

Influenza Pandemic and Syndromic Surveillance Weekly Report for the Solomon Islands for the period of Epiweeks 38, 39 and 40, dates including Monday 21/09/09 until October 11/10/09.

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.

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 14 out of 14 reports have been received.

Results

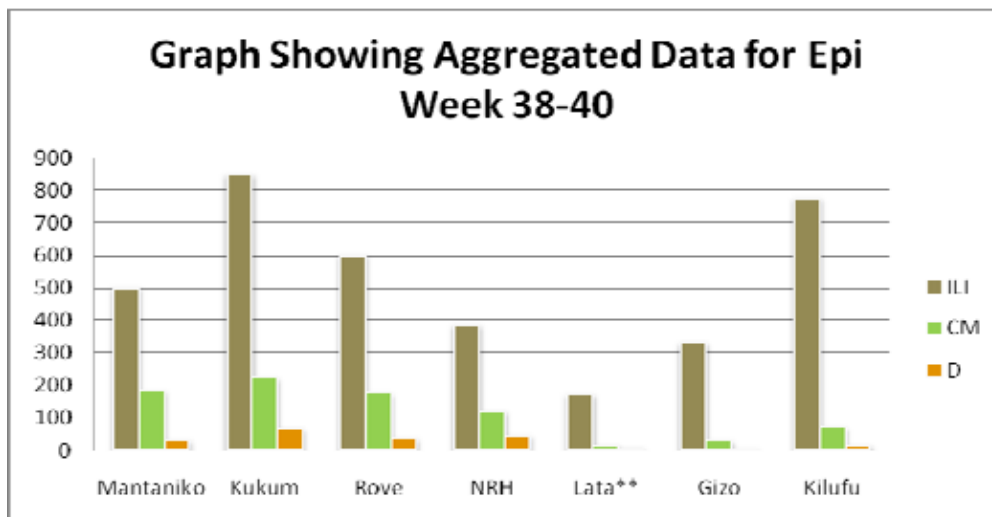
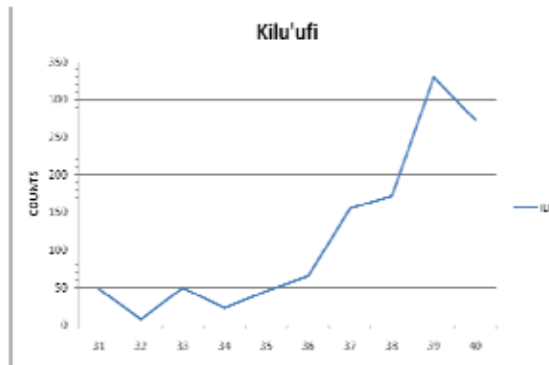
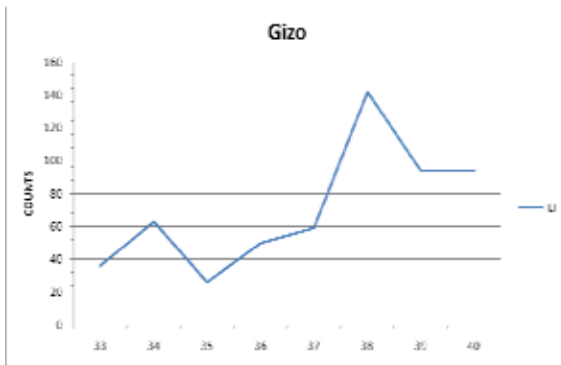
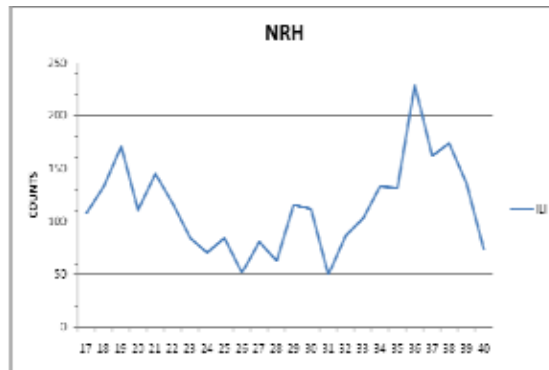
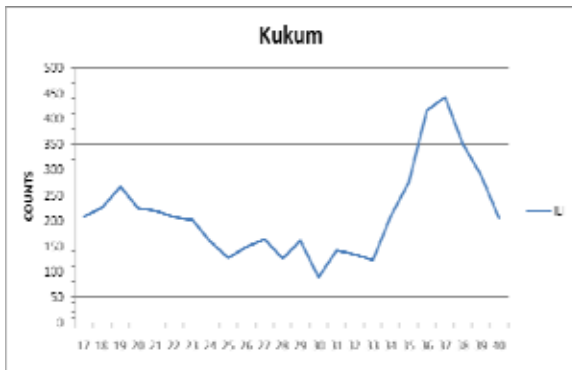
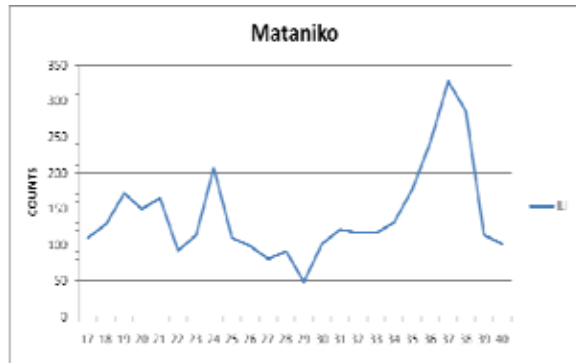
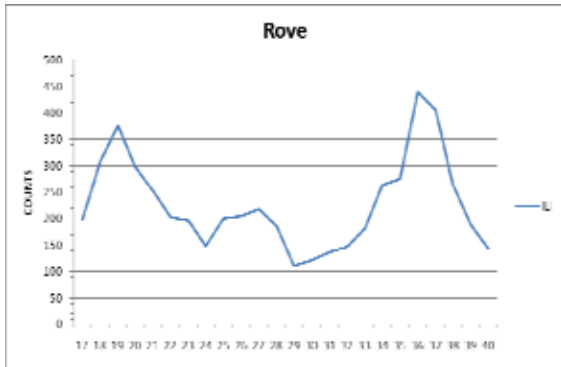


Table 1: Aggregated data for epi weeks 38 to 40 inclusive from all sentinel sites

Data received from Lata was aggregated for the reporting period. As a consequence data from the other sites has also been aggregated for this reporting period. Below is the incidence data for ILI by epi week for the sentinel sites excluding data from Lata. The graphs below demonstrate trends for the incidence of ILI for sentinel sites for epi weeks 17 to 40 inclusive.



The above graphs demonstrate similar peaks for ILI infections across the Solomon Island sentinel sites. Similar peaks and troughs from the sentinel sites could indicate that the selection of the sentinel sites is reflective of the reference population.

Epi Week	Kukum	Mataniko	NRH	Rove	Kilu'ufi	Total Clinic Consults
38	742	518	503	577	286	2,877
39	661	341	473	419	537	2,431
40	689	274	342	365	438	2,608

Table 2: Total Clinic Consults for Sentinel Sites

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. Lata and Gizo weekly data has been aggregated over the 3 week reporting period. Aggregated data is not reflected in the above table as weekly comparison cannot be made.

Epi- notes:

The Solomon Islands continued to experience an outbreak of influenza like illness during this reporting period. Outbreak investigation occurred at Kulu'fi clinic. NPS indicated Influenza A and Influenza B. Influenza A swabs have been sent to the WHO reference laboratory in Melbourne, Australia for testing for H1N1. 1 suspected pertussis case was admitted to the Paediatric Unit at the NRH. SARI infections increased from 53 cases for epi weeks 35 to 37 inclusive to 68 for this reporting period. All cause mortality in table below.

Age Cohort	Gender		Total
	Male	Female	
Under 5 years	720	618	1338
Between 5 to 55 years	996	1157	2153
Over 55 years	45	29	74
Total	1761	1804	3565

Table 3: ILI cases by age and gender

Clinical Malaria cases peaked in epi week 38 to the levels similar to previous reporting periods then dropped slightly in epi weeks 39 and 40.

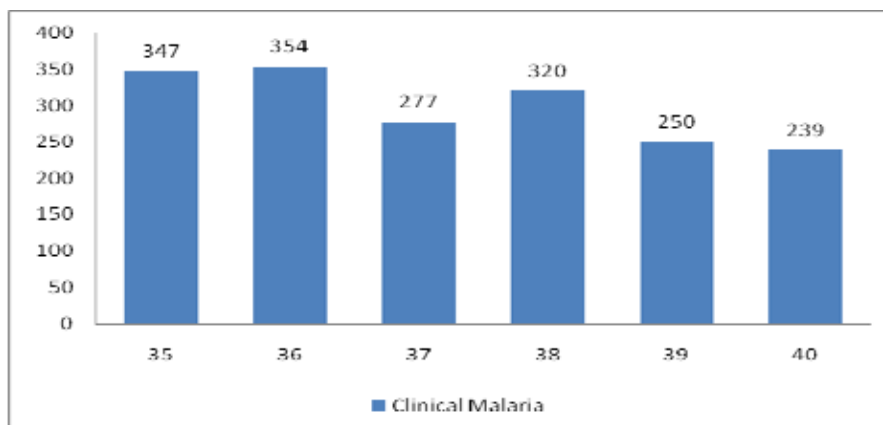


Table 4: Total Clinical Malaria Cases by Epi

All Cause Mortality

Epi Week	Date	Age	Cause	Facility
38	23/09/09	70	Severe pneumonia and Severe Malaria	NRH
38	21/09/09	10 days	Neo-natal sepsis with jaundice (admitted on 18 th of September post discharge at 7 days old and died after 3 day admission)	NRH
38	21/09/09	1 day	Asphyxia Meconium Aspirate Syndrome	NRH
38	24/09/09	2	Tumour	NRH
38	26/09/09	14 days	Pre-term low birth weight (not discharged from hospital)	NRH
38	26/09/09	25	Septicaemia from burn injury	NRH
38	26/9/09	9 months	Meningitis	NRH
39	28/9/09	2 months	Severe Malaria (patient from Rifle Range)	NRH
39	29/9/09	6	Severe pneumonia (intra-valvular stenosis and CCF)	NRH
39	29/9/09	9 days	Pre-term low birth weight	NRH
39	30/9/09	Newborn	Still birth	NRH
39	1/10/09	7	Abscess on the r) thigh Post op septicaemia	NRH
39	1/10/09	41	Septic Shock following surgery for Acute Appendicitis (died within 24 hrs post op)	NRH
39	1/10/09	68	CCF and IHD	NRH
39	2/10/09	44	Severe Malaria (patient from Veraboli)	NRH
39	5/10/09	30	Severe Malaria and Septicaemia from foot abscess (fluid overload) (patient from Mono)	NRH
40	7/10/09	Newborn	Still birth	NRH
40	8/10/09	3 months	Severe Pneumonia with a l) renal mass	
40	10/10/09	unknown	Severe Malaria with anaemia and malnutrition	NRH
40	11/10/09	25	Suffocation and cardio-pulmonary arrest following hanging	NRH
40	13/10/09	26	Severe Malaria (patient from Binaboli)	NRH
40	15/10/09	37	VHD	NRH

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.