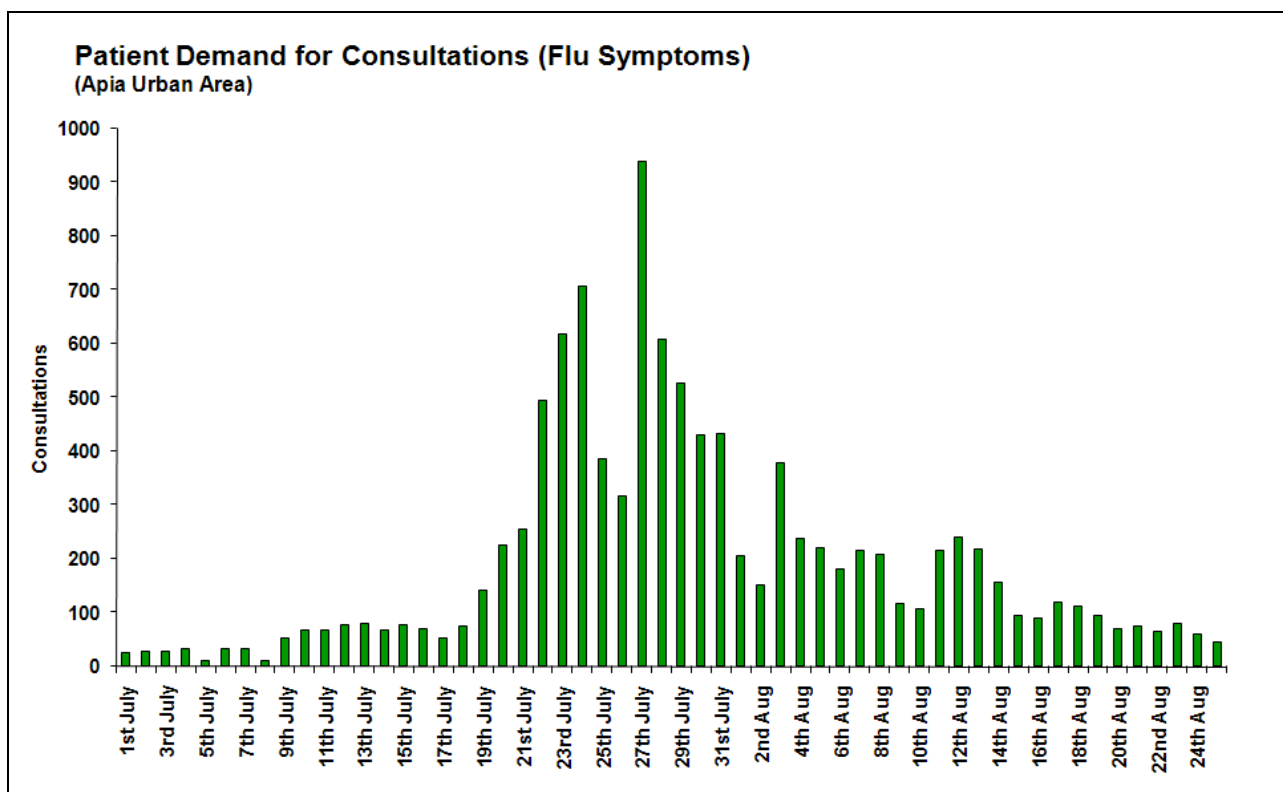


This article is an early release of information from Inform'ACTION No. 31, which will be published very soon.

## Situation report on influenza H1N1 2009 in Samoa

25 August 2009

Laboratory confirmed cases to date:	<b>138</b>
Laboratory confirmed deaths to date:	<b>2</b>
Total admissions to date – TTM Hospital H1N1 isolation ward:	<b>128</b>
Total currently in TTM Hospital H1N1 isolation ward:	<b>0</b>
Total patients attended to at special Flu clinics (urban area: 1 Jul.–23 Aug.):	<b>10,663</b>
Total expectant mothers attended to at antenatal special flu clinic (4–23 Aug.):	<b>107</b>



As at 25 August 2009, the number of people presenting for consultations due to flu symptoms had decreased considerably since the peak in late July. Though this may be taken as evidence of a decline in the rate of transmission, and the effectiveness of the school closure intervention, the Ministry of Health continued to urge caution as it was also likely an indication that the sick were adhering to advice to stay home rather than seeking medical assistance in the first instance.

**To ensure that vulnerable groups were protected from the threat of H1N1, the Ministry of Health reiterated the need for members of these vulnerable groups to seek medical consultation EARLY when affected with flu-like symptoms.** Vulnerable groups are:

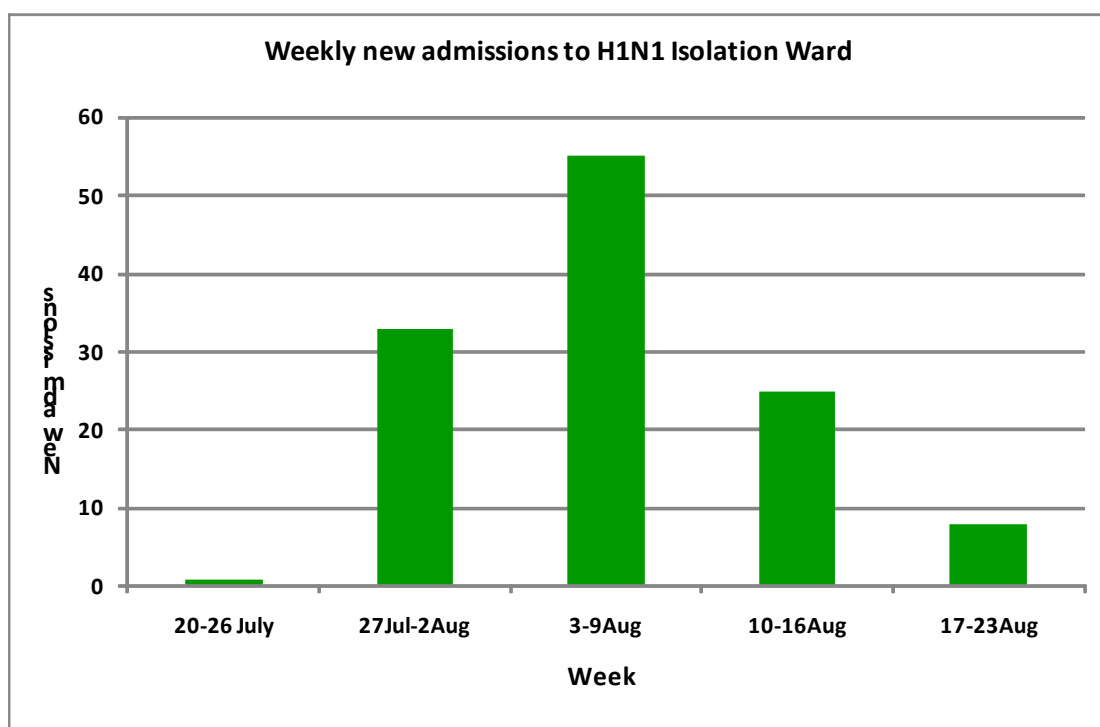
- (1) pregnant women

- (2) young children – especially those with any of these signs (a) prolonged fever; (b) fast breathing; or (c) dehydration, convulsions, excessive drowsiness
- (3) people with co-morbidities such as respiratory conditions (e.g. asthma), heart disease, diabetes, hypertension, renal (kidney) disease, and the immunosuppressed (eg. HIV, cancer).

**Admissions**

A significant decline was also noted in late August in the number of H1N1 suspected patients needing admission. Weekly admissions peaked at 55 in the week of 3–9 August, decreasing dramatically to only 8 in the week of 17–23 August.

Children under 5 years of age constituted the age group with the highest admission rate.



**Laboratory confirmations**

Starting on 10 August, lab specimens were only sent for confirmation of suspected cases as warranted for further investigation. This included cases among at-risk groups such as inpatients and pregnant mothers, further investigation of deaths suspected to have resulted from H1N1 and cluster outbreaks (e.g. school hostels).

Since the H1N1 virus was declared a ‘public health emergency of international concern’ by the World Health Organisation on the 25 April 2009, Samoa has sent 259 specimens for laboratory confirmation. Of these:

- **138 (53%) were positive for H1N1**
- 21 (8%) were positive for normal human seasonal flu; and
- 100 (39%) were negative for both seasonal and H1N1 influenza.

**Deaths**

A 31-year-old female from Lotofaga, who died in the first week of this month, was Samoa’s second confirmed death from H1N1. Specimens collected post mortem have confirmed her positive for both the H1N1 virus and pneumonia.

A 1-year-old female child who died at home was initially suspected to have been affected by H1N1 based on clinical history. Specimens collected were found to be negative for both H1N1 and human seasonal influenza.

### **Pharmaceutical/clinical interventions**

Members of the public with flu symptoms and concerns were able to access medical and/or nursing attention at any of the following facilities.

#### **Apia urban area**

**Tupua Tamasese Meaole (TTM) Hospital (Motootua):**

**Children < 12 years** were seen at the paediatric clinic.

**All others > 12 years** attended the general outpatients clinic.

**H1N1 flu antenatal clinic (Motootua):** targeted pregnant women exclusively.

**Pharmacy/dispensary services**

#### **Rural areas**

All district hospitals and health centres were ready to deal with the influx of outpatients with flu-like symptoms. People with flu-like symptoms in the vicinity of these facilities were advised to use them rather than travelling to TTM Hospital.

All rural health facilities (Upolu and Savaii) were provided with Tamiflu, and nurses were authorised under standing order from the Ministry of Health to issue it as appropriate.

All pregnant mothers living in the vicinity of rural health facilities were encouraged to utilise these facilities rather than the Apia-based special clinic for pregnant mothers.



#### **Non-clinical/pharmaceutical interventions**

##### **Social distancing/restriction of movement**

Minimising attendance at social gatherings continued to be strongly advised, though the Ministry of Health did not recommend any bans on public gatherings.

##### **Primary prevention/basic hygiene**

Public application of basic personal hygiene was the mainstay of prevention measures. This included washing hands often, especially before eating; covering the mouth and nose when coughing/sneezing and disposing of any used tissues appropriately; not sharing drinking/eating utensils; and keeping a distance of at least 1–2 metres when coming into contact or conversing with others.

#### **Pandemic development and ministry concerns**

##### **Ministry of Health concerns were:**

- the effects of the virus on Samoa's large population of vulnerable groups;

- the difficulty (not just locally but globally) of predicting with accuracy how much of the population will be affected, and how severely the vulnerable groups will be affected;
- ensuring that the health sector has the capacity needed to cope given difficulty in prediction;
- the possibility of mutation of the virus to a more virulent and fatal strain, such as the 1918 Spanish Influenza strain; and
- the unknown profile of the expected 'second wave' of the virus.

The Ministry of Health and the National Health Service have begun a partnership with the community, through the Ministry of Women, Community and Social Development (MWCSO), to mobilise the 'readiness' of community-based centres in the event that the concerns mentioned above are realised. The partnership has begun training community 'helpers' identified through the MWCSO and the pulenuu and sui-tamaitai o le malo.

*Based on the 'Situation report on influenza H1N1 2009 (SWINE Flu)  
Tuesday 25 August, 2009', by the Government of Samoa, Ministry of Health.*