RDSS MONTHLY REPORT– May 2009

Monthly Summary Data from the Palau Reportable Disease Surveillance System

NEWS and EVENTS

At this time, a review of the procedures used by the RDSS to capture reportable disease data is underway. The epidemiology team is aware of several limitations in the reporting process and it is understood that many reportable disease cases are not being recorded at this time. Work is underway to fix these problems, and it is likely that over the next several months, disease numbers will increase as case finding techniques improve.

SURVEILLANCE SUMMARY
As of June 15, 2009

Rash and Fever Illnesses

There were two cases of Varicella reported in May, down from four cases in the month prior. In. April and May of 2008 there were no cases of Varicella reported. There were no other Rash and/or fever illnesses reported this month.

DISEASE NAME	April	May
Acute Fever + Rash	0	0
Dengue Fever	0	0
Leptospirosis	0	0
Measles	0	0
Scrub Typhus	0	0
Typhoid Fever	0	0
Chickenpox	4	2

Enteric Illness

Diarrhea and gastroenteritis continues to be the most commonly reported disease syndrome with 38 new cases this month.

DISEASE NAME	April	May
Bloody Diarrhea	2	0
Cholera	0	0
Diarrhea & Gastroenteritis	34	38
Fish Poisoning	0	0
Hepatitis A	0	0

Sexually Transmitted Infections and other Blood-Borne Diseases

The following table shows only confirmed cases of STIs and Bloodborne illnesses. Probable cases are not reported below.

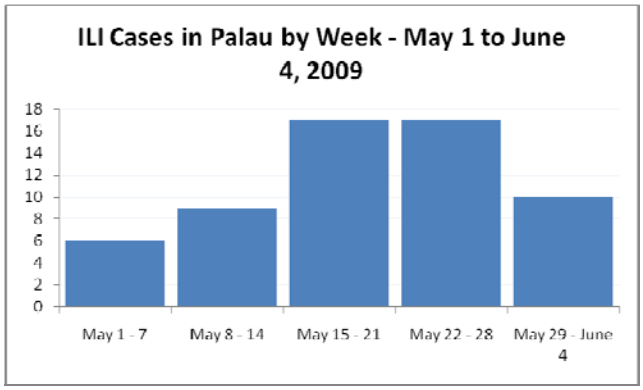
DISEASE NAME	April	May
AIDS	0	0
Chlamydia STD	21	7
Gonorrhea STD	0	0
Hepatitis B	6	4
Hepatitis C	0	3
HIV infection	0	0
Syphilis	0	0

Respiratory Illness

Due to the international concern regarding Influenza A/H1N1 that began in late April, an emergency Epi-net meeting was held on April 30th. At that time it was decided that enhanced surveillance for Influenza like illness (ILI) would begin. ILI is defined as a person having a cough or sore throat or runny nose in addition to a fever of at least 100°F.

The enhanced surveillance plan involves daily monitoring of all hospital encounters and lab requisitions followed by chart review for all suspect ILI cases. Screening of all passengers arriving from abroad at Palau International airport also began in April and continues now. Screening all patients and visitors to the hospital for ILI symptoms began on April 7th and has been incorporated into the enhanced ILI surveillance plan.

In the month of May, 52 ILI cases were found through enhanced surveillance. Physicians ordered Influenza rapid tests for 20 cases, and four of these tests were positive. Unfortunately, the rapid test kits have been shown to have a very low sensitivity for detecting Influenza A/H1N1 and therefore every effort has been made to send all samples relating to suspect cases off-island for PCR confirmation.



At this time, Palau has had one suspect case of A/H1N1 in a young child visiting the Island from the US. The ILI case was detected by airport screening upon arrival to Palau and brought immediately to the Belau National Hospital for testing and treatment. A swab was taken and sent off to Melbourne for PCR confirmation. Results are still pending.

DISEASE NAME	April	May
Influenza-Like Illness	0	52
Pertussis	0	0
SARS	0	0
Tuberculosis	3	3
Acute lower respiratory infection	0	0

Other

There were 3 cases of Conjunctivitis and no cases of Acute Flaccid Paralysis, Filariasis or Hansen's Disease in May 2009.

INTERNATIONAL UPDATES

Influenza A/H1N1: As of June 15th, 2009, 76 countries have reported 35,928 cases of Influenza A/H1N1 including 163 deaths. This new strain of Influenza virus has never before circulated among humans and is not related to current or previous strains of seasonal influenza. Much like the seasonal Flu, Influenza A/H1N1 is spread through droplet transmission and proper sneezing and coughing etiquette as well as good hand-washing techniques can decrease the risk of acquiring the disease.

The first cases of reported disease occurred in Mexico near the end of April 2009. It is unknown, however, at this time where or how the virus originated.

On June 11th 2009, the World Health Organization raised the global pandemic alert level from 5 to 6, based on the evidence that the virus was showing untraceable community spread in greater than one WHO region. The pandemic alert level of 6 is representative of an international epidemic despite not all countries having reported cases.

While the disease, at this point in time, seems to cause mild illness in most people, the demographics of whom it infects is different from typical seasonal influenza - the virus seems to preferentially infect younger populations and serious infections have been seen in young people with underlying medical conditions such as asthma, diabetes, and obesity. Seasonal influenza has the tendency to be severe for the most part in the elderly and seriously immunocompromised.

In the past, pandemics have typically lasted from 6-9 months and often have multiple 'waves' of infection. It is anticipated that vaccine manufacturers will produce a vaccine available worldwide over the course of the next several months.

More information about influenza A/H1N1 can be found at www.

Dengue Fever:

Up to June 15th there have been 82,483 cases of Dengue Fever with 163 deaths reported in the Western Pacific Region in 2009. This includes both the Asian Sub region (50,643 cases) and the Pacific Sub region (11,840 cases). In the Pacific region, the majority of cases have occurred in New Caledonia (8,417 cases, 1 death), French Polynesia (1,332 cases) and Australia (1,152 cases).

More information can be found at: http://www.wpro.who.int/health_topics/dengue/

Avian Influenza: As of May 9th 2009 there have been 423 cases including 258 deaths of Avian Influenza since the outbreak was recognized in 2003 (Case Fatality = 61.0%). Up to May 9th,there had been 28 cases and 8 deaths reported in 2009. These cases were seen in Egypt (17), China (7) and Vietnam (4). The case fatality rate for 2009, at this point, is lower than the overall rate at 28.6%. There is still little evidence of human to human transmission and most cases continue to acquire the illness after contact with infected poultry.

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