JULY 4th 2012 (Feedback on data as at 3rd 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 25th)

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, more cases have been reported during the last 2 days and it is advisable to take some samples to confirm diagnoses for AFR cases (case of dengue?)

-**Watery Diarrhoea**: 6 cases reported on the 3rd. Need to check case definition with the 3 reporting clinics (Naha/Pikinini/White River) and to undertake lab-based investigation if clinical presentation is confirmed by the nurse practitioners.

-**Non-Watery Diarrhoea**: The number of cases is stable getting the usual activity level (+/- 20 cases/day).

- **Influenza-like-Illness:** a decline compare to the last 2 days. The clinics that have been reporting a lot of ILI cases are urged to take NPS (White River/Naha/Mataniko). 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.

-**Prolonged Fever:** a slight increase was seen on Sunday but returned to usual level. White River and Vura reported an unexpected number of 6 cases, most of them with a Malaria smear test+ve.

-**Acute Fever & Neurological symptoms:** very low number of case, as expected. No case for 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.

-**Fever & Jaundice:** No case reported since June 27th

-**Heat-related-Illness:** One case reported since June 25th.

Graph by site

-Nothing noticeable for the day

B/ Number of cases by syndrome and by site for **July 3rd**

-13 sites have reported yesterday
-Relatively high number of cases of **Prolonged Fever** in **White River** and **Vura**
-High number of **ILI** cases in **Naha** and **Mataniko**
-Unexpected 4 cases of **Watery Diarrhoae** in **Naha**

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.

High number of **ILI** cases in White River / Naha / Mataniko during the last days. 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.

It was noted a significant reduction in number of clinics attendees during these first days of festive season.

GPHIN 2012 Festival of Pacific Arts report:
-The Australian Department of Public Health reported that Tasmania is facing a whooping cough.
-New Zealand health authorities reported an epidemic situation of whooping cough in Waikato, Auckland, Canterbury and in the Nelson-Marlborough area.
Specific awareness by clinical staff and vigilance by the surveillance and response teams is necessary.