

Table 1: Fiji Syndromic Surveillance 2010 (NNDSS)

Syndrome	Month of onset			
	January	February	March	Cumulative total 2010
Diarrhoea <sup>1</sup>	1159	1138	1014	3311
Diarrhea with blood <sup>2</sup>	95	57	47	196
Influenza-like illness <sup>3</sup>	552	585	383	1520
Acute respiratory Infections <sup>4</sup>	2256	1869	1431	5556
Acute Fever & Rash <sup>5</sup>	5	2	3	10
Acute flaccid paralysis <sup>6</sup>	0	0	0	0

**Notes:**

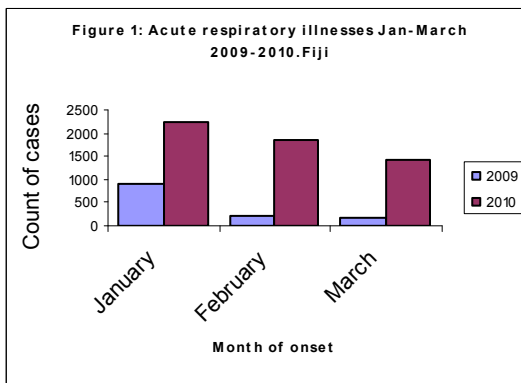
- 1 Source: Fiji National Notifiable Diseases Surveillance System (NNDSS); reported as "acute gastroenteritis", "enteritis", "gastroenteritis", "infective diarrhoea", "mild gastroenteritis", or "infective enteritis".
- 2 Source: NNDSS; reported as "dysentery amoebic & bacillary"
- 3 Source: NNDSS; reported as "influenza", or "influenza-like illness".
- 4 Source: NNDSS; reported as " pneumonia + ARI", " acute respiratory infection", " acute respiratory illness", " upper respiratory tract infection", " .
- 5 Source: Hospital Based Active Surveillance System (HBAS)  
- indicates that no information was available at time of printing

**Fiji Syndromic surveillance.**

Table 1 beside is a summary of selected priority syndromes reported via Fiji's National Notifiable systems

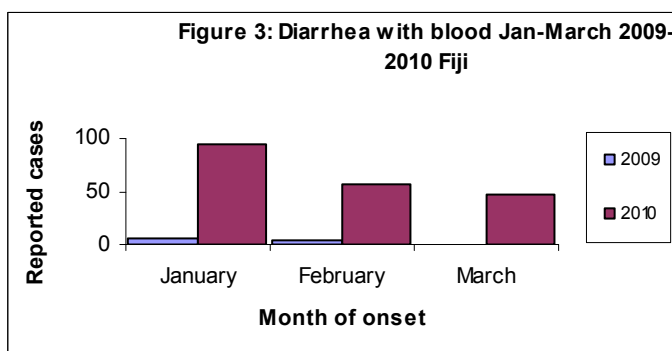
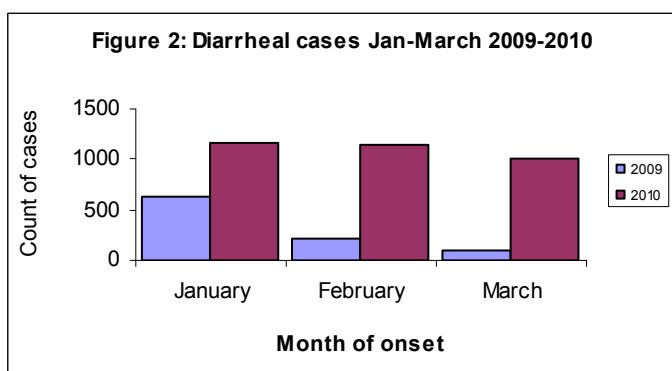
Peak seasons of Influenza -like -illness in Fiji normally begin March however this year ILI registered low activity for the first 3 months of this year.

Acute respiratory illnesses (ARI): The number of ARI cases are higher for Jan-March in 2010 than for the same period in the last 5 years as depicted in figure 1 below.



**Diarrhea**

Figures 2 & 3 below show statistics from 2009 compared to the current year for diarrhea and diarrhea with blood. In addition a special feature on shigella infection is presented below.



**Rise in Shigella infections :**

27th Feb 2010: Further to a reported increase in severe diarrheal cases requiring admission in the central eastern division. Northern & Western divisional labs have also documented an unusually high number of shigella infections. Table 2 below indicates the dominant flexneri serotype in both divisions (*lab confirmed*).

Table 2: Lab confirmed Shigella infections in the Northern & Western division by group serotype Jan-Feb 2010

Serotype	Lautoka	Labasa
Group A: S. dysenteriae	0	0
Group B: S. Flexneri	26	28
Group C: S. boydii	2	0
Group D: S. sonnei	0	0
Total (Source : Divisional labs)	28	28

**Table 3: Laboratory confirmed new cases from Fiji Centre Communicable Disease Control (FCCDC) and divisional laboratories**

<b>Table 3:Jan-March 2010</b>				
Selected Diseases	Tests requested	Tests performed	Positive	Positive cases cumulative 2010
Measles <sup>1</sup>	18	18	0	0
Rubella <sup>1</sup>	18	18	0	0
Dengue Fever <sup>1</sup>	6	6	0	0
Influenza <sup>1</sup>	54	54	0	0
Leptospirosis <sup>1</sup>	30	30	16	16
HIV/AIDS <sup>1</sup>	64	64	-	-
Typhoid fever <sup>2</sup>	-	-	-	-
Cholera <sup>2</sup>	-	-	-	-

Legend :  
 - : Not available  
 Data Source :  
 1. 1 : FCCDC Laboratory (Mataika House)  
 2. 2: Divisional Laboratories CWMH, Labasa & Lautoka  
 3. HIV : Await NACA seating 2010 for release of statistics

A high number of clinically suspected measles were received & tested in the 1st quarter of 2010.

Leptospirosis cases are lower this year compared to the same period last year (n=30).

Typhoid & Cholera

No data is available yet and it is anticipated to be at hand for the next issue.

Influenza

Cases tested at the rt-pcr laboratory include samples from Kiribas as well.

**Other health news:**

**MUMPS HEALTH ALERT**

As at 15th April, health authorities in Guam confirmed 19 cases of mumps with an additional 53 probable cases to date. The earliest documented case had onset in January and identified also were 2 small clusters at separate schools on the island. The last outbreak of mumps in Guam was in 1992. In addition the Federated states of Micronesia have reported two suspected cases that of a 26yr female and 5yr old child.

**Acknowledgements**

We would like to thank the Lautoka & Labasa divisional laboratories , the Statistics section at MoH as well as all physicians and nurses who report clinical data. In addition we also thank WHO for their technical and financial assistance in making this surveillance bulletin possible.

For bulletin inquiries, amendments and or suggestions please contact Aggie on telephone 3320066 at the centre