Influenza Pandemic and Syndromic Surveillance Weekly Report for the Solomon Islands for the period of Epi Weeks 48 and 52, dates including *Monday 30-November-2009* to *Sunday 03-January-2010.*

Introduction

Syndromic and event based surveillance continues to be conducted at seven sentinel sites including 4 urban sites established within Honiara including the National Referral Hospital, Kukum Outpatient Clinic, Rove Outpatient Clinic and Mataniko Outpatient Clinic and three provincial sites being Lata Hospital Outpatient Department in Temotu, Kilu'ufi Outpatient Department in Auki and Gizo Outpatient Department in Gizo.

Focal diseases for weekly sentinel surveillance include but are not limited to the following: Botulism, Poliomyelitis, Influenza A (H5N1) (Avian Influenza), Influenza A (H1N1) (Pandemic H1N1), Dengue Fever, Malaria, Tetanus, Typhoid, Pertusis, Pneumococcal Disease, Measles, Mumps, Rubella, Meningitis, Cholera, Shigellosis, Varicella and Hepatitis.

Results

Figure 1

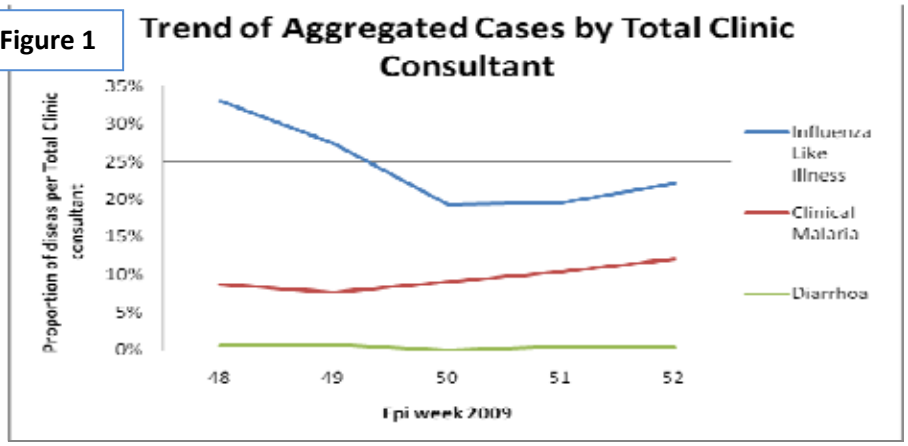

Figure 1: Aggregated data for Epi weeks 48 to 52 inclusive from Honiara sentinel sites.
ILI is still the leading cause of Morbidity

Epi Week	Kukum	Mataniko	NRH	Rove	Total Clinic Consults
48	283	587	537	428	**1835**
49	290	513	465	384	**1652**
50	269	385	474	362	**1490**
51	166	261	538	350	**1315**
52	137	318	407	358	**1220**

Table 2: Total Clinic Consults for Sentinel Sites

Total clinic consults remain high in all centres. This places pressure on human resources at the clinic level with many clinics working overtime. Lata, Kilu'ufi and Gizo weekly data were not received for this reporting period. Therefore, situations for these sites are not reflected in this report.

It would be worthwhile for decision makers to have evidence based decision regarding the incidence of diseases mornitored in this suveillance. The graphs below point up the trend of disease reported to indicated sentinel sites namely, Mataniko, Kukum, Rove and National Referral Hosputal.

Figure 2

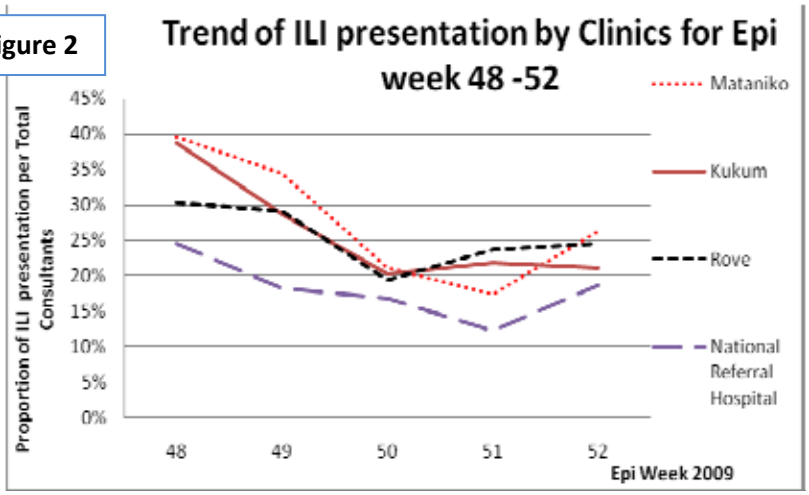

Figure 2 shows Mataniko and Kukum having the highest proportion of ILI with 40% of their clinic consultants in Epi week 48 and NRH with the lowest (25%).
A steady decreasing trend of ILI from Epi week 48 to Epi Week 50, then slightly rising before the New Year.

Figure 3

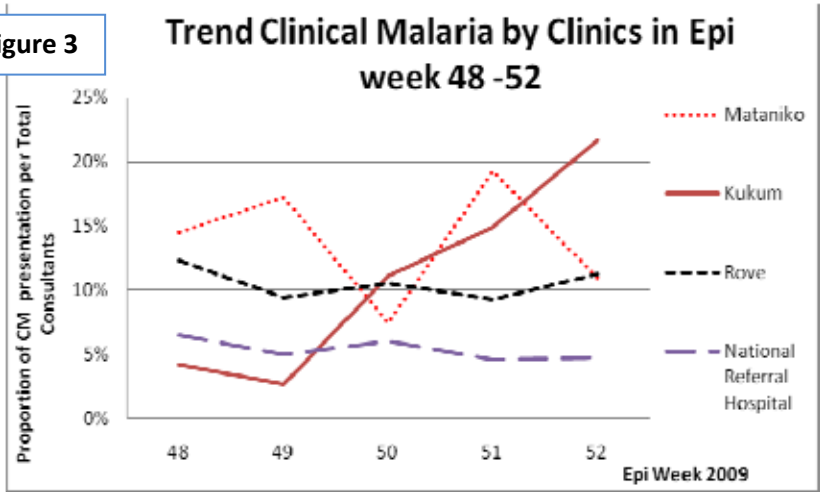

Figure 3 shows a high fluctuating proportion of clinical malaria for Mataniko and steady increase of cases for Kukum. Rove and HRH have a fairly constant number of cases reported from these sites.

Figure 4

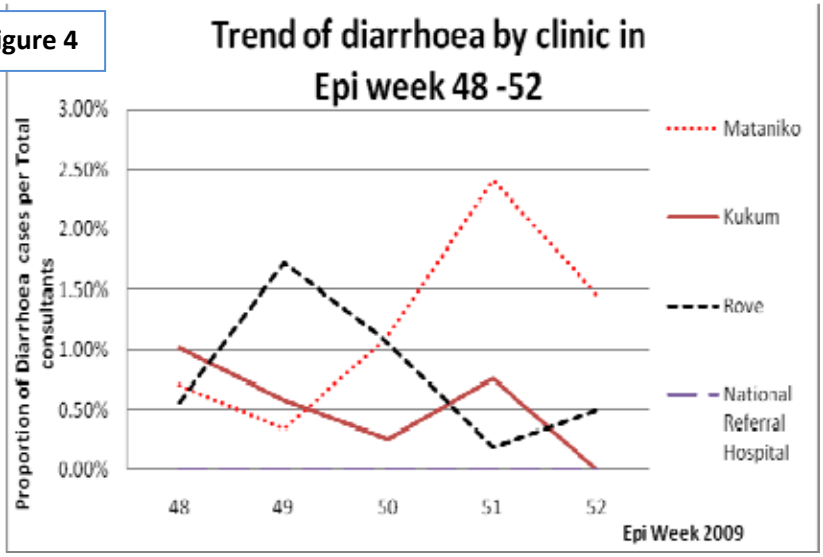

Figure 4 shows a highly scattered incidence of diarrhoeal cases reported to each sites. It is important to note that diarrhoea account for 2% at most of the proportion of disease reported to each sites.

2009 summary

Figure 5

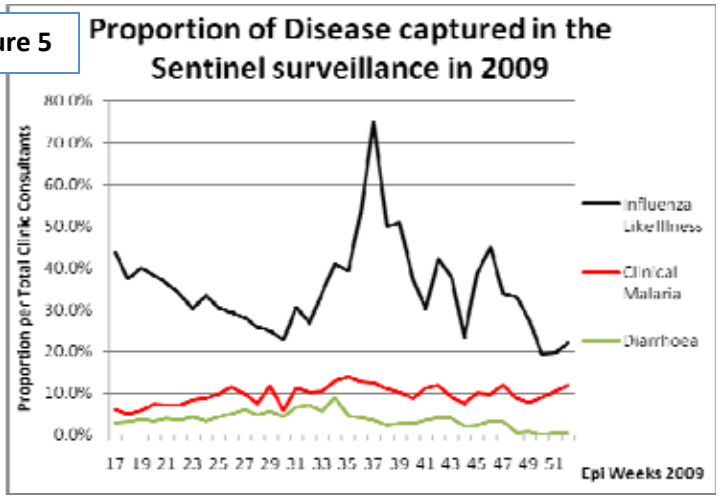

Figure 5 shows the trend of diseases for which partially reflection Solomon Island situation concerning ILI, Clinical Malaria and Diarrhoea.

ILI took the highest proportion of total patients reported to health facilities. Clinical Malaria Account for approximately 10% of all cause of morbidity (clinic consultants).

Diarrheal cases had the least portion in reference to ILI and Clinical Malaria; and majority of cases are infants aged less than 4 years old.

Figure 6

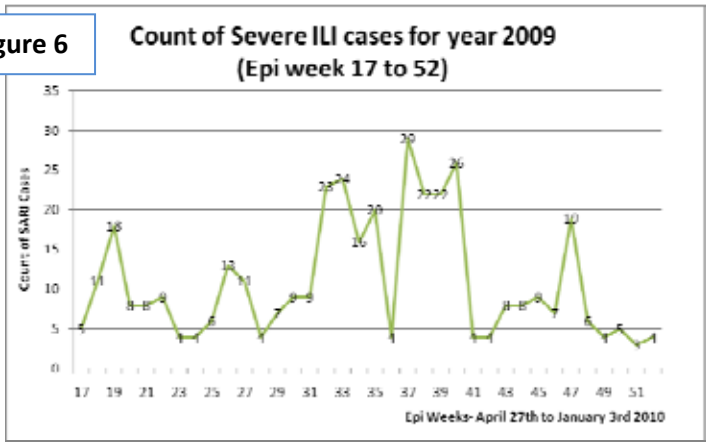

Figure 6 shows the trend of row count of severe ILI reported to the sentinel site and the year closed with a total 393 Severe Acute Respiratory Infection Cases and similar trend with fig 5.

Extra Attention has been paid to this part of the surveillance to mirror the situation of our country with regards to H1N1 flu.

H1N1 cases remain as 4 confirmed

ILI cases by Gender and age in 2009- Solomon Islands

Age Cohort	Gender		Total
	Male	Female	
Under 5 years	**5719**	**4869**	5719
Between 5 to 55 years	**5716**	**6849**	5716
Over 55 years	**362**	**254**	362
Total	**11797**	**11972**	**25062***

*Some data received are aggregated; but included in this total

Malaria and Diarrhoea cases 2009-Solomon Islands

SITES	Total cases Reported to Sentinel Sites	
	Clinical Malaria	Diarrhoea
Mataniko	1367	459
Kukum	2042	694
Rove	1888	673
National Referral Hospital	1057	621
Lata	51*	15*
Gizo	87*	32*
Kilu'ufi	165*	57*
TOTAL	**6657**	**2551**

*Figure could be higher than what is presented in the table due to poor reporting from Sentinel Sites.

Epi- notes:

The Solomon Islands continued to experience an outbreak of influenza like illness ever since this reporting period. NPS indicating Influenza A and Influenza B, Influenza A swabs have to be sent to the WHO reference laboratory in Melbourne, Australia for testing for H1N1. Count of SARI infections is 22 for this reporting period concluding the 2009 surveillance with 393 in total. All cause mortality are listed in the table below.

Mortality Data for December 2009

Date	Age	Gender	Cause
Tuesday, 1 December 2009	0	M	Still Birth
Thursday, 3 December 2009	0	F	Still Birth
Friday, 4 December 2009	0	M	Still Birth
Saturday, 5 December 2009	0	F	Still Birth
Wednesday, 9 December 2009	0	M	Still Birth
Friday, 11 December 2009	3 months	F	Heart Problem
Friday, 11 December 2009	0	M	Still Birth
Saturday, 12 December 2009	3 months	F	Heart Failure, Malaria , Severe PNA
Monday, 14 December 2009	3 yr	M	Preterm
Tuesday, 15 December 2009	5 days	M	Premature/ very Low birth Weight (VLBWT)
Sunday, 20 December 2009	40 $^{+}$ yrs	M	CVA, Uncontrolled hypertension, RT hemiplegia
Wednesday, 23 December 2009	4 months	F	Severe PNA
Wednesday, 23 December 2009	0 day	F	Preterm/ VLBWT, Risk of Infection
Wednesday, 23 December 2009	0	F	Still Birth
Wednesday, 23 December 2009	0	F	Still Birth
Friday, 25 December 2009	0	F	Still Birth
Saturday, 26 December 2009	1 months	M	Severe PNA-R/O meningitis, Malaria
Saturday, 26 December 2009	50^{+} yrs	M	CCF 2 Deg Uncontrolled Hypertension, PUD vs varices, R/O PTB
Sunday, 27 December 2009	13 months	F	Mod/Severe PNA
Monday, 28 December 2009	1 yr, 11 Months	M	Cerebral Malaria, Cerebral Meningitis
Monday, 28 December 2009	62 yrs	F	ESRD/ Pleural Effusion
Tuesday, 29 December 2009	1 months	F	Severe Pneumonia/Brochiolitis
Wednesday, 30 December 2009	10 Months	M	Severe Respiratory Distress, severe PNA Hypoxia (?) / Malaria (?)

Method of control for Respiratory/Influenza Infections including control of the patient, contacts and the immediate environment.

1. Give/consider prescribing Tamiflu to those in high risk categories. These include children under the age of 5 years, those with underlying chronic medical condition(s), adults over the age of 55 years and pregnant women.

2. Educate the public and health care personnel in basic personal hygiene, especially the danger of unprotected coughs and sneezes, and hand to mucous membrane transmission.

3. Instructions on good respiratory etiquette should be provided including: Covering nose and mouth with a tissue when you cough or sneeze. Coughing into a sleeve. Throw the tissue in the rubbish bin after you use it. Do not spit.

4. Avoid crowding in the living and sleeping quarters, especially in Institutions and barracks. Provide adequate ventilation. Isolate the sick if possible, by staying/nursing in a separate room or area. Do not mix with other people who are not symptomatic.

5. Stay at home until completely recovered. Social distancing and social isolation practices. Keep windows open and allow ventilation of the room.

6. Washing of hands regularly with soap and running water, especially after cough or sneeze.

7. Avoid touching eyes, nose or mouth with unwashed hands.

8. Household surfaces including door knobs, taps and light switches should be cleaned regularly with soap and water or disinfectant.

9. Bed rest, medication for fever, antibiotics if appropriate, good nutrition. General support and advice should be given to caregivers on the use of antipyretics (acetylsalicylic acid should be avoided in children), oral fluids, and nutrition.

10. Instructions must be provided on the use of antibiotics (if necessary) for bacterial complications of influenza when prescribed.

11. Don't share tooth brushes, towels, pillows or anything else like that.

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