



# Syndromic Surveillance Report

Epi-week 09: 23<sup>rd</sup> February – 01<sup>st</sup> March 2026

Date of report: 02<sup>nd</sup> March 2026

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New information in blue

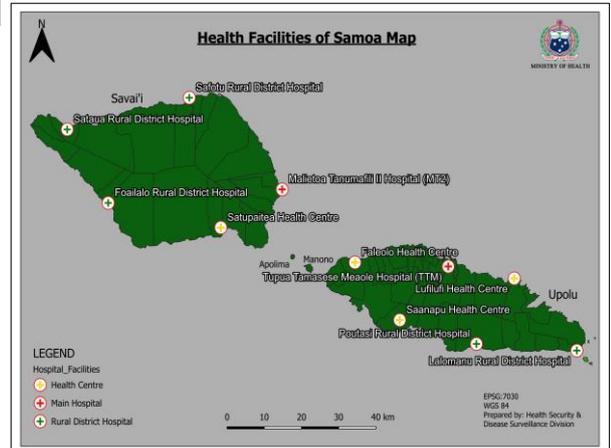
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## List of Syndromes monitored under the Syndromic Surveillance

- |                                       |                       |
|---------------------------------------|-----------------------|
| 1. Dengue like illness                | 4. Diarrhoea          |
| 2. Influenza like illness             | 5. Acute Fever & Rash |
| 3. Severe acute respiratory infection | 6. Prolonged fever    |



## Public Awareness & Recommendations (Healthcare staff)

### GENERAL PUBLIC AWARENESS:

- Encourage vaccinations & boosters for unvaccinated individuals, and keep infant vaccination book up to date.
- Eliminate mosquito breeding sites, use insect repellent, utilize mosquito nets & promote a sanitary environment.
- Promote hand washing, sanitizer use, wearing a mask and encourage boiling water during rainy season.
- If you are feeling sick, stay home to prevent the spreading of disease and see a doctor immediately if your symptoms get worse.
- Help us help you, share your correct village & contact number so we can respond quickly and effectively

### RECOMMENDATIONS FOR HEALTHCARE STAFF:

- Encourage timely reporting for early detection of any communicable disease outbreaks.
- Ensure the syndrome case definition aligns with the patient's presenting symptoms for accurate reporting
- Encourage specimen collection to support confirmatory diagnosis, especially for AFR (e.g., measles, rubella, HFMD), DLI (e.g., dengue, chikungunya), ILI (e.g., COVID-19, influenza) and other syndromes.
- Ensure all staff are aware of the reporting mechanism in place. For e.g., calling in or reporting on the district hospitals messenger group chat.
- Remind staff (Clinical & Records) to always ask for working phone numbers and current addresses. These details are essential for field epidemiological investigations.

## Reporting matrix from health facilities, 23<sup>rd</sup> February – 01<sup>st</sup> March 2026

Outstanding Reports for epi-week 09							
Health Facility	23-Feb-26	24-Feb-26	25-Feb-26	26-Feb-26	27-Feb-26	28-Feb-26	01-Mar-26
TTMH	Reported						
Lufilufi	Reported						
Lalomanu	Reported						
Poutasi	Reported						
Saanapu	Reported						
Faleolo	Reported						
MTII	Pending report						
Foailalo	Reported						
Sataua	Reported						
Safotu	Reported						
Satupaitea	Reported						

- Total number of sites: 11
- Total reporting sites in epi-week 09: 10
- Percentage of sites reported for epi-week 09: 91%

Deadline of updates for this report: 4pm, 02<sup>nd</sup> March 2026

**Reported**

**Pending report**



## 1. Denque like illness (DLI)

**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

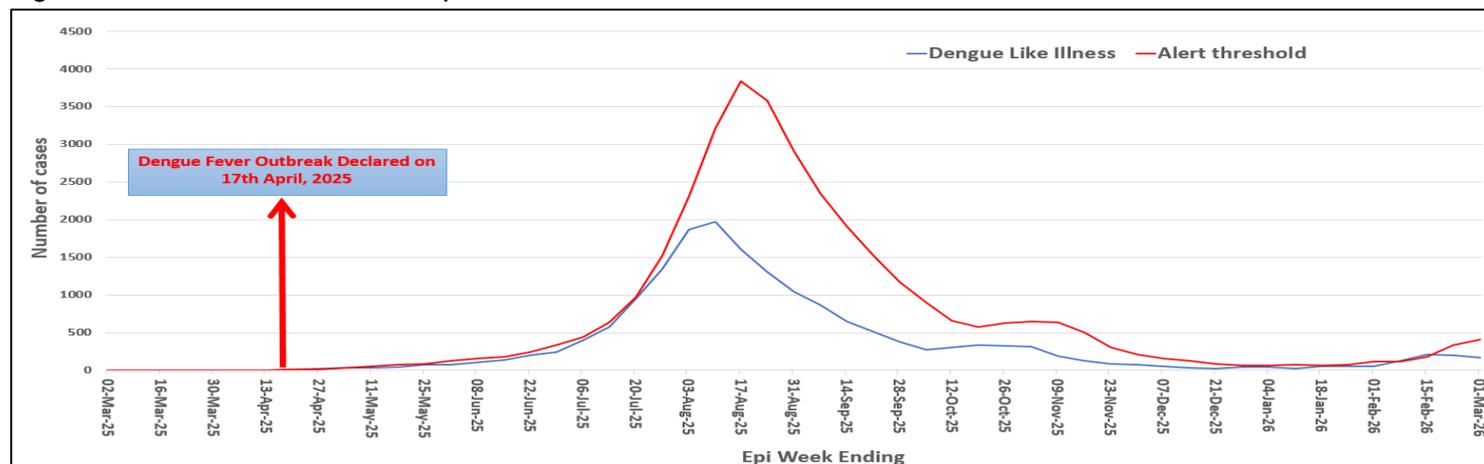
**Alert threshold:** **twice the average number of cases seen in the previous two weeks**

Epi-weeks	Epi-week 08: 16/02/26 – 22/02/26	Epi-week 09: 23/02/26 – 01/03/26
Total cases reported	200	171
Moving Average	165	203
Threshold	330	406

- The total number of DLI cases has decreased by 15% compared to the previous epi-week.
- In Epi-week 9, there were 171 DLI cases reported: 54 of which are Dengue lab-confirmed cases from TTMH Laboratory. The reported total could change once the pending reports are received.

**A Dengue Fever outbreak was declared on the 17th April 2025. We continue to advise and encourage all clinicians to collect samples for testing of all patients presenting with dengue like illnesses.**

Figure 1. Number of DLI cases reported from all Health Facilities



## 2. Influenza like illness (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

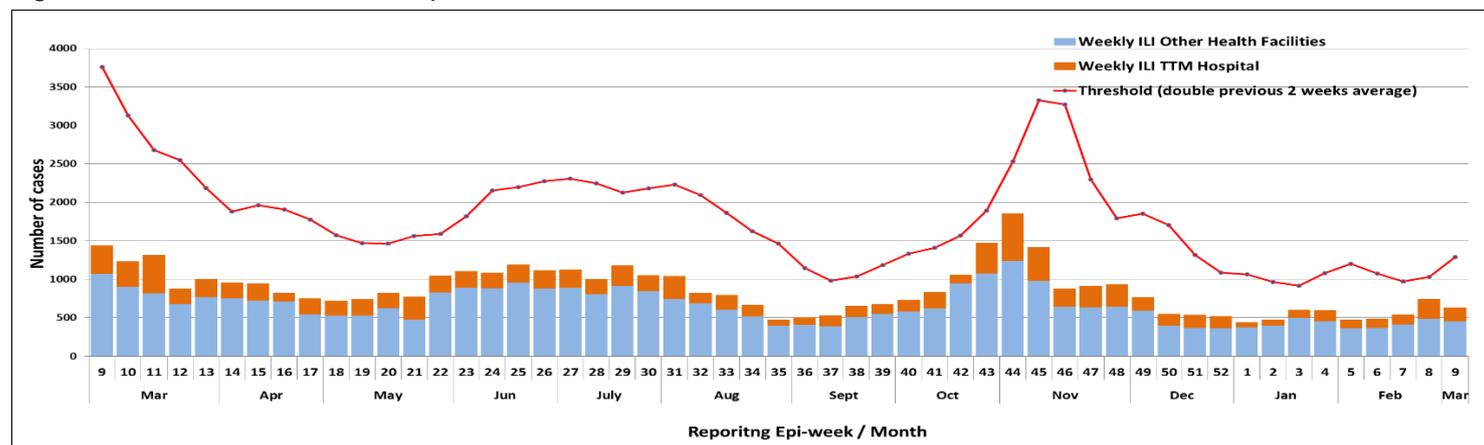
**Alert threshold:** **Exceeding double the average in the previous 2 weeks**

Epi-weeks	Epi-week 08: 16/02/26 – 22/02/26	Epi-week 09: 23/02/26 – 01/03/26
Total cases reported	745	632
Moving Average	516	644
Threshold	1032	1287

- ILI cases decreased by 15% compared to the previous epi-week & remain below the alert threshold. The total number of cases is subject to change once the pending reports are received.
- In this epi-week, 13 nasopharyngeal swabs (NPS) were collected and referred to TTMH lab.
- Of these samples, only 1 tested positive for Influenza B while the remaining tested negative.

**It is also encouraged that samples are collected for verification & confirmation of the causative agent**

Figure 2. Number of ILI cases reported from all Health Facilities



### 3. Severe acute respiratory infection (SARI)

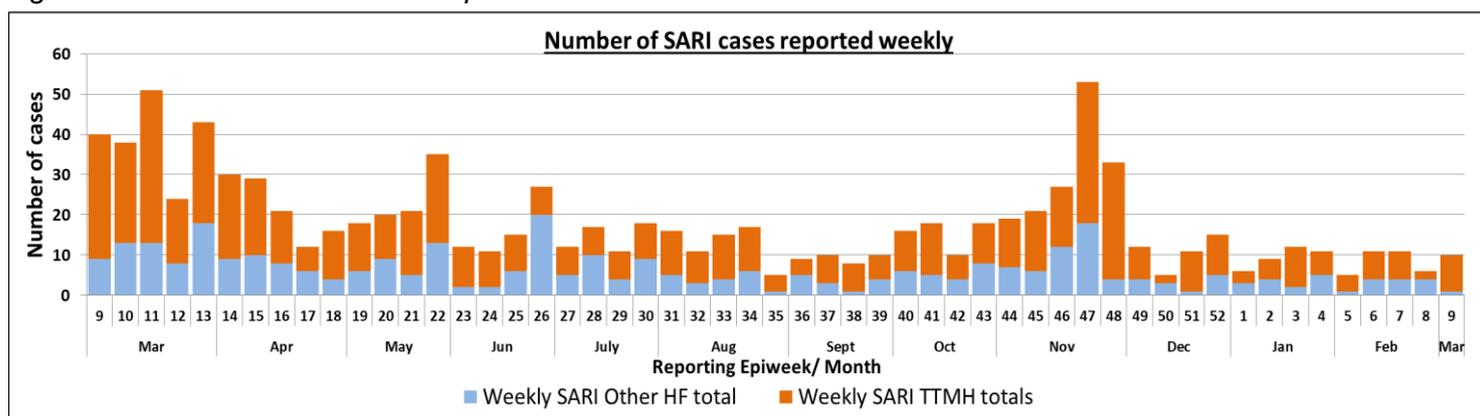
**Case Definition:** An acute respiratory infection with a history of fever or measured fever of  $\geq 38\text{ C}^\circ$  and cough, with onset within the last 10 days, AND requiring hospitalization

**Alert threshold:** 2 linked cases

Epi-weeks	Epi-week 08: 16/02/26 – 22/02/26	Epi-week 09: 23/02/26 – 01/03/26
Total cases reported	6	10
Moving Average	11	8.5
Threshold	2 linked cases	2 linked cases

- There is a 67% increase in SARI case total compared to the previous epi-week.
- Cases were reported from TTMH (9) and Safotu (1) health facilities.
- 3 of the 10 SARI cases were tested and returned negative for respiratory panel testing.
- All SARI cases were diagnosed with severe pneumonia.
- The clinical team are reminded and advised to test all SARI cases.
- An ongoing challenge is the invalid phone numbers provided. Phone contacts retrieved from PATIS is also invalid. This results in the inability to conduct initial investigation interviews.

Figure 3. Number of SARI cases reported from all health facilities



### 4. Diarrhea

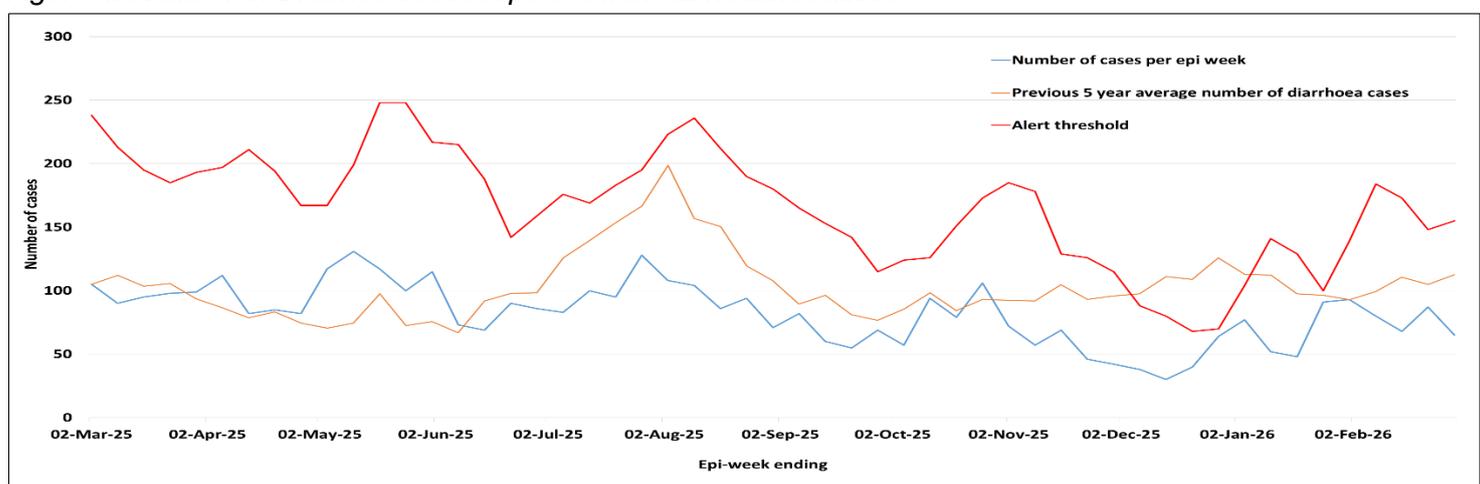
**Case Definition:** Three (3) or more loose or watery or bloody stools in 24hrs

**Alert threshold:** more than twice the average of the last two weeks count

Epi-weeks	Epi-week 08: 16/02/26 – 22/02/26	Epi-week 09: 23/02/26 – 01/03/26
Total cases reported	87	65
Moving Average	74	77.5
Threshold	148	155

- In the current epi-week, diarrheal cases have decreased by 25% compared to the previous epi-week and remain below the alert threshold.
- Case count includes additional cases detected through active case finding that were not reported through Syndromic Surveillance.

Figure 4. Number of Diarrhea cases reported from all health facilities



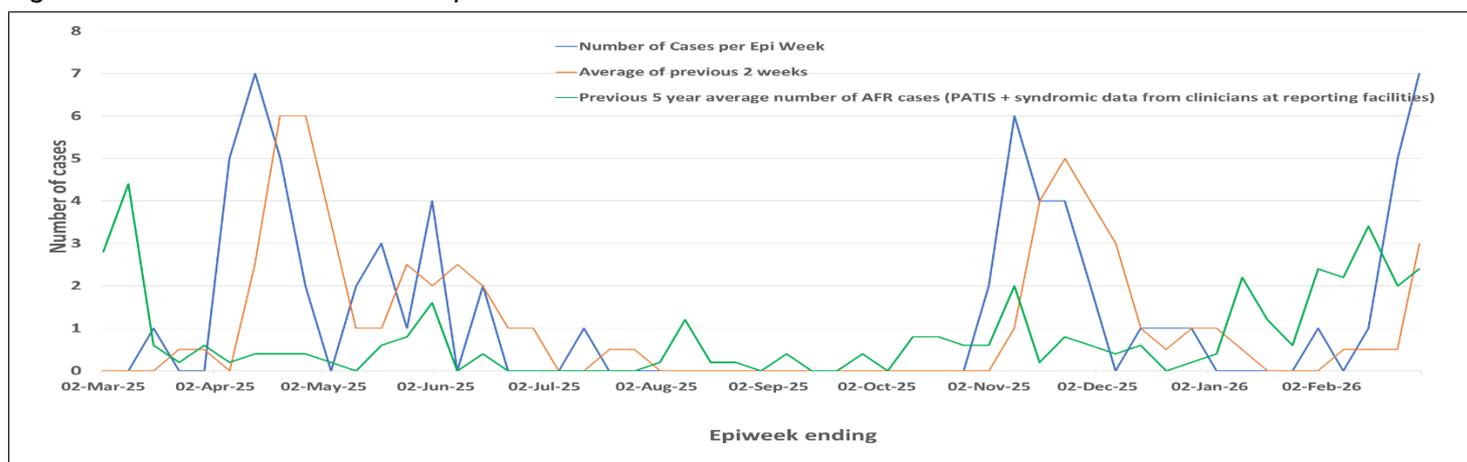
## 5. Acute fever and rash (AFR)

**Case Definition:** Sudden onset of fever ( $>38^{\circ}\text{C}$ ) AND acute non-vesicular or non-blistering rash  
**Alert threshold:** **two or more cases that temporally and epidemiologically linked**

Epi-weeks	Epi-week 08: 16/02/26 – 22/02/26	Epi-week 09: 23/02/26 – 01/03/26
Total cases reported	5	7
Moving Average	0.5	3
Threshold	$\geq 2$ linked cases	$\geq 2$ linked cases

- In epi-week 9, there were 7 reported AFR cases.
- These cases were diagnosed as suspected Hand Food Mouth Disease (HFMD) and no samples were collected for lab confirmation.
- In epi-week 8, 5 suspected HFMD were reported; however, no samples were collected for laboratory confirmation.
- Attending Physicians are encouraged to collect blood samples for suspect Measles, Rubella and HFMD cases for confirmatory testing.

Figure 5. Number of AFR cases reported from all health facilities



## 6. Prolonged fever

**Case Definition:** Fever  $\geq 38^{\circ}\text{C}$  lasting 3 or more days.

**Alert threshold:** **twice the average number of cases seen in the previous two weeks**

Epi-weeks	Epi-week 08: 16/02/26 – 22/02/26	Epi-week 09: 23/02/26 – 01/03/26
Total cases reported	0	0
Moving Average	0	0
Threshold	0	0

- No Prolonged Fever cases were reported in the current epi-week.
- Attending physicians are encouraged to strictly apply syndrome case definitions, provide a definitive diagnosis for reported AFI cases, and collect blood samples for suspected typhoid cases for confirmation

Figure 6. Number of Prolonged fever cases reported from all health facilities

