Ministry of Health & Medical Services

Communicable disease surveillance newsletter

Issue 1/08 November, 2008

Continuous communicable disease surveillance committee established

On Thursday, the 9th of October, the Senior Management Committee, endorsed the proposal put forward by Dr Dan Ewald (a WHO visiting consultant) for a **Continuous Communicable Disease Surveillance Committee** (CCDSC) to be established.

The main tasks of the committee are:

1. Early identification of communicable disease outbreaks.

It is important for any country to have in place a system for monitoring and early detection of serious communicable disease outbreaks. If you recall, South Tarawa experienced an outbreak of dengue fever a few months ago. It is this kind serious outbreak that the committee will be looking out for. If outbreaks are detected early, control measures can be implemented early, therefore the outbreak can be prevented from causing illness or death in a lot of people.

2. Publication of a monthly newsletter

What you are reading now is the first issue of the CCDSC's monthly newsletter. The aim of the newsletter is to share important information relating to communicable diseases not only in the country, but also in the region and globally. Information relating to the quality of data reporting (e.g. MS1 and outbreak notifications) will also be a common feature of this newsletter.

The target of this newsletter include the nurses, medical assistants, doctors, health administrators, policy makers, donors, regional and international organizations such as SPC, WHO, UNICEF and other U.N bodies.

The establishment of the committee serves to fulfill the Kiribati government's International Health Reporting obligations. There are many aspects of controlling infectious diseases, such as immunization or sanitation, and responding to important outbreaks is just of them.

Members of the CCDSC

In its 9th of October meeting, the Senior Management Committee, also endorsed the following MHMS staff as members of the CCDSC: Ioelu Tatapu and Moaiti Nubono (Health information unit); Tebuka Toatu and Rosemary Tekoaua (TCH laboratory); PNO Agnes Bauro & Helen Murdoch (TCH EOPD); Dr Kenneth Reue and Dr Revite Kirition.

As mentioned above, the main role of the CCDSC is early identification of disease outbreaks. Upon identification of an outbreak, the CCDSC will report the outbreak to the Director of Public Health who is responsible for mounting a response to the outbreak.

The CCDSC, therefore, is answerable to the Director of Public Health.

Dr Dan Ewald (WHO consultant) who has been instrumental in the establishment of the CCDSC.

During his 4 weeks stay in Kiribati, Dr Ewald has also been assisting with review of the clinical guidelines for medical assistants and nurses.

A new communicable disease newsletter for Kiribati

Welcome to the first issue of the Communicable Disease Surveillance Newsletter. In this first issue the focus is on publicizing the establishment of the Continuous Communicable Disease Surveillance Committee and this monthly Communicable Disease Newsletter. In the subsequent issues the emphasis will be more on news and data directly relating to diseases under surveillance in Kiribati. Communicable Diseases under surveillance in Kiribati include—Polio, meningitis, fever with and without rash, typhoid, diarrhea, dysentery, cholera, whooping cough, pneumonia and any unusual cluster of severe illness.

Laboratory Surveillance - Tuberculosis

Within the 2002-2006 period, Kiribati had the highest TB notification rate in the Pacific. The WHO-WPRO 2007 TB Report highlighted that the notification rate for all forms of TB in Kiribati was higher than all countries in the western Pacific region, including Cambodia, Vietnam and China, the well known high TB burden countries.

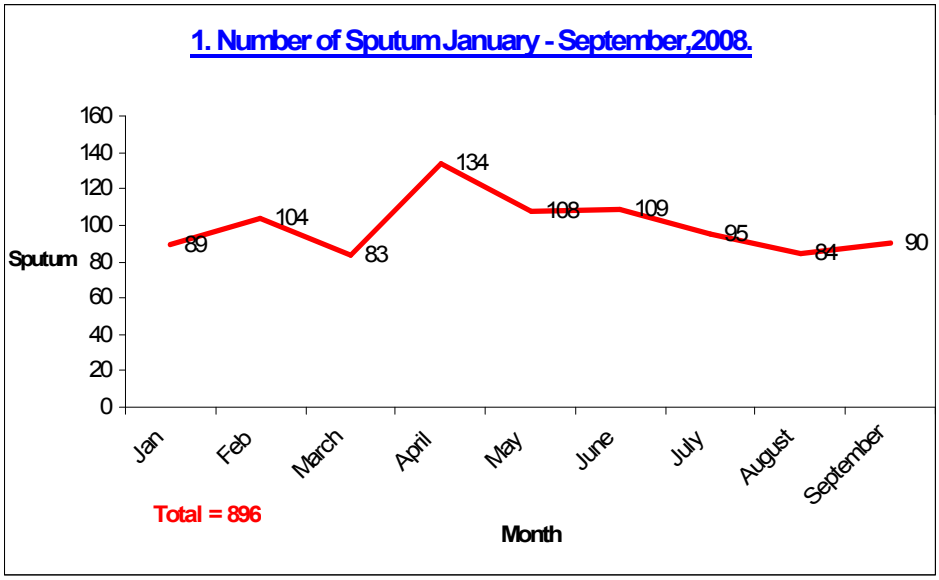
Of all the reported TB cases within Kiribati, the majority were from South Tarawa. In the last 10 years almost half of the notified TB cases have been in the 15—34 year age-group.

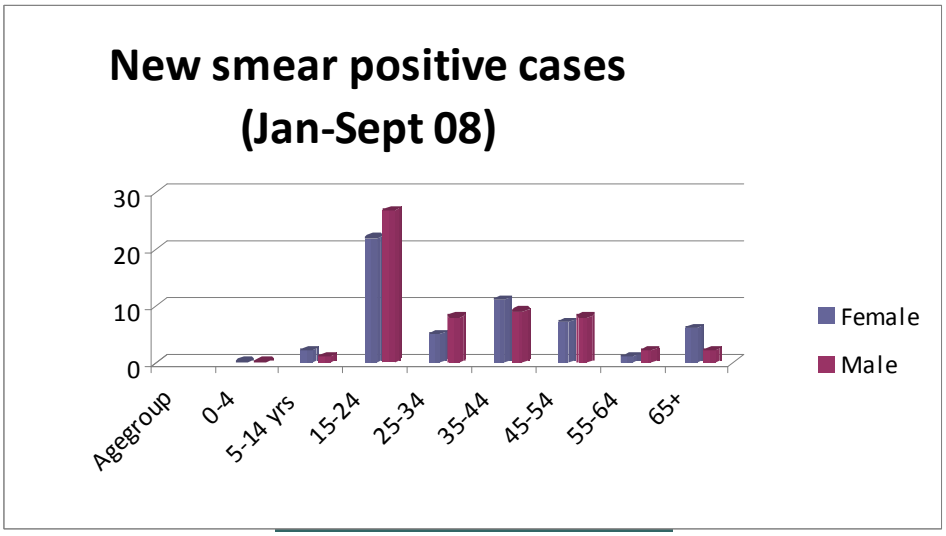
The Medical Laboratory Services (MLS) has been collaborating with the National TB control program (NTP) team aiming for accurate diagnosis of Tuberculosis (TB) in Kiribati.

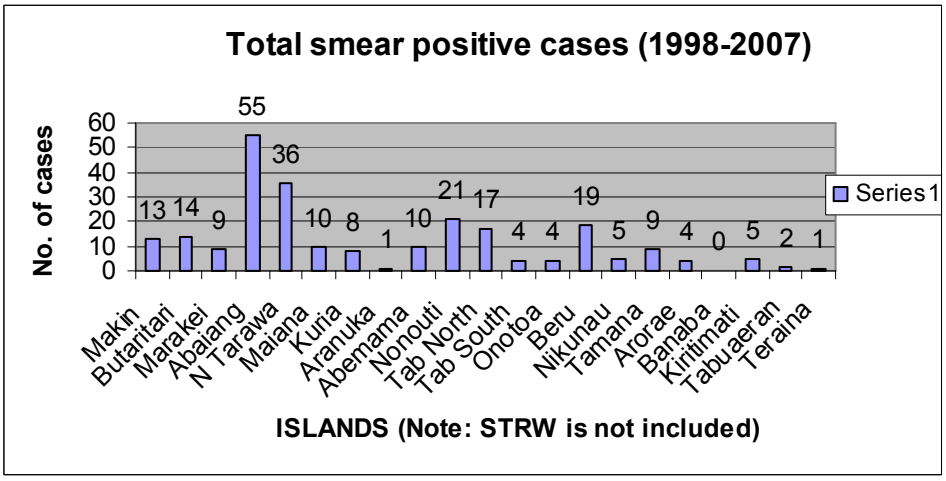
Between January and September this year the microbiology unit received and analysed a total of 896 sputums for acid fast bacilli (AFB). Of these 896 specimens, 587 were from new TB suspects and 309 were follow-up sputums from TB patients who had been treated.

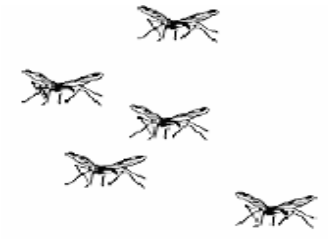
Of the total 896 sputums that were analyzed, 157 (17.6%) were found positive for AFB. One hundred and eleven (111) of these positive smears were from new TB suspects. On average, the MLS diagnoses 13 new cases of TB each month. As shown in the middle chart, almost half (44%) of the new smear positive cases are aged between 15 and 24 years. A recent SPC publication highlighted that the Kiribati MLS has a high standard of AFB microscopy.

The total smear positive cases for the years 1998-2007 are shown in the bottom chart. Not counting S.Tarawa, Abaiang recorded the highest number of cases. Over the last 3 years, however, the number of new cases from Abaiang has declined, while the number from Nonouti has been increasing reaching a national highest in 2007.









Looking back at the last dengue fever outbreak in Tarawa (May—July 2008)

Between May and July this year the hospital and clinics on South Tarawa) saw a rise in the number of patients with fever and rash. Rapid tests later confirmed that the outbreak was due to dengue fever.

Between May and July, a total of around 652 probable cases were reported from all over Tarawa. A report from Dr.Lissane Gerstel, a WHO consultant who came in from Fiji during the outbreak stated that 35% of the cases were between 10-18 years old and 69% were female. In the early phase of the epidemic a number of children were rumored to have died but no confirmatory documentation was available. Based on the descriptions of age, sex, symptoms and dates it was estimated that 5-10 children may have died.

Analysis of the reports from the Tarawa clinics found that the worst hit villages were Temaiku, Eita, Bikenibeu, Takoronga and Bonriki. Investigations found that the main type of mosquito responsible for transmission of the dengue fever virus was *Aedes Aegypti*. Although dengue fever is not endemic in Kiribati, the level of *Aedes Aegypti* infestation on Tarawa was similar to countries experiencing hyper-endemic dengue.

DATA SUBMITTED BY NURSES & MEDICAL ASSISTANTS IS USEFUL DATA

For nurses and medical assistants manning health centres and dispensaries throughout Kiribati, preparation of monthly consolidated health reports (MS1) is just one of the routine jobs that they do at the end of each month. Few, however, underestimate the use and importance of the information contained in the MS1 forms.

For example, in the morbidity reporting section of the MS1 form one of the signs that health workers are required to report is “fever with rash”. Some may ask, “What is the significance of “fever with rash?”

A number of viral infections, particularly among children will cause fever and a non-blistering rash. The main communicable diseases of interest are **measles, dengue and meningococcal disease**. Prompt reporting of any case of fever with rash will assist with the early detection and control of the aforementioned infectious diseases

UPDATES ON THE ACTIVITIES OF THE CONTINUOUS COMMUNICABLE DISEASE SURVEILLANCE COMMITTEE (CCDSC)

The CCDSC is now working on the printing of the new “Kiribati Outbreak Manual”. The manual is the health worker’s main reference for early detection and response to infectious diseases that can threaten the community. The committee would like all frontline health workers (public health nurses & medical assistants) to get their copies of the manual before the end of November 2008. Until all the frontline health workers have a copy of the manual, it would be difficult for the CCDSC to implement the new communicable disease surveillance system.

Meanwhile, public health nurses and medical assistants are encouraged to report any suspected cases of *acute flaccid paralysis, meningitis, fever with rash, and whooping cough.* In addition, any unusual rise in the number of the following illnesses should also be reported to the emergency department by radio or telephone: *fever without rash, sustained fever with abdominal symptoms, diarrhea, dysentery, severe watery diarrhea, very severe pneumonia and any unusual cluster of severe illness.* Definitions of the above notifiable diseases and thresholds for reporting are outlined in the new outbreak manual.

LAUGHTER THERAPY

Four nurses all decided to play a joke on the doctor they worked for, whom they all felt was rude and bossy. Later in the day, they all got together during their lunch break and discussed what they had done to the doctor. The first nurse said, "I stuffed cotton in his stethoscope so he couldn't hear." The second nurse said, "I drained the mercury out of his thermometers and painted them all to read 39 degrees centigrade." The third nurse said, "Well, I did worse than that. I poked holes in all of the condoms that he keeps in his desk drawer." The fourth nurse fainted. (Why did the fourth nurse faint?)

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A man who thought he was John the Baptist was disturbing the neighbours, so for public safety, he was admitted to the psychiatry hospital. He was put in a room with another crazy man. As soon as he entered the room he immediately began his routine, "I am John The Baptist! Jesus Christ has sent me!" The other crazy guy looks at him and declares, "I did *not*!". “I can’t remember sending you!”

COMMUNICABLE DISEASE SURVEILLANCE NEWSLETTER

This newsletter is produced every month by the Continuing Communicable Disease Surveillance Committee. For any comments or queries, please contact: the editor at:

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