JULY 24th 2012 (Feedback on data as at 23rd 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**: 3 cases reported yesterday. The general decline in raw numbers indicates that the rubella outbreak in Honiara is getting under control. Since AFR cases are still reported it is advisable to take some samples to confirm the cause of the AFR.

-**Watery Diarrhoea**: one case reported yesterday in Naha. 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**: 23 cases reported yesterday mainly in White River, Kukum and Mataniko. A stool sample was collected from the case in Mbokona Clinic.

-**Influenza-like-Illness:** 29 cases reported yesterday. Some Nasopharyngeal swabs have to be taken and sent to reference lab for further investigation.
Reports from regional and global surveillance confirm that a new A(H3N2) virus has replaced the A(H1N1)2009 pandemic strain in Australia, New Zealand 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.

-**Prolonged Fever:** 21 cases reported yesterday, most of them were linked with a positive Malaria Smear test. 14 cases reported in White River, dengue test are encouraged if malaria smear test is negative.

-**Acute Fever & Neurological symptoms:** no case reported since June 29.
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).

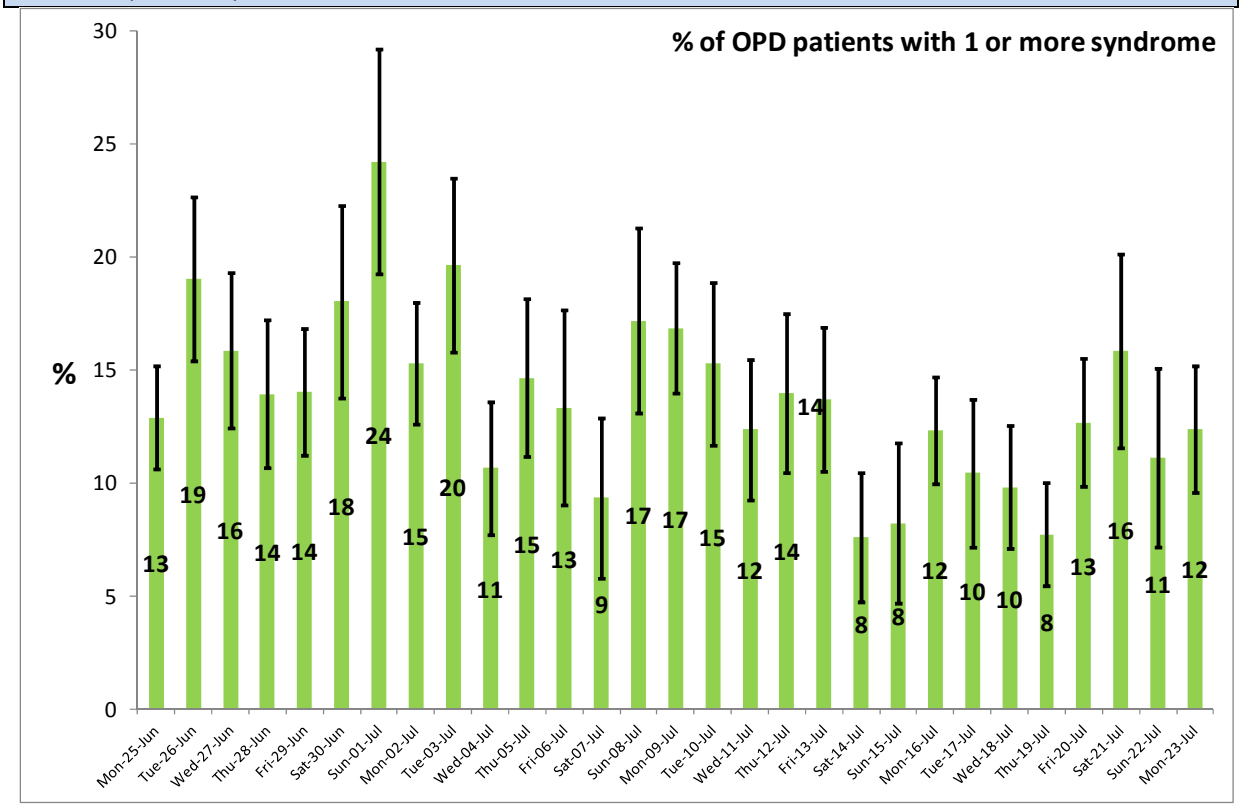
-**Fever & Jaundice:** no case reported during the last 4 days. A single reported case of either of these should trigger (i) a follow-up by the surveillance and response teams (observance of case definition) and (ii) further laboratory and epidemiological investigations when clinical presentation is confirmed by the nurse practitioner.

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

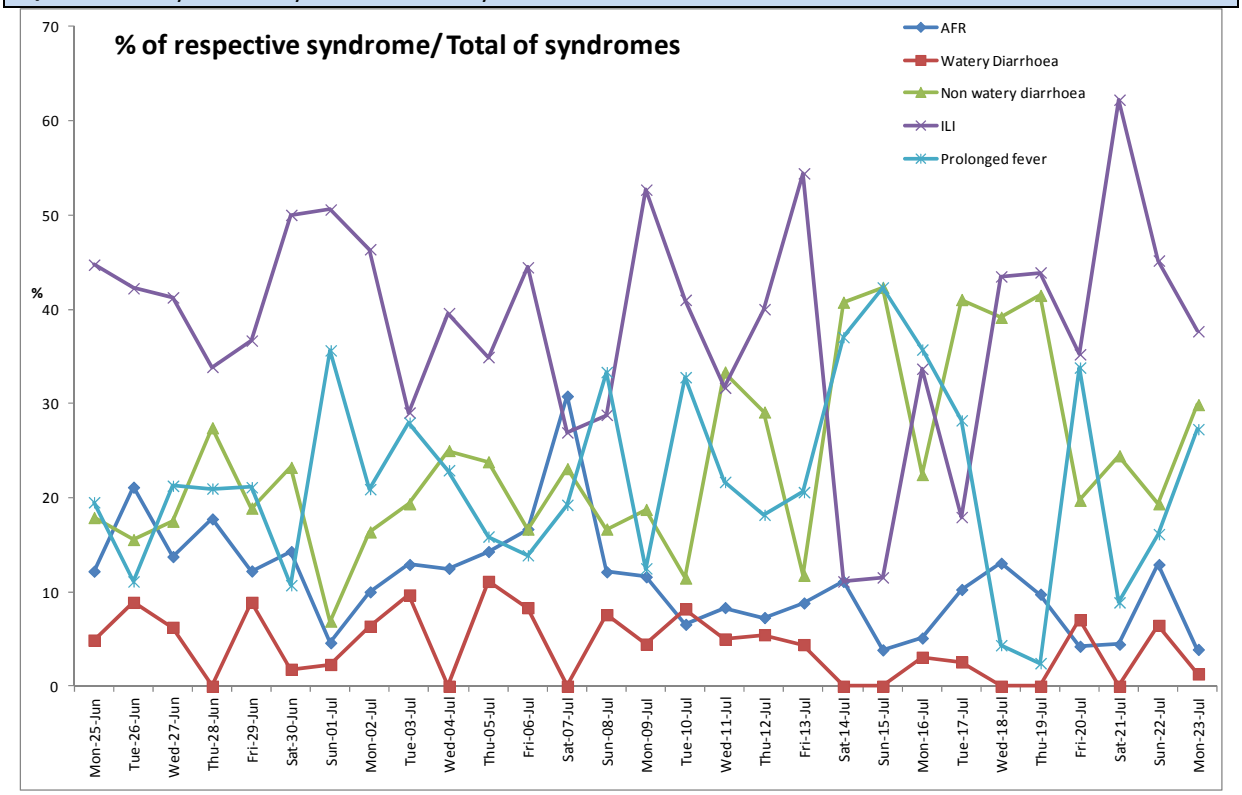
B/ Number of cases by syndrome and by site for **July 23th –** see attached Charts

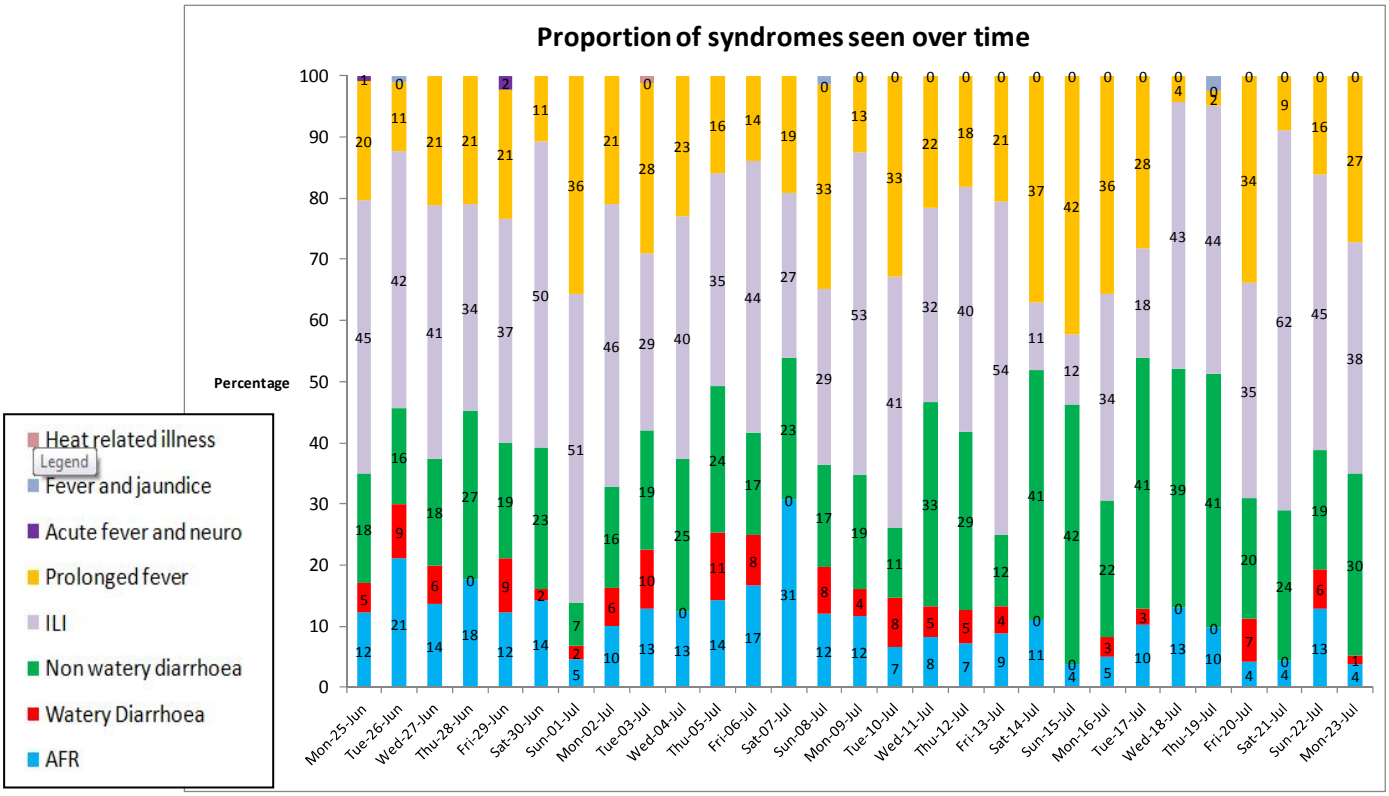
-10 sites are still contributing to the FOPA surveillance: the 9 HCC health clinics and NRH-GOPD
7 sites provided data and it is entered for yesterday
2 sites (Pikinini and Rove) provided the data but there were zero cases for yesterday
1 site (NRH-GOPD) didn't report so far for yesterday

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



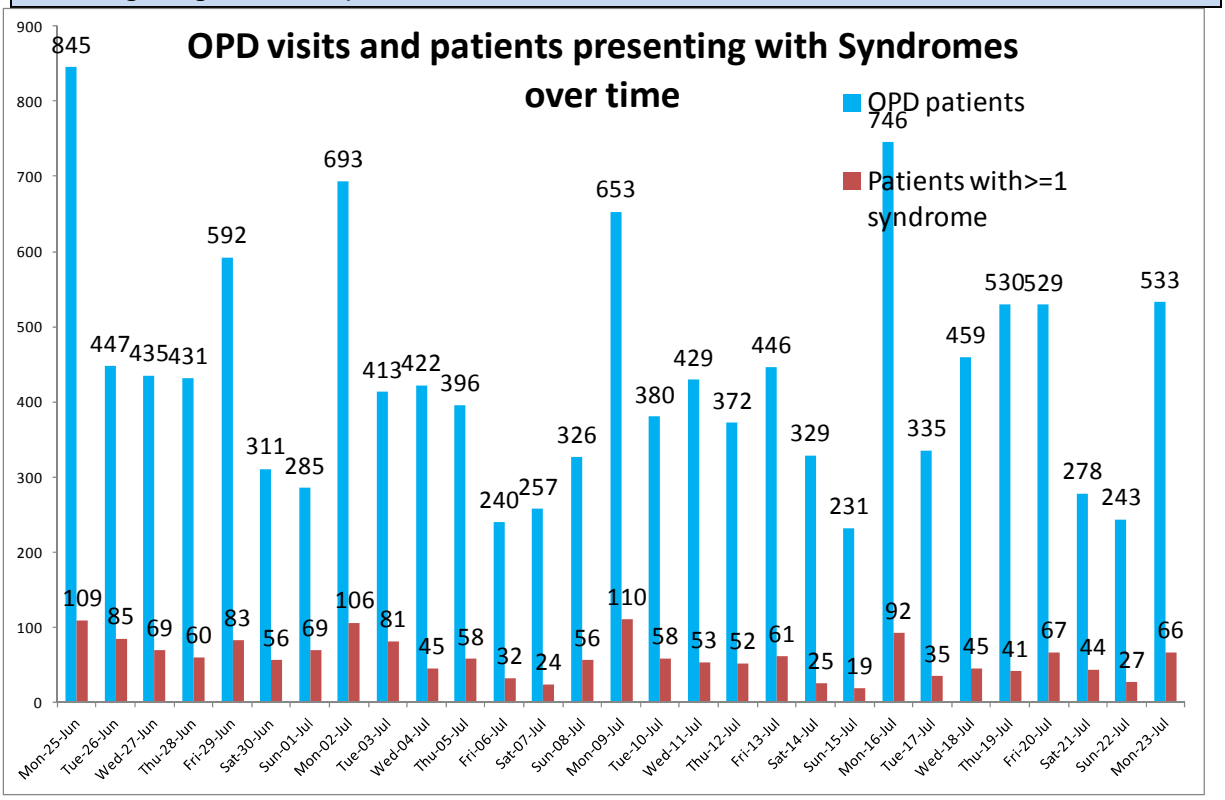


This indicator provides us with a proxy of specific morbidity. Of the 8 syndromes under surveillance it shows us the percentage that each syndrome contributes.

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.

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



Conclusion/recommendations:

- All overseas and provincial delegations have now departed.
- No unusual occurrences reported from any of the clinics
- Investigate the case of watery diarrhoea at Naha
- Ensure that NSP swabs have been collected in White River, reinforce public health communication to reducing the spread of ILI.
- Share the pending lab results

Laboratory samples are being collected for cases of **Acute Fever & Neurological symptoms** and **Prolonged Fever** (for malaria smear-negative) to document diagnoses in view of confirming the decline of the rubella outbreak and to watch out for the emergence of dengue in Solomon Islands. Nasopharyngeal swabs are also collected from **ILI** patients for influenza surveillance.