

Ministry of Health

Enhanced Syndromic Surveillance Weekly Report

Epiweek 44

Date of report: 4th November, 2024

Email: surveillance@health.gov.ws

Tel: 66506/66507

Reporting period: 12:00AM 28th October-12:00AM 4th November 2024

Prepared by: Health Security & Disease Surveillance Division

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INTRODUCTION

Under the Samoa Health Ordinance 1959, through the national communicable disease surveillance and control guideline, health professionals are required to report cases or clusters of notifiable diseases. The Health Security & Disease Surveillance Division coordinates surveillance and reporting on notifiable diseases. Enhanced surveillance measures, including multisource surveillance, strengthening laboratory testing and referral, monitoring at point of entry, 24/7 call center, social listening monitoring were established for CHOGM. The report was prepared as a collaborative effort of all health professionals supporting CHOGM and is a work in progress. We thank all contributors to communicable disease surveillance.

SITUATION SUMMARY

Sites

- 14 national surveillance sites began enhanced surveillance as of 7th Oct. Reporting is 12AM-12AM.
- 1 CHOGM clinic was operational until the 28th Oct. 6/7 CHOGM clinics that operated during CHOGM week were discontinued as of 27th Oct.
- In this reporting period, 15/15 surveillance sites have reported including the CHOGM clinic: 100% completeness.

Consultations

- Consultations reflect the number of patients seen at each health facility/CHOGM clinic.
- 5,321 consultations observed. 7% decrease from the past 7 days due to decrease in sentinel sites reporting.

Syndromes/Conditions

- General Rash:** 43 cases reported in the past 7 days. Majority were reported from TTMH Paeds and MTIIH. Mostly chickenpox and allergies.
- AFR:** 1 case reported from Foailalo DH that was clinically confirmed as an allergic reaction.
- ILI:** 10% decrease from the past 7 days.
- SARI:** 16 cases reported from TTMH ED, Sataua DH, Leulumoega DH, MTIIH, Poutasi DH and Safotu DH. Majority are diagnosed with pneumonia.

Urgent Notifiable Conditions

- No suspected Mpox detected to date. Testing is available.

Table 1: Consultation per sentinel surveillance site

Sentinel Sites	No of days reported	No. of consultations
TTMH Paeds	✓ 4	275
TTMH ED	✓ 7	597
TTMH APCC	✓ 7	1171
Satupaitea HC	✓ 7	199
Sataua DH	✓ 7	206
Safotu DH	✓ 7	189
Saanapu HC	✓ 6	176
Poutasi DH	✓ 7	245
MTIIH	✓ 7	942
Lufilufi HC	✓ 7	235
Leulumoega DH	✓ 7	511
Lalomanu DH	✓ 7	263
Foailalo DH	✓ 7	199
Faleolo HC	✓ 7	113
CHOGM Ward	✓ 1	0
Total	95	5321

Note: TTMH Paeds, Saanapu HC and CHOGM Ward were operational for the days that they had reported on.

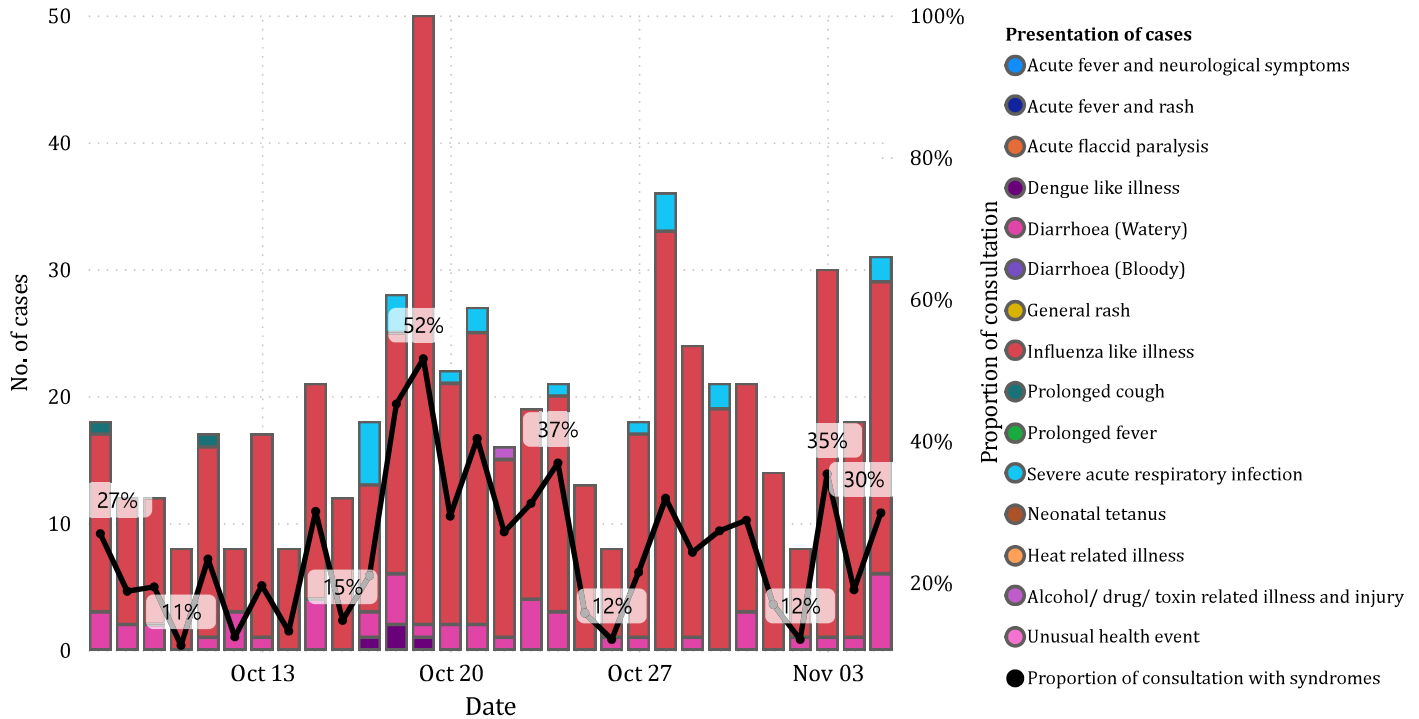
SIGNALS AND EVENTS

There were 6 signals in this reporting period, 28th October - 3rd November 2024:

- 16 reported SARI cases:
 - TTMH ED (5), Sataua DH (4), Leulumoega DH (3), Safotu DH (2), MTIIH (1) and Poutasi DH (1).
 - 56% of the cases were diagnosed with pneumonia.
- 1 Acute Fever & Rash (AFR) case was reported from Foailalo on the 31st Oct. This case was verified to fit the AFR case definition. The case was clinically confirmed as an allergic reaction and was sent home with medications. No testing required.
- 43 reported General Rash cases:
 - TTMH Paeds (10), MTIIH (10), Leulumoega DH (7), TTMH APCC (4), Lalomanu DH (4), Saanapu HC (3), Foailalo DH (2), Poutasi DH (2) and Lufilufi HC (1).
 - 48% of the cases had allergic reactions and 42% were diagnosed with chickenpox. No testing required. No further actions were taken.
- ILI threshold exceeded in these hospitals - MTIIH (199), TTMH APCC (157), TTMH ED (143), Lufilufi HC (87) and Saanapu HC (62). ILI situation is being monitored closely in these hospitals.
- 1 lab confirmed dengue case was detected through laboratory surveillance. RRT has been deployed to investigate.
- 1 lab confirmed case of Influenza A and 2 cases of RSV reported through laboratory surveillance. RRT has been deployed to investigate.

CLINICAL UPDATE

Figure 1: TTMH ED Proportion of consultations and types of presentation



SYNDROMIC SURVEILLANCE (excluding ILI, SARI, & Dengue)

As of 28th October 2024, the Syndromic Surveillance System has a total of 15 sentinel sites including the CHOGM Ward and 15 syndromes under monitoring.

Syndromes with alert threshold exceeded are highlighted in red.

Date of presentation: 12:00AM 28th October-12:00AM 4th November, 2024

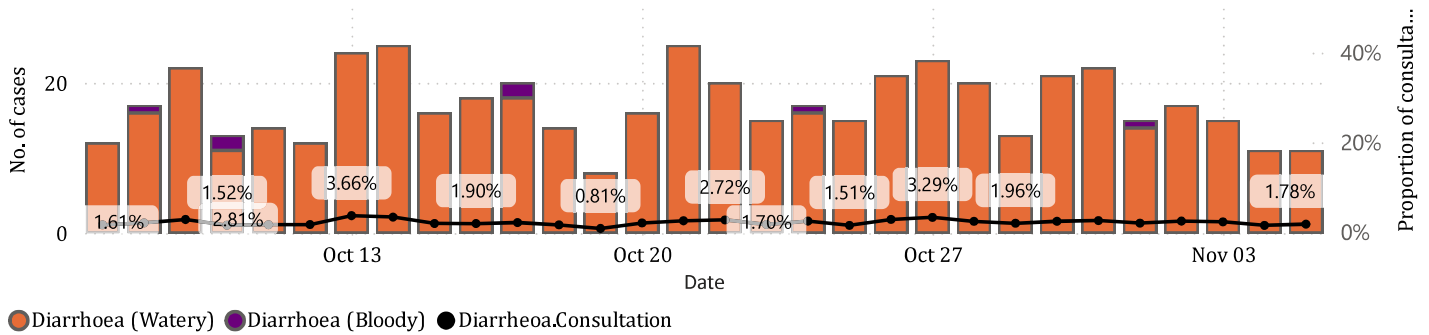
No. of consultation: 5321

Table 2: Number of consultations and syndromic cases per sentinel site

Clinic	No. of consultations	Prolonged fever	Acute fever and rash	Acute flaccid paralysis	Neonatal tetanus	General rash	Prolonged cough	Acute fever and neurological symptoms	Heat related illnesses	Alcohol/ drug/ toxin related illness and injury	Unusual health event
TTMH Paeds	275	0	0	0	0	10	0	0	0	0	0
TTMH ED	597	0	0	0	0	0	0	0	0	0	0
TTMH APCC	1171	0	0	0	0	4	0	0	0	0	0
Satupaitea HC	199	0	0	0	0	0	0	0	0	0	0
Sataua DH	206	0	0	0	0	0	0	0	0	0	0
Safotu DH	189	0	0	0	0	0	0	0	0	0	0
Saanapu HC	176	0	0	0	0	3	0	0	0	0	0
Poutasi DH	245	0	0	0	0	2	0	0	0	0	0
MTIHH	942	0	0	0	0	10	0	0	0	0	0
Lufilufi HC	235	0	0	0	0	1	1	0	0	0	0
Leulumoega DH	511	0	0	0	0	7	0	0	0	0	0
Lalomanu DH	263	0	0	0	0	4	0	0	0	0	0
Foailalo DH	199	0	1	0	0	2	0	0	0	0	0
Faleolo HC	113	0	0	0	0	0	0	0	0	0	0
CHOGM Ward	0	0	0	0	0	0	0	0	0	0	0
Total	5321	0	1	0	0	43	1	0	0	0	0

DIARRHOEA

Figure 2: Watery, bloody diarrhoea, and proportion of consultation, 7th Oct 2024-present

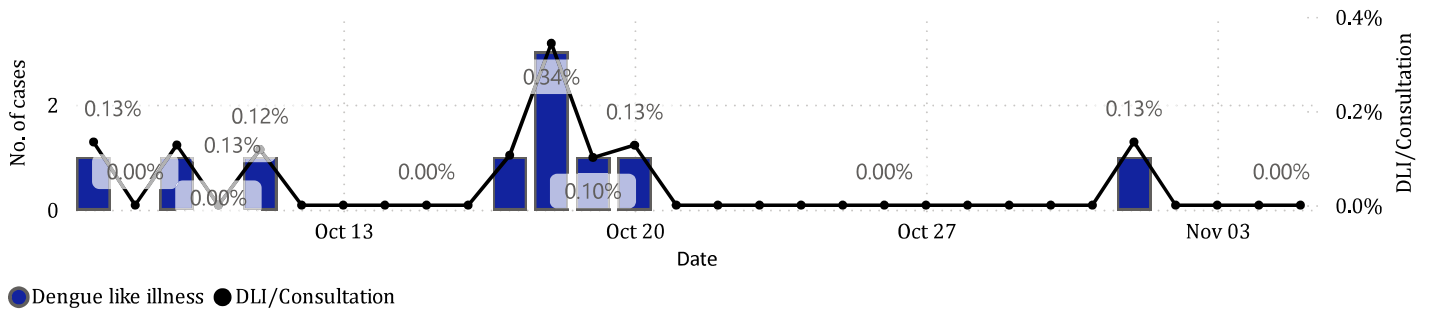


DENGUE

Case Definition: Fever ($\geq 38^{\circ}\text{C}$) for at least 2 days, PLUS at least 2 of the following: Nausea or vomiting; Muscle or joint pain; Severe headache or pain behind the eyes; Rash; bleeding
Alert threshold: THREE cases per surveillance site

Dengue like illness	Confirmed Dengue
1	1

Figure 3: Dengue-like Illness and proportion of consultation, 7th Oct 2024-present



RESPIRATORY DISEASES

ILI Case Definition: An acute respiratory infection with a history of fever or measured fever of $\geq 38^{\circ}\text{C}$ and cough, with onset within the last 10 days
Alert threshold: Doubling cases from day prior per surveillance site

SARI Case Definition: An acute respiratory infection with a history of fever or measured fever of $\geq 38^{\circ}\text{C}$ and cough, with onset within the last 10 days, AND requiring hospitalization
Alert threshold: ONE case

Table 3: ILI, SARI, and percent change in the past 7 days

Clinic	ILI	% change in the past epi week	SARI	% change in the past epi week
CHOGM Ward	0	NaN	0	NaN
Faleolo HC	3	Infinity	0	NaN
Foailalo DH	4	Infinity	0	NaN
Lalomanu DH	68	Infinity	0	NaN
Leulumoega DH	166	Infinity	3	Infinity
Lufilufi HC	87	Infinity	0	NaN
MTIIH	199	Infinity	1	Infinity
Poutasi DH	63	Infinity	1	Infinity
Saanapu HC	62	Infinity	0	NaN
Safotu DH	22	Infinity	2	Infinity
Sataua DH	21	Infinity	4	Infinity
Satupaitea HC	13	Infinity	0	NaN
TTMH APCC	157	Infinity	0	NaN
TTMH ED	143	Infinity	5	Infinity
TTMH Paeds	90	Infinity	0	NaN
Total	1098	Infinity	16	Infinity

Figure 4: Number of tests and lab confirmed Influenza A, B, COVID-19, and RSV, 7th Oct, 2024-present

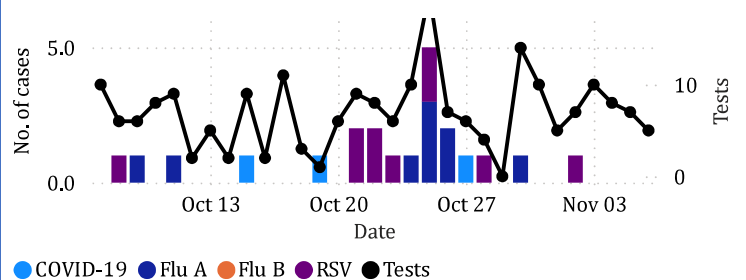
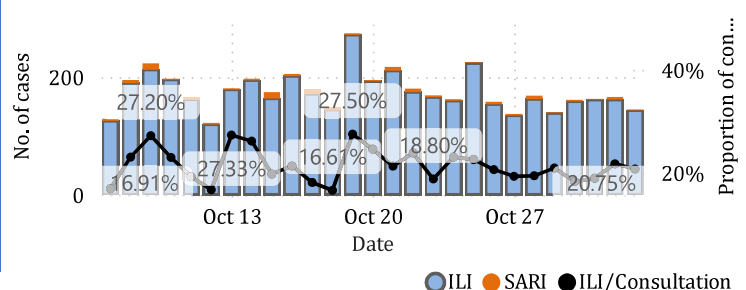


Figure 5: ILI, SARI cases and proportion of consultation



SOCIAL LISTENING & CALL CENTRE

Social listening analysis examines discourse related to health issues among social networks both interpersonal and via media platforms to provide rapid monitoring of emerging health concerns and rumours. Social listening mechanism has been activated in preparation for CHOGM. Call center is available 24/7 to monitor health information from the community until the 10th November 2024.

Figure 6: Number of calls by date received

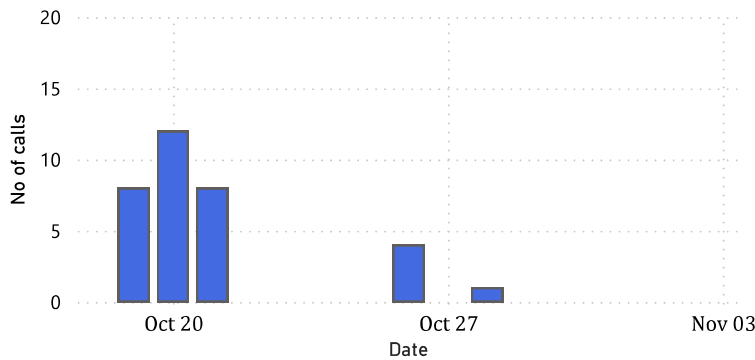
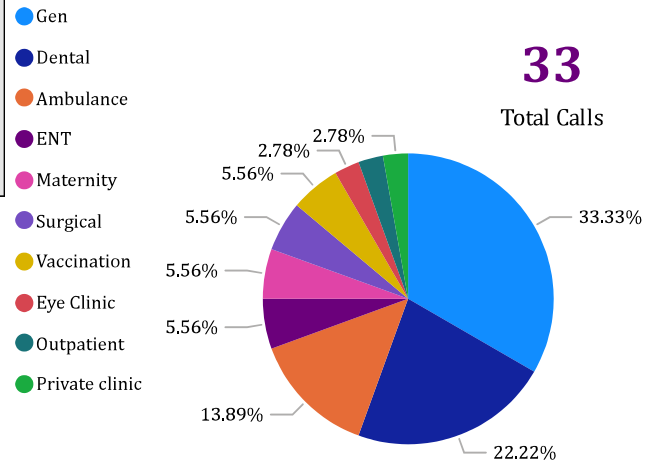


Figure 7: Cumulative number of calls received by subject of call



Social Listening: Health related topics

- No signals have been detected through social listening reporting sources during this period.
- Only 2 signals were detected during the CHOGM, both of which were assessed to be low risk and closed by the disease surveillance team.
- Discussions of health-related topics remain low in volume, with all topics being discussed in equal frequency. Discussion across media platforms focuses on political and social aspects of the CHOGM amongst the Samoa local and diaspora communities.
- The local antivaxxer responsible for the COVID-19 disinformation billboards in Vaitele, commented more disinformation on MOH's post about funding received to eliminate cervical cancer through HPV vaccination.

ONGOING RESPONSE ACTIVITIES

1. Ongoing monitoring of syndromes and diseases including laboratory notifiable diseases.
2. Rapid Response Team (RRT) deployed to verify and investigate syndromes exceeding threshold (ILI, SARI, AFR and General Rash).
3. Rapid Response Team (RRT) to follow up actions taken from the previous signals and alerts.

RECOMMENDATIONS

1. Continue to test all SARI and pneumonia cases for influenza, COVID-19, and RSV. PCR (respiratory panel) available at TTMH and MTIIH. Ensure isolation and testing protocols for respiratory illnesses are adhered to.
2. Ongoing public health actions on risk communication surrounding home care for common illnesses such as acute gastroenteritis & food poisoning, as well as respiratory illnesses (flu, COVID-19, RSV, etc.). Encourage timely health seeking behaviour for proper management.
3. The Risk Communication and Community Engagement (RCCE) MOH working group continue to distribute communication materials, handle public queries via the MOH CHOGM call centre and conduct social listening to monitor emerging health concerns in the community and region.
4. Maintain a weekly analysis and reporting of social listening for 2 epi-weeks post-CHOGM to detect signals and community health concerns within the incubation periods of disease of public health concern.
5. Public safety messages and advisories regarding safety and public health prevention regarding fishing and swimming as palolo season begins and more people are fishing in areas affected by adverse weather.
6. Continue to monitor for signals of health events related to contamination from the sunken NZ vessel in communities in Siumu, Safata.
7. Continue to promote vaccine safety and HPV vaccination as a strategy to eliminate cervical cancer. Explore strategies of countering disinformation with targeted messaging.
8. Upscale messaging regarding nutrition and non-communicable diseases to respond to public interest generated by the CHOGM.