JULY 8th 2012 (Feedback on data as at 7th 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 (yesterday was a week-end day and data related to the 7th have been collected for only 7 sites, so trend on raw numbers is subject to caution)

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

-**Acute Fever & Rash**: % cases reported yesterday. The general decline in the raw number continues 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**: 4 cases reported yesterday. 2 days of continuing decline compare to the previous four days.

- **Influenza-like-Illness:** 7 cases reported, a decline to be confirmed on Sunday.
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:** a relatively low total number of 4 cases reported yesterday in Rove and Mataniko, 2 of the 3 Health Clinics operating in Honiara during the week-end.

-**Acute Fever & Neurological symptoms:** 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 (and malaria test is negative).

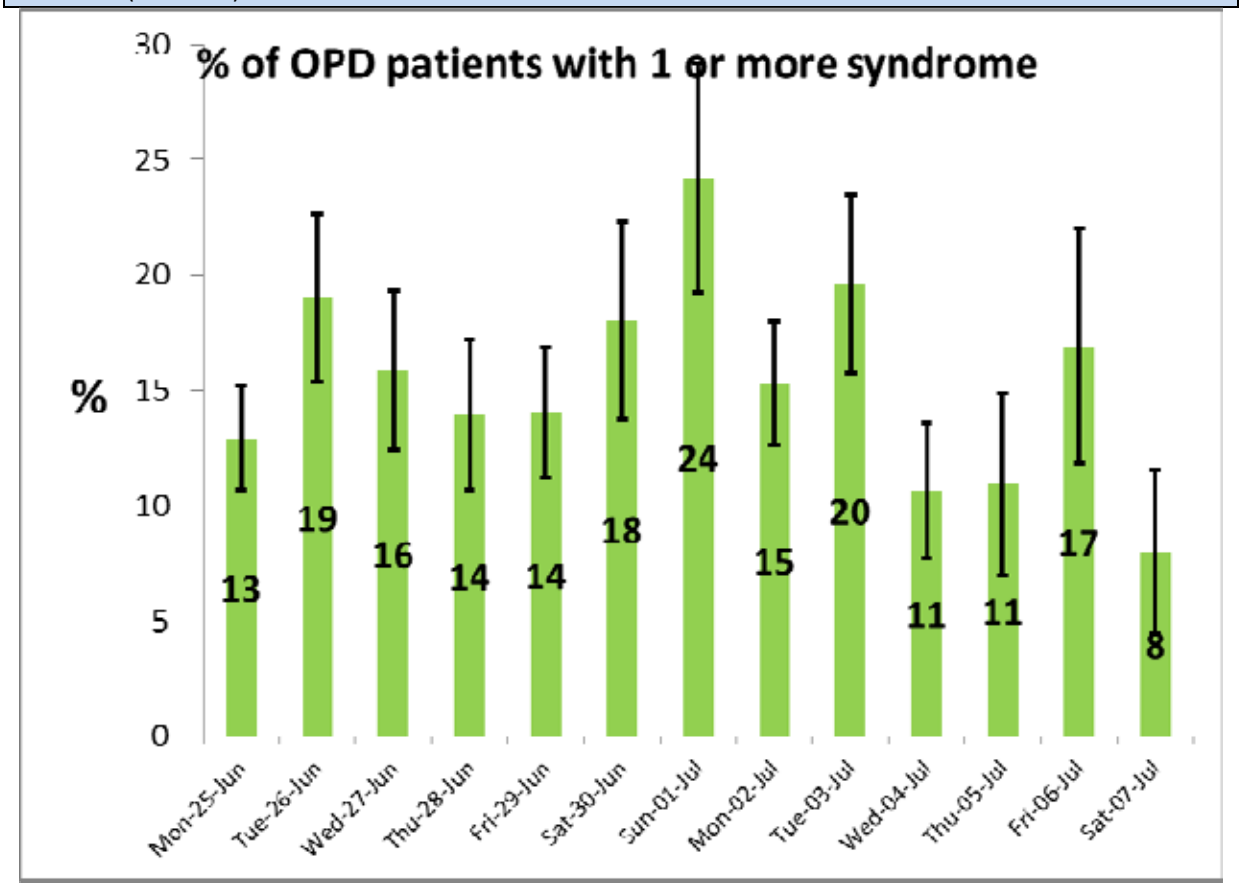
-**Fever & Jaundice:** No case reported since June 27th.

-**Heat-related-Illness:** One case reported since June 25th. No case reported yesterday.

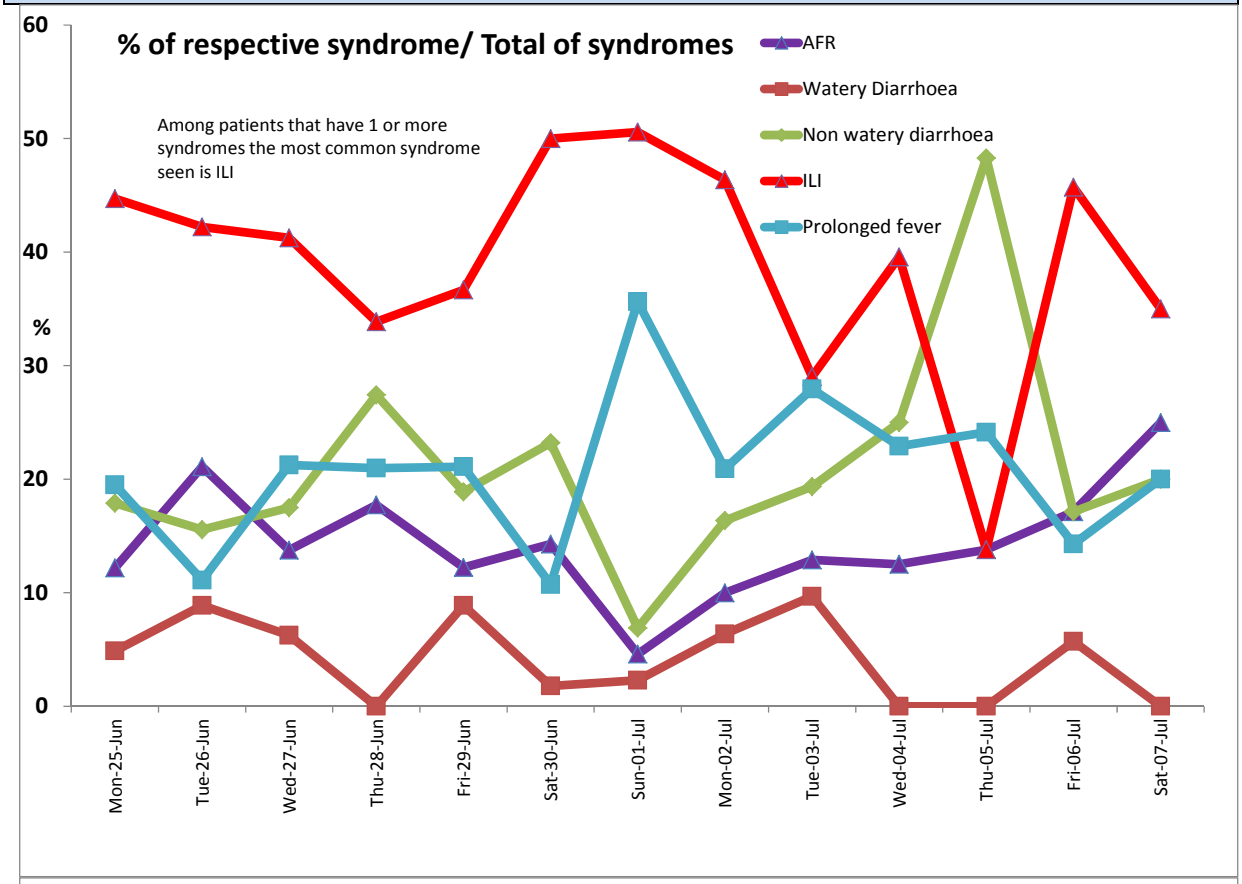
B/ Number of cases by syndrome and by site for **July 7th –** see attached Charts

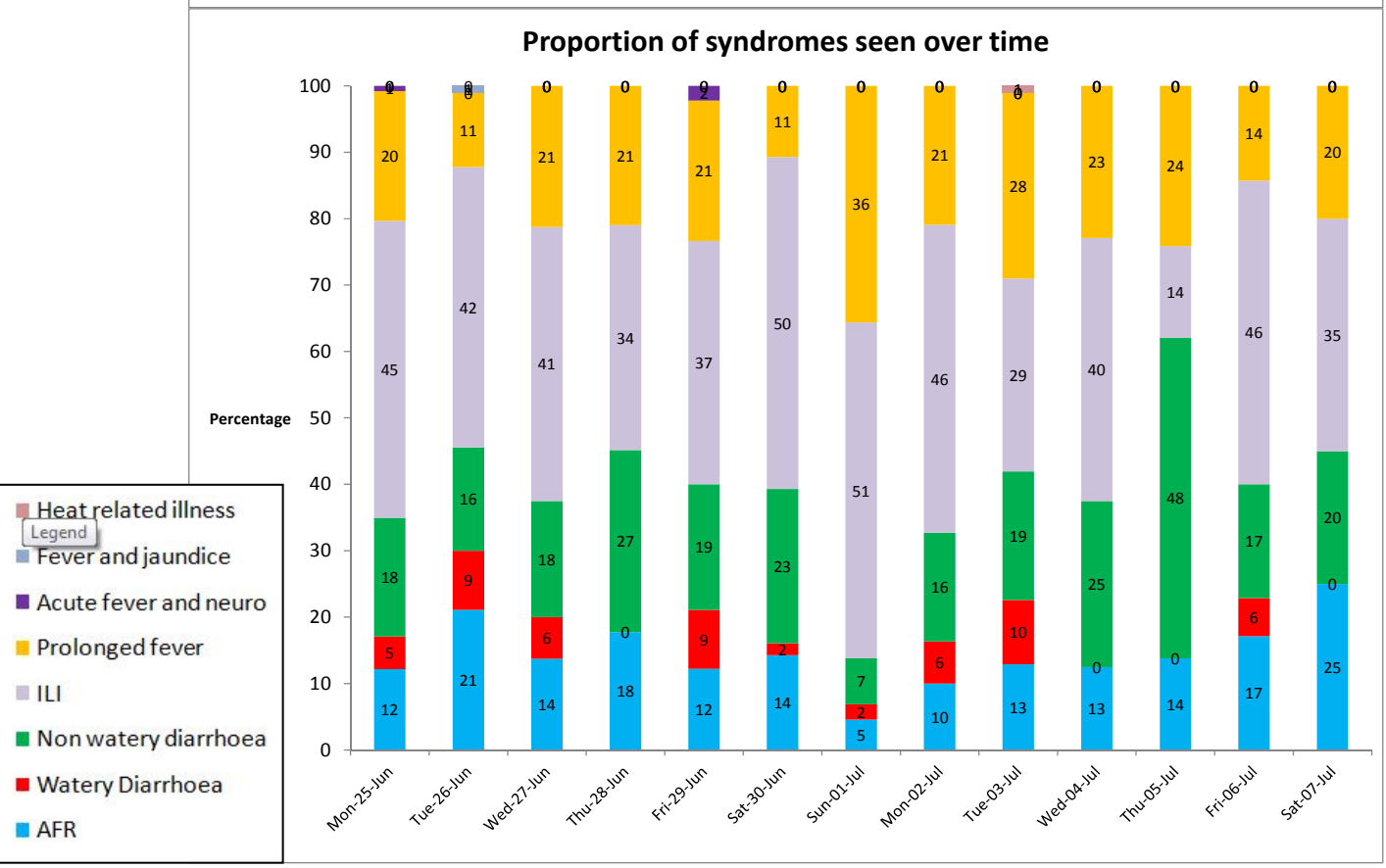
-8 sites run OPD clinics yesterday
3 sites provided data and it is entered
4 sites (National Diabetes Center, Panatina, KG V,Aspen) provided the data but there were zero cases to report
1 site collected data yesterday but today their report were not available for data entry

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.

Conclusion/recommendations:

Non-Watery Diarrhoeas among the total number of syndromes remained low yesterday.

The chickenpox case from Nauru had been discharged and is back in the camp well. No sign of extended outbreak so far. However, 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 on yesterday is similar to attendance during last Saturday.