

**JULY 12<sup>th</sup> 2012 (Feedback on data as at 11<sup>th</sup> 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 25<sup>th</sup>) – see attached Charts

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

**-Acute Fever & Rash:** 5 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:** 3 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:** 20 cases reported yesterday. An increase in the raw number and also in the percentage of NWD among the total of syndromes (graph D), which reached its highest value on the 11<sup>th</sup> of June (4.7%).

**-Influenza-like-illness:** 19 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 and sent to reference lab for further investigation.

**-Prolonged Fever:** 13 cases reported yesterday, lot 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.

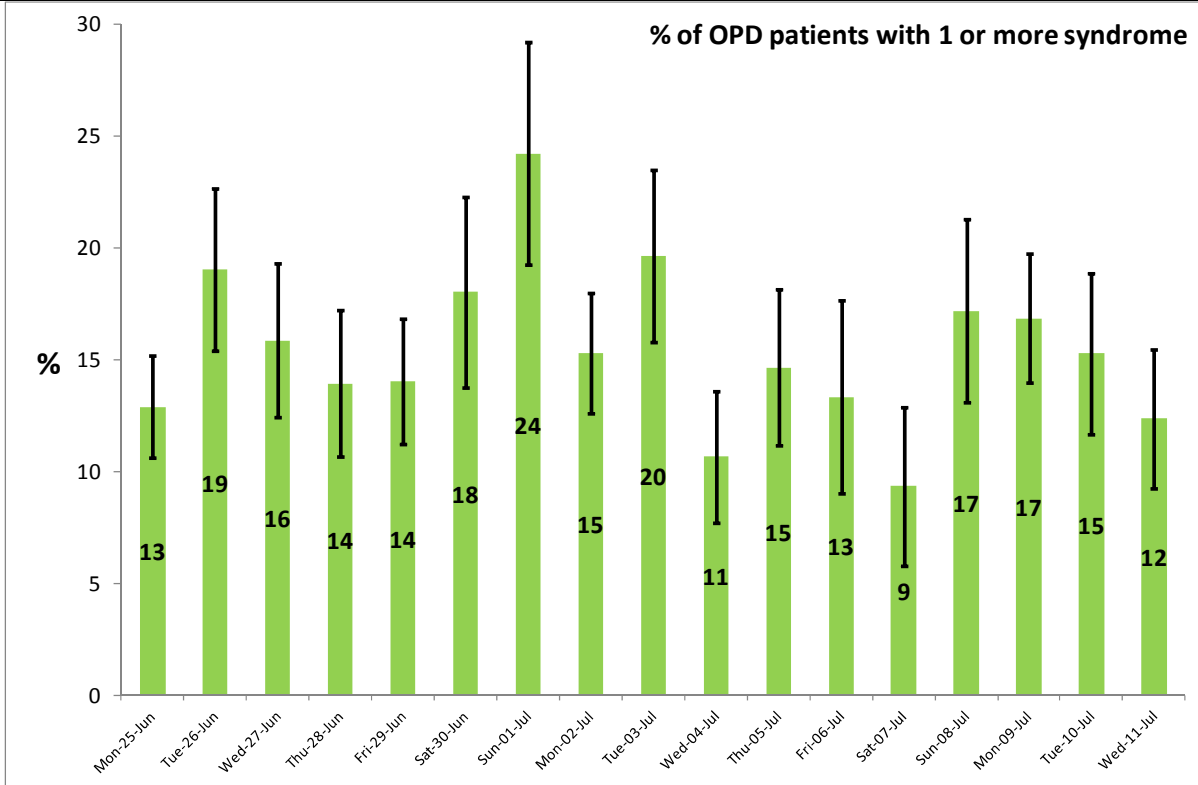
**-Heat-related-illness:** no case reported since July 4th.

**B/** Number of cases by syndrome and by site for **July 11<sup>th</sup>** – see attached Charts

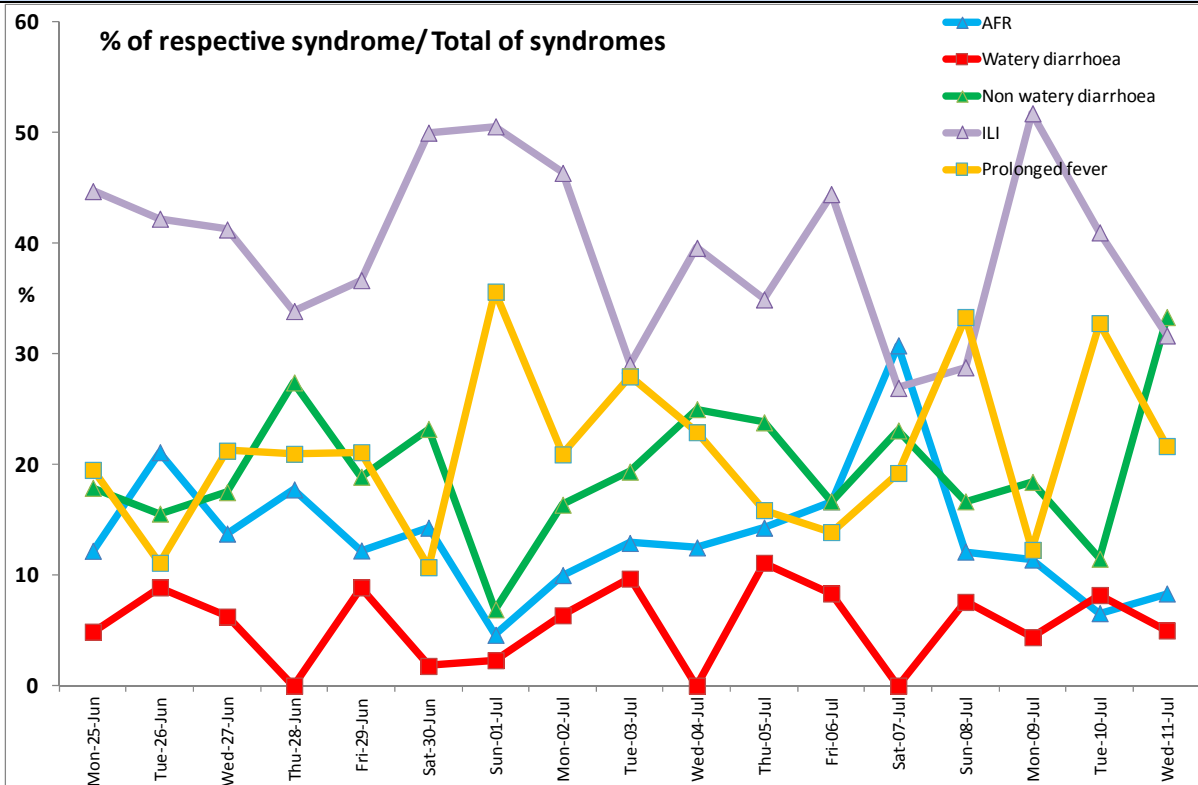
-11 sites run OPD clinics yesterday  
     7 sites provided data and it is entered  
     4 sites (Panatina/National Diabetes center/Aspen/KGVI) provided the data but there were zero cases to report

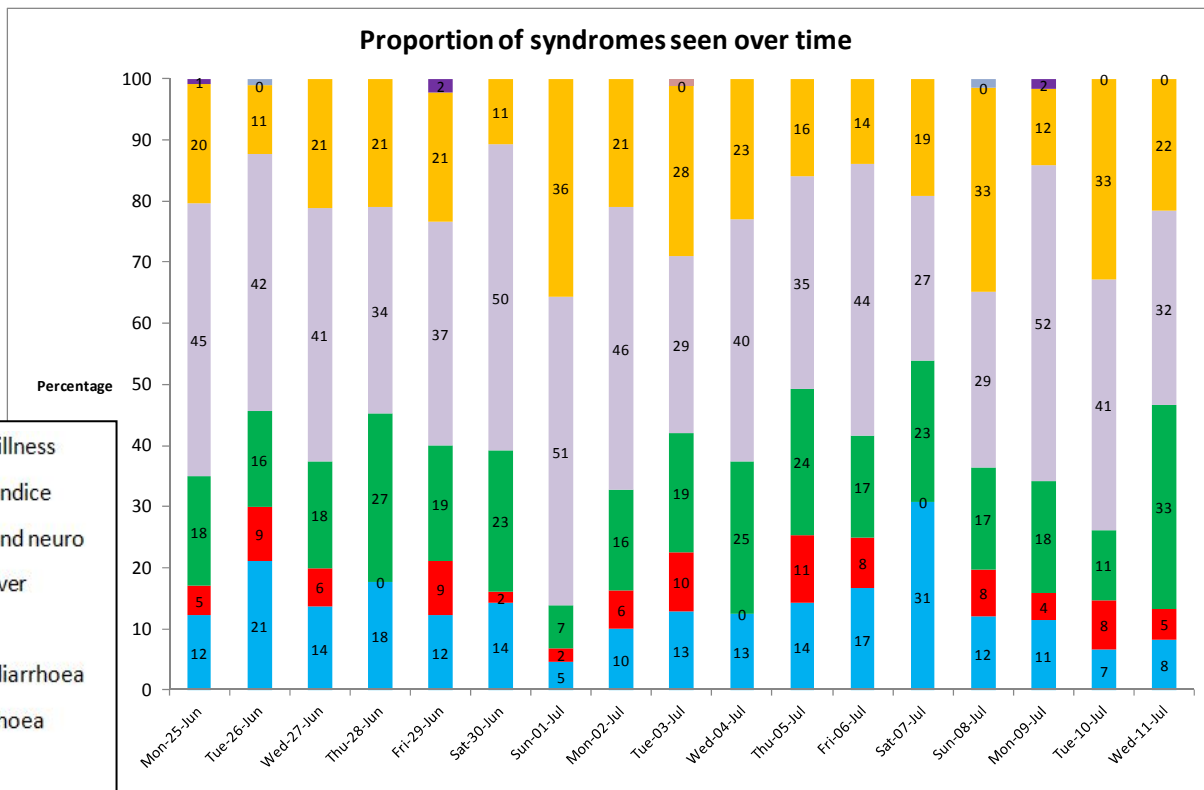
-3 cases of Watery Diarrhoea, 2 in **Rove**, 1 in **Mbokonavera** to be investigated

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



**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:**

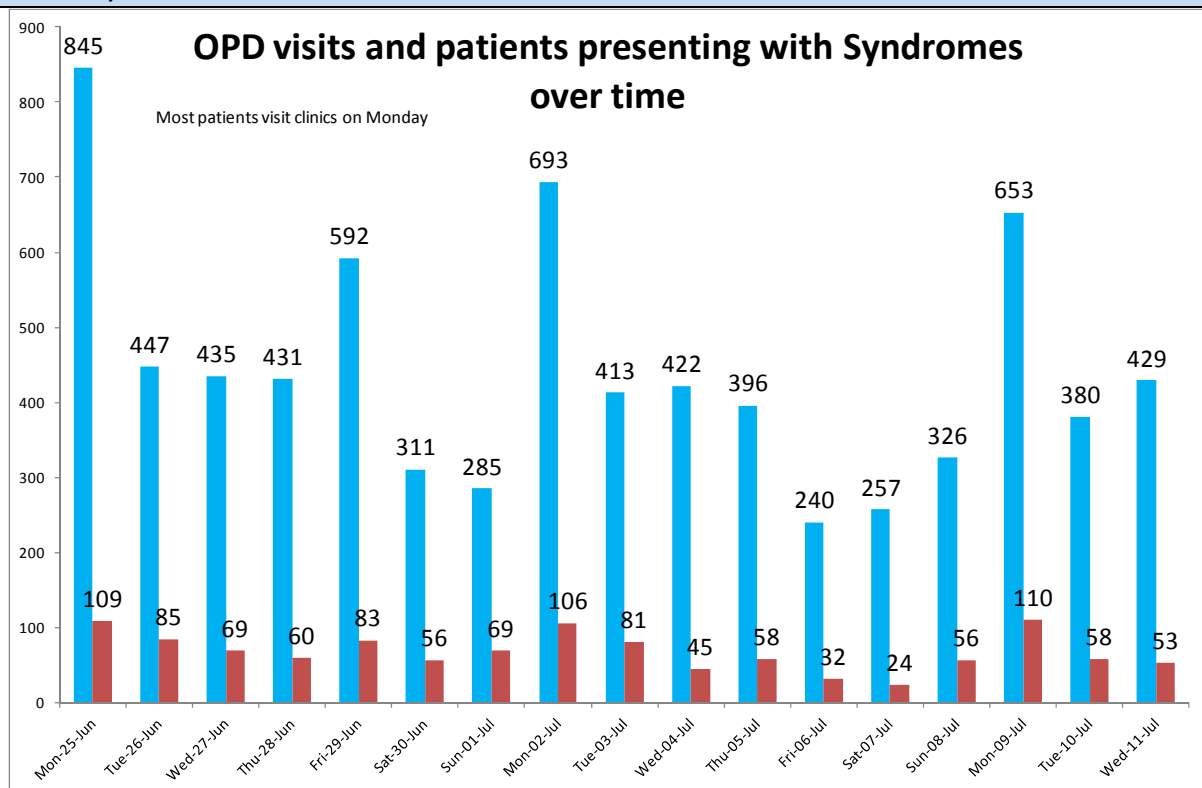
1. That ILI and prolonged fever would contribute the highest percentage due to circulating flu virus and malaria being endemic to the Solomon islands
2. Given that there was a recent rubella outbreak we also expect that AFR percentage to be fairly constant, but its contribution should decrease over time 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, 9<sup>th</sup> 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, 8<sup>th</sup> of

July. More samples are being 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. From the 2 clinics where most cases of diarrhoea are reported (Mataniko and Kukum), efforts are being made by the Health Sub-committee Response Team to track back the notified patients in their community, in order to carry out an environmental health rapid assessment of the situation regarding water-borne and/or fecal-oral transmitted diseases. 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.

General attendance to sentinel clinics is stable. Not taking into account the usual Monday's peaks of attendance, the total of visits for the 11<sup>th</sup> of July is the highest since the 28<sup>th</sup> of June. However, the proportion of patients presenting with at least one syndrome remains relatively low (12%). Compare with the first week of the Festival, 95% confidence intervals rather indicate a relative stability of these figures (ref. Graph C).

3 cases of Watery Diarrhoea, 2 in **Rove**, 1 in **Mbokonavera**, 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 9<sup>th</sup> 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 8<sup>th</sup> of July as well as for diarrhoea cases.

*GPHIN 2012 Festival of Pacific Arts report (July 11):*

*-So far, 2536 flu cases have been diagnosed in Queensland (Australia) this year. A 10 per cent rise in diagnosed flu cases compared to the same period in 2011. The H3N2 strain of the flu has been prominent among recorded cases for the past few years.*

*-According to health officials, typhoid fever cases in Samoa have increased dramatically since April 2012 with more than one hundred cases reported to the ministry. The Health Ministry has suspected a lack of food hygiene is the major cause of the outbreak recently. However, the Ministry is looking at preventative measures to control the outbreak.*