Influenza Pandemic and Syndromic Surveillance Weekly Report for the Solomon Islands for the period of Epi weeks 41 and 47, dates including Monday 12/10/09 until October 23/11/2009.

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, 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.

Results

The reporting period contains 7 epi-weeks; epi-weeks 41 commencing Monday 12th of October 2009 up to and including week 47 ending on October 23rd 2009. A total number of 30 out of 49 reports have been received from the 7 participating sites.

A total of 61,828 outpatient attendances were reviewed of which there were a total of 4,292 respiratory infections. 4,228 were ILI presentations and 64 were severe acute respiratory infections requiring examination at and admission to the National Referral Hospital. There were no recorded clusters, atypical, or probable cases of respiratory infections identified during the reporting period. However, a 15 month old male from a local community near Kilu'ufi was confirmed as having IA (H1N1 09).

Since the commencement of surveillance in April 2009 there has been a total of 22,902 ILI's with 371 SARI recorded from the sentinel sites. For this 7 week reporting period the proportion of ILI infections is similar to that experienced at the commencement of surveillance in April 2009 where ILI infections accounted for 30 % to 44% of total clinic presentations.

Presentations for ILI were reasonably spread across the reporting period with ILI accounting for between 30 % to 42% of total clinic presentations. Higher incidence of the proportion of ILI clinic visits to total clinic visits occurred at the commencement of the reporting period with incidence decreasing until week 47.(see Diagram 1). Table 1 demonstrates the number of ILI cases by age and gender. ILI's remain slightly higher in the under 5 age cohort. Table 2 demonstrates the number of SARI presentations to clinics for the reporting period. This is slightly lower compared to the reporting period at the commencement of surveillance activities in April 2009. Clinical Malaria remains higher than when surveillance began and has gradually increased from 6% to 9 and 12% for this reporting period (see Diagram1). Diarrhoea remains under 5% of total clinic presentations.

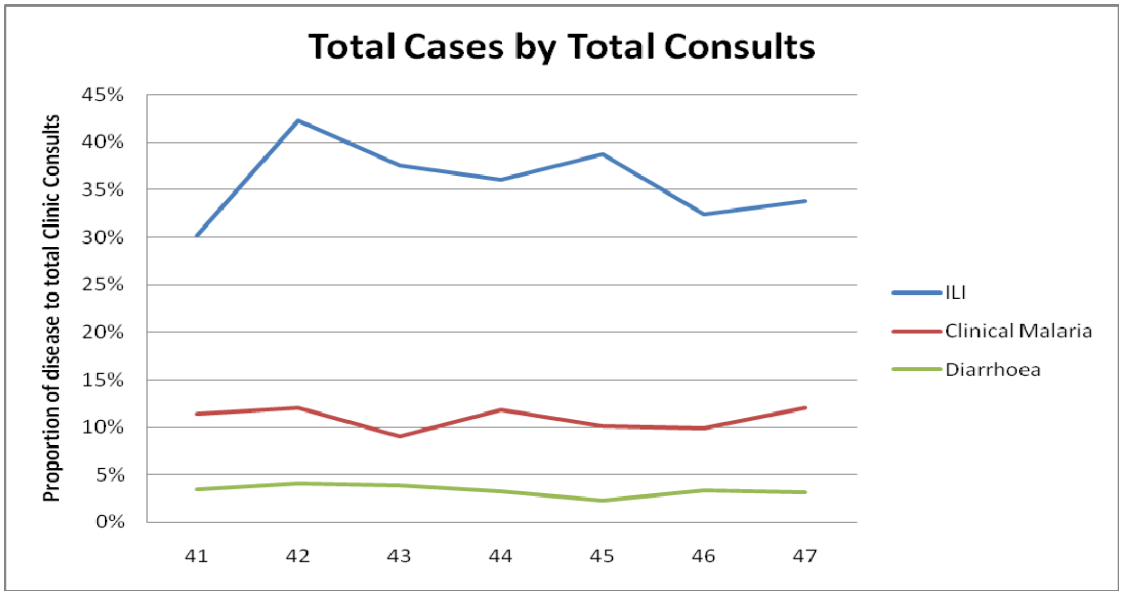

Diagram 1: Aggregated data for epi weeks 41 to 47 inclusive from Honiara sentinel sites

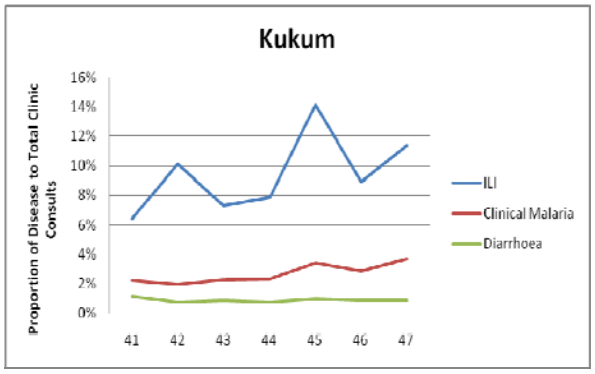

Diagram 2 : Proportion of ILI, Clinical Malaria and Diarrhoea to total clinic consults for Kukum Clinic

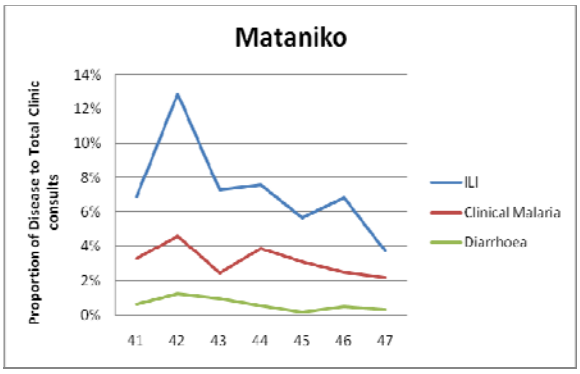

Diagram 3: Proportion of ILI, Clinical Malaria and Diarrhoea to total clinic consults for Mataniko Clinic

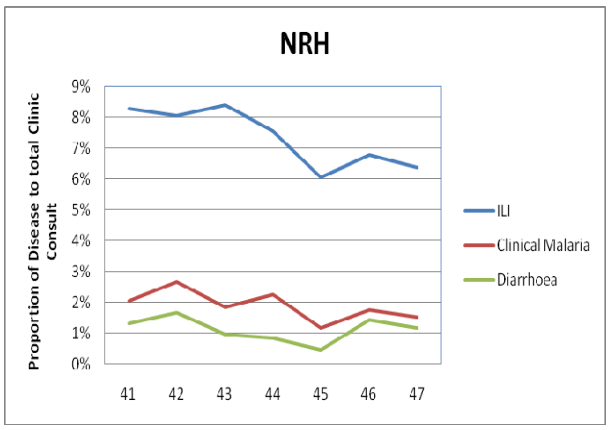

Diagram 4: Proportion of ILI, Clinical Malaria and Diarrhoea to total clinic consults for NRH Clinic

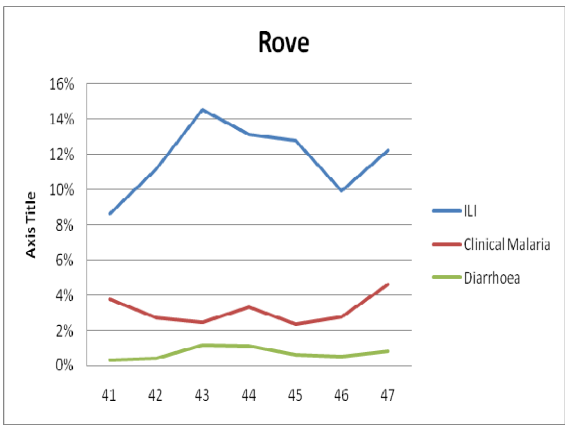

Diagram 5: Proportion of ILI, Clinical Malaria and Diarrhoea to total clinic consults for Rove Clinic

Age Cohort	Gender		Total
	Male	Female	
Under 5 years	1160	1018	2178
Between 5 to 55 years	835	948	1783
Over 55 years	51	48	99
Total	2046	2014	4060

Table 1: ILI cases by age and gender

Data received from Lata was aggregated for the reporting period and has not been included as part of the weekly analysis of other sites. Below is the trend of ILI for epi weeks 41 to 47 for the sentinel sites excluding data from Lata.

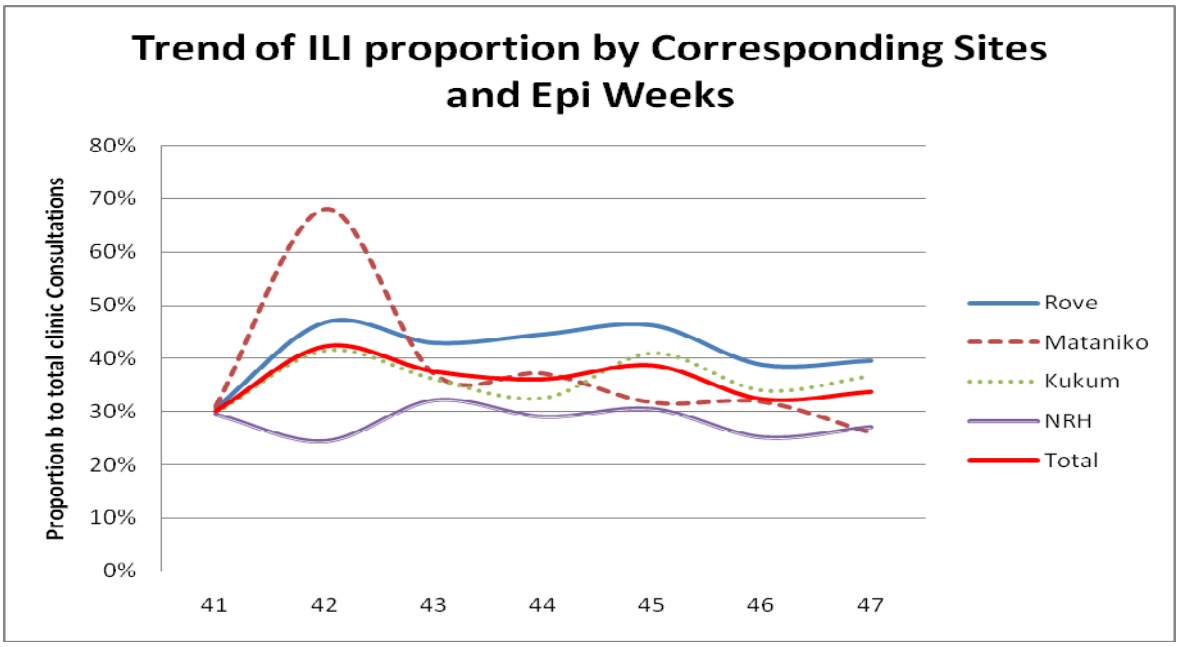

Diagram 6: Proportion of ILI to total clinic consults for epi week 41 to 47

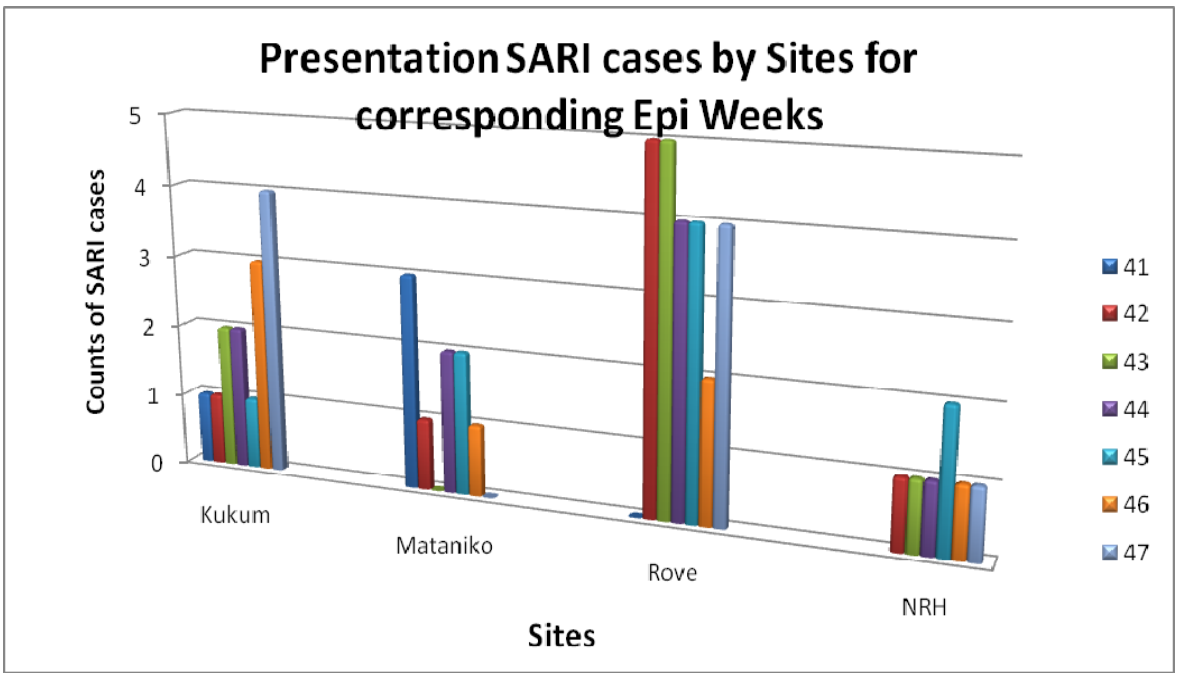

Table 2: Number of SARI by Sentinel Site for epi weeks 41 to 47

Clinical Malaria cases peaked at Mataniko clinic in epi week 42. See Diagram 7 below. Malaria health promotion and prevention activities may need to focus in this area.

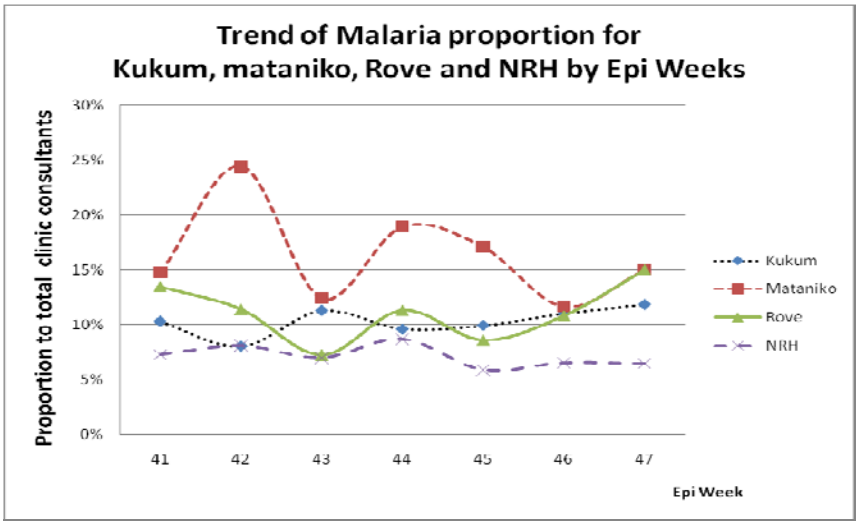

Diagram 7: Proportion of Clinical Malaria Presentations for epi week 41 to 47

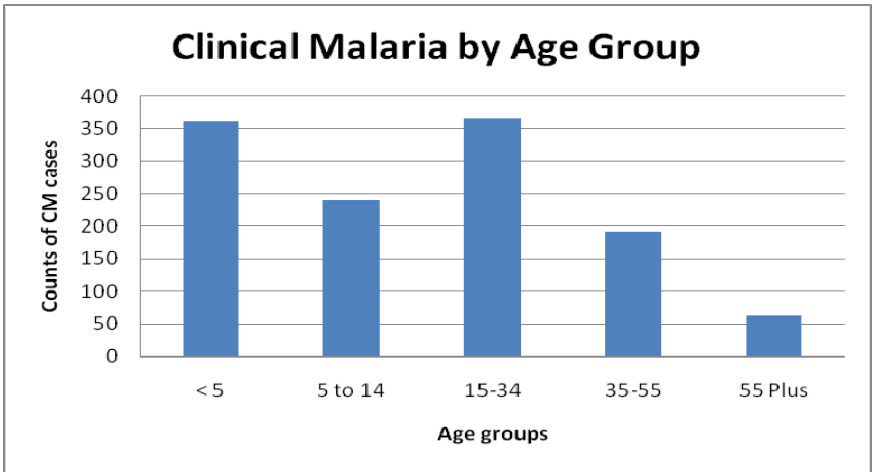

Diagram 8: Count of Clinical Malaria Presentations for epi week 41 to 47 by Age group

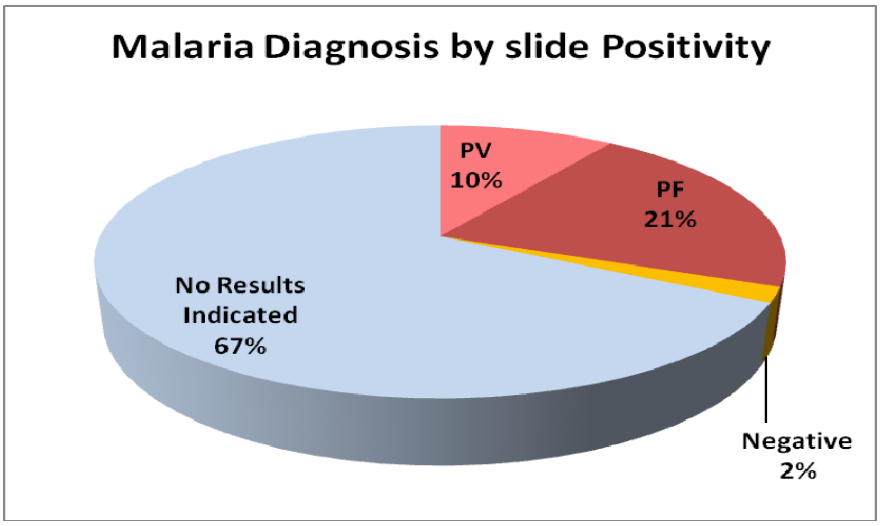

Diagram 9: Malaria slide positivity

Total clinic consults remain high in all centres since August 2009. This places pressure on human resources at the clinic level with many clinics working overtime. Aggregated data is not reflected in the above table as weekly comparison cannot be made.

Epi Week	Kukum	Mataniko	NRH	Rove	Total Clinic Consults
41	262	271	343	342	1218
42	349	270	469	342	1430
43	354	346	458	592	1750
44	448	380	482	548	1858
45	594	310	341	476	1721
46	417	343	428	407	1595
47	531	247	402	528	1708

Table 3: Total Clinic Consults for Sentinel Sites

Epi- notes:

Table 4 below details confirmed cases of H1N1 09. Table 5 details the mortality data for epi weeks 41 to 47. There are a number of still births documented. It is unclear whether there is a correlation between the number of still births and H1N109 infections.

Date tested and later confirmed for H1N1	Age	Gender	Ethnicity	Country of Origin	Occupation	Comment
3/7/09	15 years	Male	Caucasian	Australia	Student	Individual one of a group of students from Australia visiting local teaching facility. Isolated on facility. Mild respiratory symptoms only. No contact with Solomon Islanders. Contract tracing conducted.
4/7/09	20 years	Female	Caucasian	Australia	Student	Individual one of a group of students visiting local teaching facility. Individual within same group as male above. Isolated on facility. Mild respiratory symptoms only. No contact with Solomon Islanders. Contract tracing conducted.
29/7/09	41 years	Male	uncertain	Australia	AFP	Arrived unwell with mild respiratory symptoms from Australia. Admitted to Private Medical Facility. Contact tracing of travellers conducted.
1/10/09	1 year and 10/12 months	Male	Micronesian (Kilu'ufi)	Solomon Islands	Infant	No history of travel. Mild respiratory symptoms only.

Table 4: H1N1 09 confirmed cases in the Solomon Islands

Date of Death	Age	Cause of Death
17th of October 2009	unknown	Still birth macerated foetus
19th of October 2009	24/40	Still birth
20th of October 2009	60 year male	IHD
21st of October 2009	70 year male	Not documented
22nd of October 2009	24/40	Still birth
24th of October 2009	34/40	Still birth
25th of October 2009	20/40	Still birth
25th of October 2009	6/7	Infant with dysmorphic features
25th of October 2009	9/12 female	Maramas
27th of October 2009	4/12	Severe Malaria and anaemia
28th of October 2009	7/12 female	Positive Malaria and Gastroenteritis
1st of November 2009	38/40	Still birth
1st of November 2009	26 year male	Not documented
2nd of November 2009	55 year male	Not documented
4th of November 2009	40 year male	Laparotomy on 29th of October 2009, Cirrhosis
6th of November 2009	4/7	Respiratory Distress
7th of November 2009	33/40	Still birth
8th of November 2009	30/40	Still birth macerated foetus
10th of November 2009	50 year male	Not documented
12th of November 2009	26 year female	Not documented
13th of November 2009	41/40	Still birth
13th of November 2009	80 year male	Renal Failure
13th of November 2009	49 year male	CCF secondary to VHD and pneumonia
13th of November 2009	21 year female	r) pyelonephritis
14th of November 2009	39/40	Still birth
15th of November 2009	36/40	Still birth
15th of November 2009	9 year male	Cerebral Palsy with mild pneumonia
16th of November 2009	38/40	Still birth
16th of November 2009	1 (6/12) female	Aspirate pneumonia
18th of November 2009	23/7	Omphalocele
18th of November 2009	46 year male	Diabetic carbuncle l) foot
20th of November 2009	34 year male	Pulmonary TB
25th of November 2009	unknown	Still birth
26th of November 2009	2/7	ELBWT/Prematurity
26th of November 2009	40 year male	Atypical pneumonia and fibrotic lung disease
27th of November 2009	2 year male	PVD PHT
28th of November 2009	32/40	Still birth
1st of December 2009	29/40	Still birth macerated foetus
1st of December 2009	60 year female	Severe Gastritis

Table 5: Mortality Data for Epi Week 41 to 47

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.