Energía del Pacífico

Proyecto: LNG to Power

Health Baseline

February, 2018

Table of Contents

1 Public Health Baseline

1.1 Introduction

This document presents additional and updated health information in the area of the LNG to Power Project, to establish a baseline understanding of major health indicators in the region. In addition to the baseline information established in this report, health data available from the same sources presented, will be tracked and analyzed over the course of planning, construction and operation of the LNG to Power Project. Health data will assist in understanding and addressing any real or perceived health impacts as a result of the project.

The existing public data on major health indicators for the region are discussed in context with environmental and social conditions in the area.

In El Salvador, there are two main institutions that provide health services for the General Population, these are:

1. The Ministry of Health, which provides free health services to the general public, and keeps records of consults in each municipality. The Ministry of Health has a clinic "Unidad de Salud" in the city of Acajutla and in the Metalio village, which is part of the municipality; The General Hospital is located in the city of Sonsonate.
2. The Social Security System "Instituto Salvadoreño del Seguro Social", which provides health services for workers and its families. By law, all permanent employees should be incorporated in the social security system. The Social Security System has a clinic in the city of Acajutla.

In the EsIA report submitted to MARN in 2016, only 2013 information from the Ministry of Health was presented. This report's objective is to update the previous health baseline data included in the EsIA report, with information from 2013 to 2017. At the time of drafting this report (March 2018), not all of the data requested has been provided by the Ministry of Health. Data of Acajutla requested to the local clinic and the regional offices located in Santa Ana is still expected. The project team will revise this health report as data is received and analyzed.

Overall El Salvador national health data up to 2017 is presented in this report, as reference of the general conditions in the country; Also information received from the Social Security System is included in the report.

Given the gaps in data at this time, a discussion comparing the information on health and the environmental and social conditions in the project area has not yet been completed. That analysis will be presented when all of the requested information from the Ministry of Health has been received.

1.2 Data Collection

As previously stated, the report's objective is to complete and update the health baseline information that was presented in the 2016 EIA report. Data from the years 2013 to 2017 is presented.

National Health statistics and information are now available among health centers via an online system that all centers share. This is known as the Morbidity and Mortality System and Vital Statistics (SIMMOW), which registers preventive and curative ambulatory care at the intramural and extramural levels, hospital discharges and vital statistics. This system allows timely and representative information, which contributes to monitoring, evaluation and follow-up, at the different levels of attention.

The information on the country is available in the SIMMOW web page. The detailed information on Department and Municipality level is not available to the general public. In order to obtain the local information from the SIMMOW System, several requests were issued to different institutions at a municipal, department and regional level, both verbally and written. The data collection process and status of the requested information is summarized in the following Table 1.

From January 2018 up to the issuing of this report, the following health data was requested and status of data received is as noted:

TABLE 1 DATA COLLECTION PROCESS AND STATUS			
Date of Request	**Health Data Request**	**Person/Institution who attended**	**Status**
February 16th 2018	General data was requested on morbidity and mortality for Acajutla municipality from 2014 to date	Mr. David Guzmán, Health Promoter from Family Community Health Unit of Acajutla.	Only general information was provided and that the information will be prepared
February 16th 2018	General data was requested on morbidity and mortality for Acajutla municipality from 2014 to date	Carmina Peñate, Assistant to Director of Family Community Health Unit of Acajutla.	Only general information was provided and that the information will be prepared
February 19th 2018	Follow-up call for previously requested information	Mr. David Guzmán, Health Promoter from Family Community Health Unit of Acajutla.	Only general information was provided and that the information will be prepared
February 19th 2018	Follow-up call for previously requested information	Carmina Peñate, Assistant to Director of Family Community Health Unit of Acajutla.	No response

TABLE 1 DATA COLLECTION PROCESS AND STATUS			
Date of Request	Health Data Request	Person/Institution who attended	Status
February 20th 2018	Follow-up call for previously requested information	Carmina Peñate, Assistant to Director of Family Community Health Unit of Acajutla.	No response
February 20th 2018	Follow-up call for previously requested information	Carmina Peñate, Assistant to Director of Family Community Health Unit of Acajutla.	No response, asked to call again on February 22nd
February 22nd 2018	General data was requested on morbidity and mortality for Acajutla municipality from 2014 to date	Dr. Velásquez, Maternity Manager of Family Community Health Unit of Acajutla.	He provided us with outdated information only for the year 2013.
February 223rd 2018	General data was requested on morbidity and mortality for Acajutla municipality from 2014 to date	Mr. David Guzmán and assistant Carmina Peñate	We were asked to submit a letter on February 26th, requesting the information
February 26th 2018	General data was requested on morbidity and mortality for Acajutla municipality from 2014 to date	Carmina Peñate, Assistant to Director of Family Community Health Unit of Acajutla.	Written request was submitted
February 27th 2018	General data was requested on morbidity and mortality for Acajutla municipality from 2014 to date	Carmina Peñate, Assistant to Director of Family Community Health Unit of Acajutla.	Only general information was provided and referred to Western Region of Health
February 28th 2018	General data was requested on morbidity and mortality for Acajutla municipality from 2014 to date	Reception of the Western Region of Health	Request Letter was submitted no information was provided
February 28th 2018	General data was requested on morbidity and mortality for Acajutla municipality from 2014 to date	Dr. Walter Wilfredo Martínez, Director of Acajutla Social Security Clinic (ISSS)	General morbidity information was provided. Incomplete information on mortality provided
March 1st 2018	General data was requested on morbidity and mortality for Acajutla municipality from 2014 to date	Reception of the Western Region of Health	We were informed they could not receive us until the week after elections. (March 05th to 09th). Some information may be provided the following week
March 6th 2018	General data was requested on morbidity and mortality for Acajutla municipality from 2014 to date	Reception of the Western Region of Health and manager Dr. Dora María Vega	A meeting was confirmed for March 8
March 8th 2018	General data was requested on morbidity and mortality for Acajutla municipality from 2014 to date	Reception of the Western Region of Health	Meeting with epidemiologist was cancelled and postponed

Source: Consulting Team, March 2018.

1.3 Overview of Health in El Salvador

As previously mentioned, Health statistics and information are collected, due to the Morbidity and Mortality System (SIMMOW), which records preventive and curative ambulatory care at the clinic or in services provided on visit to patients.

This system allows timely and representative information, which contributes to monitoring, and evaluation at the different levels of care throughout the Salvadoran territory.

To date, the Ministry of Health monitors a total of 94 diseases that directly affect Salvadorans; of these, the five conditions that are most often documented in health consultations, according to the 2017 epidemiological bulletin of the Ministry of Health, are: Acute Respiratory Infections (ARI), followed by diarrhea, intestinal parasites, acute bacterial conjunctivitis and pneumonia. Also, in the latest years, diseases related with the genitourinary system are persistent such as epidemic of chronic kidney disease of unknown origin (CKDu). The people affected by the epidemic are mainly young and middle-aged male laborers in the agricultural sector. The epidemic is related to contamination of water and soil due to constant use of pesticides for sugar cane crops mostly.

The Acute Respiratory Infections range from a mild cold to a significant infection such as pneumonia. The number of patients affected by respiratory infections is the biggest problem facing the country at this time, caused mainly by environmental conditions.

In second place are diarrhea and gastroenteritis, which are related to food poisoning. These are followed by intestinal parasites, bacterial conjunctivitis and pneumonia, the third, fourth and fifth causes of health consultations, respectively.

These diseases have presented due to different factors, among which include environmental factors, air pollution, no access to potable water, management of wastewater and solid waste.

Below are the main causes of morbidity in the country registered from 2013 to 2015. For these years, in the first five causes of disease are the same in those years, Respiratory related, Hypertension, Pharyngitis or amygdalitis, urinary track related and diabetes. Diarrhea is the fifth.

Respiratory conditions are the main decease of interest for the project, and is the main cause of consult in the country, with 11.2% of cases. Other that may be of interest is the related with contamination, like diarrhea, some urinary system affections.

No	Diagnosis	TOTAL	2013 2,013.0	2014	2015	2016
	Table 2 MORBIDITY DATA AT NATIONAL LEVELS THAT OCCURRED IN THE NETWORK OF (HOSPITALS + UCSF) MINISTRY OF HEALTH					
1	Other acute infections of the upper respiratory tract	4,464,705	1,260,135	1,219,475	1,009,438	975,657
2	Essential hypertension (primary)	2,930,277	719,443	747,058	738,342	725,434
3	Acute pharyngitis and acute tonsillitis	2,238,285	624,862	575,797	531,081	506,545
4	Other diseases of the urinary system	1,926,187	513,996	528,133	477,860	406,198
5	Mellitus diabetes	1,558,912	378,336	393,431	398,523	388,622
6	Diarrhea of Presumed Infectious Origin (A09)	1,095,612	304,431	274,184	281,817	235,180
7	Other injuries from specified regions, from unspecified regions and from multiple regions of the body	1,011,421	270,335	252,226	242,004	246,856
8	Other diseases of the skin and subcutaneous tissue	993,415	252,502	262,597	248,032	230,284
9	Migraine and other symptoms of cephalgia	574,921		200,190	192,648	182,083
10	Other complications of pregnancy and childbirth	416,643			203,453	213,190
11	Persons in contact with health services for research and examinations (Z00-Z13)	393,174	393,174			
12	Other symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	279,758	279,758			
13	Other helminthiases (B68-B71, B75, B77-B83)	182,977		182,977		
14	Other causes	21,800,727	5,174,369	5,768,555	5,581,008	5,276,795
-	**TOTAL**	**39,867,014**	**10,171,341**	**10,404,623**	**9,904,206**	**9,386,844**

Source: SIMMOW

The research obtained from the statistical data of mortality in the country, allows us to understand the health problems of the population.

The following tables shows a summary of the main causes of mortality at at the national level throughout a period of the years 2013 to 2017. An average was calculated for that range of years in order to evaluate and determine the main causes presented.

The data shows that diseases related with the genitourinary system are persistent as the main cause of mortality for all years and is also reflected in the average. One of those is renal failure, also known as kidney failure or renal insufficiency, which is a medical condition in which the kidneys fail to adequately filter waste products from the blood.

Mesoamerican nephropathy (MeN) is a yet to be explained epidemic of chronic kidney disease of unknown origin (CKDu) which is prevalent in the Pacific Ocean coastal low lands of the Mesoamerican region, including southern Mexico, Guatemala, El Salvador, Nicaragua, Honduras and Costa Rica. In rural areas of Nicaragua the disease is colloquially called creatinina.

This CKD epidemic in Central America spans along a nearly 1000 kilometer stretch of the Pacific coast. In El Salvador and Nicaragua alone, the reported number of men dying from this painful disease has risen five-fold in the last 20 years, although some researchers believe hidden cases have always been there and this increment in official data could be partially due to the recent increase in reports and improved case search, pushed by the growing social and political interest in the disease. In El Salvador, the disease has become the second leading cause of death among adult men, and according to a recent editorial, it has been estimated that this largely unknown epidemic has caused the premature death of at least 20,000 men in the region. The people affected by the epidemic are mainly young and middle-aged male laborers in the agricultural sector, particularly sugarcane workers.

The second highest cause of mortality, particularly among the last few years is pneumonia. The incidence of influenza-virus has been highly associated with severe pneumonia mortality cases over the last years.

The third cause of mortality that is also shown consistently in the last few years is diabetes. In El Salvador, dietary risks, high systolic blood pressure, and high fasting plasma glucose are the deadliest risk factors.

TABLE 3 MAIN CAUSES OF MORTALITY THAT OCCURRED IN THE NETWORK OF (HOSPITALS + UCSF) MINISTRY OF HEALTH ACCORDING TO INTERNATIONAL LIST ICD-10, PERIOD FROM JANUARY TO DECEMBER

No.	CAUSE GROUPS	2013	2014	2015	2016	2017	TOTAL	AVERAGE	%
1.0	Diseases of the genitourinary system (N17-N98)[1]	870	828	1,003	1,113	1,005	4,819	964	8.61
2.0	Pneumonia (J12-J18)	611	644	708	819	889	3,671	734	6.56
3.0	Diabetes Mellitus (E10-E14)	573	634	677	570	576	3,030	606	5.41
4.0	Other diseases of the digestive system (K00-K22,K28-K66,K80-K92)	541	548	605	588	645	2,927	585	5.23
5.0	Septicemia (A40-A41)	479	632	568	551	605	2,835	567	5.07
6.0	Ischemic diseases of the heart (I20-I25)	515	523	512	451	533	2,534	507	4.53
7.0	Cerebrovascular diseases (I60-I69	547	488	504	471	480	2,490	498	4.45
8.0	Liver diseases (K70-K76)	441	466	523	508	547	2,485	497	4.44
9.0	Hypertensive diseases (I10-I13)		583	537		480	1,600	320	2.86
10.0	Other diseases of the heart (I26-I51)	476	430			458	1,364	273	2.44
11.0	Certain conditions originating in the perinatal period (P00-P96)	496		549			1,045	209	1.87
12.0	Other diseases of the respiratory system (J00-J06,J30-J39,J60-J98)				486		486	97	0.87
13.0	Injuries that affect multiple regions of the body (T00-T07)				439		439	88	0.78
	OTHER CAUSES	4917	5351	5,547	5,398	5,020	26,233	5,247	46.88
	TOTALS	10,466	11,127	11,733	11,394	11,238	55,958	11,192	100

Note: Not included: deaths of foreigners 101 and * UCSF = Community Health Family Unit: 127 deaths

Source: SIMMOW

[1] The ICD code N17 is used to code renal failure, also known as kidney failure or renal insufficiency, is a medical condition in which the kidneys fail to adequately filter waste products from the blood.

1.4 Epidemiological Profile from 2013, 2016 and 2017 for the Sonsonate National Hospital

Hospital medical services records provided in the period from 2013 to 2017, for Morbidity and 2013, 2016 and 2017, for mortality, were obtained from the National Hospital of Sonsonate, which is classified as a second-level care institution, officially named as Departmental Hospital Dr. "Jorge Mazzini Villacorta"; the hospital provide services to 580,865 inhabitants of its geographic area of influence including directly the municipality of Acajutla[2].

The persons with a decease that requires an specialist or hospitalization is referred to the Sonsonate Hospital. In cases of more rare deceases are referred to San Salvador. People from Sonsonate city and surrounding areas also visit the hospital for ambulatory services.

The Hospital has statistical tables of morbidity and mortality, which have been classified in periods for the years 2013 to 2017. The first ten causes of morbidity for each year are presented in Table 4. For some years the data is not presented because on that year the particular decease has not been in the first ten causes of morbidity.

The first cause of morbidity in outpatient clinics is hypertension, which has proportionally increased slightly from 2013 to date. This disease is related to the habits and lifestyle of the population, their diet and low physical activity. The latter is also related to the secondary cause of morbidity which is diabetes according to information provided by the Ministry of Health of El Salvador.

The third cause is inadequate primary contractions. The fourth is epilepsy.

Another serious case are diseases caused by human immunodeficiency virus, which has increased slightly since the previous quinquennium, for the case of gastrointestinal diseases it has been maintained in very similar over the years, and in high numbers, that rounds 3,000 annual cases.

---

[2] ANNUAL OPERATIVE PLAN 2013, 2014, 2015, 2016 y 2017.

TABLE 4 MORBIDITY CAUSES REGISTERED AT SONSONATE NATIONAL HOSPITAL FROM 2013 TO 2017

No.	GROUPS OF MORBIDITY CAUSES	2013	2014	2015	2016	2017	TOTAL	AVERAGE	Percentage
1.0	Hypertension (primary) (I10)[3]	8,067	8,835	5,201	5,880	6,082	34,065	6813	**7.86**
2.0	Non-insulin-dependent diabetes mellitus, without mention of complication (E11.9)	6,265	5,432	4,234	4,648	5,195	25,774	5155	**5.95**
3.0	Inadequate primary contractions (o62.0)	4,649	2,584	5,040	-	4,596	16,869	3374	**3.89**
4.0	Epilepsy, unspecified type (G40.9)	4,467	2,341	2,906	2,993	3,824	16,531	3306	**3.81**
5.0	Diseases due to Human Immunodeficiency Virus (HIV) without other specification (B24)	2,780	2,116	3,096	3,424	3,301	14,717	2943	**3.40**
6.0	Asthma, unspecified (J45.9)	3,681	2,162	1,225	1,286	2,281	10,635	2127	**2.45**
7.0	Diarrhea and gastroenteritis of presumed infectious origin (A09)	2,591	1,956	2,546	-	2,173	9,266	1853	**2.14**
8.0	Urinary tract infection, unspecified location (N39.0)	2,909	2,158	893	-	2,072	8,032	1606	**1.85**
9.0	Cervical dysplasia (N87.0)	2,487	1,914	2,310	789	-	7,500	1500	**1.73**
10.0	Premature delivery (O60)	1,838	1,722	2,017	-	-	5,577	1115	**1.29**
11.0	Leiomyoma of the uterus, without other specification (D25.9)	-	-	-	2,237	2,761	4,998	1000	**1.15**
12.0	Acute bronchiolitis, unspecified (J21.9)	-	-	-		1,784	1,784	357	**0.41**
13.0	Other seizures and unspecified (R56.8)	-	-	-	1,592		1,592	318	**0.37**
14.0	General medical examination (Z00.0)	-	-	-	1,520		1,520	304	**0.35**
	Sum of Other causes	77,780	26,667	76,117	30,434	63,478	274,476	54,895	**63.34**
	TOTAL MORBIDITY	**117,514**	**57,887**	**105,585**	**55,479**	**97,547**	**434,012**	**86,667**	**100.00**

Source: SIMMOW System/ Annual Operating Plan, Sonsonate National Hospital "Dr. Jorge Mazzini Villacorta".

The registered data of mortality causes is also presented for 2013, 2016 and 2017, also from data provided by the Department of Sonsonate National Hospital Dr. "Jorge Mazzini Villacorta".

The septicemia, pneumonia, cerebrovascular, liver and ischemic diseases of the heart are the main causes of mortality in the first places for the different years.

---

[3] Code between parenthesis identifies the disease in El Salvador according to World Health Organization.

The first cause of decease is Septicemia (A41.9) with a total of 98 cases (4.37%), in the three years. The septicemia disease is a serious infection that involves the spread of germs throughout the body's blood and tissues. Septicemia was the main cause of death in 2016.

In the second position is Pneumonia (J18.9) with a total of 89 cases (3.97%). The pneumonia is a lung inflammation caused by bacterial or viral infection. Inflammation may affect both lungs, one lung, or only certain lobes. Pneumonia was the main cause of death in 2013.

The third position is cerebrovascular deceases, followed by liver deceases. In the year 2017 Ischemic diseases for the heart was the main cause of death, that occupies the fifth place in the total of the years evaluated.
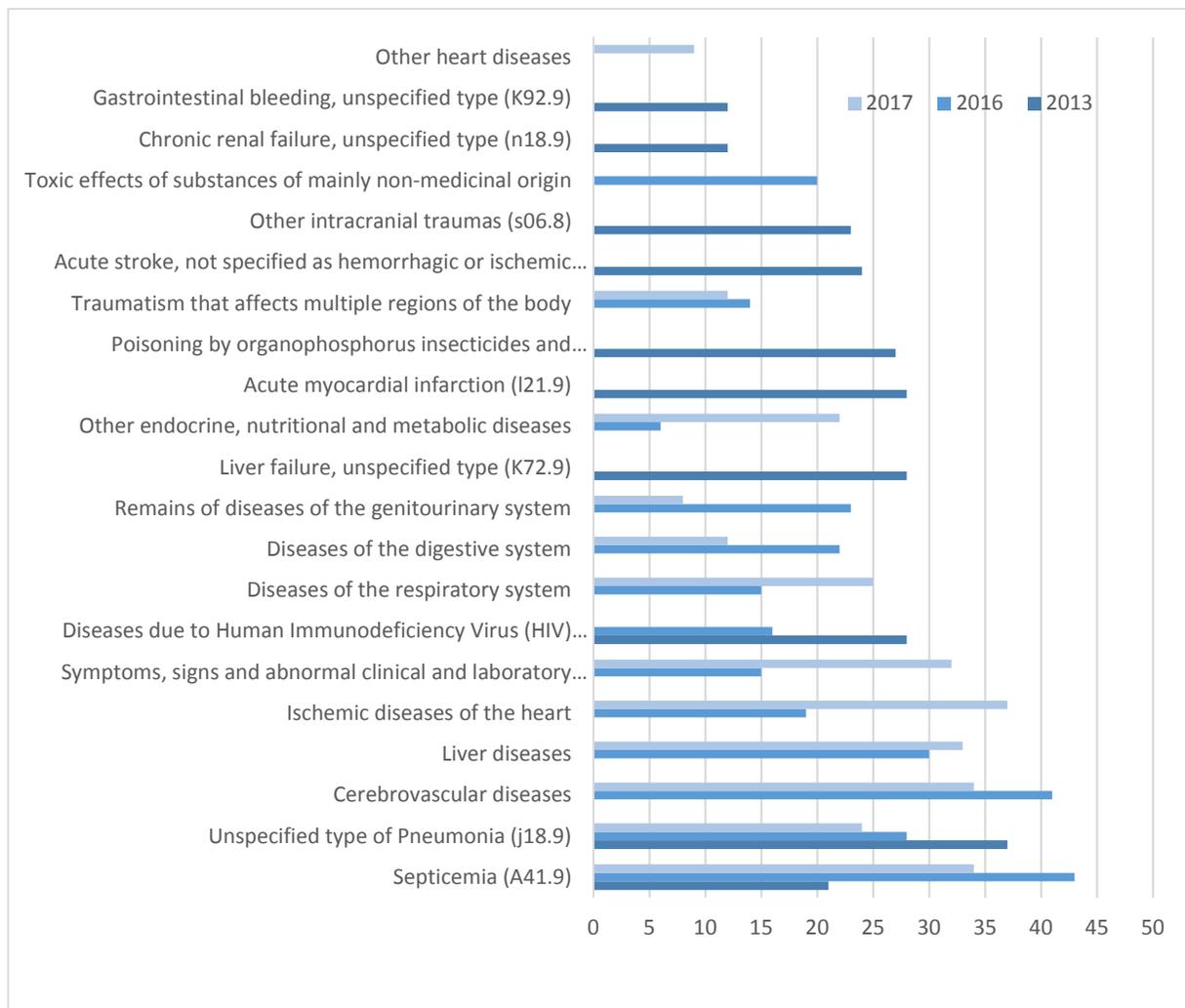
TABLE 1-2 MORTALITY CAUSES REGISTERED AT SONSONATE NATIONAL HOSPITAL FROM 2013 TO 2017.					
MORTALITY CAUSES	2013	2016	2017	TOTAL	%
Septicemia (A41.9)	21	43	34	98	7%
Unspecified type of Pneumonia (j18.9)	37	28	24	89	7%
Cerebrovascular diseases		41	34	75	6%
Liver diseases		30	33	63	5%
Ischemic diseases of the heart		19	37	56	4%
Symptoms, signs and abnormal clinical and laboratory findings, not classified		15	32	47	4%
Diseases due to Human Immunodeficiency Virus (HIV) without other specification (B24)	28	16		44	3%
Diseases of the respiratory system		15	25	40	3%
Diseases of the digestive system		22	12	34	3%
Remains of diseases of the genitourinary system		23	8	31	2%
Liver failure, unspecified type (K72.9)	28			28	2%
Other endocrine, nutritional and metabolic diseases		6	22	28	2%
Acute myocardial infarction (l21.9)	28			28	2%
Poisoning by organophosphorus insecticides and carbonates (T60.0)	27			27	2%
Traumatism that affects multiple regions of the body		14	12	26	2%
Acute stroke, not specified as hemorrhagic or ischemic (I64)	24			24	2%
Other intracranial traumas (s06.8)	23			23	2%
Toxic effects of substances of mainly non-medicinal origin		20		20	2%
Chronic renal failure, unspecified type (n18.9)	12			12	1%
Gastrointestinal bleeding, unspecified type (K92.9)	12			12	1%

TABLE 1-2 MORTALITY CAUSES REGISTERED AT SONSONATE NATIONAL HOSPITAL FROM 2013 TO 2017.					
MORTALITY CAUSES	2013	2016	2017	TOTAL	%
Other heart diseases			9	9	1%
Sum of Other causes	235	116	146	497	38%
TOTAL MORBIDITY	**475**	**408**	**428**	**1,311**	100%

Source: Department Hospital of Sonsonate Dr. "Jorge Mazzini Villacorta".

The Figure 1 shows that the in the years 2013, 2116, and 2017, the firt 10 causes of death varies in the different years, and are not always the same, there were variants of the statistics of causes registered in the department by the National Hospital.

FIGURE 1 MORTALITY REGISTERED AT NATIONAL SONSONATE HOSPITAL

Source: Departmental Hospital Dr. "Jorge Mazzini Villacorta" of Sonsonate

1.5 EPIDEMIOLOGICAL PROFILE, SOCIAL SECURITY UNIT, ACAJUTLA.

The report obtained from the Medical Unit of the Social Security of Acajutla reflects the health situation of the municipality of Acajutla, for the general population that are included in the social security system.

Diagnostic information from health consultations at the Acajutla clinic of the Social Security System has been obtained. The information gathered is from January 28, 2014 to February 27, 2018. The information is divided by age and gender.

As shown in **Table 5** the primary causes of health consults are respiratory infections, followed by diarrhea enteritis and gastroenteritis. These two health issues account for 68% of the cases seen at the Social Security System clinic. A summary of the top 10 reasons for health clinic visits noted in Table 1-1 are:
1. Acute respiratory tract infection
2. Diarrhea enteritis and gastroenteritis
3. Suspicious chikungunya
4. Urinary tract infection
5. Irritable bowel
6. Anxiety
7. Giardiasis
8. Amoebiasis
9. Acute bacterial conjunctivitis
10. Hypertension

The first five diseases diagnosed comprise more than 70 percent of the consults. The respiratory infection was presented in a higher percentage in females versus males, for the ages mentioned above, with a percentage of 58 percent.

The two first deceases reported are the same reported at national level, usually related to environmental conditions. Respiratory deceases may be related to the level or particulate material in the area, caused mainly for the not paved roads and also the custom of people cooking with firewood, With poor ventilation in the houses, observed in the area. The access to potable water, and contamination of soil and water, can explain the diarrhea, enteritis and gastroenteritis, very common in not developed countries.

Chikungunya is a relatively new decease in the country, but hata is widely spread, because the precence of mosquitoes; They are found in abundance in the mangrove areas throughout the coastal areas of the municipality, like the Metalio estuary, at the north of the project.

TABLE 5 DIAGNOSTICS BY GENDER AND AGE, PERIOD FROM JANUARY 28, 2014 TO JANUARY 27, 2018

AGE / NAME	00 < 01			'01 A 04			'05 A 09			'10 A 19			'20 A 29			'30 A 39			'40 A 49			'50 A 59			'60 A 00			'TOTAL			%
	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	M	W	T	
Acute Respiratory Infections	374	348	722	1,130	953	2,083	650	720	1,370	179	153	332	695	533	1,228	687	657	1,344	587	640	1,227	450	428	878	528	408	936	5,280	4,840	10,120	58.1%
Diarrhea, Enteritis And Gastroenteritis	92	66	158	223	203	426	64	62	126	24	15	39	183	93	276	149	106	255	124	88	212	68	50	118	76	49	125	1,003	732	1,735	10.0%
Chikungunya Suspicious	3	4	7	21	28	49	33	28	61	26	12	38	285	126	411	268	144	412	193	106	299	128	54	182	74	33	107	1,031	535	1,566	9.0%
Urinary Tract Infection	3	8	11	6	27	33	13	38	51	9	12	21	42	123	165	41	180	221	38	115	153	20	68	88	52	75	127	224	646	870	5.0%
Irritable Colon	1		1	1		1	2		2	2	10	12	51	110	161	51	147	198	51	101	152	33	74	107	37	75	112	229	517	746	4.3%
Anxiety							2	2	4	3	6	9	23	54	77	31	76	107	19	51	70	25	26	51	18	34	52	121	249	370	2.1%
Giardiasis	1		1	37	38	75	41	48	89	11	11	22	16	26	42	23	36	59	10	18	28	15	13	28	7	10	17	161	200	361	2.1%
Amebiasis	1		1	39	22	61	16	22	38	8	4	12	13	44	57	38	40	78	18	25	43	17	15	32	13	7	20	163	179	342	2.0%
Acute Bacterial Conjunctivitis	7	3	10	11	19	30	20	14	34	5	3	8	46	16	62	53	30	83	32	21	53	15	20	35	15	8	23	204	134	338	1.9%
Arterial Hypertension										1		1	4	3	7	31	24	55	44	54	98	33	33	66	39	26	65	152	140	292	1.7%
Mellitus Diabetes													1	2	3	12	11	23	24	24	48	16	21	37	20	30	50	73	88	161	0.9%
Work Accident										4		4	53	7	60	43	7	50	18	3	21	15	3	18	8		8	141	20	161	0.9%
Bite By Animal Transmitter Of Rabies				3	2	5	2		2	2	2	4	6	2	8	5	7	12	5	6	11	2	2	4	9	6	15	34	27	61	0.4%
Candidiasis Of Vulva And Vagina														17	17		25	25		11	11		3	3		2	2		58	58	0.3%
Lumbago													5	3	8	16	3	19	5	8	13	8	2	10	3	1	4	37	17	54	0.3%
Chickenpox	1	1	2	8	8	16	6	4	10	7	2	9	3	3	6	3	2	5	2		2	1		1				31	20	51	0.3%
Depression													2	4	6	1	6	7	2	4	6		4	4	1	3	4	7	21	28	0.2%
Urogenital Tricomoniasis				1		1				1	2	3		4	4		8	8		3	3				1	3	4	2	21	23	0.1%
Influenza - Contributors				1		1	1		1	3	1	4	6	2	8	1	2	3	2		2	2		2	1	1		13	9	22	0.1%
Pneumonia - Quotes		1	1	2		2							1		1	1		1	1	1	2	3		3	1		1	9	2	11	0.1%
Gonococica Infection										1		1	4		4	5		5	1		1							11		11	0.1%
Genital Herpes																	1	1	2	3	5	1	1	2	1		1	4	5	9	0.1%
Zika Suspicious					1	1										4	1	5		1	1					1	1	4	4	8	0.0%
Diabetic Foot																				1	1	2		2	1	1	2	3	2	5	0.0%
Pulmonary Tuberculosis													1		1				1		1		2	2				3	1	4	0.0%
Chronic Renal Failure													1		1							1	1	2	1		1	3	1	4	0.0%
Condyloma Acuminate																			1		1	1		1				2		2	0.0%
Chancroid													1		1										1	1	2	1	1	2	0.0%
Peptic Ulcer																						1	1					1	1	0.0%
Acute Severe Respiratory Syndrome (SARS)								1	1																				1	1	0.0%
Infectious Parotitis							1		1																			1		1	0.0%
HIV Infection																			1		1							1		1	0.0%
Hemorrhagic Conjunctivitis																				1	1								1	1	0.0%
TOTAL	483	431	914	1,481	1,303	2,784	851	939	1,790	286	233	519	1,442	1,173	2,615	1,465	1,517	2,982	1,179	1,283	2,462	854	819	1,673	907	774	1,681	8,948	8,472	17,420	100%

Source: Social Security Unit, Acajutla, 2018