Syndromic Surveillance Daily Report

SPC Secretariat of the Pacific Community

World Health Organization Western Pacific Region

JULY 10th 2012 (Feedback on data as at 9th July 2012)

General comment on reported syndromes:

A/ Evolution of raw number of cases for the 8 selected syndromes, starting one week before the beginning of the FOPA (June 25th) – see attached Charts

Graphs for All sites (all participating clinics in Honiara):

-**Acute Fever & Rash**: 13 cases reported yesterday. The general decline in the raw number is no longer so obvious; rubella outbreak in Honiara is probably still well established. It is advisable to take some samples to confirm diagnoses for AFR cases (case of dengue?)

-**Watery Diarrhoea**: 5 cases reported yesterday. A single reported case of this syndrome should trigger (i) a follow-up by the surveillance and response teams (observance of case definition) and (ii) further laboratory and epidemiological investigations when clinical presentation is confirmed by the nurse practitioner.

-**Non-Watery Diarrhoea**: 21 cases reported yesterday. An increase in the raw number but the percentage of NWD by the total of syndromes remained stable (graph D)

-**Influenza-like-Illness:** 59 cases reported yesterday, especially in **NRH-GOPD** and **Kukum** and the percentage of ILI by the total of syndromes also increased (graph D)
The clinics that have been reporting a lot of ILI cases are urged to take NPS. They have been provided with appropriate lab supplies.
Reports from regional and global surveillance confirm that a new A(H3N2) virus has replaced the A(H1N1)2009 pandemic strain in Australia and possibly in other places of the Southern hemisphere. These reports stress that such a new virus could easily be spreading among the non-immunized population at the occasion of the mass-gathering happening during the Festival.
Laboratory investigation is of the highest importance in this instance. Some Nasopharyngeal have been taken for further investigation.

-**Prolonged Fever:** 14 cases reported yesterday, especially in **White River**.

-**Acute Fever & Neurological symptoms:** 2 cases reported yesterday (1 in **Vura**/1 in **Mataniko**)
A single reported case of this syndrome should trigger (i) a follow-up by the surveillance and response teams (observance of case definition) and (ii) further laboratory and epidemiological investigations when clinical presentation is confirmed by the nurse practitioner (and malaria test is negative).

-**Fever & Jaundice:** no case reported yesterday. A single reported case of either of these should trigger (i) a follow-up by the surveillance and response teams (observance of case definition) and (ii) further laboratory and epidemiological investigations when clinical presentation is confirmed by the nurse practitioner.

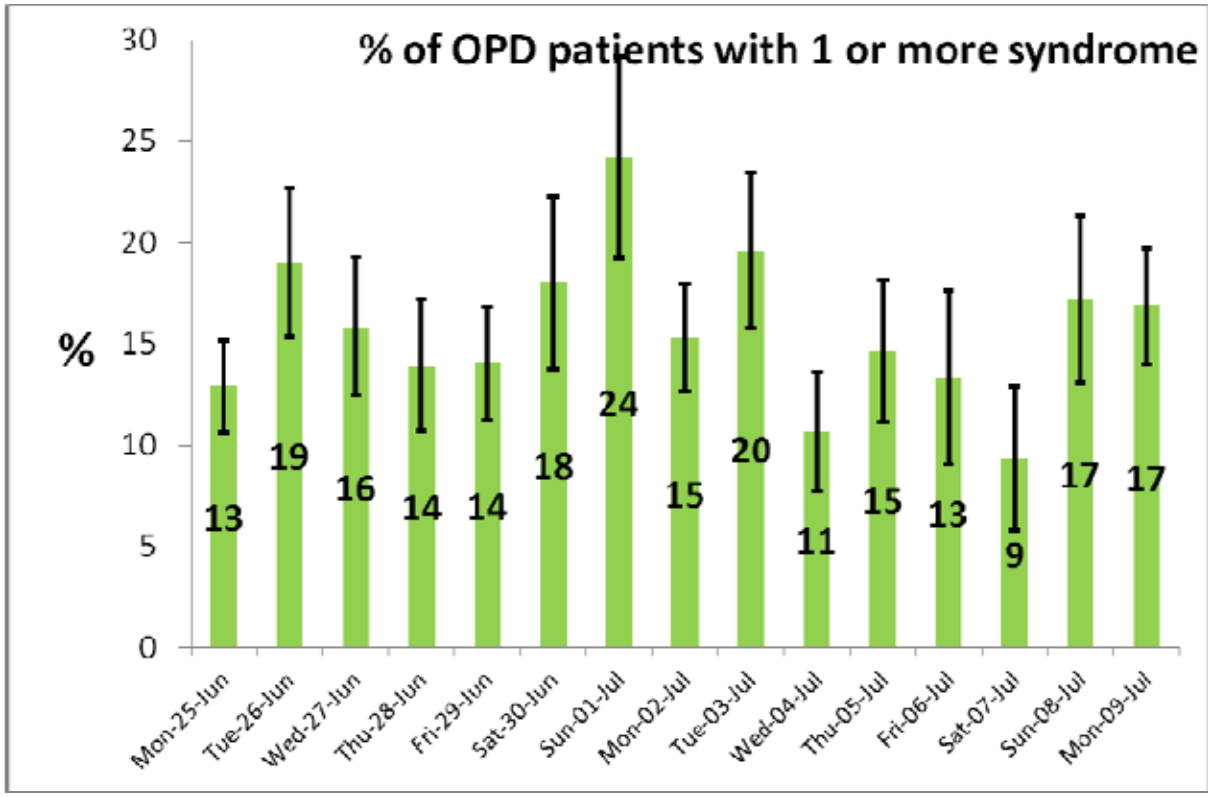
-**Heat-related-Illness:** one case reported since July 4th. No case reported yesterday.

B/ Number of cases by syndrome and by site for **July 9th –** see attached Charts

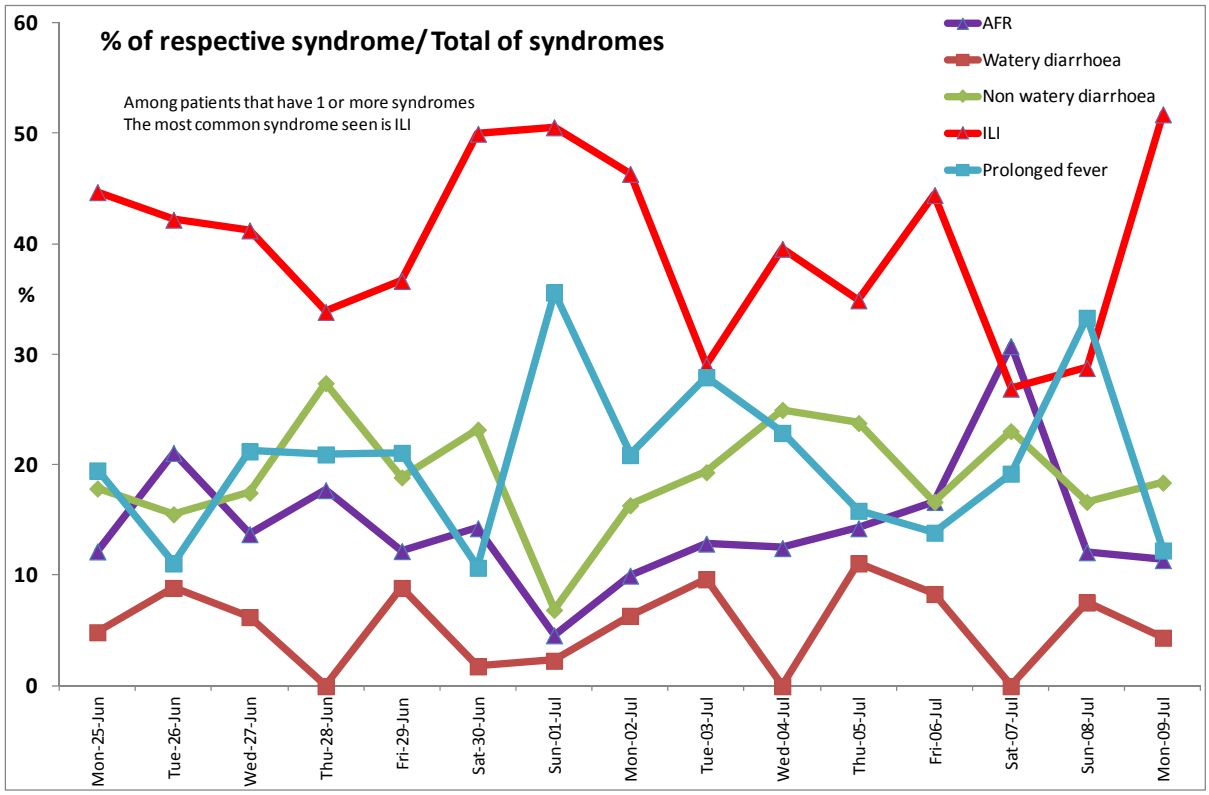
-14 sites run OPD clinics yesterday
11 sites provided data and it is entered
3 sites (Panatina/Aspen/Rove)) provided the data but there were zero cases to report

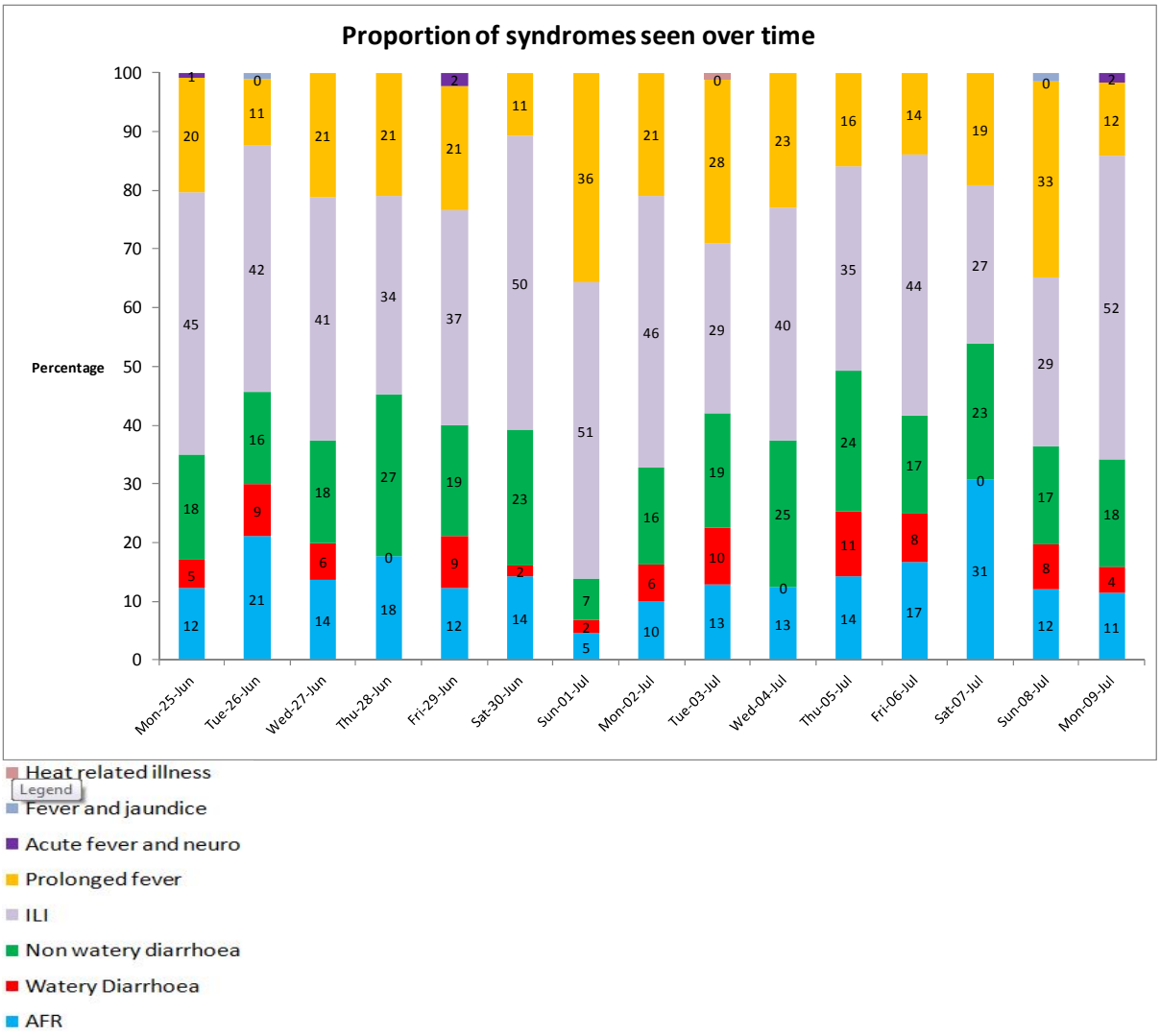
-2 cases of Acute Fever & Neurological symptoms (1 in **Vura**/1 in **Mataniko**) to be investigated

C/ % of OPD patients with at least one of the 8 selected syndromes, starting one week before the beginning of the FOPA (June 25th)



D/ % of each syndrome by the total of all syndromes



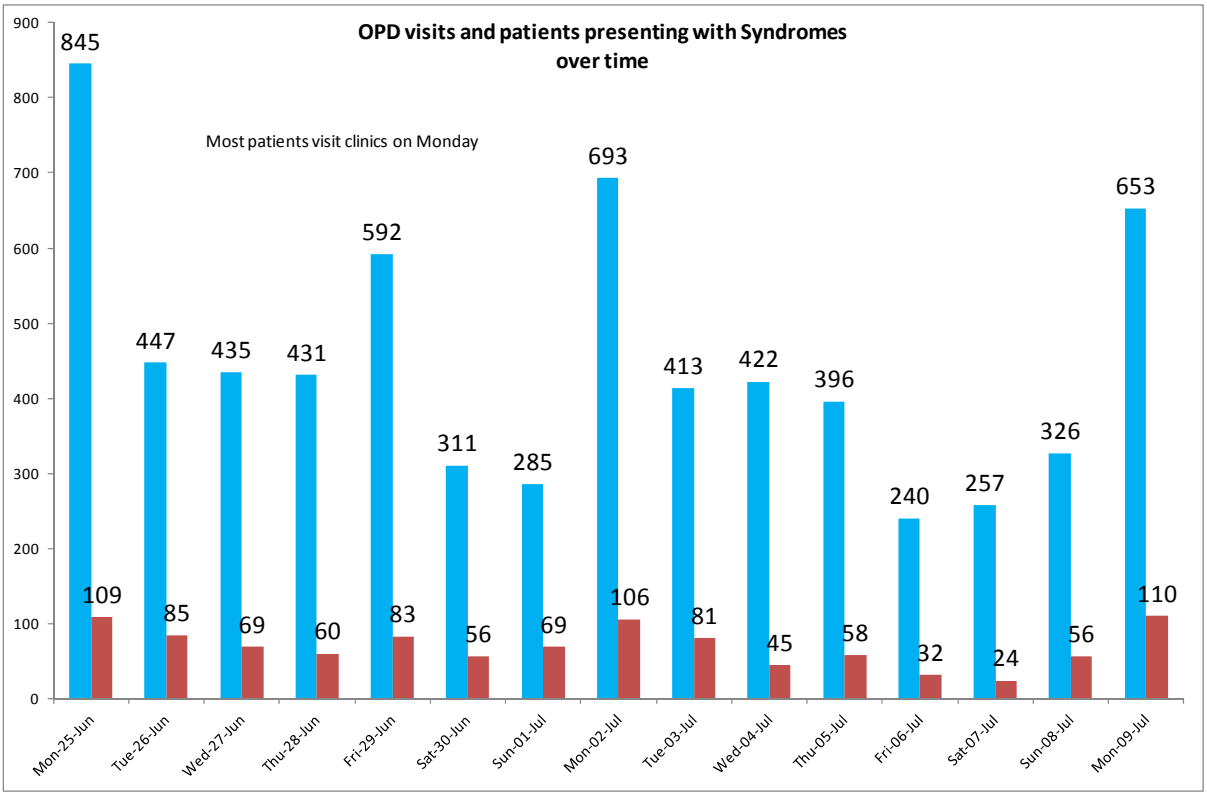


This indicator provides us with a proxy of specific morbidity. Of the 8 syndromes under surveillance it shows us the percentage that each syndrome contributes.

What we should expect and when should we react:

1. That ILI and prolonged fever would contribute the highest percentage due to circulating flu virus and malaria being endemic to the Solomon islands
2. Given that there was a recent rubella outbreak we also expect that AFR percentage to be fairly constant, but its contribution should decrease over time as measures have been taken to control the outbreak
3. Small percentage due to heat related illness
4. Extremely low percentage contributed by Fever and jaundice, acute fever and neurological syndromes. A single reported case of either of these should trigger (i) a follow-up by the surveillance and response teams (observance of case definition) and (ii) further laboratory and epidemiological investigations when clinical presentation is confirmed by the nurse practitioner (and malaria test is negative).
5. Small percentage contributed due to watery diarrhoea and non-watery diarrhoea. However a sharp increase in either of these should trigger (i) a follow-up by the surveillance and response teams (observance of case definition) and (ii) further laboratory and epidemiological investigations when clinical presentation is confirmed by the nurse practitioner.

E/ OPD visits and patients presenting with Syndromes overtime (starting one week before the beginning of the FOPA)



So far, no real influence of FOPA on the number of clinics attendees (Friday 6th was a Holiday).

Conclusion/recommendations:

Relatively high number of ILI , especially in **Kukum**. Observance of Case definition to be checked (ILI versus Prolonged Fever?)

2 cases of Acute Fever & Neurological symptoms (1 in **Vura**/1 in **Mataniko**) to be investigated

Lab sample and diagnosis are necessary for cases of **Watery Diarrhoea**, **Prolonged Fever** (when there is no Malaria smear test +ve), and **Acute Fever & Neurological symptoms** to support the Lab-based surveillance.

MHMS had instructed Honiara Clinics not to take anymore specs during the rubella outbreak. However, there's need to re-discuss that practice with the MHMS in view of resuming spec collection for **Acute Fever & Rash** cases, to ascertain the end of the outbreak and for detecting other potential causes of ARF.

GPHIN 2012 Festival of Pacific Arts report:
-July 08: A 46 year-old male from Niue Islands has died from haemorrhagic dengue fever. The island has been hit by dozens of dengue infections since early 2012.
- July 08: Health officials from the Health Department of the Victoria State (Australia) have announced that cold weather conditions have led to a spike in the common cold, with 973 laboratory-confirmed cases since January 1, 2012, compared with 663 cases in 2011.
-July 09: A baby and an adult have been diagnosed with meningococcal disease in Hunter New England (Australia). The region has recorded three cases of the disease in 2012. There had been 15 confirmed cases in 2011 and 14 in 2010.

-July 09: Health Department figures show rates of Ross River virus have fallen by almost one-third in the Kimberley Region (Australia). Kimberley region has reported 51 confirmed cases of the mosquito-borne disease since July 2011, compared with 130 the previous year. The southern areas of country have recorded more than 1,500 cases in 2011. There have been 51 cases reported in the Pilbara, compared to 69 the year before, and 10 in the Gascoyne compared to four last year. The Kimberley had four additional cases of Barmah Forest virus, the Pilbara an extra 10 and the Gascoyne had two fewer.