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Dengue Fever Outbreak Situation Report in Samoa

Epi-week 42: 13th -19th October 2025

Issue No. 27

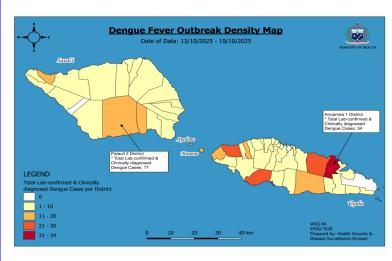
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Weekly Summary (13th—19th October 2025)

Number of New Cases	Difference compared to previous week for New cases (%)	Number of new admissions	Difference com- pared to previous week for New admissions (%)	Number of lab confirmed cases	Difference compared to previous week for lab confirmed cases (%)	New ICU admissions	Number of Deaths
331	+ 10.7%	21	- 4.6%	74	+ 21.3%	0	0



Epi Week 41 (6–12 Oct 2025)	Epi Week 42 Cases (13–19 Oct 2025)		Cases	Table 1.0: Comparison table of the top 5 districts with the		
Aana Alofi 4	24	Anoamaa 1	34	most number of cases of the current Epi-Week and the week before.		
Palauli 1	21	Anoamaa 2	28			
Vaisigano 1	19	Aana Alofi 4	27			
Anoamaa 2	13	Safata 1	21			
Aiga I le Tai	13	Palauli 2	17			

Figure 1.0. Districts with the most lab-confirmed and clinically diagnosed dengue Cases for Upolu and Savaii

Summary of the Year to Date (1st January 2025 - Present)

Total Clinically	Total Lab-Confirmed	Confirmed Dengue	Age Group Most	Reported Dengue-	Geographic	Sex Distribution
Diagnosed Cases	Cases	Virus Serotypes	Affected	Related Deaths	Distribution	
15,339	4,436	91% DENV-1 9% DENV-2	<15 years (74%)	7 (to date)	64% of cases from Upolu 36% of cases from Savaii	54% Male 46% Female

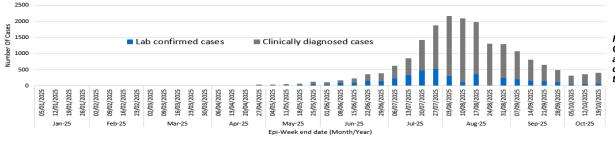


Figure 2.0. Number of Clinically diagnosed and lab-confirmed cases, January 2025 to date

Age Group	0-4 years	5-9 years	10-14 years	15-19 years	20+ years
Cases this Epi Week	2	48	13	2	9
Changes since previous Epi -Week (%)	- 86%	+ 153%	-19%	0%	-10%
Cases since 1 Jan 2025	574	1364	1365	668	497
Female	257	652	594	302	261
Male	317	712	771	363	236

Table 2.0: Lab confirmed cases by age group

Control Measures:

- 1. Community awareness activities were held across villages, led by the Ministry of Women, MNRE, and MOH to promote the Aiga ma Nu'u Manuia Strategy and strengthen local prevention efforts.
- 2. Multimedia outreach continues via TV, radio, and MOH's Face-book page.
- 3. A KAP survey by MOH and UNICEF with 400+ participants (mainly from North West and urban Upolu) showed significantly improved knowledge and awareness of dengue compared to 2024. Perceived risk of dengue severity also increased, highlighting a key opportunity for RCCE to promote protective behaviors

Recommendation for the public:

- 1. Continue to promote source reduction through environmental clean ups to address mosquito breeding sites
- 2. Wear appropriate clothing to minimize risk of infection
- 3. Use mosquito nets and repellents such as lotion and spray
- 4. If you are affected, watch out for severe symptoms, and seek medical attention immediately. Monitor other people in the household for similar symptoms and present to the hospital for testing and health advice.

Case definition

\Rightarrow Clinical case

Acute fever ≥38oC for at least 2 days, AND two or more of the following: Anorexia and nausea; Aches and pains; Rash; Low white blood cell count; Warning signs, including: Abdominal pain or tenderness, Persistent vomiting, Mucosal bleeding, Liver enlargement >2cm below costal margin, Clinical evidence of fluid accumulation, Lethargy, restlessness, Laboratory: increase in hematocrit, rapid decrease in platelet count

\Rightarrow Lab-Confirmed case

Isolation of dengue virus or detection of dengue-specific antigen or antibodies in tissue, blood, CSF or other body fluid by an advanced laboratory test

When is an outbreak declared over?

An outbreak is declared over when no new **laboratory confirmed cases** are detected within **two incubation periods of the disease** (one incubation period is 14 days). Therefore, a total of 28 days without any new laboratory confirmed cases is required to declare an outbreak over.

- For medical advise, please contact the Ministry of Health on +685 68100 or +685 66600, or visit the nearest hospital
- Dengue situational reports are posted on the MOH Facebook page and MOH website: www.health.gov.ws