

Online National Electronic Injury Surveillance System (ONEISS) Factsheet

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2nd Quarter (CY 2012) Key Findings:

ONEISS registered a total of 13,644 injury cases for the 2nd quarter of CY 2012 (consultation date). Reports came from 72 hospitals (government and private) which account for 4.0% of the total number of hospitals in the country (Total number of hospitals updated to 1,821).

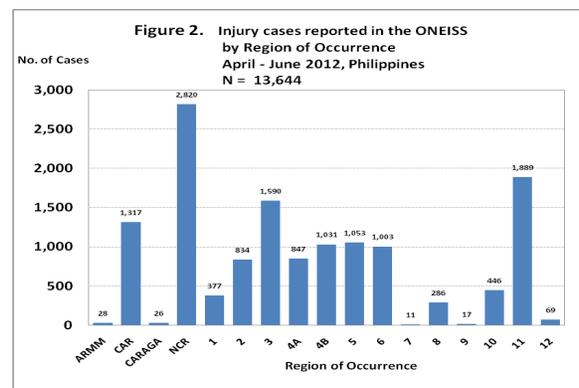
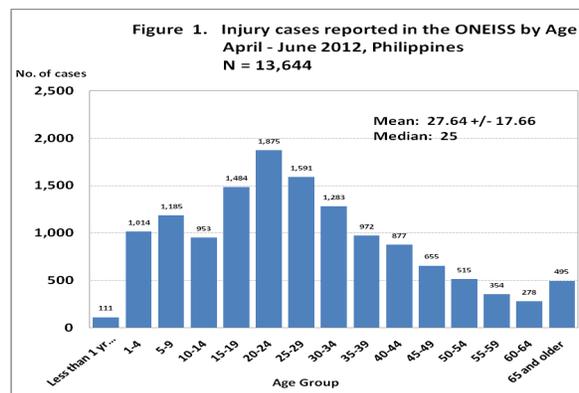
A decrease (8.9%) in the total number of hospitals that uploaded reports in the NEISS is noted from 79 in the previous quarter to 72 for the 2nd quarter of CY 2012. A little more than two thirds (68.9%) of the total reported injury cases came from 33 DOH hospitals.

General Data:

- More than half (59.5%) of the total reported cases of injuries occurred among 20-59 age group. Injuries among children (aged 0-19) accounted for 34.8% of the total reported cases including the 8.2% cases involving children less than 5 years of age. Injury cases among older persons (60 years and over) accounted for 5.6%. The mean age is 27.6 while the median is 25;
- Male to female distribution ratio is a little over 23:10 with 69.5% males and 30.5% 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 28:10 for the 15-44. 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 nationalities such as American, Australian, South Korean, Finn/Finnish, Chinese, Briton/British, Norwegian and Indian.

Pre admission Data:

- NCR registered the highest injury occurrences with 20.7% followed by Region 11 with 13.8% , Region 3 (11.7%) and CAR (9.7%);



Key Findings (continued):

- The month of June had the least percentage of injury occurrence with 24.6% while in April and May there were 37.7% and 37.2%, respectively;
- Almost half (41.7%) of the injuries reported occurred during 12:01 pm to 7:59 pm, 21.6% between 8:00 am and 12:00 pm, 18.2% happened between 8:00 pm and 11:59 pm, and 18.6% between 12:00 am and 7:59 am;
- There were 91.9% reported injury cases attended at the ER, 7.6% at the OPD, and 0.5% were in-patient;
- Majority (74.6%) of the total injury cases were unintentional or accidental while 23.7% accounted for intentional (violence) and 0.5% were intentional (self inflicted) injury cases;
- Multiple injuries were sustained by 33.6% of the total injury cases reported;
- Most commonly sustained types of injury were open wound/laceration, abrasion and contusion with 43.6%, 31.9%, 19.5%, respectively. There were also cases of closed fracture (8.1%), avulsion (2.5%), concussion (1.8%), burn (1.6%), open fracture (1.7%) and traumatic amputation (0.3%);
- Topping the list of external causes of reported injuries is transport/vehicular crash with 30.9%. Mauling/Assault was the next common cause with 20.4% followed by fall with 17.7% and bites/stings (10.8%). There were also cases of injuries caused

by contact with sharp objects (4.4%), burns (1.7%), gunshots (1.0%), chemicals (0.3%), hanging (0.1%), drowning (0.1%) and other causes (2.1%);

- Most (39.0%) of the injuries occurred on the road, 28.2% happened at home, 4.3% at the workplace, and 0.6% in school;
- Still a significant percentage (46.8%) of injury cases have not recorded the activity of the victim at the time of the incident. Of the total reported cases, 28.3% were leisure-related, 7.7% happened while at work, 1.2% 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 0.3% of the total reported cases of injuries;
- At the ER/OPD there were 13,582 cases. Of these, 84.0% improved and only 0.5% were fatal;
- Majority (86.9%) of the ER/OPD injury cases were discharged after being treated while 9.4% were eventually admitted for further treatment;
- Among those admitted and in-patient (1,334 cases), 0.7% died and 72.0% still had no recorded outcome.



“The Life you save maybe your own”

Figure 3. Injury cases reported in the ONEISS by Type of Injury April - June 2012, Philippines
N = 13,644

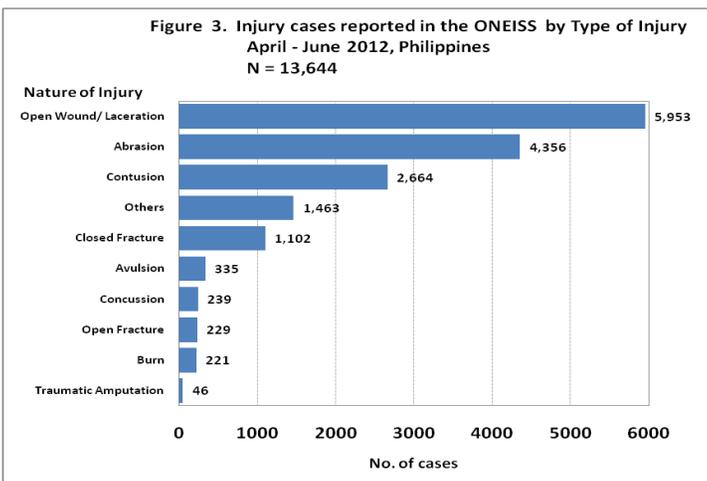
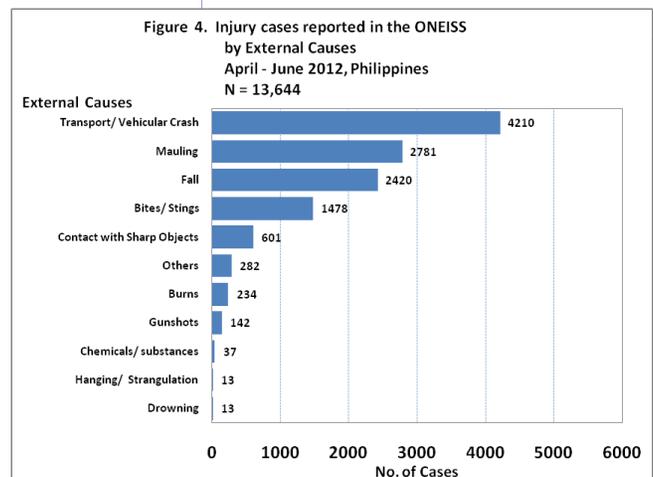


Figure 4. Injury cases reported in the ONEISS by External Causes April - June 2012, Philippines
N = 13,644



Transport/Vehicular Crash:

- A total of 4,210 transport/ vehicular crash-related injury cases were reported for the 2nd quarter of 2012 (consultation date);
- Majority (58.6%) of the transport/ vehicular crashes were collision while 41.4% were non-collision;
- For the 2nd quarter of CY 2012, less transport/ vehicular crash-related injury cases occurred in June (24.9%) than in April (37.7%) or May (37.0%);
- Almost one in five (18.1%) of the reported transport/vehicular crash-related injury cases occurred in Region 11. NCR, Regions 5 and 3 accounted for 13.9%, 12.4% and 11.1% of the total reported transport/vehicular crash-related injury cases, respectively. Regions 9, 7, ARMM and CARAGA had the least percentages of reported transport crash-related injury occurrences with less than 0.5% each;
- More than half (60.7%) of the cases occurred between 8:00 am and 7:59 pm with the highest occurrence during 4:00 pm– 7:59pm at 24.8%;
- More males (72.7%) than females (27.3%) were involved in transport/ vehicular crash;
- Children (aged 0-19) accounted for 29.3% of the total transport/ vehicular crash related injury cases, 55.1% among those aged 20 to 44, 11.6% in the age group 45-59, and those older persons (60 years and older) accounted for 4.0%. 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 12.5% ;
- Motorcycle was the most common (51.4%) mode of transport of the injured while 19.2% were pedestrians. There were also 6.0% who were occupants of tricycle. Other modes of transport of the injured were bicycle (3.5%), others including jeepney (4.7%), car (2.9%), van (1.5%) and bus (1.3%);
- **Less than one in ten (8.8%) of those injured motorcycle occupants were reported wearing helmet** while 8.3% 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, 10 of the 16 (62.5%) dead on arrival cases were motorcycle riders and 1 (6.2%) pedestrian. All (100.0%) of the 10 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 (55.5%). Other injuries sustained were open wound/ laceration (29.8%), contusion (20.2%), closed fracture (10.6%), avulsion (3.6%), concussion (2.8%), open fracture (2.5%), burn (0.4%) and amputation (0.4%).



Mauling/Assault:

Total reported cases: 2,781

Sex: Male : 69.2% Female: 30.8%

Age:

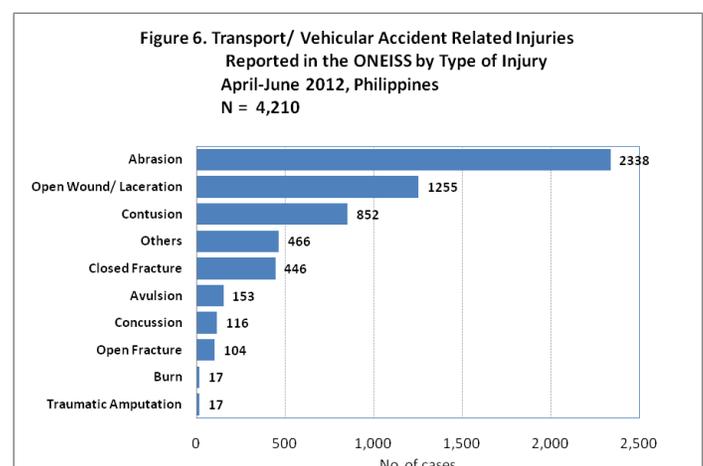
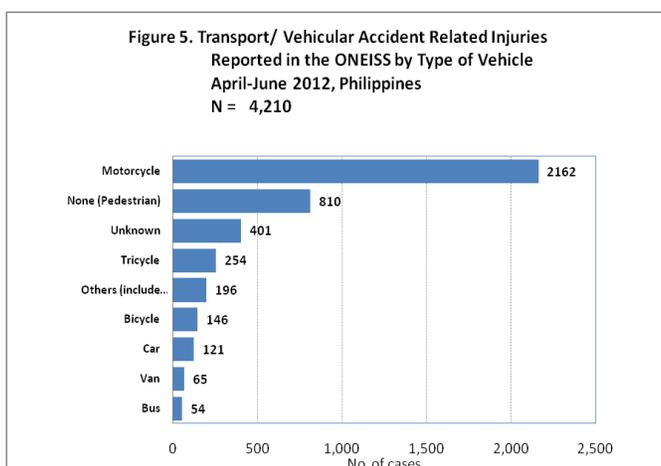
Children below 15 years old : 8.1%
 19 –44 years old : 78.8%
 45–59 years old : 10.2%
 60 years old and older : 2.8%

Time of Occurrence:

8:00 pm—11:59 pm : 28.0%
 4:00pm - 7:59pm : 23.0%
 12:00 am—3:59 am : 16.0%

Place of Occurrence:

Region 11 : 32.9%
 CAR : 15.9%
 NCR : 14.7%



Recommendations:

On the findings:

- a. Injury prevention demands a systems approach due to the very nature of the multiple, concurrent actions that must be taken together by both individuals and agencies;
- b. Intensify IEC campaign on responsible driving to drivers and pedestrians' safety on the road giving emphasis on the following:
 - dangers of drunk driving
 - observance of speed limits;
 - to stay on designated lanes especially the PUVs (buses); use of protective gears such as helmets and seatbelts; and
 - use of pedestrian lanes and overpass/footbridges
- c. Advocate for legislations:
 - national - on Blood Alcohol Concentration (BAC) limits
 - local - (Executive Orders, ordinances) on the perils of alcohol use and drunk driving; and
- d. Mauling/Assault ranked as the second most common cause of injury. This result signals the need to address problems on violence-related injuries.

On the ONEISS System:

- a. Compliance of DOH hospitals to the reporting of injury cases through the ONEISS must be required to minimize problems on under-reporting;
- b. Data validation protocols must be implemented to ensure timeliness of the report; and
- c. Advocate the importance of ONEISS data especially to the Directors of non-reporting hospitals.

Safety is everyone's responsibility...



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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.