



Communicable Disease Surveillance Newsletter

Issue 2/08

December, 2008



MEMBERS OF THE COMMUNICABLE DISEASE SURVEILLANCE COMMITTEE WISH EVERYONE A MERRY CHRISTMAS AND WISH THAT 2009 IS PROSPEROUS AND OUTBREAK-FREE YEAR FOR KIRIBATI.



Trainings on communicable disease surveillance

Workshops

The month of December has been a busy week for the communicable disease surveillance committee.

The committee managed to introduce the topic of communicable disease surveillance to 60 nurses and medical assistants from the outer islands who were in the capital, South Tarawa, attending a health management course.

In a one day workshop, the committee introduced the new "Kiribati Outbreak Manual" and also

delivered a series of lectures on the principles of communicable disease surveillance.

Two similar workshops were conducted later in the month to another 60 health workers manning the South Tarawa clinics, and outpatient and emergency department staff from both TCH and Betio hospitals.

Formal Trainings

Also in December, around 30 medical assistants and nurses from around the country attended the Fiji School of Medicine

(FSMed) course *PH 311—Surveillance, Identification & Outbreak investigation*. The course was conducted in the capital South Tarawa by Dr Iobi Batio, an FSMed lecturer. The course is part of the health worker's Post Graduate Certificate in Health Services Management programme funded by the KIR-EU-FSMed project. Running in parallel was another course *PH111 Introduction to Basic Epidemiology* delivered by Dr Iris Wainiqolo, also a lecturer at the Fiji School of Medicine.

Meeting on pandemic preparedness

On the 11th and 12th of December, a meeting aimed at testing Kiribati's multisectoral capacity to manage avian flu and other emerging diseases was held at the Otintaa Hotel. The meeting was attended by officials from various government department, NGOs and Ministry of Health staff. Also joining the meeting were Dr Seini Kupu and Ms Sala Elbourne from the Secretariat of the Pacific Community.

Topics covered during the meeting included updates on avian flu and pandemic flu risks; related pharmaceutical interventions and infection control measures.

Also covered was the introduction to the CDC laboratory-based influenza sentinel surveillance project. Many neighboring countries have already been part of this project since 2005, and Kiribati became part of this project

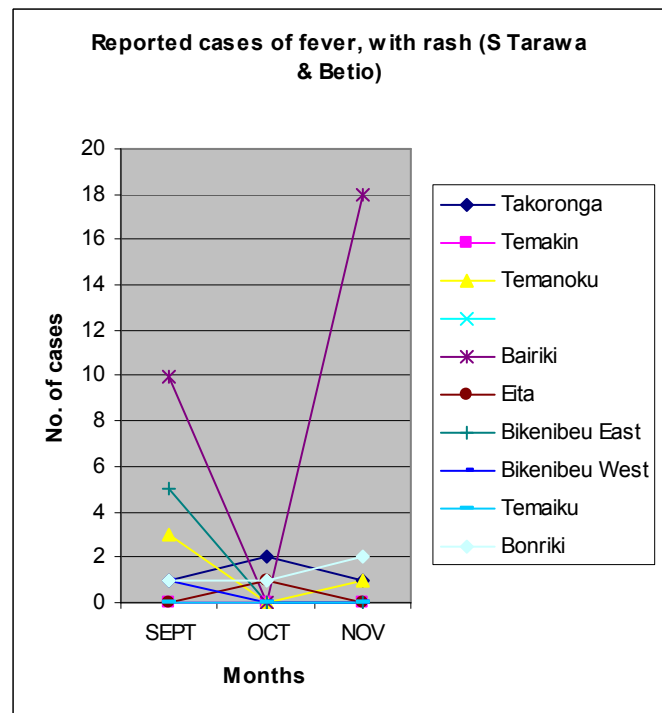
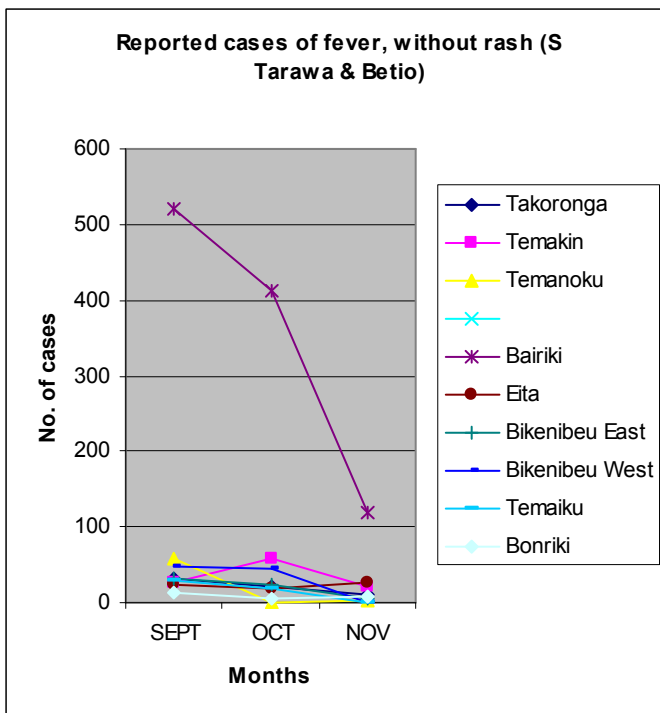
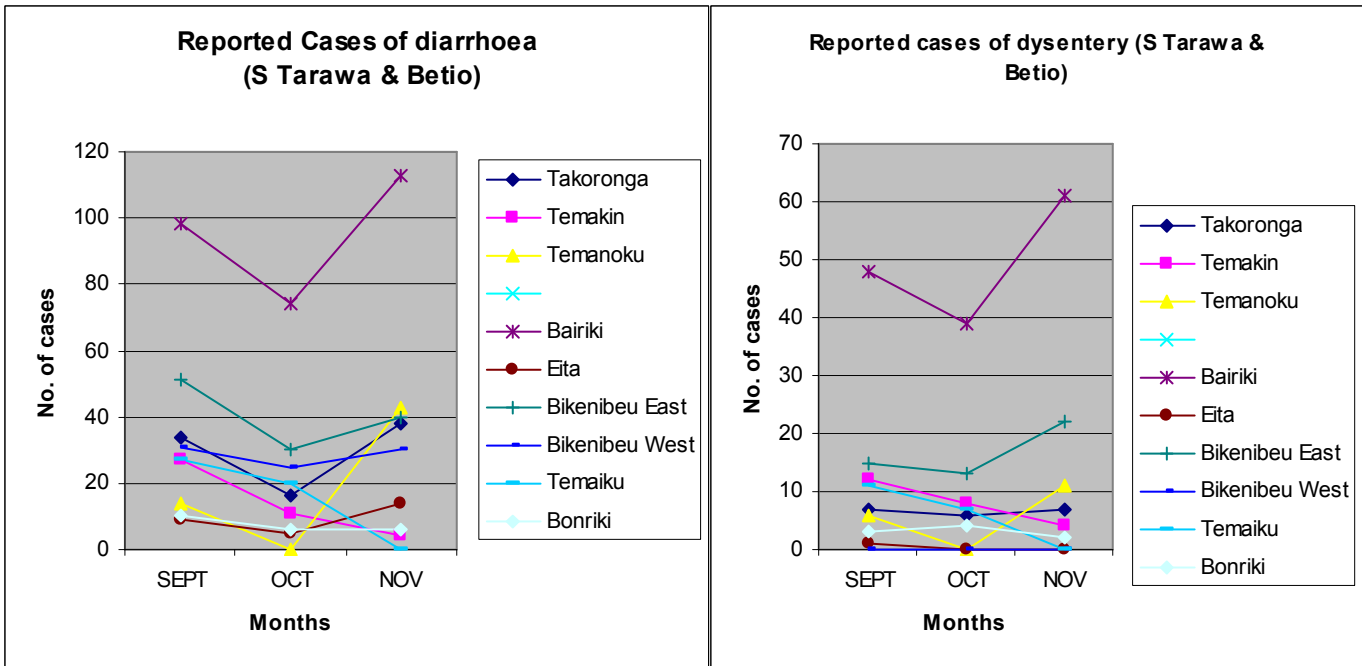
this year.

On the 15th of December a separate training was conducted for Kiribati nurses and laboratory staff. The nurses were trained on how to collect nasopharyngeal swabs, while the laboratory staff were trained on how to prepare and perform tests on the specimens.

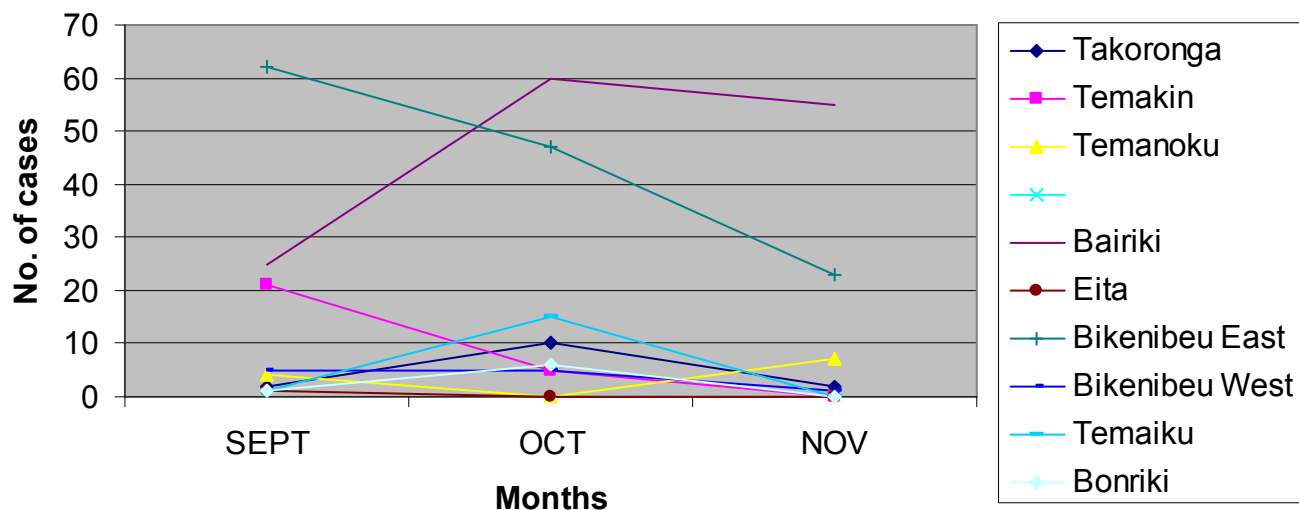
Reported cases of notifiable diseases

Due to the lack of laboratory facilities in all of the outer island health centres, and limited capabilities of the national laboratory, confirming the diagnosis of many infectious disease is not always possible. Therefore Kiribati relies on a syndromic surveillance system. The reports below are from community health centres in the capital South Tarawa only. In the months of September, October and November, no cases of suspected meningitis, possible polio, possible typhoid, possible cholera, and whooping cough were reported from the South Tarawa health centres.

Health centre based surveillance (South Tarawa Only)



Reported cases of pneumonia (S Tarawa & Betio)



Hospital-based surveillance (TCH)

Notifiable disease	Dec-08
Neonatal tetanus	0
Acute flaccid paralysis	0
Fever with rash	3

The Tungaru Central Hospital (TCH) actively looks out for four disease conditions, namely neonatal tetanus, polio, fever with rash and fever without rash. This month three cases of fever with rash were identified:

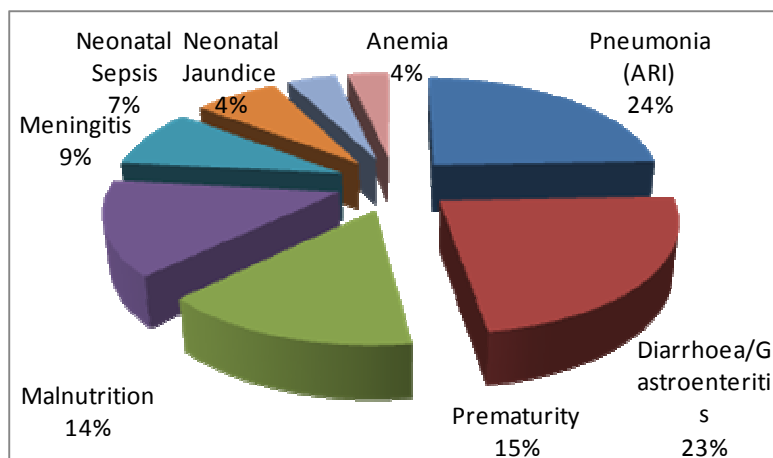
Case 1: A 9 year old girl who returned from Fiji on the 9th of December. She developed fever with rash while on Tarawa and a rapid test suggests that she was suffering from dengue fever. The girl's brother was earlier diagnosed with dengue fever in Fiji.

Case 2 & 3: Two children are now currently admitted to children's ward suffering from fever with rash. Dengue fever rapid tests were negative for the two cases. One of them, however, have clinical signs of meningitis.

Leading causes of death in children aged < 1 year (2001-2007)

Data from the Tungaru Central Hospital for the years 2001—2007 shows that in children aged less than one year, the infectious diseases diarrhoea and pneumonia are the two leading causes of mortality.

A report prepared by Dr Colin Tukuitonga for the 2007 Meeting of Ministers of Health for the Pacific Island Countries, showed that of all the Pacific Island Countries, Kiribati had the second highest infant mortality rate.

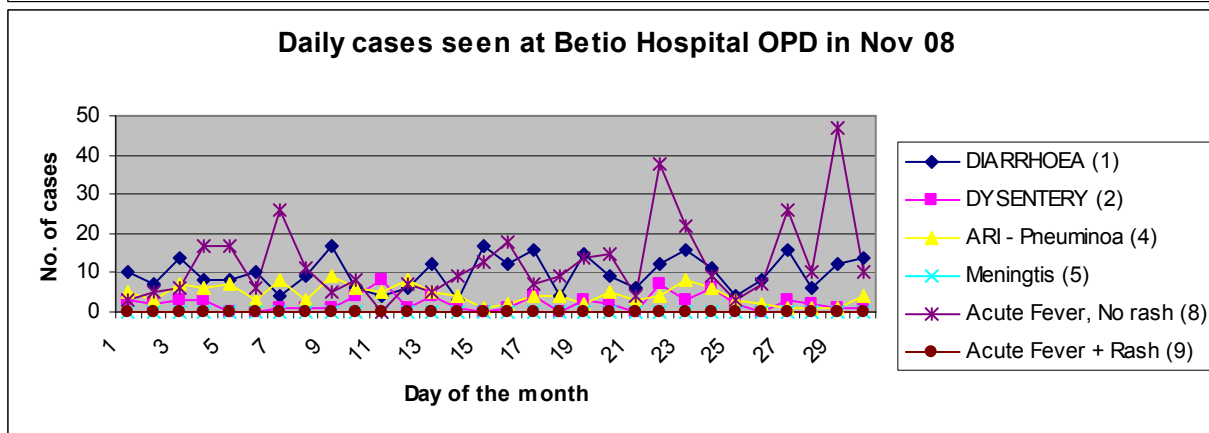
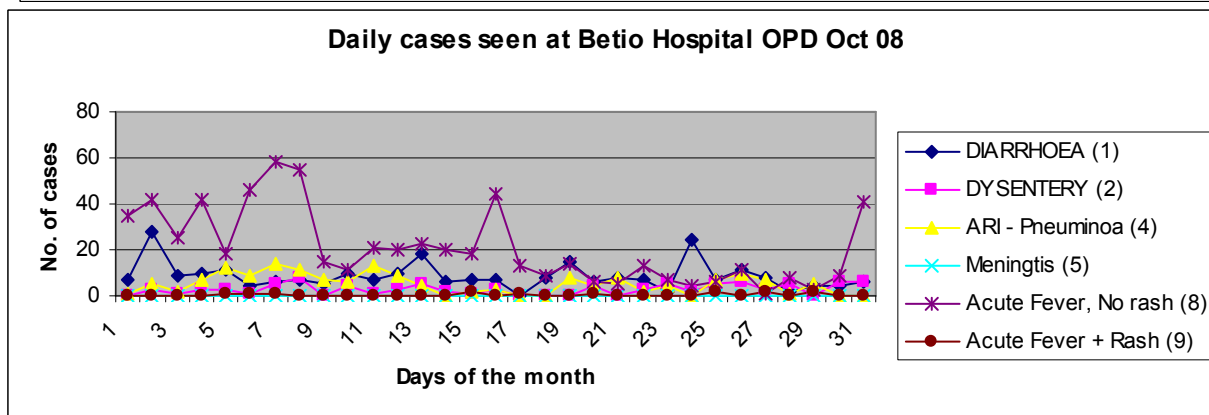
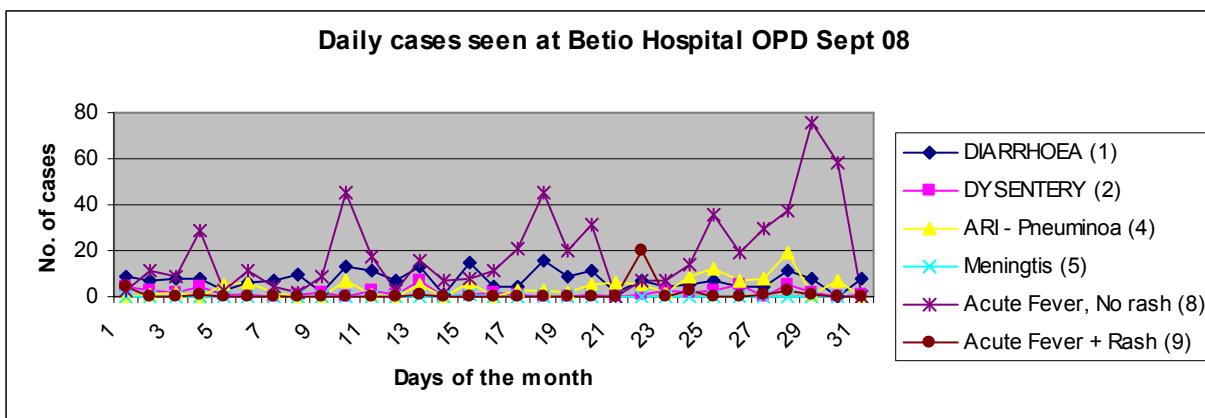


The new computer based recording system proves it worth

With the new computer based recording system, it has been easier for frontline nurses, not only to prepare health reports, but also to look out for outbreaks. On entering the number of diseases seen each day, running graphs are created automatically, allowing easy detection of disease outbreaks by nurses. The simple MS EXCEL worksheet was developed by the KIR-EU Health project and is now currently used by outer island and S.Tarawa staff. Betio Hospital has been the first department to

produce health reports (known as MS1 reports) on a weekly basis. This has been possible with the use of this simple MS Excel worksheet. For earlier detection of outbreaks all clinics in the capital (South Tarawa) will be required to prepare and submit health reports (MS1) on a weekly basis starting January 2009.

Teeba John, the senior nursing officer at Betio hospital has shown that weekly MS1 reporting is possible with the use of the computerised recording system.



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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