

DECEMBER 2009

ILI and pandemic influenza A (H1N1) surveillance in Solomon Islands Situation as at 11 October 2009

Introduction

Influenza-like illness (ILI) and pandemic influenza A (H1N1) surveillance in Solomon Islands commenced in April 2009.

It is integrated in a weekly sentinel surveillance system implemented at seven sites, including four urban sites established within Honiara (the National Referral Hospital [NRH], Kukum Outpatient Clinic, Rove Outpatient Clinic and Mataniko Outpatient Clinic) and three provincial sites (Lata Hospital Outpatient Department in Temotu, Kilu'ufi Outpatient Department in Auki and Gizo Outpatient Department in Gizo). (See article on communicable disease surveillance in Solomon Islands.)

Case definitions

We use the standard World Health Organization (WHO) case definitions as follows:

Influenza-like illness (ILI) is defined as sudden onset of a fever over 38 degrees Celsius and a cough or sore throat, myalgia with an absence of other diagnoses.

A **confirmed case of influenza A (H1N1)** virus infection is defined as a person with an acute respiratory illness confirmed as swine influenza A (H1N1) virus infection by a laboratory using one or more of the following tests: real-time RT-PCR, viral culture, four-fold rise in swine influenza A (H1N1) virus specific neutralising antibodies.

A **probable case of swine influenza A (H1N1)** virus infection is defined as a person with an acute respiratory illness with an influenza test that is positive for influenza A, but negative to the seasonal influenza primers H1 and H3.

A **suspected case of swine influenza A (H1N1)** virus infection is defined as a person with an acute respiratory illness who was a close contact with a confirmed case of swine influenza A (H1N1) virus infection while the case was ill,
OR
a person with an acute respiratory illness with a recent history of contact with a confirmed or suspected case of swine influenza A (H1N1) virus infection,
OR
a person with an acute respiratory illness who has travelled to an area where there are confirmed cases of swine influenza A (H1N1).

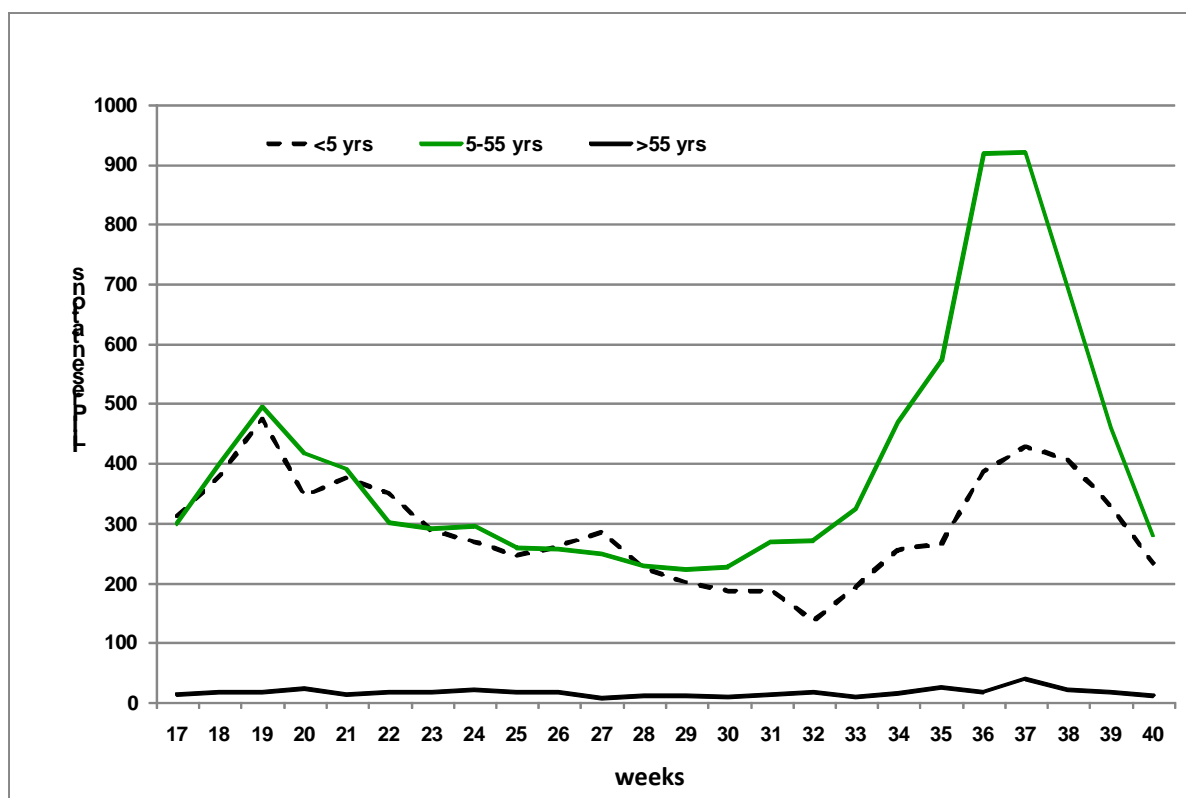
Results

Solomon Islands has experienced two outbreaks of ILI commencing around epi week 38 (21–27 September). Outbreak investigation occurred at two centres. The first outbreak occurred at a boarding school located approximately 30 km west of Honiara and the second at a village located 3 km from the provincial town of Auki in Malaita Province. There were no influenza A positive nasopharyngeal swabs identified from the school outbreak. However, the swabs collected from Kulu’ufi clinic indicated Influenza A and Influenza B. All of the five nasopharyngeal swabs collected at Kulu’ufi clinic were sent to the WHO reference laboratory in Melbourne, and one sample collected on 1 October 2009 returned positive for influenza A (H1N1) 2009.

The total number of ILI cases recorded from the sentinel sites as of 11 October 2009 was 19,946.

A large percentage of ILI cases were in the 5–55 years age group and <5 years age group, as shown in the graph below.

Graph 1. ILI presentations at Mantaniko, Kukum, and Rove Clinics and NRH by age group and week, weeks 17 to 40



Below are the incidence data for ILI by epi week for the sentinel sites, excluding data from Lata (as only aggregated data were received from Lata Hospital). The graphs below demonstrate trends for the incidence of ILI for sentinel sites for epi weeks 17 to 40 inclusive, except for Gizo and Kilu'ufi Outpatient Departments, where data collection commenced in epi weeks 33 and 31 respectively.



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.

Based on *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 Sunday 11 October 2009.*

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