

Table 1: Fiji National Notifiable Diseases system (NNDSS) January-December 2011.

Syndrome	Month of onset												Cum. total 2011
	Jan	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec	
Diarrhoea ¹	2,761	2,233	2,242	1,996	1,509	1,833	1,848	1,899	2,173	2,205	1,252	804	22,753
Diarrhea with blood ²	16	32	31	19	20	49	34	16	38	16	7	3	281
Influenza-like—illness ³	761	629	1,870	2,512	2,721	3,007	2,861	1,685	1,168	1,353	399	341	19,307
Acute respiratory Infections ⁴	4,653	4,901	5,889	7,491	4,961	3,972	4,480	4,208	5,409	5,442	3,299	2,125	56,830
Acute Fever & Rash ⁵	-	-	-	-	-	-	-	-	-	-	3	-	-
Acute flaccid paralysis ⁶	-	-	-	-	-	-	-	-	-	-	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", "

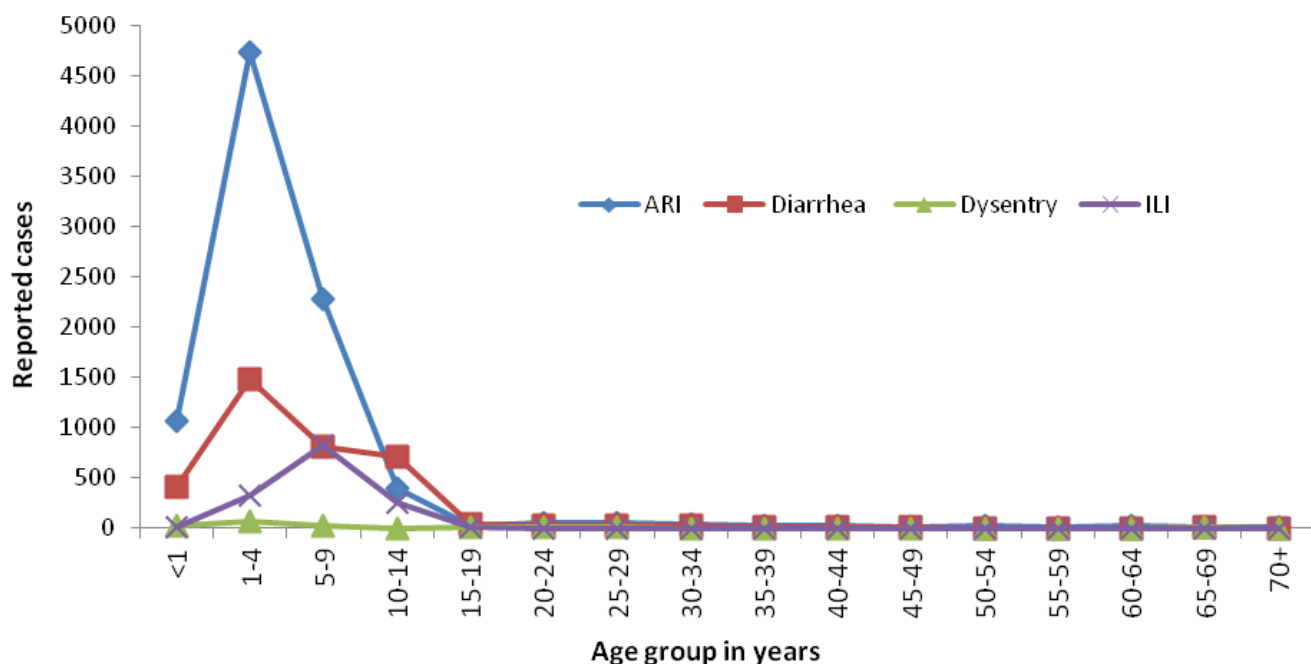
5 Source: Hospital Based Active Surveillance System (HBAS)

- indicates that no information was available at time of printing

NNDSS Highlights:

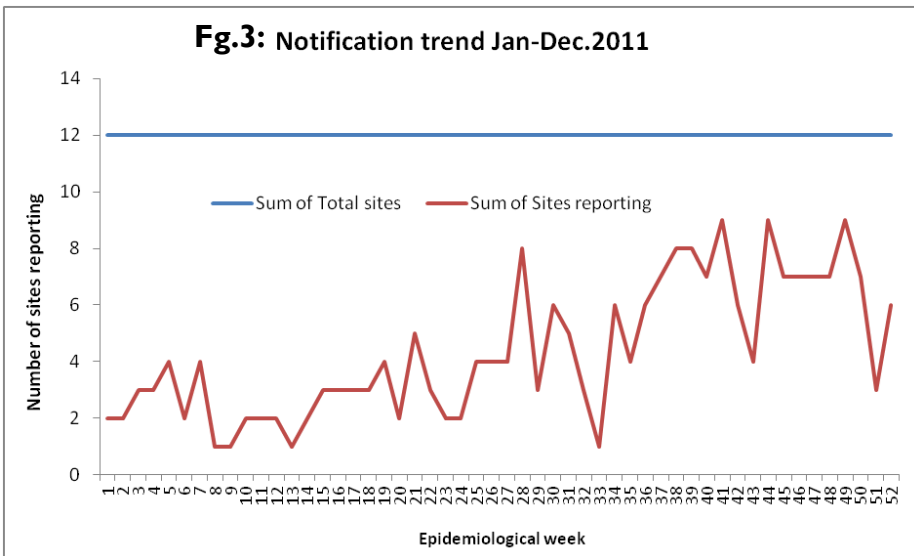
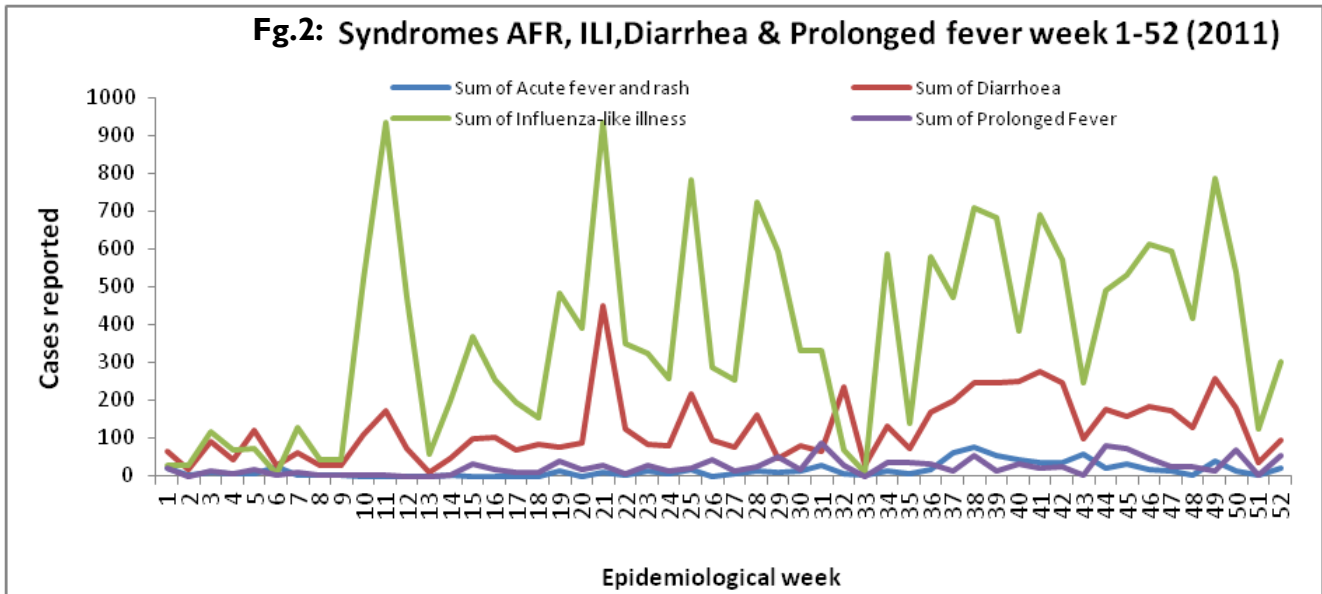
In 2011, **ARI's** affected mostly 1-4yr olds. Some medical areas that documented significant case counts were : Nausori, Naqali, Nadi, Nailaga & Wainikoro. 4 cases of **Leprosy** were reported at Valelevu (n-1), Vunidawa(n-1) and 2 cases on the island of Kabara in the Lau group. 11 suspected **Measles** cases were also reported throughout the months Feb– Oct .from the following health facilities : Suva Private, Navua,Mokani,Kese, Ba, Balevuto, Sigatoka & Seaqaqa. Known age ranged amongst 0-19yr olds with 4 cases being males and 7 females. **Diarrheal** cases were higher compared to the previous year . Cases of known age mostly lay between 1-4yrs of age. A larger proportion (84%) were unknown. **Dysentery** : 62% of cases were aged 1-4yrs. Medical areas reporting higher cases were: Vunidawa, Nuffield, Nausori and CWMH.

Fig.1 Trend of selected conditions by known age group 2011



SYNDROMIC SURVEILLANCE 2011

Active **ILI** was noted in the Central division throughout 2011. Seasonal Influenza B & later in the year Influenza AH1N1 pdm were laboratory confirmed for this division. **AFR** spikes in correlation with the Rubella outbreak in late July and continuing onto Nov, declining significantly in December. High cases of **prolonged fever** were noted in the Western & Northern divisions where outbreaks of Typhoid occurred. A high number of Dengue fever (Serotypes 1&4) cases have been confirmed for these 2 divisions. **Events based:** No calls logged. **Laboratory link:** Sampling of patients fitting ILI (Flu specific) and AFR case definitions is continually encouraged for sites seeing significant case counts.

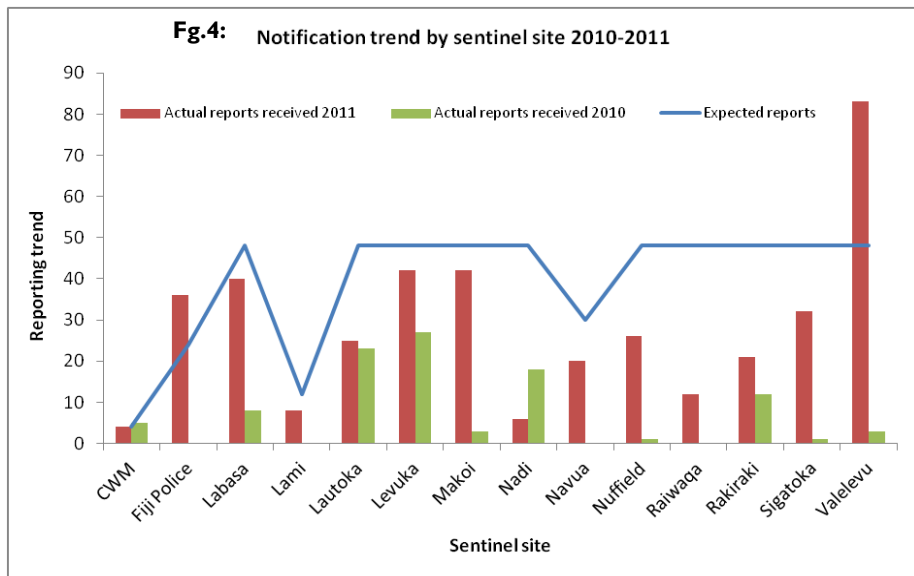


In 2011 the CWMH outpatient, a major sentinel site was closed due to decentralisation to major health facilities in the central division.

Navua subdivisional hospital and the Fiji Police medical centre were commissioned as part of the Influenza & Syndromic network bringing to a total of 12 active sentinel sites.

Graph beside left illustrates the notification trend. In 2011. A total of 397 reports (72%) were received via SMS texts. Although this is a vast improvement from the previous year (see graph below) there is a need for further improvement in 2012.

Challenges: Firstly, with the mobile network reporting platform AMS web interface. Mobile handsets provided by a local network provider proved incompatible with AMS therefore normal SMS texting platform was used to report. Another major issue is medical staff turnover at sites which required constant monitoring and in some cases refresher training. Yet another challenge was maintaining full support & participation at point of care, i.e. practitioners interest in continued reporting towards the system. As an early warning system practitioners full support & participation is crucial. Dips in blue in the graph beside indicate sites that joined the network at various times in 2011. Note that inactive sites include Savusavu, Rotuma which have been excluded from this report since late 2010.



Acknowledgement to the WHO South Pacific office for continued support towards this system.

Table 2: Confirmed cases from FCCDC and divisional laboratories Jan - November 2011

Selected Diseases	Tests requested											2011		
	FEB	March	April	May	June	July	Aug	SEPT	Oct	Nov	Dec	Cumulative total tests re-quested	Current month positive (Nov)	Cumulative positive cases
Measles ¹	9	0	1	4	1	51	24	30	103	79	28	303	0	2
Rubella ¹	9	0	0	4	1	-	160	111	103	-	20	389	12	146
Dengue Fever ¹	7	28	3	21	58	38	21	19	20	26	61	244	12	66
Influenza ¹	1	46	1	22	7	122	28	6	8	6	0	108	0	25
Leptospirosis ¹	14	16	20	23	55	18	8	3	0	8	47	168	5	110
HIV/AIDS ¹	23	24	17	25	17	22	11	2		17	22	170	-	-
Typhoid fever ²	-	-	-	-	-	-	-	-	-	-	-	-	43	404
Cholera ²	0	0	0	-	0	0	0		0	0		0	0	0

Legend :

- : Not available

Data Source :

1. 1 : FCCDC Laboratory (Mataika House)

2. 2: Divisional Laboratories CWMH, Labasa & Lautoka

3. HIV : Pending NACA seating 2011

Tbl.3: Tabled summary of lab confirmed cases 2011

Selected CD's	Dengue (IgM)	Leptospirosis	Rubella
Total case count	66	110	146
Division			
Central	35	64	95
Western	5	31	32
Northern	26	13	19
Eastern	0	1	0
Unknown	-	1	-
Gender			
Females	31	32	17
Males	35	78	129
Age range	5-67yrs	0-69yrs	0-64yrs
Age most affected (%)	20-29yrs (67%)	20-29yrs (31%)	20-24yrs (28%)

Epi notes:

Some medical areas affected are **Dengue:** Korovou, Vunidawa, Wainibokasi, Taveuni & Tavua. **Leptospirosis:** Lautoka, Korovou, Ba, Tavua, Vunidawa, Wainibokasi. **Rubella:** Ba, Tavua, Nadi, Natabua, Labasa, Raiwaqa, Valelevu, Lami, Nausori & Makoi

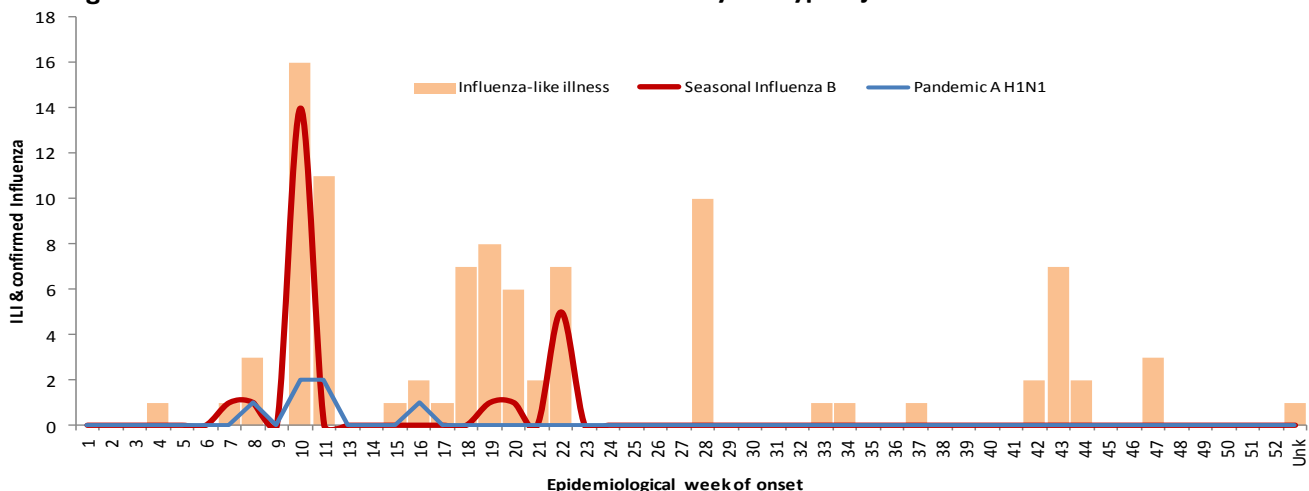
National Influenza Surveillance

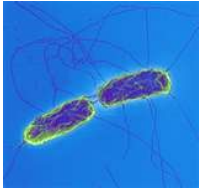
A total of 108 ILI samples were received at the Fiji NIC for sub typing if Influenza. Of these 11 came from other Picts (Tuvalu & Kiribas). 62% of ILI samples were females & age ranged from 0-65yrs.

Fiji specific :

A total of 25 cases were confirmed for Influenza and sub typed as seasonal Flu B (B/Brisbane /60/2008-like) & A H1N1 pdm virus. Fiji positive cases age range of 0-45yrs and affected mostly females(72%). Co-circulation of Influenza AH1N1 pdm and seasonal Flu B was confirmed in the 1st qtr of 2011. This was from an ILI cluster on the eastern maritime island of Rotuma. No other Influenza activity was documented throughout the remainder of the year.

Fig.5: Surveillance of Influenza-like illness & Influenza by sub type Fiji all divisions Jan-Dec. 2011



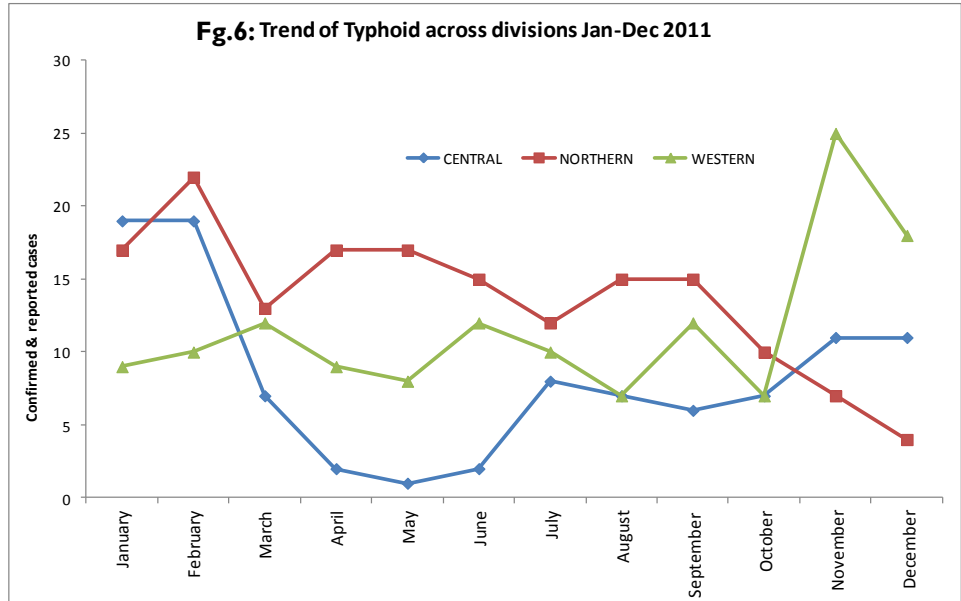


Typhoid - Laboratory based surveillance

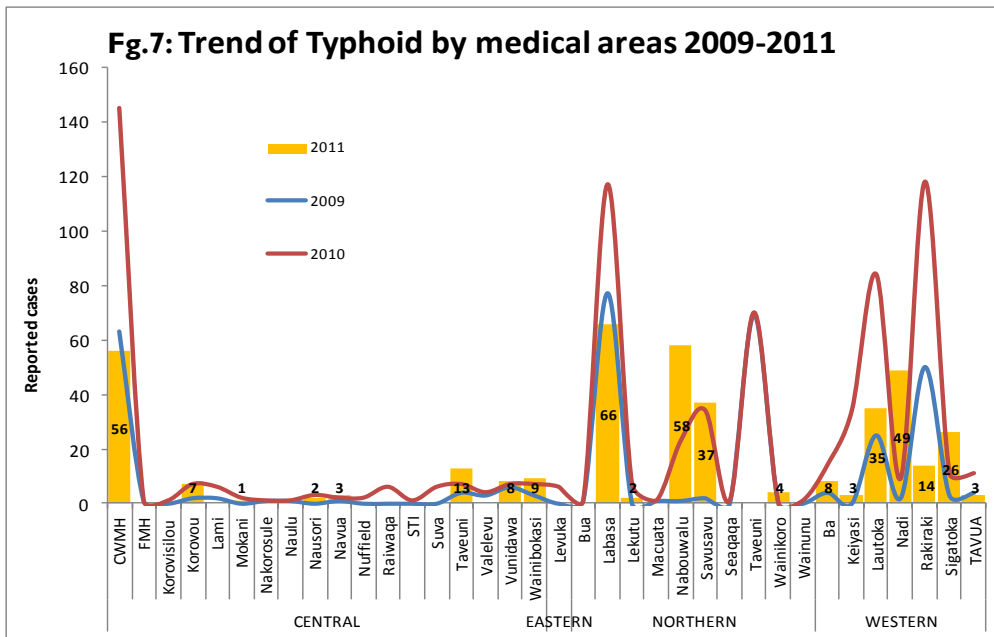
Typhoid activity in Fiji for the first quarter was lower compared to the two previous years. Cases were reported from Nabouwalu, Savusavu & Vunidawa for this period. In the 2nd qtr. Labasa & Lautoka reported most cases, similarly for the 3rd qtr in the same medical areas. The most affected age group across all health divisions were 20-29yrs with males numbering higher than females. Nadi in the western division documented the highest number of cases in the

4th qtr. This may be due to the Nanoko outbreak where a cluster of 5 cases were registered in October. The outbreak peaked in November at n-16 cases.

As at 16th Dec.	Cumulative positive
Cumulative case count	405
By health division	
Central	100
Western	138
Northern	167
Eastern	0
Cases by gender	
Female	190
Male	215
Age range	.5-95yrs



13 cases reported from Taveuni has been listed under the central division in the graph below.



Age group	Female	Male
0-4	11	10
5-9	16	12
10-14	16	21
15-19	24	26
20-24	22	29
25-29	29	24
30-34	15	15
35-39	12	19
40-44	8	13
45-49	11	14
50-54	7	11
55-59	3	5
60-64	2	1
65-69	3	1
70-74	0	0
75-79	2	0
80-84	0	0
85-89	1	0
90-95	1	0
Unknown	7	14
Total	190	215

Many thanks to the divisional laboratory teams for continued weekly reports to this lab based surveillance initiative.

Please feel free to contact the centre for any further clarifications and or suggestions regarding this publication. Acknowledgement to the MoH health information unit, divisional laboratories and reporting officers for continued contribution to this publication. Also to WHO Pacific Technical Division Suva office for technical advise & support.

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