Routine Information System (CMRIS), Patient Information System Plus (PATISPlus), Cancer and Diabetes Registries, Medical Cause of Death Certificates, National Notifiable Disease Surveillance Systems, Programs and other health care providers.

The MOHMS continues to use both paper and electronic templates for collating reports from the various divisions and health programs. The Data Analysis and Management Unit is based in the Head Quarters and is mandated to receive data from all health facilities and sends regular feedback. The DAMU does data verification audits to ensure that the data quality is maintained for correct reporting and does training for health care workers on the usage of the various health information systems.

In compiling this report, the Ministry faced significant challenges related to the health information systems currently in use. Data fragmentation across various programs and divisions created inconsistencies and delays, as information was often stored in isolated systems that lacked interoperability. The absence of standardized reporting templates further compounded these issues, leading to variations in the quality and format of the data collected.

In addition, many health facilities and units continue to rely heavily on paper-based records, which not only slowed the process of data aggregation but also introduced risks of data loss, duplication, and manual errors. A critical underlying factor was the varying levels of digital literacy among health workers, particularly at the primary health care level, which affected the consistency, accuracy, and completeness of data entry into existing digital systems.

Compounding these challenges were systemic infrastructure issues, including aging hardware that could not support modern health information systems effectively, and poor network connectivity across many health facilities — particularly in remote, rural, and maritime areas. These limitations significantly hindered the timely transmission of data to central systems for analysis and reporting.

Together, these challenges highlight the urgent need for a holistic and strategic investment in strengthening Fiji's health information infrastructure. Improvements must focus not only on upgrading technology and expanding connectivity but also on building the digital competencies of

the health workforce to ensure that data-driven decision-making becomes a routine part of service delivery at all levels.

Addressing these foundational gaps will be critical in ensuring that future reports are produced more efficiently, with greater accuracy, and ultimately support a stronger, evidence-based health system that is aligned with Fiji's National Strategic Plan, Annual Operational Plans, and Sustainable Development Goals.

The reports will help guide the health sector towards policies, interventions and programs that have will work on the high burden of diseases in the community and have improved outcomes.

I would like to convey my sincere gratitude to all person's contribution in the successful completion of this report. This would not have been possible without the dedication and hard work.



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Dr Vineet Chand

Acting Head of Research, Innovation, Data Management and IT

Executive Summary

The **Health Status Report (HSR) 2018–2022** presents a comprehensive analysis of Fiji's health trends over the past five years, highlighting progress, challenges, and opportunities in achieving improved health outcomes. This report consolidates key health data from various sectors, providing evidence-based insights to guide health planning, policy development, and resource allocation.

Fiji's health system continues to grapple with a dual burden of disease, with non-communicable diseases (NCDs) such as cardiovascular diseases, diabetes, and cancers dominating as the leading causes of morbidity and mortality. Lifestyle factors, including unhealthy diets, physical inactivity, and rising obesity, remain significant contributors, leading to a steady increase in hospital admissions for NCD-related complications. Alongside these, communicable diseases such as dengue fever, leptospirosis, and typhoid remain prevalent, exacerbated by environmental challenges, climate change, and urbanization. While strengthened surveillance and vector control efforts have helped mitigate outbreaks, sustained focus on prevention and early detection is critical.

Improvements in maternal and child health are evident, with reduced maternal mortality and high immunization coverage reflecting progress in healthcare delivery. However, challenges persist in addressing neonatal health and ensuring equitable access to services, particularly in rural and remote areas. The COVID-19 pandemic profoundly impacted the health system, diverting resources while catalyzing innovations such as digital health and enhanced infection control. Despite progress in health system strengthening through investments in infrastructure, workforce development, and digital health, persistent challenges such as geographic disparities, workforce shortages, and health inequities highlight the need for continued strategic interventions to achieve equitable health outcomes.

Progress and Challenges:

Fiji has made commendable strides in strengthening its health system and addressing public health priorities, with notable progress in immunization, disease surveillance, and NCD prevention. However, persistent challenges such as health inequities, workforce capacity, and the dual burden of disease underscore the need for sustained investments and strategic interventions.

Recommendations:

To build on these achievements and address emerging challenges, the report outlines several key recommendations:

- Strengthen integrated approaches to address the dual burden of communicable and non-communicable diseases.
- Enhance health workforce capacity and ensure equitable access to quality healthcare across all regions.
- Expand digital health initiatives to improve data management, service delivery, and health system resilience.
- Continue community engagement and intersectoral collaboration to address the social determinants of health.

The **Health Status Report 2018–2022** underscores Fiji's commitment to achieving universal health coverage and building a healthier, more resilient population. It serves as a vital resource for guiding evidence-based decision-making and fostering partnerships to address the health challenges of today and tomorrow.

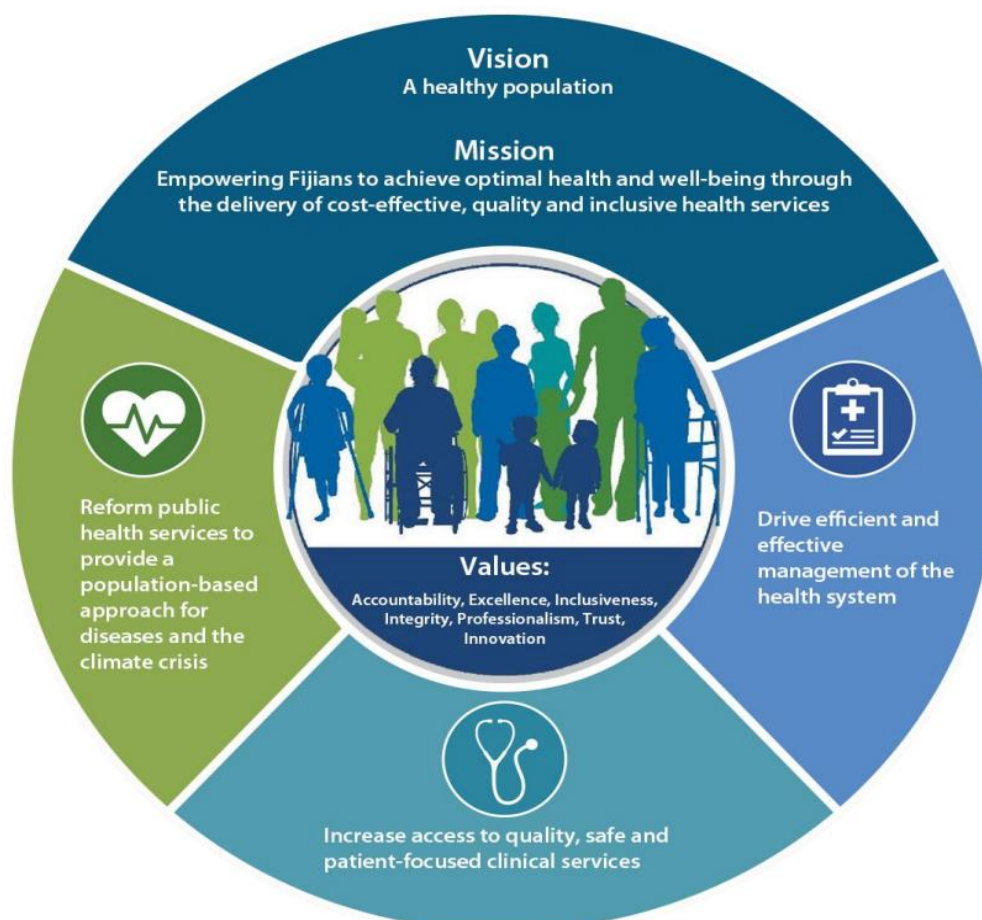
Acronyms

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

Ministry of Health and Medical Services Corporate Profile

The Ministry's role emanates from its core responsibility of delivering quality preventive, curative and rehabilitative health services to the population through its hospitals, health centers and nursing stations throughout the country in a consistent and equitable manner. There is a focus on maintaining continuum of care from community-level primary health care services up to tertiary level care at Divisional Hospitals. This is supported by a broad range of relevant policies, standards, and protocols to ensure safe, high-quality services are delivered at all levels of the health system, from nursing stations, health centers, sub-divisional hospitals to divisional hospitals.

Strengthening primary health care Primary health care is mostly delivered at nursing stations and health centers. The Ministry is focusing on improving access, coverage and quality of primary health care through an integrated health systems approach.	Supporting secondary-level care The sub-divisional hospitals deliver secondary-level care. The Ministry is focusing on strengthening sub-divisional hospital capacity and the clinical capability of sub-divisional hospital staff to enable greater devolution of clinical workloads from divisional hospitals.	Improving and expanding tertiary-level care The three divisional hospitals in Suva, Lautoka and Labasa provide a range of tertiary healthcare with ongoing efforts to expand specialized clinical services.
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Background of Fiji

Fiji, an archipelago in the South Pacific, comprises over 330 islands, with Viti Levu and Vanua Levu being the largest and most populated. As of 2022, the nation's population was approximately 895,416, with a diverse cultural composition primarily of i'Taukei (indigenous Fijians), Indo-Fijians, and smaller communities of Europeans, Chinese, and other Pacific Islanders.

The nation's health profile has been characterized by a dual burden of disease. Non-communicable diseases (NCDs) such as cardiovascular diseases, diabetes, and cancers have been leading causes of morbidity and mortality, influenced by lifestyle factors, dietary habits, and genetic predispositions. Communicable diseases, including dengue fever, leptospirosis, and typhoid, have also posed significant public health challenges, often exacerbated by environmental factors and natural disasters. Maternal and child health indicators have shown improvements over the years, with increased immunization coverage and reductions in maternal and infant mortality rates.

However, disparities persist, particularly in rural and remote areas, necessitating targeted interventions to ensure equitable healthcare access. Fiji's health policies have been aligned with global health agendas, including the Sustainable Development Goals (SDGs). The government has implemented strategic plans focusing on NCD prevention, communicable disease control, health system strengthening, and addressing social determinants of health. Collaborations with international organizations, regional partners, and non-governmental organizations have been instrumental in advancing health initiatives and improving health outcomes for the Fijian population.

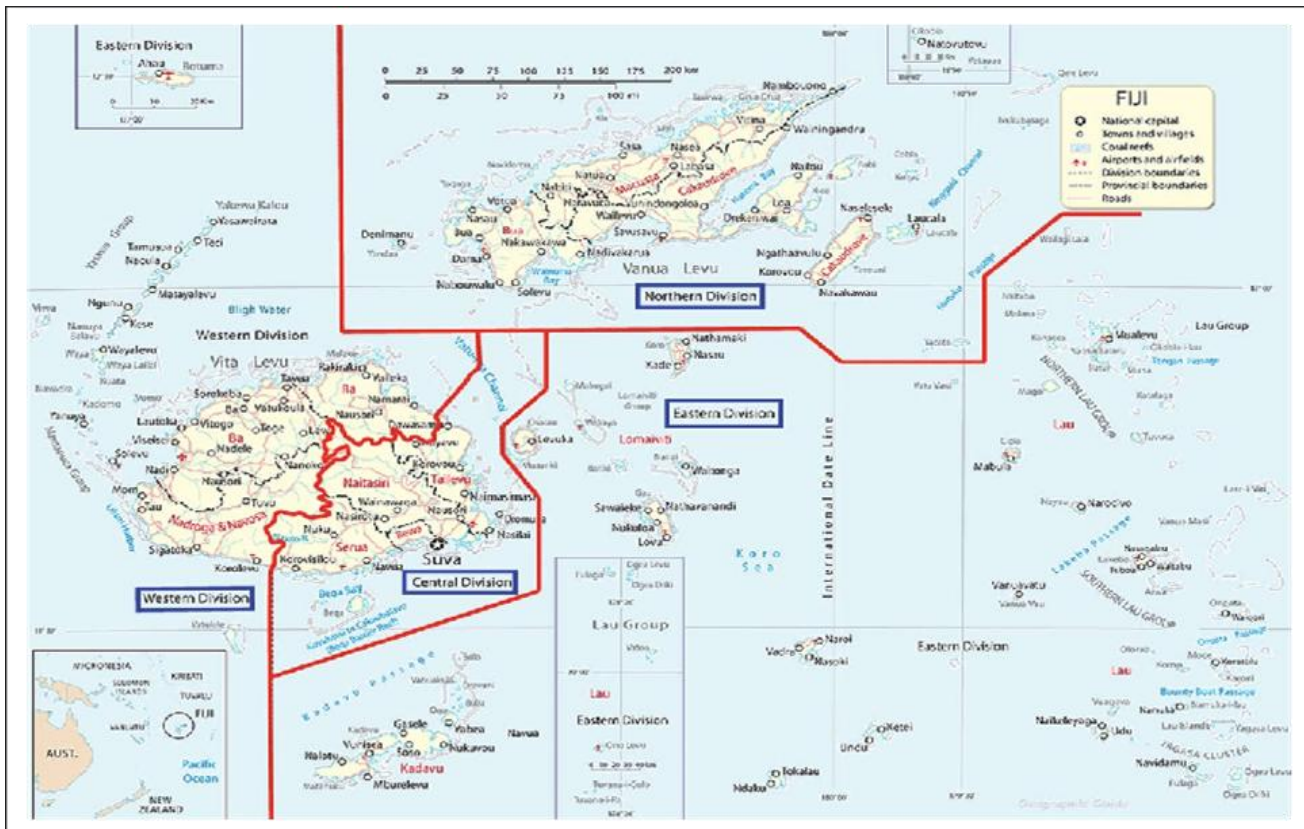


Figure 1: Map of Fiji

Fiji Health Statistics Overview

Table 1: Overview of Fiji's Health Statistics

Vital and Health Statistics	2018	2019	2020	2021	2022
Population (FBOS population) *	887,104	889,327	891,445	893,468	895,416
Women (15-49 yrs)	220,416	197,309	197,498	197,748	220,138
Total Live Births	19,690	19,825	20,788	20,217	18,054
Crude Birth Rate/1,000 Population	22.2	22.3	23.3	22.6	20.2
Crude Death Rate/1,000 Population	8.4	8.6	8.7	9.9	9.9
Rate of Natural Increase	1.4	1.4	1.5	1.3	1.0
Under 5 Mortality Rate/1,000 live births (0-5yrs)	18.3	17.9	15.3	18.9	18.8
Infant Mortality Rate/1,000 Live Births	14.9	14.2	12.1	14.8	13.5
Perinatal Mortality (Stillbirth and early neonatal deaths /1,000 live births	14.1	13.9	15.1	16.8	11.9
Early Neonatal (deaths 0-7 days)/ 1000 live births	6.6	6.1	3.9	8.0	4.3
Neonatal Mortality (deaths 0-28 days)/1000 live births	9.1	8.0	6.3	9.6	6.5
Post-neonatal Mortality (deaths 1-12 months)/ 1000 live births	5.8	6.3	5.9	5.2	7.1
Maternal Mortality Ratio/100,000 Live Births	10.1	65.6	48.1	29.7	44.3
General Fertility Rate/1,000 CBA Population	89.5	89.9	94.4	91.8	82.0
Immunization Coverage (%) 0 - 1yr					
HepBO	96.4	98.2	97.3	51.2	41.2
BCG0	94.8	97.4	97.1	51.0	41.1
DPTHep BHib1	88.2	91.6	91.8	93.9	94.2
OPV1	89.2	91.6	91.9	93.9	92.9
Penumoccal1	89.2	91.6	91.4	93.9	94.3
Rotavirus1	89.2	91.5	91.6	93.9	94.1
DPTHep BHib2	85.8	90.2	88.9	90.6	93.1
OPV2	85.8	90.2	89.4	90.5	91.8
Penumoccal2	85.7	90.1	88.6	90.5	92.8
DPTHep BHib3	84.7	91.2	88.8	90.5	92.5
OPV3	85.2	90.9	88.3	90.3	92.3
IPV	85.0	91.0	88.7	90.4	91.7
Penumoccal3	84.7	90.9	88.6	90.2	92.1
Rotavirus2	84.7	90.8	88.4	90.4	92.4
MR1	80.9	82.5	80.9	70.4	92.5
OPV4	80.2	75.4	68.2	64.1	81.9
MR2	94.1	72.0	67.2	61.1	83.1

Health Status Indicators

1. List of Sustainable Development Goals

Table 2: List of Sustainable Development Goals

Indicators	2018	2019	2020	2021	2022
Maternal mortality ratio (per 100,000 live births)	10.1	65.6	48.1	29.7	44.3
Proportion of births attended by skilled health personnel (%)	99	99.9	99.2	99	99.3
Neonatal mortality rate (per 1000 live births)	9.1	8.0	6.3	9.6	6.5
Under-five mortality rate (per 1000 live births)	18.3	17.9	15.3	18.9	18.8
Premature Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	54.1%	53.9%	55.8%	53.2%	54.4%
Suicide mortality rate (per 100,000 population)	3.8	1.8	1.6	0.9	6.5
Death rate due to road traffic injuries (per 100,000 population)	6.9	6.5	5.5	3.8	6.6
Adolescent birth rate (per 1,000 women age 10 – 19 years)	14.8	15.6	15.3	10.8	6.5
% of pregnant women who receive ANC in their first trimester	28.0	30.8	29.0	26.6	25.8
% of pregnant women with at least 4 ANC visits at term	86.0	86.1	83.5	59.9	36.5
% Childhood vaccination coverage rate for all antigens (MR1)	80.9	82.5	80.9	70.4	92.5
% HPV vaccine coverage among adolescents	HPV1: 86.8 HPV2: 55.8	HPV1: 84.8 HPV2: 100	HPV1: 92.2 HPV2: 61.9	HPV1: 90.3 HPV2: 2.8	HPV1: 98 HPV2: 48.7
Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (per 100,000 population)	6.5	5.6	5.3	6.4	8.9
Mortality rate attributed to unintentional poisoning (per 100,000 population)	1.3	1.5	2.0	1.5	0.3

(Source: UN Statistics Division)

2. List of Healthy Island Indicators

Table 3: List of Healthy Island Indicators

Healthy Island Indicator	2018	2019	2020	2021	2022
Health worker density (per 10,000 population)					
<i>Medical</i>	NA	8.53	9.31	10.19	10.78
<i>Nursing</i>	33.71	35.12	33.88	34.69	33.20
<i>Dental</i>	1.81	2.02	1.96	2.27	2.33
<i>Dieticians</i>	0.85	1.10	1.07	1.04	1.03
<i>Environmental Health</i>	1.09	0.91	0.95	1.21	1.33
<i>Laboratory</i>	1.74	1.92	1.92	1.99	1.98
<i>MIT</i>	0.92	1.08	1.07	1.16	1.16
<i>Pharmacy</i>	0.87	1.46	1.19	1.42	1.26
<i>Physiotherapy</i>	0.30	0.46	0.62	0.60	0.57
Health expenditure per capita	540.6	548.2	577.3	624.2	Not yet published
International Health Regulations (IHR) core capacity index	63	*	*	54	48
Death registration coverage (%)	70.2	78.0	81.2	90.5	88.5
Smoking prevalence	Last NCD Steps Survey 2012				
Heavy episodic drinking					
Cervical cancer screening (Age 30 – 49years)	7.8	7.0	3.6	1.8	2.9
Contraceptive prevalence (%)	51.8	43.1	53.73	43.1	42.5
HIV prevalence among the general population	14.8	13.56	16.61	17.06	27.69
Tuberculosis (TB) incidence (per 100,000 population)	40	51	47	37	63
Diabetes-related amputations (CWMH)	14.52%	12.59%	12.84%	12.5%	14.73%
(Lautoka Hospital)	11.61%	10.23%	10.7%	11.1%	11.39%
(Labasa Hospital)	11.48%	4.44%	4.71%	11.9%	10.51%
Maternal deaths (n)	2	13	10	6	8
Maternal mortality ratio (per 100,000 live births)	10.1	65.6	48.1	29.7	44.3
Mortality from road traffic injuries (per 100,000)	6.9	6.5	5.5	3.8	6.6

Deaths due to suicide among adults (per 100,000)	5.7 (n=33)	2.7 (n=16)	2.4 (n=14)	1.4 (n=8)	8.4 (n=53)
Suicide mortality rate (per 100,000)	3.8	1.8	1.7	0.9	6.5
Risk of premature death from target non-communicable diseases (NCDs)	<60: 39.3 <75: 79.3 30 – 70yrs: 54.1%	<60: 39.3 <75: 78.9 30 – 70yrs: 53.9%	<60 : 39.0 <75 : 79.4 30-70yrs: 55.8%	<60 : 35.5 <75 : 76.1 30-70yrs: 53.2%	<60 : 36.6 <75 : 77.5 30-70yrs: 54.4%
Life expectancy at birth: both sexes	67.8	67.9	67.7	66.5	65
Exclusive breastfeeding rate (%)	65.7	64.4	63.5	67.3	64.2
Children who are obese ** (School report)	7.7%	2.8%	3.9%	3.4%	2.7%
Antenatal care coverage (%)	86.7	86.1	83.5	59.9	36.5
Births attended by skilled health personnel	99	99.9	99.2	99	99.3
Immunization coverage for DTP3 (%)	84.7	91.2	88.8	90.5	92.5
Immunization coverage for measles (%)	80.9	82.5	80.9	70.4	92.5
HPV vaccine coverage among adolescents (%)	HPV1: 86.8 HPV2: 55.8	HPV1: 84.8 HPV2: 100	HPV1: 92.2 HPV2: 61.9	HPV1: 90.3 HPV2: 2.8	HPV1: 98 HPV2: 48.7
Adolescent birth rate per 1,000 women age (10 – 19 years)	14.8	15.6	15.3	10.8	6.5
Low birth weight among newborns (%)	5.4	5.2	6.0	3.2	3.0
Neonatal mortality rate (per 1000 live births)	9.1	8.0	6.3	9.6	6.5
Children who are stunted	National Nutritional Survey 2014				
Under-five mortality rate (per 1000 live births)	18.3	17.9	15.3	18.9	18.8
Child and adolescent suicide rate (per 100,000)	0.3	0	0.6	0	1.9

(Source: SPC Public Health Division)

Chapter 1: Overview of Fiji's Health Facilities

The Fiji Ministry of Health and Medical Services (MHMS) has three divisional hospitals, twenty-one sub divisional hospitals, eighty-eight health centers, ninety-eight nursing stations, two specialist hospitals and three private hospitals. A list of all the following healthcare facilities in Fiji is outlined in tables 2-4.

Table 4: List of Divisional, Subdivisional, Specialized & Private Hospitals

Divisional Hospitals			
Central	Northern	Western	Eastern
CWM Hospital	Labasa Hospital	Lautoka Hospital (Aspen Medical-Health Care Fiji Limited from April 2022)	
Sub Divisional Hospitals			
Navua	Nabouwalu	Nadi	Levuka
Makoi Birthing Unit (linked to CWM)	Savusavu	Ba(Aspen Medical-Health Care Fiji Limited from April 2022)	Vunisea
Wainibokasi	Taveuni	Tavua	Lakeba
Vunidawa		Sigatoka	Lomaloma
Korovou		Navosa	Rotuma
Nausori Maternity Unit (linked to Wainibokasi)		Rakiraki	
Specialized Hospitals		Private Hospitals	
St Giles Hospital	Tamavua Twomey Hospital	George Mate Hospital	Oceania Private Hospital
		Naiserelagi Maternity	Sai Sanjeevani Hospital

Table 5: List of Health Centers and Nursing Stations

Central Division		Western Division		Northern Division		Eastern Division	
Health-Center	Nursing Station	Health-Center	Nursing Station	Health-Center	Nursing Station	Health-Center	Nursing Station
Suva Sub-Division		Lautoka/Yasawa Sub-Division		Macuata Sub-Division		Lomaiviti Sub-Division	
Suva	Naboro	Lautoka	Yalobi	Labasa	Cikobia	Levuka	Batiki
Raiwaqa	Lagilagi (Self Help)	Kese	Somosomo	Wainikoro	Visoqo	Qarani	Nairai
Samabula		Nacula	Yaqeta	Lagi	Udu	Koro	Nacavanadi
Nuffield Clinic		Malolo	Teci	Naduri	Dogotuki	Bureta	Narocake
Lami		Natabua	Yasawa-I-Ra	Dreketi	Kia		Nawaikama
		Viseisei	Viwa	Seaqqa	Naqumu		Nabasovi
*Oxfam Clinic		Kamikamica	Yanuya	Nasea	Vunivutu		Nacamaki
		Punjas		Coqeloa			Moturiki
Nasinu Sub-Division		Nadi Sub-Division		Cakaudrove Sub-Division		Kadavu Sub-Division	
Valelevu		Nadi	Nawaicoba	Savusavu	Naweni	Vunisea	Ravitaki
Makoi		Namaka	Nagado	Natewa	Bagasau	Kavala	Soso
Nakasi	Naulu (HIV Hub)	Bukuya	Nausori	Tukavesi	Kioa	Daviqele	Gasele
Serua/Namosi Sub-Division			Nanoko	Saqani	Tawake		Naqara
Navua	Raviravi			Rabi	Navakaka		Vacalea
Beqa	Galoa	Ba Sub-Division		Korotasere	Nabalebale		Nalotu
Korovisilou	Waivaka	Ba	Namau	Nakorovatu			Talaulia
Namuamua	Navunikabi	Nailaga	Nalotawa	Bua Sub-Division		Lakeba Sub-Division	
	Naqarawai	Balevuto		Nabouwalu	Bua	Lakeba	Vanuavatu
Rewa Sub-Division		Tavua Sub-Division		Lekutu	Yadua	Moala	Nayau
Nausori	Baulevu	Tavua	Nagatagata	Wainunu	Navakasiga	Matuku	Oneata
Mokani	Namara	Nadarivatu	Nadrau		Kubulau	Kabara	Komo
Wainibokasi	Nailili	Nadroga Sub-Division		Taveuni Sub-Division		Ono-I-Lau	Moce
		Sigatoka	Loma	Waiyevo	Bouma		Nasoki
Tailevu Sub-Division		Lomawai	Naqalimare	Qamea	Yacata		Cokova
Korovou	Verata	Keiyasi	Nukuilau	Vuna			Totoya Ns
Lodoni	Vatukarasa	Raiwaqa	Wauosi				Levuka-I-Daku
Nayavu	Dawasamu	Korolevu	Tuvu				Udu
	RKS	Vatulele	Momi				Namuka
	QVS	Cuvu					Fulaga
	Sawakasa	Vatukarasa					Odea
Naitasiri Sub-Division		Tau					Vatoa
Vunidawa	Tonia	Ra Sub-Division				Lomaloma Sub-Division	
Naqali	Lomaivuna	Rakiraki	Vunitogoloa			Lomaloma	Mualevu
Laselevu	Waidina	Nanukuloa	Tokaimalo			Cicia	Tuvuca
Nakorosule	Narokorokoyawa	Namarai	Nayavuiira			Rotuma	
	Nabobuco	Nasau	Nasavu			Rotuma	
	Nasoqo	Waimaro					

Table 6: Medical Areas by Divisions and Subdivisions

Divisions	Sub-Divisions						
	Central	Suva	Nasinu	Serua/Namosi	Tailevu	Naitasiri	Rewa
		Raiwaqa	Valelevu	Navua	Korovou	Vunidawa	Nausori
		Suva	Makoi	Namuumua	Lodoni	Naqali	Wainibokasi
		Samabula	Nakasi	Korovisilou	Nayavu	Laselevu	Mokani
		Lami		Beqa		Nakorosule	
		Nuffield Clinic					
	Total: 22						
	Eastern	Lomaiviti	Kadavu	Lakeba	Lomaloma	Rotuma	
		Gau	Vunisea	Lakeba	Lomaloma	Rotuma	
		Koro	Kavala	Matuku	Cicia		
		Levuka	Daviqele	Moala			
		Bureta		Kabara			
			Ono-I-Lau				
	Total: 15						
	Northern	Cakadrove	Macuata	Bua	Taveuni		
		Savusavu	Labasa	Nabouwalu	Waiyevo		
		Natewa	Wainikoro	Lekutu	Qamea		
		Tukavesi	Lagi	Wainunu	Vuna		
		Saqani	Naduri				
		Rabi	Dreketi				
		Koratasere	Seqaqa				
		Nakorovatu	Nasea				
		Coqeloa					
	Total: 21						
	Western	Nadroga/Navosa	Lautoka/Yasawa	Tavua	Nadi	Ra	Ba
Sigatoka		Lautoka/Yasawa	Tavua	Nadi	Rakiraki	Ba	
Lomawai		Kese	Nadarivatu	Namaka	Nanukuloa	Nailaga	
Keiyasi		Nacula		Bukuya	Namarai	Balevuto	
Raiwaqa		Malolo			Nasau		
Korolevu		Natabua			Waimaro		
Vatulele		Visesei					
Cuvu		Kamikamica					
Vatukarasa		Punjas					
Tau							
Total: 30							

Chapter 2: Admission Data

This chapter provides an overview of admission data across Fiji's healthcare facilities, offering critical insights into the utilization of health services and the burden of diseases requiring inpatient care. Admission data is a key indicator of the health system's capacity and the population's healthcare needs, reflecting patterns in disease prevalence, the severity of health conditions, and the accessibility of healthcare services.

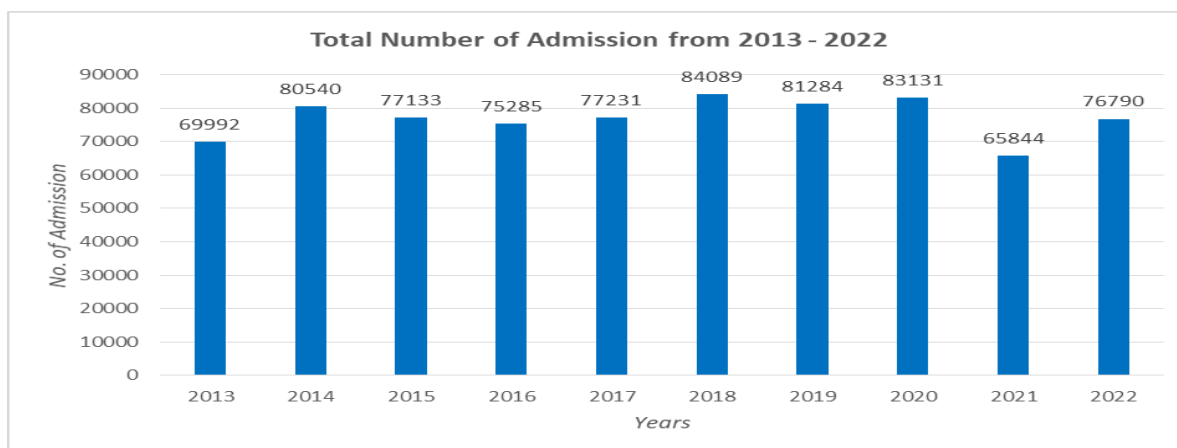


Figure 2: Total number of admissions

From 2013 to 2022, the number of admissions generally fluctuated, with a noticeable peak in 2018 at 84,089 admissions. After this peak, the numbers slightly declined, with admissions around 81,284 in 2019 and a small increase to 83,131 in 2020. In 2021, there was a significant drop to 65,844, likely impacted by external factors such as the COVID-19 pandemic, which may have reduced hospital admissions due to restrictions or altered healthcare-seeking behavior. Admissions increased again in 2022 to 76,790, indicating a partial recovery toward pre-pandemic levels.

Table 7: Top 5 Diseases by ICD 10AM Classification

Rank	2018		2019		2020		2021		2022	
	Disease	(n)	Disease	(n)	Disease	(n)	Disease	(n)	Disease	(n)
1		5585		5891		6880		5756		7736
2		5470		5815		6168		5365		6671
3		4893		5255		5927		4867		6090
4		4179		3979		5190		4631		5102
5		3085		3050		3507		2862		3429

Key

	A00 – B99 Certain infectious and parasitic diseases
	J00 – J99 Diseases of the Respiratory system
	I00 – I99 Diseases of the Circulatory system
	S00 – T98 Injuries, Poisoning and Other consequences of external causes
	K00 – K93 Diseases of the Digestive system
	N00 – N99 Diseases of the Genitourinary system

Table 8: Total Number of Admissions by Health facilities

No	Health Facility	2018	2019	2020	2021	2022
1	CWM Hospital	29,702	25,078	27,943	21,106	25,741
2	Navua Hospital	1,325	1,276	944	157	1,369
3	Vunidawa Hospital	448	410	571	570	447
4	Korovou Hospital	670	759	1,082	978	1,016
5	Nausori Hospital	2,155	2,346	2,111	2,149	1,669
6	Wainibokasi Hospital	912	921	592	616	1,072
7	St Giles Hospital	572	566	639	431	132
8	Tamavua/Twomey Hospital	290	270	243	194	398
9	Military Hospital				47	47
	Central Division Total	36,074	31,626	34,125	26,248	31,891
1	Lautoka Hospital	16,662	17,232	15,981	12,662	16,595
2	Nadi Hospital	4,295	5,094	5,072	4,177	4,427
3	Sigatoka Hospital	3,128	3,893	4,019	2,930	2,930
4	Navosa Hospital				194	488
5	Ba Mission Hospital	4,083	3,072	3,829	2,671	2,632
6	Tavua Hospital	1,021	1,127	1,232	1,025	1,097
7	Rakiraki Hospital	1,462	1,424	1,828	1,543	1,490
8	Naiserelagi Maternity Hospital	165	152	159	281	123
	Western Division Total	30,816	31,994	32,120	25,483	29,782
1	Labasa Hospital	10,973	11,751	11,299	8,576	10,130
2	Savusavu Hospital	2,487	2,525	2,449	2,241	2,049
3	Waiyevo Hospital	1,497	1,441	1,194	1,228	1,113
4	Nabouwalu Hospital	688	707	798	920	782
	Northern Division Total	15,645	16,424	15,740	12,965	14,074
1	Levuka Hospital	691	527	355	399	400
2	Vunisea Hospital	381	329	321	268	228
3	Lakeba Hospital	249	220	274	243	217
4	Lomaloma Hospital	101	66	76	62	56
5	Matuku Hospital	39	38	28	60	
6	Rotuma Hospital	93	60	92	116	142
	Eastern Division Total	1,554	1,240	1,146	1,148	1,043
	Divisional Total	84,089	81,284	83,131	65,844	76,790

Source: PATISplus, HDD

Top 10 causes of admission by Sex, 2018 - 2022

The analysis of the top 10 causes of hospital admissions by gender for the period 2018 -2022 is categorized based on standardized disease classifications to ensure comprehensive and consistent reporting. These chapters encompass a wide range of health conditions, including non-communicable diseases, communicable diseases, maternal and perinatal conditions, and injuries. By aligning with the International Classification of Diseases (ICD), the disease chapters enable a systematic evaluation of gender-specific health trends. This approach not only highlights the leading causes of morbidity but also underscores the distinct health priorities for males and females, providing valuable insights for targeted healthcare interventions and resource allocation.

Table 9: Top 10 Causes of admissions by Sex

Gender		2018		2019		2020		2021		2022	
	Rank		Number		Number		Number		Number		Number
Male	1		3335		3184		4315		3567		4265
	2		3333		3067		3552		3354		4213
	3		3213		3014		3315		2848		3429
	4		2895		2618		3203		2518		3244
	5		1967		1852		2255		2466		2822
	6		1618		1580		2131		1741		2072
	7		1434		1429		1570		1293		1497
	8		1257		1280		1381		1217		1430
	9		1140		1069		1209		986		1016
	10		1003		874		1089		842		920
Female	1		21225		20815		20384		16759		17417
	2		3077		2640		3083		2911		3845
	3		2808		2473		2911		2517		3471
	4		2006		2124		2611		2189		2845
	5		1966		2047		2564		2113		2458
	6		1487		1424		2186		1636		2413
	7		1312		1346		1638		1513		1673
	8		1281		1330		1376		1150		1388
	9		1262		1275		1302		1121		1385
	10		1189		1198		1279		1088		1350

Key		
	J00-J99 Diseases of the Respiratory system	L00-L99 Diseases of the skin and subcutaneous tissue
	A00-B99 Certain infectious and parasitic diseases	R00-R99 Symptoms, signs and abnormal clinical and laboratory findings
	I00-I99 Diseases of the Circulatory system	E00-E89 Endocrine, Nutritional and Metabolic diseases
	S00-T98 Injury, poisoning and other consequences of external causes	N00-N99 Diseases of the Genitourinary system
	K00-K93 Diseases of the digestive system	C00-D48 Neoplasm
	P00-P96 Certain conditions originating in the perinatal period	O00-O99 Pregnancy, childbirth and the puerperium

Chapter 3: Consolidated Monthly Reporting Information System

The Consolidated Monthly Reporting Information System (CMRIS) is a vital health information platform used in Fiji to collect, consolidate, and analyze monthly health data from various healthcare facilities nationwide. CMRIS serves as a key mechanism for monitoring and evaluating health service delivery, disease trends, and resource utilization, enabling evidence-based decision-making at all levels of the health system.

CMRIS aggregates data on a wide range of indicators, including disease incidence, hospital admissions, maternal and child health outcomes, and immunization coverage. It captures information from public health facilities, including divisional and subdivisional hospitals, health centres, and nursing stations, providing a comprehensive snapshot of the health status and performance of the health system. The system also plays a critical role in identifying emerging public health challenges, such as outbreaks of communicable diseases, and guiding timely interventions.

Childbirth (mode of delivery)

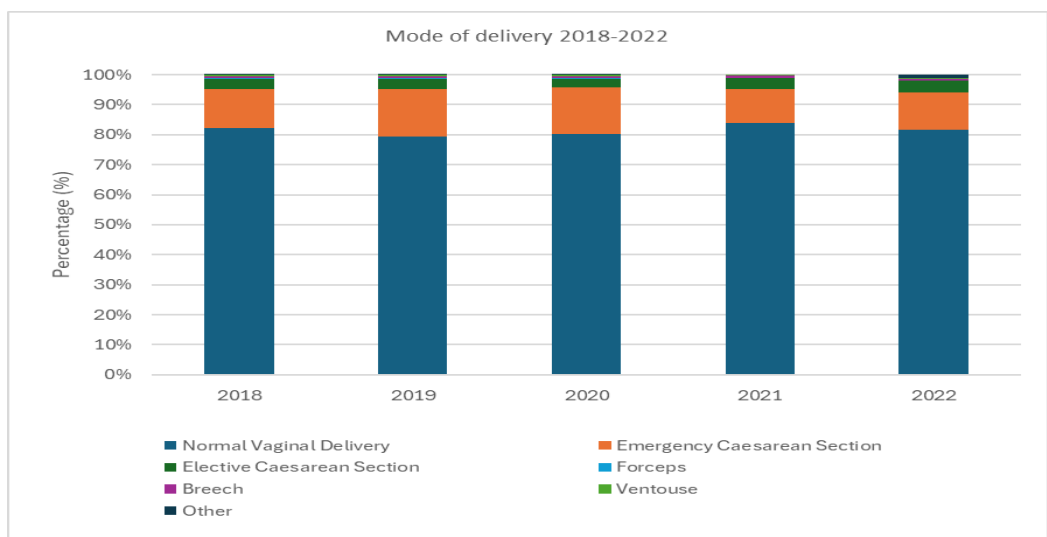


Figure 3: Mode of Childbirth

The mode of delivery shows that Normal Vaginal Delivery is the most common at average of 80% with Emergency Caesarean Section at average of 15%. The Elective Caesarean section remains at 2%.

Teenage Pregnancy and Contraceptive Rate

Table 10: Teenage Pregnancy Rate

Year	Total teenage pregnancy	CBA	Teenage Pregnancy Rate (per 1000 CBA pop)
2018	1109	35446	31.29
2019	1203	35567	33.82
2020	1198	35901	33.37
2021	799	37635	21.23
2022	753	38265	19.68

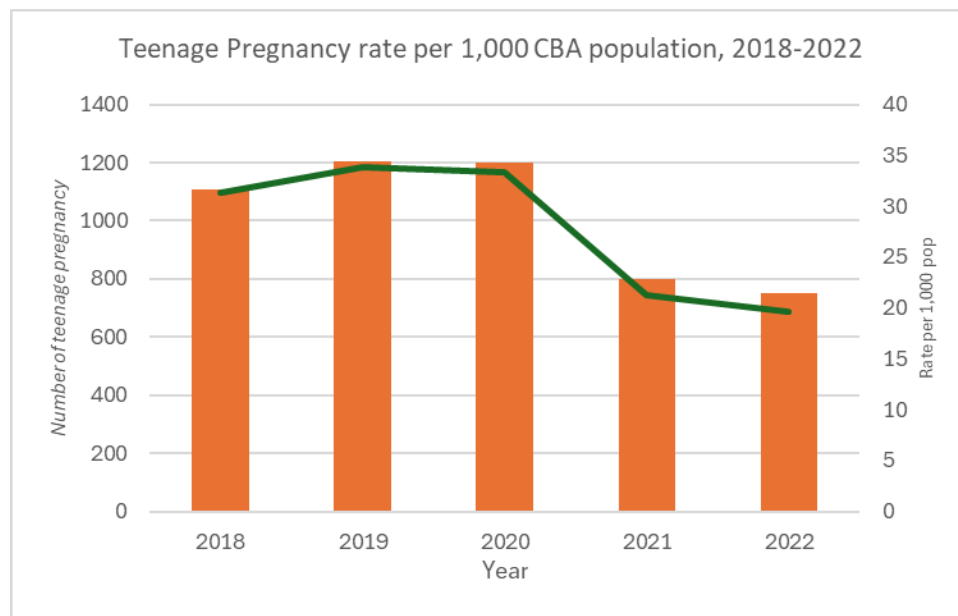


Figure 4: Teenage Pregnancy Rate

The total number of teenage pregnancies increased from 1,109 in 2018 to 1,203 in 2019. The rate also increased from 31.29 to 33.82 per 1,000 CBA (Childbearing Age) population during the same period. This trend continued slightly in 2020 with a total of 1,198 pregnancies and a rate of 33.37. There was a notable drop in 2021, with the total number of teenage pregnancies decreasing to 799, and the rate dropping to 21.23 per 1,000 CBA pop. This decline continued in 2022, with the total number of pregnancies falling further to 753 and the rate to 19.68 per 1,000 CBA pop.

The highest number of teenage pregnancies and the highest rate were recorded in 2019. There is a noticeable significant reduction in teenage pregnancies starting in 2021 and continuing into 2022. The rate per 1,000 CBA population saw a dramatic drop, aligning with the decrease in total teenage pregnancies.

Antenatal Coverage

Table 11: ANC Coverage

ANC coverage 1st visit and 4+ visits							
Year	Total No	Trimester 1	Trimester 2	Trimester3	No 4+ ANC Visits	1st Visit	4th Visit
2018	19602	5451	10832	3187	17111	27.8	87.3
2019	19475	5679	9702	3062	17070	29.2	87.7
2020	21196	6155	11332	3750	17349	29.0	81.9
2021	14964	4019	7811	3279	10691	19.0	71.4
2022	12145	3087	6448	2432	8818	14.6	72.6

There is an evident decline in the total number of ANC visits, particularly from 2020 onwards, which might be attributed to external factors such as the pandemic or changes in healthcare access. Visits in the first, second, and third trimesters all decreased, with the most significant reductions observed in the second and third trimesters. The number of women attending four or more ANC visits dropped significantly from 2021 onwards. The percentage of first and fourth visits also showed a declining trend, particularly noticeable from 2021 to 2022.

Measles Immunization Coverage 2018-2022

Table 12: Measles Immunization Coverage

Year	Total live births	Percentage	Total number immunized
2018	19736	80.7	15922
2019	19825	82.2	16306
2020	20788	77.2	16045
2021	20217	68.6	14269
2022	18054	77.4	16081

The total number of live births showed an initial increase but then declined by 2022. The immunization coverage, both in percentage and total number, showed fluctuations over the years. There was an increase in immunization coverage from 2018 to 2019. The highest percentage of immunization was in 2019 (82.2%), while the lowest was in 2021 (68.6%). A significant drop occurred in 2021, which might be due to factors such as disruptions in healthcare services during the COVID-19 pandemic. The coverage improved again in 2022, showing a recovery in immunization efforts.

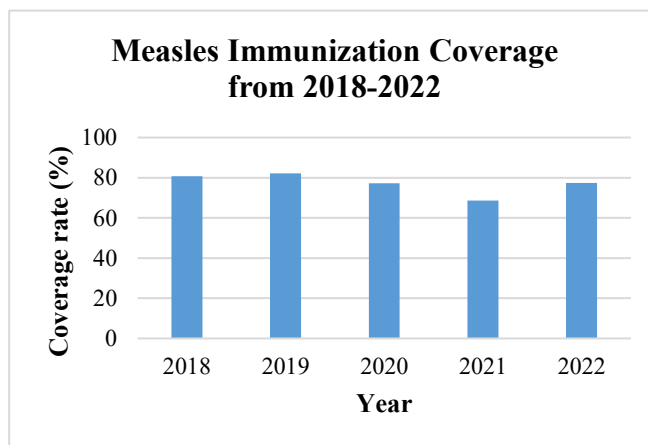


Figure 5: Measles Immunization Coverage

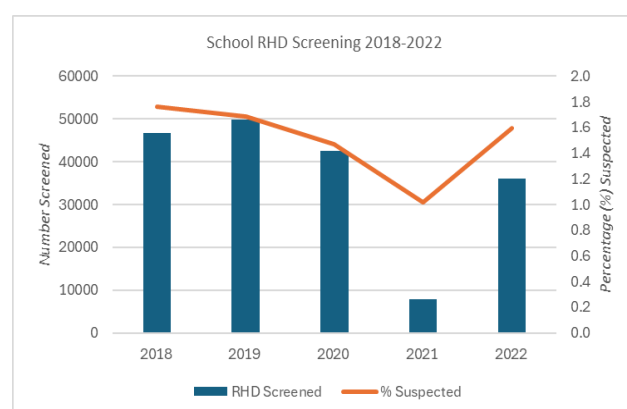
School Health – Rheumatic Heart Disease

Table 13: RHD Screening in schools

Year	Number of Children Seen	RHD Screen	% RHD Screen	Suspected RHD
2018	112851	46692	41.4	823
2019	134956	49859	36.9	842
2020	98326	42453	43.2	624
2021	22531	7942	35.2	81
2022	101947	36021	35.3	574

The Number of Children Seen increased from 112,851 in 2018 to 134,956 in 2019. The number decreased significantly to 22,531 in 2021 and then increased again to 101,947 in 2022.

Figure 6: RHD Screening and suspected cases



The RHD Screened showed the number of children screened for RHD decreased slightly from 46,692 in 2018 to 49,859 in 2019. The screening numbers declined further in 2020 and reached a low point in 2021 before increasing again in 2022.

The Percentage of RHD Screened showed that the percentage of children screened for RHD was highest in 2020 at 43.2%. The percentage decreased significantly in 2021 to 35.2% and remained relatively stable in 2022 at 35.3%. The Suspected RHD showed that the number of suspected RHD cases was highest in 2019 at 842. There was a sharp decline in suspected cases in

2021, reaching a low of 81. The number increased again in 2022 to 574.

School Health – Obesity

Table 14: Obesity in Schools

Year	Number of Children Seen	Obesity	% Obesity
2018	112851	8680	7.7
2019	134956	3845	2.8
2020	98326	3826	3.9
2021	22531	759	3.4
2022	101947	2706	2.7

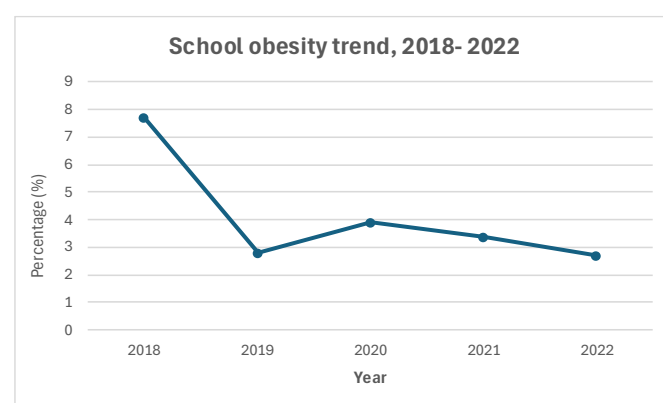


Figure 7: Obesity trend in schools

The number of children with obesity decreased sharply from 8,680 in 2018 to 3,845 in 2019. The number remained relatively stable from 2019 to 2020, with a slight decrease in the following years, reaching 2,706 in 2022. The percentage of obesity among children decreased from 7.7% in 2018 to 2.8% in 2019. There was an increase to 3.9% in 2020, followed by a decline to 3.4% in 2021 and further down to 2.7% in 2022.

The number and percentage of children with obesity showed a significant decrease from 2018 to 2019, followed by a relatively stable trend with slight fluctuations. The highest number of children seen and the highest percentage of obesity were both recorded in 2018. The lowest number of obesity cases and the lowest percentage were both recorded in 2022.

School Health – HPV Coverage

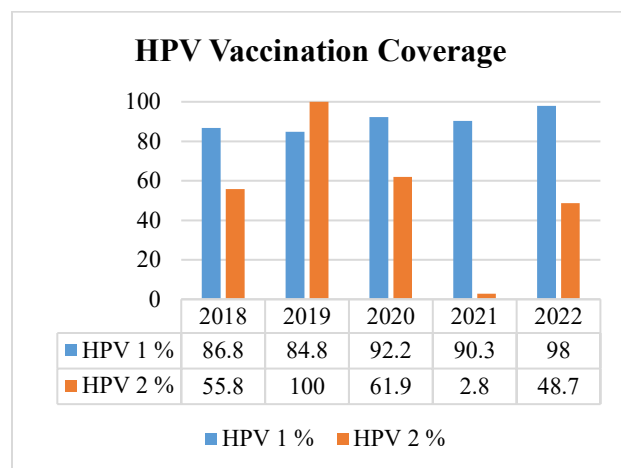


Figure 8: HPV Vaccine coverage rate

The HPV1 vaccination coverage was the highest in 2022 at 98% and lowest in 2019 at 84.8%. The HPV2 vaccination coverage was the highest reported in 2019 at 100% and lowest in 2021 at 2.8% due to the COVID19 outbreak.

School Health – TT Immunization

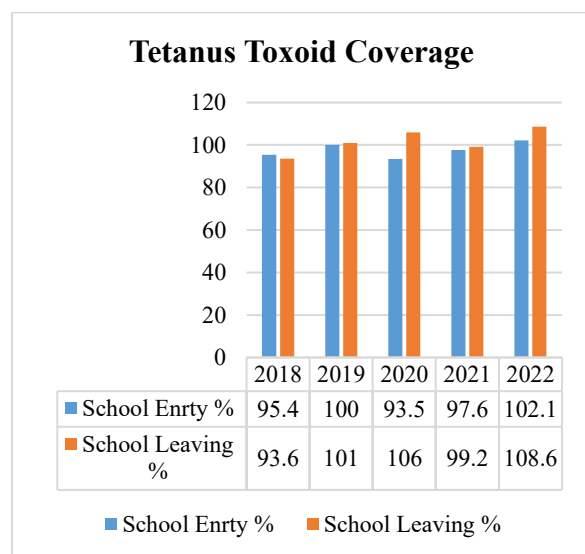


Figure 9: TT Immunization

The Tetanus Toxoid vaccination coverage in Schools has showed excellent coverage with highest coverage in 2022.

School Health- MR2 Coverage

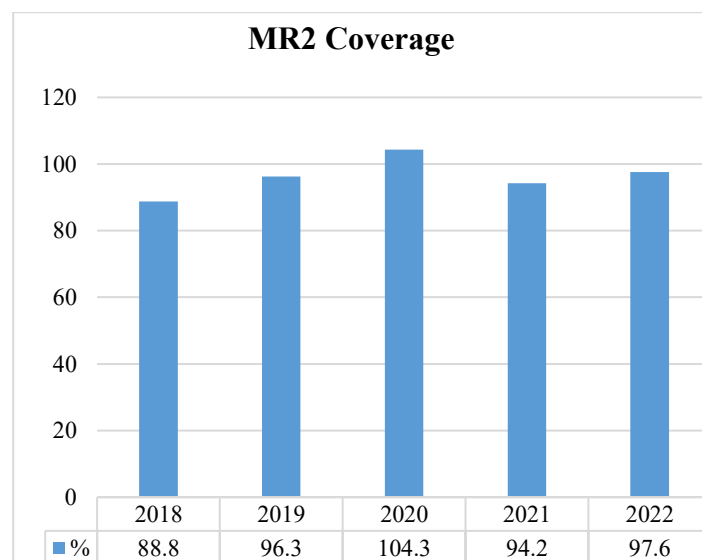


Figure 10: MR2 coverage in school

The MR2 vaccination coverage in the schools have ranged from 88.8% to 104.3% being the highest coverage achieved in 2020.

Chapter 4: Communicable Disease

This chapter provides an overview of communicable diseases, also known as infectious diseases, which remain a critical area of focus in Fiji's public health landscape. These diseases are caused by pathogenic microorganisms such as bacteria, viruses, parasites, or fungi and can be transmitted from one person to another, through vectors, or via environmental exposure. In Fiji, as in many Pacific Island nations, the burden of communicable diseases is shaped by unique geographical, socioeconomic, and cultural factors, alongside the challenges posed by climate change and globalization.

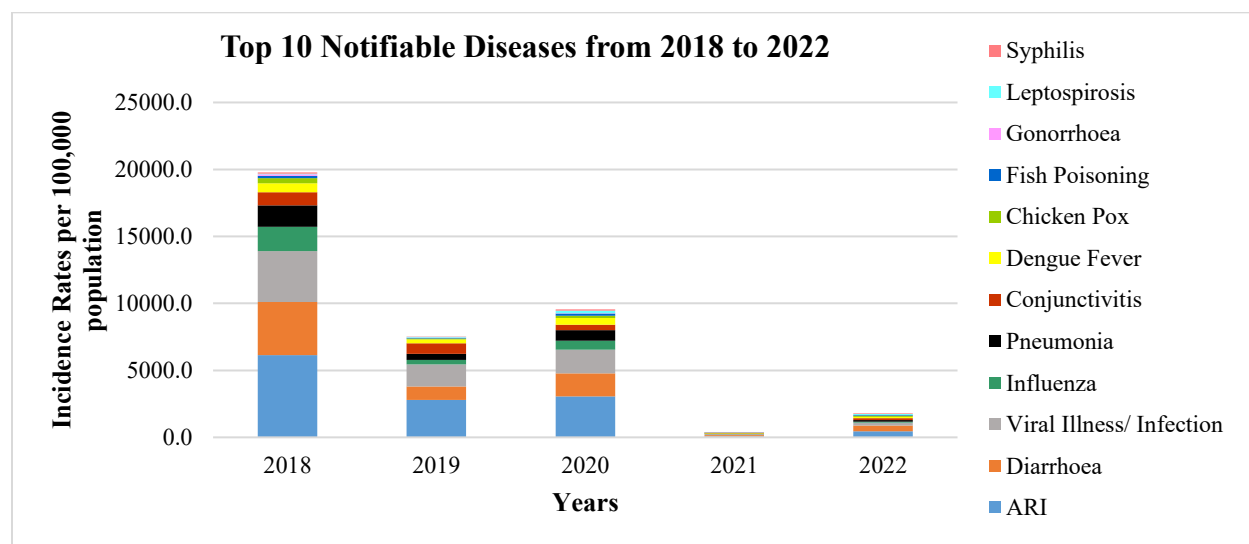


Figure 11: Top 10 National Notifiable Disease (NNDSS)

The top 10 notifiable diseases from 2018 to 2022 shows the incidence rates per 100,000 population, including Acute Respiratory Infection (ARI) and Diarrhoea, alongside previously observed conditions. In 2018, there was a high incidence of ARI, diarrhoea, viral illnesses, and influenza, indicating a significant burden of respiratory and viral infections that year. Over the following years, incidence rates for most diseases decreased considerably, particularly in 2021 and 2022, where cases of notifiable diseases were reported at very low levels.

This decline may reflect the influence of public health interventions related to the COVID-19 pandemic, which likely reduced the spread of communicable diseases overall. Measures like social distancing, improved hygiene, and reduced gatherings could have limited disease transmission. However, it's also possible that these low rates result from under-reporting or restricted access to healthcare services during the pandemic, which may have impacted data accuracy. The trend suggests either enhanced disease control or pandemic-related reporting influences, underscoring the need for continued surveillance to confirm if these improvements are sustained.

Top 10 Notifiable Diseases for Fiji from 2018 – 2022

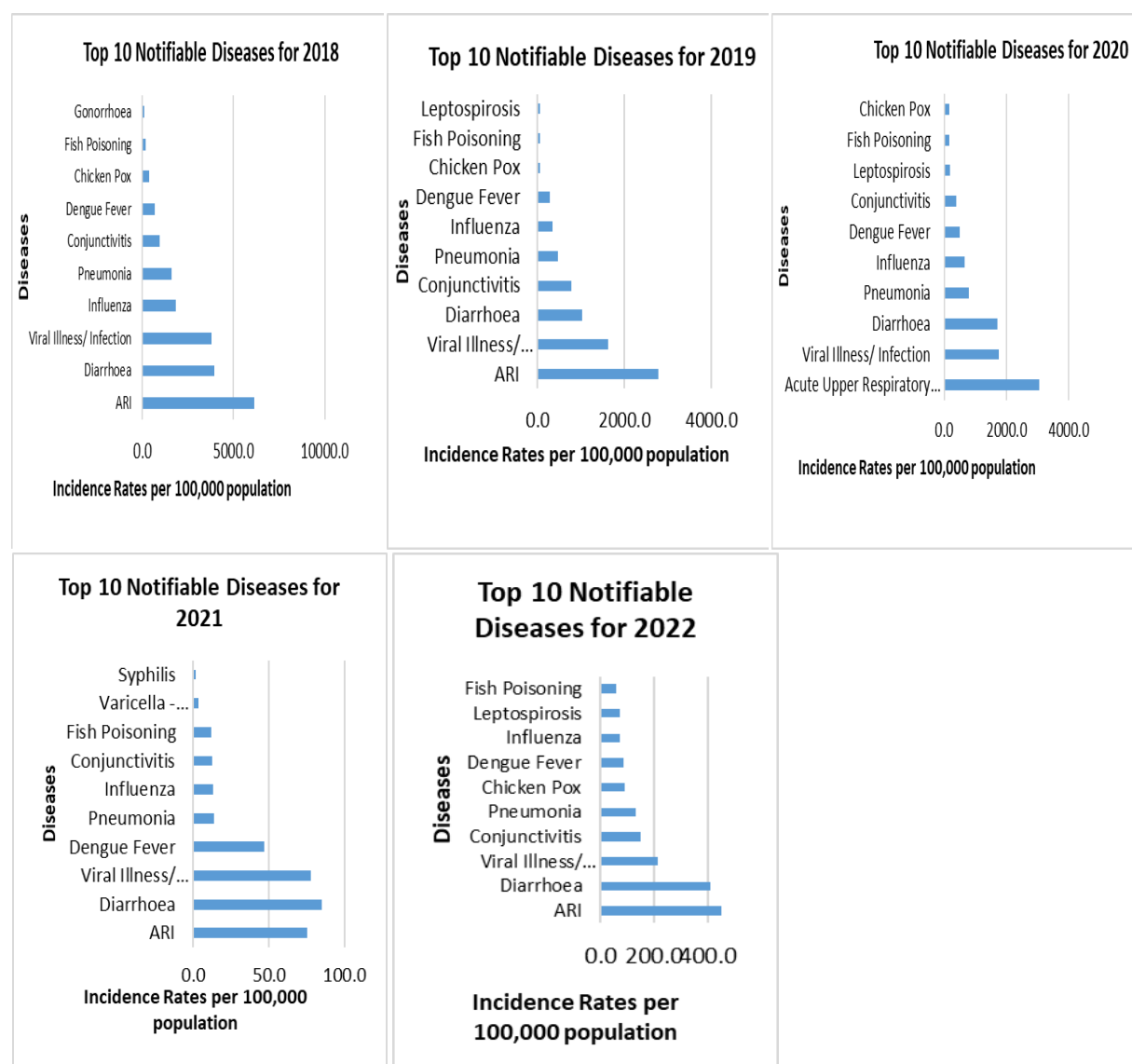


Figure 12: Top 10 NNDSS Incidence rates

From 2018 to 2022, the incidence rates for the Top 10 notifiable diseases showed a marked decline across most conditions. In 2018, Acute Respiratory Infection (ARI) and diarrheal diseases had the highest incidence rates, reflecting a significant burden of respiratory and gastrointestinal conditions. Over the following years, these rates decreased, with noticeable reductions in diseases like ARI, viral illnesses, and conjunctivitis by 2021, influenced by COVID-19-related public health measures, which may have also impacted healthcare-seeking behaviour and disease transmission.

By 2022, the incidence rates for most notifiable diseases remained relatively low compared to 2018, though ARI and diarrheal diseases continued to show the highest rates. The consistent reduction in disease incidence over these years suggests a combination of improved public health measures and external factors, such as pandemic-related interventions. However, the data also calls for continued monitoring, especially for ARI and diarrhea, to determine if these lower rates are sustainable post-pandemic and to ensure resources are allocated effectively to manage recurring health burdens.

Sexually Transmitted Infections

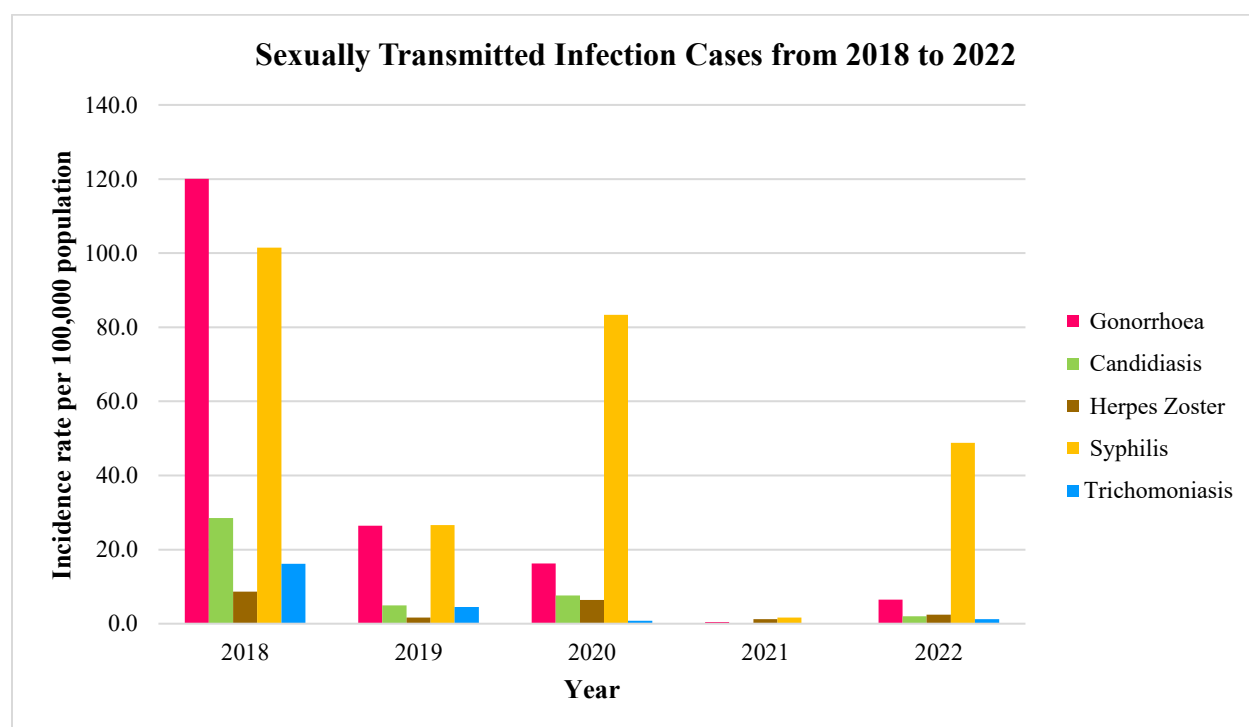


Figure 13: STIs Incidence rates

The data on sexually transmitted infections (STIs) from 2018 to 2022 indicates a general decline in incidence rates across most conditions. In 2018, gonorrhoea and syphilis had the highest rates, with gonorrhoea showing a particularly high incidence of over 120 cases per 100,000 population, followed closely by syphilis. However, these rates declined significantly in the following years, with most STIs showing minimal cases by 2021. However, 2020 saw an increase in syphilis cases, suggesting that the condition remained a persistent concern despite an overall reduction in STI rates. In 2022, there was a slight resurgence in syphilis cases, though still much lower than the initial 2018 levels.

This declining trend may reflect the impact of increased public health interventions, changes in sexual health behaviour, or even reduced reporting and healthcare access during the pandemic years. The resurgence in syphilis cases in 2022 warrants attention to ensure that rising trends are managed promptly, suggesting a need for ongoing surveillance and targeted prevention efforts for STIs to maintain low incidence rates in the long term.

Incidence of Leptospirosis

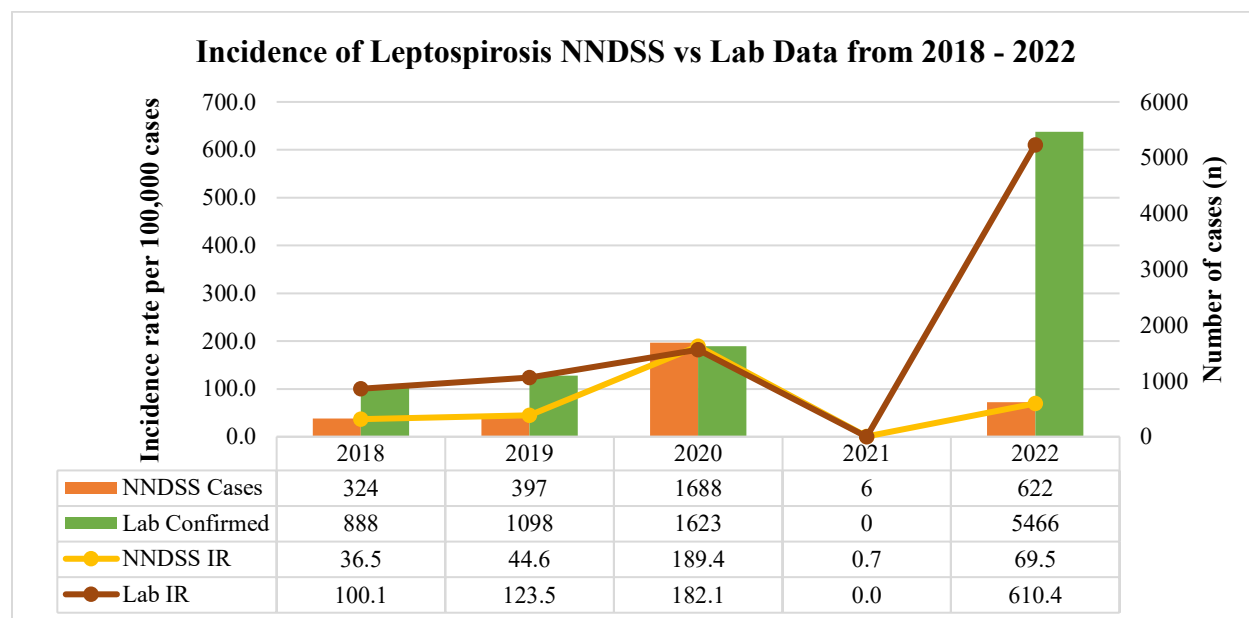


Figure 14: Leptospirosis Incidence rates

The incidence of leptospirosis, as indicated by the National Notifiable Disease Surveillance System (NNDSS) and laboratory data from 2018 to 2022, shows considerable variability. From 2018 to 2020, both NNDSS-reported cases and lab-confirmed cases increased, with a peak in 2020, where NNDSS incidence reached 189.4 per 100,000 and lab-confirmed cases were at 1,623. However, in 2021, there was a sharp decline, with only six cases reported by NNDSS and no lab-confirmed cases, due to data collection issues or reduced healthcare access during the COVID-19 pandemic.

In 2022, leptospirosis cases surged dramatically, with lab-confirmed cases reaching 5,466 and an incidence rate of 610.4 per 100,000 in lab data, far surpassing previous years. This resurgence suggests a potential outbreak or environmental factors conducive to leptospirosis transmission, highlighting the need for immediate public health interventions and enhanced surveillance to manage and mitigate the spread of leptospirosis effectively.

Incidence of Typhoid Fever

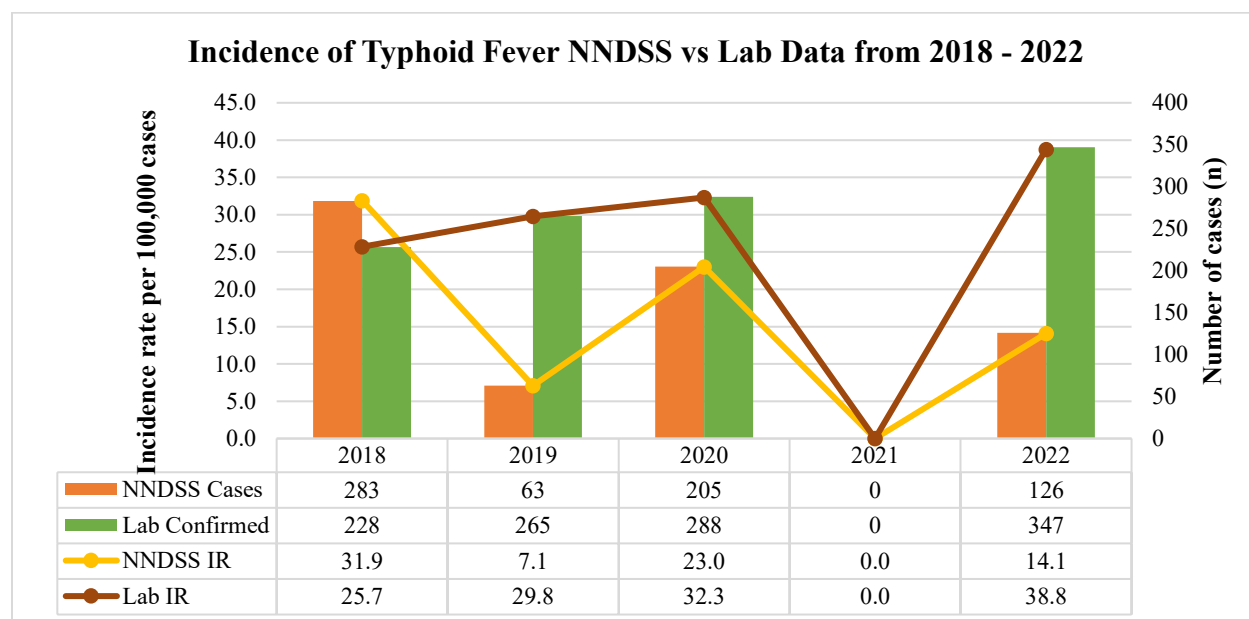


Figure 15: Typhoid Incidence rates

The incidence of typhoid fever from 2018 to 2022, as shown by NNDSS (National Notifiable Disease Surveillance System) and laboratory data, reveals some notable fluctuations. In 2018, there was a high incidence rate with 283 cases reported by NNDSS and 228 lab-confirmed cases. This rate dropped significantly in 2019, where NNDSS reported only 63 cases, while lab-confirmed cases slightly increased to 265, suggesting potential improvements in reporting or data collection practices.

In 2020, both NNDSS and lab-confirmed cases increased, reaching 205 and 288, respectively, indicating a resurgence in typhoid incidence. However, in 2021, both sources reported zero cases, due to the COVID-19 pandemic impacting data collection, testing, or health-seeking behaviour. By 2022, typhoid cases rebounded, with NNDSS reporting 126 cases and lab-confirmed cases reaching a five-year high of 347. This surge in 2022 highlights the need for strengthened surveillance and public health interventions to control typhoid transmission effectively.

Incidence of Dengue Fever

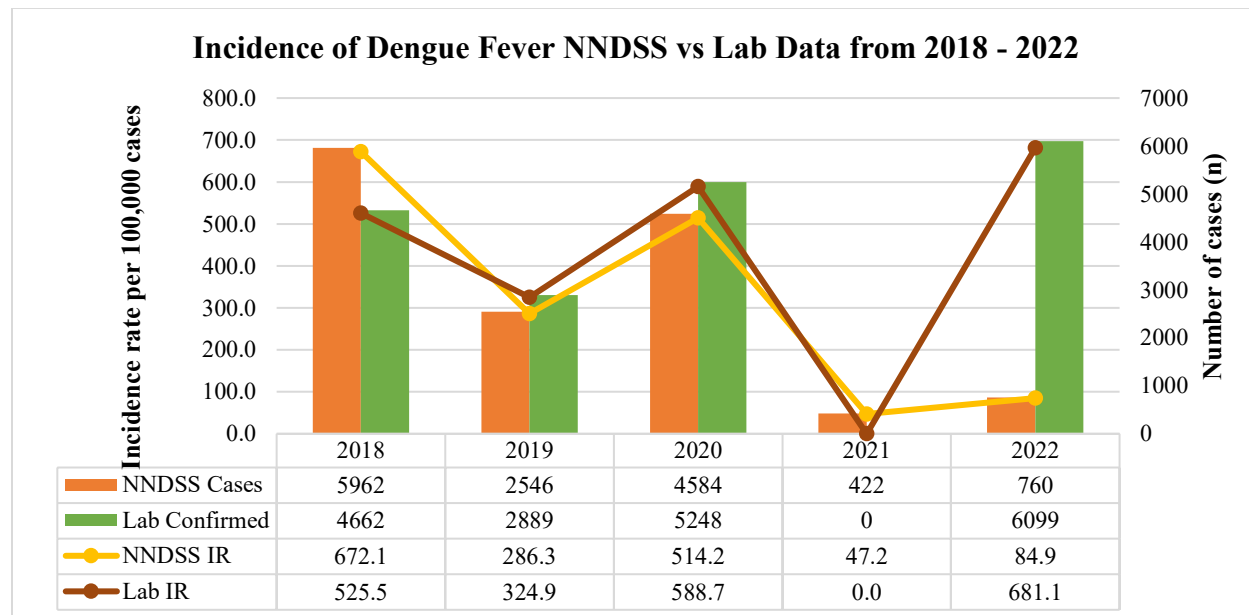


Figure 16: Dengue Incidence rates

The incidence of dengue fever from 2018 to 2022, as indicated by NNDSS and lab data, shows significant variability. In 2018, dengue cases were high, with 5,962 cases reported by NNDSS and 4,662 lab-confirmed cases, reflecting an incidence rate of 672.1 per 100,000 (NNDSS) and 525.5 per 100,000 (lab data). The incidence decreased in 2019, with NNDSS cases dropping to 2,546 and lab-confirmed cases to 2,889, suggesting successful containment efforts or lower transmission rates that year.

In 2020, cases rose again, with 4,584 cases reported by NNDSS and 5,248 lab-confirmed cases, highlighting a resurgence in dengue transmission. However, in 2021, both NNDSS and lab data reported a dramatic decrease, with only 422 NNDSS cases and no lab-confirmed cases, due to pandemic-related disruptions in testing, reporting, or a real reduction in transmission. By 2022, there was another sharp increase in lab-confirmed cases, reaching 6,099, the highest in the five-year period, while NNDSS reported 760 cases. This spike underscores the need for robust public health responses to manage dengue, particularly as the disease appears to exhibit cyclical surges in incidence.

HIV in Fiji

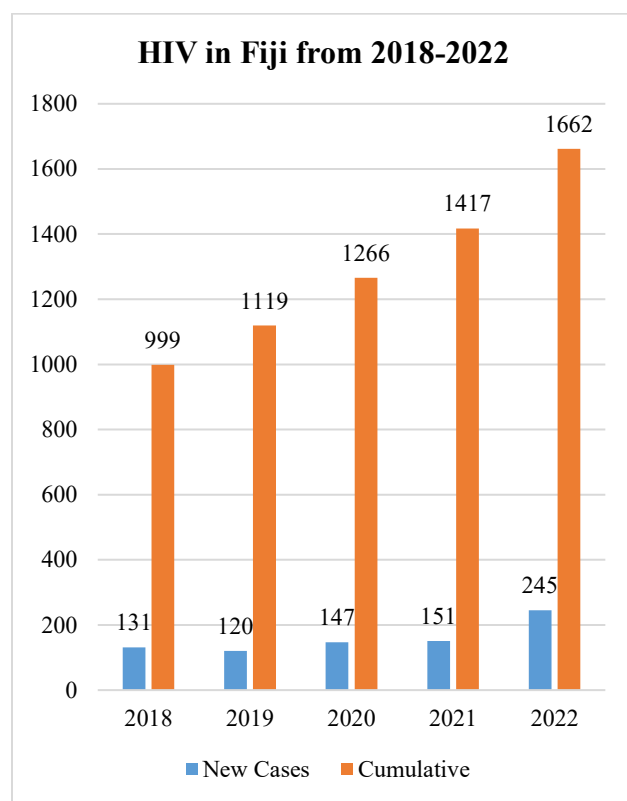


Figure 17: HIV Trends in Fiji from 1989 to 2022

The number of new cases fluctuated, with 131 new cases in 2018 and there was a general upward trend. The incidence continued to remain at average 138 cases from 2018 to 2021, with nearly doubling incidence in 2022, reaching 245 new cases with a cumulative total of 1,662 in 2022. This correlates with the increased testing capacity through SRH Hubs in the divisions, highlighting the importance of continued public health efforts and interventions.

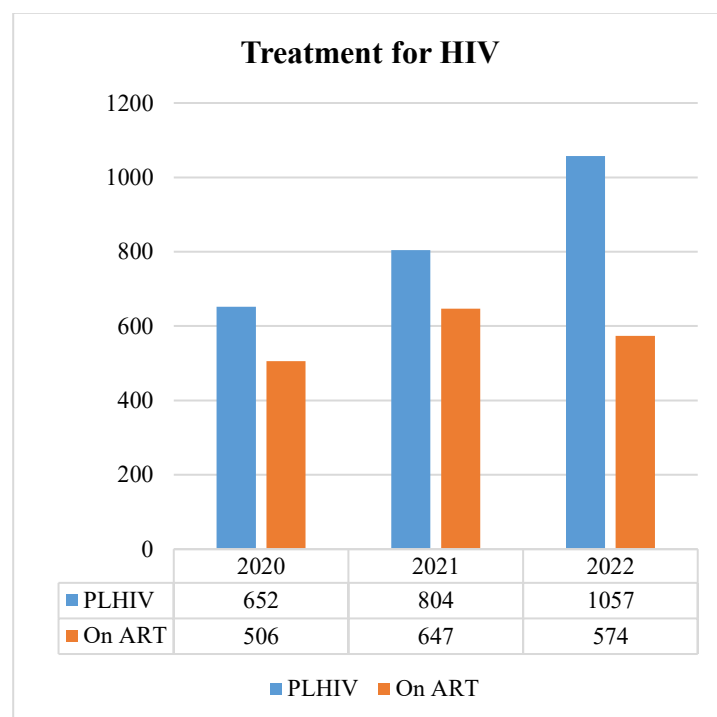


Figure 18: Treatment for HIV

The trend shows that 90% of PLHIV were on ART in 2020 and this decreased to 54% in 2022. Therefore, it shows a significant reduction in link to ARVs for PLHIV.

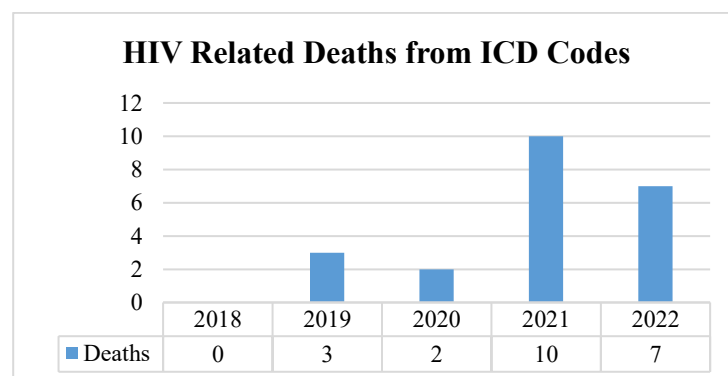


Figure 19: HIV Related Deaths

The HIV Related deaths showed that there was a total of 22 deaths over the 5-year period and a peak in 2021 with 10 deaths.

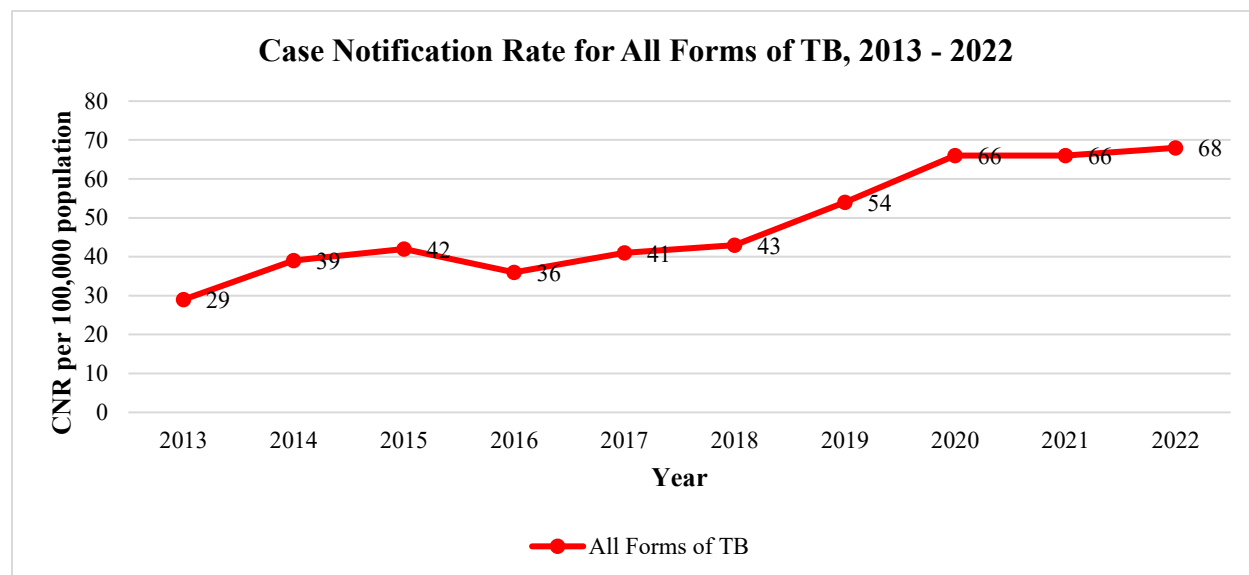


Figure 20: CNR for all TB

The Case Notification Rate (CNR) has increased steadily since 2013. The trend shows a rapid rise in the CNR from 43 per 100,000 population to 68 per 100,000 population.

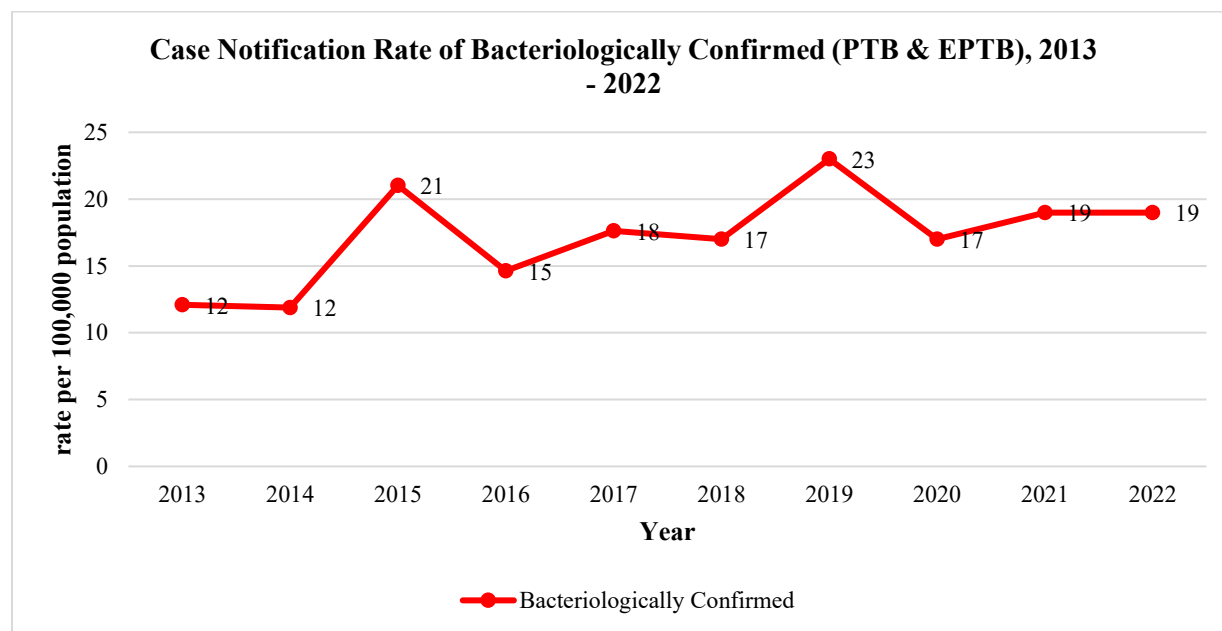


Figure 21: CNR for TB BC

In 2022, there were a total of 202 cases that were bacteriologically confirmed (BC), of which 173 were PTB cases and 29 were EPTB cases, with a case notification rate of 19 per 100,000 population. Out of the 173

PTB BC cases, 5 cases of Drug-Resistant TB cases were registered, which is the highest number that the NTP has ever recorded.

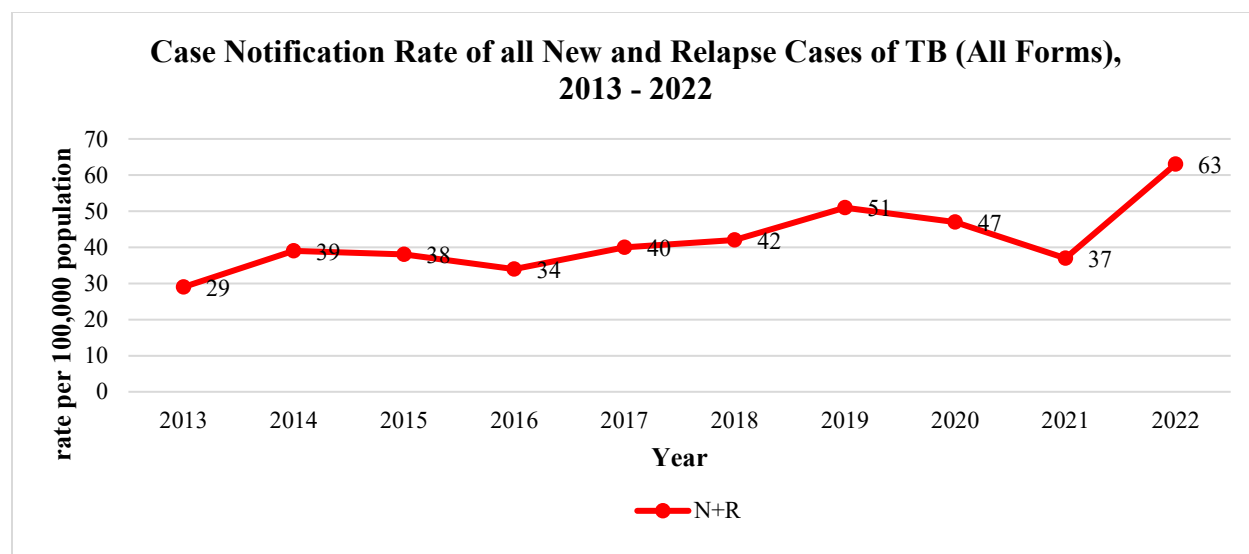


Figure 22: CNR for New and Relapse TB

The trend shows that the CNR has steadily increased from 2013 till 2022. CNR was 42 per 100,000 population in 2018 and then declined to 37 per 100,000 in 2021. This decline may have been due to the COVID19 pandemic. The highest CNR was 63 per 100,000 in 2022.

TB in Children

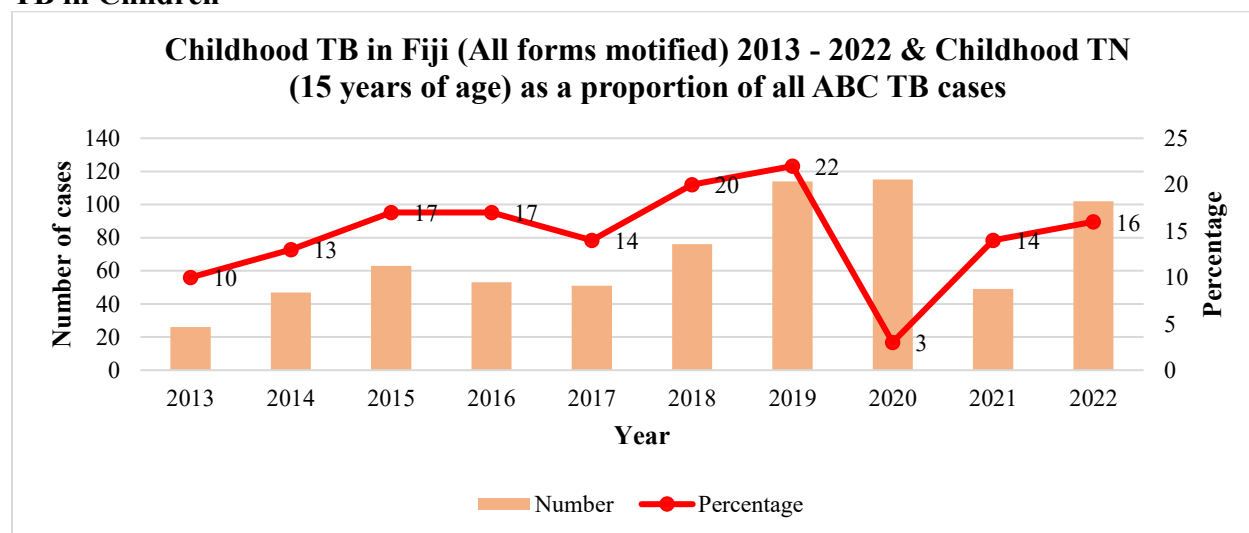


Figure 23: CNR for Childhood TB

In 2022, childhood cases of TB (0-14 years) accounted for 16% (n. 102) of all TB cases. This represents an increase over the past few years. In 2023, 28 cases of childhood TB cases were registered accounting for 7% of the total TB cases registered.

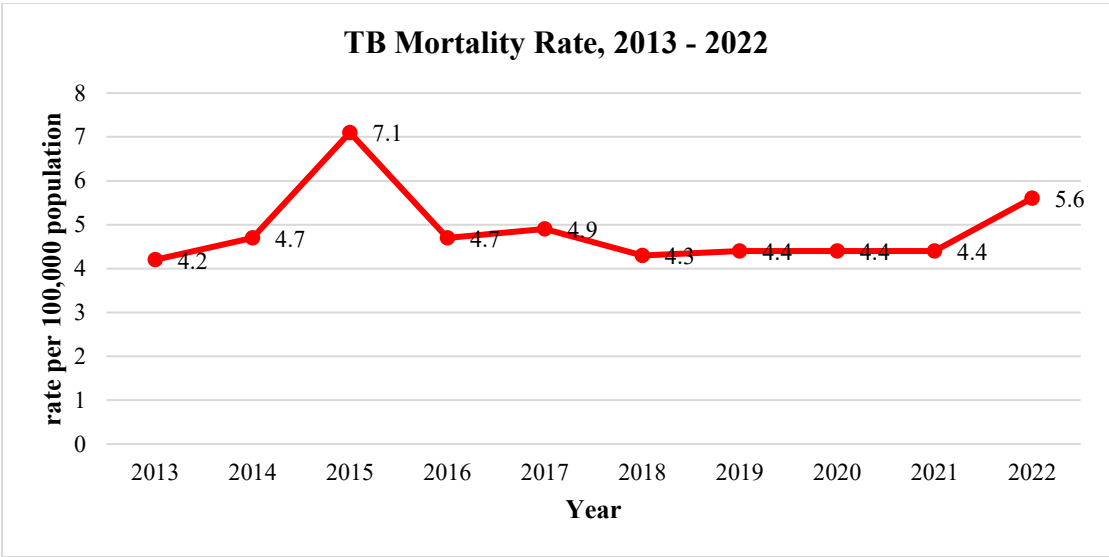


Figure 24: TB Mortality Rate

The above graph clearly shows an upward trend in TB related mortality rates per 100,000 population. The trend remains steady at average of 4.4 per 100,000 from 2018 to 2021. In 2022, this was about 5.6 per 100,000 population.

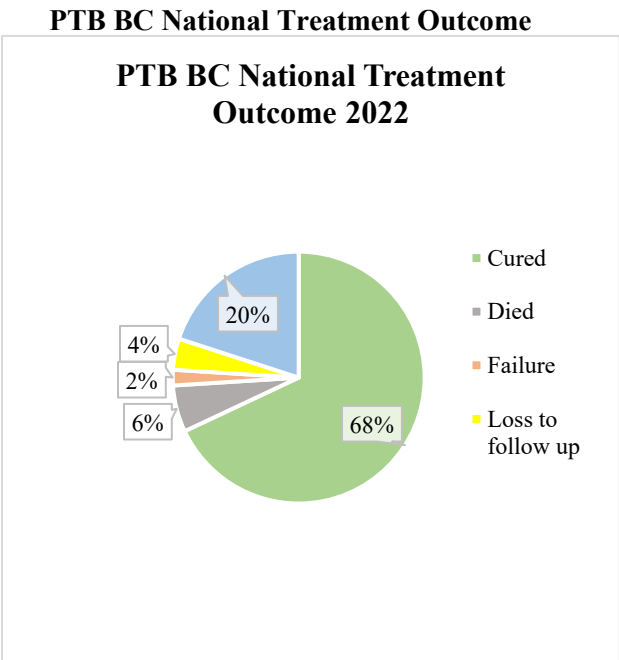


Figure 25: PTB BC Treatment Outcomes

The Treatment Success rate (TSR) for Pulmonary bacteriologically confirmed (PTB BC) cases in 2022 was only 68% (118/174), with the target being > 89%. Majority of these cases were not evaluated (20%). These requires our divisional teams to better work and coordinate with our Public Health teams in the 22 subdivisions, to assist and facilitate and look after their cohort of cases. The risk posed in this scenario is the emergence of drug-resistant Tb cases in the future, dur to incomplete treatment.

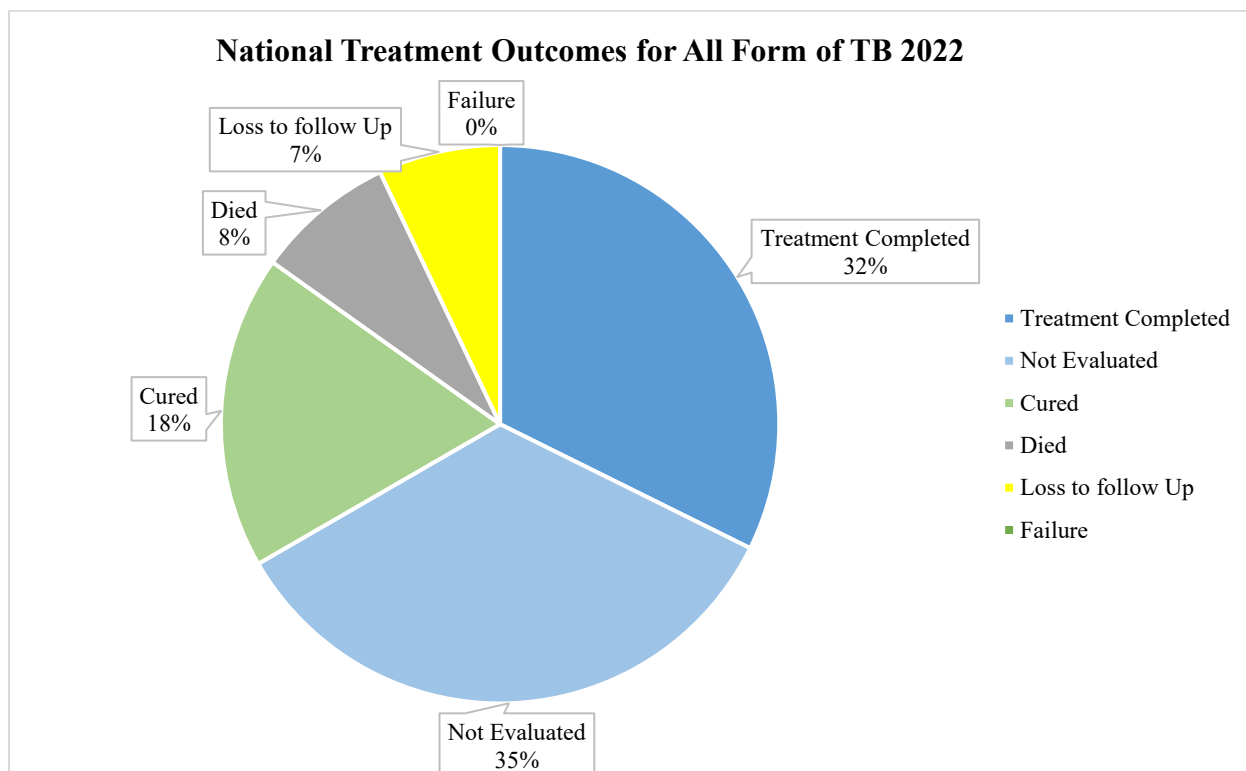


Figure 26: National TB Outcomes for all Patients

Above chart shows treatment outcomes for all forms of TB (n = 636) registered in 2022. Treatment success rate (TSR) stands at 50%, which is quite low compared to the target of 89% to 90%. Majority of the cases (34%) were not evaluated, as their outcomes were still unknown, after 12 months from initiation of TB treatment. Also, to note that 8% succumbed while on TB treatment with 7% of the cases were Loss to follow up. These data require our divisional TB teams to work closely with the public health teams, in a decentralized mode of care, and patient centred approach, in looking after their patients until final reviews.

Chapter 5: Non-Communicable Disease

Cancer cases in Fiji

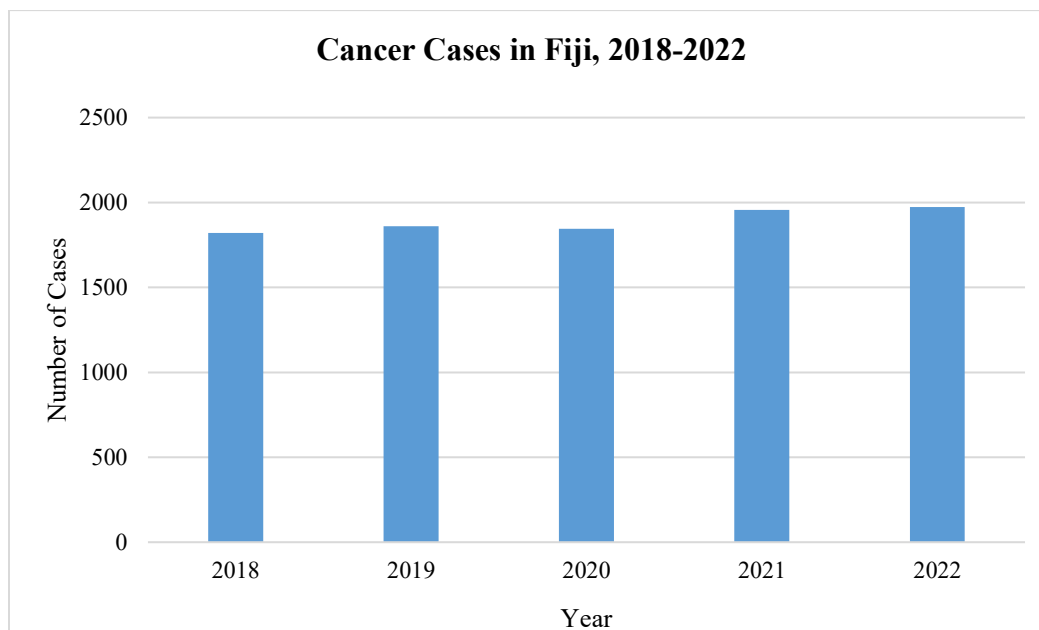


Figure 27: Cancer Cases in Fiji

The Cancer cases are entered into the Cancer Registry which is a Microsoft Access database being handled by one Statistics Officer. The data is entered into the Registry from the pathology confirmed cases and from the Medical Cause of Death Certificates.

The trend of cancer cases shows that it has been on average of 1900 cases per year. The cancer sites have remained steady as from 2018 to 2022 with the top site being the breast and cervix at the second throughout. The other common sites include uterus and prostate.

The unknown diagnosis in the Registry as shown below is due to “no specific site mentioned on the pathology reports” and coded in ICD 10AM as C80.0. This code signifies a malignant neoplasm where the primary site of the cancer is unknown, meaning the source tissue is not identified.

Top 5 Cancer Sites, 2018 to 2022

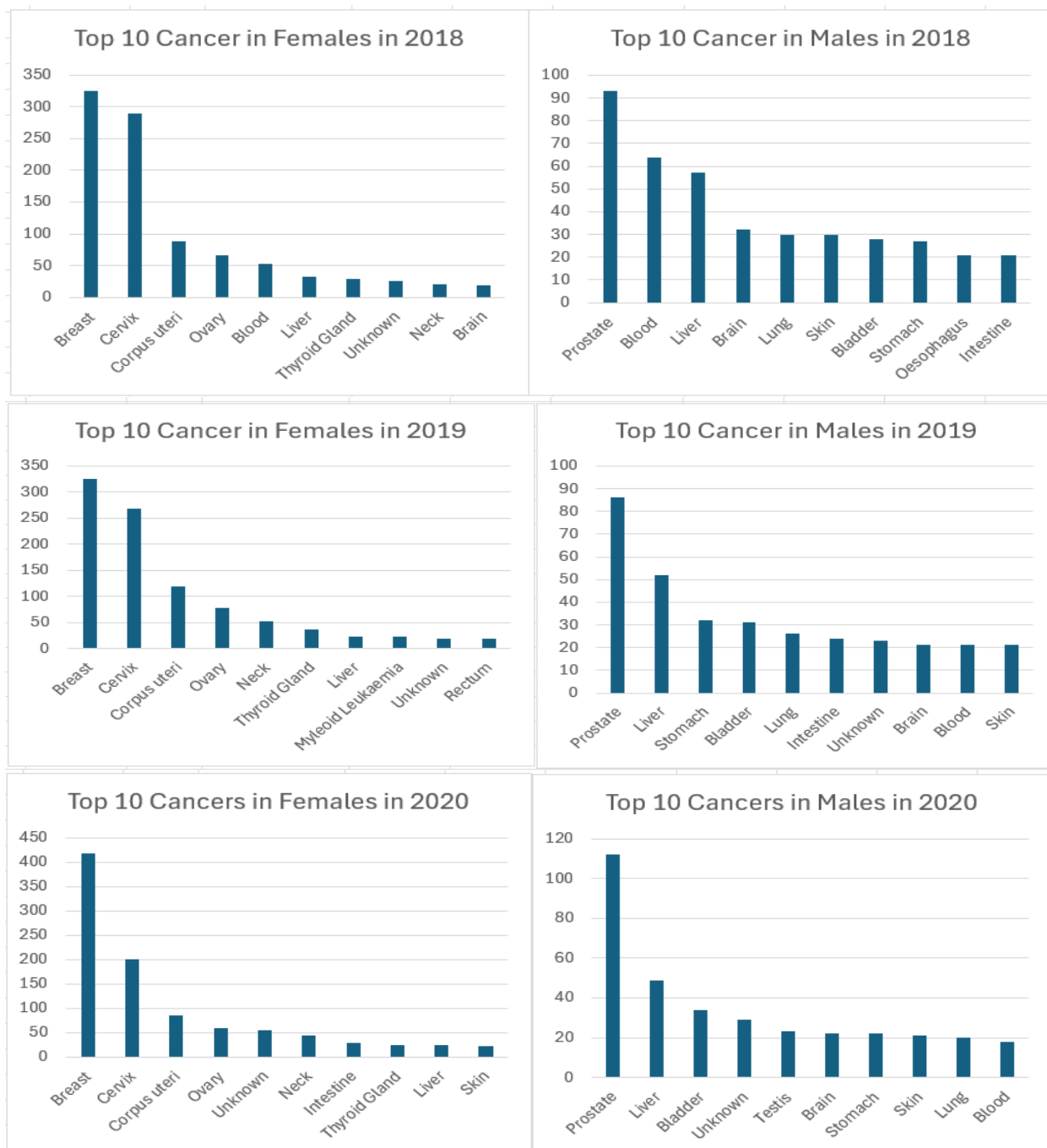


Figure 28: Top 5 Cancer sites



Figure 29: Age Standardized Cancer rates

Top 10 Cancer Sites by Sex, 2018-2022



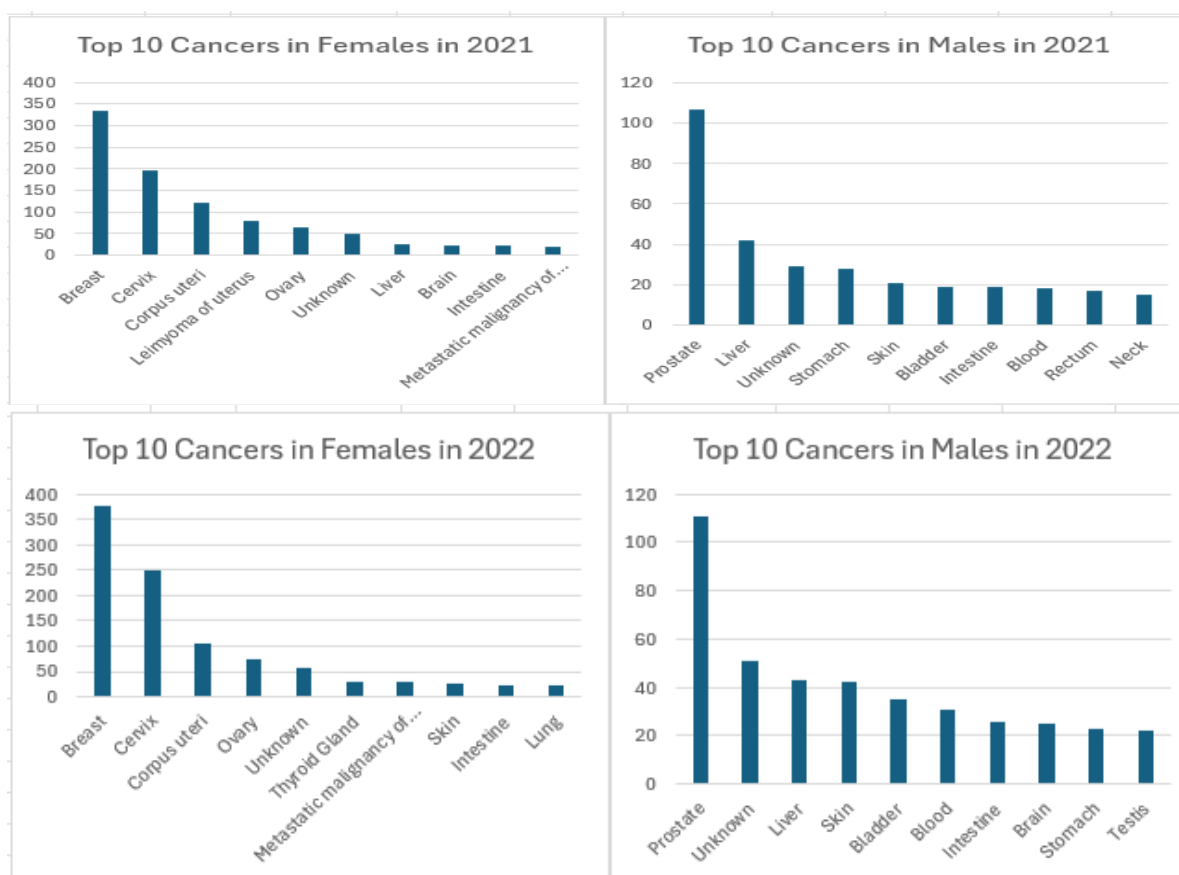


Figure 30: Top 10 Cancers by Sex

Female:

Breast Cancer is consistently the most common cancer across all years with the number of cases peaking in 2020 (418 cases) and slightly declined in subsequent years.

Cervical Cancer is the second most common cancer, though the number of cases has shown fluctuations. A notable decrease in cases from 2018 (290 cases) to 2020 (201 cases), with a slight rise again in 2022 (248 cases).

Corpus Uteri Cancer steadily remains within the top three to five cancers with the highest number of cases in 2019 (119 cases).

Ovarian Cancer cases fluctuate between 60 to 77 each year, maintaining a consistent presence in the top ten.

Male:

Prostate Cancer has dominated the top position every year with the number of cases increased from 2018 (93 cases) to 2022 (111 cases).

Liver Cancer has consistently ranked within the top three with number of cases fluctuating, highest in 2018 (57 cases) and lowest in 2021 (42 cases).

Breast cancer in females and prostate cancer in males are the most common cancers, with high and relatively stable numbers each year. Liver, blood, and brain cancers are common among both genders. Cervical cancer in females and liver cancer in males exhibit noticeable fluctuations year-to-year. The number of cases for certain cancers such as prostate in males and breast in females shows a rising trend, indicating a need for heightened awareness and screening programs.

Diabetes Cases in Fiji

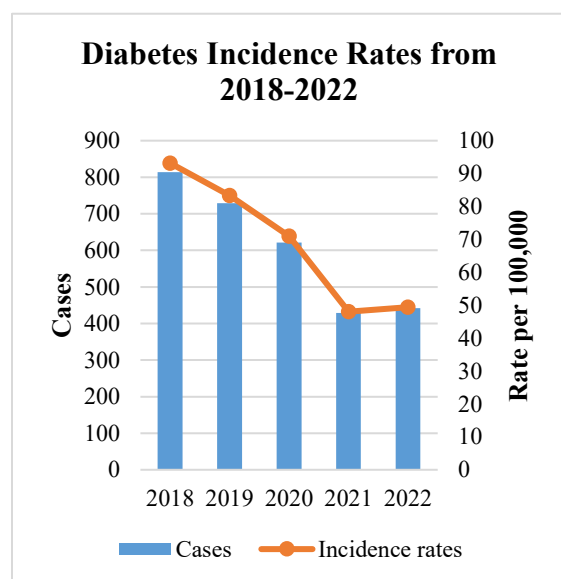


Figure 31: Diabetes Cases & Incidence Rates

The incidence rate of Diabetes has been decreasing from 2018 to 2022. The highest incidence was 93.2 cases per 100,000 population in 2018 and then it has drastically reduced to 49 per 100,000 in 2022. The lower limb amputations rates related to diabetes were at an average of 27.2%. The lowest amputation rate was in 2020 at 23% and the highest in 2022 at 30.1%.

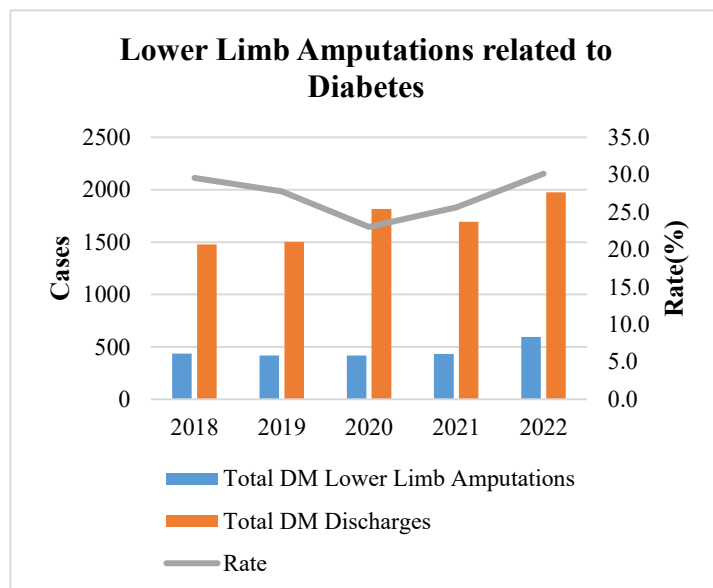


Figure 32: Lower Limb Amputation Rates due to Diabetes

Table 15: Lower Limb Amputations due to Diabetes

Year	Total DM (LLA)	Total DM Discharges	Rate
2018	437	1477	29.6
2019	417	1502	27.8
2020	418	1815	23.0
2021	434	1693	25.6
2022	595	1974	30.1

Chapter 6: Mortality

In 2021, the Fiji Ministry of Health Medical Services reported a total of 9070 deaths, this is noted to be the highest number of deaths reported over the last 10 years. On average 7636 deaths are reported annually and the increase in 2021 could potentially attributed to the Covid-19 pandemic. A gradual increase in the number of deaths over the last 10 years is noted.

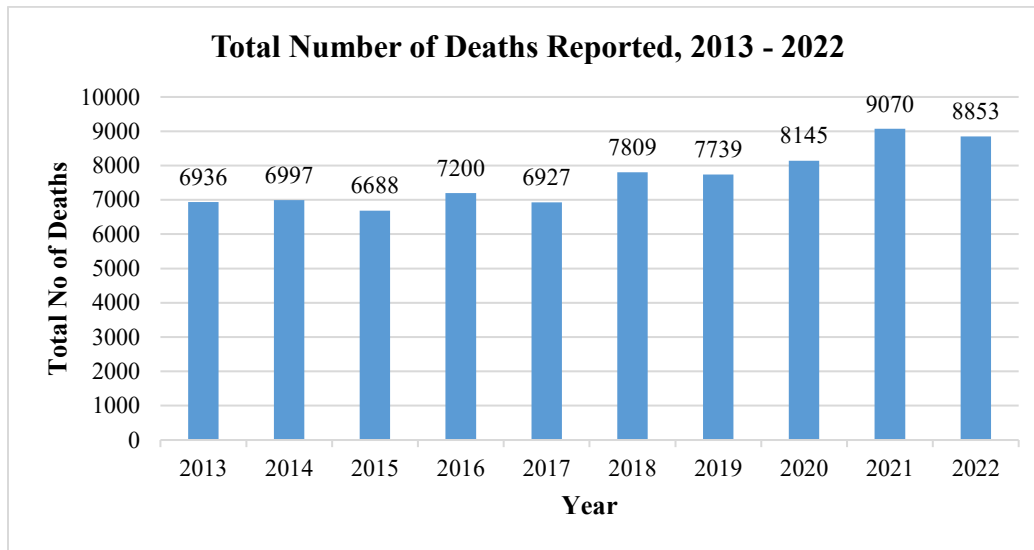


Figure 33: Mortality Bar Graph

The total number of deaths reported from 2013 to 2022 shows a gradual upward trend, with notable increases in recent years. Starting from 6,936 deaths in 2013, the numbers remained relatively stable until a slight rise in 2016 to 7,200. From 2018 onward, there was a steady increase, reaching 8,145 deaths in 2020, followed by a significant peak in 2021 at 9,070, likely influenced by the COVID-19 pandemic's impact. Although 2022 saw a slight decline to 8,853 deaths, it remained higher than previous years, indicating a persistent rise in mortality over the decade, potentially due to population aging, healthcare challenges, or ongoing pandemic-related effects.

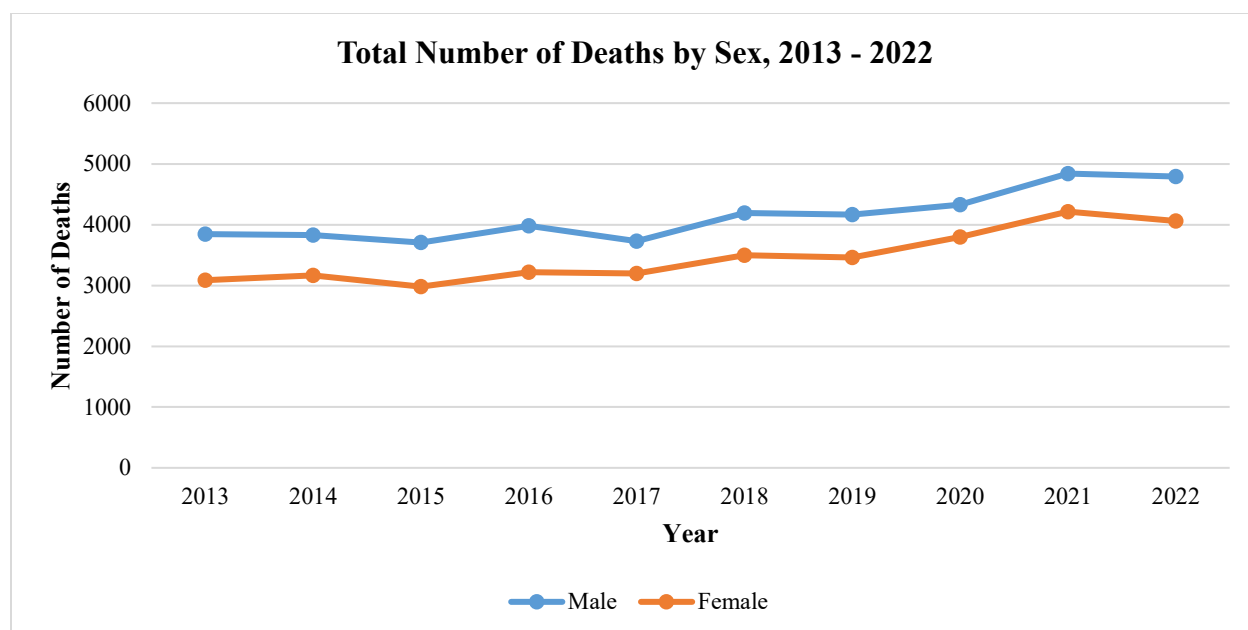


Figure 34: Number of Deaths by Sex

Top ten causes of mortality by ICD-10 Chapter, 2018 – 2022

A total of 66% of mortality was attributed to diseases of the circulatory system (36.5%), diseases of the endocrine, nutritional, and metabolic systems (19%) and neoplasms (10.5%). These three disease chapters are noted to remain as the top three causes of mortality for the last five years 2018-2022.

Table 16: Top 10 Causes of Deaths in 2018

No	Codes	Disease Description	Total Cases	Proportion (%)
1	I00 - I99	Diseases of the circulatory system	2612	34.5
2	E00 - E90	Endocrine, nutritional and metabolic diseases	1536	20.3
3	C00 - D48	Neoplasms	884	11.7
4	V01 - Y98	External causes of morbidity and mortality	415	5.5
5	J00 - J99	Diseases of the respiratory systems	400	5.3
6	A00 - B99	Certain Infectious and parasitic diseases	381	5.0
7	R00 - R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	218	2.9
8	P00 - P96	Certain conditions originating in the perinatal period	212	2.8
9	N00 - N99	Diseases of the genitourinary system	201	2.7
10	K00 - K93	Diseases of the digestive system	187	2.5
	L00 - L99, G00 - G99, D50 - D89, Q00-Q99, M00 - M99, F00 - F99, H60 - H95, O00 - O99, H00 - H59	Other Diseases	518	6.8
	Grand Total		7564	100

Table 17: Top 10 Causes of Deaths in 2019

No	Codes	Disease Description	Total Cases	Proportion (%)
1	I00 - I99	Diseases of the circulatory system	2678	34.6
2	E00 - E90	Endocrine, nutritional and metabolic diseases	1479	19.1
3	D50 - D89	Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism	673	8.7
4	A00 - B99	Certain Infectious and parasitic diseases	501	6.5
5	J00 - J99	Diseases of the respiratory systems	435	5.6
6	V01 - Y98	External causes of morbidity and mortality	389	5.0
7	P00 - P96	Certain conditions originating in the perinatal period	329	4.3
8	R00 - R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	248	3.2
9	C00 - D48	Neoplasms	243	3.1
10	N00 - N99	Diseases of the genitourinary system	205	2.6
	K00 - K93, L00 - L99, M00 -M99, G00 - G99, Q00 - Q99, F00 - F99, O00 - O99, H00 - H59	Other Diseases	559	7.2
	Grand Total		7739	100

Table 18: Top 10 Causes of Death in 2020

No	Codes	Disease Description	Total Cases	Proportion (%)
1	I00-I99	Diseases of the circulatory system	2719	34.0
2	E00-E90	Endocrine, nutritional and metabolic diseases	1572	19.6
3	C00-D48	Neoplasms	915	11.4
4	J00-J99	Diseases of the respiratory system	431	5.4
5	A00-B99	Certain infectious and parasitic diseases	420	5.2
6	P00-P96	Certain conditions originating in the perinatal period	393	4.9
7	V01-Y98	External causes of morbidity and mortality	387	4.8
8	N00-N99	Diseases of the genitourinary system	218	2.7
9	R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	216	2.7
10	K00-K93	Diseases of the digestive system	191	2.4
	L00 - L99, G00 - G99, Q00 - Q99, D50-D89, M00 -M99, F00 - F99, H60 - H95, U00 - U49, H00 - H59, O00 - O99	Other Diseases	543	6.8
	Grand Total		8005	100

Table 19: Top 10 Causes of Death in 2021

No	Codes	Disease Description	Total Cases	Proportion (%)
1	I00-I99	Diseases of the circulatory system	3042	33.5
2	E00-E90	Endocrine, nutritional and metabolic diseases	1516	16.7
3	C00-D48	Neoplasms	850	9.4
4	U00-U49	Provisional assignment of new diseases of uncertain etiology or emergency use	831	9.2
5	A00-B99	Certain infectious and parasitic diseases	490	5.4
6	J00-J99	Diseases of the respiratory system	388	4.3
7	P00-P96	Certain conditions originating in the perinatal period	383	4.2
8	V01-Y98	External causes of morbidity and mortality	325	3.6
9	N00-N99	Diseases of the genitourinary system	273	3.0
10	K00-K93	Diseases of the digestive system	206	2.3
	L00 - L99, G00 - G99, Q00 - Q99, D50-D89, M00 -M99, F00 - F99, H60 - H95, U00 - U49, H00 - H59, O00 - O99	Other Diseases	766	8.4
	Grand Total		9070	100

Table 20: Top 10 Causes of Death in 2022

No	ICD Code	Disease Description	Total Cases	Proportion (%)
1	I00-I99	Diseases of the circulatory system	3228	36.5
2	E00-E90	Endocrine, nutritional and metabolic diseases	1680	19.0
3	C00-D48	Neoplasms	928	10.5
4	A00-B99	Certain infectious and parasitic diseases	486	5.5
5	J00-J99	Diseases of the respiratory system	466	5.3
6	V01-Y98	External causes of morbidity and mortality	422	4.8
7	U00-U92	Provisional assignment of new diseases of uncertain etiology or emergency use	271	3.1
8	N00-N99	Diseases of the genitourinary system	228	2.6
9	G00-G99	Diseases of the nervous system	190	2.1
10	R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	174	2.0
	K00-K93, L00 - L99, D50-D89, P00-P96, M00 -M99, Q00 - Q99, F00-F99, O00 - O99	Other Diseases	780	8.8
	Grand Total		8853	100

Top 10 Causes of Mortality by ICD-10 Chapter by Sex

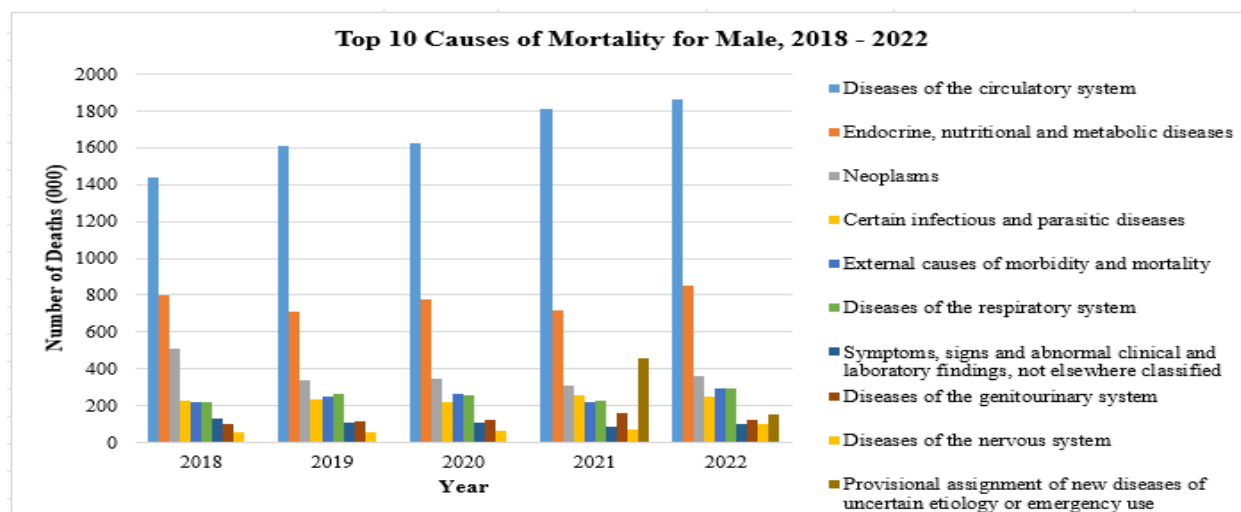


Figure 35: Top 10 Causes of Mortality in Males

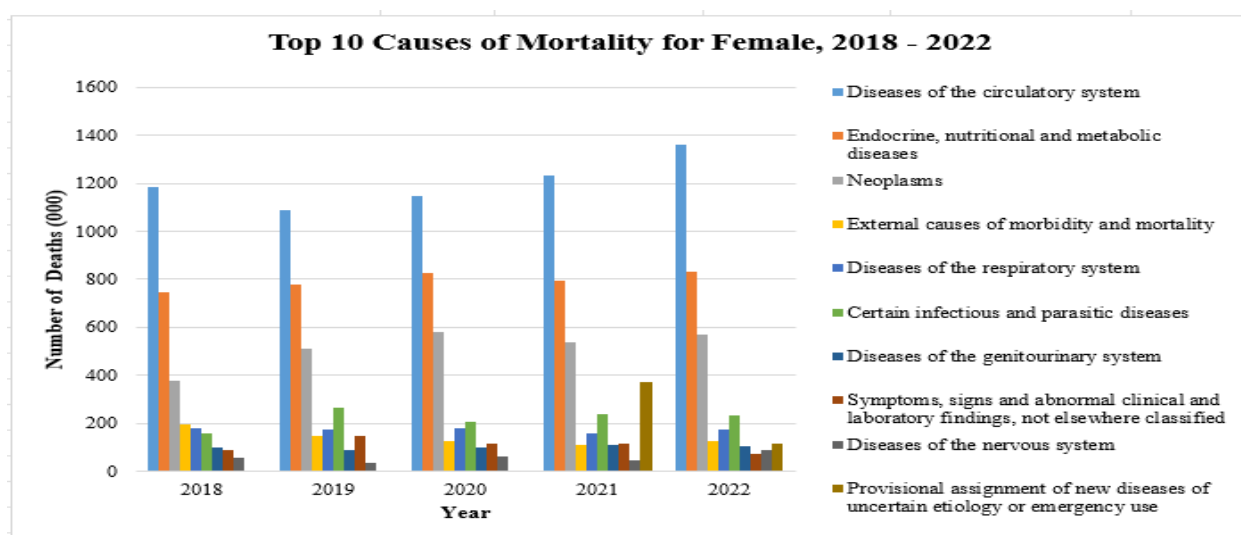


Figure 36: Top 10 Causes of Mortality in Females

The top ten causes of death by gender also shows that Diseases of circulatory system is the most common leading cause followed by Endocrine, nutritional and metabolic diseases and Neoplasms at the third place. In 2021, it was seen that COVID19 was the third most common cause of death among males. The External causes of injuries is also significant cause of death in males.

Top Causes of Mortality by Disease and Age Group

In 2022, the leading cause of mortality in Fiji for the age groups 30-94 was reported as Acute Myocardial Infarction whilst for the age group <1, 5-9, 10-14, 15-19 and 95-99 was COVID-19.

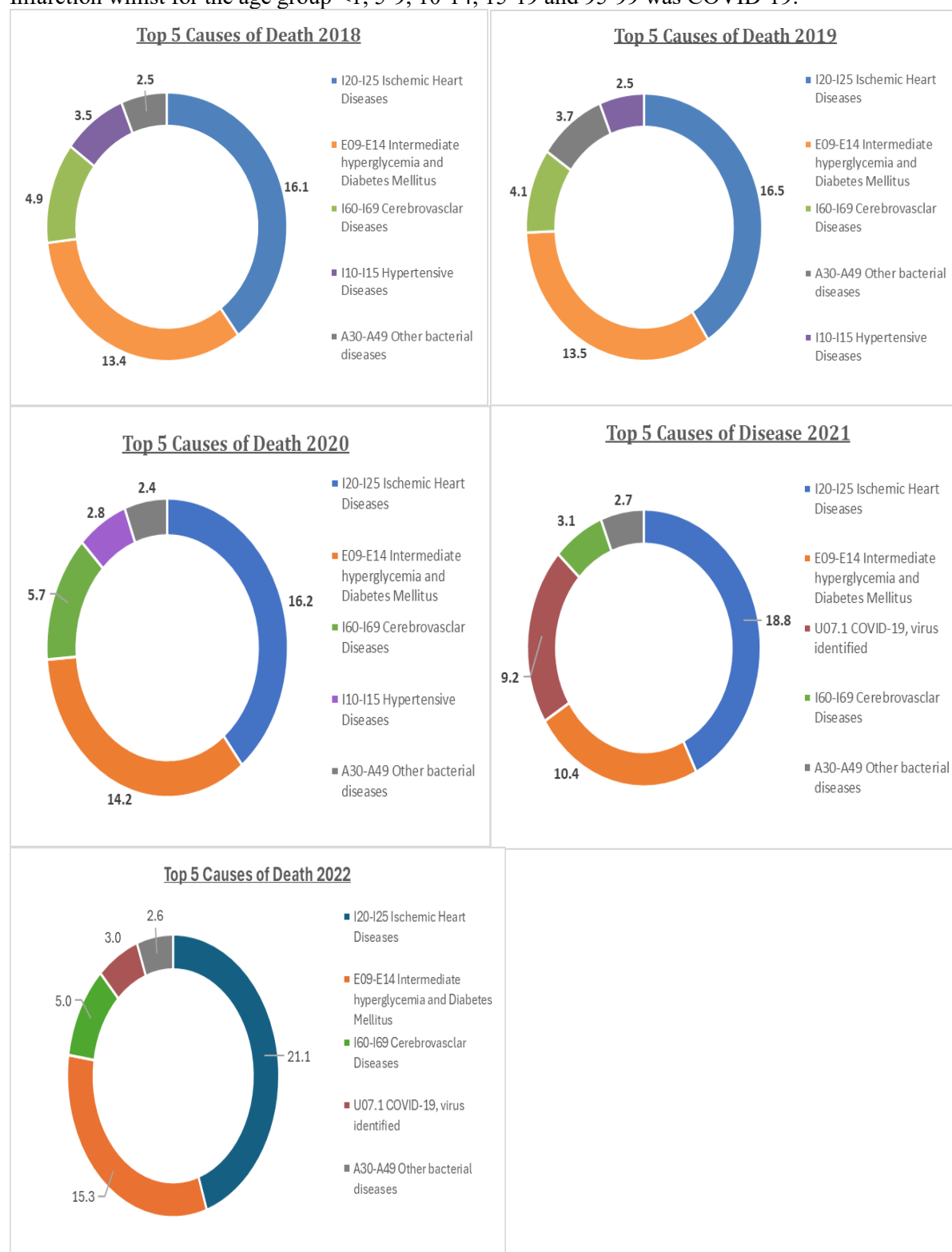


Figure 37: Top 5 Causes of Deaths

Age Pyramid Mortality by Sex, 2018 - 2022

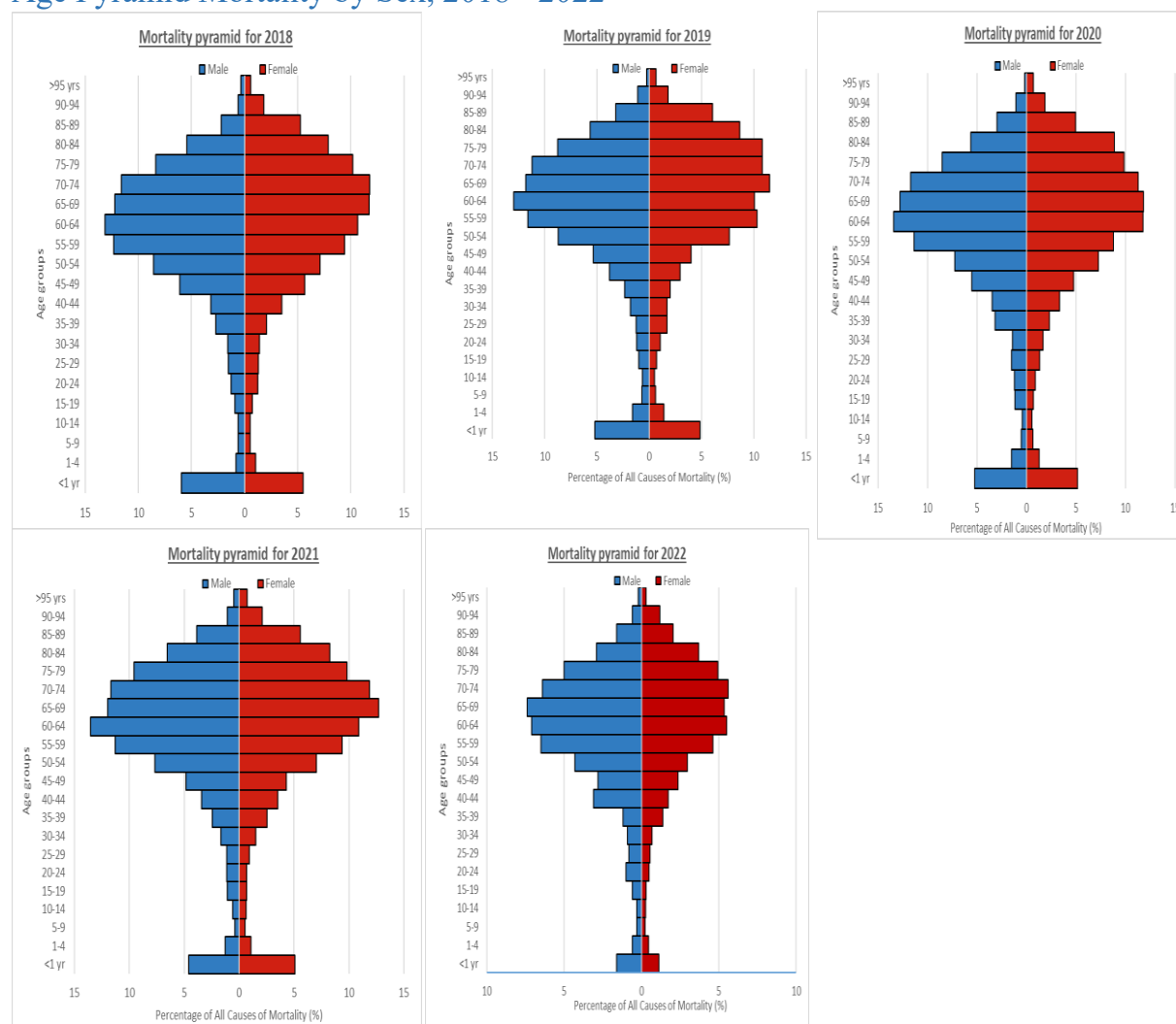


Figure 38: Mortality Pyramid Showing the Distribution of Deaths by Age Group and Sex, Fiji, 2018 - 2022

Larger number of male deaths is in the 55-74 years and for females is the age group 60-79 years in 2018. In 2019 the largest number of deaths for the male gender is in the age groups 55 – 74 years and for the female gender is the age group 55-79 years. The male gender has higher number of deaths in the age group 55-74 years and for the female gender 60-69 age group for the year 2020. In 2021 the largest number of deaths for the male gender is in the age groups 55 – 74 years and for the female gender is the age group 60-74 years. In 2022 the largest number of deaths for the male gender is in the age groups 65 – 69 years and for the female gender is the age group 70 – 74 years. Indicating that males are dying at a younger age.

Mortality by Division

The highest number of deaths are annually reported from the Central and Western divisions of Fiji. In 2022, 84% of all recorded deaths occurred in the central division (43%) and in the western division (41%) of Fiji.

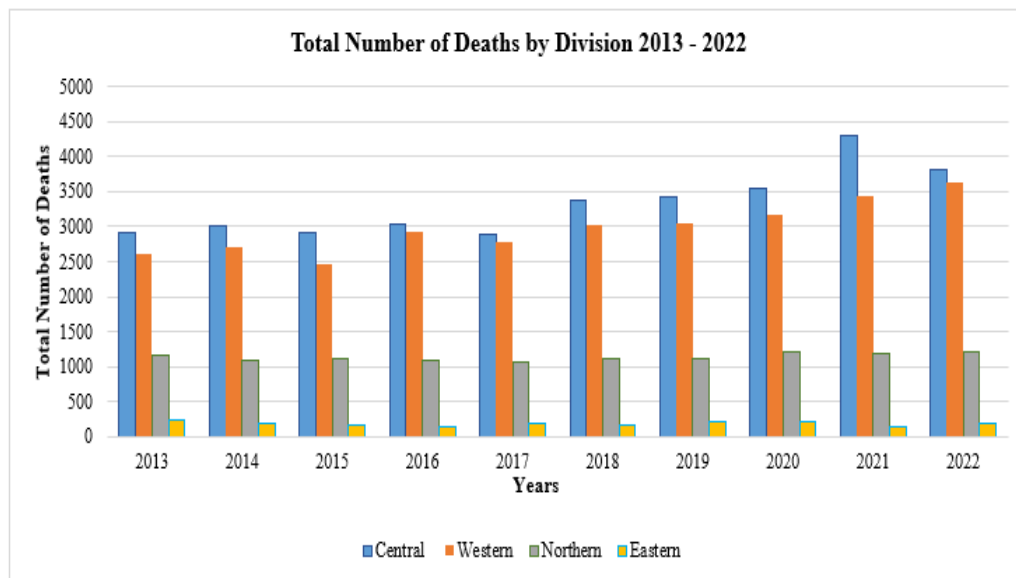


Figure 39: Mortality by Divisions

Mortality by Place of Death

The largest number of deaths are reported to occur at healthcare facilities and at home. This trend is similar for the years 2013 - 2022. In 2021 and 2022 the number of deaths that occurred at home increased in comparison to the years prior (2018-2020). This could potentially be attributed to the COVID-19 pandemic where a change in health seeking behaviors and access to healthcare services were observed.

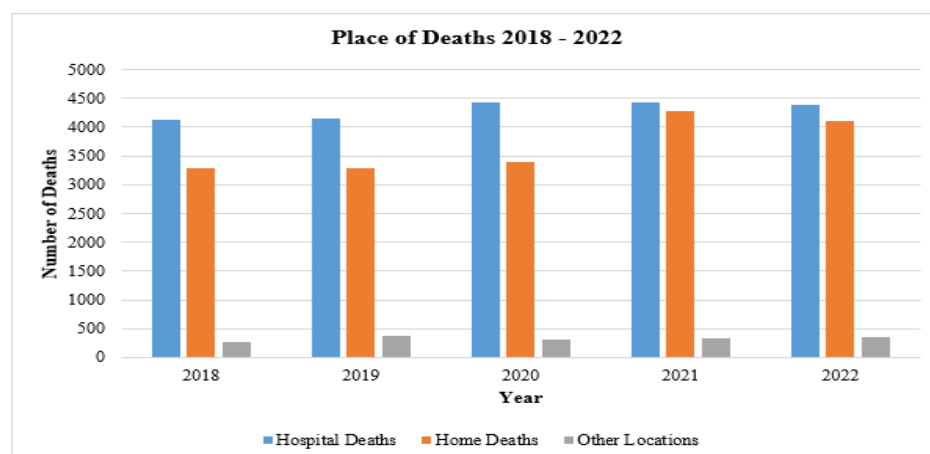


Figure 40: Places of Death

Maternal Mortality

An overview of maternal mortality trends in Fiji from 2000 to 2022, showcasing the total number of maternal deaths alongside the maternal mortality rate per 100,000 population years is shown below. The red line indicates the Sustainable Development Goal (SDG) target, which aims to reduce maternal mortality to fewer than 70 deaths per 100,000 live births. While there have been notable fluctuations in the maternal mortality rate over the years, the overall trend highlights the progress made in reducing maternal deaths in Fiji.

The data reveals periodic peaks in maternal mortality, particularly in 2005, 2012, and 2019, suggesting instances of increased maternal health challenges during those years. These spikes may have been influenced by factors such as access to emergency obstetric care, complications during pregnancy and delivery, or system-level gaps in healthcare services. The COVID-19 pandemic in 2020 and 2021 also posed significant challenges to maternal health services, likely contributing to the elevated rates during that period. However, the consistent alignment or reduction of maternal mortality rates relative to the SDG target in recent years indicates the positive impact of strengthened maternal health programs, improved access to skilled birth attendants, and advancements in emergency obstetric care.

Despite the progress, the data underscores the importance of sustained investments in maternal healthcare infrastructure, training for healthcare providers, and equitable access to services, particularly in underserved rural and remote areas. By addressing systemic challenges and focusing on the social determinants of health, Fiji can build on its achievements and further reduce maternal mortality, moving closer to achieving global and national targets for maternal health.

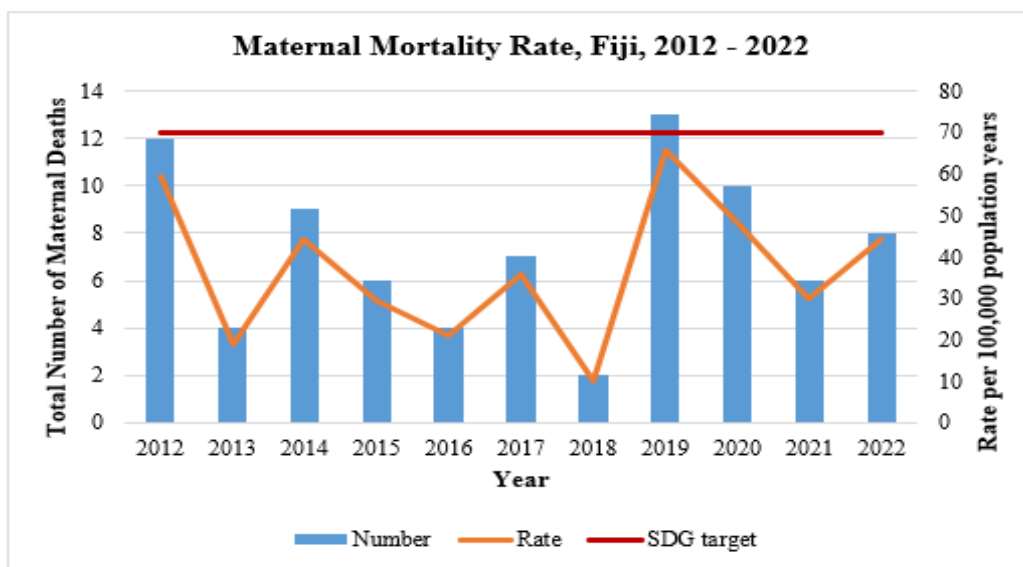


Figure 41: Maternal Mortality Rates

In 2022, the maternal mortality rate was 44 (n=8). Over the last ten years the highest maternal mortality rate was reported in 2019 (66; n=13). Maternal mortality data is provided to the Health Information Unit by the Head of Obstetrics and Gynecology Fiji.

Stillbirths

Stillbirths in Fiji from 2013 to 2022, highlighting the total number of births and the rate of stillbirths per 1,000 births. Over the decade, the total number of births remained relatively stable, while the stillbirth rate showed notable fluctuations, reflecting ongoing challenges and progress in maternal and perinatal health.

A peak in the stillbirth rate occurred in 2020, which coincided with the COVID-19 pandemic. The pandemic likely disrupted access to antenatal care, delayed critical interventions, and posed additional challenges to healthcare delivery, particularly for pregnant women. Despite this setback, the data show a steady decline in the stillbirth rate from 2021 to 2022, indicating improvements in healthcare access and quality during the post-pandemic recovery period. These improvements are likely attributed to enhanced maternal health services, strengthened perinatal care, and targeted efforts to address complications during pregnancy and delivery.

This data emphasizes the importance of sustained investments in maternal and child health services, particularly in antenatal care and skilled birth attendance. Focused efforts to address disparities in healthcare access, especially in rural and remote areas, will be crucial to further reduce stillbirth rates and achieve equitable outcomes for all Fijian mothers and infants. The declining trend in recent years is encouraging and highlights Fiji's progress in improving perinatal outcomes despite global challenges.

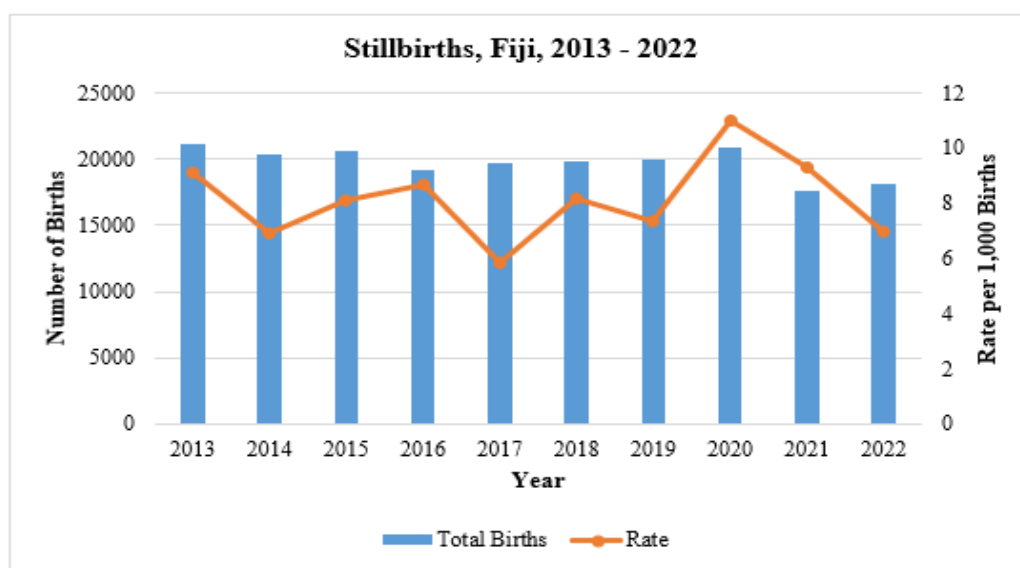


Figure 42: Stillbirth Rates

Perinatal Mortality

In 2022, the perinatal mortality rate (PMR) was 11.3 (n= 206), this was noted to be the lowest perinatal mortality rate reported over the last 10 years.

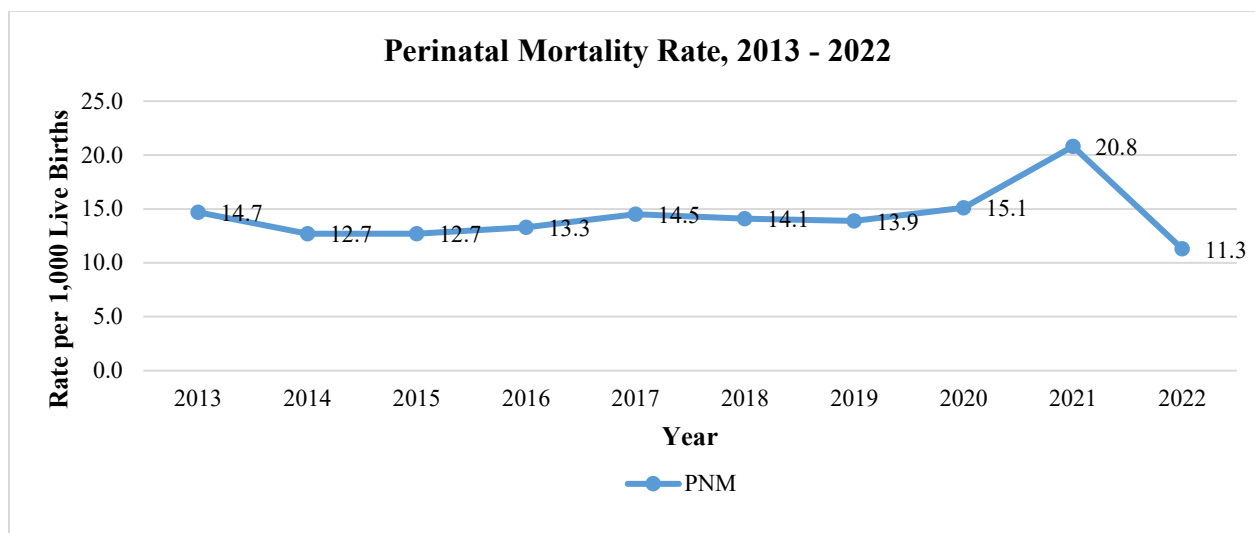


Figure 43: Perinatal Mortality Rates

Infant Mortality

The infant mortality rate was 13.5 in 2022 (n=244). Between the years 2013-2022 the infant mortality rate ranged from 12.1 to 18. The highest IMR was reported in 2017 (n=359; 18).

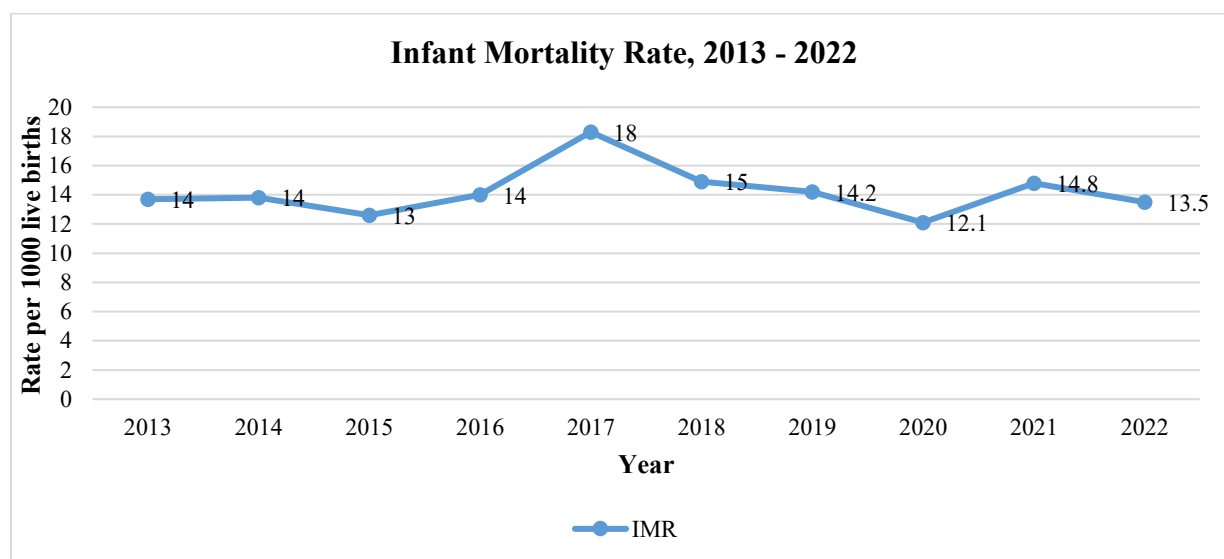


Figure 44: Infant Mortality Rates

Under Five Mortality

The under-five mortality rate in Fiji was 18.8 for 2022 (n=339). Between 2013-2022 the under-five mortality rates ranged from 22.6 to 15.3. The highest mortality was reported in 2017 (22.6; n=444), whilst the rest of the years remained below the SDG Target (22.6).

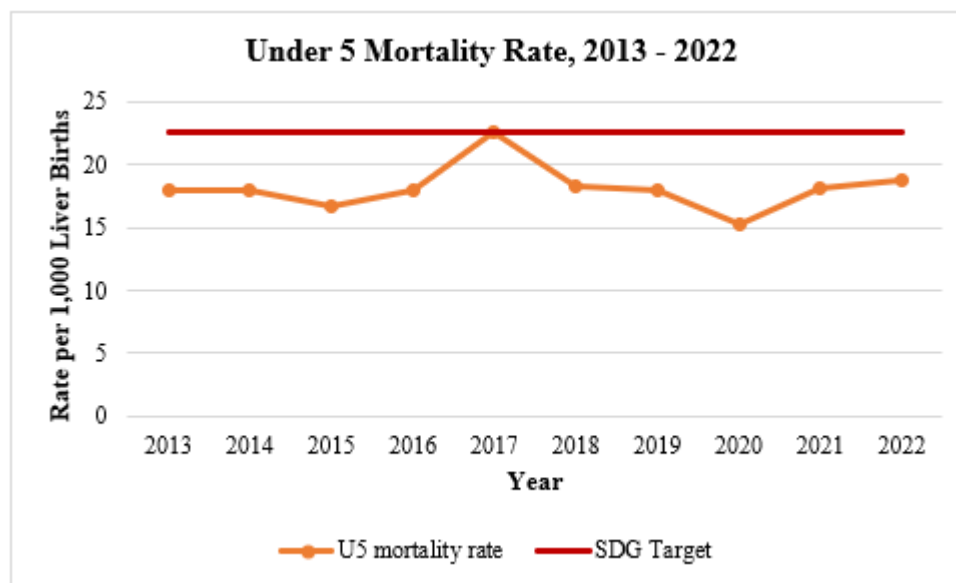


Figure 45: Under 5 Mortality Rates

Adolescent Mortality by Suicide

In 2022, the Ministry of Health and Medical Services recorded the highest number of suicide deaths for individuals aged between 10-19 years were reported (n=15; 9.1 per 100,000). were recorded. No suicide deaths were reported in 2021 for the age group 10-19.

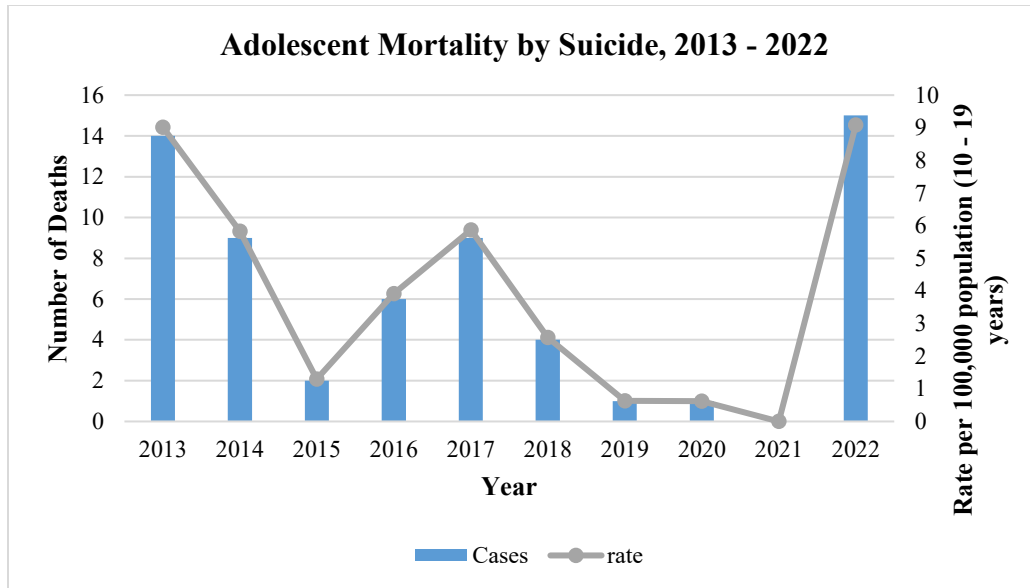


Figure 46: Adolescent Suicide Rates

Ill-Defined Deaths

Over the last 10 years a steady decline in the number of ill-defined deaths has been observed. In 2022, the percentage of ill-defined deaths were 2%. This may be attributable to the ongoing Medical Cause of Death Certificate (MCDC) training facilitated by the Data Analysis Manage Unit for medical professionals on a quarterly basis.

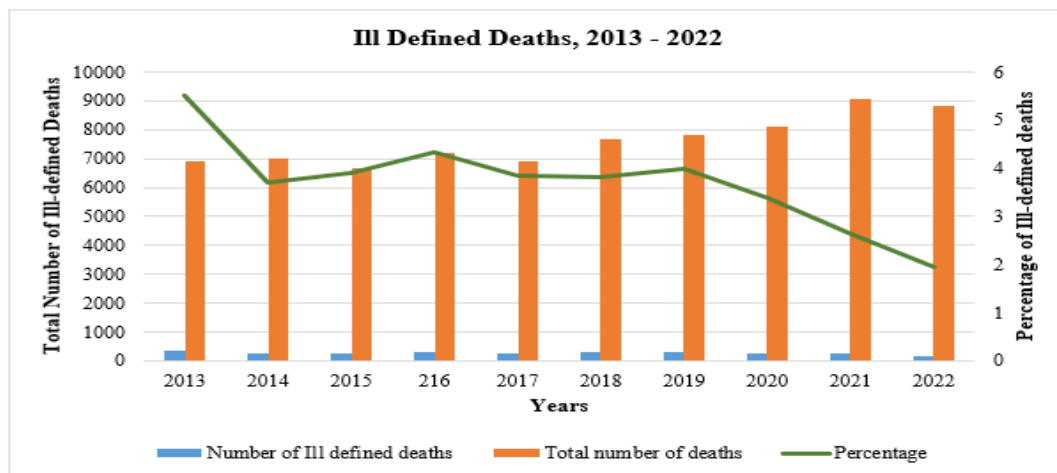


Figure 47: Ill Defined Deaths

Additional Analysis

HOSPITAL UTILISATION - 2018

[January - December]

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	135,475	481	29,702	29,061	148,763	85%	408	5.1
2	Navua Hospital	8,079	22	1,325	1,140	4,424	55%	12	3.9
3	Vunidawa Hospital	8,118	24	448	408	1,116	13%	3	2.7
4	Korovou Hospital	6,429	16	670	524	1,646	28%	5	3.1
5	Nausori Hospital	2,889	17	2,155	2,150	2,458	40%	7	1.1
6	Wainibokasi Hospital	8,892	12	912	869	3,706	85%	10	4.3
Central Division Total		169,882	572	35,212	34,152	162,113	78%	444	4.7
7	Lautoka Hospital	102,782	305	16,662	16,598	82,594	74%	226	5.0
8	Nadi Hospital	111,650	75	4,295	2,933	12,645	46%	35	4.3
9	Sigatoka Hospital	76,106	66	3,128	2,673	10,718	44%	29	4.0
10	Ba Mission Hospital	51,422	50	4,083	3,464	10,741	59%	29	3.1
11	Tavua Hospital	36,455	29	1,021	794	2,452	23%	7	3.1
12	Rakiraki Hospital	33,804	30	1,462	1,271	3,670	34%	10	2.9
Western Division Total		412,219	555	30,651	27,733	122,820	61%	336	4.4
13	Labasa Hospital	159,800	182	10,973	9,648	40,214	61%	110	4.2
14	Savusavu Hospital	44,222	56	2,487	2,060	7,650	37%	21	3.7
15	Waiyevo Hospital	25,030	33	1,497	1,114	2,977	25%	8	2.7
16	Nabouwalu Hospital	11,995	26	688	588	1,803	19%	5	3.1
Northern Division Total		241,047	297	15,645	13,410	52,644	49%	144	3.4
17	Levuka Hospital	13,428	40	691	559	1,561	11%	4	2.8
18	Vunisea Hospital	7,551	22	381	281	979	12%	3	3.5
19	Lakeba Hospital	3,270	12	249	186	900	21%	2	4.8
20	Lomaloma Hospital	5,956	16	101	98	374	6%	1	3.8
21	Matuku Health Centre	755	5	39	39	97	5%	0.3	2.5
22	Rotuma Hospital	5,585	14	93	78	215	4%	0.6	2.8
Eastern Division Total		36,545	109	1,554	1,241	4,126	10%	11	3.3
TOTAL (Divisional)		859,693	1,533	83,062	76,536	341,703	61%	936	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	10,131	100	572	444	29,132	80%	80	65.6
2	Tamavua/Twomey Hospital	23,718	91	290	305	11,716	35%	32	38.4
4	Military Hospital		9				0%	0	0
5	Naiserelagi Maternity	127	7	165	127	236	9%	0.6	1.9
Specialized Hospital Total		33,976	207	1,027	876	41,084	54%	113	46.9
GRAND TOTAL		893,669	1,740	84,089	77,412	382,787	60%	1,049	4.9

Source: PATISplus, CMRIS and HDD

HOSPITAL UTILISATION - 2019

[January - December]

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	145,667	481	25,078	24,217	134,240	76%	368	5.5
2	Navua Hospital	5,734	22	1,276	1,146	5,430	68%	15	4.7
3	Vunidawa Hospital	6,890	24	410	334	1,122	13%	3	3.4
4	Korovou Hospital	7,685	16	759	593	1,976	34%	5	3.3
5	Nausori Hospital	3,962	17	2,346	1,316	2,627	42%	7	2.0
6	Wainibokasi Hospital	5,039	12	921	684	3,023	69%	8	4.4
	Central Division Total	174,977	572	30,790	28,290	148,418	71%	407	5.2
7	Lautoka Hospital	115,445	305	17,232	16,891	92,709	83%	254	5.5
8	Nadi Hospital	119,011	75	5,094	3,959	17,201	63%	47	4.3
9	Sigatoka Hospital	44,576	66	3,893	3,201	10,822	45%	30	3.4
10	Ba Mission Hospital	53,061	50	3,072	2,272	5,981	33%	16	2.6
11	Tavua Hospital	21,457	29	1,127	776	3,147	30%	9	4.1
12	Rakiraki Hospital	22,530	30	1,424	1,276	2,714	25%	7	2.1
	Western Division Total	376,080	555	31,842	28,375	132,574	65%	363	4.7
13	Labasa Hospital	87,452	182	11,751	10,572	42,595	64%	117	4.0
14	Savusavu Hospital	91,464	56	2,525	2,005	8,264	40%	23	4.1
15	Waiyevo Hospital	27,504	33	1,441	1,040	3,064	25%	8	2.9
16	Nabouwalu Hospital	13,164	26	707	647	1,372	14%	4	2.1
	Northern Division Total	219,584	297	16,424	14,264	55,295	51%	151	3.4
17	Levuka Hospital	12,318	40	527	507	1,772	12%	5	3.5
18	Vunisea Hospital	6,745	22	329	228	723	9%	2	3.2
19	Lakeba Hospital	4,180	12	220	145	469	11%	1	3.2
20	Lomaloma Hospital	3,961	16	66	54	308	5%	1	5.7
21	Matuku	978	5	38	38	135	7%	0.4	3.6
22	Rotuma Hospital	3,334	14	60	39	222	4%	0.6	5.7
	Eastern Division Total	31,516	109	1,240	1,011	3,629	9%	10	3.6
	TOTAL (Divisional)	802,157	1,533	80,296	71,940	339,916	61%	931	4.7

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	23,908	100	566	390	24,936	68%	68	63.9
2	Tamavua/Twomey Hospital	24,555	91	270	261	9,444	28%	26	36.2
4	Military Hospital	0	9	0	0	0	0%	0	0
5	Naiserelagi Maternity	228	7	152	132	242	9%	0.7	1.8
	Specialized Hospital Total	48,691	207	988	783	34,622	46%	95	44.2
	GRAND TOTAL	850,848	1,740	81,284	72,723	374,538	59%	1,026	5.2

Source: PATISplus, CMRIS and HDD

HOSPITAL UTILISATION - 2020

January - December

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	101,027	481	27,943	27,866	152,418	87%	418	5.5
2	Navua Hospital	30,543	22	944	776	2,960	37%	8	3.8
3	Vunidawa Hospital	10,130	24	571	498	1,375	16%	4	2.8
4	Korovou Hospital	8,009	16	1,082	821	2,056	35%	6	2.5
5	Nausori Hospital	3,732	17	2,111	1,320	2,206	36%	6	1.7
6	Wainibokasi Hospital	3,630	12	592	555	3,078	70%	8	5.5
Central Division Total		157,071	572	33,243	31,836	164,093	79%	450	5.2
7	Lautoka Hospital	82,013	305	15,981	15,978	91,420	82%	250	5.7
8	Nadi Hospital	110,702	75	5,072	4,475	17,341	63%	48	3.9
9	Sigatoka Hospital	53,509	66	4,019	3,472	11,279	47%	31	3.2
10	Ba Mission Hospital	55,933	50	3,829	3,211	8,059	44%	22	2.5
11	Tavua Hospital	20,075	29	1,232	936	3,691	35%	10	3.9
12	Rakiraki Hospital	18,921	30	1,828	1,602	4,105	37%	11	2.6
Western Division Total		341,153	555	31,961	29,674	135,895	67%	372	4.6
13	Labasa Hospital	38,736	182	11,299	10,070	41,139	62%	113	4.1
14	Savusavu Hospital	27,843	56	2,449	1,956	7,048	34%	19	3.6
15	Waiyevo Hospital	22,750	33	1,194	857	2,693	22%	7	3.1
16	Nabouwalu Hospital	8,935	30	798	736	1,941	18%	5	2.6
Northern Division Total		98,264	301	15,740	13,619	52,821	48%	145	3.4
17	Levuka Hospital	7,289	40	355	355	1,994	14%	5	5.6
18	Vunisea Hospital	7,144	22	321	211	811	10%	2	3.8
19	Lakeba Hospital	4,391	12	274	215	653	15%	2	3.0
20	Lomaloma Hospital	5,345	16	76	67	339	6%	1	5.1
21	Matuku	1,484	7	28	28	106	4%	0	3.8
22	Rotuma Hospital	3,689	14	92	92	410	8%	1	4.5
Eastern Division Total		29,342	111	1,146	968	4,313	11%	12	4.5
TOTAL (Divisional)		625,830	1,539	82,090	76,097	357,122	64%	978	4.7

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	9,904	100	639	450	25,480	70%	70	56.6
2	Tamavua/Twoamey Hospital	19,156	91	243	231	8,723	26%	24	37.8
4	Military Hospital		9				0%	0	0
5	Naiserelagi Maternity	2,137	7	159	151	457	18%	1	3.0
Specialized Hospital Total		31,197	207	1,041	832	34,660	46%	95	41.7
GRAND TOTAL		657,027	1,746	83,131	76,929	391,782	61%	1,073	5.1

Source: PATISplus, CMRIS and HDD

HOSPITAL UTILISATION - 2021

January - December

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	59,008	481	21,106	20,951	125,352	71%	343	6.0
2	Navua Hospital	34,781	22	157	157	356	4%	1	2.3
3	Vunidawa Hospital	8,548	24	570	493	1,374	16%	4	2.8
4	Korovou Hospital	4,574	16	978	672	1,820	31%	5	2.7
5	Nausori Hospital	1,715	17	2,149	1,189	1,954	31%	5	1.6
6	Wainibokasi Hospital	2,991	12	616	616	2,471	56%	7	4.0
	Central Division Total	111,617	572	25,576	24,078	133,327	64%	365	5.5
7	Lautoka Hospital	38,370	305	12,662	12,602	83,375	75%	228	6.6
8	Nadi Hospital	67,747	75	4,177	4,070	13,959	51%	38	3.4
9	Sigatoka Hospital	30,132	66	2,930	2,532	8,715	36%	24	3.4
10	Navosa Hospital	2,357	30	194	111	314	3%	1	2.8
11	Ba Mission Hospital	42,848	50	2,671	2,495	6,387	35%	17	2.6
12	Tavua Hospital	18,547	29	1,025	820	2,693	25%	7	3.3
13	Rakiraki Hospital	17,049	30	1,543	1,464	3,039	28%	8	2.1
	Western Division Total	217,050	585	25,202	24,094	118,482	55%	325	4.9
14	Labasa Hospital	68,512	182	8,576	7,333	33,976	51%	93	4.6
15	Savusavu Hospital	17,886	56	2,241	1,983	5,762	28%	16	2.9
16	Waiyevo Hospital	16,939	33	1,228	1,045	3,131	26%	9	3.0
17	Nabouwalu Hospital	7,184	30	920	841	2,938	27%	8	3.5
	Northern Division Total	110,521	301	12,965	11,202	45,807	42%	125	3.5
18	Levuka Hospital	6,040	40	399	289	1,042	7%	3	3.6
19	Vunisea Hospital	2,823	22	268	200	575	7%	2	2.9
20	Lakeba Hospital	3,940	12	243	217	967	22%	3	4.5
21	Lomaloma Hospital	4,966	16	62	58	230	4%	1	4.0
22	Matuku	1,360	7	60	53	219	9%	1	4.1
23	Rotuma Hospital	4,027	14	116	111	443	9%	1	4.0
	Eastern Division Total	23,156	111	1,148	928	3,476	9%	10	3.7
	TOTAL (Divisional)	462,344	1,569	64,891	60,302	301,092	53%	825	5.0

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	4,786	100	431	175	22,232	61%	61	127.0
2	Tamavua/Twomey Hospital	16,212	91	194	183	7,592	23%	21	41.5
4	Military Hospital	34,781	9	47	19	67	2%	0	3.5
5	Naiserelagi Maternity	38	7	281	122	185	7%	1	1.5
	Specialized Hospital Total	55,817	207	953	499	30,076	40%	82	60.3
	GRAND TOTAL	518,161	1,776	65,844	60,801	331,168	51%	907	5.4

Source: PATISplus, CMRIS and HDD

HOSPITAL UTILISATION - 2022

January - December

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	73,717	481	25,741	25,595	145,047	83%	397	5.7
2	Navua Hospital	54,629	22	1,369	904	4,574	57%	13	5.1
3	Vunidawa Hospital	5,981	24	447	493	1,374	16%	4	2.8
4	Korovou Hospital	4,072	16	1,016	672	1,820	31%	5	2.7
5	Nausori Hospital	4,349	17	1,669	1,189	1,954	31%	5	1.6
6	Wainibokasi Hospital	6,144	12	1,072	616	2,471	56%	7	4.0
Central Division Total		148,892	572	31,314	29,469	157,240	75%	431	5.3
7	Lautoka Hospital	65,599	305	16,595	16,574	91,629	82%	251	5.5
8	Nadi Hospital	62,203	75	4,427	4,168	13,214	48%	36	3.2
9	Sigatoka Hospital	21,917	66	2,930	2,532	8,715	36%	24	3.4
10	Navosa Hospital	5,337	30	488	323	1,414	13%	4	4.4
11	Ba Mission Hospital	54,848	50	2,632	2,495	6,387	35%	17	2.6
12	Tavua Hospital	31,614	29	1,097	826	2,038	19%	6	2.5
13	Rakiraki Hospital	14,998	30	1,490	1,464	3,039	28%	8	2.1
Western Division Total		256,516	585	29,659	28,382	126,436	59%	346	4.5
14	Labasa Hospital	61,884	182	10,130	7,885	36,333	55%	100	4.6
15	Savusavu Hospital	56,570	56	2,049	1,629	4,573	22%	13	2.8
16	Waiyevo Hospital	20,523	33	1,113	839	2,544	21%	7	3.0
17	Nabouwalu Hospital	12,450	30	782	722	1,879	17%	5	2.6
Northern Division Total		151,427	301	14,074	11,075	45,329	41%	124	3.2
18	Levuka Hospital	8,123	40	400	369	1,042	7%	3	2.8
19	Vunisea Hospital	2,970	22	228	125	575	7%	2	4.6
20	Lakeba Hospital	2,836	12	217	193	967	22%	3	5.0
21	Lomaloma Hospital	3,985	16	56	34	230	4%	1	6.8
23	Rotuma Hospital	5,654	14	142	133	443	9%	1	3.3
Eastern Division Total		23,568	104	1,043	854	3,257	9%	9	3.8
TOTAL (Divisional)		580,403	1,562	76,090	69,780	332,262	58%	910	4.8

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	5,355	100	132	62	7,326	20%	20	118.2
2	Tamavua/Twomey Hospital	31,335	91	398	362	9,406	28%	26	26.0
4	Military Hospital	5,678	9	47	19	67	2%	0	3.5
5	Naiserelagi Maternity	14	7	123	122	185	7%	1	1.5
Specialized Hospital Total		42,382	207	700	565	16,984	22%	47	30.1
GRAND TOTAL		622,785	1,769	76,790	70,345	349,246	54%	957	5.0

Source: PATISplus, CMRIS and HDD

ANNEX

2018 NNDSS

No	Diseases	Cases	IR
1	Acute Poliomyelitis	0	0.0
2	Acute Respiratory Infection	5443	6135.7
3	Anthrax	0	0.0
4	Brucellosis	0	0.0
5	Chicken Pox	3415	385.0
6	Cholera	0	0.0
7	Conjunctivitis	8564	965.4
8	Dengue Fever	5962	672.1
9	Diarrhoea	3516	3964.8
10	Diphtheria	0	0.0
11	Dysentery (a) Amoebic	7	0.8
	(a) Bacillary	128	14.4
12	Encephalitis	0	0.0
13	Enteric Fever (a) Typhoid	283	31.9
	(b) Para Typhoid	1	0.1
14	Fish Poisoning	1471	165.8
15	Ciguatera Fish Poisoning	41	4.6
16	Food Poisoning	15	1.7
17	German Measles (Rubella)	1	0.1
18	Infectious Hepatitis	175	19.7
19	Influenza	1623	1830.4
20	Leprosy	3	0.3
21	Leptospirosis	324	36.5
22	Malaria	4	0.5
23	Measles (Morbili)	25	2.8
24	Meningitis	277	31.2
25	Mumps	181	20.4
26	Plague	0	0.0
27	Pneumonia	1419	1599.2
28	Puerperal Pyrexia	4	0.5
29	Relapsing Fever	0	0.0
30	Rheumatic Fever	18	2.0
31	Smallpox	0	0.0
32	Tetanus	0	0.0
33	Trachoma	138	15.6
34	Tuberculosis (a) Pulmonary	292	32.9
	(b) Others	108	12.2
35	Typhus	0	0.0
36	Viral Illness/ Infection	3369	3798.3
37	Whooping Cough	19	2.1
38	Yaws	0	0.0
39	Yellow Fever	0	0.0
40	Sexually Transmitted Diseases		
	(a) Gonorrhoea	1065	120.1
	(b) Candidiasis	253	28.5

	(c) Chlamydia	59	6.7
	(d) Congential Syphilis	43	4.8
	(e) Genital Herpes	2	0.2
	(f) Granuloma Inguinale	0	0.0
	(g) Herpes Zoster	77	8.7
	(h) Lymphogranuloma Inguinale	0	0.0
	(i) Ophthalmia Neonatorum	25	2.8
	(j) PID	6	0.7
	(k) Soft Chancre	0	0.0
	(l) Syphilis	900	101.5
	(m) Trichomoniasis	143	16.1
	(n) Veneral Warts	5	0.6

2019 NNDSS

No	Diseases	Cases	IR
1	Acute Poliomyelitis	0	0.0
2	Acute Respiratory Infection	2478	2786.2
3	Anthrax	0	0.0
4	Brucellosis	0	0.0
5	Chicken Pox	563	63.3
6	Cholera	0	0.0
7	Conjunctivitis	7000	787.1
8	Dengue Fever	2546	286.3
9	Diarrhoea	9052	1017.8
10	Diphtheria	0	0.0
11	Dysentery (a) Amoebic	1	0.1
	(a) Bacillary	51	5.7
12	Encephalitis	2	0.2
13	Enteric Fever (a) Typhoid	63	7.1
	(b) Para Typhoid	0	0.0
14	Fish Poisoning	439	49.4
15	Ciguatera Fish Poisoning	0	0.0
16	Food Poisoning	6	0.7
17	German Measles (Rubella)	1	0.1
18	Infectious Hepatitis	39	4.4
19	Influenza	3038	341.6
20	Leprosy	1	0.1
21	Leptospirosis	397	44.6

22	Malaria	0	0.0
23	Measles (Morbili)	3	0.3
24	Meningitis	58	6.5
25	Mumps	19	2.1
26	Plague	0	0.0
27	Pneumonia	4145	466.1
28	Puerperal Pyrexia	0	0.0
29	Relapsing Fever	0	0.0
30	Rheumatic Fever	8	0.9
31	Smallpox	0	0.0
32	Tetanus	0	0.0
33	Trachoma	30	3.4
34	Tuberculosis (a) Pulmonary	117	13.2
	(b) Others	13	1.5
35	Typhus	0	0.0
36	Viral Illness/ Infection	1451	1632.6
37	Whooping Cough	19	2.1
38	Yaws	0	0.0
39	Yellow Fever	0	0.0
40	Sexually Transmitted Diseases		
	(a) Gonorrhoea	235	26.4
	(b) Candidiasis	44	4.9
	(c) Chlamydia	9	1.0
	(d) Congential Syphilis	12	1.3
	(e) Genital Herpes	1	0.1
	(f) Granuloma Inguinale	0	0.0
	(g) Herpes Zoster	15	1.7
	(h) Lymphogranuloma Inguinale	0	0.0
	(i) Ophthalmia Neonatorum	0	0.0
	(j) PID	0	0.0
	(k) Soft Chancre	0	0.0
	(l) Syphilis	237	26.6
	(m) Trichomoniasis	40	4.5
	(n) Veneral Warts	0	0.0

2020 NNDSS

No.	Diseases	Cases	IR
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1	Acute Poliomyelitis	0	0.0	36	Viral Illness/ Infection	1573 5	1765. 1	15	Ciguatera Fish Poisoning	0	0.0
2	Acute Respiratory Infection	2732 0	3064. 7	37	Whooping Cough	3	0.3	16	Food Poisoning	1	0.1
3	Anthrax	0	0.0	38	Yaws	0	0.0	17	German Measles (Rubella)	0	0.0
4	Brucellosis	0	0.0	39	Yellow Fever	0	0.0	18	Infectious Hepatitis	1	0.1
5	Chicken Pox	1526	171.2	40	Sexually Transmitted Diseases			19	Influenza	117	13. 1
6	Cholera	0	0.0		(a) Gonorrhoea	145	16.3	20	Leprosy	0	0.0
7	Conjunctivitis	3541	397.2		(b) Candidiasis	68	7.6	21	Leptospirosis	6	0.7
8	Dengue Fever	4584	514.2		(c) Chlamydia	23	2.6	22	Malaria	0	0.0
9	Diarrhoea	1534 0	1720. 8		(d) Congenital Syphilis	58	6.5	23	Measles (Morbilli)	2	0.2
10	Diphtheria	0	0.0		(e) Genital Herpes	57	6.4	24	Meningitis	2	0.2
11	Dysentery (a) Amoebic	67	7.5		(f) Granuloma Inguinale	0	0.0	25	Mumps	1	0.1
	(a) Bacillary	10	1.1		(g) Herpes Zoster	57	6.4	26	Plague	0	0.0
12	Encephalitis	0	0.0		(h) Lymphogranuloma Inguinale	0	0.0	27	Pneumonia	125	14. 0
13	Enteric Fever (a) Typhoid	205	23.0		(i) Ophthalmia Neonatorum	0	0.0	28	Puerperal Pyrexia	0	0.0
	(b) Para Typhoid	1	0.1		(j) PID	0	0.0	29	Relapsing Fever	0	0.0
14	Fish Poisoning	1528	171.4		(k) Soft Chancre	0	0.0	30	Rheumatic Fever	3	0.3
15	Ciguatera Fish Poisoning	0	0.0		(l) Syphilis	743	83.3	31	Smallpox	0	0.0
16	Food Poisoning	17	1.9		(m) Trichomoniasis	7	0.8	32	Tetanus	0	0.0
17	German Measles (Rubella)	0	0.0		(n) Veneral Warts	9	1.0	33	Trachoma	13	1.5
18	Infectious Hepatitis	71	8.0					34	Tuberculosis (a) Pulmonary	1	0.1
19	Influenza	5911	663.1						(b) Others	0	0.0
20	Leprosy	11	1.2	2021 NNDSS				35	Typhus	0	0.0
21	Leptospirosis	1688	189.4	N o.	Diseases	Cas es	IR	36	Viral Illness/ Infection	696	77. 9
22	Malaria	0	0.0	1	Acute Poliomyelitis	0	0.0	37	Whooping Cough	0	0.0
23	Measles (Morbilli)	10	1.1	2	Acute Respiratory Infection	672	75. 2	38	Yaws	0	0.0
24	Meningitis	139	15.6	3	Anthrax	0	0.0	39	Yellow Fever	0	0.0
25	Mumps	102	11.4	4	Brucellosis	0	0.0	40	Sexually Transmitted Diseases		
26	Plague	0	0.0	5	Chicken Pox	28	3.1		(a) Gonorrhoea	4	0.4
27	Pneumonia	7008	786.1	6	Cholera	0	0.0		(b) Candidiasis	0	0.0
28	Puerperal Pyrexia	0	0.0	7	Conjunctivitis	114	12. 8		(c) Chlamydia	0	0.0
29	Relapsing Fever	3	0.3	8	Dengue Fever	422	47. 2		(d) Congenital Syphilis	0	0.0
30	Rheumatic Fever	9	1.0	9	Diarrhoea	760	85. 1		(e) Genital Herpes	2	0.2
31	Smallpox	0	0.0	10	Diphtheria	0	0.0		(f) Granuloma Inguinale	0	0.0
32	Tetanus	1	0.1	11	Dysentery (a) Amoebic	0	0.0		(g) Herpes Zoster	11	1.2
33	Trachoma	39	4.4		(a) Bacillary	0	0.0		(h) Lymphogranuloma Inguinale	0	0.0
34	Tuberculosis (a) Pulmonary	257	28.8	12	Encephalitis	0	0.0		(i) Ophthalmia Neonatorum	0	0.0
	(b) Others	173	19.4	13	Enteric Fever (a) Typhoid	0	0.0		(j) PID	0	0.0
35	Typhus	0	0.0		(b) Para Typhoid	0	0.0		(k) Soft Chancre	0	0.0
				14	Fish Poisoning	104	11. 6		(l) Syphilis	15	1.7

	(m) Trichomoniasis	0	0.0	14	Fish Poisoning	530	59.2		(b)	14	1.6
	(n) Veneral Warts	3	0.3	15	Ciguatera Fish Poisoning	0	0.0	35	Typhus	0	0.0
2022 NNDSS				16	Food Poisoning	5	0.6	36	Viral Illness/ Infection	1920	214.4
N o.	Diseases	Cases	IR	17	German Measles (Rubella)	5	0.6	37	Whooping Cough	5	0.6
1	Acute Poliomyelitis	0	0.0	18	Infectious Hepatitis	26	2.9	38	Yaws	0	0.0
2	Acute Respiratory Infection	4146	463.0	19	Influenza	651	72.7	39	Yellow Fever	0	0.0
3	Anthrax	0	0.0	20	Leprosy	2	0.2	40	Sexually Transmitted Diseases		
4	Brucellosis	0	0.0	21	Leptospirosis	623	69.6		(a) Gonorrhoea	58	6.5
5	Chicken Pox	825	92.1	22	Malaria	0	0.0		(b) Candidiasis	18	2.0
6	Cholera	0	0.0	23	Measles (Morbilli)	5	0.6		(c) Chlamydia	3	0.3
7	Conjunctivitis	1327	148.2	24	Meningitis	86	9.6		(d) Congenital Syphilis	1	0.1
8	Dengue Fever	760	84.9	25	Mumps	39	4.4		(e) Genital Herpes	1	0.1
9	Diarrhoea	3676	410.5	26	Plague	0	0.0		(f) Granuloma Inguinale	0	0.0
10	Diphtheria	0	0.0	27	Pneumonia	1170	130.7		(g) Herpes Zoster	16	1.8
11	Dysentery (a) Amoebic	50	5.6	28	Puerperal Pyrexia	0	0.0		(h) Lymphogranuloma Inguinale	0	0.0
	(a) Bacillary	5	0.6	29	Relapsing Fever	0	0.0		(i) Ophthalmia Neonatorum	0	0.0
12	Encephalitis	0	0.0	30	Rheumatic Fever	3	0.3		(j) PID	0	0.0
13	Enteric Fever (a) Typhoid	126	14.1	31	Smallpox	0	0.0		(k) Soft Chancre	0	0.0
	(b) Para Typhoid	0	0.0	32	Tetanus	0	0.0		(l) Syphilis	437	48.8
				33	Trachoma	13	1.5		(m) Trichomoniasis	11	1.2
				34	Tuberculosis (a) Pulmonary	362	40.4		(n) Veneral Warts	14	1.6

Cancer 2018 – 2021

Top 10 cancer sites by gender for 2018					
Female			Male		
Rank	Cancer site	Number	Rank	Cancer site	Number
1	Breast	325	1	Prostate	93
2	Cervix	290	2	Blood	64
3	Corpus uteri	89	3	Liver	57
4	Ovary	66	4	Brain	32
5	Blood	53	5	Lung	30
6	Liver	32	6	Skin	30
7	Thyroid Gland	29	7	Bladder	28
8	Unknown	26	8	Stomach	27
9	Neck	21	9	Oesophagus	21
10	Brain	18	10	Intestine	21

Top 10 cancer sites by gender for 2020					
Female			Male		
Rank	Cancer site	Number	Rank	Cancer site	Number
1	Breast	418	1	Prostate	112
2	Cervix	201	2	Liver	49
3	Corpus uteri	85	3	Bladder	34
4	Ovary	60	4	Unknown	29
5	Unknown	54	5	Testis	23
6	Neck	43	6	Brain	22
7	Intestine	29	7	Stomach	22
8	Thyroid Gland	25	8	Skin	21
9	Liver	24	9	Lung	20
10	Skin	23	10	Blood	18

Top 10 cancer sites by gender for 2019					
Female			Male		
Rank	Cancer sit	Number	Rank	Cancer sit	Number
1	Breast	325	1	Prostate	86
2	Cervix	269	2	Liver	52
3	Corpus ute	119	3	Stomach	32
4	Ovary	77	4	Bladder	31
5	Neck	53	5	Lung	26
6	Thyroid Gla	36	6	Intestine	24
7	Liver	22	7	Unknown	23
8	Myeloid Le	22	8	Brain	21
9	Unknown	19	9	Blood	21
10	Rectum	19	10	Skin	21

Top 10 cancer sites by gender for 2021					
Female			Male		
Rank	Cancer sit	Number	Rank	Cancer sit	Number
1	Breast	335	1	Prostate	107
2	Cervix	196	2	Liver	42
3	Corpus ute	122	3	Unknown	29
4	Leimyoma	78	4	Stomach	28
5	Ovary	64	5	Skin	21
6	Unknown	49	6	Bladder	19
7	Liver	25	7	Intestine	19
8	Brain	22	8	Blood	18
9	Intestine	21	9	Rectum	17
10	Metastatic	20	10	Neck	15

Top 10 cancer sites by gender for 2022					
Female			Male		
Rank	Cancer sit	Number	Rank	Cancer sit	Number
1	Breast	375	1	Prostate	111
2	Cervix	248	2	Unknown	51
3	Corpus ute	105	3	Liver	43
4	Ovary	76	4	Skin	42
5	Unknown	58	5	Bladder	35
6	Thyroid Gla	30	6	Blood	31
7	Metastatic	28	7	Intestine	26
8	Skin	26	8	Brain	25
9	Intestine	22	9	Stomach	23
10	Lung	22	10	Testis	22

