

Online National Electronic Injury Surveillance System (ONEISS) Factsheet

May 2012

Volume 4, Issue 1

1st Quarter (CY 2012) Key Findings:



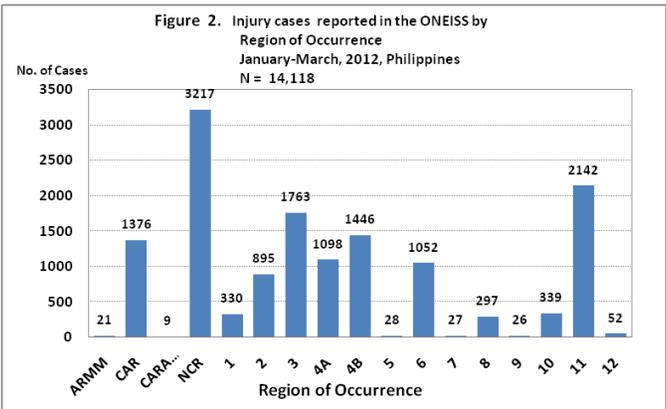
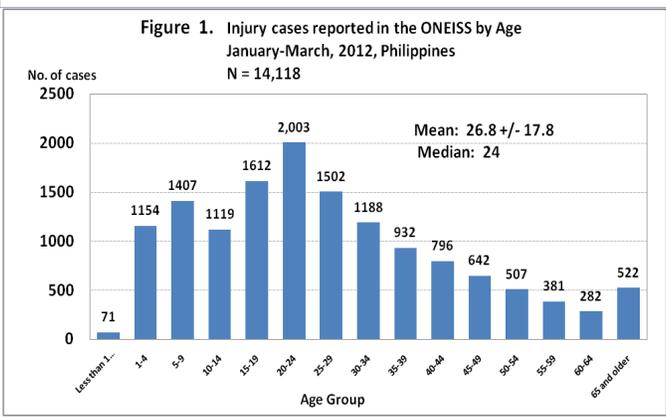
ONEISS registered a total of 14,118 injury cases for the 1st quarter of CY 2012 (consultation date). Reports came from 79 hospitals (government and private) which account for 4.4% of the total number of hospitals in the country.

A 31.7% increase in the total number of hospitals that uploaded reports in the NEISS is noted from the 60 total in the previous quarter to 79 for the 1st quarter of CY 2012. A little more than two thirds (68.5%) of the total reported injury cases came from 30 DOH hospitals.

General Data:

- More than half (56.3%) of the total reported cases of injuries occurred among 20-59 age group. Injuries among children (aged 0-19) accounted for 38.0% of the total reported cases including the 8.7% cases involving children less than 5 years of age. Injury cases among older persons (60 years and over) accounted for 5.7%. The mean age is 26.8 while the median is 24;

- Male to female distribution ratio is a little over 2 : 1 with 69.1% males and 30.9% females. Almost the same distribution is noted in younger age groups (0-14) and age groups (45-64) while for the age groups 15-44 it is almost 3:1. However, the group of the older persons (65 and above) had the opposite with slightly more females than males.
- Majority (99.8%) of those who sustained injuries were Filipinos and the remaining were of other nationality such American, South/North Korean, Japanese, Chinese, Bulgarian, Malaysian, Cuban, French, Indian, German, Israeli and Pakistani;



Key Findings (continued):

- Almost half (41.8%) of the injuries reported occurred during 12:01 pm to 7:59 pm, 21.7% between 8:00 am and 12:00 pm, 17.9% happened between 8:00 pm and 11:59 pm, and 18.7% between 12:00 am and 7:59 am;
- There were 87.6% reported injury cases attended at the ER, 12.1% at the OPD and 0.3% were in-patient;
- Majority (76.6%) of the total injury cases were unintentional or accidental while 22.0% accounted for intentional (violence) and 0.4% were intentional (self inflicted) injury cases;
- Multiple injuries were sustained by 36.0% of the total injury cases reported;
- Most commonly sustained types of injury were open wound / laceration, abrasion and contusion with 43.4%, 33.1%, 19.6%, respectively. There were also cases of closed fracture (8.8%), avulsion (2.3%), concussion (1.9%), burn (1.6%), open fracture (1.3%) and traumatic amputation (0.2%);
- Topping the list of external causes of reported injuries is transport/vehicular crash with 27.7%. Mauling/Assault was the next common cause with 18.9% followed by fall with 18.2% and bites/stings (15.9%). There were also cases of injuries caused by contact with sharp objects (12.6%), burns (1.5%), gunshots (0.9%), chemicals (0.2%), hanging (0.1%), drowning (less than 0.1%) and other causes (4.2%);

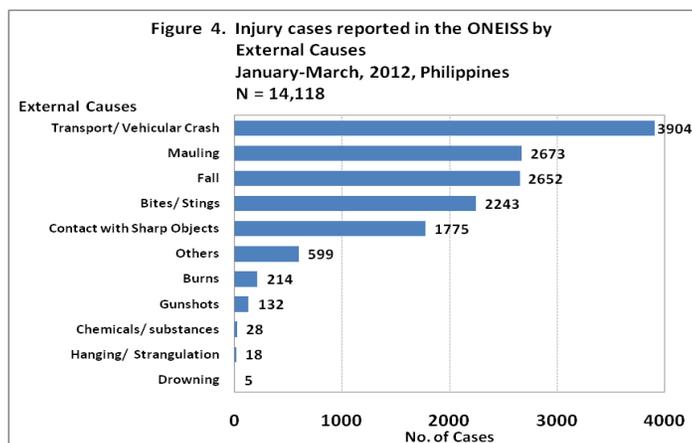
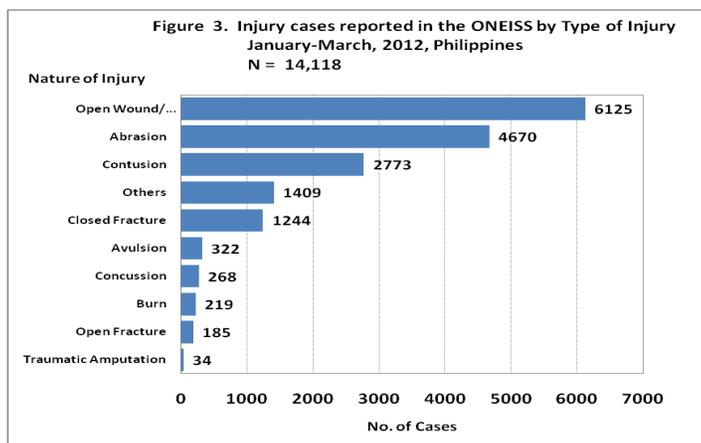
- Most (37.3%) of the injuries occurred on the road, 31.4% happened at home, 4.5% at the workplace, and 2.3% in school;
- Still a significant percentage (43.9%) of injury cases were not able to record the activity of the victim at the time of the incident. 25.3% were leisure related, 7.7% happened while at work, 1.1% were sustained during sports activities.

Hospital Data:

- Almost all (99.6%) of the total reported injury cases reached the hospital alive and only 0.4% were dead upon arrival in the hospital.
- Referred/transferred cases from other facilities accounted for 0.2% of the total reported cases of injuries;
- At the ER/OPD there were 14,072 cases, of these 83.8% improved and only 0.4% were fatal;
- Most (89.0%) of the ER/OPD injury cases were discharged after being treated while 7.2% were eventually admitted for further treatment;
- Among those admitted and in-patient (1,060 cases), 0.1% died and 99.8% still had no recorded outcome;



“The Life you save maybe your own”



Transport/Vehicular Crash:



- A total of 3,904 transport/ vehicular crash related injury cases were reported for the 1st quarter of 2012 (consultation date);
- Almost two thirds (65.3%) of the transport/vehicular crashes were collision while 34.7% were non-collision ;
- For the 1st quarter of CY 2012, more transport/ vehicular crash related injury cases occurred in January (40.2%) than in February (33.1%) or March (26.4%);
- One in five (22.5%) of the reported transport/vehicular crash related injury cases occurred in Region 11. NCR, Regions 3 and 4B accounted for 16.2%, 13.7% and 13.2% of the total reported transport/vehicular crash related injury cases, respectively . Regions 9, 5, 7, ARMM and CARAGA ARMM, CARAGA had the least percentages of reported transport crash related injury occurrences with less than 0.5% each;
- More than half (59.4%) of the cases occurred between 8:00 am and 7:59 pm with the highest occurrence during 4:00 pm– 7:59pm at 24.4%;
- More males (72.2%) than females (27.8%) were involved in transport/ vehicular crash;
- Children (aged 0-19) accounted for 30.9% of the total transport/ vehicular crash related injury cases , 53.6% among those aged 20 to 44 , 11.2% in the age group 45-59 and those older persons (60 years and older) accounted for 4.4%. Mean age of the transport/vehicular crash victims is 27.8 while the median is 25;
- Topping the list of the reported risk factors for transport/ vehicular crash related injury cases was alcohol/liquor at 12.5% ;
- Motorcycle was the most common (51.8%) mode of transport of the injured while 23.0% were pedestrians. There were also 4.7% who were occupants of tricycle. Other modes of transport of the injured were bicycle (3.1%), others including jeepney (3.2%), car (2.9%), van (0.8%) and bus (0.8%);
- Only 11.5% of those injured motorcycle occupants were reported wearing helmet while 6.2% of those injured car occupants had seatbelt at the time of the incident;
- Majority (99.7%) of the injured secondary to transport/vehicular crash reached the hospital alive. However, 4 of the 12 (33.3%) dead on arrival cases were motorcycle riders and 6 (50.0%) were pedestrians. All (100.0%) of the 4 dead upon arrival motorcycle riders were reported not wearing helmets at the time of the incident;
- Most common injuries sustained by the reported transport/ vehicular crash cases were abrasions (58.7%). Other injuries sustained by the reported transport/vehicular crash cases were open wound/laceration (26.0%), contusion (21.5%), closed fracture (11.4) , avulsion (4.0%), concussion (3.2%), open fracture (2.4%), burn (0.4%) and amputation (0.2%);

Bites/Stings:

Total reported cases: 2,243

Male : 54.1%

Female: 45.9%

Children below 15 years old : 40.2%

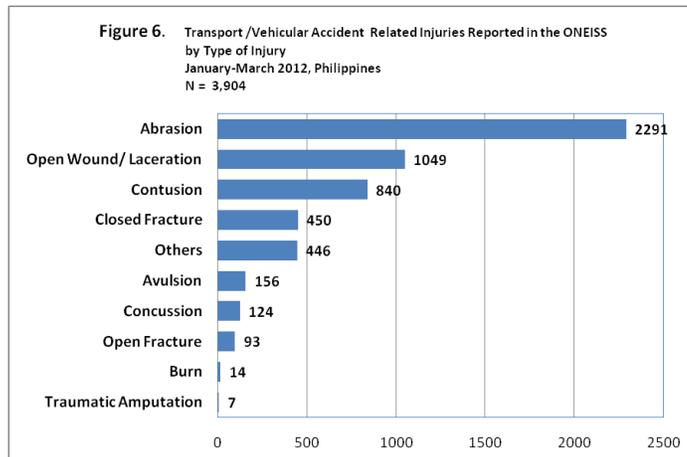
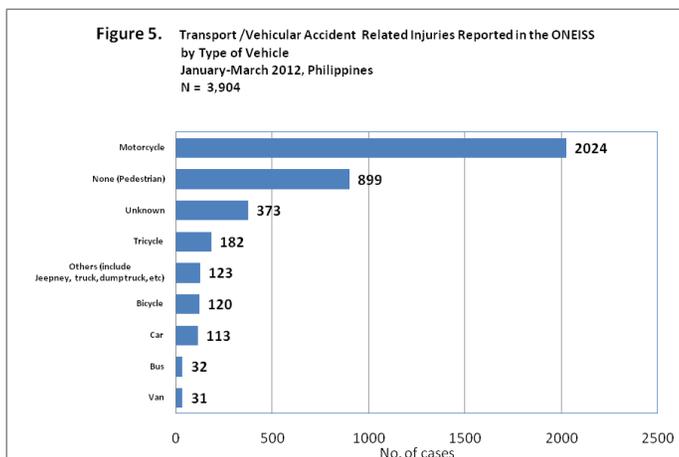
60 years old and older : 7.2%

4:00pm - 7:59pm : 27.6%

Region 6 : 29.8%

Region 3 : 19.7%

NCR : 19.6%



Recommendations:

Safety is everyone's responsibility...



On the findings:

- Coordinate with concerned agencies the significant findings, specifically on injuries related to the following in order to come up with a unified action to address the issues/problems:
 - Transport crash
 - Assault/Mauling
 - Fall/falling
 - Bites (dog, cat, etc.)
- Coordinate with DOTC and/or other concerned agencies on the strict enforcement of the rules and regulations of the existing Helmet Wearing Act of 2009 (RA 10054);
- Evaluate possible reasons on significant numbers of erroneous or missing entries on some questions/variables such as the external causes, details of the injuries (site, etc), transfer/referral, icd-10 codes.

On the ONEISS System:

- Continuous training/orientation of personnel involved in ONEISS to ensure that the injury data to be generated will be more complete, accurate, and reliable.
- Monitor compliance of hospitals to ONEISS reporting/uploading and reiterate compliance to the provisions of DOH Department Memorandum No. 2011-0261 dated 02 September 2011 relative to the Implementing guidelines and mobilization of the 36 identified DOH sentinel hospitals for the ONEISS reporting;
- Recognize hospitals that consistently report/upload ONEISS data
- Evaluate possible reasons why there are still hospitals that are not reporting/uploading ONEISS data.



Department of Health

- National Epidemiology Center
- Information Management Service
- National Center for Disease Prevention and Control
- National Center for Health Promotion

Phone: 651-7800 loc 2928
Fax: 7329057

WWW.DOH.GOV.PH

The leader of health for all in the Philippines

The **National Epidemiology Center (NEC)** is a Center of excellence and integrity in field epidemiology composed of dynamic team of highly competent and committed professionals. It aims to provide quality epidemiologic information that is relevant and acceptable to our customers achieved through greater collaboration and participation among various stakeholders including policymakers, program implementers, service providers and community at large.

The **Information Management Service (IMS)** is the gateway of DOH knowledge resources. It aims to ensure access to knowledge for evidence-based decision making by optimizing use of information technologies and through dynamic, responsive, integrated information systems.

The **National Center for Disease Prevention and Control (NCDPC)** is Asia's pride in disease prevention and control. It aims to lead and synchronize all efforts in disease prevention and control towards healthy families and communities through good governance, dynamic partnerships and shared values.

The **National Center for Health Promotion (NCHP)** is the Center of excellence in health promotion that takes the leadership in the implementation of national health communication campaign including media management/ placements as determined by DOH management.