

JULY 11th 2012 (Feedback on data as at 10th 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: 4 cases reported yesterday. The general decline in the raw number may indicate that the rubella outbreak in Honiara is getting under control. However cases are still reported and 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: 7 cases reported yesterday. A decrease in the raw number but the percentage of NWD by the total of syndromes remained quite stable (graph D)

-Influenza-like-illness: 25 cases reported yesterday, the percentage of ILI by the total of syndromes remained high (graph D)

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: 20 cases reported yesterday, most of them linked with a Malaria Smear test +ve.

-Acute Fever & Neurological symptoms: no case 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 (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: no case reported since July 4th.

B/ Number of cases by syndrome and by site for July 10th – see attached Charts

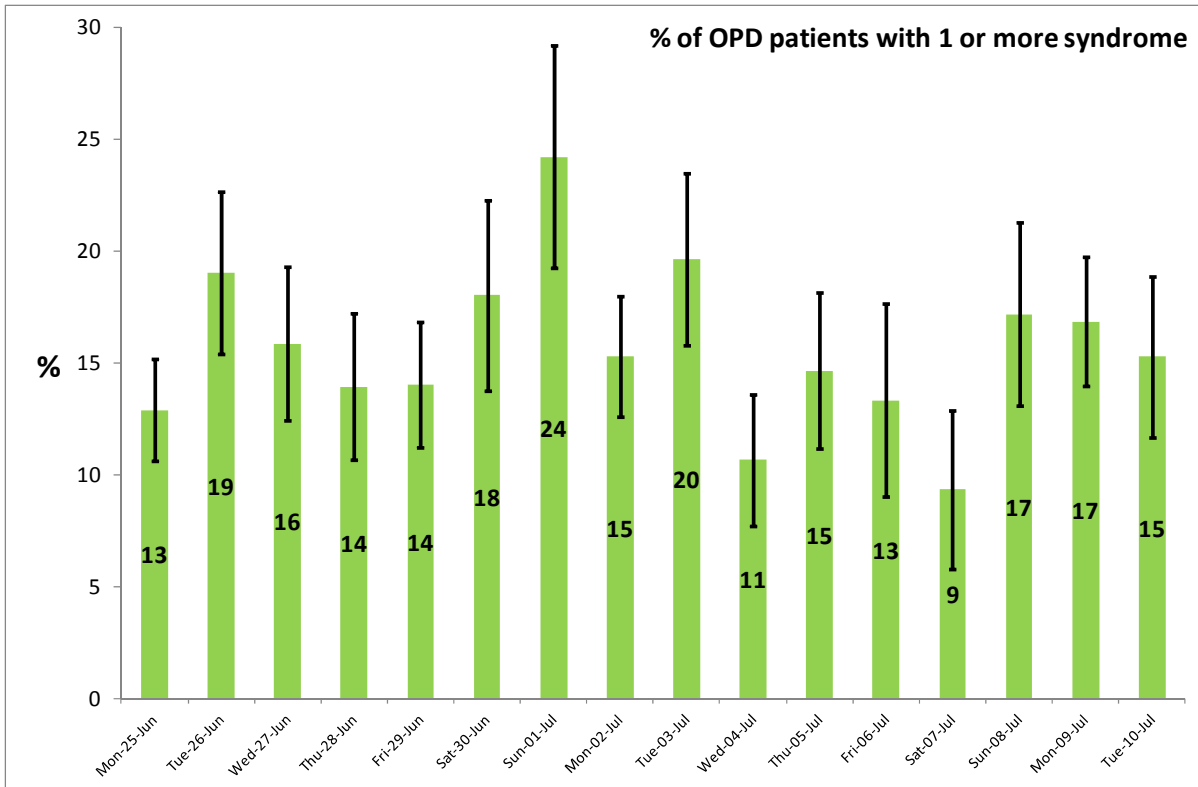
-12 sites run OPD clinics yesterday

10 sites provided data and it is entered

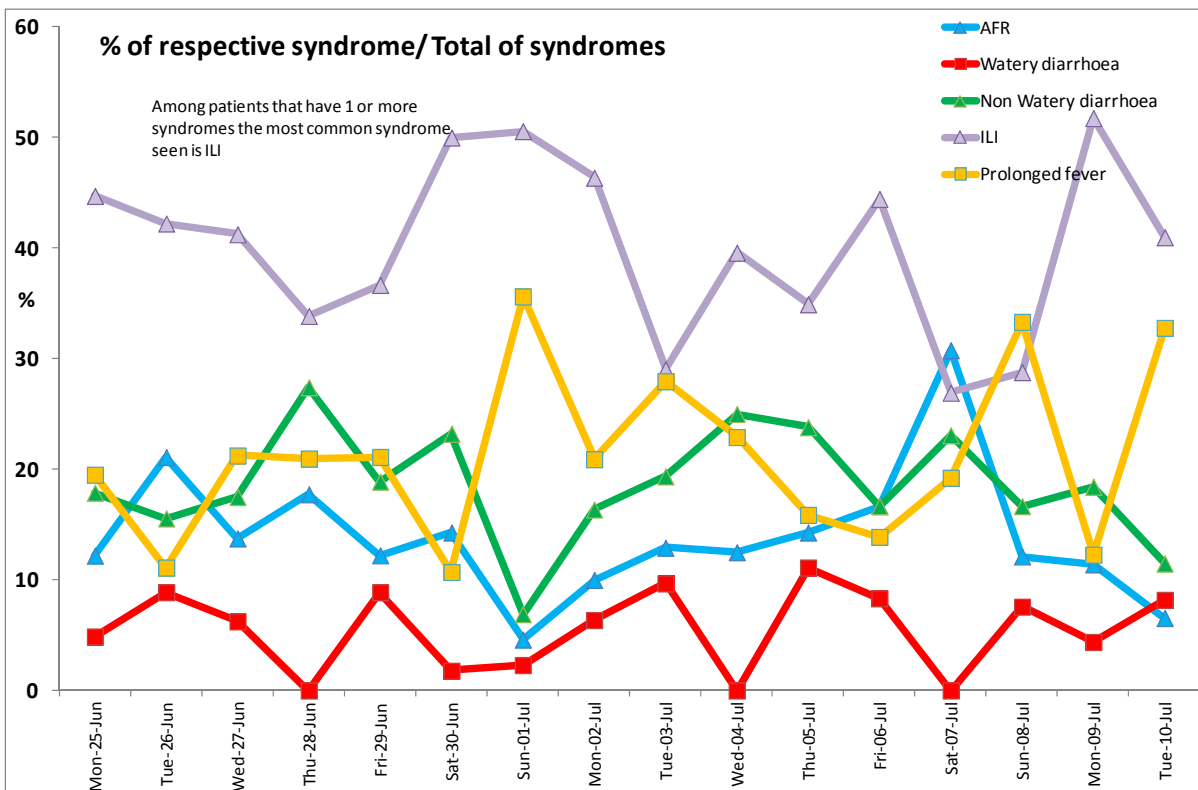
2 sites (Panatina/National Diabetes center) provided the data but there were zero cases to report

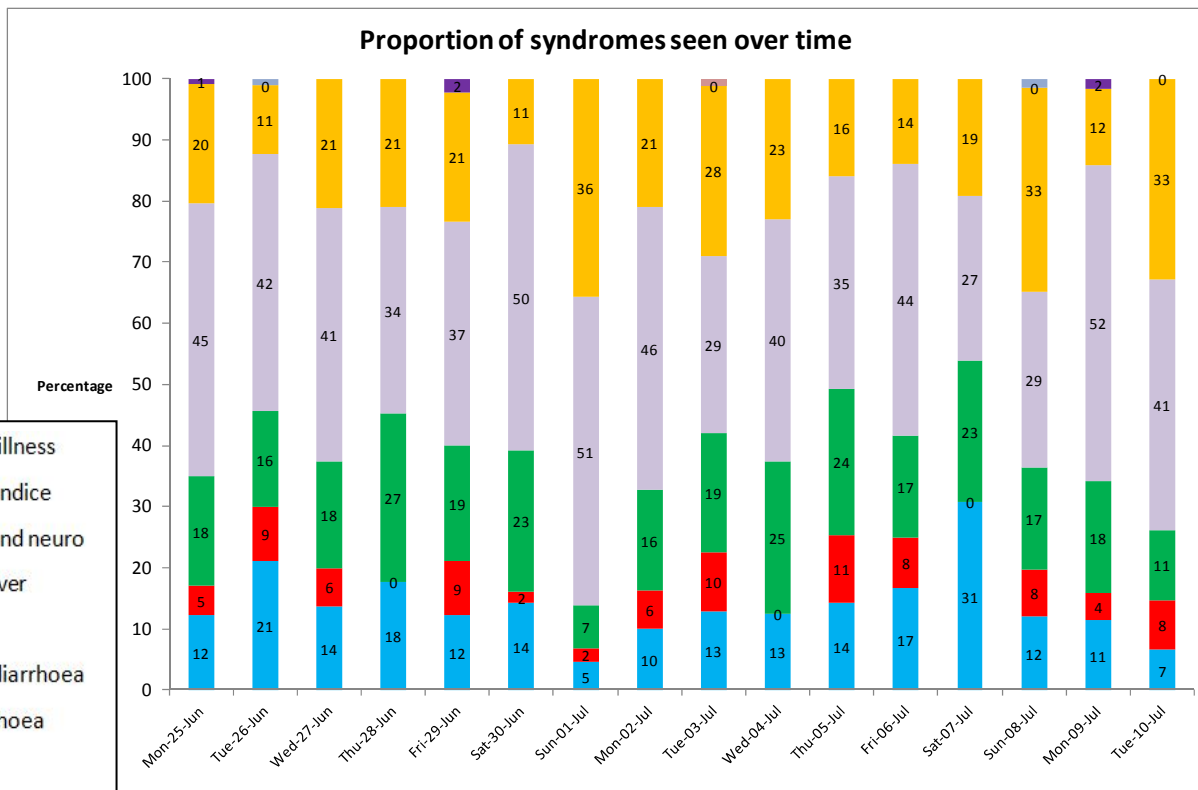
-3 cases of Watery Diarrhoea in **Naha** to be investigated

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:

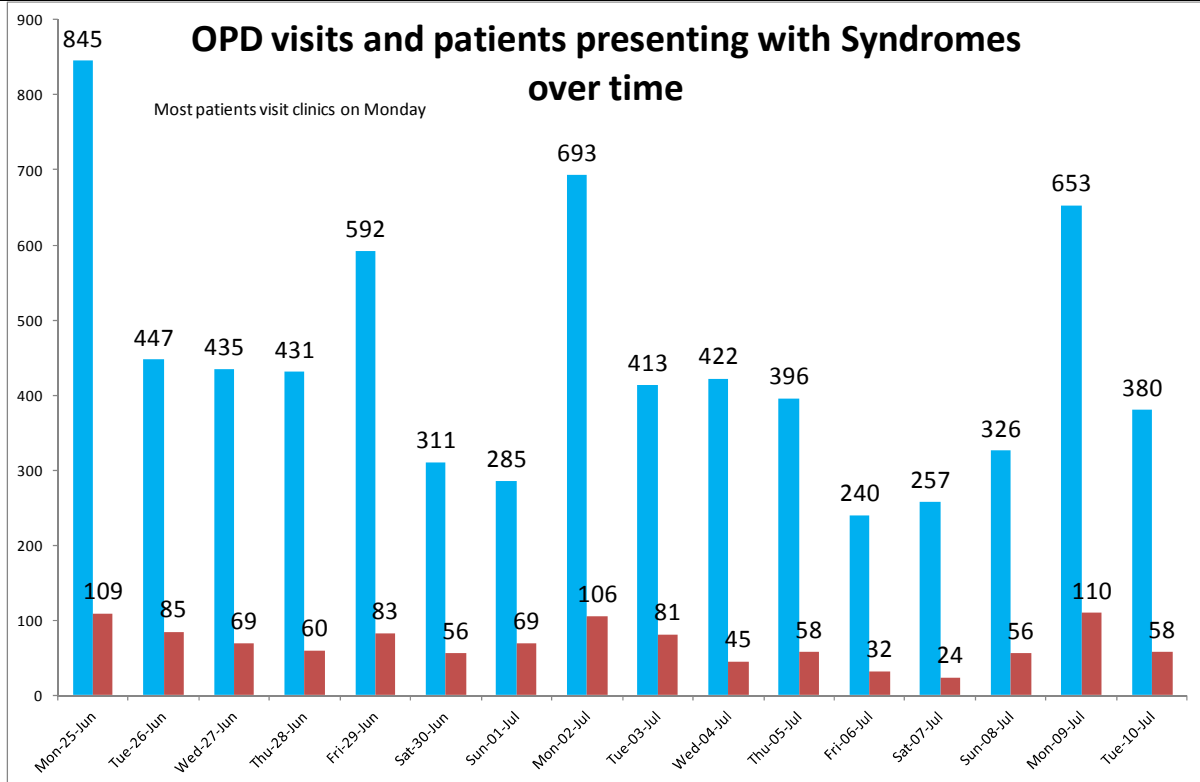
1. That ILI and prolonged fever would contribute the highest percentage due to circulating flu virus and malaria being endemic to the Solomon islands
2. Given that there was a recent rubella outbreak we also expect that AFR percentage to be fairly constant, but its contribution should decrease over time 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.

Investigation and response

1. The FOPA National Health Sub-committee Response Team has investigated the 2 cases of **Fever and neurological symptoms** that were notified last Monday, 9th of July. Both are now ruled out. One was a clerical mistake and the second was a baby with high fever who presented with no confirmed neurological symptoms. The latter was screened at NRH and discharged home with proper medication. None of these 2 cases met any of the syndromic case definitions and have to be erased from the surveillance database.
2. Laboratory and epidemiological investigations are still carried out on **diarrhoea** cases (both “watery” and “non-watery”) as well as for the isolated case of **Fever and jaundice** notified last Sunday, 8th of

July. More samples are going to be collected on diarrhoea cases and those ruled out for cholera (culture), rotavirus (RDT) and other enteropathogens (culture) will be sent overseas to our L3 reference lab within the PPHSN LabNet system for further investigation. The investigation is geared to come up with a specific and conclusive diagnosis so proper treatment and public health measures can be applied. Epidemiological and clinical features reviewed so far seem to indicate that there could be an etiological link between the currently notified cases of diarrhoea and the outbreak that occurred in Honiara and Western Province late last year, as reported at the time to the Regional Syndromic Surveillance System – though the causal agent remains unknown to date.

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



Conclusion/recommendations:

No unusual occurrence to report from yesterday.

3 cases of Watery Diarrhoea in **Naha** 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.

Altogether the numbers of **diarrhoea** cases remain relatively high (largely among young children under 5 years old) but are now plateauing. Nurses working at sentinel sites are encouraged to collect systematic samples from patients presenting with diarrhoea (for both diarrhoeal syndromes) as well as they also are collecting NPS from **ILI** patients. Cases of **Prolonged fever** and **Acute Fever and Rash** are also being taken blood samples to ascertain the decline of rubella cases and watch out for the emergence of dengue in Solomon Islands.

The 2 cases of **Acute Fever & Neurological symptoms** notified on Monday 9th of July have now been investigated and ruled out. Epidemiological investigation is still on-going for the isolated case of **Acute Fever & Jaundice** notified on the 8th of July as well as for diarrhoea cases.

GPHIN 2012 Festival of Pacific Arts report (July 10):

-The Australian Northern Territory Centre for Disease Control is urging Territories to get vaccinated as flu numbers rise rapidly. According to health officials, 181 cases have been confirmed in 2012 with 60 reported in Darwin, 33 of those resulting in the people being admitted to hospital.

-Statistics from the Australian Federal Government's National Notifiable Disease Surveillance System shows 87 cases of flu in Tasmania have been diagnosed since the beginning of 2012. There has been increased influenza notifications during June 2012. Thirty-nine notifications were received, more than half of the 59 registered since the start of 2012.

-More than 5000 cases of the potentially deadly H3N2 and type B strains were recorded nationally in June - almost double the number as at the same time in 2011, and with thousands more cases expected to go undiagnosed. So far, 9034 influenza cases have been diagnosed nationwide for 2012, with Queensland, New South Wales and South Australia the worst affected.