

Influenza Pandemic and Syndromic Surveillance Weekly Report for the Solomon Islands for the period of Epiweek 36 and Epiweek 37, dates including Monday 07/09/09 until Sunday 20/09/09.

Introduction

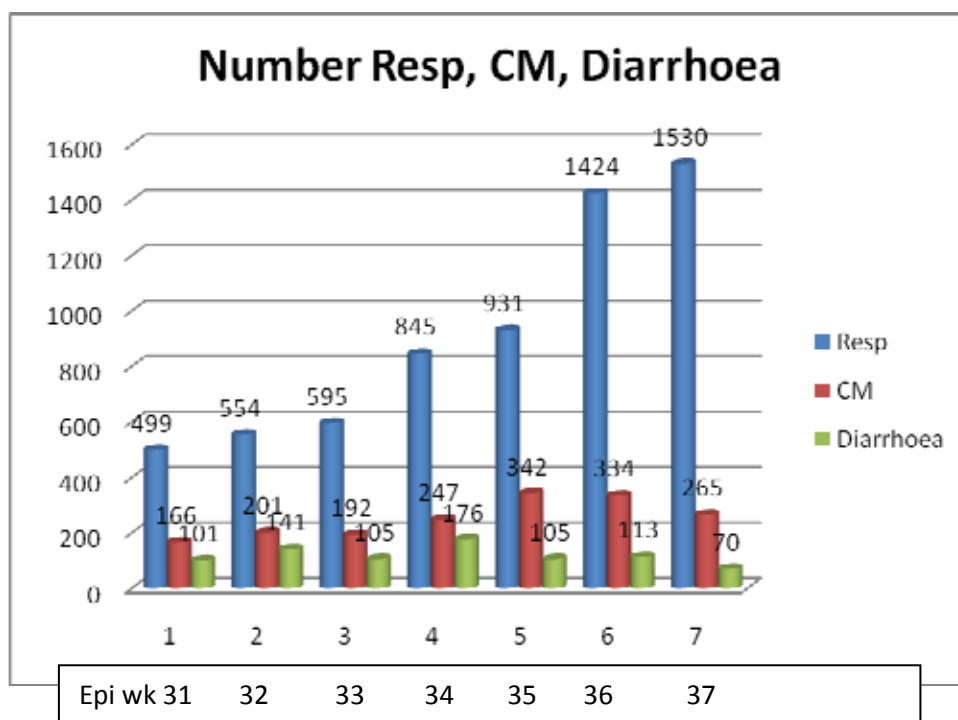
Syndromic and event based surveillance continues to be conducted at seven sentinel sites including 4 urban sites established within Honiara including the National Referral Hospital, Kukum Outpatient Clinic, Rove Outpatient Clinic and Mataniko Outpatient Clinic and three provincial sites being Lata Hospital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

Data collection for Lata commenced in epi week 33. Data collection for Kilu'ufi Hospital commenced in epi week 32. In epi week 37 Kilu'ufi Hospital outpatient clinic combined with Auki outpatient clinic. Consequently, the Kilu'ufi Hospital data collection reflects information from both clinics and a corresponding rise in the total number of patients consulted by disease.

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

A total number of 11 out of 14 reports have been received. This report includes data from 6 sentinel sites. Gizo Hospital has not submitted data. Projected data from Lata based on epi week 36 results has been used in epi week 37 to anticipate trends.

Results



Epi Week	Kukum	Mataniko	NRH	Rove	Lata	Kilu'ufi	Total Clinic Consults
36	847	569	392	676	128	158	2,770
37	799	608	616	616	(128)	266	3,033

Table 1: Total Clinic Consults for Sentinel Sites

Total clinic consults have continued to increase in epi weeks 36 and 37. This is a continuing trend since August 2008 and is putting pressure on human resources at the clinic level with many clinics working overtime.

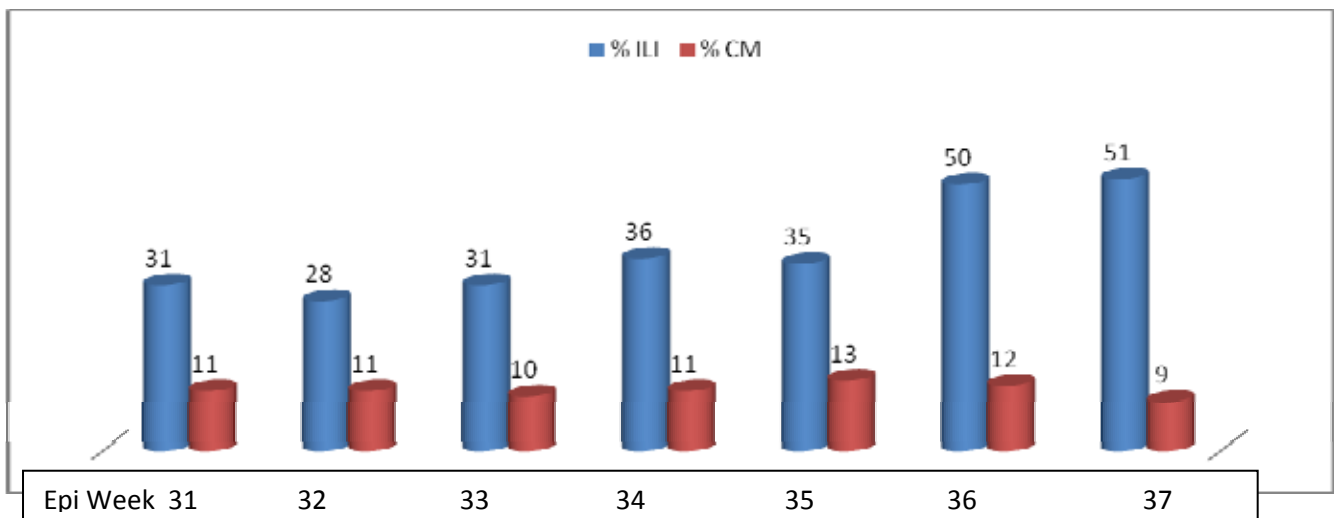


Table 2: Proportion of Influenza like illness to total clinic consultations

Epi- notes:

The Solomon Islands is currently experiencing an outbreak of influenza like illness. Data collected from the sentinel sites for Epi Week 36 and 37 indicate there has been an increase of 40% in clinic presentations for respiratory infections. The population needs to be continually informed about hygiene measures to prevent the spread of respiratory illnesses. These are listed below and can be printed off and given to patients. Preliminary results collected from clinics indicated that Influenza A, B and RSV are affecting the population. Influenza A positive specimens have been sent to the referral laboratory for confirmation of H1N1. Most of the affected cases were adults (see Table 2: cases by age group and gender for epi weeks 36 and 37). In addition, severe acute respiratory infections are affecting those between the age of 5 and 55 years. SARI usually affects those under the age of 5 years and the inclusion of the cohort between the age of 5 to 55 years could indicate a rise in either seasonal influenza or H1N1 cases.

Age Cohort	Gender		Total
	Male	Female	
Under 5 years	477 (1 SARI)	430 (4 SARI)	907
Between 5 to 55 years	929 (3 SARI)	1,075 (3 SARI)	2,004
Over 55 years	26	17	43
Total	1,354 (4 SARI)	1,522 (7 SARI)	2,954

Table 2: cases by age cohort and gender

The proportion and total number of clinical malaria cases has slightly decreased for this reporting period. A total of 599 cases were reviewed in the sentinel sites which accounted for approximately 11 % of total clinic consultations.

The incidence of watery and bloody diarrhoea has dropped for this reporting period. A total of 10 cases of food poisoning were reported. 2 cases were suspected from consuming tropical fish. The other cases did not specify a likely cause.

All Cause Mortality

Epi Week	Date	Age	Cause	Facility
36	07.09.09	84 yrs	Heart failure with valvular heart disease (degenerative) with acute renal failure	NRH
36	07.09.09	6 weeks	Diaphragmatic Hernia	NRH
36	07.09.09	2 weeks	CHD	NRH
36	09.09.09	Adult	Guillain Barre Syndrome with acute respiratory failure	NRH
36	09.09.09	50 yrs	TB paralysis	NRH
36	11.09.09	8 yrs	Cough and fever for 5 days Downs Syndrome with AS and PDA	NRH
36	12.09.09	4 yrs	Severe malaria meningitis	NRH
36	13.09.09	4/12 mths	Meningitis/bacterial TB	Kiluufi Hosp
37	14.09.09	2 years	DBA (no documentation)	NRH
37	14.09.09	14 mths	VP shunt inserted for hydrocephalus	NRH
37	17.09.09	18 yrs	CCF and RHD	NRH
37	17.09.09	53 years	CVA and cardiac arrest	NRH
37	18.09.09	60 + yrs	DBA (found on side of road)	NRH
37	18.09.09	7 days	Neonatal sepsis with jaundice	NRH
37	20.09.09	newborn	Meconium aspirate birth asphyxia	NRH
37	21.09.09	6/12 mths	Severe pneumonia/heart failure.	Kiluufi Hosp
37	31.09.09	69 yrs	Miliary T.B	Kiluufi Hosp

A number of children have been prescribed aspirin (salicylates) for fever and influenza symptoms. A complication of giving children salicylates for fever and influenza is Reye Syndrome which can involve both the CNS and liver. Please note it is not recommended to give children under the age of 16 years aspirin during episodes of fever-causing illness unless specifically indicated in Kawasaki disease to prevent clot formation.

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 co-morbidities, 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. Avoid crowding n living and sleeping quarters, especially in institutions and barracks. Provide adequate ventilation.
4. Isolate if possible. Do not mix with other people. Stay in a separate room.
5. If possible, use a toilet isolated for those with respiratory infections. This is particularly important if diarrhea is present.
6. 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.
7. Washing of hands at least 6 times per day with soap and water, especially after cough or sneeze.
8. Avoid touching eyes, nose or mouth.
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 and bed rest.
10. Instructions must be provided on the use of antibiotics (if necessary) for bacterial complications of influenza when prescribed.
11. Stay at home until completely recovered. Social distancing and social isolation practices. Keep windows open and allow ventilation of the room.
12. Household surfaces including door knobs, taps and light switches should be cleaned regularly with soap and water or disinfectant.
13. Don't share tooth brushes, towels, pillows or anything else like that.