# Online National Electronic Injury Surveillance System (ONEISS) Factsheet

December 2012 Volume 4, Issue 3

# 3rd Quarter (CY 2012) Key Findings:



ONEISS registered a total of 13,178 injury cases for the 3rd quarter of CY 2012 (consultation date). Reports came from 65 hospitals (government and private) which account for 3.6% of the 1,821 total number of hospitals in the country.

A 9.7% decrease in the total number of hospitals that uploaded reports in the NEISS is noted from 72 in the previous quarter to 65 for the 3rd quarter of CY 2012. Majority (71.4%) of the total reported injury cases came from 29 DOH hospitals.

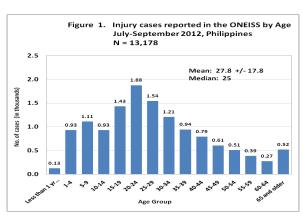
#### **General Data:**

- More than half (59.6%) of the total reported cases of injuries occurred among 20-59 age group. Injuries among children (aged 0-19) accounted for 34.4% of the total reported cases including the 8.0% cases involving children less than 5 years of age. Injury cases among older persons (60 years and over) accounted for 6.0%. The mean age is 27.8 while the median is 25:
- Male to female distribution ratio is a little over 24:10 with 70.8% males and 29.2% females. A 19:10 male to female ratio is noted among the 0-14 age group, 17:10 among

- those in the 45-64 age bracket and for the 15-44 it is 29:10. However, the group of the older persons (65 and above) had the opposite with slightly more females than males at 8:10 male to female ratio;
- Majority (99.8%) of those who sustained injuries were Filipinos and the remaining were of other nationality such as American, South Korean, the Chinese, Indian, Indonesian, the Taiwanese among others;

#### Pre admission Data:

 NCR registered the highest injury occurrences with 21.4% followed by Region 3 with 21.0%, CAR (12.9%), Region 2 (9.1%), Region 4B (8.9%), Region 6 (7.9%) and Region 4A (7.5%);





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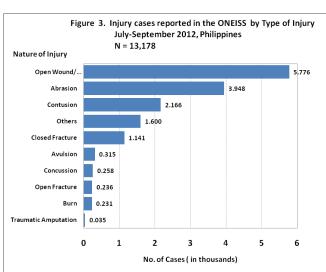
# **Key Findings (continued):**

- The month of September had the least percentage of injury occurrence with 20.7% while in July and August, there were 40.2% and 38.5%, respectively;
- More than one in three (36.4%) of the injuries reported occurred during 12:01 pm to 7:59 pm, 25.5% between 8:00 am and 12:00 pm, 15.6% happened between 8:00 pm and 11:59 pm, and 22.5% between 12:00 am and 7:59 am;
- There were 92.9% reported injury cases attended at the ER, 6.5% at the OPD and 0.6% were in-patient;
- Majority (74.9%) of the total injury cases were unintentional or accidental while 22.7% accounted for intentional (violence) and 0.5% were intentional (self inflicted) injury cases;
- Multiple injuries were sustained by 30.0% of the total injury cases reported;
- Most commonly sustained types of injury were open wound / laceration, abrasion and contusion with 43.8%, 30.0%, 16.4%, respectively. There were also cases of closed fracture (8.7%), avulsion (2.4%), concussion (2.0%), burn (1.8%), open fracture (1.8%) and traumatic amputation (0.3%);
- Topping the list of external causes of reported injuries is transport/vehicular crash with 27.2%. Fall was the next common cause with 22.2% followed by Mauling/Assault with 19.8% and contact with sharp objects (15.6%). There were

- also cases of injuries caused by bites/ stings (10.0%), burns (1.6%), gunshots (0.9%), chemicals (0.2%), hanging (0.1%), drowning (0.1%) and other causes (3.3%);
- Most (36.3%) of the injuries occurred on the road, 29.2% happened at home, 4.1% at the workplace, and 2.0% in school:
- Majority (58.4%) of injury cases still were not able to record the activity of the victim at the time of the incident.
   26.3% were leisure related, 8.0% happened while at work, 0.9% were sustained during sports activities.

### **Hospital Data:**

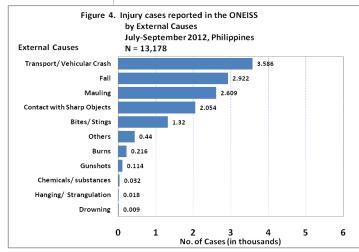
- Almost all (99.4%) of the total reported injury cases reached the hospital alive and only 0.6% were dead upon arrival in the hospital;
- Referred/transferred cases from other facilities accounted for 0.4% of the total reported cases of injuries;
- At the ER/OPD there were 13,102 cases, of these 90.1% improved and only 0.7% were fatal;
- Majority (86.3%) of the ER/OPD injury cases were discharged after being treated while 9.2% were eventually admitted for further treatment;
- Among those admitted and in-patient (1,287 cases), 0.4% died and 80.4% still had no recorded outcome.



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# **Key Findings (continued):**

# **Transport/Vehicular Crash:**

- A total of 3,586 transport/ vehicular crash related injury cases were reported for the 3rd quarter of 2012 (consultation date);
- Majority (61.4%) of the transport/ vehicular crashes were collision while 38.6% were non-collision;
- For the 3rd quarter of CY 2012, less transport/ vehicular crash related injury cases occurred in September (23.5%) than in July (41.4%) or August (34.6%);
- Most (27.9%) of the reported transport/vehicular crash related injury cases occurred in Region 3. Regions 2, NCR, and 4B accounted for 16.2%, 11.3% and 10.9% of the total reported transport/vehicular crash related injury cases, respectively. Regions 7, ARMM and CARAGA had the least percentages of reported transport crash related injury occurrences with less than 0.5% each;
- More than half (56.9%) of the cases occurred between 8:00 am and 7:59 pm with the highest occurrence during 8:00am— 12:00pm at 23.3%;
- More males (73.4%) than females (26.6%) were involved in transport/ vehicular crash;
- Children (aged 0-19) accounted for 28.2% of the total transport/ vehicular crash related injury cases,

- 56.5% among those aged 20 to 44, 11.0% in the age group 45-59 and those older persons (60 years and older) accounted for 4.5%. Mean age of the transport/vehicular crash victims is 28.4 while the median is 26:
- Topping the list of the reported risk factors for transport/ vehicular crash related injury cases was alcohol/liquor at 18.3%;
- Motorcycle was the most common (49.7%) mode of transport of the injured while 19.3% were pedestrians. There were also 7.0% who were occupants of tricycle. Other modes of transport of the injured were bicycle (3.5%), others including jeepney (3.3%), car (2.0), van (0.9%) and bus (1.9%);
- Less than one in ten (9.0%) of those injured motorcycle occupants were reported wearing helmet while 15.3% of those injured car occupants had seatbelt at the time of the incident;
- Majority (99.6%) of the injured secondary to transport/vehicular crash reached the hospital alive. However, 7 of the 15 (46.6%) dead on arrival cases were motorcycle riders. All (100.0%) of the 7 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 (55.8%). Other injuries sustained were open wound/ laceration (29.0%), contusion (15.6%), closed fracture (11.0), avulsion (4.0%), concussion (3.2%), open fracture (2.0%), burn (0.4%) and amputation (0.1%).



#### Fall:

#### Total reported cases: 2,922

**Sex:** Male : 65.3% Female: 34.7% **Age:** 

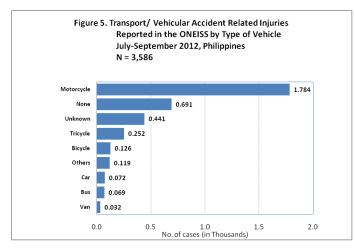
Children below 15 years old: 41.0%
15 -44 years old: 37.4%
45—59 years old: 9.8%
60 years old and older: 11.8%

Time of Occurrence:

8:00 am— 12:00 pm : 27.9% 4:00pm - 7:59pm : 22.3% 4:00am—7:59 am : 13.3%

#### Place of Occurrence:

NCR : 35.3% Region 3 : 22.2% CAR : 16.1%





## **Recommendations:**

On the findings:

On the ONEISS System:

# Safety is everyone's responsibility...





#### **Department of Health**

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

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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.