

NEVIS ISLAND ADMINISTRATION

MINISTRY OF HEALTH



STATISTICAL REPORT 2011

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Published by the Ministry of Health
Charlestown
Nevis
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TABLE OF CONTENTS	Page
Acknowledgement	4
Acronyms and Abbreviations	5
List of Tables & Figures	6
1.0 Background	
1.1 Health Profile	7
2.0 Performance of Ministry of Health	
Strategic Objective	
2.1 Core Functions	10
2.1.2 Accomplishments – 2011	10
2.1.3 Projections – 2012/2013	11
2.1.4 Regulations and Legislations	11
2.1.5 Health Professionals	12
3.0 Health Status	
3.1 Health Indicators	13
4.0 Public Health	
4.1 Registrar General	14
4.3 Health Promotion	24
4.4 Community Health Nursing	37
4.4.1 Mental Health	52
4.5 Oral Health Services	55
4.6 Environmental Health	58
5.0 Hospital Services	59
GLOSSARY	72

ACKNOWLEDGEMENT

Health Information enables managers to monitor and evaluate health care programs, services and policies. It also enables decision makers to make maximum use of scarce resources, be it human, financial or otherwise in the implementation of interventions. It is therefore paramount that crucial health information be accessible and disseminated in a timely manner to facilitate decision making.

We at the Health Promotion Unit are proud to present the Ministry of Health Statistical Report for 2011. The staff at the Health Promotion Unit is extremely grateful to all those who have contributed to its completion and production. Your continued cooperation and support have helped us to provide a more detailed and invaluable report which once used as intended, can play a major role in the reduction of morbidity and premature mortality on the island of Nevis.

ACRONYMS AND ABBREVIATIONS

ANC	Antenatal Clinic	NACHA	National Advisory Council on HIV/AIDS
ART	Antiretroviral Treatment	NACU	Nevis AIDS Coordination Unit
ARV	Antiretroviral Medicines	NAS	National AIDS Secretariat
BSS	Behavioural Surveillance Survey	NeHAC	Nevis HIV/AIDS Committee
CAREC	Caribbean Epidemiology Centre	NGO	Non-Governmental Organization
CARICOM	Caribbean Community & Common Market	NSP	National Strategic Plan
CCT	Clinical Care Team	OECS	Organization of Eastern Caribbean States
CHD	Community Health Department	PAHO	Pan American Health Organization
CHRC	Caribbean Health Research Council	PANCAP	Pan-Caribbean Partnership on AIDS
FACTTS	Facilitating Access to Confidential Testing, Treatment & Support	PLWHA	People Living with HIV/AIDS
FBO	Faith-Based Organizations	PMTCT	Prevention of Mother to child Transmission
FHI	Family Health International	PSI	Population Services International
GFATM	Global Fund for AIDS, Malaria and TB	SAT	Self-Assessment Tool
GoSKN	Government of St Kitts & Nevis	SNHAG	Saint Kitts/Nevis HIV/AIDS Group
HPU	Health Promotion Unit	STI	Sexually Transmitted Infection
HMIS	Health Management Information System	SW	Sex Worker
HSS	HIV Sentinel Surveillance	TA	Technical Assistance
ILO	International Labour Organisation	UNAIDS	Joint United Nations Programme on HIV/AIDS
LMIS	Laboratory Management Information System	UNGASS	United Nations General Assembly Special Session on HIV/AIDS
MOE	Ministry of Education	UWI	University of the West Indies
MOH	Ministry of Health	VCT	Voluntary Counselling and Testing
MSM	Men who Have Sex with Men	WB	World Bank

List of Tables & Figures

Tables

Table 1	<i>Communicable Diseases by Age Range (pg 8)</i>
Table 2	<i>Intentional and Unintentional Injuries (pg 9)</i>
Table 3	<i>Summary of Health Indicators (pg13)</i>
Table 4	<i>Monthly Births in Nevis (pg15)</i>
Table 5	<i>Live births and still births in Nevis by Month (pg15)</i>
Table 6	<i>Teenage Births by Month and Age (pg16)</i>
Table 7	<i>Teenage Births by Age and Birth Order (pg16)</i>
Table 8	<i>Break down of Births Cases (pg 17)</i>
Table 9	<i>Registered Deaths in Nevis by Parishes (pg 18)</i>
Table 10	<i>Registered Deaths by Age (pg18)</i>
Table 11	<i>Registered Deaths by Category (pg19- 20)</i>
Table 12	<i>Incidence Cases of Neoplasm (pg21)</i>
Table 13	<i>Neoplasm/Cancers Deaths (p21)</i>
Table 14	<i>Marriages by Parishes (pg22)</i>
Table 15	<i>Marriages by Place of Marriage (pg22)</i>
Table 16	<i>Marriages by Age Range (pg23)</i>
Table 17	<i>Care and Treatment for HIV/AIDS (pg29)</i>
Table 18	<i>Person Counselling and Tested for HIV (pg31)</i>
Table 19	<i>PMTCT (pg32)</i>
Table 20	<i>HIV Education Session (pg 32)</i>
Table 21	<i>Blood Safety (pg33)</i>
Table 22	<i>Number of HIV Tests Performed (pg33)</i>
Table 23	<i>Number of Clients served at Alexandra Lab by Parish (pg33)</i>
Table 24	<i>Number of Clients served at Alexandra Lab by Month (pg33)</i>
Table 25	<i>Condom Distribution (pg34)</i>
Table 26	<i>Non- Communicable Diseases (pg39)</i>
Table 27	<i>Registered Diabetic Patients (pg40)</i>
Table 28	<i>Diabetes general statistics (pg40)</i>
Table 29	<i>Diabetic Patients by Age Range and Gender (pg41)</i>
Table 30	<i>Registered Hypertensive Patients (pg42)</i>
Table 31	<i>Hypertension general statistics (pg42)</i>
Table 32	<i>Hypertensive Patients by Age Range and Gender (pg43)</i>
Table 33	<i>District Medical Officers Clinic (pg44)</i>
Table 34	<i>Eye Care Attendance and Procedures (pg45)</i>
Table 35	<i>Attendance at Ante Natal Clinics (pg46)</i>
Table 36	<i>Pap smear per age range (pg47)</i>
Table 37	<i>Attendance at Post Natal and Family Planning Clinics (pg47)</i>
Table 38	<i>Attendance at Child Health Clinics (pg48)</i>
Table 39	<i>Attendance at Toddlers Clinic (pg48)</i>
Table 40	<i>EPI Coverage per Health Centre (pg49)</i>
Table 41	<i>Overall EPI Coverage (pg49)</i>

Table 42	<i>School Health Activities (pg50)</i>
Table 43	<i>Age Range of New Mental Health Clients (pg53)</i>
Table 44	<i>Diagnoses of New Mental Health Clients (pg53)</i>
Table 45	<i>Dental Health Statistics by Services Rendered (pg57)</i>
Table 46	<i>Dental Health Statistics by Patient (pg57)</i>
Table 47	<i>Food Handlers Report (pg58)</i>
Table 48	<i>Ten Leading causes of Hospitalization (pg66)</i>
Table 49	<i>Hospital Admissions (pg62)</i>
Table 50	<i>Hospital Discharges (pg62)</i>
Table 51	<i>Inpatient Days (pg63)</i>
Table 52	<i>Outpatient Census (pg64)</i>
Table 53	<i>Theatre Cases (pg64)</i>
Table 54	<i>Breakdown of Theatre Cases (65)</i>
Table 55	<i>Minor Day Operations (pg66)</i>
Table 56	<i>Radiology Statistics (pg66)</i>
Table 57	<i>Ultra Sound (pg67)</i>
Table 58	<i>Types of X-Ray (pg67)</i>
Table 59	<i>Types of Ultra Sound (pg67)</i>
Table 60	<i>Rehab Therapy Statistics (pg68)</i>
Table 61	<i>CT Scans/ICU (pg69)</i>
Table 62	<i>Pharmacy Statistics (pg69)</i>
Table 63	<i>Asthma Cases (pg70)</i>

Figures

Figure 1	<i>School Health Education Sessions (pg25)</i>
Figure 2	<i>Group Health Education Sessions (pg25)</i>
Figure 3	<i>Group Health Education Sessions by Age (pg26)</i>
Figure 4	<i>School HIV/AIDS Education Sessions (pg26)</i>
Figure 5	<i>HIV/AIDS Reported Cases (pg28)</i>
Figure 6	<i>HIV/AIDS Reported Cases by Age Range (pg28)</i>
Figure 7	<i>VCT Test Done by Parish (pg30)</i>
Figure 8	<i>VCT Tests Done by Month (pg31)</i>
Figure 9	<i>VCT Tests Done by Age Range (pg31))</i>
Figure 10	<i>Condom Distribution (pg34)</i>
Figure 11	<i>Diabetic Patients by Age and Gender (pg 41)</i>
Figure 12	<i>Hypertensive Patients by Age Range and Gender (pg43)</i>
Figure 13	<i>Pap Smear Per Health Centre (pg47)</i>
Figure 14	<i>Age Distribution of Pap Smear Clients (pg47)</i>
Figure 15	<i>Mental Health Client Admissions (pg54)</i>
Figure 16	<i>Age Distribution of Pap Smear Clients (pg70)</i>

1.0 BACKGROUND

1.1 Health Profile

Nevis is a developing country located in the Caribbean Sea, positioned near the Northern end of the Lesser Antilles. Divided into five (5) Parishes, the country has an estimated population of twelve thousand six, hundred and ninety (12,690). The island is divided into two Health Districts and Health Care Services are accessible to all as six Health Centres are strategically located throughout the island. The Alexandra Hospital, a 52 bed facility is the only hospital on the island. It offers a wide range of services in surgery, internal medicine, obstetrics and gynaecology, paediatrics, emergency medicine, along with other support services. The health care facilities throughout the island are manned by a cadre of qualified and professional staff.

Births

During the year 2011 there was a total of **one hundred and thirteen** (113) births, sixty – five (65) males and forty – five (45) females as compared to **one hundred and twenty- four** , sixty – three (63) male and sixty – one (61) female in 2010. The crude live birth rate stands at 8.6% compared to 9.8% in 2010. Single women accounted for 65% of these births while married women accounted for 33% and the other 2% of women were separated from their partner. Of these 113 births, four (4) were still born as compared to one (1) 2010. Teenage births as a percentage of total births stands at 10.6%

Fetal and Infant Deaths

Of the total deliveries in 2011, four (4) were stillbirths, three (3) more than what was recorded in 2010. Still birth rate for 2011 was 35.4% compared to 8.1% in 2010. No infant deaths were recorded, thus a decrease in the infant mortality rate of 16.3% in 2010 to zero in 2011. No neonatal deaths were recorded for 2011.

Deaths

There were 96 (58M/38F) registered deaths in 2011 compared to 91 (48M/43F) in 2010. This indicated a slight decrease in the crude death rate of 7.4 per 1,000 population for 2011 as compared to 9.8 per 1,000 population in 2010. The parish of St. Paul accounted for 64% of the total deaths; this is so because some of these deaths occur in the hospital which is the St. Paul parish. The 60+ age group accounted for 77.9 % of the overall deaths when compared to 69% in 2010. Deaths in children 1-4 years remained at one for both years.

Marriages

There were 98 marriages registered for the period under review; (6 more than the previous year). Thirty one (31%) of these marriages were performed in non-religious ceremonies (by the Magistrate).

The natural increase rate per 1000 population for the island was 1.4% as compared to 2.6% in 2010. This figure does not take into account migration into and out of the country.

Morbidity

The leading causes of hospitalization were hypertension and diabetes. The number of diabetic and hypertensive patients registered at health centres now stands at 523 and 504 respectively. Of those figures 23 were newly diagnosed cases of diabetes and 41 newly diagnosed cases of hypertension. There were also twenty – seven (27) newly diagnosed cases of cancers on the island. There were three (3) new cases of HIV/AIDS reported. Of the communicable diseases, Gastroenteritis, Acute Respiratory Tract Infection and Dengue were the most common.

Intentional and unintentional injuries are other indicators of concern. There were fourteen (14) cases of domestic violence, one hundred and eight (108) cases of physical assault, twelve (12) cases of gunshot injuries, twenty – one (21) cases of stabbing / slashing injuries and one hundred and six (106) cases of motor vehicular accidents seen at the Alexandra Hospital Out Patient Department.

The status of health is determined by three (3) fundamental factors, namely, genetics (predisposition), the environment in which we live and our life choices. The onus is therefore on individuals to take good care of themselves, and for us to work towards a healthier and more productive nation.

WEEKLY REPORTED COMMUNICABLE DISEASES - CLASS 3 DISEASE SUMMARY BY AGE

DISEASE	SEX	< 1 YRS	1-4	5-9	10 -14	15-19	20-49	50 - 64	65+	TOTAL	GRAND TOTAL
ACUTE RESPIRATORY INFECTION <5YRS	M	8	20	0	0	0	0	0	0	28	48
	F	6	14	0	0	0	0	0	0	20	
ACUTE RESPIRATORY INFECTION >5YRS	M	0	0	1	1	0	0	0	0	2	7
	F	0	0	1	1	0	1	1	1	5	
CHICKEN POX	M	0	0	0	0	0	2	0	0	2	3
	F	0	0	0	0	0	1	0	0	1	
DENGUE	M	0	1	1	3	2	13	0	1	21	37
	F	0	0	0	0	0	13	2	1	16	
GASTROENTERITIS <5YRS	M	5	15	0	0	0	0	0	0	20	43
	F	6	17	0	0	0	0	0	0	23	
GASTROENTERITIS >5YRS	M	0	0	9	9	4	22	6	5	55	122
	F	0	0	8	9	14	30	6	0	67	
HEPATITIS B	M	0	0	0	0	0	0	0	0	0	3
	F	0	0	0	0	1	2	0	0	3	
SYPHILIS	M	0	0	0	0	0	0	0	1	1	3
	F	0	0	0	0	0	0	0	2	2	
TUBERCULOSIS	M	0	0	0	0	0	0	1	0	1	1
	F	0	0	0	0	0	0	0	0	0	

Table 2: Displays the reported cases of communicable diseases for 2011 by gender and age

Breakdown of Dengue Cases

* Total Confirmed Dengue Cases - 8 (M - 3 / F – 5)

* Total Suspected Dengue Cases - 27 (M - 16 / F – 11)

* Total Negative Dengue Cases - 2 (M - 2)

* Total Dengue Deaths - 2 (M - 1 / F - 1)

*There were three positive cases of Hepatitis B which were identified in the antenatal survey. Contact tracing was done for two antenatals. Contacts of the third migrated. There was a male Tuberculosis fatality in the fifty plus age group. The required screening and contact tracing were done.

INTENTIONAL & UNINTENTIONAL INJURIES - 2011

Month	Gunshot Injuries	Stabbing/Slashing Injuries	Motor Vehicle Accidents	Domestic Violence	Physical Assault	Sexual Assault
January	1	3	16	2	12	2
	1 Male	3 Male	9 Male	0 M	7 Male	0 M
	0 Female	0 Female	7 Female	2 Female	5 Female	2 Female
February	0	0	0	0	0	0
	Male	Male	Male	Male	Male	Male
	Female	Female	Female	Female	Female	Female
March	2	0	6	1	7	4
	2 Male	Male	2 Male	Male	5 Male	Male
	Female	Female	4 Female	1 Female	2 Female	4 Female
April	1	3	6	0	5	3
	1 Male	3 Male	3 Male	Male	Male	Male
	Female	Female	3 Female	Female	Female	3 Female
May	1	1	8	0	7	1
	Male	Male	5 Male	Male	2 Male	Male
	1 Female	1 Female	3 Female	Female	5 Female	1 Female
June	1	3	6	4	10	2
	1 Male	3 Male	1 Male	Male	5 Male	Male
	Female	Female	5 Female	4 Female	5 Female	2 Female
July	1	6	18	1	10	5
	Male	Male	Male	Male	Male	Male
	Female	Female	Female	Female	Female	Female
August	1	2	13	1	14	2
	1 Male	2 Male	5 Male	Male	11 Male	Male
	Female	Female	8 Female	1 Female	3 Female	2 Female
September	2	0	8	0	15	0
	2 Male	Male	6 Males	Male	9 Males	Male
	Female	Female	2 Females	Female	6 Females	Female
October	0	0	4	3	5	1
	Male	Male	1 Male	1 Male	3 Male	Male
	Female	Female	3 Female	2 Female	2 Female	1 Female
November	0	1	10	1	10	1
	Male	Male	5 Male	Male	8 Male	Male
	Female	1 Female	5 Female	1 Female	2 Female	1 Female
December	2	2	11	1	13	0
	2 Males	2 Males	5 Male	Male	9 Males	Male
	Female	Female	6 Female	1 Female	4 Female	Female
Total	12	21	106	14	108	21

Table 3: Highlights the reported cases of intentional and unintentional injuries for 2011 by gender

OUT PATIENT DEPARTMENT - ALEXANDRA HOSPITAL

2.0 PERFORMANCE OF MINISTRY OF HEALTH

Strategic Objective - The strategic objective of The Ministry of Health is to coordinate the management of the Nevis Island Health Strategy, by providing a full spectrum of exceptionally high quality healthcare services, programmes and leadership as required to promote, prevent, protect, and preserve the health and well-being of the people of Nevis.

2.1 Core Functions

- Set standards for the delivery of healthcare on Nevis
- Guide the development of health policy and legislation
- Provide access to quality primary and secondary essential healthcare services
- Ensure that human resources are available to effectively deliver all services offered by the Ministry of Health and its service institutions
- Conduct surveillance of disease conditions or other threats to public health
- Monitor and evaluate health services on Nevis
- Advocate for the multisectoral approach to health care delivery
- Prepare statistical reports and other documents which reflect the disease burden in the country
- Coordinate the health sector response to disasters

2.1.2 Accomplishments – 2011

The Ministry of Health has recorded tremendous success in the past year despite the challenges of financial and human resource constraints. These accomplishments will continue to facilitate the growth of various programmes in the next three years and beyond. Some of these highlights include:

- Introduction of Family Planning and Post natal services at The Brown Hill Medical Facility.
- Employment of a trained Counsellor to the staff at the Psychiatric Unit.
- Validation of the local effort for certification of the elimination of Measles, Rubella and Congenital Rubella Syndrome by representatives of the Pan American Health Organization. (PAHO).
- Continued support for eye care. Cataract and pterygium surgeries performed for forty two (42) patients and six (6) patients respectively, through the visiting United States Eye Care Programme, held April and November 2011.
- One hundred percent (100%) of primary schools screened for Sealant Programme as part of Dental Health Services.
- One hundred percent (100%) of cruise ships and 95% reefer containers were monitored at point of entry, in accordance with International Health Regulations (IHR).
- Monitoring and inspection of all carcasses slaughtered at the abattoir to ensure that such meat is fit for human consumption.
- Consolidation of the HIV/AIDS and Health Promotion Units to promote better coordination of all health promotion activities.

2.1.3 Projections – 2012/2013

- Ensuring the availability, accessibility and affordability of health services through the development of a variety of initiatives including the construction of a new public health facility in Cotton Ground and expansion of the Environmental Health Division.
- Exploration of alternatives for health financing.
- Expansion of educational and promotional initiatives geared towards behaviour change, as well as data collection, analysis and dissemination in an effort to promote evidenced based programme planning.
- Collaboration with other government departments, NGOs and donor organizations to facilitate planning, implementing and evaluating health services.
- Introduction of the Chronic Care Model of care for the management of Diabetes and other chronic illnesses.
- Continued training of healthcare workers, community group leaders and clients in the prevention and management of chronic diseases.
- Ensuring the delivery of quality health services through the provision of adequate infrastructure and trained proactive health care workers.

2.1.4 Regulations and Legislations

The Ministry of Health operates under the following Acts:

- Medical Act
- Public Health Act
- Lunacy Act
- Registered Nurses and Midwives Act

Table of Health Professionals	
Government Employed	
Category	Quantity

Hospital	
Medical Chief of Staff	1
Hospital Administrator	1
Surgeon Specialist	2
Gynecologist	1
Internist	1
Pediatrician	1
Medical Officer/Doctor	3
Anesthesiologist	1
Director of Institutional Nursing Services/Matron	1
Asst. Director/ Matron	1
Nurse Manager	3
Asst. Nurse Manager	6
Staff Nurse	18
Nurse Anesthetist	2*
Student Nurse (at CFBC)	6
Registered Nurse	10
Nursing Assistant	9
Nursing Attendant	11
Radiographer	3
Physiotherapist + Rehab therapist	2
Pharmacist	2
Pharmacist (Student)	1
Laboratory Supervisor	1
Medical Technologist	4
Phlebotomist / Lab Assistant	1
Medical Records Staff (untrained)	2
Emergency Medical Technicians	3
Orderly	11
Auxiliary Staff	53
Secretary / Clerk	10
Public Health	
Medical Officer of Health	1
Health Services Administrator	1
Psychiatrist	1
Supervisor of Public Health Nurses	1
Public Health Managers	3
District Midwife/Nurse	4
Community Health Workers	7
Clinic Attendant	6
Psychiatric Nurse	1
HIV/AIDS Co-ordinator	1
Dentist (1 General + 1 Oral Surgeon)	2
Dental Assistant	2
Dental Hygienist	1
Dental Nurse	1
Principal Environmental Health Officer	1
District Environmental Health Officer (trained)	4
District Environmental Health Officer (untrained)	2
Vector Control Officer	5
Health Educator	3
Monitoring & Evaluation Officer	1
Surveillance Officer	1
Data Entry Clerk	2
Administration	
Health Planner	1
Secretary/Clerk	12
Solid Waste Operation Manager	1

3.0 HEALTH STATUS

The Ministry has sought to enhance the quality of life of the people and ensure access to adequate health care. With this in mind, a set of indicators (Table 1) is used to measure progress.

3.1 Health Indicators 2010 - 2011

Summary of Health Indicators

Health Indicators	2010	2011
TOTAL POPULATION ESTIMATE	12,530	12,690
TOTAL BIRTHS	124	113
TOTAL LIVE BIRTHS	123	109
CRUDE LIVE BIRTH RATE per 1000 POPULATION	9.8	8.6
TWIN BIRTH	1	0
TOTAL STILL BIRTH	1	4
STILL BIRTH RATE	8.1	35.4
TOTAL TEENAGE BIRTHS	13	12
TEENAGE BIRTH AS % OF TOTAL BIRTHS	10.6	10.6
TOTAL DEATHS	91	96
CRUDE DEATH RATE per 1000 POPULATION	7.3	7.5
TOTAL NEONATAL DEATHS	1	0
NEONATAL DEATH RATE per 1000 LIVE BIRTHS	8.1	0.0
TOTAL PERINATAL DEATH (7 days + stillbirths)	2	4
PERINATAL DEATH RATE per 1000 BIRTHS	16.1	35.4
INFANT MORTALITY	2	0
INFANT MORTALITY RATE per 1000 LIVE BIRTHS	16.3	0.0
TOTAL DEATHS IN CHILDREN 1-4 YEARS	1	1
TOTAL MATERNAL DEATH	0	0
MATERNAL DEATH RATE per 1000 LIVE BIRTHS	0	0
FERTILITY RATE	41	11.2
TOTAL MARRIAGES	92	98
CRUDE MARRIAGE RATE per 1000 POPULATION	7.3	7.6
NATURAL INCREASE	32	13
NATURAL INCREASE RATE per 1000 POPULATION	2.6	1.0

Table 3 : Shows health indicators as variables used to measure the health progress on the island of Nevis

**NB: Rates based on Projected Population estimates from Stat/Planning Unit SKB.*

4.0 PUBLIC HEALTH

4.1 Registrar General

The Registrar General Department (RGD) is the main repository of Vital Statistics for the island of Nevis. However, there are five District Registrars strategically located throughout the island that are responsible for recording events (deaths and marriages) that occur within their district.

Responsibility for filing births lies with the Matron of the Alexandra Hospital or with the physician or midwife who may have delivered a client outside of the hospital setting. The practice of delivery outside of the hospital setting is no longer the norm. Funeral Directors are legally charged with filing deaths and fetal death records. These documents are then submitted to the District Registrars who in turn forward them to the Registrar General Department. The records are then sent to the Registrar General Department in St. Kitts.

The following report therefore summarizes data compiled from the original records that were filed with the Registrar General Department for the calendar year 2011. Rates were calculated based on the midyear population estimate (12,690) that was provided by the Department of Statistics in St. Kitts. The information in this report: births, deaths, marriages, are limited to events occurring on the island of Nevis and are based on the parish/district where the event occurred.

Certificates Issued

Birth Certificates-1468 est.

Death Certificates-284

Marriage Certificates-186 (religious ceremony) + 15(civil ceremony)

Permit for Burial- 88

Monthly Births in Nevis-2011

QUARTER	MONTH	GENDER		TOTAL	MARITAL STATUS				
		MALE	FEMALE		SINGLE	MARRIED	DIVORCED	SEPERATED	Widowed
1st	January	3	2	5	5	0	0	0	0
	February	3	2	5	4	0	0	1	0
	March	3	3	6	4	2	0	0	0
2nd	April	5	2	7	5	1	0	1	0
	May	10	2	12	7	5	0	0	0
	June	3	3	6	4	2	0	0	0
3rd	July	3	7	10	8	2	0	0	0
	August	7	2	9	5	3	0	1	0
	September	10	6	16	10	6	0	0	0
4th	October	9	7	16	6	10	0	0	0
	November	6	9	15	12	3	0	0	0
	December	3	3	6	3	3	0	0	0
Total		65	48	113	73	37	0	3	0

Table 4: Highlights the no. of live births in Nevis by Month, Gender and Marital Status

Live Births and Still Births by Month-2011

QUARTER	MONTH	Live Births	Still Births	Total Births	
1st	January	5	0	5	16
	February	5	0	5	
	March	5	1	6	
2nd	April	7	0	7	25
	May	11	1	12	
	June	6	0	6	
3rd	July	10	0	10	35
	August	9	0	9	
	September	14	2	16	
4th	October	16	0	16	37
	November	15	0	15	
	December	6	0	6	
Grand Total		109	4 Males	113	

Table 5: Outlines the no. of live births and still births as recorded in Nevis in 2011

<i>Year 2010:</i>	<i>Live Births</i>	<i>Still Births</i>	<i>Neonatal Deaths</i>	<i>Total Births</i>
	123 62M/61F	1 M	1 M	124 63M/61F

Teenage Births by Month and Age

Month	Teenage Births							
	14	15	16	17	18	19		
2011	14	15	16	17	18	19	TOTAL	QUARTER
January	0	0	0	1	0	0	1	1ST 1 M + 0F = 1
February	0	0	0	0	0	0	0	
March	0	0	0	0	0	0	0	
April	0	0	0	1	0	0	1	2ND 3 M + 0 F =3
May	0	0	0	0	0	0	0	
June	0	0	0	0	0	2	2	
July	0	0	0	0	1	2	3	3RD 3 M + 3 F =6
August	0	0	0	0	0	1	1	
September	0	0	0	1	1	0	2	
October	0	0	0	0	1	0	1	4TH 1 M + 1 F =2
November	0	0	0	1	0	0	1	
December	0	0	0		0	0	0	
Total	0	0	0	4	3	5	12 8 Males + 4 Females	

Table 6 : Underscores the no. of teenagers that gave birth in 2011 categorized by Month and Age

Previous Year 2010: Teenage Deliveries 13 (4 M + 9 F)

Teenage Births by Age and Birth Order											
Age Range	Number of Pregnancies									Unknown	Total
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th		
15 & Under	0	0	0	0	0	0	0	0	0	0	0
16-19	9	3	0	0	0	0	0	0	0	0	12
20-24	11	13	7	0	0	0	0	0	0	0	31
25-29	5	11	7	2	1	0	0	0	0	0	26
30-34	3	5	6	3	4	1	1	0	0	0	23
35-39	0	2	6	5	3	0	2	0	0	0	18
40+	0	1	0	0	0	0	0	0	0	0	1
Unknown	0	0	0	0	0	0	0	0	0	2	2
Total	28	35	26	10	8	1	3	0	0	2	113

Table 7 : Identifies the pregnancy cases classed by the age range of the mother and birth order of the child

BREAK DOWN OF BIRTH CASES - 2011

Total Number of Cases for 2011	109
Total Number of Normal Deliveries	78
Total Number of Caesarean Section	30
Total Number of Breech Deliveries	1
Total Number of Forcep Assisted Deliveries	1
Total Number of Ante-partum Hemorrhage	0
Total Number of Post-Partum Hemorrhage	6
Total Number of Eclampsia	0
Total Number of Pre-Eclampsia	12
Total Number of Laceration	37
Total Number of Episiotomies	14
Total Number of Bilateral Tubal Ligation	8
Total Number of Medical Inductions	6
Total Number of Born Before Arrival	3
Total Number of Mature Births	105
Total Number of Pre-mature Births	6
Total Number of Post Mature Births	0
Total Number of Dysmature Births	0
Total Number of Breech Presentation	3
Total Number of Twins	0
Total Number of Congenital Abnormalities	0
Total Number of Transfers (to JNF Hospital)	0
Total Number of Non-Nationals	40
Total Number of Female Babies	48
Total Number of Male Babies	65
Total Number of Live Births	109
Total Number of Still Births (Fresh)	4
Total Number of Births	113
Total Number of Single Women	73
Total Number of Married Women	37
Total Number of Separated	3
Total Number of Divorce Women	0
Total Number of Unbooked Cases	6
Total Number of Syntocinon Augmentation	19
Total Number of Neonatal Deaths	0

Table 8: Gives a breakdown of birth cases for the year 2011

Registered Deaths in Nevis by Parish - 2011

PARISH	1st QUARTER		2nd QUARTER		3rd QUARTER		4th QUARTER		PARISH TOTAL		GRAND TOTAL
	M	F	M	F	M	F	M	F	M	F	
ST. PAULS	9	8	11	5	8	7	8	5	36	25	61
ST. THOMAS	0	2	0	0	1	0	0	0	1	2	3
ST. JAMES	1	2	1	0	1	1	0	1	3	4	7
ST. GEORGES	2	0	1	2	2	2	3	0	8	4	12
ST. JOHNS	4	1	3	0	2	1	0	1	9	3	12
QUARTERLY TOTAL	16	13	16	7	14	11	11	7	57	38	95

Table 9: Displays the no. of registered deaths in Nevis divided by parish

Registered Deaths in Nevis by Age Group - 2011

Age Groups	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Total		Grand Total
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
- 1 day									0	0	0
1 - 6 days									0	0	0
7 - 27 days									0	0	0
1 - 2 months									0	0	0
3 - 5 months									0	0	0
6 - 8 months									0	0	0
9 -11months									0	0	0
1 year									0	0	0
2 years									0	0	0
3 years		1							0	1	1
4 years									0	0	0
5 - 9 years					1				1	0	1
10 - 14 years									0	0	0
15 - 19 years							1		1	0	1
20 - 24 years			1		1				2	1	2
25 - 29 years	1				1		1		3	0	3
30 - 34 years									0	0	0
35 - 39 years									0	0	0
40 - 44 years	1	1							1	1	2
45 - 49 years			1			1			1	1	2
50 - 54 years		1		1	2		1	1	3	3	6
55 - 59 years	3		1						4	0	4
60 - 64 years	1		2		1		3		7	0	7
65 - 69 years	1	2		1		1		1	1	5	6
70 - 74 years		1		2		1		1	0	5	5
75 - 79 years	1	1	2		2	2	3		8	3	11
80 - 84 years	5	1	2	1	1	1	2	1	10	4	14
85 - 89 years	2	1	5	1	3	2			10	4	14
90 - 94 years	1	4	2		2	2		2	5	8	13
95 - 99 years				1		1		1	0	3	3
100 years +									0	0	0
Not Stated									0	0	0
Total	16	13	16	7	14	11	11	7	57	38	95

Table 10: Displays the no. of registered deaths in Nevis divided by age group

Registered Deaths by Category Nevis 2011

CODE	DISEASE	MALE	FEMALE	TOTAL
0.00	Symptoms, signs and Ill Defined Conditions			
Sub Total				
1.00	Communicable Diseases			
	-			
1.02	Pulmonary Tuberculosis	1	0	1
1.06	Septicemia	1	1	2
Sub Total		2	1	3
2.00	Neoplasm			
	-			
2.02	Colon	1	0	1
2.03	Gastrointestinal Tract	0	1	1
2.03	Liver	1	0	1
2.03	Pancreas	1	1	2
2.04	Lung	1	0	1
2.1	Prostate	3	0	3
2.11	Vulva	0	1	1
2.11	Ovary	0	1	1
2.14	Malignant of Independent Site	0	1	1
2.14	Carcinomatosis	1	0	1
Sub Total		8	5	13
3.00	Disease of the Circulatory System			
3.02	Hypertensive Heart Disease	2	0	2
3.02	Hypertension	1	1	2
3.02	Hypertensive Renal Failure	0	1	1
3.02	Left Ventricular Failure	1	0	1
3.02	Hypertensive Heart Failure	1	1	2
3.03	Myocardial Infarction	7	2	9
3.03	Coronary Artery Disease	1	0	1
3.03	Ischemic Heart Disease	2	0	2
3.03	Anteroseptal Myocardial Infarction	0	1	1
3.05	Cardiopulmonary Arrest	0	1	1
3.06	Congestive Cardiac Failure	1	5	6
3.07	Cerebral Infarction	1	2	3
3.07	Subarachnoid Haemorrhage	1	0	1
3.07	Intracerebral Haemorrhage	1	0	1
3.07	Cerebrovascular Accident	1	1	2
Sub Total		20	15	35
4.00	Certain Conditions Originating in the Perinatal Period			
Sub Total		0	0	0
5.00	External Causes			
5.01	Motor Vehicle Accident - Unspecified	1	0	1
5.1	Exposure to Unspecified Factor Causing Fracture	0	1	1

5.12	Gun Shot Wounds	4	0	4
5.13	Drowning	1	0	1
5.13	Hanging - Unspecified	0	1	1
5.13	Stab Wounds	1	0	1
Sub Total		7	2	9
6.00	ALL OTHER DISEASES			
	-			
6.01	Diabetes Complications	11	8	19
6.02	Malnutrition	1	0	1
6.04	Alzheimer's Disease	0	1	1
6.04	Huntington's Disease	1	0	1
6.05	Epilepsy	0	1	1
6.06	Bowel Obstruction	1	0	1
6.06	Pulmonary Fibrosis	1	0	1
6.06	Pulmonary Edema	0	1	1
6.08	Alcoholic Cirrhosis	1	0	1
6.09	Peptic Ulcer	0	1	1
6.09	Gastrointestinal Hemorrhage	1	0	1
6.09	Necrosis of Intestine	0	1	1
6.11	Hyperplasia of Prostate	1	0	1
6.14	Pemphigus Vulgaris	1	0	1
6.14	Rheumatoid Arthritis (with involvement of other organs and systems)	0	1	1
6.14	Sickle Cell Anemia with Crisis	0	1	1
6.14	Decubitus Ulcers	1	0	1
Sub Total		20	15	35
Grand Total		57	38	95

Table 11: Displays the no. of registered deaths in Nevis broken down by the cause of death

***The Underlying Cause of Death is Diseases of the Circulatory System and All Other Diseases**

-

Incidence Cases of Neoplasm 2011

Code	Type			20-29		30-39		40-49		50-59		60-69		70-79		80-89		90+		Unknown		Grand Total		
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
C539	Cervix								2							1						0	3	3
C189	Colon							1			2	1		1								3	2	5
C229	Liver							1			1											1	1	2
C349	Lung													1								1	0	1
C61	Prostate									2		6		6								14	0	14
C80	Unknown Primary										2											0	2	2
Grand Total		0	0	0	0	0	0	2	2	2	5	7	0	8	0	0	1	0	0	0	0	19	8	27

Table 12: Pinpoints the cases of neoplasm in males and females grouped by age range

**Source: Pathology Lab- Alexandra Hospital*

Neoplasm/Cancer as Registered Death Certificate - 2011

Parish	Type	Male	Female	Total
St. James	Ovary / Liver	0	1	1
St. John	Vulva	0	1	1
St. Paul	Ovary	0	1	1
	Liver / Colon	0	1	1
	Prostate	2	0	2
	Liver	1	0	1
	Prostate / Metastatic	1	0	1
	Pancreas	1	0	1
	Colon	1	0	1
	Carcinomatosis	1	0	1
	Lung/ Multiple Metastatic	1	0	1
	Head Pancreas	0	1	1
TOTAL		8	5	13

Table 13: Highlights the various types of neoplasm/cancer as registered deaths by parish and gender

Marriages by Parish

MONTH	ST PAULS <i>6 Banns +22 License</i>	ST JOHNS <i>1 Banns +15 License</i>	ST JAMES <i>0 Banns +16 License</i>	ST THOMAS <i>1 Banns + 28 License</i>	ST GEORGES <i>3 Banns +4 License</i>	TOTAL <i>11 Banns + 85 License =96</i>
January	3	0	1	4	1	9
February	1	2	2	1	1	7
March	2	0	0	1	0	3
April	2	1	1	2	1	7
May	4	4	3	3	1	15
June	3	1	0	4	0	8
July	0	0	2	3	1	6
August	3	1	1	4	1	10
September	3	1	0	0	0	4
October	0	2	0	2	0	4
November	3	3	5	3	2	16
December	4	1	1	2	1	9
TOTAL	28	16	16	29	9	98

Tables 14: Specifies the no. of marriages by parish

Marriage by Place of Marriage

PLACE OF MARRIAGE	ST PAULS	ST JOHNS	ST JAMES	ST THOMAS	ST GEORGES	TOTAL
Anglican	2	1	0	1	0	4
Baptist	1	0	0	0	0	1
Church of Christ	0	0	0	0	1	1
Church of God	0	0	3	0	0	3
Hotel (Magistrate)	0	6	3	7	2	18
Hotel (Pastor)	0	2	5	9	3	19
Jehovah Witness	0	0	0	0	0	0
Magistrates Office	10	0	2	0	0	12
Methodist	2	0	0	0	1	3
New Testament Church	3	0	0	4	0	7
Other (Beach, Residence, etc)	3	1	2	4	1	11
Pentecostal	1	5	0	0	0	6
Roman Catholic	2	0	0	4	0	6
Seven Day Adventist	2	1	1	0	1	5
Wesleyan Holiness	1	0	0	0	0	1
Church of God of Prophecy	1	0	0	0	0	1
Total	28	16	16	29	9	98

Tables 15: Specifies the no. of marriages by parish

Previous Year 2010: Registered Marriages = (13 Banns + 79 Licenses)

Marriage by Age Range -2011

Male/Husband	Female/Wife											Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	
15-19		1										1
20-24		3	1	2		1						7
25-29		5	5	2	3							15
30-34	1	1	11	7	1	1	1					23
35-39			1	4	6	1						12
40-44				2	1	5	4					12
45-49			2	3	2	3	4	1				15
50-54					4	1				1		6
55-59				1	1		1	2				5
60-64							1		1			2
65-69												0
70-74												0
75-79												0
80-84												0
Total	1	10	20	21	18	12	11	3	1	1	0	98

Table 16: Underscores the no. of marriages by age range and gender in Nevis for 2011

4.3 Health Promotion

Health Promotion is the process of enabling persons to increase control over the determinants of health and thereby improve their health”. HEALTH PROMOTION IS CARRIED OUT BY PEOPLE AND WITH PEOPLE, NOT ON OR TO PEOPLE.

The Health Promotion Unit is a support service in the Ministry of Health. It provides educational support to all health and medical programme activities, including planning and implementing interventions. As such, the activities of this unit are dependent, in part, on the activities and programs in other Units and Departments.

The Unit operates under the Caribbean Charter for Health Promotion:



Its primary function is to promote healthy living and lifestyle that would enhance health and well being. The Unit consists of 3 sub-programs, namely:

- Health Education and Promotion
- Health Information Management
- HIV /AIDS Coordination

Health Education and Promotion Programs

For 2011, this Unit concentrated on projects and programs in schools and communities.

- **School Health Programs.**

This program commenced in January 2011(Term 2) in all Primary Schools. The aim of the program is to provide a forum where children can discuss the health issues that affect them. Issues included **chronic diseases including HIV, sexual health, healthy eating, active living, substance use and abuse, healthy environment, emotional and social health.** A 45 minute session, once per month was scheduled for lessons. Principals chose classes based on their health needs. In most schools, Grade 6 was scheduled but Grades 4 and 5 were also selected. In September, new classes were selected. A total of fifty- one (51) sessions were conducted and 611 students (297 boys, 314 girls) benefited from the program. The program continues in 2012.

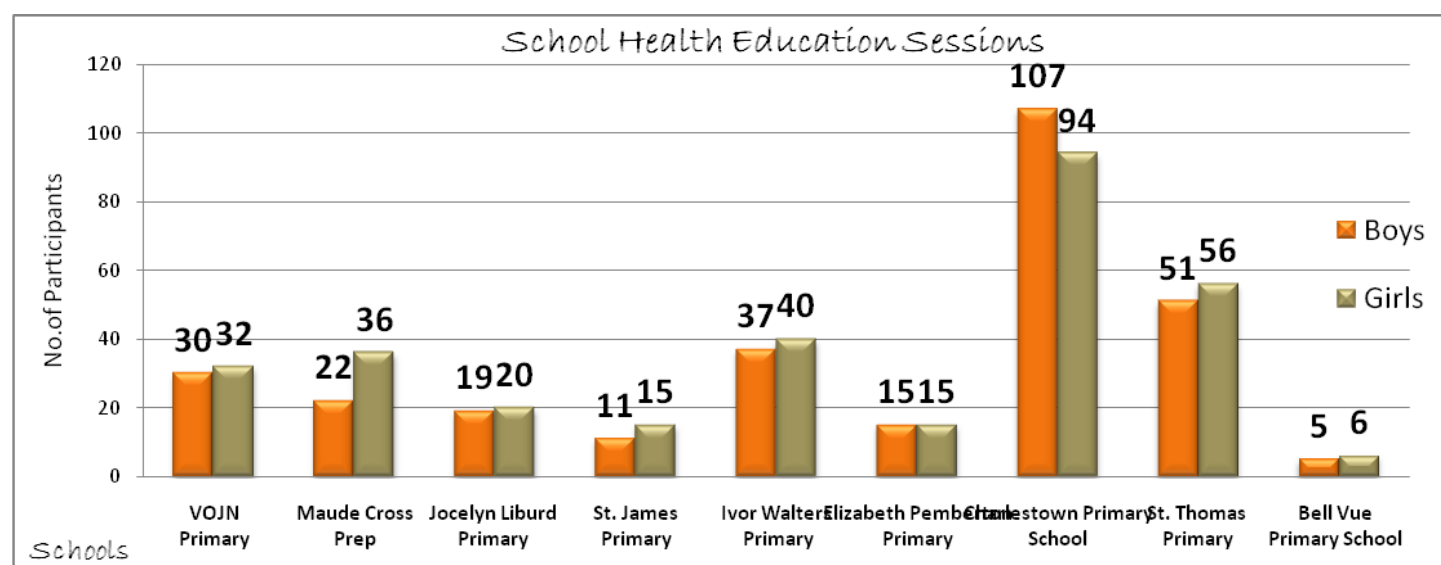


Figure 1: Illustrates no. of participants by school who attended the school health education sessions held by the Health Promotion Unit

- **Community Health Programs.**

For 2011, we continued our focus on sensitizing the community on the Food based guidelines. This was launched in 2009 and widely distributed in 2010. However, there were still some communities, namely church groups that were not visited. Sessions were also conducted in domestic violence and chronic disease.

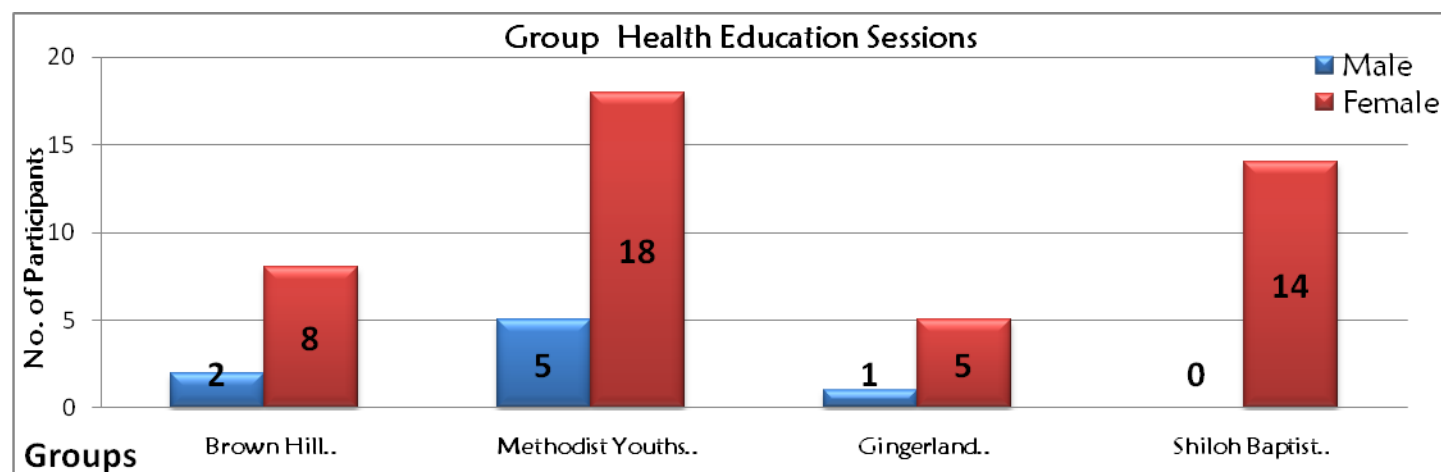


Figure 2: Illustrates no. of participants who attended the group health education sessions held by the Health Promotion Unit

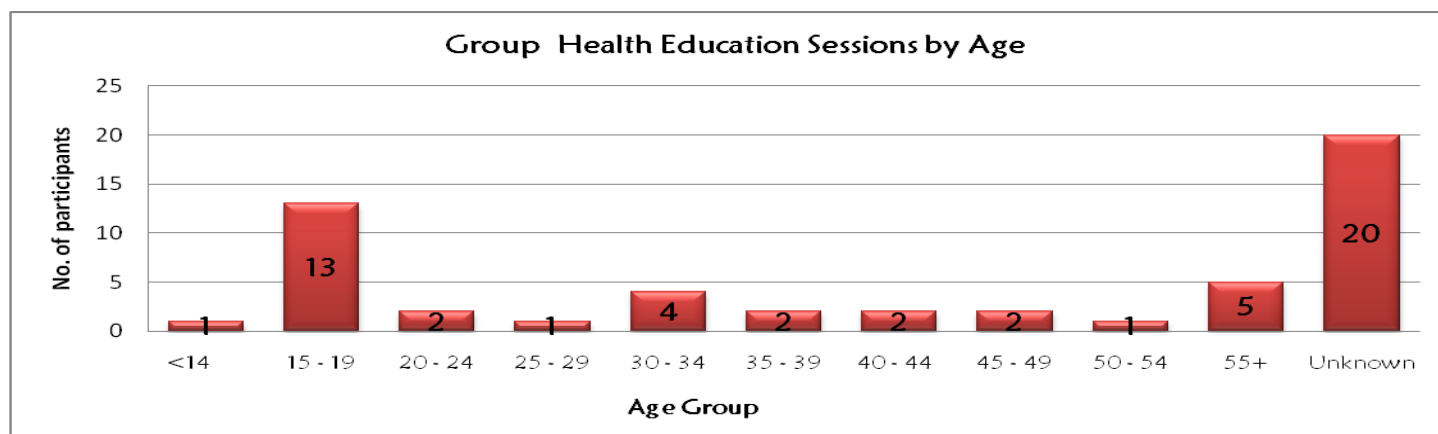


Figure 3: Depicts no. of participants, categorized by age, who attended the group health education sessions held by the Health Promotion Unit

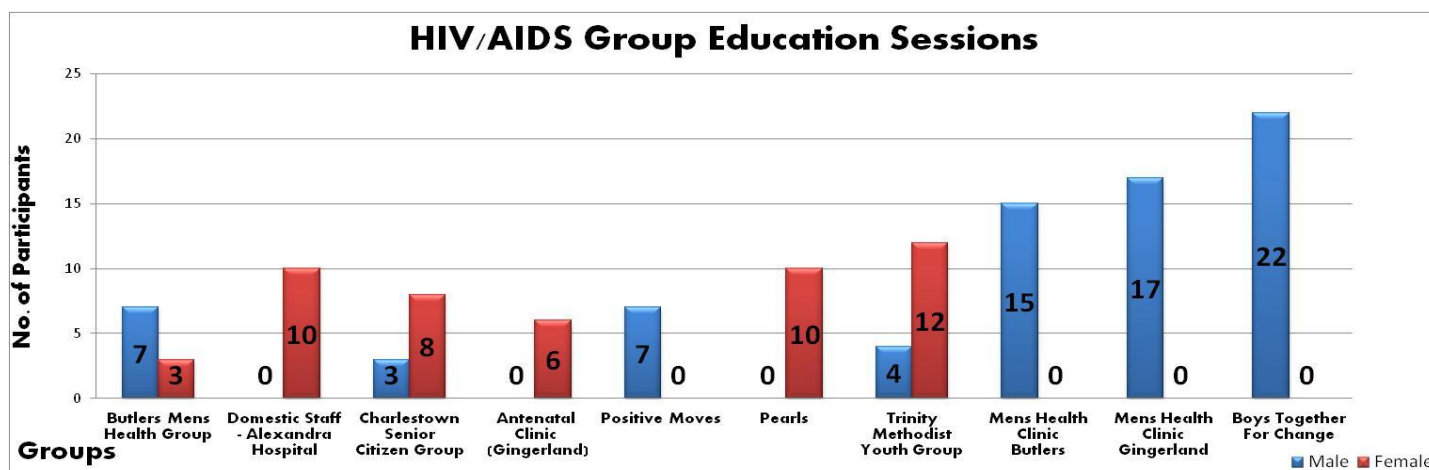


Figure 4: Depicts no. of participants, categorized by groups/clubs, who attended the group health education sessions held by the Health Promotion Unit

Walking Group Initiative. (Community)

Physical activity initiatives are ongoing. The walking groups were piloted by the Unit for the inaugural Caribbean Wellness Day (2nd Saturday in September 2008). For 2011, a total of 11 monthly hikes took place in Gingerland on the 1st Saturday of every month. Areas hiked include the Water Source, Saddle Hill, Peak Haven, Hamilton Estate, St George's Parish Shoreline and 5 mile island walks. Eleven (11) Monthly Wellness Walks were organized in Gingerland. The sports Department also organized walks in the Charlestown area on the first Thursday of each month.

Walking group initiative (Church).

Church organizations have been organizing monthly/quarterly moonlight walks and evenings or morning walks as part of promoting healthy lifestyles of the congregations. These walks usually end with exercises and/or health screening.

Observance of International Health Days.

The Unit coordinates activities to commemorate International Health Days. These included health screenings, messages for children, and community and workplace awareness through education and media presentations. For 2011, these health days were highlighted with activities.

- World Health Day April 7th
- Caribbean Nutrition Day June 1st
- Caribbean Wellness Day 2nd Saturday in September
- World Diabetes Day November 14th
- World AIDS day December 1st

Support to Community Health Departments

Support for preventive work was given to the Environmental Health Department, Dental Health Department and Community Health Nursing.

The Unit continued to play an integral role in the management of chronic disease programs at all health centres. Health Educators facilitated monthly discussions and training in self management of diabetes and hypertension. Sessions were also conducted at Men's Wellness Clinics held quarterly.

Health Information Management

During 2011, the Unit made significant progress in the collection and collation of data. The management team comprises a Surveillance Officer, a Monitoring and Evaluation (M&E) officer and three data collection and entry clerks. Data is collected weekly, monthly and quarterly from all health institutions, including private doctors. The M&E officer evaluates programs and projects. Monthly and quarterly reports are generated and an Annual Health Report is compiled and disseminated. Data entry clerks also provide secretarial services for departments in health.

Media presentations

Building alliances with the media is an important role in Health Promotion. During the year, the Unit used the media for information campaigns to raise awareness of health issues and help promote healthy choices and sound decision-making by members of the public. The unit continues to:

1. Publish weekly health articles in local newspaper
2. Use the media for international health day campaigns
3. Facilitate weekly TV health program - Our Health matters
4. Design and produce reading materials - pamphlets, flyers, posters – with local printing and designing agencies.

Staff Training

All members of staff were involved in local and overseas training, consultations and meetings for 2011. These were organized by Ministries of Health St Kitts and Nevis, Ministry of Human Resources, Labour Department, Social Services Department, University of Miami, Pan American Health Organization (PAHO) and other International agencies. Areas of training included:

- **Use of the Chronic Care Model- A Treatment Tool.** – University of Miami, PAHO and CARMEN School – Miami – 6th -11th March.
- **Risk Communication Training** – PAHO - St Kitts - Sept 14-15th
- **National Action Plan for NCD's** - Ministry of Health, St Kitts – Sept 13-14th
- **Capacity Building for Health Promoting Advocacy and Actions-** Ministry of Health, St Kitts- 26th May.
- **Consultation on “HIV /AIDS in the Workplace** – International Labour Organization. (ILO) and Labour Department- St Kitts – 24th -25th August
- **“Women at Work” training** – Department of Social services, Nevis – 8th March
- **Consultation on Public Service Act** – Human Resource Department, Nevis - 17th February
- **Orientation Workshop for new staff** – Human Resource Department, Nevis - 9th March.
- **Introduction to “Grand Aides” program** – Ministry of Health, Nevis - 12th August
- **Prospective on the Treatment of Cancers.** - Ministry of Health, Nevis – February 25th

HIV /AIDS Programming

The HIV/AIDS epidemic in Nevis is generalized with an HIV prevalence of less than one percent. Since the first case of AIDS was reported in 1987, there has been a decrease in the annual incidence of both AIDS cases and AIDS-related deaths in Nevis. Data suggests that, over the past few years, HIV/AIDS cases are outstanding in persons 25-49 years old. This leads to the loss of a significant number of years of potential life.

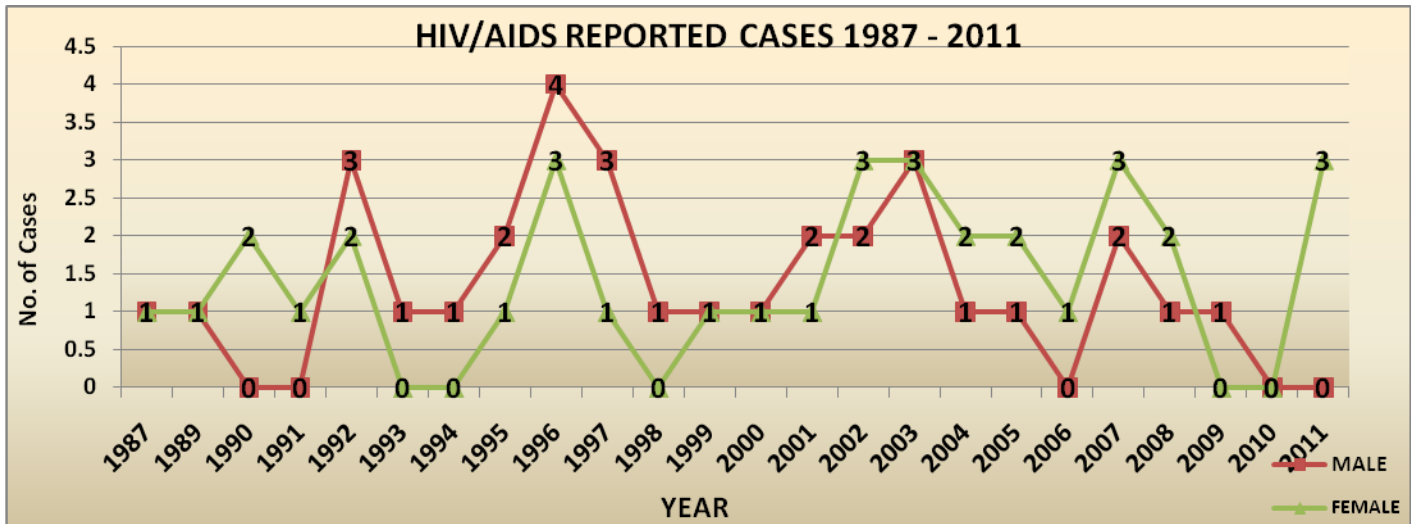


Figure 5: Portrays the no. of HIV/AIDS reported cases from 1987-2011 sorted by year and gender

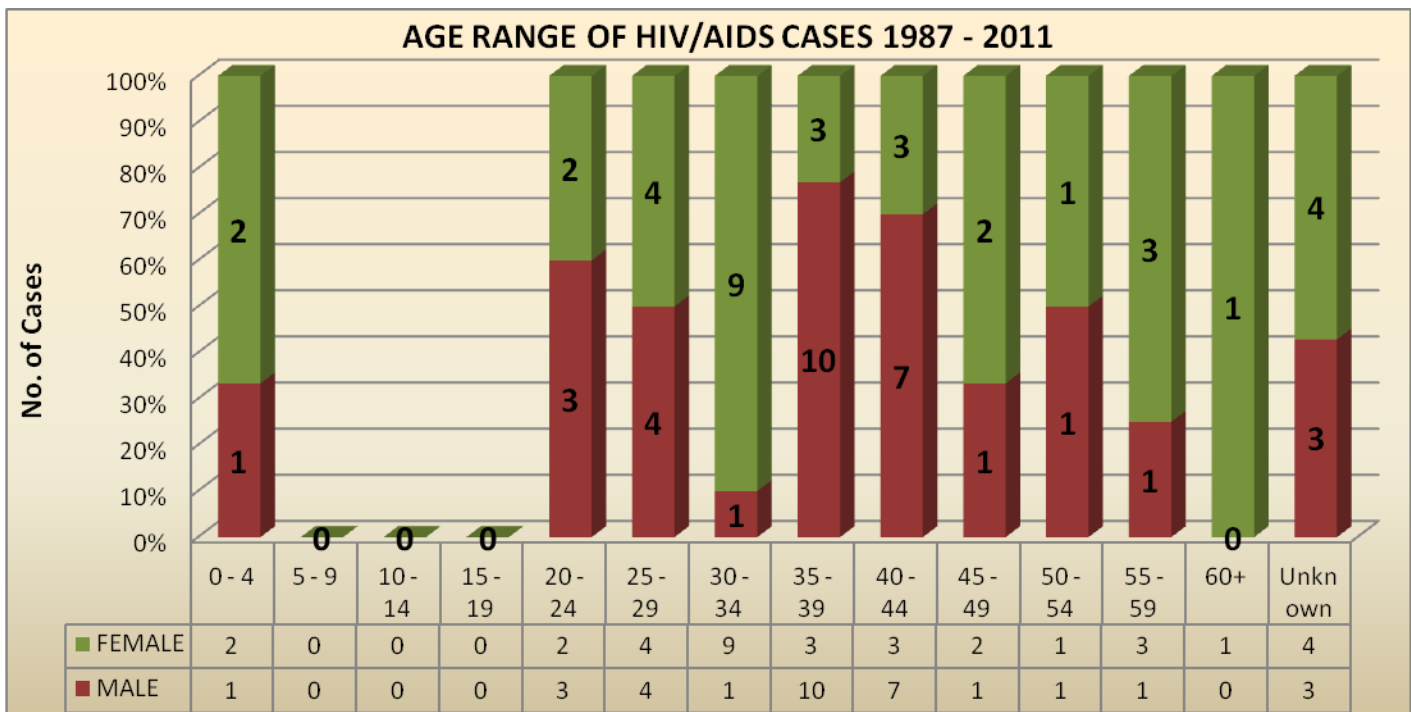


Figure 6: Represents the no. of HIV/AIDS reported cases from 1987-2011 categorized by age group and gender

The major exposure category for HIV-infection in Nevis is heterosexual contact and the male to female ratio of AIDS cases is currently 1:1, which is consistent with a true heterosexual epidemic where males and females are equally affected.

HIV/AIDS Activities for 2011

The Nevis HIV/AIDS Coordinating Unit is dedicated to reducing the spread and impact of HIV/AIDS on individuals, families and the community. The purpose of the unit is to develop and implement multidimensional, coordinated strategies to prevent the disease as well as high risk behaviour while effectively using available resources through research, planning, coordination and evaluation. The HIV/AIDS Coordinating Unit is geared towards managing HIV/AIDS holistically. This involves prevention, treatment, care and support, advocacy, surveillance and research and programme coordination and management.

For each of the programme areas, activities/achievements are provided and key indicators are presented in tabular form.

Care, Treatment and Support

Background

The aim of the Nevis HIV/AIDS care and treatment programme is to provide comprehensive care, treatment and support for all people living with HIV/AIDS which includes psychosocial support, home-based and palliative care, nutrition and adherence counselling, provision of risk reduction strategies, management of opportunistic infections and free antiretroviral treatment. Treatment for HIV/AIDS has been available free of charge. Currently, there are both first- and second line HIV/AIDS medications available for both adults and children.

Care and Treatment

Indicator	Male	Female
Number of persons in care	7	9
Number of persons on Antiretroviral treatment (First Line)	3	6
Number of persons on Antiretroviral Treatment (Second Line)	3	2

Table 17: Shows the no. of persons who are receiving care and treatment for HIV/AIDS

*No. of persons in care – 16

*No. of persons receiving care – 14

Counselling and Testing (C&T)

Background

Counselling and testing (C&T) for HIV is universally recognized as an effective and important strategy in any response to HIV/AIDS. It plays a very important role in both prevention and care. By making persons aware of their HIV status, those who are HIV negative can take the necessary precautions so as to preserve this status. For those who test positive, they can be referred to appropriate follow-up services where they can access appropriate care. This year saw two (2) VCT Days and one VCT outreach: Regional Testing Day which was held in June a total of one hundred and three (103) persons were tested (Males – 39 Females – 64), increase of 87%. National testing Day held in December where a total of thirty – six (36) persons were tested a decrease of 25%.

Counselling and Testing

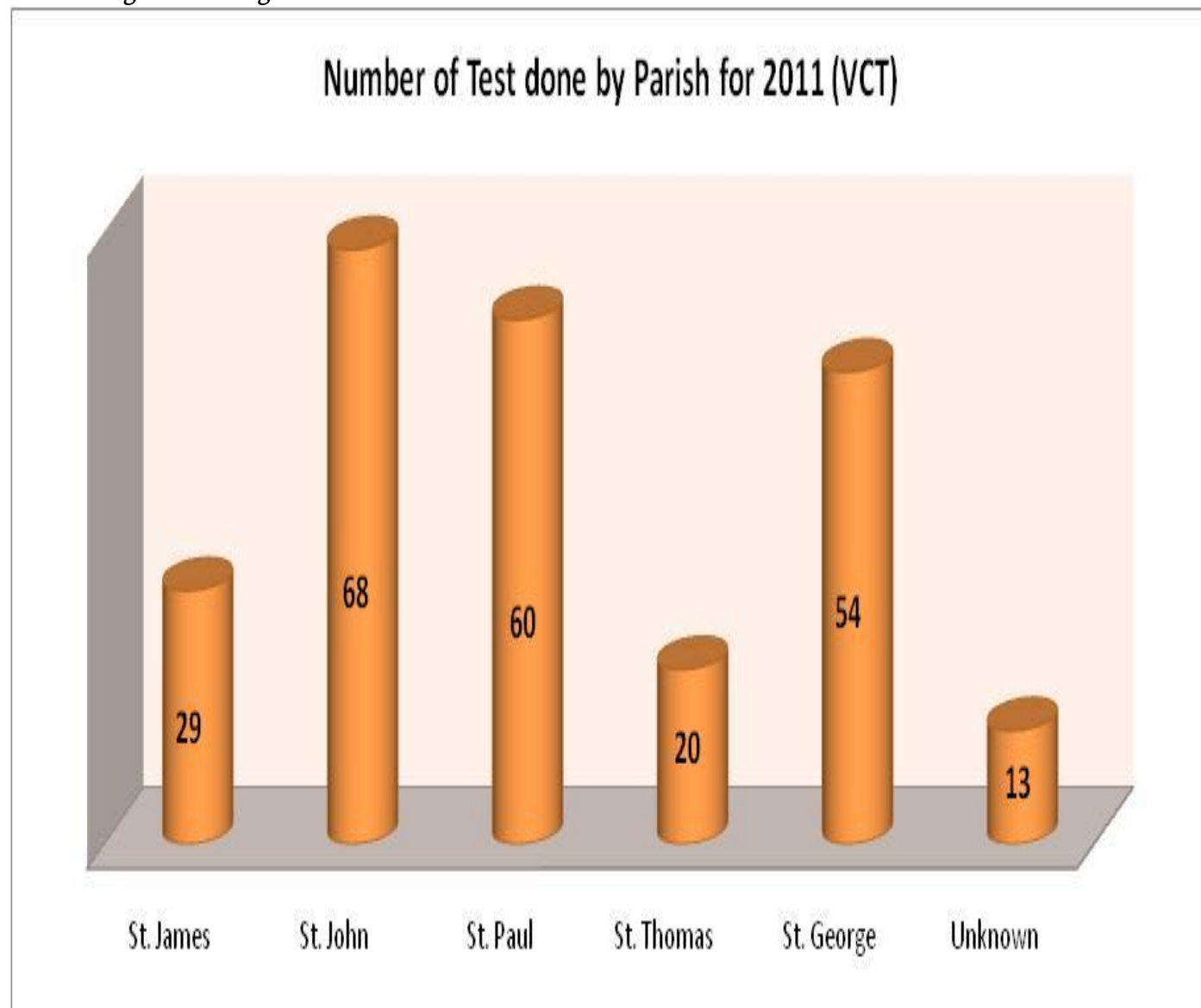


Figure 7: Shows the no. of Voluntary Counselling & Testing (VCT) done in 2011 by parish

Number of VCT Clients served by Month for 2011

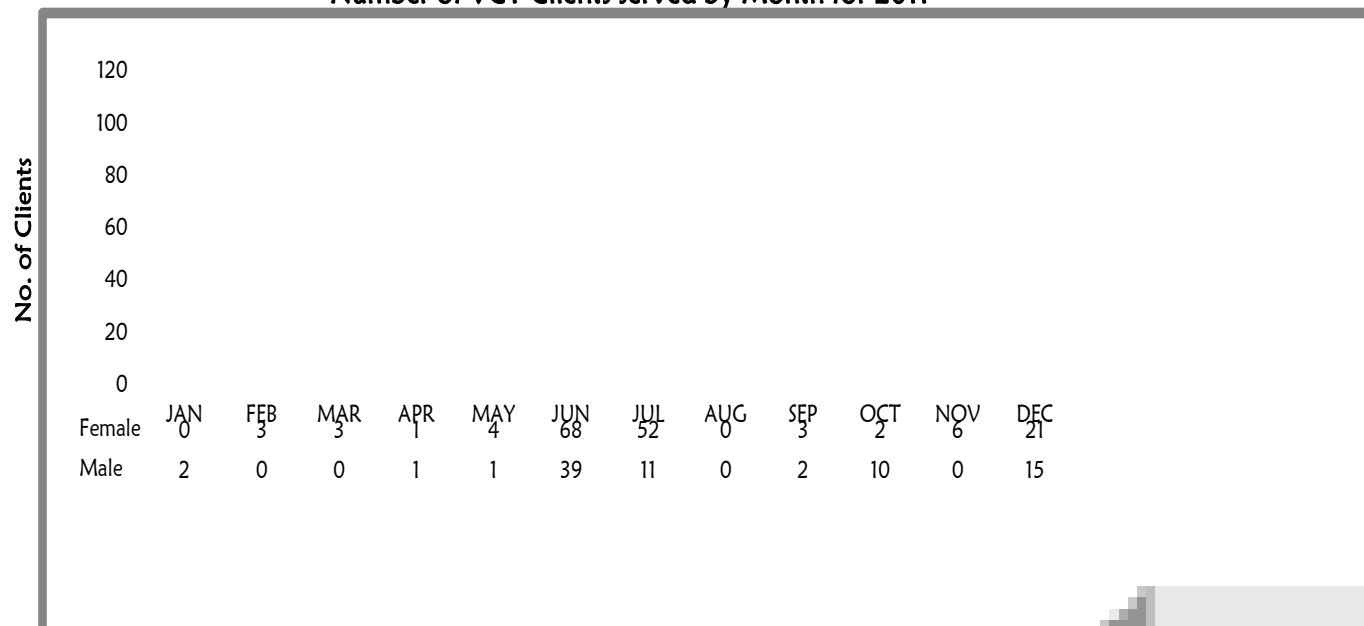


Figure 8: Shows the no. of Voluntary Counselling & Testing (VCT) done in 2011 by month and gender

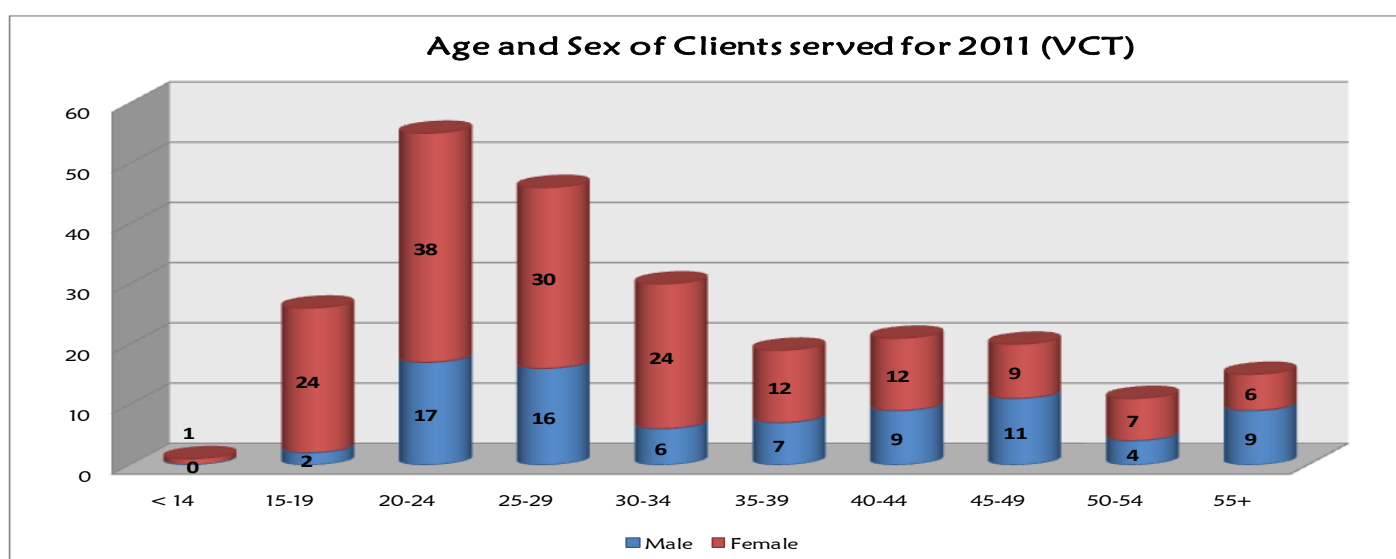


Figure 9: Shows the no. of Voluntary Counselling & Testing (VCT) done in 2011 by age range

Number of persons Counselling & Tested

Gender	2010	2011
Male	43	81
Female	77	163
Unknown	0	0
Total	120	244

Table 18: Gives a comparative look at the no. of VCT participants for 2010 and 2011

Risk Reduction / Prevention

PMTCT (Prevention of Mother to child Transmission)

Indicator	2010	2011
Number of new pregnant woman attended Antenatal clinic in the last 12 months	74	91

Table 19: Gives a comparative look at the no. of new pregnant women who attended antenatal clinic in 2010 and 2011

Education

Background

Sexual Health Education continues in the Primary schools, Charlestown Secondary and the Nevis Sixth Form College.

In the Primary Schools, kindergartens to Grade 6 were exposed to interactive sessions on HIV/AIDS basic information. The 5th Forms of the Charlestown Secondary School and the Nevis Sixth Form College (6A and 6B) participated in interactive sessions on Sexually Transmitted Infections (STIs) and HIV/AIDS and Assertive Communication.

The Boys Club of Hanley's Road, Gingerland, participated in a lecture/discussion on STIs and HIV/AIDS and Behaviour Change Communication. This group consists of adolescent males and young adult males in the Gingerland area.

CATEGORY	GENDER		TOTAL
	Boys	Girls	
School Education Sessions	184	206	390
Group Education Sessions	75	49	124

Table 20 HIV Education Session

* No. of school education sessions – 8

* No. of group education sessions – 10

Blood Safety

Indicator	2010	2011
Percent of transfused blood units in the public sector screened for HIV	100%	100%

Table 21: Shows the percentage of transfused blood units in the public sector screened for HIV in 2010 and 2011

Number of HIV Tests Done (Avalon & Alexandra Lab)

YEAR	2010	2011
Male	328	304
Female	530	560
Unknown	32	27
Total	890	891

Table 22: Shows the no. of HIV test that were done at Avalon and the Alexandra Hospital Lab in 2010 and 2011

Number of Clients served at Alexandra Lab by Parish per month, 2011							
Month	St. John	St. George	St. James	St. Thomas	St. Paul	Unknown	Total
January	7	8	12	6	4	2	39
February	6	6	9	1	8	3	33
March	16	7	5	7	7	2	44
April	12	6	5	11	4		38
May	23	8	2	4	11	4	52
June	53	23	13	12	24	4	129
July	34	18	13	22	12	8	107
August	12	8	5	4	3	4	36
September	14	6	6	7	7	6	46
October	11	11	7	4	3	8	44
November	14	3	5	5	2	1	30
December	19	8	9	6	15	2	59
Total	221	112	91	89	100	44	657

Table 23: Records the no. of clients served at the Alexandra Lab by parish per month in 2011

Age of clients served at Alexandra Lab per month 2011													
Month	<14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60+	Unknown	Total
January	1	3	10	5	7	3	3	4	1	2	-	-	39
February	0	5	4	5	4	5	3	1	2	2	2	-	33
March	1	9	8	4	7	5	3	3	2	2	-	-	44
April	1	2	6	4	10	3	5	1	3		3	-	38
May	0	6	10	12	13	3	2	5	0	0	1	-	52
June	2	7	24	18	24	12	14	11	8	7	2	-	129
July	2	15	30	21	12	7	8	5	2	2	3	-	107
August	1	1	8	6	5	4	5	3	3	0	0	-	36
September	2	7	8	7	7	1	1	3	5	1	4	-	46
October	0	2	9	9	6	1	5	3	3	2	4	-	44
November	0	5	2	1	8	6	3	2	1	1	1	-	30
December	0	6	12	10	7	5	4	5	3	5	2	-	59
Total	10	68	131	102	110	55	56	46	33	24	22	0	657

Table 24: Records the no. of clients served at the Alexandra Lab by age per month in 2011

Condom Distribution

Background

Condom distribution continued and specialized Behaviour Change Communication (BCC) campaigns were developed to increase use. The unit also continued to supply health centres, service deliver points and the general public with male and female condoms. Information, Education and Communication (IEC) materials were also distributed to the general public.

Condom Distribution

Indicator	2010	2011
No. of male condoms distributed	15,507	8808
No. of female condoms distributed	328	112
No. Of dental dams distributed	146	3
No. Of lubricants distributed	653	239
Total Condoms	15,535	8920

Table 25: Underlines the no. and type condoms distributed in 2010 and 2011

*Condom distribution increased by 21.5% in 2010

*Condom distribution decreased by 43% in 2011

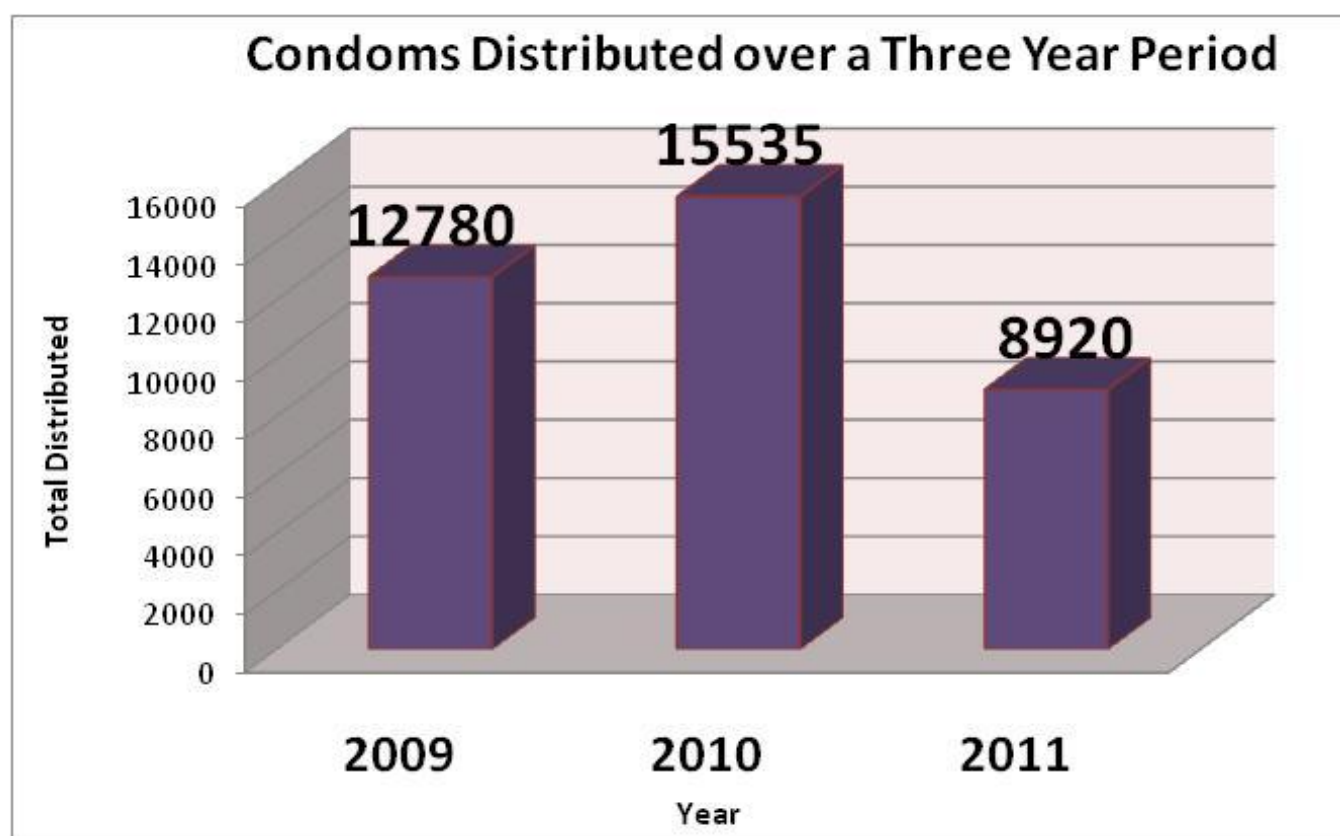


Figure 10: Illustrates the no. of condoms distributed in 2009, 2010 and 2011

Capacity Building

Workshops

- ✓ **Health Systems Strengthening & Private Sector Assessment Stakeholder Meeting** – A meeting was held in St. Kitts to gather feedback regarding the validity of the assessment's findings and to prioritize the report's recommendations.
- ✓ **Contact Investigation Stakeholders Meeting** – This meeting was held in St. Lucia to address the efforts to strengthen the contact tracing/investigation programmes as a strategy for preventing transmission of sexually transmitted infections (STIs), including HIV. The Medical Officer of Health and a Community Health Nurse attended this meeting.
- ✓ **Caribbean Regional HIV Prevention Summit**- The Health Educator along with the HIV/AIDS Coordinator attended this summit in Nassau, Bahamas.
- ✓ **Advanced Monitoring & Evaluation Workshop** - The HIV/AIDS Coordinator attended this workshop which was held in Jamaica.
- ✓ **PEPFAR Health Systems Strengthening Meeting in St. Kitts** The HIV/AIDS Coordinator and the Health Services Administrator attended this meeting.
- ✓ **HIV Clinical Care and Treatment Guidelines Meeting** - This meeting was held in St. Lucia and the Medical Officer of Health attended.
- ✓ **Specialized Skills Building Workshop** - The Health Educator took part in this workshop which was held in Trinidad.
- ✓ **Training – of – Trainers Workshop** - The Medical Officer of Health and a Community Health Nurse attended this workshop in St. Lucia.
- ✓ **Updated HIV Clinical Care and Treatment Guidelines Meeting** – This meeting was held in Antigua and the Medical Officer of Health attended.

Training

- ✓ **EQA In HIV Serology Training for Laboratory Quality Assurance** - The Lab Manager took part in one week training in Barbados.
- ✓ **Cultural Approaches to HIV Prevention Education and Empowerment Programmes** – This workshop was held in St. Lucia and Ms. Dyann Hobson attended.
- ✓ **Outcome Evaluation Training** - The HIV/AIDS Coordinator and the Surveillance Officer attended this one week training in St. Lucia.

Achievements

With the new addition in staff – Ms. Eldina Farrell as Education and Communication officer - the office was able to increase its outreach activities in the workplace, community and schools.

The staff of the HIV Unit continues to work untiringly despite limited human and financial resources and cooperation.

The HIV Unit acknowledges the work of partners, service delivery persons, and stakeholders in making the HIV response functional and forward moving in helping to mitigate the spread of HIV and assist persons who are living with or affected by the virus.

Challenges

The HIV/AIDS response was met with some challenges which affected some of the targets set for 2011. One of the main challenges experienced was the unavailability of test kit to conduct community outreach and workplace sessions. The limited supplies of test kits greatly impacted the outreach programme. The Outreach testing programme reached 198 persons who got counselled and tested compared to 2010 where 103 persons were tested. No outreach programmes were conducted from August to November due to limited supplies of test kits. On the National Testing Day, test kits were restricted since the hospital laboratory only had kits for emergency use. The Nevis HIV response had a target of 360 persons reached through VCT outreach programmes. The programme fell short with only 244 persons reached. A consistent supply of test kits is important for the programme to increase its testing outreach, so persons could know their status. The target for 2012 is 432 for Nevis. This is a target the Unit would like to achieve.

Inadequate condom stock was another challenge that impacted the consistent distribution of male condoms to various clients and distribution points. The office depends solely on Caribbean HIV AIDS Alliance (CHAA) for its supply of condoms, dental dams, lubricants, and female condoms. There was a significant decrease condom distribution due to stock out. In 2010 there was an increase by 21.5% (which includes female condoms, lubricants, and dental dams), but in 2011 there is a decrease of 43% in distribution.

4.4 Community Health Nursing

Community health nursing in collaboration with the community focuses its attention on serving the population in their homes, in schools and in the workplace.

The department strove to keep abreast current health trends and issues in order to enhance their knowledge, training, skills and professional growth. Workshops, seminars and symposiums were used to accomplish the continual medical education.

In spite of reduced human and other resources, the department was able to achieve its slated goals. This achievement was a direct result of the staffs' collaborative efforts and vigilance to improve the quality of care given through client health education and health promotion.

Staffing

- Ms. Donna Hill joined the staff as a Registered Nurse and is attached to the Psychiatric Unit.
- Ms. Treese Liburd was transferred from Alexandra Hospital to community and works as a Nursing assistant.
- Ms. Caroline Huggins former Clinic Attendant is now deceased. The post was filled by Ms. Yonette Nelson.

The Staff comprised of:

- 1 Supervisor Community Health Nursing
- 4 Community Nurse Managers
- 4 District Nurse Midwives
- 1 Mental Health Manager
- 1 Registered Nurse attached to Psychiatric Unit
- 1 Psychiatric Assistant
- 7 Community Health Workers
- 1 Nursing Assistant
- 6 Clinic Attendants
- 1 Chauffeur / Orderly for Psychiatric Unit
- 1 Maintenance Worker
- 1 Store Assistant

Services provided:

- Maternal and Child Health
- Antenatal, Postnatal and Family Planning, Child Health
- School Health
- Minor Treatment
- Home Visiting
- Diabetic and Hypertensive Clinic
- Eye Care Programme
- Voluntary Counselling & Testing for HIV/Aids
- District Medical Officers clinic
- Men's Health
- Mental Health

Capacity Building

Nursing staff participated in the following workshops:

- Mass Casualty Management
- Regional Training for National Co- Ordination of Drug Information network
- HIV Contact tracing
- TB/ HIV training of trainers
- The Diabetic Foot
- Infant Growth and Nutrition
- Readiness to respond in Disaster
- Clinical Management of Dengue Fever
- Sexually Transmitted Infections Training of trainers
- Strengthening Events Allegedly Attributed to Vaccination or Immunization

Achievements

- Combermere Health Centre was the recipient of a new refrigerator
- **‘Protect your family, protect yourself’** was the theme for vaccination week in the Americas. MMR 2nd doses were offered to clients 2- 49 years.
- A third year psychology student was attached to mental Health for a period of two months.
- Workplace Outreach screening was conducted at Agriculture Department, Charlestown Post office and New Castle Fire Hall. Screening was conducted for cholesterol, Blood sugar and Blood pressure.
- The development Bank donated a gate for the Butlers health centre.
- One Personal Digital Assistant (PDA) was sourced by Ministry of Health
- Men’s wellness Clinic was launched at Brown Hill Health centre.
- Two health centres accommodated three pupil midwives over a four week period while they acquired Obstetric experience in the environment of the Community. This was a partial fulfilment of the post basic Midwifery Programme.
- During Diabetic month, nursing staff participated in screening for Diabetes and Hypertension at eight venues throughout the island.

Non- Communicable Diseases Presented at Health Centres 2011

DISEASES	Brown Hill	Butlers	Charlestown	Combermere	Cotton Ground	Gingerland	TOTAL
Abdominal Pain	5	2	11	11	9	33	71
Alcoholism	0	0	0	0	0	0	0
Arthritis	33	34	19	30	27	125	268
Asthma	0	6	3	2	1	12	24
Diabetes	46	77	25	55	38	137	378
Gastritis/GE	4	0	10	8	1	14	37
Handicap - Mental	0	1	1	0	0	0	2
Handicap - Physical	0	0	1	0	0	0	1
Head Ache	0	0	0	2	1	27	30
Hearing Impairment	0	0	0	0	1	0	1
Helminthiasis	0	0	0	5	0	0	5
Hypertension	46	77	42	117	115	191	588
Menstrual	0	0	0	0	0	0	0
Ophthalmic Problem	1	0	4	0	0	30	35
Other Injuries	190	154	680	93	202	591	1910
Pyrexia	0	1	0	0	2	3	6
Respiratory Conditions (chr.)	0	1	11	29	53	1	95
Seizure Disorder	3	0	0	4	0	1	8
Sickle Cell	0	3	0	2	3	0	8
Skin Disorder	43	15	57	32	41	175	363
Urinary Symptoms	0	1	4	1	1	5	12
Visual Impairment	0	1	0	2	3	2	8
Vomiting	0	0	0	0	0	0	0
Gender							
Male	120	170	427	131	202	533	1583
Female	229	187	405	205	235	804	2065
Total	349	357	832	336	437	1337	3648

Table 26: Highlights non-communicable diseases presented at all the Health Centre throughout the island of Nevis in 2011

Registered Diabetic Patients at Health Centres Nevis

Over A 4 Year Period

Health Centre	2007		2008		2009		2010	
	M	F	M	F	M	F	M	F
Charlestown	42	102	39	101	42	109	46	113
Brown Hill	13	36	16	37	19	34	23	33
Gingerland	48	110	50	110	48	108	54	113
Butlers	12	29	11	31	10	30	9	32
Combermere	14	36	11	36	12	35	13	36
Cotton Ground	14	21	16	23	16	25	16	26
F.N Home	4	5	10	6	10	8	6	5
Yearly Total	147	339	153	344	157	349	167	358
	486		497		506		525	

Table 27: Displays the no. of registered diabetics as catalogued at all the Health Centres throughout the island of Nevis over a period of four years

Year: 2011

Health Centre	GENDER		Reg. Total	DEATHS		TREATMENT			NEW CASES		TOTAL	OLD CASES		TOTAL	TYPE 1	TYPE 2	Gest.
	M	F		M	F	ORAL	INJECTION	DIET	M	F		M	F				
Charlestown	51	105	156	2	2	118	30	8	8	6	14	43	99	142	6	150	0
Brown Hill	22	38	60	3	1	37	18	5	0	3	3	21	36	57	3	57	0
Gingerland	57	107	164	7	8	122	37	5	0	0	0	57	107	164	3	161	0
Butlers	10	33	43	1	0	38	1	4	1	1	2	9	32	41	0	43	0
Combermere	12	35	47	0	0	24	14	9	0	3	3	12	32	44	1	46	0
Cotton Ground	17	24	41	2	1	35	6	0	1	0	1	16	24	40	0	41	0
TOTAL	169	342	511	15	12	374	106	31	10	13	23	158	330	488	13	498	0
F. N. Home	7	5	12	4	1	11	1	0	0	0	0	7	5	12	0	12	0
Grand Total	176	347	523	19	13	385	107	31	10	13	23	165	335	500	13	510	0
* NB: Deaths included in Centre F.N. Home - Registered Total Flamboyant Nursing Home																	

Table 28: Displays the no. of registered diabetics; diabetes related deaths; diabetic treatment ,and old and new registered cases of diabetes as catalogued at all the Health Centres throughout the island of Nevis in 2011

Diabetic Patients By Age And Gender - 2011

AGE RANGE	Charlestown		Brown Hill		Gingerland		Butlers		Combermere		Cotton Ground		F. H		Age Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
01 - 19	1	2	1	1	1	0	0	0	1	0	0	0	0	0	4	3
20 - 29	1	1	1	0	0	0	0	1	0	1	0	0	0	0	2	3
30 - 39	2	6	2	0	4	5	0	0	2	1	0	1	0	0	10	13
40 - 49	3	15	2	4	7	13	0	4	0	2	1	1	0	0	13	39
50 - 59	14	27	8	7	10	26	1	4	1	9	8	4	1	0	43	77
60 - 69	14	15	4	4	6	16	1	9	1	3	3	3	1	0	30	50
70 - 79	9	17	2	15	22	24	7	7	4	4	2	8	1	0	47	75
80 - 89	7	21	1	4	7	18	1	6	2	10	3	4	2	3	23	66
90 - 99	0	1	1	2	0	4	0	1	1	4	0	3	2	2	4	17
100 +	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Stated	0	0	0	1	0	1	0	1	0	1	0	0	0	0	0	4
Total	51	105	22	38	57	107	10	33	12	35	17	24	7	5	176	347
	156		60		164		43		47		41		12		523	

Table 29: Displays the no. of diabetic patients by age range and gender

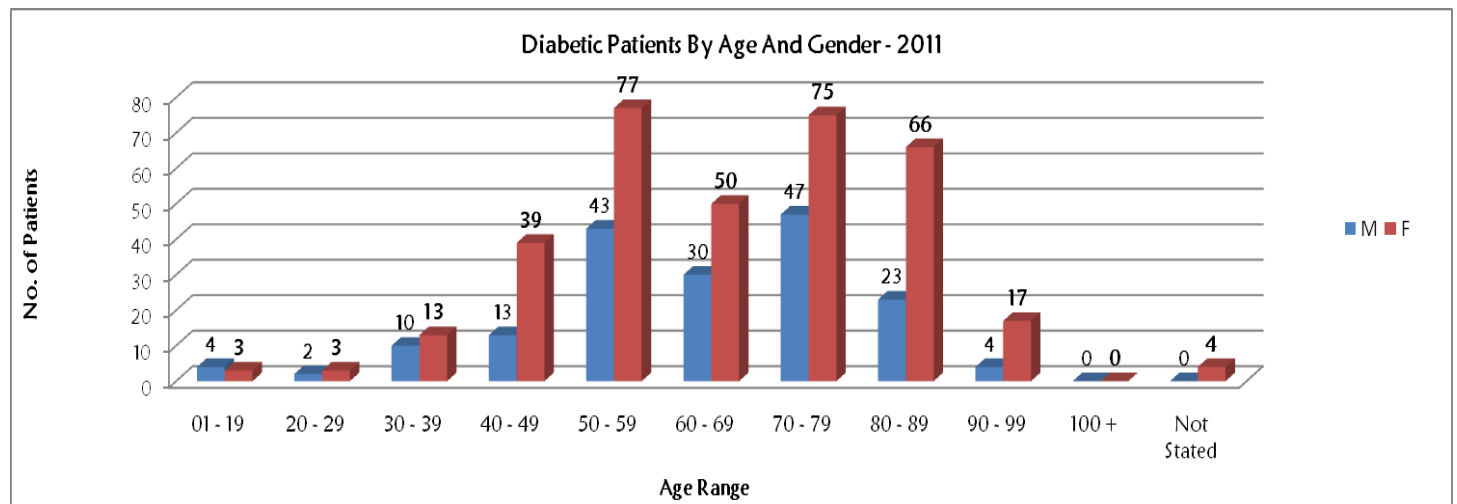


Figure 11: Illustrates the no. of diabetic patients by age range and gender

Registered Hypertensive Patients at the Health Centres Nevis

Over A 4 Year Period

HEALTH CENTRE	2007		2008		2009		2010	
	M	F	M	F	M	F	M	F
Charlestown	42	102	27	69	36	70	39	78
Brown Hill	13	36	24	38	22	41	23	42
Gingerland	48	110	25	87	29	92	45	108
Butlers	12	29	11	29	5	16	7	18
Combermere	14	36	9	42	16	44	18	51
Cotton Ground	14	21	16	38	17	40	15	41
F.N.Home	4	5	11	7	11	4	0	0
Yearly Total	147	339	123	310	136	307	147	338
	486		433		443		485	

Table 30: Underscores the no. of hypertensive patients as catalogued at all the Health Centres throughout the island of Nevis over a period of four years

YEAR: 2011

HEALTH CENTRE	GENDER		Reg. Total	DEATHS		NEW CASES		TOTAL	OLD CASES			TREATMENT	
	M	F		M	F	M	F		M	F	TOTAL	ORAL	DIET
Charlestown	40	89	129	1	2	4	17	21	36	72	108	127	0
Brown Hill	22	41	63	1	3	0	1	1	22	40	62	0	0
Gingerland	46	103	149	3	7	9	5	14	37	98	135	127	18
Butlers	9	17	26	2	1	1	1	2	8	16	24	26	0
Combermere	18	48	66	0	0	0	0	0	18	48	66	66	0
Cotton Ground	16	41	57	0	2	2	1	3	14	40	54	57	0
F. N. Home	9	5	14	5	2	0	0	0	9	5	14	14	0
Total	160	344	504	12	17	16	25	41	144	319	463	417	18

Table 31: Underscores the no. of registered hypertensive patients; hypertensive related deaths; hypertensive treatment and old and new cases of hypertension

**NB: Deaths Included in Centres' Registered Total*

F.N. Home: -Flamboyant Nursing

Home

HYPERTENSIVE PATIENTS BY AGE RANGE AND GENDER

AGE RANGE	Charlestown		Brown Hill		Gingerland		Butlers		Combermere		Cotton Ground		F. H		Age Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
01 - 09	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10 - 19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20 - 29	3	1	0	0	0	3	0	0	0	0	0	0	0	0	3	4
30 - 39	1	3	0	2	5	8	0	0	0	0	0	1	0	0	6	14
40 - 49	6	16	0	6	7	16	2	0	1	2	1	5	0	0	17	45
50 - 59	13	22	3	9	10	21	2	2	3	13	3	12	1	0	35	79
60 - 69	9	16	10	11	9	16	0	3	4	6	3	7	1	0	36	59
70 - 79	3	12	8	8	10	25	2	6	7	11	5	10	1	0	36	72
80 - 89	3	14	0	4	3	7	2	4	3	10	3	3	4	3	18	45
90 - 99	0	3	0	1	2	4	0	2	0	6	0	3	2	2	4	21
100 +	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0
Not Stated	2	2	0	0	0	3	1	0	0	0	1	0	0	0	4	5
Total	40	89	22	41	46	103	9	17	18	48	16	41	9	5	160	344
	129		63		149		26		66		57		14		504	

Table 32: Displays the no. of hypertensive patients by age range and gender

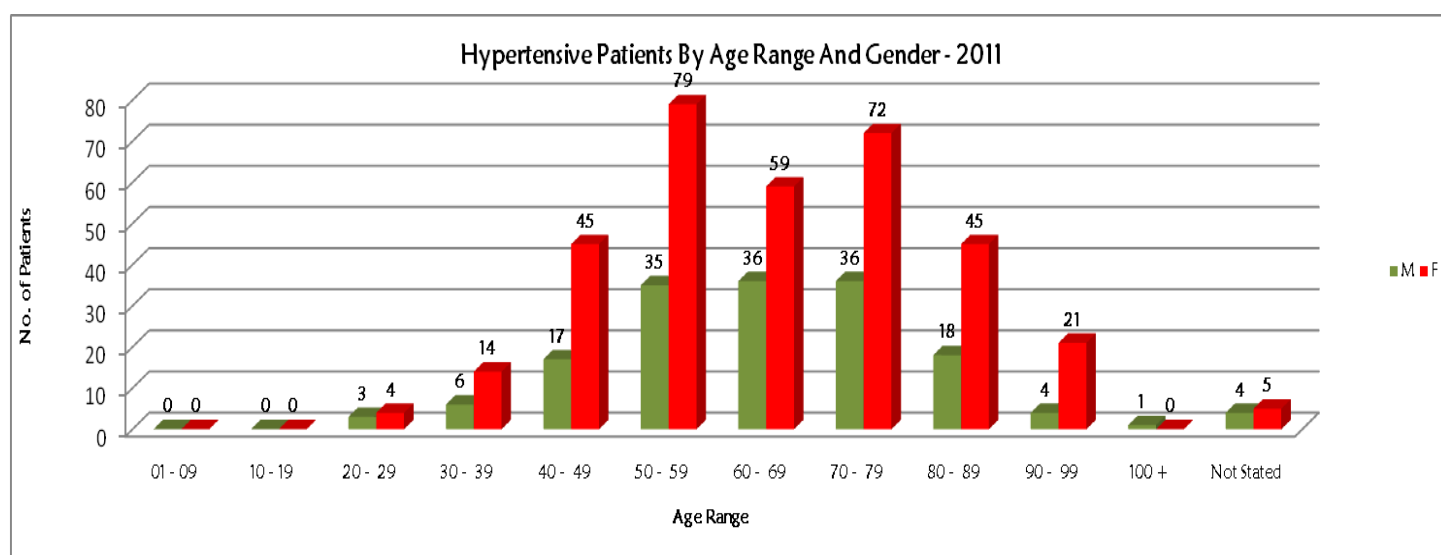


Figure 12: Illustrates the no. of diabetic patients by age range and gender

District Medical Officers Clinic

The District Medical Officers clinic was accessed by clients on a weekly basis. Non communicable diseases such as diabetes and hypertension were commonly seen among the middle-aged and the elderly clients, while seasonal respiratory conditions affected all ages.

Clinic	Sessions	Patients Seen
Charlestown	45	222
Gingerland	46	769
Brown Hill	42	231
Butlers	42	466
Cotton Ground	50	323
Combermere	45	281
2011 Total	270	2292
2010 Total	257	2094

Table 33: Shows the no. of health sessions held and the no. of patients seen at the District Medical Officers Clinic in 2010 and 2011
District Medical Officers Clinic

While the population density in Charlestown is greater than that of some rural districts, utilization of the urban health centre is not as predominant as in other the districts. Possible contributory factors include easy access to private physician offices and the socio-economic background of the clients.

Minor Treatment

All health centres accommodated a range of daily activities that included measuring blood pressure and blood sugar levels throughout out the year. Tuberculin tests were done on Mondays, Tuesdays and Fridays at Charlestown Health centre. Other activities included urine testing, dressing and counselling. Clients were also referred to doctors when necessary.

Home Visits

Home visiting is an extension of care in the home setting and enabled health care providers to treat patients who were physically unable to attend clinic sessions.

Apart from the routine follow up of care, visits were prioritized as the need arose.

Nevis Eye Care Programme

Ophthalmologists of the U.S.A in alliance with Nevis Island Administration continued biannual clinics. Both visits spanned a four week period. Consultation was free but a small fee was attached for pterygium and cataract surgeries. Eye drops were sourced by Nevis Island Administration as well as donations by other pharmaceutical companies of the USA through the Nevis Eye Care programme. All health centres were accessed by glaucoma patients for free supplies of eye drops.

In spite of the availability of eye medication and education some clients remained noncompliant and therefore are at a greater risk of acquiring advanced glaucoma. A significant number of patients with diabetes and glaucoma accounts for the bulk of patients seen at every session. Other outstanding activities are included in the following table.

Eye Care Attendance and Procedures

2011	Total Pt. Visit	Diabetic Laser	Pterygium surgery	Glaucoma Laser	Cataract surgery
April - May	624	5	5	14	0
Oct – Nov.	794	11	0	12	49
Total	1418	16	5	26	49

Table 34: Highlights the no. of patients that received eye care treatment or underwent some form of surgery

Men's Health

Men's Health clinic was launched at Brown Hill Health Centre. The three health centres now enable more men to play an active role in achieving and maintaining healthy lifestyles. Sessions were held at Gingerland clinic on alternate months and quarterly at both Brown Hill and Butler's health centres.

A men's health fair was the highlight at the Gingerland clinic. Prisoners of her Majesty's prison were part of group sessions at Butlers.

A total of five hundred and three (503) men were in attendance during eleven sessions.

Family Health

Antenatal Visits

The total number of sessions for the year 2011 remained constant; however there were marked contrasts in both the sessions and the number of new clients for Combermere health centre. The numbers were increased by 64% and 82% respectively.

New Antenatal patients who accessed the services offered at the health centres in 2011 increased by 20% when compared to the 2010 statistics. A prevalence study of Hepatitis B infection among Antenatals was also conducted and three (3) blood samples tested positive. The necessary investigations and follow-ups were done.

Attendance at Ante Natal Clinics 2011

Health Centre's	# Sess.	Pts. Reg.	New	Old	<12 wks	12 – 20 wks	20+ wks	New Att.	Re-visit	Tot Att.	Iron	Folic Acid	# Ref. to Dr.
Ch/Town	21	38	34	4	4	17	13	34	129	163	1372	1365	34
B/Hill	25	20	14	6	3	7	4	14	73	87	420	390	14
G/Land	25	32	27	5	8	8	11	27	110	137	872	816	27
B/Lers	13	5	5	0	0	5	0	5	8	13	30	30	5
C/Ground	17	9	7	2	3	1	3	7	24	31	60	60	7
C/Mere	11	11	11	0	1	7	3	11	19	30	90	60	11
Total	112	115	98	17	19	45	34	98	363	461	2844	2721	98

Table 35: Expresses the no. of pregnant females who made antenatal visits to the Clinics throughout Nevis in 2011

Post-natal Visits

Reproductive health services are offered at five health centres. This has boosted accessibility and availability for services and family planning supplies. Consequently a higher percentage of clients attended the Pap smear screenings and as such increased their chances of surviving cervical cancer.

Six high grade squamous intraepithelial lesions (HSIL) were in the 35 and over age group. All low grade squamous intraepithelial lesions (LSIL) were in the 20 – 34 age range. Table 37 below provides further details for the pap smears performed at the clinics.

Pap smear per age range 2011

Clinics	Total	15 – 19	20 – 24	25 – 29	30 – 34	35 – 39	40 – 44	45 – 49	50+				
										Neg.	LSIL	HSIL	HPV
Ch/Town	290	10	34	41	44	39	34	28	60	280	6	4	0
G/Land	41	2	8	6	6	4	6	1	8	41	0	0	0
B/Lers	7	1	1	1	1	3	1	0	0	7	0	0	0
C/Mere	19	0	7	1	2	4	0	0	5	19	0	0	0
Brown Hill	35	1	7	6	8	5	1	0	7	35	1	0	0
Total	393	14	57	55	61	55	42	29	80	382	7	4	0

Table 36: Expresses the no. of females who had Pap smear screening completed at Clinics throughout Nevis in 2011

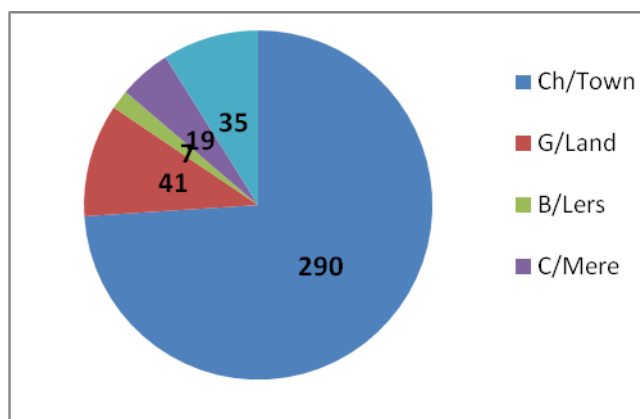


Figure 13: Pap smear screening by Health Centre 2011

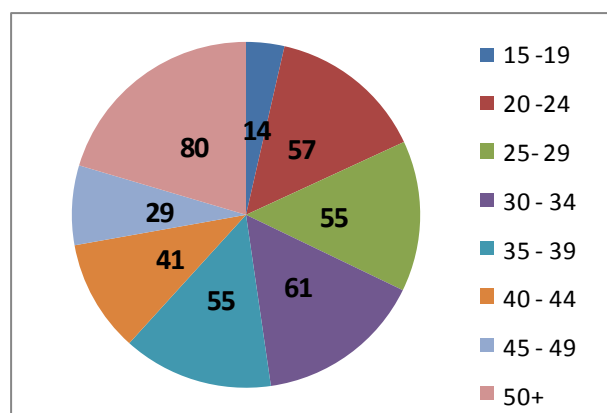


Figure 14: Pap smear screening by age range

Attendance at Post Natal and Family Planning Clinics

Clinic	Postnatal					Family planning							
	# of sess	# del	# p/n att.	# ref to Dr.	# of sess	new /re adm.	Re-visit	# physic exam	# ref to Dr.	oc	inj	lud	other
Charlestown	30	41	41	0	26	23	311	46	2	108	152	35	19
Gingerland	10	12	12	0	43	11	118	58	0	155	83	12	50
Combermere	8	10	10	0	12	5	19	4	0	7	8	0	0
Butlers	0	0	0	0	20	1	29	4	0	1	7	0	0
Brown Hill	8	11	11	0	16	9	16	9	0	2	11	0	0
Total	56	74	74	0	117	49	493	121	2	273	261	47	69

Table 37: Shows the no. of individuals who made post natal and family planning visits to the Clinics throughout Nevis in 2011

Early Childhood Growth & Development

Growth and development, nutrition and immunization of children 0-5 yrs formed part of primary intervention in child care at all health centres. The number of obese infants has shown a consistency for the past three years. This reflects an average of 37 or 7%.

The goal of exclusive breastfeeding for the first six months of life is yet to be achieved as a high percentage, however, health education on child feeding practices continues.

Toddlers maintained good attendance. Toddlers three years and over are committed to attend pre- school but also share this commitment with attendance at Toddlers clinic for follow up of immunization and continuous monitoring of nutrition, growth and development.

Attendance at Child Health Clinics

Clinics	# on Reg.	Sess.	New	Old	Re-Visit	Total Att.
Charlestown	189	24	55	134	950	985
Brown Hill	92	24	32	60	396	428
Gingerland	111	24	31	80	539	570
Butlers	11	24	3	8	77	80
Combermere	46	12	18	28	231	249
Cotton Ground	60	24	23	37	278	301
Total	509	132	162	347	2471	2613
2010	513	133	175	338	3127	3302

Table 38: Records 2011 Child Health Clinic attendance in Nevis

Attendance at Toddlers Clinic

Clinics	# on Reg.	Sess.	New	Old	Re-Visit	Total Att.
Charlestown	236	8	62	174	394	456
Brown Hill	136	8	44	92	193	237
Gingerland	141	9	40	101	227	254
Butlers	23	8	5	18	51	56
Combermere	64	4	10	54	171	181
Cotton Ground	65	8	16	49	113	129
Total	665	45	177	488	1149	1313
2010	672	42	155	516	1135	1290

Table 39: Records 2011 Toddlers Clinic attendance in Nevis

EPI Coverage per Health Centre 2011

Clinics	DPT	Polio	MMR	BCG	Hep.B	Penta-Valent
Charlestown	82%	85%	100%	93%	82%	82%
Brown Hill	96%	88%	92%	100%	96%	96%
Gingerland	86%	86%	86%	69%	86%	86%
Butlers	40%	60%	100%	60%	40%	40%
Combermere	73%	73%	87%	100%	73%	73%
Cotton Ground	81%	75%	94%	100%	81%	81%

Table 40: Show EPI (Extended Programme on Immunization) coverage per Health Centre

Overall EPI Coverage with 4yr Comparison

Antigen	2008	2009	2010	2011
Polio	88%	100%	85%	84%
DPT	86%	100%	89%	83%
MMR	100%	100%	95%	97%
Hep.B	83%	100%	89%	83%
BCG	90%	100%	75%	100%
Pentavalent	82%	100%	89%	83%
MMR 2nd	-	-	-	81%

Table 41: Gives a comparative look at the overall EPI (Extended Programme on Immunization) over the span of four years

Adolescent Growth & Development

School Health

School children entering primary and secondary schools, as well as those leaving school received their necessary physical examinations and immunizations. Other primary school students received rapid inspection.

Health education and counselling formed vital aspects in guidance for the adolescents.

The integration of dental health into the school programme has made strides in prophylaxis and treatment to combat dental cavities. Community Health nurses assisted in the continuation of the global school health survey which involved students 13-15 yrs of all high schools. The checking of Body Mass Index (BMI) formed part of the activities.

School Health Activity

Clinic	# sess	# exams	Visual defect	Tinea Cap	Dental Cavities	Breast Exam.	Obesity	Ref to DMO	# foll.up	Dpt	Polio	MMR	DT	Hep B		
										BSt	Bst	2	BST	1	2	3
Br/Hill	8	266	5	4	32	4	15	0	0	5	12	0	7	2	2	0
Ch/town	19	781	36	7	39	5	60	5	0	20	128	34	113	0	1	3
Cotton/Grd	5	214	0	0	22	0	1	2	2	3	8	4	5	0	0	0
Butlers	3	66	0	2	12	5	0	1	1	2	2	0	0	0	0	0
C'mere	3	72	2	0	13	0	2	3	0	2	2	0	0	0	0	0
G/land	4	113	5	0	13	17	9	8	8	7	12	0	6	0	0	1
Total	42	1512	48	13	131	31	87	19	11	39	164	38	131	2	3	4

Table 42: Shows the no. of physical exams and immunization shots given to students entering primary and secondary schools

Recommendations

- Cotton Ground Health centre should be relocated as soon as possible
- There is the need for Internet service, a printer and surge protector at Charlestown Health centre.
- Human resources need to be urgently addresses to maintain client satisfaction and alleviate 'staff burn out'
- The Washing machine and dryer at Charlestown need to be installed.

Goals

- To boost the attendance of respective Hypertensive and Diabetic association meetings
- To initiate Men's health clinic at Combermere health centre
- To increase the number of Pap smears to all age groups
- To increase in service education

4.4.1 MENTAL HEALTH

Introduction

The Nevis Mental Health Unit soldiers on in its task to achieve and assist in the maintenance of client mental stability and to educate the general public on all matters regarding mental health through various forms of media. We strive to improve the delivery of mental health care in the Nevisian Community. Although we have a long way to go in regards to matters of mental health in Nevis, we have undoubtedly made strides in this domain.

Various researches done by credible bodies have undoubtedly highlighted the instantaneous need for ministers of government, professionals and the general public on a whole to push or stress the importance of mental wellness to every aspect of an individual's life. As the emotional, physical and financial impact of mental illness is becoming more evident, not only to the victims of the illness but relatives, friends and the general public, it is apparent that we must put systems in place to address this prevalent issue.

There are a few things that can be done in the Nevisian Community. Human resource is our most valuable resource and as such it is paramount that trained professionals be a working presence. The implementation of proper statistical acquisition and a viable database is crucial so as to consistently determine the epidemiology of mental illnesses not only in Nevis but by extension the Caribbean. It is important that we think beyond the borders of St Kitts and Nevis as this would drive us to elevate our level of performance and dedication to the health of our people.

Overview of the Unit

In the Ministry of Health, the Nevis Mental Health Unit falls under Community Health Services. Although the physical location of the Unit is upstairs the pharmacy in the Alexandra Hospital, the Mental Health Unit is Community based. Nurse Jenevie Daniel is the supervisor of Community Health nursing and the Mental Health Unit. The Psychiatric staff continued to perform their duties to the best of their abilities. Monthly staff meetings were held to determine whether individual and group objectives have been met, to plan projects, to foster greater team cohesion and to determine whether the mental health of workers are at an appropriate, functional level. To assist in the maintenance of good mental health among staff, the group went on outings together and issues that may affect the mental health were discussed.

The unit saw the addition of one female nurse at the end of the year. No other changes were made regarding staff. Dr Sharon Halliday continued to be the Consultant Psychiatrist at the Unit and for the entire federation of St Kitts-Nevis. Nurse C. Meredith Amory Field persisted in performing her duties as the Psychiatric Nurse Manager and Ms Stevee Jones maintained her role as the Counsellor at the Unit. Mrs Lesa Browne persevered in her duties of the Nurses' Aide; Mr Cuthbert Clarke continued to double as the driver and orderly of the Psychiatric Unit and Nurse Donna Hill who initially started observing at the unit in September 2011, officially began work from the 1st November 2011.

The specific objectives of the unit for 2011 were:

- To continue public awareness of mental health issues
- To assist in the maintenance of wellness among the clients
- To encourage the clients to realize the importance of attending Occupational Therapy sessions
- To increase and maintain cohesion among the staff
- To continue in service training

REGISTERED MENTAL HEALTH CLIENTS FOR 2011

Number of new clients: 55 (33 M + 22 F)
 Number of old clients: 421 (201 M + 220 F)
 Number of clients imprisoned: 12 (11 M + 1 F)

Number of clients released: 4 (3 M + 1 F)
 Number of clients in prison: 8 (8 M)
 Number of deceased clients: 11 (7 M + 4 F)

Total Registered clients at the end of 2011: 476 (234 M + 242 F)

AGE RANGE	MALES	FEMALES	TOTAL
01 – 09	-	-	-
10 – 19	3	1	4
20 – 29	8	5	13
30 – 39	3	5	8
40 – 49	2	3	5
50 – 59	7	2	9
60+	8	6	14
Not Stated	2	-	2

Table 43: Gives the age range of new mental health clients

DIAGNOSIS	MALES	FEMALES	TOTAL
Panic Disorder	-	1	1
Depression	-	3	3
Alcohol Dependence	6	-	6
Attention Deficit Hyperactive Disorder	1	-	1
Major Depression	-	1	1
Adjustment Disorder with Depressed mood	1	2	3
Depression, para suicide	1	1	2
Paranoid Schizophrenia	1	1	2
Generalized Seizures	-	1	1
Psychosis 2 nd to Medical Condition Huntington's Chorea	1	-	1
Bipolar	1	-	1
Depression, Generalized anxiety	-	1	1
Severe major Depression with psychoses	-	1	1
Alcohol & marijuana abuse	1	-	1
Schizophrenia with substance abuse	1	-	1
Dementia with depression	1	-	1
Schizophrenia	1	1	2
Drug induced Psychosis	1	-	1
Alcohol dependence; generalized seizure	1	-	1
Schizophrenia Depression; mental retardation; generalized seizure	1	-	1
Generalized anxiety disorder with brief marijuana induced psychosis	1	-	1
Brief psychotic attack	1	-	1
Dementia	1	3	4
Conduct Disorder	-	1	1
Depression 2 nd to Medical Condition	1	-	1
Schizoaffective	-	1	1
Marijuana induced psychosis	1	-	1
Antisocial Personality	1	-	1
Undiagnosed	9	3	12
Total	34	21	55

Table 44: Gives the diagnoses of new mental health clients

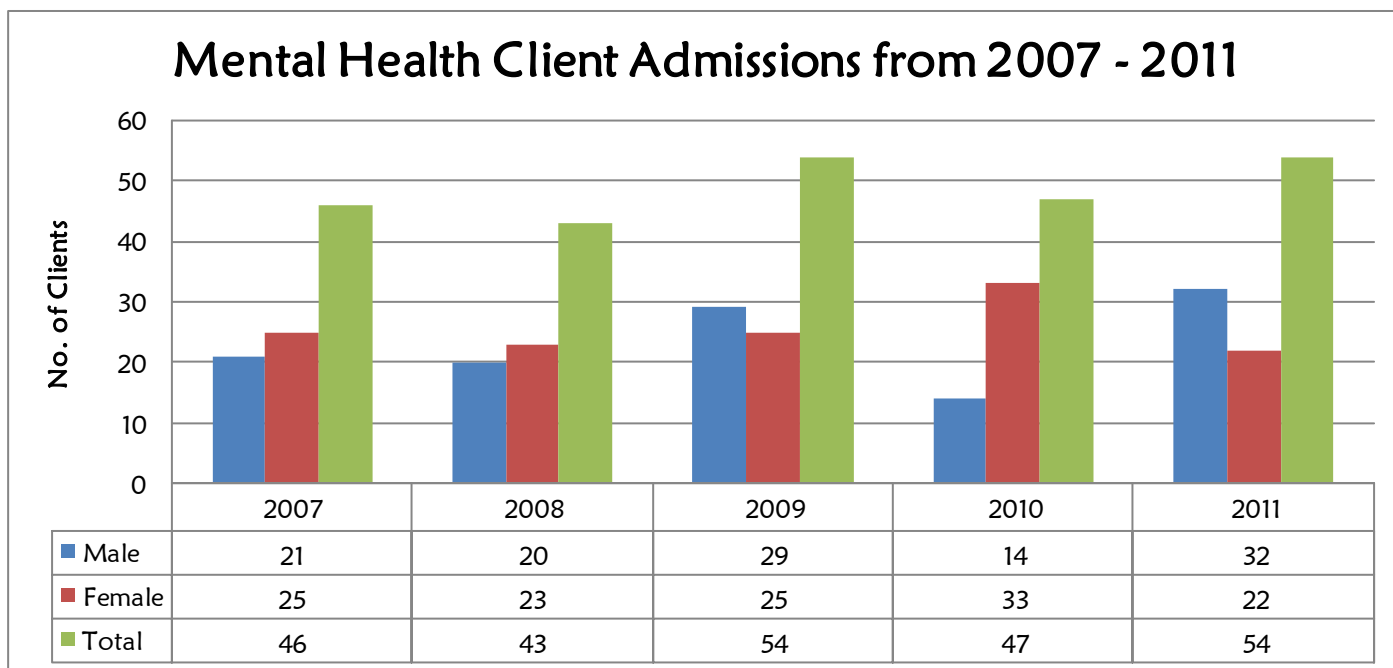


Figure 15: Illustrates the mental health client admissions from 2007 – 2011 categorized by gender

CHALLENGES

The year 2011 was undoubtedly filled with its challenges. Financially, the Unit was unable to fund a number of projects that would have greatly assisted in Mental Health Promotion. As a result of limited gas in the Unit's vehicle, clients were unable to attend Occupational Therapy and visits were limited. Due to limited staff, the work load for the existing staff was demanding. We also experienced technological setbacks as a result of the absence of an in house computer and printer.

4.5 Oral Health Services

Mission Statement and Goals and Objectives

Mission Statement:

“To provide healthy smiles for healthy living through the delivery of high quality primary oral health care”

Goals and Objectives:

1. To improve school based prevention programs
 - a. Strengthen grade one program
 - b. Strengthen school leavers program
 - c. Strengthen and extend Smiles to Shine TDB program
 - d. Reintroduce and maintain Fluoride Program
2. To improve access to oral health education programs for children as well as adults
 - a. Develop appropriate grade level oral health educational presentations throughout both public and private schools.
 - b. Provide community based oral health education presentations throughout the community
3. To improve the integration of oral health prevention and education into general health
 - a. Advocate for oral health screening to become a routine part of medical examinations (for school leavers, toddlers, pregnant women, etc.)
 - b. Utilize existing community networks to identify and educate patients with systemic diseases that relate to oral health

Introduction

2011 was a challenging year for the Dental Unit with many obstacles. Many of these obstacles prevented us from functioning at our highest capacity in most areas. However, there were areas that showed improvements, especially in our caries index that showed a 35.35 percentage drop from last year. This Annual Report captures the progress we have made so far and the work ahead of us.

Although oral health is an essential part of our daily lives it is very often taken for granted. Our ability to speak, smell, taste, chew, smile and convey our feelings through facial expressions are all enhanced by good oral health. Over the past year we expanded our dental programs, concentrating on community outreach.

During 2011 a dental chair and a digital x-ray machine were purchased for the Charlestown Dental Unit. This should greatly enhance our quality of service provided to the general public.

Dental Unit Staff

- 1 Oral and Maxillofacial Surgeon/ Senior Dental Officer
- 1 General Dentist
- 1 Dental Hygienist
- 1 Dental Nurse
- 2 Dental Assistants
- 2 Secretaries/Receptionists

Staff Assignments

In addition to duties performed at the dental facilities staff members are assigned to schools to facilitate dental health education sessions and also monitor the dental health of the students. The schools had to be reassigned among staff members since Dr Aravind is no longer a part of the staff. See below for assignment.

Primary Schools

Dr. R. Archibald: St. Thomas Primary, Charlestown Primary and Lyn Jeffers Primary

Dr. V. Brookes: Joycelyn Liburd Primary, St. John's Primary and Charlestown Preparatory

H. Sutton: St. James Primary and VOJN Primary

R. Wilkinson: Belle Vue Primary, Ivor Walters Primary and Montessori Academy

Pre-Schools

Dr. R. Archibald: Vern N' Llew Pre-school, Lyn Jeffers and Maude Smith Pre-school

Dr. V. Brookes: Gingerland Pre-school, Maude Cross Preparatory and Alfa Learning Center

H. Sutton: Naomi Pre-school and St. Thomas Pre-school

R. Wilkinson: Charlestown Pre-school, V & J's Pre-school and Montessori Academy

High Schools

Charlestown Secondary School

Lyn Jeffers Secondary School

Gingerland Secondary School

DENTAL STATISTICS 2011 (by Services Rendered)

Charlestown								Gingerland							Combined Total					
MONTH	Extraction	Fillings	Prophylaxis	Sealants	R.C.T'S	Examinations	Other *	Extraction	Fillings	Prophylaxis	Sealants	R.C.T'S	Examinations	Other	Extraction	Fillings	Prophylaxis	Sealants	R.C.T'S	Other
Jan	25	77	41	0	3	27	5	10	43	2	0	2	11	1	35	120	43	0	5	6
Feb	27	63	17	0	0	22	2	13	23	11	0	6	18	0	40	86	28	0	6	2
Mar	36	68	43	1	0	209	9	19	16	31	0	0	0	0	55	84	74	1	0	9
Apr	38	74	23	0	0	13	1	50	48	19	0	6	0	0	88	122	42	0	6	1
May	11	34	15	0	3	22	0	15	47	0	0	8	47	1	26	81	15	0	11	1
Jun	22	56	41	0	0	139	0	2	17	0	0	1	19	0	24	73	41	0	1	0
Jul	15	56	47	0	4	17	0	2	11	0	0	1	19	0	17	67	47	0	5	0
Aug	52	68	42	1	3	22	0	7	2	2	10	0	5	0		70	44	11	3	0
Sept	16	28	24	0	1	6	0	14	61		22	0	78	2	30	89	40	22	1	2
Oct	13	51	88	0	0	80	4	0	59	27	34	0	108	3	13	110	115	34	0	7
Nov	12	28	6	0	0	35	1	7	44	1	9	0	35	4	19	72	7	9	0	5
Dec	12	34	31	1	1	7	0	8	15	12	0	1	38	0	20	49	43	1	2	0
TOTAL	279	637	418	3	15	599	22	147	386	121	75	25	378	11	426	1023	539	78	40	33

Table 45: Presents the 2011 dental statistics sorted by services rendered

DENTAL STATISTICS 2011 (by Patient)

MONTH	Charlestown							Gingerland							Combined
	Adults			Children			Total Patients	Adults			Children			Total Patients	TOTAL
	M	F	Total	Boys	Girls	Total		M	F	Total	Boys	Girls	Total		
Jan	47	86	133	12	19	31	164	11	10	21	10	14	24	45	209
Feb	39	49	88	14	17	31	119	24	24	48	3	14	17	65	184
Mar	66	68	134	100	129	229	363	17	23	40	16	49	65	105	468
Apr	32	21	53	20	37	57	110	20	38	58	42	13	55	113	223
May	28	34	62	11	25	36	98	7	27	34	26	42	68	102	200
Jun	42	56	98	66	92	158	256	2	6	8	6	27	33	41	297
Jul		66	91	21	37	58	149	7	7	14	7	6	13	27	176
Aug	42	58	100	43	43	86	186	2	2	4	2	7	9	13	199
Sep	19	30	49	10	15	25	74	8	12	20	42	59	101	121	195
Oct	13	36	49	104	86	190	239	12	16	28	88	50	138	166	405
Nov	12	26	38	4	6	10	48	14	32	46	14	24	38	84	132
Dec	13	54	67	10	15	25	92	5	8	13	21	25	46	59	151
Total	378	584	962	415	521	936	1898	129	205	334	277	330	607	941	2839

Table 46: Presents the 2011 dental statistics sorted by services patient

4.6 Environmental Health

FOOD HANDLERS REPORT 2011

MONTH	AMOUNT
FEBRUARY	87
MARCH	97
APRIL	97
MAY	105
JUNE	369
JULY	375
AUGUST	51
SEPTEMBER	152
OCTOBER	97
NOVEMBER	179
TOTAL	1735
NEW ID	256

FOOD HANDLERS PER DISTRICT

GINGERLAND	8
CHARLESTOWN	12
COTTON GROUND	12
COMBERMERE	2

FOOD HANDLERS ATTENDANCE PER DISTRICT

GINGERLAND	372
CHARLESTOWN	958
COTTON GROUND	351
COMBERMERE	54

CERTIFICATE/LICENCE

MEAT CERTIFICATE	
LIQUOR LICENCE	
TEMPORARY FOOD HANDLERS ID	

Table 47: Highlights all the Food Handlers information for 2011

5.0 Hospital Services

Medical Component

The staff complement includes:

Dr. John Essien – Medical Chief of staff and OBGYN specialist. He is assisted by Dr. Bardales.

Dr. C Rawlins & Dr. Alexander Racovets – Surgeon specialists

Dr. G Liburd - Anaesthesiologist –private with support from the two nurse anaesthetists.

Dr. Benjamin Luy –joined staff as Anaesthesiologist, employed from Philippines

Dr. Patrick Dias – volunteering his services at OPD for two or three days per week.

Dr. Ravi Shankar - the interim doctor in charge on the Medical Ward and also did calls at OPD. He also substitutes as the Medical chief of staff when Dr. Essien goes on vacation.

Dr. Limonte - Paediatrician and conducted outpatient clinic on Mondays at OPD.

Dr. S. Halliday – Visiting psychiatrist who conducted OPD clinics and the management of clients on the medical ward.

Dr. William Junez – visiting orthopaedic surgeon from Cuba, renamed Dr. Ravein

Dr. J. Huggins – visiting dermatologist from St.Kitts conducted clinics at OPD on Thursdays from 8AM

Other visiting specialists continued services during the year in the following specialties

- Orthopaedic and Neurology – C.M.M
- Dermatology - Dr. Cooper
- Urology – Dr. Thwaites conducted free prostate cancer screening, did clinics on Thursday and surgeries on Fridays. Biopsies were also done at OPD.
- Dr S Amory. No colon screening was done by Dr. Amory during the year.
- Ophthalmology. Ms. Marainella Ivenes, Ophthalmologist, joined the team from Cuba to replace Dr. Francisca whose contract expired.
- Dr. Argawal joined the staff at A& E /OPD

FNH - Flamboyant Nursing Home

- There was a high occupancy rate throughout the year. An addition to the staff of a New Nurse Manager as the former nurse manager was returned to the hospital on instructions from the ministry of health.
- An assistant nurse manager was also transferred to the home from community nursing. A staff nurse was also employed. Two workers were sent from the Ministry to work at the home, no training in the care of the elderly. On the job training was arranged for them and they were called resident attendants.
- One nursing attendant resigned her post to immediate effect.
- Two members of staff Mrs. A David and Ms Ramla Hanley successfully completed an attachment course in Canada – facilitated by the Circle of Care organization.
- The kitchen staff was increased with an additional cook.
- The residents benefitted from various donations from private and corporate sector partnerships.

Achievements

- One nurse successfully completed studies in anaesthesia and resumed duties at the hospital – attached to the anaesthetic team in the OR
- Three nurses were identified and commenced training in the fifteen (15) months midwifery program at CFBC
- One additional nurse joined that group a little later after she applied for study leave.
- Six (6) nurses participated in a ten (10) week ICU course- internally conducted by Dr. G. Liburd.
- Addition to the staff of one Registered nurse after she successfully completed three years of training.
- Execution of a Simulation Exercise – A drag race event crash – Activity by Nurses & EMT's done in collaboration with the Disaster Management Department.
- Completion of the revision of Procedure Manuals for the Medical & Surgical Units.
- Utilization of the Orientation handbook for New graduates.
- New graduate completed her orientation process for the medical unit & evaluation /appraisal time completed by nurse manager in charge of unit.
- A team of nurses, EMT's & Ambulance driver covered the “mini-Olympics” – Inter Primary sports competition IPSC.
- One person has successfully completed training as an EMT at the JNF general hospital.
- Facilitation of eleven (11) prospective health care workers, (from the two high schools)? some nurses to a job attachment program organized by the Social Development Department.
- The Resident gynaecologist – Dr. Bardales conducted Pap smear screening for 35 persons. Staff members were encouraged to take care of themselves through this staff health program.
- The additional use of the Ford ambulance that was returned from the repair shop
- Fully functional triage room at A&E and utilization of new forms.
- New nurse manager at the Flamboyant Nursing home and two additional staff nurses.
- Acquisition of additional supplies to be utilized for patient care.
- Resumption of the pre-Christmas hospital programme in collaboration with Hospital Auxillary Group (H/A).

Community Involvement

Members of staff – Nurses and nursing assistants visited work places and conducted screenings. Screenings for non-communicable diseases (NCDs) were also performed at the Charlestown Social Security office for staff members.

Staff members also provided medical support for various community events such as:

- Drag race
- Horse race
- School sports
- Inter – primary schools championship

Members of staff are involved in various community organizations and provide health tips on the local radio stations.

The mentorship programme continues with students at the High schools, encouraging them to be a part of the nursing profession.

Representation was also made at the War Memorial service in honour of ex service men. Staff members also provided home care to senior citizens located in different areas throughout the island.

Philanthropy

The hospital was the beneficiary of several gifts and tokens from well wishers during the year. These came from both private and corporate sectors and include the following:

- A cheque of EC \$5000.00 from the management of the Nevis Co-operative Credit Union.
- Donation of glucometer strips from the management of Social Security
- Container of equipment & supplies from Global Links through Mrs M Parry, director of the Development Project Foundation Inc.
- Donation of gown/patients robes from Mt. Pelier Plantation Inn
- Donations of equipment and supplies from Global Faith Alliance.
- Operating theatre supplies and scrubs from Dr. Thwaites
- Donations from the Maternal Health Funds
- Food supplies from various churches through their harvest thanksgiving services. We express our gratitude to all those who contributed towards the care of our patients.

TEN LEADING CASES OF HOSPITALIZATION

Jan - Dec 2011			
DISEASE	TOTAL UPON DISCHARGE	RANK	% OF TOTAL ADMISSION
Hypertension	119	1	11.9
Diabetes Mellitus	70	2	7
Gastric Enteritis	22	3	2.2
Inguinal Hernia	22	4	2.2
Chronic Cardiac Failure	21	5	2.1
Left Ventricular Failure	19	6	1.9
Symptomatic Uterine Fibroids	15	7	1.5
Anemia	15	8	1.5
Prostate Cancer	13	9	1.3
Cerebro Vascular Accident	13	10	1.3

Table 48: Highlights the leading cases of hospitalization at the Alexandra Hospital (*NB: Data taken from Hospital Discharges)

HOSPITAL ADMISSIONS - 2011

MONTH	MEDICAL			SURGICAL			PAEDIATRICS			OBSTETRIC	TOTAL	TOTAL	MONTHLY
	M	F	Total	M	F	Total	M	F	Total		MALE	FEMALE	
JANUARY	13	20	33	18	20	38	2	1	3	8	33	49	82
FEBRUARY	10	17	27	15	17	32	7	1	8	9	32	44	76
MARCH	13	13	26	16	13	29	7	11	18	14	36	51	87
APRIL	16	12	28	13	7	20	9	6	15	11	38	36	74
MAY	13	12	25	16	20	36	7	6	13	22	36	60	96
JUNE	8	19	27	12	16	28	10	6	16	10	30	51	81
JULY	11	14	25	17	17	34	1	3	4	16	29	50	79
AUGUST	12	11	23	20	17	37	4	2	6	13	36	43	79
SEPTEMBER	13	11	24	16	17	33	6	5	11	18	35	51	86
OCTOBER	17	20	37	11	16	27	5	5	10	17	33	58	91
NOVEMBER	18	13	31	17	18	35	8	1	9	20	43	52	95
DECEMBER	10	8	18	21	12	33	3	3	6	15	34	38	72
TOTAL	154	170	324	192	190	382	69	50	119	173	415	583	998

Table 49: Catalogues the Alexandra Hospital admissions in 2011 sorted by ward

Previous Year 2010: Total Hospital Admission = 981 (Med – 342 + Surg – 341 + Paed – 116 + Obst – 182)

HOSPITAL DISCHARGES 2011

MONTH	MEDICAL			SURGICAL			PAEDIATRICS			OBSTETRIC	TOTAL	TOTAL	MONTHLY
	M	F	Total	M	F	Total	M	F	Total		MALE	FEMALE	
JANUARY	10	22	32	19	20	39	3	0	3	8	32	50	82
FEBRUARY	11	19	30	15	17	32	7	1	8	8	33	45	78
MARCH	16	16	32	16	15	31	5	10	15	13	37	54	91
APRIL	11	12	23	11	8	19	8	4	12	14	30	38	68
MAY	9	13	22	15	19	34	9	6	15	18	33	56	89
JUNE	10	19	29	11	15	26	10	5	15	12	31	51	82
JULY	12	13	25	16	18	34	4	2	6	17	32	50	82
AUGUST	12	11	23	21	19	40	2	1	3	13	35	44	79
SEPTEMBER	15	14	29	19	14	33	5	4	9	19	39	51	90
OCTOBER	10	19	29	14	16	30	4	4	8	16	28	55	83
NOVEMBER	17	16	33	14	14	28	8	5	13	18	39	53	92
DECEMBER	8	8	16	25	15	40	4	3	7	19	37	45	82
TOTAL	141	182	323	196	190	386	69	45	114	175	406	592	998

Table 50: Catalogues the Alexandra Hospital discharges in 2011 by ward.

Previous year 2010 : Total Hospital Discharges = 979 (Med – 338 + Surg – 342 + Obst - 181)

INPATIENT DAYS - 2011

Month	Ward	Discharges	Inpatient Days	Average Length of Stay (Days)
January	Med	32	151	5
	Surg	39	206	5
	Paed	3	5	2
	Obst	8	31	4
Monthly Average		82	393	5
February	Med	30	180	6
	Surg	32	177	6
	Paed	8	27	3
	Obst	8	22	3
Monthly Average		78	406	5
March	Med	32	204	6
	Surg	31	227	7
	Paed	15	28	2
	Obst	13	58	4
Monthly Average		91	517	6
April	Med	23	153	7
	Surg	19	586	31
	Paed	12	32	3
	Obst	14	54	4
Monthly Average		68	825	12
May	Med	22	173	8
	Surg	34	200	6
	Paed	15	38	3
	Obst	18	49	3
Monthly Average		89	460	5
June	Med	29	106	4
	Surg	26	192	7
	Paed	15	36	2
	Obst	12	102	9
Monthly Average		82	436	5
July	Med	25	360	14
	Surg	34	270	8
	Paed	6	28	5
	Obst	17	43	3
Monthly Average		82	701	9
August	Med	23	173	8
	Surg	40	348	9
	Paed	3	5	2
	Obst	13	40	3
Monthly Average		79	566	7
September	Med	19	161	8
	Surg	33	186	6
	Paed	9	27	3
	Obst	19	57	3
Monthly Average		80	431	5
October	Med	30	151	5
	Surg	29	210	7
	Paed	8	20	3
	Obst	16	69	4
Monthly Average		83	450	5
November	Med	33	110	3
	Surg	28	17	1
	Paed	56	13	0
	Obst	63	18	0
Monthly Average		180	158	1
December	Med	16	200	13
	Surg	40	642	16
	Paed	7	17	2
	Obst	19	67	4
Monthly Average		82	926	11
Yearly Average		1076	6269	6

Table 51: Shows the Alexandra Hospital 2011 inpatient days

OUT PATIENT CENSUS - 2011

MONTH	No. of Cases	No. of New Cases	No. of Returning Cases	No. of Police Cases	No. of Suturing	No. of Dressings	No. of B/P	No. of Injections	No. of P.O.P	No. of Referrals	No. of Ambulance Calls	No. of Males	No. of Females
Jan	1067	657	367	43	28	329	89	397	2	35	17	589	478
Feb	1210	598	593	19	16	272	78	378	2	11	18	567	643
Mar	1478	756	702	20	16	459	95	451	2	26	30	732	746
Apr	1213	631	564	18	21	372	95	386	1	23	17	568	645
May	1248	674	556	18	12	361	65	415	0	29	19	542	706
Jun	1318	650	642	26	17	371	80	478	2	41	16	552	766
Jul	1425	640	741	44	26	451	105	492	6	49	20	592	833
Aug	1449	622	794	33	25	558	112	424	4	15	16	853	596
Sept	1557	764	768	25	17	402	107	458	2	31	27	817	740
Oct	1532	751	765	16	26	495	123	387	4	43	9	925	607
Nov	1472	760	688	24	19	441	149	464	1	25	18	735	837
Dec	1150	457	664	29	29	397	94	498	3	24	21	708	442
Total	16,119	7,960	7,844	315	252	4,908	1,192	5,228	29	352	228	8,180	8,039

Table 52: Displays the Alexandra Hospital 2011 outpatient census

*NB: New Cases + Returning Cases + Police Cases (which are also new case) = No. of Cases

Total cases for the previous year 2010: 12,947 (7,026 new cases + 5,6225 returning cases + 288 police cases)

ALEXANDRA HOSPITAL THEATRE 2011

DETAILS	MONTH												TOTAL
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
Number of Surgical Cases	30	27	43	28	48	38	31	42	49	42	95	19	492
Number of Surgical Operations	39	33	56	34	59	48	42	58	55	52	102	21	599
Number of Major Cases	11	7	13	4	15	16	10	17	12	10	19	5	139
Number of Minor Cases	19	20	30	24	33	22	21	25	37	32	76	14	353
Number of Males Cases	10	12	14	11	17	8	9	27	22	8	36	7	181
Number of Female Cases	20	21	29	17	31	30	22	15	27	34	59	12	317
Number of Emergency Cases	6	3	4	1	3	2	8	3	2	8		3	43
Number of Cases Done Under General Anaesthesia (G.A)	23	15	30	14	31	23	19	28	35	24	24	13	279
Number of Cases Done Under Local Anaesthesia (L.A)	3	3	5	10	3	6	1	5	5	5	53	0	99
Number of Cases Done Under Spinal Anaesthesia	1	2	2	2	6	4	6	6	1	4	12	4	50
Number of Cases Done Under Sedation	3	7	6	2	8	5	5	3	8		6	2	55
Number of Epidural										1	4		5

Table 53: Gives details of the Alexandra Hospital Theatre cases for 2011

BREAKDOWN OF THEATRE CASES

General Surgery			Total
Abdomioplasty			4
Above Knee Amputation			5
Adhesiolysis			3
Appendectomy			5
Breast Biopsy			13
Burr Hole Incision			1
Circumcision			23
Closed Reduction			6
Colon biopsy			3
Colonoscopy			22
Dental Extraction			2
Diagnostic Laparoscopy			1
Foreign Body Removal			7
Gastroscopy / Gastric Biopsy			22
Granuloma Excision			2
Haemorrhoidectomy			4
Hemicolectomy			3
Hydrocelectomy			2
Hysterectomy			8
Incision & Drainage (I & D)			8
Inguinal Herniorrhaphy			24
Kidney Stone Removal			1
Laparoscopic Cholecystectomy			8
Laparotomy			25
Lipoma Excision			5
Lithotripsy			1
Open Cholecystectomy			6
Open Reduction & Internal Fixation (ORIF)			4
Peritoneal Lanuage			1
Polypectomy			1
POP Application			5
Skin Lesion Excision			2
Sphincterotomy			1
Tendon Repair			1
Thyroidectomy			4
Toe Amputation (Hallux Amputation)			5
Umbilical Herniorrhaphy			15
Ventral / Epigastric Herniorrhaphy			9
Wedge / Resection of Toenail			2
Wound Closure			3
Wound Debridement			1
Gynaecology	Total	Eye Surgery	Total
(LLETZ) (LEEP)	9	Intraocular Lens Implantation	47
Bilateral Tubal Ligation	10	Pterygium Excision	6
Caesarean Section	28	Lateral Tarsal Strip	1
Cervical Biopsy	4	Urology	
Dilation & Curettage (D & C)	35	Cysto Lithrotripsy	6
Endometrial Biopsy	9	Cystoureteroscopy	8
Myomectomy	2	Cytoscopy	11
Ovary & Fallopian Tube Biopsy	1	Orchidectomy	2
RRPC	24	Radical Prostatectomy	4
Salpingectomy	3	Testicular Mass Excision	0
Salpingo Oophrectomy	2	TURBT (Transurethral Resection of Bladder Tumour)	0
Total Abdominal Hysterectomy	4	TURP (Transurethral Resection of the Prostate)	10

Table 54: Gives a detailed breakdown of the 2011 theatre cases as presented by the Alexandra Hospital

MINOR CASES (DAY CASES) - 2011

MONTH	WARD				GENDER		TOTAL
	Paediatric		Surgical		M	F	
	M	F	M	F			
Jan	0	0	2	4	2	4	6
Feb	2	0	3	7	5	7	12
Mar	0	1	5	9	5	10	15
Apr	2	2	2	9	4	11	15
May	2	1	6	10	8	11	19
Jun	0	0	3	13	3	13	16
Jul	0	1	0	3	0	4	4
Aug	7	2	7	6	14	8	22
Sep	4	2	5	11	9	13	22
Oct	2	2	2	14	4	16	20
Nov	1	2	21	39	22	41	63
Dec	1	1	0	5	1	6	7
	21	14	56	130	77	144	
TOTAL	35		186		221		221

Table 55: Highlights the minor day cases for 2011

RADIOLOGY

MONTH	Patient		Gender		Total	Age Range					
	IN	OUT				> 1	19-Jan	20-49	50-64	65+	Not stated
Jan	26	193	96	123	219	3	41	85	39	48	3
Feb	19	179	99	99	198	1	51	71	43	18	14
Mar	13	162	90	85	175	1	51	65	29	26	3
Apr	6	119	60	65	125	1	17	50	26	22	9
May	13	152	84	81	165	2	28	62	37	18	18
Jun	20	128	91	57	148	1	21	61	30	27	8
Jul	20	142	82	80	162	0	22	59	40	36	5
Aug	8	168	78	98	176	4	29	78	34	29	2
Sep	17	161	86	92	178	1	36	69	36	34	2
Oct	23	140	67	96	163	2	22	64	38	32	5
Nov	27	167	92	102	194	4	32	77	39	28	14
Dec	7	122	64	65	129	2	19	50	30	23	5
TOTAL	199	1833	989	1043	2032	22	369	791	421	341	88

Table 56 : Gives shows the statistics for radiology for 2011

ULTRA-SOUND 2011

MONTH	Patient		Gender		Total	Age Range					
	IN	OUT	Male	Female		> 1	1-19	20-49	50-64	65+	Not stated
Jan	5	40	14	31	45	0	6	15	14	7	3
Feb	7	24	13	18	31	0	3	16	3	1	8
Mar	7	44	11	40	51	1	8	19	8	3	12
Apr	6	33	7	32	39	1	4	21	6	1	6
May	2	12	2	12	14	0	0	9	2	0	3
Jun	8	24	10	22	32	0	1	7	1	2	21
Jul	5	41	11	35	46	0	6	20	8	8	4
Aug	3	39	9	33	42	0	2	21	7	6	6
Sep	8	40	13	35	48	0	5	22	7	10	4
Oct	9	47	9	47	56	0	6	30	6	9	5
Nov	11	42	15	38	53	2	2	23	16	6	4
Dec	3	34	14	23	37	0	1	18	9	7	2
TOTAL	74	420	128	366	494	4	44	221	87	60	78

Table 57: Breaks down ultra sounds by gender and age range

TYPES OF X-RAYS

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Upper Limb	30	33	23	15	24	20	32	25	37	16	27	17	299
Lower Limb	51	44	34	31	43	31	33	42	47	41	41	38	476
Upper Girdle	4	8	10	6	12	6	6	3	12	10	8	6	91
Lower Girdle	11	9	8	8	4	6	13	5	6	9	10	14	103
Chest	85	61	61	42	59	55	54	53	48	69	75	40	702
Abdomen	26	9	14	5	7	13	17	8	5	8	11	9	132
Spine	27	42	34	21	25	26	26	40	36	37	38	17	369
Facial Bone	9	7	2	3	0	2	0	1	0	1	1	1	27
Skull	2	2	7	3	3	4	2	2	1	5	7	7	45
Sinuses	0	2	2	2	0	0	0	0	0	3	7	1	17
Barium Enema	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	3	1	0	0	0	0	0	0	0	0	4
TOTAL	245	217	198	137	177	163	183	179	192	199	225	150	2265

Table 58: Highlights the various types of x-rays

TYPES OF ULTRA SOUND

Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Abdomen	18	12	17	14	3	6	15	8	10	10	14	9	136
Pelvic	8	6	15	12	4	11	13	9	15	13	12	11	129
Obstetric	4	0	9	5	3	9	7	5	4	8	7	3	64
Testicular	1	0	0	1	0	0	0	0	0	0	0	0	2
Thyroid	2	0	2	0	2	2	1	3	2	1	2	0	17
Renal	7	10	8	4	2	0	6	4	0	9	11	5	66
Prostate	2	0	0	0	0	0	0	1	4	3	1	3	14
Breast	1	2	2	0	0	1	1	1	1	2	1	1	13
Abd. & Prostate	0	0	0	0	0	0	0	0	0	0	0	0	0
Pel. & Obstetric	0	0	0	1	0	0	0	2	0	0	0	0	3
Pelvic & Abd	1	1	0	1	0	2	3	0	7	9	8	6	38
Other	5	0	0	1	0	4	2	9	12	4	1	3	41
TOTAL	49	31	53	39	14	35	48	42	55	59	57	41	523

Table 59: Highlights the various types of ultrasounds

Rehab Therapy Statistics – 2011

Month	SERVICE		GENDER		AGE			TOTAL
	In Patient	Out Patient	Male	Female	<17	17 - 61	>62	PATIENTS
January	10	43	17	36	7	26	20	53
February	8	65	33	40	17	36	20	73
March	30	59	30	35	7	42	16	65
April	4	53	19	38	7	34	16	57
May	3	46	22	27	1	30	18	49
June	3	48	21	30	4	26	21	51
July	2	51	22	31	3	31	19	53
August	3	56	20	39	0	22	37	59
September	3	56	30	29	11	35	13	59
October	1	67	22	46	7	43	18	68
November	1	62	28	35	7	41	15	63
December	2	50	25	27	4	33	15	52
TOTAL	70	656	289	413	75	399	228	702
Month	New Cases	Returning Cases	Total Pts Visits	Therapy		Physical Therapy		
				Speech	Occupational	Neuro-Med	Ortho-Surg	Cardio Pul
January	24	24	202	2	3	5	45	1
February	20	43	271	3	4	11	57	2
March	23	34	211	2	8	11	50	2
April	14	40	204	1	3	10	46	0
May	16	28	176	2	3	48	42	2
June	15	35	201	2	4	10	37	3
July	21	28	206	2	4	7	44	1
August	18	37	210	1	2	6	52	1
September	24	28	222	2	3	5	53	0
October	34	29	203	0	2	11	57	0
November	23	33	204	0	4	8	55	0
December	15	30	201	0	2	3	49	0
TOTAL	247	389	2511	17	42	135	587	12

Table 60: Presents the Alexandra Hospital Rehab Therapy Statistics for 2011

CT SCANS

Month	No. of Patients sent for CT SCAN	No. of Patients in ICU
Jan	3	3
Feb	0	0
Mar	1	2
Apr	1	2
May	2	2
Jun	2	1
Jul	2	1
Aug	3	1
Sep	1	2
Oct	1	1
Nov	1	3
Dec	1	1
TOTAL	18	19

Table 61: Presents the no. of patients sent for CT Scans

Pharmacy Statistics Alexandra Hospital-2011

Month	Total
January	2576
February	2325
March	2652
April	2648
May	2333
June	2605
July	2196
August	2065
September	2003
October	2017
November	2094
December	2407
Total	27921

Table 62: Presents the Alexandra Hospital Pharmacy Statistics for 2011

* N.B: New & Repeated Prescription included in total.

ASTHMA CASES

Month	St. John	St. George	St. James	St. Thomas	St. Paul	Unknown	Total
January	0	0	0	0	0	11	11
	M (age)	M (age)	M (age)	M (age)	M (age)	5 M	5 M
	F (age)	F (age)	F (age)	F (age)	F (age)	6 F	6 F
February	0	0	0	0	0	19	19
	M (age)	M (age)	M (age)	M (age)	M (age)	M (age)	M (age)
	F (age)	F (age)	F (age)	F (age)	F (age)	F (age)	F (age)
March	12	2	1	2	3	0	20
	5 Males	1 Male	1 Male	2 Males	1 Male	M (age)	10 Males
	7 Females	1 Female	F (age)	F (age)	2 Female	F (age)	10 Females
April	3	2	7	2	0	0	14
	2 Male	2 Males	2 Males	2 Males	M (age)	M (age)	8 Males
	1 Female	F (age)	5 Females	F (age)	F (age)	F (age)	6 Females
May	21	10	8	6	0	0	45
	10 Males	7 Males	5 Males	3 Males	M (age)	M (age)	25 Males
	11 Females	3 Females	3 Females	3 Females	F (age)	F (age)	20 Females
June	8	4	4	1	5	0	22
	5 Males	4 Males	4 Males	1 Male	3 Males	M (age)	17 Males
	3 Females	F (age)	F (age)	F (age)	2 Females	F (age)	5 Females
July	10	5	4	1	1	1	22
	4 Males	1 Male	1 Male	1 Male	1 Male	M (age)	8 Males
	6 Females	4 Females	3 Females	F (age)	F (age)	1 Female	14 Females
August	7	5	3	2	2	0	19
	5 Males	3 Males	2 Males	2 Males	1 Male	M (age)	13 Males
	2 Females	2 Females	1 Female	F (age)	1 Female	F (age)	6 Females
September	9	9	3	1	9	0	31
	3 Males	5 Males	1 Male	1 Male	7 Males	M (age)	17 Males
	6 Females	4 Females	2 Females	F (age)	2 Females	F (age)	14 Females
October	13	2	1	1	6	0	23
	5 Males			1 Male	3 Males	M (age)	9 Males
	8 Females	2 Females	1 Female		3 Females	F (age)	14 Females
November	4	9	0	2	2	0	17
	M (age)	3 Males	M (age)	M (age)	2 Males	M (age)	5 Males
	4 Females	6 Females	F (age)	2 Females	F (age)	F (age)	12 Females
December	17	9	6	4	13	0	49
	7 Males	5 Males	1 Male	2 Males	9 Males	M (age)	24 Males
	10 Females	4 Females	5 Females	2 Females	4 Females	F (age)	25 Females
Total	104	57	37	22	41	31	292

Table 63: Highlights the reported cases of asthma cases for 2011 by gender

OUT PATIENT DEPARTMENT - ALEXANDRA HOSPITAL

Challenges

Opportunities for Improvement

- Decrease in the number of nurse midwives
- Decrease in the quota of Nursing Assistants
- Inadequate quantities of Vital sign monitors on the units for patient care.
- The incompleteness of piped gases and suction which leads to inadequate amounts of gauges for the oxygen cylinders
- Nurses not being able to acquire the required amount of material for uniforms
- Not enough Emergency Medical Technicians EMT's
- More security on the night shift for staff
- Customer service issues
- Absence of a seamstress on the compound.

Recommendations

- The completion of piped gases and vacuum
- Computers for all units/ wards
- Air conditioning Units for all units/ wards
- Employment of additional EMT's.
- Employment of additional orderlies
- Accommodation for student nurses in St. Kitts
- Employment of registered nurses / midwives
- Posting of a security guard at OPD during the hours of 10 pm and 6 am
- Refurbishing of the old nurses home to be utilized as a source of income

GLOSSARY

- ♣ **Crude Birth Rate (CBR):** *Total number of live births in a given year X 1,000 divided by the estimated mid year population in that year.*
- ♣ **Crude Death Rate (CDR):** *Total Number of Deaths in a given year X 1,000 divided by the estimated mid year population in that year.*
- ♣ **General Fertility Rate (GFR):** *Number of live births in a given year X 1, 000 divided by the number of females within the fertility age group (15 – 44).*
- ♣ **Natural Increase Rate:** *Total live births subtract total deaths occurring during the year x 1,000 divided by the estimated mid year population for that year.*
- ♣ **Age Specific Death Rate (ASDR):** *(Rate in children 1-4 yrs.) Total number of deaths in age group 1-4 X 1,000 divided by the population of children in that same age group.*
- ♣ **Infant Mortality Rate (IMR):** *Total number of deaths to infants under 1 year of age in a given year X 1,000 divided by the total number of live births in that year.*
- ♣ **Still Birth Rate:** *Total number of stillbirths in a given year X 1,000 divided by total birth (live +Stillbirths) in that year.*
- ♣ **Neonatal Death Rate:** *(Children born alive & died before age 28 days of age). Total number of neonatal deaths X 1,000 divided by total number of live births in that same year.*
- ♣ **Maternal Death Rate:** *(Maternal death is the death of a woman while pregnant or within 42 days after termination of pregnancy, regardless of the length and site of the pregnancy, due to complications of the pregnancy, delivery and puerperium but not due to accidental or incidental causes). Total number of women who died X 1,000 divided by the number of live births.*
- ♣ **A Hospital:** *is any medical facility with an organized medical and professional staff and beds available for continuous hospitalization of patients formally admitted to it for medical observation, care, diagnosis, or surgical or non-surgical treatment.*
- ♣ **Hospital Discharges:** *is the formal release of a hospitalized individual due to conclusion of the hospital stay, either by death, return home or transfer to another institution.*
- ♣ **Patient Days:** *Total in-patient days for the year.*
- ♣ **Average Length of Stay:** *Patient Days divided by total discharges*
- ♣ **Percentage Occupancy:** *Patient Days X 100 divided by 52 (beds) X 365.*
- ♣ **Bed Turn-Over Rate:** *Total discharges divided by 52 (total beds)*