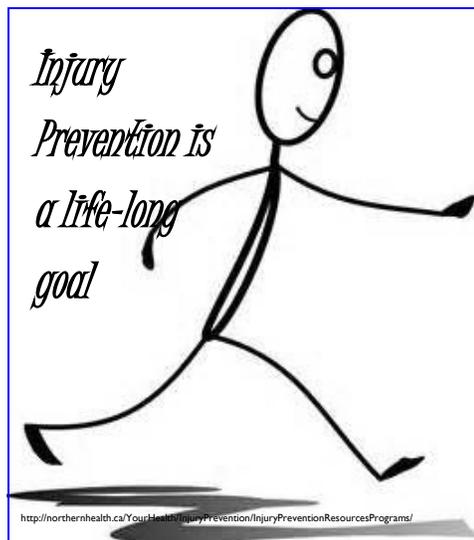


Online National Electronic Injury Surveillance System (ONEISS) Factsheet

March 2012

Volume 4, Issue 4

4th Quarter (CY 2012) Key Findings:



ONEISS registered a total of **13,883** injury cases for the 4th quarter of CY 2012 (consultation date). Reports came from 86 hospitals (government and private) which account for **4.7%** of the **1,821 total number of hospitals in the country**.

- Majority (99.8%) of those who sustained injuries were Filipinos and the remaining were of other nationality such as American, Australian, Fijian, Congolese, New Zealander, the Chinese, Indian, Spanish/Spaniard among others;

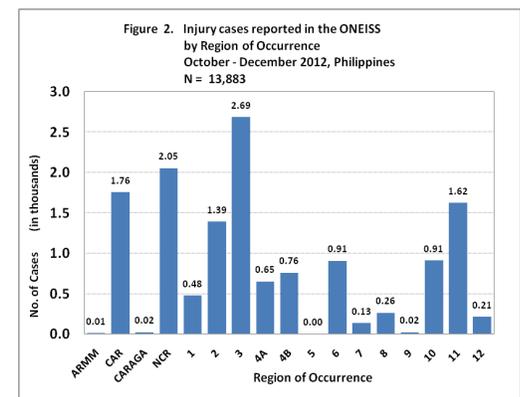
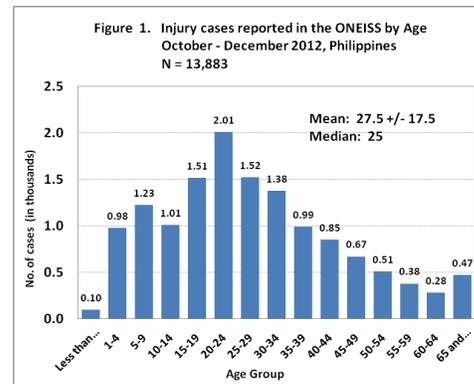
Pre admission Data:

- Region 3 registered the highest reported injury occurrences with 19.3% followed by NCR with 14.8% , CAR (12.6%) , Region 11 (11.7%), Region 2 (10.0%), Region 10 (6.6%) and Region 6 (6.5%);

A 32.3% increase in the total number of hospitals that uploaded reports in the NEISS is noted from 65 in the previous quarter to 86 for the 4th quarter of CY 2012. Majority (72.1%) of the total reported injury cases came from 34 DOH hospitals.

General Data:

- More than half (59.8%) of the total reported cases of injuries occurred among 20-59 age group. Injuries among children (aged 0-19) accounted for 34.7% of the total reported cases including the 7.7% cases involving children less than 5 years of age. Injury cases among older persons (60 years and over) accounted for 5.4%. The mean age is 27.5 while the median is 25;
- Male to female distribution ratio is almost 25:10 with 71.4% males and 28.6% females. A 21:10 male to female ratio is noted among the 0-14 age group, 20:10 among those in the 45-64 age bracket and for the 15-44 it is 30:10. However, the group of the older persons (65 and above) had the opposite with slightly more females than males at 9:10 male to female ratio;



Key Findings (continued):

- The month of December had the least percentage of injury occurrence with 21.1% while in October and November, there were 39.2% and 39.0%, respectively;
- More than one in three (38.5%) of the injuries reported occurred during 12:01 pm to 7:59 pm, 23.9% between 8:00 am and 12:00 pm, 16.1% happened between 8:00 pm and 11:59 pm, and 21.5% between 12:00 am and 7:59 am;
- There were 93.5% reported injury cases attended at the ER, 6.3% at the OPD and 0.2% were in-patient;
- Majority (71.7%) of the total injury cases were unintentional or accidental while 26.3% accounted for intentional (violence) and 0.6% were intentional (self inflicted) injury cases;
- Multiple injuries were sustained by 38.4% of the total injury cases reported ;
- Most commonly sustained types of injury were open wound / laceration, abrasion and contusion with 41.7%, 33.1%, 19.2%, respectively. There were also cases of closed fracture (8.8%), concussion (3.0%), avulsion (2.9%), fracture (1.7%), burn (1.6%), open and traumatic amputation (0.3%);
- Topping the list of external causes of reported injuries is transport/vehicular crash with 32.1%. Mauling/Assault was the next common cause with 23.0% followed by Fall with 16.9% and contact with sharp objects (13.2%). There were also cases of

- injuries caused by bites/stings (9.1%), burns (1.5%), gunshots (1.1%), chemicals (0.3%), hanging (0.1%), drowning (0.1%) and other causes (3.6%);
- Most (41.1%) of the reported injuries occurred on the road, 26.3% happened at home, 4.0% at the workplace, and 2.2% in school;
- Almost half (48.3%) of the reported injury cases still were not able to record the activity of the victim at the time of the incident while 24.9% were leisure related, 7.4% happened while at work, 1.2% were sustained during sports activities.

Hospital Data:

- Almost all (99.5%) of the total reported injury cases reached the hospital alive and only 0.5% were dead upon arrival in the hospital;
- Referred/transferred cases from other facilities accounted for 0.3% of the total reported cases of injuries;
- At the ER/OPD there were 13,849 cases, of these 93.0% improved and only 0.6% were fatal;
- Majority (85.4%) of the ER/OPD injury cases were discharged after being treated while 9.6% were eventually admitted for further treatment;
- Among those admitted and in-patient (1,364 cases), 0.7% died, 42.3% improved, 1.1% unimproved and 55.9% still had no recorded outcome .



“The Life you save maybe your own”

Figure 3. Injury cases reported in the ONEISS by Type of Injury October - December 2012
N = 13,883

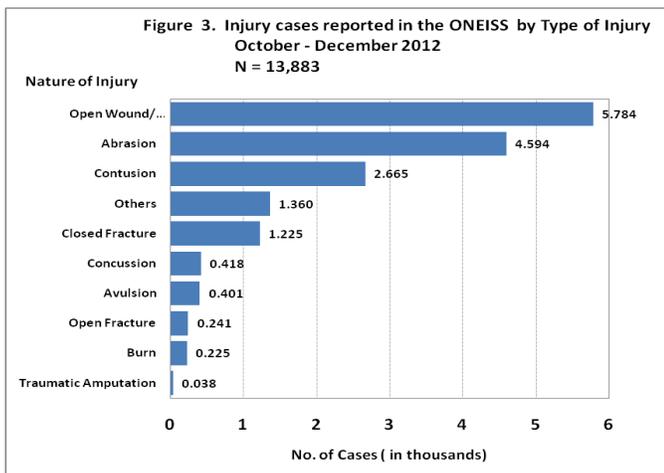
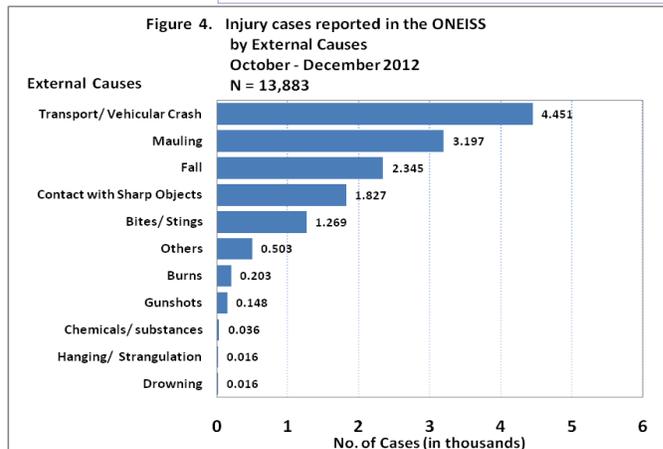


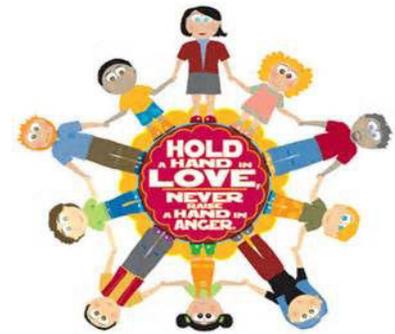
Figure 4. Injury cases reported in the ONEISS by External Causes October - December 2012
N = 13,883



Transport/Vehicular Crash:

- A total of 4,451 transport/ vehicular crash related injury cases were reported for the 4th quarter of 2012 (consultation date);
- Majority (58.3%) of the transport/ vehicular crashes were collision while 41.7% were non-collision ;
- For the 4th quarter of CY 2012, less transport/ vehicular crash related injury cases occurred in December (25.0%) than in October (35.5%) or November (39.0%);
- Most (25.6%) of the reported transport/vehicular crash related injury cases occurred in Region 3. Regions 11, 2 and NCR, accounted for 15.3%, 14.3% and 9.8% of the total reported transport/vehicular crash related injury cases, respectively . Regions 9, 5, ARMM and CARAGA had the least percentages of reported transport crash related injury occurrences with equal to or less than 0.2% each;
- More than half (58.5%) of the cases occurred between 8:00 am and 7:59 pm with the highest occurrence during 8:00am– 12:00pm at 22.8%;
- More males (75.3%) than females (24.7%) were involved in transport/ vehicular crash;
- Children (aged 0-19) accounted for 29.1% of the total transport/ vehicular crash related injury cases , 55.0% among those aged 20 to 44 , 11.7% in the age group 45-59 and those older persons (60 years and older) accounted for 4.2%. Mean age of the transport/vehicular crash victims is 28.3 while the median is 26;
- Topping the list of the reported risk factors for transport/ vehicular crash related injury cases was alcohol/liquor at 13.8% ;
- Motorcycle was the most common (51.0%) mode of transport of the injured while 16.8% were pedestrians. There were also 6.1% who were occupants of tricycle. Other modes of transport of the injured were bicycle (3.5%), others including jeepney (2.3%), car (2.1), van (1.1%) and bus (1.6%);
- **Less than one in ten (8.9%) of those injured motorcycle occupants were reported wearing helmet** while 3.2% 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, 9 of the 22 (40.9%) dead on arrival cases were motorcycle riders . Almost all (88.9%) of the 9 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 (56.2%). Other injuries sustained were open wound/ laceration (27.8%), contusion (19.3%), closed fracture (11.7) , avulsion (4.3%), concussion (4.7%), open fracture (3.0%), burn (0.6%) and amputation (0.3%).



Mauling/Assault:

Total reported cases: 3,197

Sex: Male : 71.3 % Female: 28.7 %

Age:

Children below 15 years old : 8.5 %
 15 –44 years old : 77.8 %
 45–59 years old : 11.0 %
 60 years old and older : 2.6 %

Time of Occurrence:

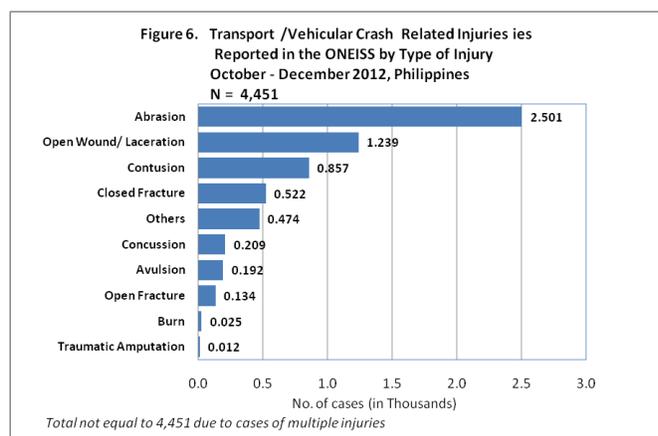
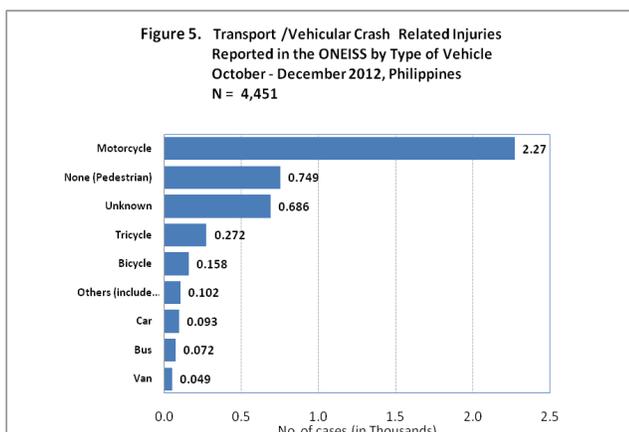
8:00 pm -11:59 pm : 25.1 %
 4:00pm - 7:59pm : 19.7 %
 8:00 am - 12:00 pm : 19.0 %

Place of Occurrence:

Region 10 : 25.0 %
 CAR : 21.1 %
 Region 3 : 14.3 %

Risk factor: Alcohol/Liquor : 10.8 %

Activity: Leisure-related : 33.3 %



Recommendations:

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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On the findings:

1. Part and parcel of injury prevention is the promotion of safety-first mindset and attitude. Frequency and severity of injuries can be influenced favorably if safety precautions are a high priority. To reduce and prevent injuries, every community should have safety policies/plans, safety rules, and emergency procedures. These policies, plans, rules, and procedures should be well thought out, be written down, and address all potential safety concerns;
2. Road safety is both a personal commitment and a shared responsibility of all road users. DOH, in cooperation with the Philippine Global Road Safety Partnership (PGRSP), shall spearhead pertinent action plans to reduce and prevent road traffic injuries ;
3. PGRSP shall promote the further integration of health and safety concerns into transport policies and develop methods to facilitate this, such as integrated assessments;
4. PGRSP and DOH-NCHP shall campaign for greater attention to road safety, based on the known health impact and costs;
5. DOH-NCHP shall include road safety in its health promotion and disease prevention activities;
6. Intentional injuries (violence) in the community like mauling/assault can be prevented or mitigated by promoting access to evidence-informed parenting support and life and social skill training strategies for high risk parents, children and adolescents as well as promoting access to services and resources aimed at mitigating the consequences of violence and reducing its re-occurrence for victims and perpetrators; and
7. Family is the first line of protection for children and the elderly. Falls are a major cause of injury for young children and the elderly. Stairs, balconies, roofs, windows, and play and sleeping areas should be made secure, using barriers with vertical bars to protect children and the elderly from falling. The Safe Settings Assessment Training shall be conducted by DOH-NCDPC-DDO and FHO on a wider scale, be properly monitored, and be closely evaluated.

On the ONEISS System:

1. Monitor compliance of hospitals to Administrative Order No. 2013-0005 dated February 07, 2013 on reporting of injury cases to the ONEISS;
2. Continuously conduct orientation/reorientation of hospital staff on the ONEISS system to include the proper accomplishment of the injury form and correct encoding of entries; and
3. Review and if necessary update validation checks in the system .

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.