

**JULY 6th 2012 (Feedback on data as at 5<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 (today is holiday and data related to the 5<sup>th</sup> have been collected for only 8 sites, so trend on raw numbers is subject to caution)

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:** POTENTIAL OUTBREAK in progress. Relatively high number of cases reported in **Kukum** and **Mataniko** yesterday. The proportion of specific morbidity among the total number of syndromes under surveillance was respectively of 64% in Kukum and 57% in Mataniko. Considering all clinics, the proportion of “non-watery diarrheas” among the total number of reported syndromes is steadily increasing since the 1st of July (7%) and jumped from 30% on the 04/07 to 50% for the 05/07. This trend is confirmed by the continuous increase of the proportion of cases of non-watery diarrhoeas among the total number of visits since early June this year (0.29% on the 09/06) to yesterday (5.88% on the 05/07).

**- Influenza-like-illness:** few numbers in the reporting clinics yesterday. The clinics that have been reporting a lot of ILI cases are urged to take 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:** relatively high number reported yesterday in **Kukum**, all 6 cases have a Malaria Smear test +ve.

**-Acute Fever & Neurological symptoms:** very low number of cases, as expected. 2 cases yesterday in NRH GOPD and Mataniko. 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 since June 27<sup>th</sup>.

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

**B/** Number of cases by syndrome and by site for **July 5<sup>th</sup>** – see attached Charts

-12 sites run OPD clinics yesterday (3 sites had their ANC clinics yesterday so no syndromic surveillance data was collected) :

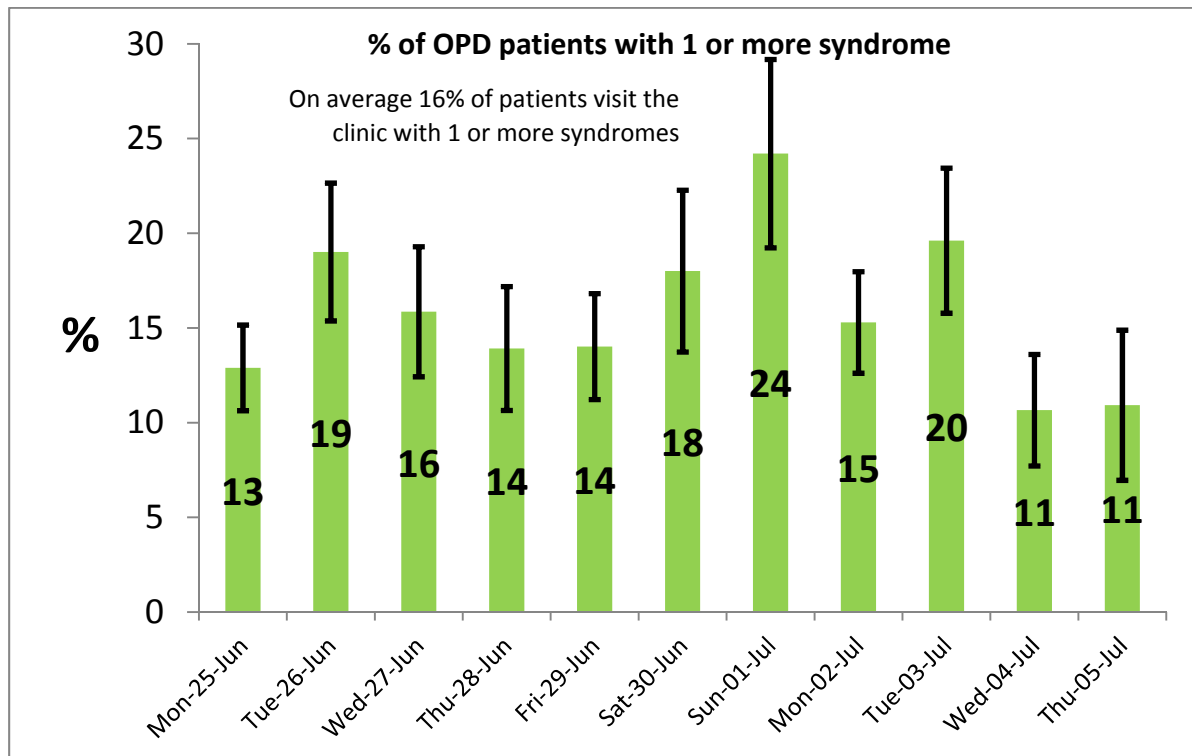
4 sites provided data and it is entered

4 sites (Aspen, Panatina, KG VI and Rove) provided the data but there were zero cases to report

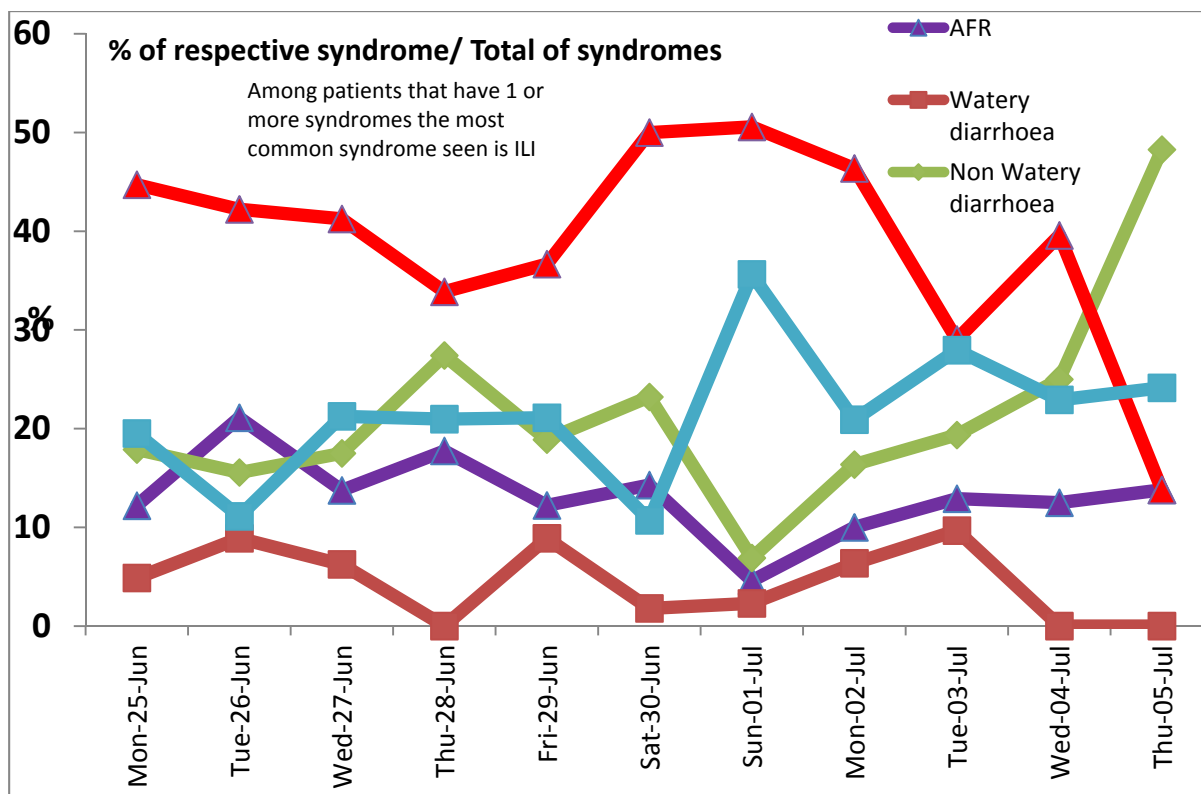
4 sites collected data yesterday but today their reports were not available for data entry as these facilities were closed

-High number of **Non-Watery Diarrhoea** in **Kukum** and **Mataniko**

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



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



#### Conclusion/recommendations:

Graph D shows a continuous increase of the proportion of Non-Watery Diarrhoeas among the total number of syndromes for the last 4 days. That signal should trigger a reinforcement of the prevention messages addressed to both the public and the participants of the Festival, as well as an outbreak investigation primarily focused on areas and sites reporting relatively high number of cases, especially in Kukum and Mataniko.

The 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.

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.

Number of clinics attendees during these first days of festive season remains relatively low compare to attendance in the weeks preceding the Festival.

#### GPIN 2012 Festival of Pacific Arts report (July 05):

- A recent report for the Ministry of Health has shown that the Rotorua-Taupo district has the second-highest rate of GP consultations for flu-like illness, at 48.5 weekly visits per 100,000 people. The local district is behind the central Auckland health district, which has recorded 52 consultations for every 100,000 people.