

JULY 5th 2012 (Feedback on data as at 4th 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: there is a general decline in the raw number indicating probably that the recent 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: 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.

-Non-Watery Diarrhoea: The raw number of cases is still 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 nasopharyngeal swabs (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.

-Prolonged Fever: a decrease of the raw number was seen yesterday and remains at a usual level, associated with Malaria diagnoses.

-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.

B/ Number of cases by syndrome and by site for July 4th – see Graphs

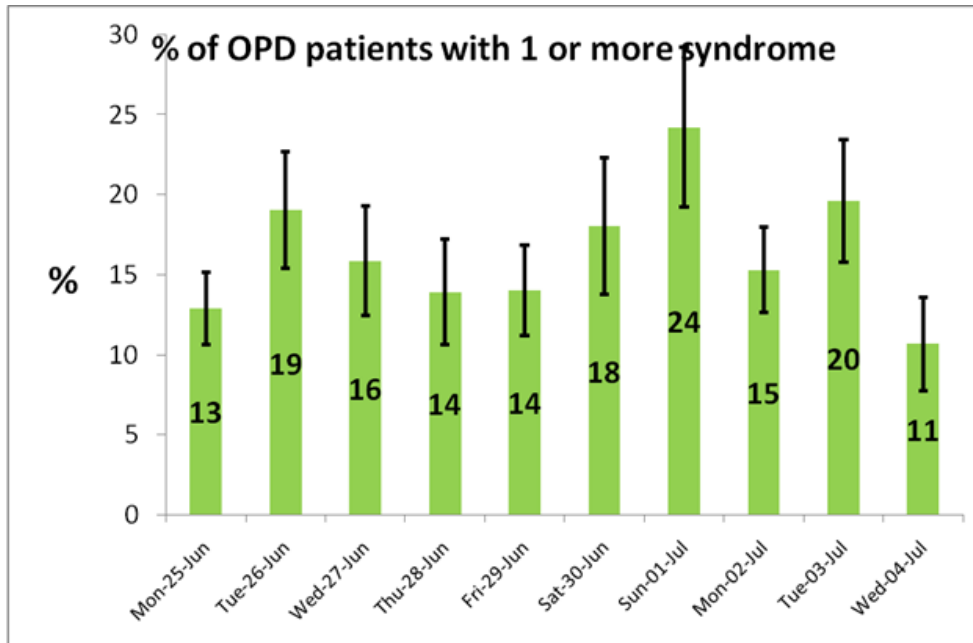
-12 sites have reported yesterday

(East Medical Center / Aspen / Panatina campus / National Diabetes Center have reported zero case)

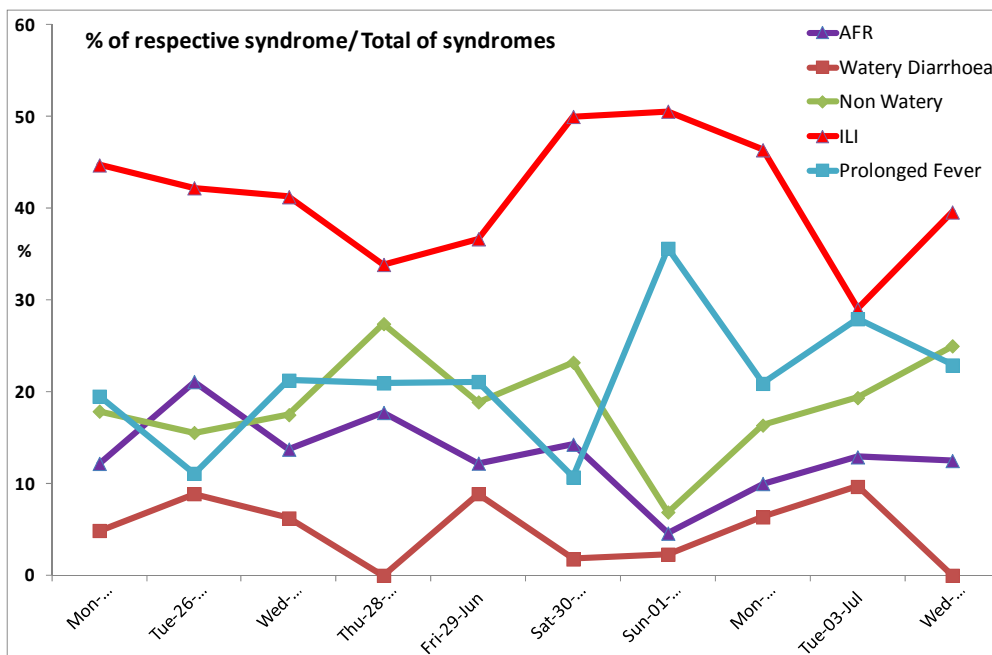
-Relatively high number of cases of **Prolonged Fever** in **White River** (half of them with a Malaria Smear test+ve)

-High number of **ILI** cases in **Kukum, Vura** and **Mataniko**

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



D/ % of each syndrome by the total of all syndromes (proxy of specific morbidity), starting one week before the beginning of the FOFA (June 25th)



Conclusion/recommendations:

The (so far) isolated chickenpox case from Nauru had been discharged and is back in the camp well. 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 Kukum / Vura / Mataniko yesterday. We are urging the clinics that have been reporting ILI cases to take NPS 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 syndromic surveillance. Clustered cases of **Prolonged Fever** with malaria smear negative testing should be further investigated for differential diagnosis such as dengue (and leptospirosis).

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.

Number of clinics attendees during these first days of festive season remains low.

GPHIN 2012 Festival of Pacific Arts report (July 04):

-The Canterbury District Health Board (DHB) says hospital admissions for influenza nearly doubled in the first month of winter in Canterbury. The number of people sick with influenza has tripled in the past two weeks. The sudden increase has brought the region's influenza rate well above the national average. Most cases have been identified as the seasonal strain H3N2, with some cases of H1N1 and influenza B.

-The South Western Sydney Local Health District has reported that earlier this week, a man, approximately 40 years old, was admitted to Bankstown hospital with meningococcal disease. So far, there have been 26 cases reported in New South Wales in 2012. This is the third case reported in South Western Sydney to date, compared with a total of 12 cases reported in 2011. The South Western Sydney Local Health District is urging the population to look out for signs of meningococcal disease and urging anyone with symptoms to seek medical help immediately.
