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Ministry of Health Enhanced Syndromic Surveillance Weekly Report Epiweek 45



Date of report: 11th November, 2024 Email: surveillance@health.gov.ws

Reporting period: 12:00AM 4th November - 12:00AM 11th November 2024 Prepared by: Health Security & Disease Surveillance Division

Distribution: EXTERNAL

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.
- All CHOGM clinics have been discontinued as of 28th Oct..
- In this reporting period, 14/14 surveillance sites have reported: 100% completeness.

Consultations

- Consultations reflect the number of patients seen at each health
- 5,239 consultations observed, 2% 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 from 9/14 surveillance sites. Majority were reported from Leulumoega and MTIIH. Mostly chickenpox and allergies.
- ILI: 17% decrease from the past 7 days.
- **SARI:** 20 cases reported from 8/14 surveillance sites. Majority were reported from TTMH ED. Most are pneumonia and chest infection cases.

Urgent Notifiable Conditions

- One confirmed dengue case was tested positive on 6th Nov 2024.
- No suspected Mpox detected to date. Testing is available.

Table 1: Consultation per sentinel surveillance site

Sentinel Sites	No of repor	-	No. of consultations
TTMH Paeds	✓	4	201
TTMH ED	✓	7	633
TTMH APCC	✓	7	1249
Satupaitea HC	/	7	189
Sataua DH	✓	7	192
Safotu DH	✓	7	197
Saanapu HC	✓	6	214
Poutasi DH	✓	7	241
MTIIH	~	7	786
Lufilufi HC	✓	7	238
Leulumoega DH	✓	7	593
Lalomanu DH	✓	7	237
Foailalo DH	✓	7	193
Faleolo HC	✓	7	76
Total		94	5239

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

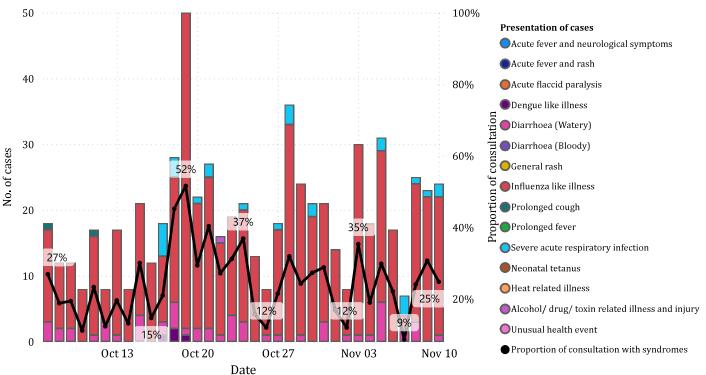
SIGNALS AND EVENTS

There were 5 signals in this reporting period, 4th - 10th November 2024:

- 1) 20 reported SARI cases:
- TTMH ED (9), TTMH Paeds (3), Poutasi DH (2), TTMH APCC (2), Foailalo DH (2), Sataua DH (1) and MTIIH (1).
- 85% of the cases were tested, and 2 were tested positive for RSV.
- 2) 43 reported General Rash cases:
- · Leulumoega DH (11), MTIIH (9), Lalomanu DH (8), TTMH Paeds (5), TTMH APCC (5), Poutasi DH (2), Saanapu HC (1), Safotu DH (1) and Foailalo DH (1).
- 72% of the cases were diagnosed with chickenpox and 28% had allergic reactions. No testing required. No further actions were taken.
- 3) ILI threshold exceeded in Foailalo DH (23) and Faleolo HC (11). ILI situation is being monitored closely in these hospitals.
- 4) 1 lab confirmed dengue case was detected through laboratory surveillance. Case investigation was conducted and appropriate measures were taken.
- 5) 2 lab confirmed cases of RSV were 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 29th October 2024, the Syndromic Surveillance System has a total of 14 sentinel sites and 15 syndromes under monitoring.

Syndromes with alert threshold exceeded are highlighted in red.

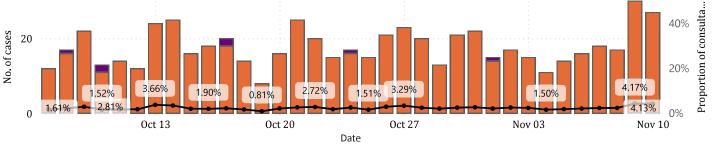
Date of presentation: 12:000AM 4th November - 12:00AM 11th November, 2024 No. of consultation: 5239

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

Clinic	No. of consultat ions	Prolon ged fever	Acute fever and rash	Acute flaccid paralysi s	Neonata l tetanus	General rash	Prolong ed cough	Acute fever and neurolo gical sympto ms	Heat relate d illnes s	Alcohol/ drug/ toxin related illness and injury	Unusual health event
TTMH Paeds	201	0	0	0	0	5	0	0	0	0	0
TTMH ED	633	0	0	0	0	0	0	0	0	0	0
TTMH APCC	1249	0	0	0	0	5	0	0	0	0	0
Satupaitea HC	189	0	0	0	0	0	0	0	0	0	0
Sataua DH	192	0	0	0	0	0	0	0	0	0	0
Safotu DH	197	0	0	0	0	1	0	0	0	0	0
Saanapu HC	214	0	0	0	0	1	0	0	0	0	0
Poutasi DH	241	0	0	0	0	2	0	0	0	0	0
MTIIH	786	0	0	0	0	9	0	0	0	0	0
Lufilufi HC	238	0	0	0	0	0	0	0	0	0	0
Leulumoega DH	593	0	0	0	0	11	0	0	0	0	0
Lalomanu DH	237	0	0	0	0	8	0	0	0	0	0
Foailalo DH	193	0	0	0	0	1	0	0	0	0	0
Faleolo HC	76	0	0	0	0	0	0	0	0	0	0
Total	5239	0	0	0	0	43	0	0	0	0	0

DIARRHOEA

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

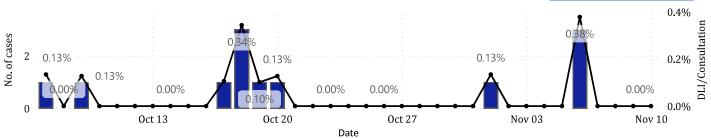


● Diarrhoea (Watery) ● Diarrhoea (Bloody) ● Diarrheoa Consultation

DENGUE

Case Definition: Fever (≥38 ° 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

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



■Dengue like illness ■ DLI/Consultation

RESPIRATORY DISEASES

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

Dengue

illness

1

like

Confirmed

1

Dengue

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

Clinic	ILI Current	% change in the past epi week	SARI Current	% change in the past epi week
Leulumoega DH	178	Infinity	0	NaN
MTIIH	144	Infinity	1	Infinity
ТТМН АРСС	138	Infinity	2	Infinity
TTMH ED	123	Infinity	9	Infinity
Lufilufi HC	83	Infinity	0	NaN
Lalomanu DH	56	Infinity	0	NaN
TTMH Paeds	55	Infinity	3	Infinity
Poutasi DH	39	Infinity	2	Infinity
Safotu DH	28	Infinity	0	NaN
Foailalo DH	23	Infinity	2	Infinity
Saanapu HC	17	Infinity	0	NaN
Faleolo HC	11	Infinity	0	NaN
Satupaitea HC	9	Infinity	0	NaN
Sataua DH	7	Infinity	1	Infinity
Total	911	Infinity	20	Infinity

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

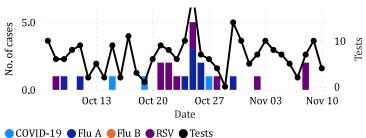
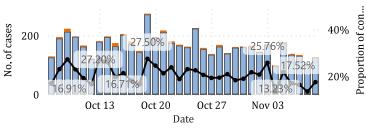
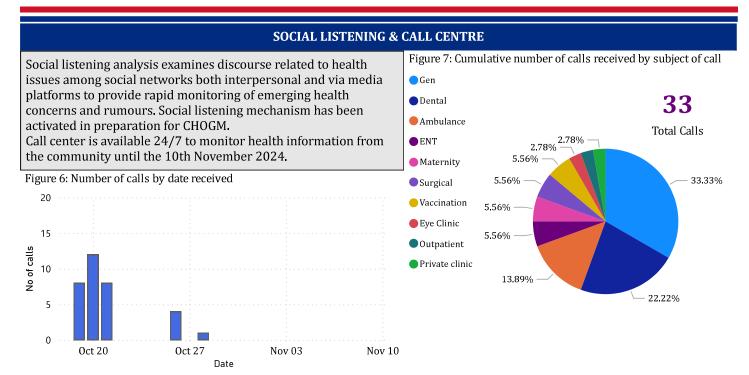


Figure 5: ILI, SARI cases and proportion of consultation





Social Listening

- · No signals have been detected through social listening reporting sources during this period.
- · Discussions of health-related topics remain low in volume, with all topics being discussed in equal frequency.

Health related topics:

- Reported deaths due to accidents reported (motor vehicle and electrocution)
- Demand in breast cancer screening services
- · Demand for monitoring of fish vendors
- Dental services enquiry
- · Obesity
- Power outages in Moto'otua have prompted public concerns for services
- · Vaccine hesitancy

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.
- 4. Follow-up of samples sent to overseas reference laboratory for confirmatory testing.

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.
- 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.