

JULY 3<sup>rd</sup> 2012 (Feedback on data as at 2<sup>nd</sup> July 2012)

**General comment on reported syndromes:**

A/ Evolution of number of cases for the 8 selected syndromes, starting one week before the beginning of the FOPA (June 25<sup>th</sup>)

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

**-Acute Fever & Rash:** there is a general decline in the number indicating probably that the recent rubella outbreak in Honiara is getting under control. However yesterday, more cases have been reported and it is now advisable to take some samples to confirm diagnosis (case of dengue?)

**-Watery Diarrhoea:** 8 cases reported yesterday. Need to check case definition with the 3 reporting clinics (Naha/Rove/Mataniko) and to undertake lab-based investigation if clinical presentation is confirmed by the nurse practitioners.

**-Non-Watery Diarrhoea:** there was a general decline during the week-end but yesterday the number of cases reached again the usual activity level (+/- 20 cases/day).

**- Influenza-like-illness:** a relatively high and stable number of cases but 2 consecutive days with a significant increasing number. The clinics that have been reporting a lot of ILI cases are urged to take NPS (White River/Naha/Matanika). 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.

**-Prolonged Fever:** a slight increase was seen on Sunday but returned to usual level yesterday. Mataniko reported an unexpected number of 7 cases, all with a Malaria smear test+ve.

**-Acute Fever & Neurological symptoms:** very low number of case, as expected. No case for yesterday. Case definition should be checked in the 2 reporting clinics (on 29<sup>th</sup>: Pikinini/White River) and sample should be taken for lab diagnosis (malaria?). 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.

**-Fever & Jaundice:** very low number of case, as expected

**-Heat-related-illness:** No case since June 25<sup>th</sup>.

Graph by site

-Nothing noticeable for the day

B/ Number of cases by syndrome and by site for **July 2<sup>nd</sup>**

- 14 sites have reported yesterday
- Relatively high number of cases of **Prolonged Fever** (with Malaria smear test+ve) at **Mataniko**
- High number of **ILI** cases in **White River/Naha/Mataniko**

**Conclusion/recommendations:**

One case of chickenpox has been reported last week from Nauru delegation to the Command Centre of the health Subcommittee. No sign of extended outbreak so far. Specific awareness by clinical staff and vigilance by the surveillance and response teams is necessary.

Increase of number of **ILI** cases in White River / Naha / Mataniko. We are urging the clinics that have been reporting ILI cases to take NFS and recommend that a specific follow-up with laboratory-based would be ensured.

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.