

# National Electronic Injury Surveillance System (NEISS) Factsheet

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## 4th Quarter (CY 2011) Key Findings:



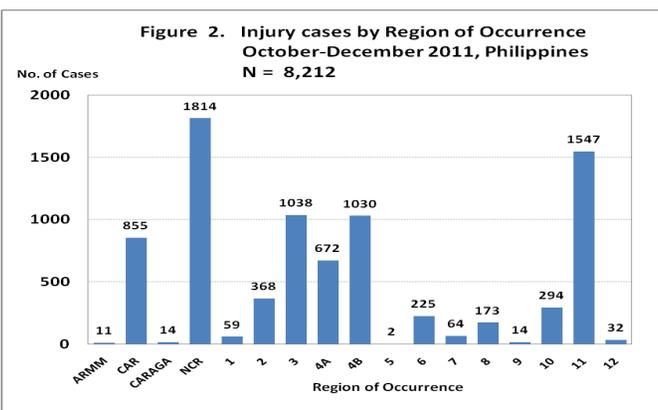
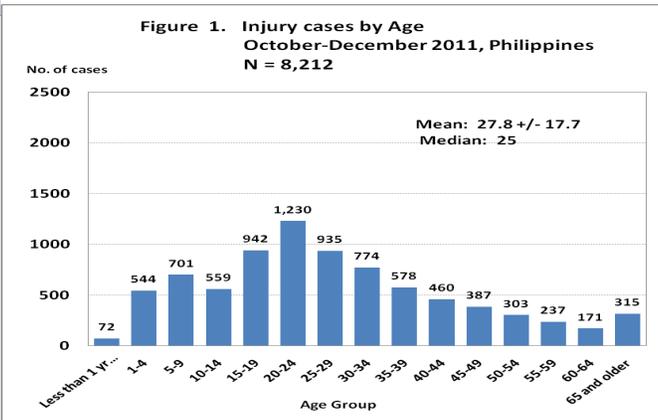
- Male to female distribution ratio is a little over 2 : 1 with 71.2% males and 28.8% females. Almost the same distribution is noted in younger age groups (0-14) and age groups (45-64) while for the age groups 15-44 it is almost 3:1. However, the group of the older persons (65 and above) had the opposite with more females than males.
- Majority (99.7%) of those who sustained injuries were Filipinos and the remaining were of other nationality such American, South Korean, Japanese, Chinese, Thai, Canadian, Briton, Cuban, Finn/Finnish, Indian, German, Swede/Swedish and Pakistani;

NEISS registered a total of 8,212 injury cases for the 4th quarter of CY 2011 (consultation date) . Reports came from 60 hospitals (government and private) which account for 3.3% of the total number of hospitals in the country.

A 27.7% increase in the total number of hospitals that uploaded reports in the NEISS is noted from the 47 total in the previous quarter to 60 in the 4th quarter. Almost two thirds (65.6%) of the total reported injury cases for the 4th quarter of 2011 came from 20 DOH hospitals.

### General Data:

- More than half (59.7%) of the total reported cases of injuries occurred among 20-59 age group. Injuries among children (aged 0-19) accounted for 34.3% of the total reported cases including the 7.5% cases involving children less than 5 years of age. Injury cases among older persons (60 years and over) accounted for 5.9%. The mean age is 27.8 while the median is 25 ;



## Key Findings (continued):

- Almost half (41.9%) of the injuries reported occurred during 12:01 pm to 7:59 pm, 21.4% between 8:00 am and 12:00 pm, 18.3% happened between 8:00 pm and 11:59 pm, and 18.4% between 12:00 am and 7:59 am;
- There were 95.8% reported injury cases attended at the ER, 3.4% at the OPD and 0.8% were in-patient;
- Majority (76.2%) of the total injury cases were unintentional or accidental while 22.3% accounted for intentional (violence) and 0.7% were intentional (self inflicted) injury cases;
- Multiple injuries were sustained by 35.7% of the total injury cases reported;
- Most commonly sustained types of injury were open wound / laceration, abrasion and contusion with 42.6%, 31.0%, 21.0%, respectively. There were also cases of closed fracture (11.0%), avulsion (2.7%), burn (1.7%), concussion (1.7%), open fracture (1.5%) and traumatic amputation (0.4%);
- Topping the list of external causes of reported injuries is transport/vehicular crash with 31.5%. Mauling/Assault was the next common cause with 23.1% followed by fall with 20.8% and contact with sharp objects (15.1%). There were also cases of injuries caused by bites/stings (5.1%), burns (1.5%), gunshots (1.2%), chemicals (0.3%), hanging (0.1%), drowning (0.1%) and other causes (5.3%);
- Most (39.6%) of the injuries occurred on the road, 26.0% happened at home 6.4% at the workplace, and 2.5% in school;
- Still a significant percentage (37.2%) of injury cases were not able to record the activity of the victim at the time of the incident. 22.5% were leisure related, 8.3% happened while at work, 1.5% were sustained during sports activities.

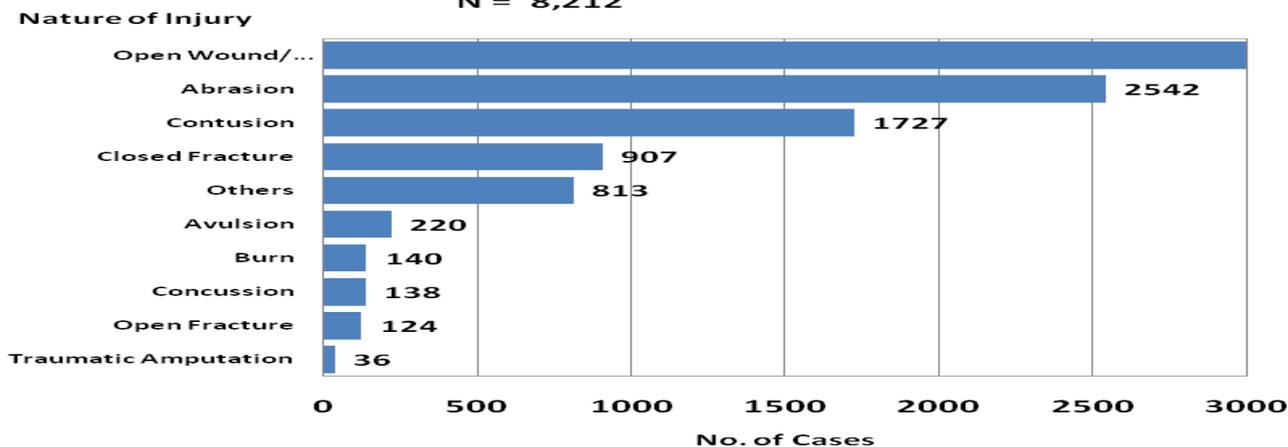
### Hospital Data:

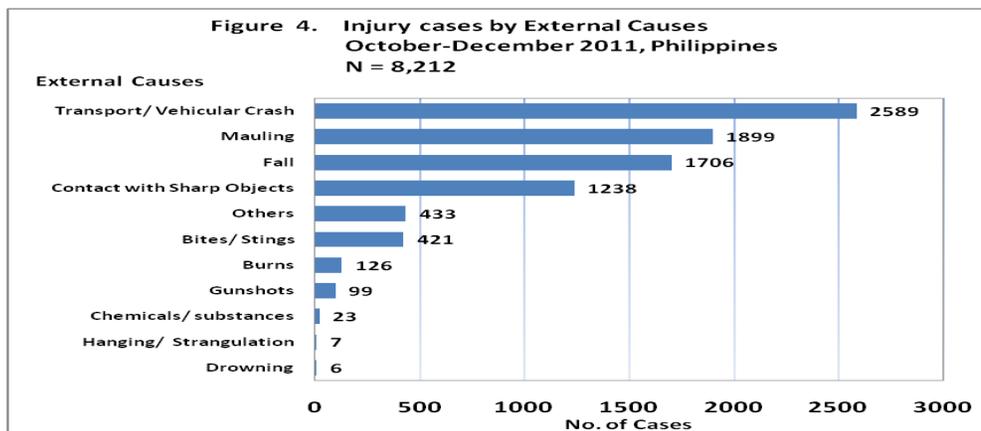
- Almost all (99.4%) of the total reported injury cases reached the hospital alive and only 0.6% were dead upon arrival in the hospital.
- Referred/transferred cases from other facilities accounted for 1.9% of the total reported cases of injuries;
- At the ER/OPD there were 8,147 cases, of these 78.2% improved and only 0.7% were fatal;
- Most (87.2%) of the ER/OPD injury cases were discharged after being treated while 8.2% were eventually admitted for further treatment;
- Among those admitted and in-patient (733 cases), 25.2% improved and 0.3% died;



*“The Life you save maybe your own”*

Figure 3. Injury cases by Type of Injury  
October-December 2011, Philippines  
N = 8,212

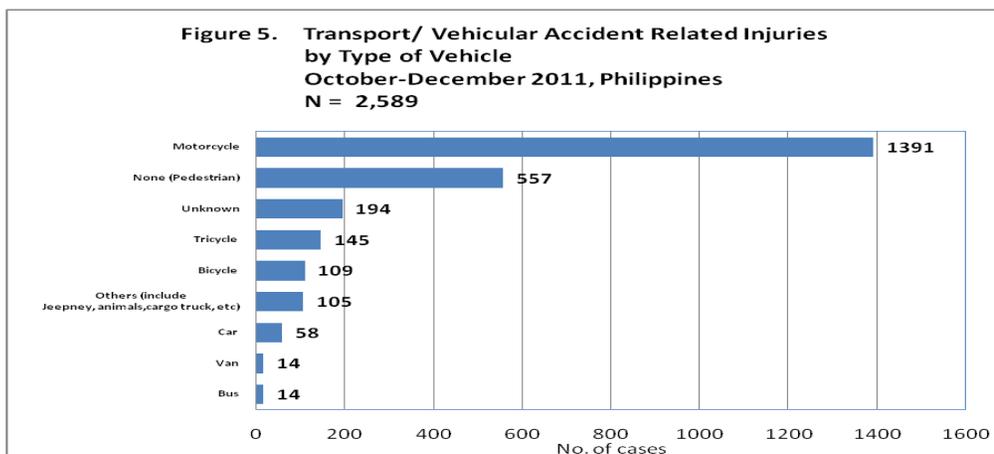




## Transport/Vehicular Crash:

- A total of 2,589 transport/ vehicular crash related injury cases were reported for the 4th qtr of 2011 (consultation date);
- A little over half (58.1%) of the transport/vehicular crashes were collision while 41.8% were non-collision ;
- For the 4th quarter, more transport/ vehicular crash related injury cases occurred in December (41.2%) than in October (34.2%) or November (24.4%);
- One in five (20.5%) of the reported transport/vehicular crash related injury cases occurred in Region 11 . There were also 17.5% transport/ vehicular crash related injury occurrences in Region 3 and 15.5% in Region 4B. Region 5, ARMM, CARAGA and Region 9 had the least percentages of reported transport crash related injury occurrences with less than 0.5%;
- More than half (59.9%) of the cases occurred between 8:00 am and 7:59 pm with the highest occurrence during 4:00 pm– 7:59pm at 26.2%;
- More males (72.0%) than females (28.0%) were involved in transport/ vehicular crash;
- Children (aged 0-19) accounted for 30.1% of the total transport/ vehicular crash related injury cases , 54.5% among those aged 20 to 44 , 11.5% in the age group 45-59 and those older persons (60 years and older) accounted for 3.9% ; Mean age of the transport/vehicular crash victims is 29.9 while the median is 25;
- Topping the list of the reported risk factors for transport/ vehicular crash related injury cases was alcohol/liquor at 14.7% ;

- Motorcycle was the most common (53.7%) mode of transport of the injured while 21.5% were pedestrians. There were also 5.6% who were occupants of tricycle. Other modes of transport of the injured were bicycle (4.2%), others including jeepney (4.1%), car (2.2%), van (0.5%) and bus (0.5%);
- Only 11.5% of those injured motorcycle occupants were reported wearing helmet while 18.9% of those injured car occupants had seatbelt at the time of the incident;
- Majority (99.5%) of the injured secondary to transport/ vehicular crash reached the hospital alive. However, 2 of the 13 (15.4%) dead on arrival cases were motorcycle riders and 5 (38.5%) were pedestrians. All (100.0% ) of the 2 dead upon arrival motorcycle riders were not wearing helmets at the time of the incident;
- Most common injuries sustained related to transport/ vehicular incidents were abrasions (56.2%). Other injuries sustained were open wound/ laceration (30.2%), contusion (19.7%), closed fracture (12.1%), avulsion (3.6%), concussion (2.4%), open fracture (2.0%), burn (0.8%) and traumatic amputation (0.3%).



## Recommendations:

*Safety is everyone's responsibility...*



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#### On the findings:

- Intensify IEC campaign on responsible driving to drivers on the road giving emphasis on the following:
  - Observance of speed limits
  - To stay on designated lanes especially the PUVs (buses);
  - Use of protective gears (helmets, seatbelts, etc)
  - No to drunk driving
- As to mauling incidents, police and/or Barangay Tanods' visibility should be increased to help ensure peace and order in the community;
- IEC campaign with emphasis on excessive alcohol drinking, its health and social effects;
- Safe setting strategies should be implemented to prevent injuries caused by fall/falling. The DOH is currently doing capability building on safe setting assessment that will provide strategies to address unsafe homes, communities, recreation areas and other settings to make them more safe for children and elderly.

#### 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;
- Recognize hospitals that consistently report/upload ONEISS data;
- Evaluate possible reasons why there are still hospitals that are not reporting/uploading ONEISS data;
- Conduct consultative workshops to discuss and address issues on ONEISS implementation.

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.