ISLAND OF MAURITIUS

AN ANALYSIS OF THE HEALTH SITUATION

This analysis of the health situation includes discussion on population and related vital events, on health delivery system, services and personnel, and on activities carried out in public and private health institutions. The morbidity patterns and mortality trends have also been discussed.

POPULATION AND VITAL STATISTICS

The estimated resident population of the Island of Mauritius at the end of 2010 was 1,245,289 (613,886 males and 631,403 females) as compared to 1,239,788 in 2009, growing at a rate of 0.44%.

During the year 2010, 14,292 live births were registered, giving a crude birth rate of 11.5 per thousand mid-year resident population. In 2000, the crude birth rate was 16.9. Life Expectancy at birth which was 67.4 years for males and 74.6 years for females in 2000, has reached 69.4 years and 76.7 years respectively in 2010.

The number of deaths registered in 2010 was 8,991, corresponding to a crude death rate of 7.2 per thousand mid-year resident population as compared to 6.8 in 2000 and 7.3 in 2009.

The number of infant deaths, that is deaths among children aged under one year, registered in 2010 was 177, corresponding to an infant mortality rate (IMR) of 12.4 per thousand live births as compared to 13.3 in 2009. The IMR which was 19.6 in 1995 increased to 22.2 in 1996, the highest rate in the last decade. Following the opening of the Neonatal Intensive Care Service at Victoria Hospital in May 1999, the IMR drastically fell from 19.2 in 1999 to 15.8 in 2000. The lowest IMR (12.4) was recorded in 2003. As shown in the chart below, a decreasing trend has been noted in stillbirth rate from 13.4 per 1,000 total births in 2000 to 6.6 in 2010.
The number of maternal deaths registered in 2010 was 4 as compared to 6 in 2008 and 10 in 2009. The maternal mortality ratio per 1,000 livebirths was 0.28 in 2010 as compared to 0.15 in 2000 and 0.68 in 2009.

HEALTH DELIVERY SYSTEM

In the Island of Mauritius, as at the end of 2010, there were five regional hospitals with a total of 2,337 beds and two district hospitals namely Souillac Hospital with 49 beds and Mahebourg Hospital with 60 beds. There were also a psychiatric hospital with a bed complement of 734, and other specialised hospitals for chest diseases (61 beds), eye diseases (59 beds), ear, nose, and throat (E.N.T.) diseases (65 beds) and heart diseases (64 beds). This brought the total number of beds in government institutions to 3,429 as compared to 3,819 in 2000.

In the private sector there were, as at the end of 2010, seventeen private health institutions with a total of 759 beds. The total number of beds in the public and private sectors as at the end of 2010 was thus 4,188, that is, 297 inhabitants per bed. In 2000, the corresponding ratio was 264.

All regional and district hospitals as well as the Psychiatric, Eye, E.N.T and Cardiac hospitals have an out-patient department. Out-patient services were also delivered in two community hospitals, two medi-clinics, 21 Area Health Centres (AHC) and 113 Community Health Centres (CHC). The basic services delivered at CHC include the treatment of common diseases and injuries, maternal and child care, and family planning. In addition to these services, AHC also provide dental care. This service was also delivered in a few CHC’s. 5 Ayurvedic Clinics were providing outpatient care. Out-patient care was also provided in the private sector, including clinics and dispensaries on sugar estates. There were also a chest clinic and two day care centres for the Immuno-Suppressed in operation as at the end of 2010.

The number of contacts with government preventive and curative health services, which includes attendances for the treatment of diseases and injuries at outpatient departments of hospitals, mediclincs, area health centres, community health centres, and ayurvedic clinics, together with admissions and attendances at hospitals for other services such as haemodialysis, diet clinic and physiotherapy was 8.4 million in 2008, 8.8 million in 2009 and 8.6 million in 2010.

HEALTH PERSONNEL

At the end of 2010, there were 1,500 doctors in the Republic of Mauritius, that is 11.7 doctors per 10,000 population. Of those doctors, 967 (64.5%) were employed in the public sector. In 2000, there were 1,080 doctors, that is, 9.1 per 10,000 population.

There were 275 dentists, of whom 66 in the public sector, at the end of 2010. The corresponding number of pharmacists was 400 and 19 respectively. The number of qualified nurses and midwives in the public & private sectors was 3,600 of whom 426 were in the private sector.

INPATIENT SERVICE

In 2010, the number of admissions (including re-admissions) to government hospitals in the Island of Mauritius were 190,950 of which 169,219 (88.6%) was in general hospitals. Bed occupancy in the public sector was 73.5% as compared to 73.0% in 2008 and 69.9 % in 2000.
OUT-PATIENT SERVICE

The total number of cases seen by doctor at out-patient departments of public hospitals (sorted, unsorted and casualty) was 2,954,050 in 2010 as compared to 2,904,193 in 2009 and 2,680,003 in 2000. An average of 3,986 patients was seen daily at the Accidents and Emergency Departments of government hospitals in 2010.

In 2010, attendances for the treatment of common diseases and injuries at the community hospitals, mediclinics, area & community health centres were 4.06 million, as compared to 2.83 million in 2000 and 4.12 million in 2009. A decrease of 1.5% has been noted in the number of attendances from 2009 to 2010.

In 2004, the monthly average attendances at the primary health care centres due to scabies was 1,001 compared to 1,287 for the period 2000 to 2003. Afterwards, an increasing trend in the incidence of the disease was observed when the monthly average rose from 1,331 cases in 2005 to reach 2,469 cases in 2009. Following the setting up of an enhanced surveillance system, the increasing trend has been reversed. The monthly average for the year 2010 dropped to 1,276, representing a 48% decrease when compared to that of 2009 (see chart below).

MATERNAL AND CHILD HEALTH

The number of first attendances for antenatal examinations by the M.C.H staff at government clinics was 15,963 in 2000, 11,694 in 2009 and 11,214 in 2010. The total number of first and subsequent attendances for antenatal and postnatal examinations and children under 5 years seen at Well Baby clinics which increased from 292,253 in 2006 to 327,182 in 2007 mainly due to enhanced activities related to growth monitoring was 302,227 in 2009 and 291,004 in 2010.

The percentage of low birth weight (less than 2,500 grammes) among live births in the public sector, which increased from 14.3% in 2000 to 17.2% in 2005, was 18.9% in 2009 and 19.2% in 2010. The percentage of caesarian section on total births occurring in government hospitals increased from 20.5% in 1996 to 26.8% in 2000 and to 41.5% in 2010.
The number of babies immunized against *tuberculosis* (B.C.G.) by M.C.H. staff in 2010 was 12,484. The number of children immunized against *diphtheria, whooping cough, tetanus, hepatitis B and HIB* (3rd dose) was 12,487. Those immunized against *poliomyelitis* (3rd dose) was 12,587 and against *measles/mumps/rubella* (MMR) was 12,499. The figures refer to the activities of M.C.H. staff at government vaccination centres.

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
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<tr>
<td>BCG</td>
<td>87.2</td>
<td>90.1</td>
<td>89.3</td>
<td>90.6</td>
<td>90.6</td>
<td>88.9</td>
<td>88.4</td>
</tr>
<tr>
<td>D.P.T, Hep B &amp; Hib(3rd dose)</td>
<td>87.3 *</td>
<td>87.4*</td>
<td>89.6</td>
<td>88.7</td>
<td>97.0</td>
<td>92.7</td>
<td>88.4</td>
</tr>
<tr>
<td>Polio (3rd dose)</td>
<td>87.4</td>
<td>87.9</td>
<td>89.8</td>
<td>88.7</td>
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<tr>
<td>MMR</td>
<td>84.3</td>
<td>87.9</td>
<td>92.2</td>
<td>91.4</td>
<td>90.0</td>
<td>92.3</td>
<td>88.5</td>
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</tbody>
</table>

* without HIB  
# public sector only

**SCHOOL HEALTH**

During the year 2010, the nursing staff responsible for school health visited 496 pre-primary schools and screened 15,809 children. 5.6% of these children were reported to have nits and lice. The nursing staff also visited 295 primary schools and screened 63,183 pupils. 32,931 pupils of Standards III, V and VI were submitted to vision tests and 890 of the 1041 children with defective vision were referred to specialist. 15,190 new entrants to primary schools were immunized against *diphtheria & tetanus (D.T.)* and *poliomyelitis*. 14,992 of them were also immunized against *MMR* and 16,412 school leavers were immunized against *tetanus*.

**DENTAL HEALTH**

The total number of attendances at government dental clinics (static and mobile) in 2010 was 321,576, out of which 72,983, that is 22.7%, were children aged under 12 years; 22,668 (7.0%) were cases seen by dental specialists. The number of cases treated for paradontal diseases was 23,268 and the number of surgical operations on jaws, including surgical extractions of roots and impacted teeth, was 6,312. A total of 36,155 children and adults were exposed to oral health education.

**PRIVATE HEALTH INSTITUTIONS WITH IN-PATIENT SERVICE**

The total number of cases seen for treatment, including admissions, at the 17 private hospitals and clinics in 2010 was 158,813. 23,594 of these cases have undergone surgical operations and procedures. 3,070 livebirths and stillbirths that occurred in these institutions represented 21.3% of births in the whole island. 10.7% of livebirths had low birth weight (less than 2,500 grammes); the corresponding figure was 4.7% in 2000. The percentage of caesarian section on total births gradually increased from 35.3 in 2000 to 48.4 in 2005, and from 45.8 in 2006 to 53.3 in 2010.
The first case of AIDS was notified in October 1987. As at the end of 2010, a total of 4,976 cases of HIV/AIDS were detected, of whom 4,787 (3,862 males, 925 females) were Mauritians; 477 of these Mauritians were known to have passed away. 75.6% of the 4,787 HIV infected Mauritians were in the age-group 25 to 49 years and 17.4% in the age-group 15 to 24 years. As shown on the chart that follows, the number of new HIV/AIDS cases is more significant among the male than among the female. However, the proportion of females which had increased from 11.6% in 2004 to 25.3% in 2008 then decreased to 20.4% in 2009 was 23.8% in 2010.

### Distribution of HIV/AIDS cases # by sex and age * group

<table>
<thead>
<tr>
<th>Age group (Years)</th>
<th>Male</th>
<th>Female</th>
<th>TOTAL</th>
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<tr>
<td>&lt;5</td>
<td>14</td>
<td>11</td>
<td>25</td>
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<tr>
<td>5-14</td>
<td>4</td>
<td>7</td>
<td>11</td>
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<tr>
<td>15-19</td>
<td>63</td>
<td>89</td>
<td>152</td>
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<tr>
<td>20-24</td>
<td>478</td>
<td>201</td>
<td>679</td>
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<tr>
<td>25-29</td>
<td>836</td>
<td>182</td>
<td>1018</td>
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<tr>
<td>30-34</td>
<td>727</td>
<td>148</td>
<td>875</td>
</tr>
<tr>
<td>35-39</td>
<td>581</td>
<td>116</td>
<td>697</td>
</tr>
<tr>
<td>40-44</td>
<td>547</td>
<td>83</td>
<td>630</td>
</tr>
<tr>
<td>45-49</td>
<td>354</td>
<td>43</td>
<td>397</td>
</tr>
<tr>
<td>50 &amp; above</td>
<td>258</td>
<td>45</td>
<td>303</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3,862</strong></td>
<td><strong>925</strong></td>
<td><strong>4,787</strong></td>
</tr>
</tbody>
</table>

*Age at detection  
# Mauritians

Prior to 2000 the incidence was fairly low with 20 to 30 new HIV cases being reported annually. Over the period 2001 - 2005 the number had increased by nearly two folds annually: 55 in 2001, 98 in 2002, 225 in 2003, 525 in 2004 and 921 in 2005. The upward trend observed during these years could be partly explained by enhanced surveillance and testing facilities at various points across the country and scaling up of outreach Voluntary Counselling and Testing (VCT) sessions among the most at risk groups. An average of 544 cases has been registered from 2006 to 2009. In 2010, the number of new cases of HIV/AIDS was 568. The number of deaths registered due to HIV as underlying cause of death which was 19 in 2005, increased to 60 in 2007 then decreased to 33 in 2009; it significantly increased in 2010 with 70 deaths due to the virus.
At the beginning of the epidemic, the mode of transmission of the HIV virus was predominantly heterosexual. The rising incidence as from year 2000 was driven by Injecting Drug Users (IDUs) acting as the main mode of transmission. The gradual shift in mode of transmission from heterosexual to IDUs became evident in 2003 when 66% and in 2004 when 87.0% of the new cases were detected among the IDUs as compared to only 7% in 2001 and 14% in 2002. The shift reached its peak in 2005 (92%) and dropped to 86% in 2006, 80% in 2007 and 72% in 2008. It was 73% equally in 2009 and 2010. The distribution of the 4,787 infected Mauritians by mode of transmission is shown in the pie-chart below:
No case of chikungunya was reported in 2008 and 2009 whereas five imported cases were reported in 2010. Eleven cases of dengue were reported in 2010 as compared to 252 cases in 2009.

Active surveillance for all "Acute Flaccid Paralysis" cases started in August 2003 in the Republic of Mauritius, covering both the public and private sectors. The objective of the AFP Surveillance, as set by the World Health Organisation, is to detect any possible presence of poliovirus in view to its eradication from the globe. The target for certification is a non-polio AFP detection rate of >1 case/100,000 population aged <15 years. A total of 37 cases among children less than 15 years of age have been detected in the country between August 2003 and December 2010; of whom 18 (49%) were less than 5 years old. The AFP Rate per 100,000 children (<15 years), which increased from 0.6 in 2004 to 2.7 in 2007, significantly dropped from 1.7 in 2008 to 0.35 in 2009; it was 1.8 in 2010.

Deliveries constituted 7.3% of all cases treated as in-patients in government general hospitals in 2010. Among other principal causes of discharges, there were Diabetes Mellitus with 4.3%, Acute Upper Respiratory Infections with 4.2%, Diarrhoea and gastroenteritis with 3.7%, Hypertensive Diseases with 2.5%, Acute Myocardial Infarction and other Ischaemic Heart Diseases with 2.6% and Gastritis and duodenitis with 2.5%. The distribution by ICD-10 chapters indicates that 13.4% of all cases treated were due to "Pregnancy, childbirth and the puerperium", 11.1% due to "Injury and Poisoning" 9.5% due to "Diseases of the Respiratory System" and 9.4% due to "Disease of the Circulatory System".

In 2010, of the 17,751 cases (11,205 males and 6,546 females) treated as in-patients in government general hospitals due to consequences of external causes, 7,110 (40.1%) were following "Falls", 2,025 (11.4%) following "Transport Accidents" and 1,738 (9.8%) following "Assaults". Of the 972 (5.5%) of cases treated as in-patients following "Attempted suicides", 542 (55.8%) were females.

In 2010, of the 3,340 cases treated as in-patient at the Cardiac Centre, 1,821 (54.5%) were for "Angina pectoris", 778 (23.3%) for "Chronic Ischaemic heart diseases" and 239 (7.2%) for "Mitral stenosis and other rheumatic mitral valve diseases". A total of 859 operations were performed at the Centre, including re-opening cases, of which 523 (60.9%) were cardiac surgeries.

Cataract was responsible for 5,072 of the 7,524 cases treated as in-patients at S.Bharati (Eye) Hospital in 2010 (that is 67.4%). Among the cataract cases, 4,893 (96.5%) were operated upon. 573 cases were also treated at the hospital for "injuries and other consequences of external causes".

During the year 2010, 1,209 in-patients were treated at the Poudre d’Or (Chest) Hospital. 38 patients died at the Hospital, giving a fatality rate of 3.1%. Of the 1,209 patients, 834 (69.0%) were males. Pulmonary tuberculosis was the morbid condition for 306 patients (230 males, 76 females), that is 25.3% of the total.

Of the 825 new cases diagnosed at the out-patient specialist clinics in chest diseases during the year 2010, 49 (5.9%) were diagnosed with tuberculosis, of which 48 pulmonary. Among the non-tuberculuous diseases, asthma was in first place with 520 new cases, that is, 63.0% of all new cases diagnosed.

Of the 4,248 in-patients treated at Brown Sequard Hospital in 2010, mental and behavioural disorders due to the use of alcohol accounted for 1,971 cases (1,752 males, 219 females), that is 46.4%. Schizophrenia was responsible for 1,326 (31.2%) cases.
Of the 362 cases (0-3 months) treated as in-patients in 2010 at the Neonatal Intensive Care Unit, located in the complex of Victoria Hospital and SSRN Hospital, 194 (53.6%) were for disorders related to length of gestation and fetal growth, 65 (18.0%) for respiratory and cardiovascular disorders specific to the perinatal period and 36 (9.9%) for infections specific to the perinatal period. There were 84 deaths among those 362 cases, giving a fatality rate of 23.2%. The fatality rate decreased from 23.7% in 2008 to 17.6% in 2009 and then increased to 23.2% in 2010.

The number of new cases diagnosed at the specialist clinics in dermatology in 2010 were 14,048 of which 4,565 (32.5%) were skin infections (1,736 of fungal origin and 957 of viral origin). 16.5% of new cases were treated for eczema, 9.6% for psoriasis and similar disorders, and 6.1% for acne.

Of the 4,922 cases treated as in-patients at the E.N.T Hospital in 2010, 1,132 (23.0%) were for “acute pharyngitis” and 767 (15.6%) for “acute tonsillitis”. Another 6.0% of the in-patients were treated for “localized swelling mass and lump of skin and subcutaneous tissue mainly of head and neck” and 5.6% for “otalgia and effusion of ear”. A total of 1,464 operations were performed on in-patients at the centre, of which 414 (28.3%) were “excision on tonsils and adenoids”.

The number of new cases diagnosed by specialists at the out-patient clinics of the E.N.T. Centre in 2010 was 8,330. Diseases and conditions of ear accounted for 3,116 new cases (37.4% of the total new cases diagnosed), diseases and conditions of nose for 2,712 (32.6%) and diseases and conditions of throat for 2,485 (29.8%). Tonsillitis (acute or chronic), pharyngitis (acute, chronic or granular), allergic rhinitis, sinusitis (acute or chronic), otitis externa and tinnitus were the most common diseases diagnosed at the centre.

The Social Hygiene Clinic which was located at Cassis ceased its activities in 2010. A total of 213 new cases (162 males, 51 females) of Sexually Transmitted Infections (STIs) were diagnosed at the skin disease clinics of regional hospitals in 2010; 86 cases of “gonococcal infections”, 79 “venereal warts”, 15 “syphilis” and 17 “herpes simplex” were reported.

In 2010, two Day Care Centres for the immuno-suppressed were operational at the Volcy Pougnet Health Centre and at Victoria hospital. 362 new HIV/AIDS patients were seen. 270 persons received the “Post-HIV Exposure Prophylaxis” and 1,508 persons were seen for “voluntary counseling”.

The disease responsible for the greatest number of first attendances at the community hospitals, mediclins, area and community health centres for the treatment of common diseases and injuries in 2010 was Influenza/URTI with 22.2%. Other most common causes of first attendances were fever/pain all over with 7.2% and cough, pain in throat, chest pain, wheezing, hiccough, sneezing with 7.4%. Another 6.4% were treated for minor injuries.

The distribution by ICD chapters shows that 27.0% of first attendances at the above mentioned dispensary service points were due to “Diseases of Respiratory System” and 9.4% due to “Diseases of the musculoskeletal system and connective tissue”. They were followed by the “Injuries” with 6.6%, “Diseases of digestive system” with 5.9% “, Diseases of the skin and subcutaneous tissue” with 5.7% and “Infectious and parasitic diseases” with 5.5%. The total number of first attendances, 1,896,942 in 2009, decreased by 8.6% to reach 1,733,938 in 2010.
Of the 1,400 new cases of cancer that were registered by the National Cancer Register in 2010, the most common types among males were that of *prostate gland* with 11.7%, *colon* with 6.6% and *trachea bronchus and lung* with 4.0%. The main types of cancer among females were that of *breast* (38.2%) followed by that of *cervix uteri* (10.5%) and *ovary* (4.4%).

**CAUSE OF DEATH**

*Heart diseases* and *Diabetes mellitus* were the first two principal underlying causes of mortality in 2010, with 1,611 (18.1%) and 2,097 (23.6%) deaths respectively; *Cancer and other Neoplasms* of all sites taken together was in the third position with 1,033 (11.6%) deaths. Deaths due to *Cerebrovascular diseases* which amounted to 757 (8.4%) was in the fourth position followed by *Hypertensive Diseases* with 466 deaths (5.2%).

The distribution of deaths by Chapter of the International Classification of Diseases (10th Revision) showed that *Diseases of the Circulatory System* (Chapter IX) were responsible for 32.2% of the deaths. *Endocrine nutritional and metabolic diseases* (Chapter 11V) with 24.4% of the deaths were in second place followed by *Neoplasms* (Chapter II) with 11.6%.

Of the 2,865 deaths due to *Diseases of the Circulatory System* in 2010, 1,611 (56.2%) were due to *Heart diseases*. *Stroke and other Cerebrovascular diseases* accounted for another 744 (26.0%) deaths. 25.6% of the 2,865 deaths occurred among persons aged less than 60 years.

Of the 1,033 deaths due to *Neoplasms* in 2010, the most common types of cancer were that of *trachea, bronchus and lung* with 12.6%, *female breast* with 10.5%, *colon* with 7.4% and *stomach* with 7.2%. 36 persons died due to *leukaemia* (3.5%)

Of the 555 deaths due to external causes in 2010, 28.8% were due to *transport accidents*, 17.6% due to *suicides*, 7.4% due to *accidental drowning and submersion*, 9.0% due to *assaults* and 4.0% due to *exposure to smoke, fire and flames*.

*Congenital anomalies* with 45 deaths were the principal killers of children under one year in 2010, that is 25.4% of the total (177). The other principal causes of infant deaths were *slow fetal growth, fetal malnutrition and disorders related to short gestation and low birth weight* responsible for 11 (6.2%) deaths, followed by *intrauterine hypoxia and birth asphyxia* with 10 deaths (5.6%) and *pneumonia* with 10 deaths equally.

4 maternal deaths were registered in 2010; one death was due to *heart disease complicating pregnancy*, one due to *disseminated intravascular coagulation*, one due to *obstetric embolism* and one due to *abdominal/ectopic pregnancy*. 
TRENDS IN CAUSE-SPECIFIC MORTALITY

In 2005, Mauritius adopted the 10\textsuperscript{th} Revision of the International Classification of Diseases (ICD-10) for mortality coding. This shift and other improvements in the coding process have resulted into discontinuities in trends in certain specific causes of death. Percentages of death due to a few major diseases relating to previous years have been adjusted.

<table>
<thead>
<tr>
<th>% underlying cause of death over total death registered</th>
<th>ICD – 9</th>
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<th>ICD - 10</th>
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<tbody>
<tr>
<td>Total Deaths:</td>
<td>6,691</td>
<td>6,854</td>
<td>7,298</td>
<td>7,806</td>
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<tr>
<td>Heart Diseases(%)</td>
<td>19.7</td>
<td>20.4</td>
<td>21.5</td>
<td>21.8</td>
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<td>21.7</td>
<td>21.2</td>
<td>19.6</td>
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<td>Cerebrovascular Diseases(%)</td>
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<td>9.6</td>
<td>9.8</td>
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<td>9.3</td>
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<td>4.8</td>
<td>6.0</td>
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<tr>
<td>All Circulatory(%)</td>
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<td>35.3</td>
<td>35.8</td>
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<td>Diabetes Mellitus(%)</td>
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<tr>
<td>Total Circulatory and D.M.(%)</td>
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<tr>
<td>NB: Following the application of ICD-10, figures pertaining to the year 2000 and before have been adjusted in light of the 2005 data.</td>
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The above table indicates that there has been a slow increase in the percentages of death due to “Heart diseases” between 1985 and 2005. However, a decreasing trend has been noted as from 2006. On the other hand, a more rapid increase has been noted in regards to “Diabetes mellitus” over the last twenty five years with a slowdown during the recent years.
After 2006, a decreasing trend has been observed in mortality due to main Non Communicable Diseases, namely heart diseases, strokes, diabetes, cancers and chronic respiratory diseases, as depicted by the above chart. Indeed, the death rate due to those chronic diseases decreased from 488.2 per 100,000 population in 2006 to 460.5 per 100,000 population in 2010.

1,033 persons died due to cancers in 2010. Mortality from this group of diseases has continued to grow from 9.4% of total deaths in 2000 to 12.1% in 2009. It was 11.6% in 2010, indicating a halt in the increasing trend.

**TRENDS IN SELECTED HEALTH INDICATORS**

Figures related to the following health indicators for the Islands of Mauritius and Rodrigues as well as for the Republic of Mauritius, together with charts, are given at page 12-18: Crude Birth Rates, Crude Deaths Rates, Stillbirth Rates, Infant Mortality Rates, Under-5 Mortality Rates, Maternal Mortality Ratios and % Low Birth Weight. Time series data on Immunization Coverage Rates are given at page 33.

As indicated by the specific line graphs, general decreasing trends have been observed in Mauritius as from 1990 in regards to Stillbirth, Infant Mortality, Under-5 Mortality and Maternal Mortality. Since 2005 or 2006, slight increases have been noted in these indicators. However, a decreasing trend has been observed in stillbirth, infant and under 5 mortality as from 2008. On the other hand, the increasing trend observed in regards to maternal mortality since 2007 has been reversed in 2010.

The percentage of low birth weight (< 2.5 Kg) among livebirths that occurred in public and private health institutions, which was 7.9% in 1990 in the Island of Mauritius, has continued to increase to reach 17.4% in 2010. The same trend was observed in Rodrigues where it increased from 5.6% in 1990 to 14.3% in 2006; since then, this rate has decreased to reach 10.0 in 2009; it was 11.6% in 2010.