National Electronic Injury Surveillance System (NEISS) Factsheet

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What is NEISS?

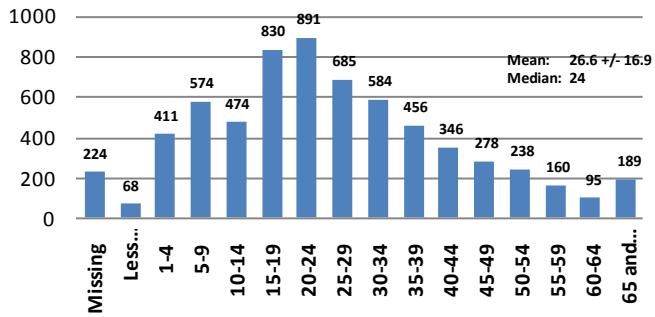
NEISS is a computer-based (web-based) system developed by the Department of Health (DOH) with facility to electronically capture injury related data from health facilities, store data in a centralized and secured location, process, consolidate, and transform data to meaningful information;

It establishes a common or standard set of injury related data elements collected for surveillance and standards to facilitate collection, management, transmission, analysis, access, dissemination and sharing of data.

Initially implemented in six (6) pilot hospitals in 2008 and was expanded to all DOH and some private hospitals in the country in 2009.
The pilot implementation was financially supported by the

Department of Transportation and Communication (DOTC) with its Road Safety Funds. Other partner agencies also provided assistance in the development of the NEISS, namely: World Health Organization (WHO), SAFEKIDS and UNICEF.

Figure 1. Injury Cases by Age
August - December, 2009
N = 6,503



Key Findings:

Preliminary results of NEISS from 65 hospitals (government and private) registered a total of 6,503 injury cases for the period August to December, 2009 (consultation date).

(see Page 2)

Key Findings (continued):

General Data:

- Nearly 60% of the total cases of injuries occurred in the age group of 15-44 . Children less than 5 years old and those elderly (65 years and over) accounted for 7.3% and 2.9%, respectively;
- Male to female distribution was 71. 3% and 28.7% with a ratio of almost 3 : 1;
- Majority (99.5%) of those who sustained injuries were Filipinos and the remaining were of other nationality such as American, Australian, Briton, Indian, Iranian, Japanese, Swedish and Vietnamese including those whose nationality were not indicated.

Pre admission Data:

- Highest number of injuries occurred in Regions XI and III with 39.6% and 33.5%, respectively;
- Injury cases were highest in the months of December (30.9%) and October (28.1%);
- Occurrence of injuries did not show great variations in terms of time of occurrence although it is slightly higher between 4:00 to 7:59 pm with 24.9%;
- More than two thirds (67%) of the total injury cases were unintentional or accidental and nearly 30% were intentional (violence);
- Close to 15% were cases of multiple injuries and 85.1% were not;
- Most commonly sustained types of injury were abrasion, open wound / laceration and contusion with 38.5% , 33.8% and 22.2% , respectively;
- Leading the list of external causes of registered injuries was Transport/Vehicular Accidents with 27.7% followed by mauling with 24.5%. There were also cases of injuries caused by sharp objects (10.1%), Bites/ Stings (4.8%), Gunshots (1.1%), Burns (1%), chemical substances (0.2%) , Hanging and Strangulations (0.1%) and drowning (0.05%);
- Most of the injuries occurred on the road (41.1%) and 16.7% happened at home. There were also 33.8% of the registered injury cases with unknown place of occurrence;
- A considerable number (56.1%) of injury cases were not able to record the activity of the victim at the time of the incident. 12.7% were leisure related and 7.3% were work related.

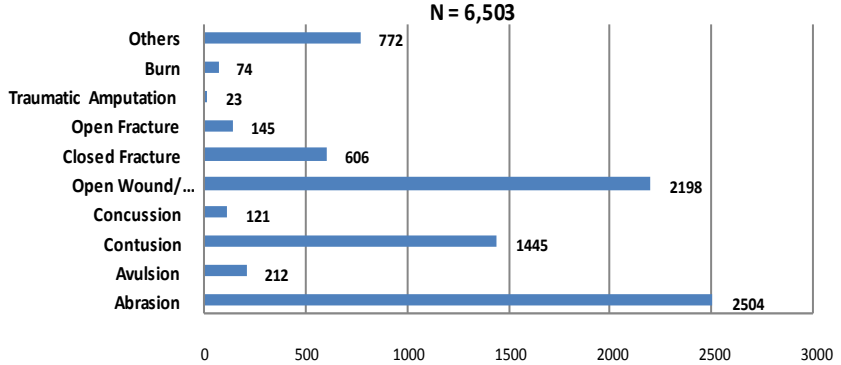
Hospital Data:

- Majority (99.7%) of the total registered injury cases reached the hospital alive and only 0.26% were dead upon arrival;
- Referred cases from other facilities accounted for 3.1% of the total registered cases of injuries;
- At the ER/OPD , most (62.6%) of the injury cases improved and only 0.5% were fatal;
- Nearly 80% of the injury cases were discharged after being treated at the ER/ OPD and 8.1 % were eventually admitted for further treatment;
- Among those admitted, 16% improved and 0.2% resulted to death.

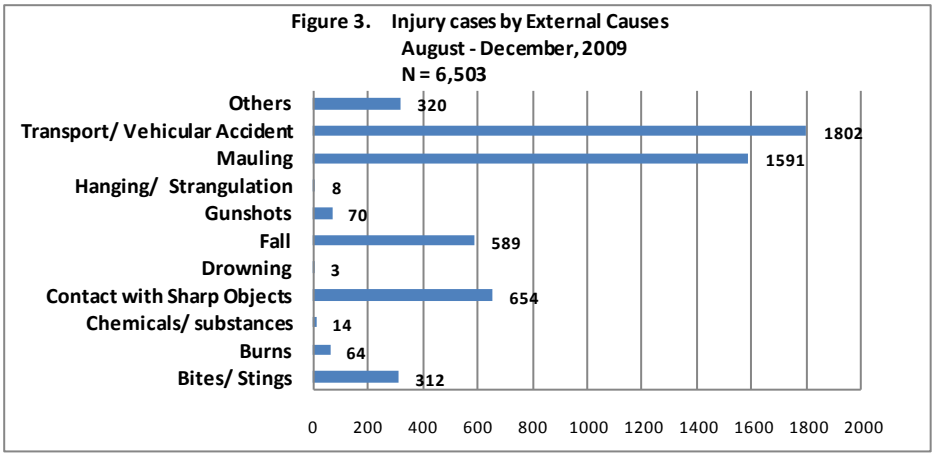
"The Life you save

maybe your own"

Figure 2. Injury cases by Type of Injury
August - December, 2009
N = 6,503

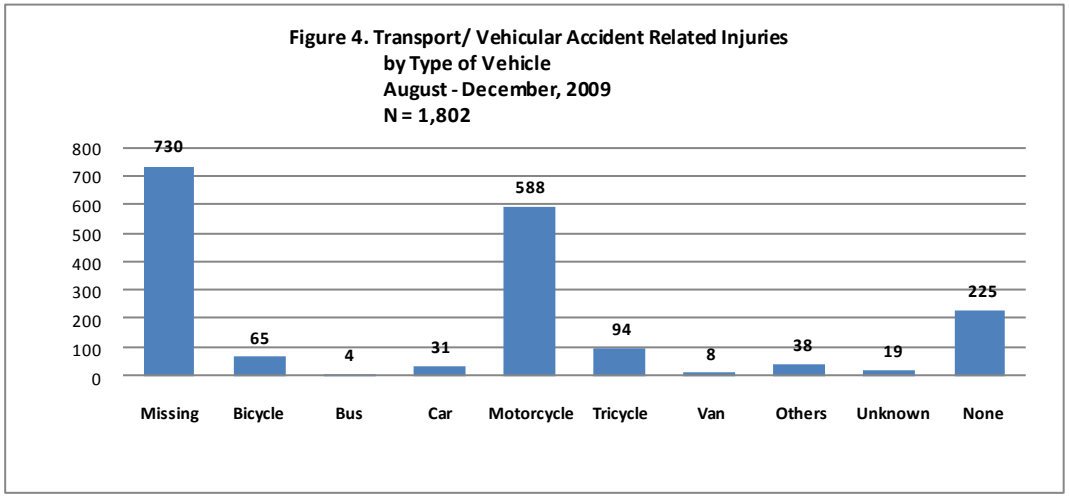


Key Findings (continued):



Transport/Vehicular Accidents

- A total of 1,802 transport/ vehicular accident related injury cases were reported for the period August to December 2009 (consultation date);
- Collision accidents account for 30.3% of the cases;
- More transport/ vehicular accident related injury cases occurred during the month of December (32.7%)
- Nearly two thirds (62.4%) of the cases occurred between 8:00 am-7:59 pm;
- More males (73.0%) than females (27.0%) were involved in transport/ vehicular accidents;
- Age group 15-44 were commonly involved in transport/vehicular accidents as it accounts for 60.4% of the total cases. Children less than 5 years old and those elderly (65 years and over) accounted for 5.3% and 2.6%, respectively;
- Motorcycle, tricycle and bicycle were the most common (41.4%) mode of transport of the injured and 12.5% were pedestrians;
- Only 7.3% of those injured while riding motorcycle used helmets while 6.9% of those who were in a car, van or bus at the time of the incident used seatbelts;
- Topping the list of the reported risk factors for transport/ vehicular accident related injury cases was alcohol/liquor at 13.2% ;
- Majority (99.72%) of the injured secondary to transport/ vehicular accident reached the hospital alive and 60% of those dead upon arrival were riding a motorcycle,



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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 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.