



Please address all correspondence to the Director General

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# Syndromic Surveillance Report

Epi-week 13: 23<sup>rd</sup> – 29<sup>th</sup> March 2026

Date of report: 30<sup>th</sup> March 2026

Distribution: **Internal & External use**

New information in blue

Prepared by: Health Security & Disease Surveillance Division

Email: [surveillance@health.gov.ws](mailto:surveillance@health.gov.ws)

Tel: 66506/66507

## 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    |

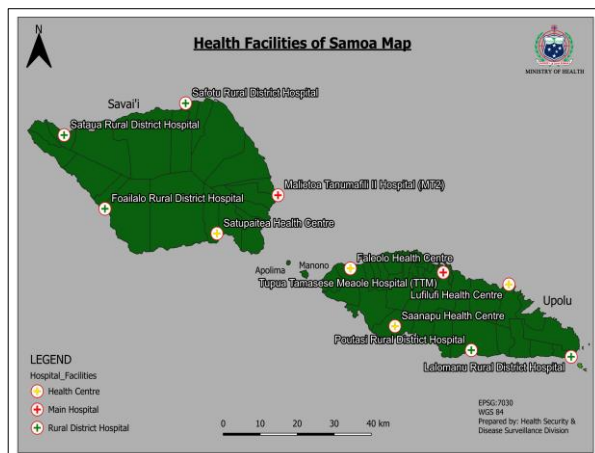
## Public Awareness & Recommendations (Healthcare staff)

### 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> – 29<sup>th</sup> March 2026

Outstanding Reports for epi-week 13							
Health Facility	23-Mar-26	24-Mar-26	25-Mar-26	26-Mar-26	27-Mar-26	28-Mar-26	29-Mar-26
TTMH	Reported	Reported	Reported	Reported	Reported	Reported	Reported
Lufilufi	Reported	Reported	Reported	Reported	Reported	Reported	Reported
Lalomanu	Reported	Reported	Reported	Reported	Reported	Reported	Reported
Poutasi	Reported	Reported	Reported	Reported	Reported	Reported	Reported
Saanapu	Reported	Reported	Reported	Reported	Reported	Reported	Reported
Faleolo	Reported	Reported	Reported	Reported	Reported	Reported	Reported
MTII	Reported	Reported	Reported	Reported	Reported	Reported	Reported
Foailalo	Reported	Reported	Reported	Reported	Reported	Reported	Reported
Sataua	Reported	Reported	Reported	Reported	Reported	Reported	Reported
Safotu	Reported	Reported	Reported	Reported	Reported	Reported	Reported
Satupaitea	Reported	Reported	Reported	Reported	Reported	Reported	Reported

- Total number of sites: 11
- Total reporting sites in epi-week 13: 11
- Percentage of sites reported for epi-week 13: 100%

Deadline of updates for this report: 4pm, 30<sup>th</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

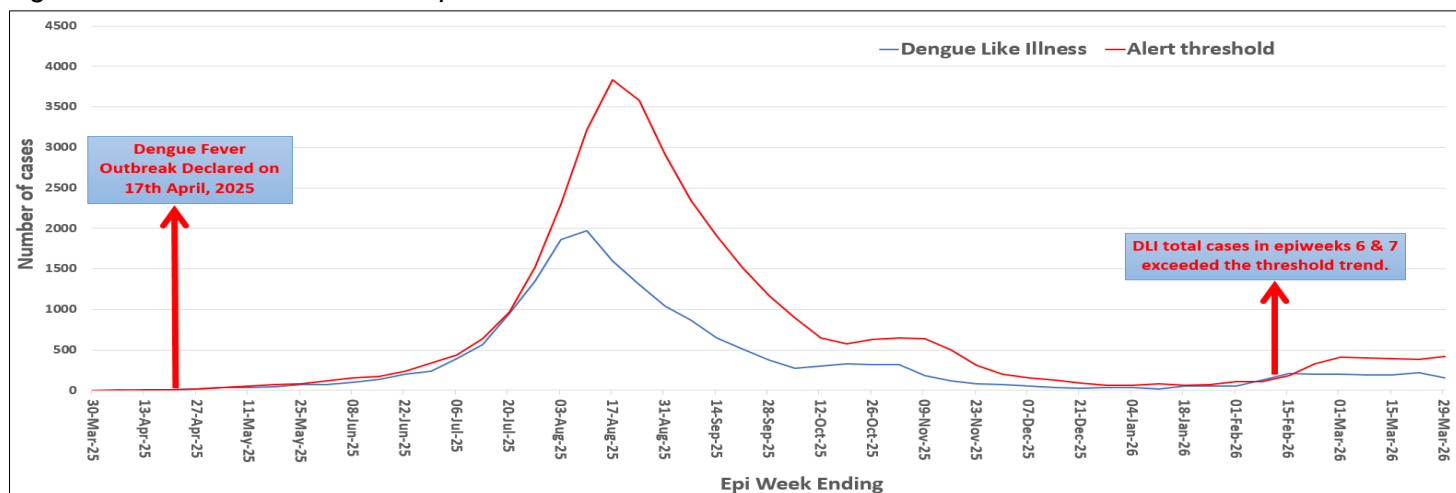
**Alert threshold:** twice the average number of cases seen in the previous two weeks

Epi-weeks	Epi-week 12: 16/03/26 – 22/03/26	Epi-week 13: 23/03/26 – 29/03/26
Total cases reported	221	154
Moving Average	193.5	208
Threshold	387	416

- The total number of DLI cases has decreased by 30% compared to the previous epi-week.
- In Epi-week 13, there were 154 DLI cases reported: 40 of which are Dengue lab-confirmed cases from TTMH Laboratory.

**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

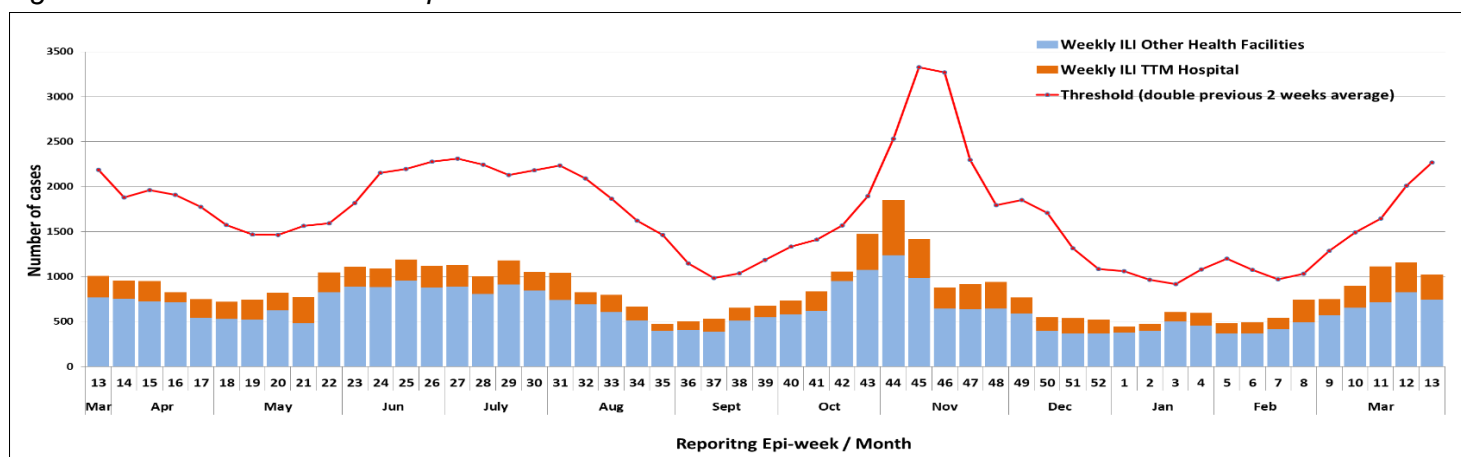
**Alert threshold:** Exceeding double the average in the previous 2 weeks

Epi-weeks	Epi-week 12: 16/03/26 – 22/03/26	Epi-week 13: 23/03/26 – 29/03/26
Total cases reported	1157	1020
Moving Average	1005	1135
Threshold	2009	2269

- ILI cases decreased by 12% compared to the previous epi-week & remain below the alert threshold.
- In this epi-week, 46 nasopharyngeal swabs (NPS) were collected and referred to TTMH lab.
- Of the 46 NPS collected, 2 were confirmed for RSV, 1 SARS-CoV-2 & remaining returned 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)

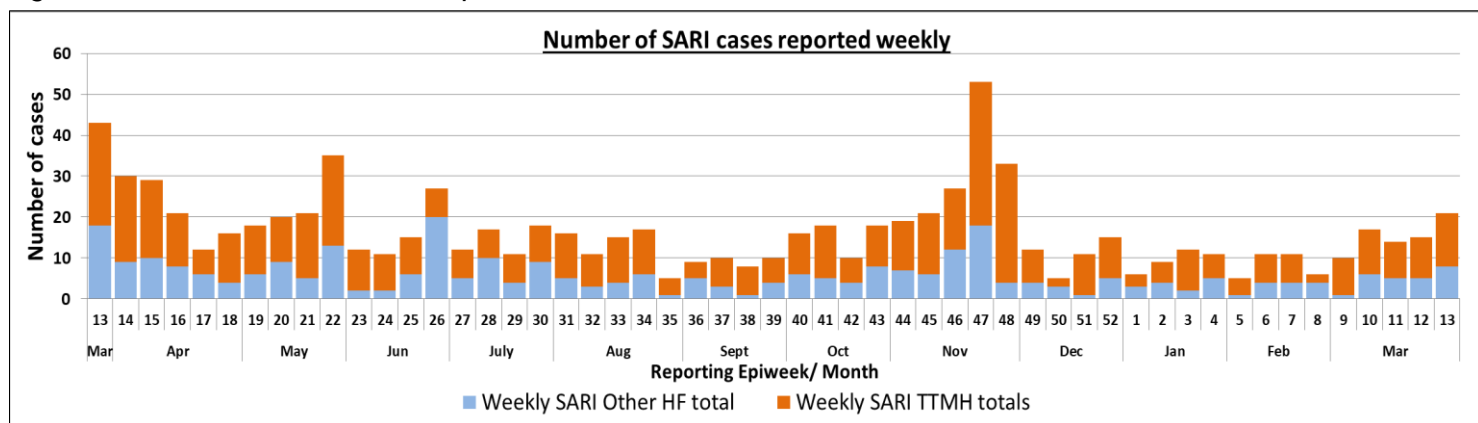
**Case Definition:** An acute respiratory infection with a history of fever or measured fever of  $\geq 38\text{ C}^\circ$  and cough, with onset within the last 10 days, AND requiring hospitalization

**Alert threshold:** 2 linked cases

Epi-weeks	Epi-week 12: 16/03/26 – 22/03/26	Epi-week 13: 23/03/26 – 29/03/26
Total cases reported	15	21
Moving Average	15.5	14.5
Threshold	2 linked cases	2 linked cases

- There is a 40% increase in SARI case total compared to the previous epi-week.
- Cases were reported from TTMH (13), Lufilufi (1), Faleolo (2) and MTHH (5) health facilities.
- 6 of the 21 SARI cases were tested; cases were from Pediatric ward. See results below:
  - 2 of these cases were tested positive for RSV and the remaining returned negative results.
- Most of the SARI cases were diagnosed with pneumonia (81%); bronchiolitis (14%) & LRTI/URTI (5%)
- **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

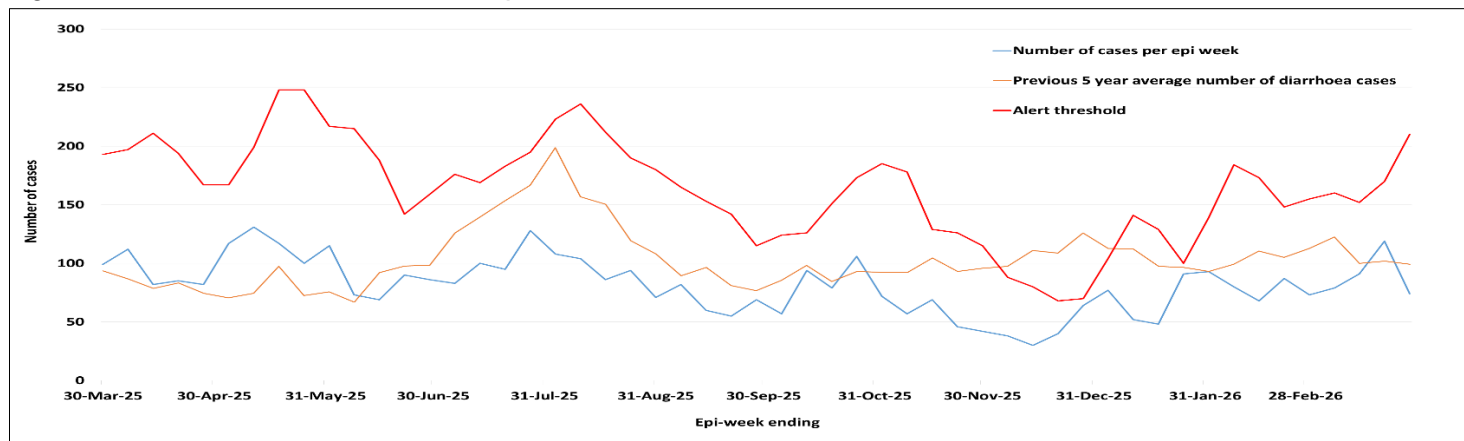
**Case Definition:** Three (3) or more loose or watery or bloody stools in 24hrs

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

Epi-weeks	Epi-week 12: 16/03/26 – 22/03/26	Epi-week 13: 23/03/26 – 29/03/26
Total cases reported	119	74
Moving Average	85	105
Threshold	170	210

- In the current epi-week, diarrheal cases have decreased by 38% 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

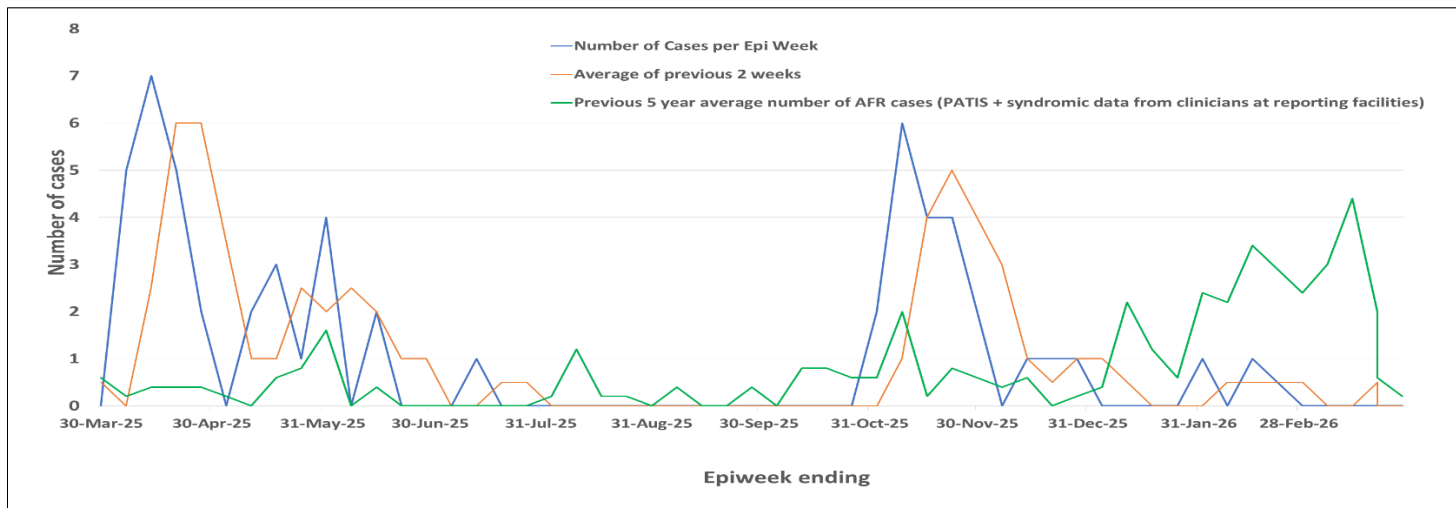


### 5. Acute fever and rash (AFR)

<b>Case Definition:</b> Sudden onset of fever (>38°C) AND acute non-vesicular or non-blistering rash		
<b>Alert threshold:</b> <b>two or more cases that temporally and epidemiologically linked</b>		
<b>Epi-weeks</b>	<b>Epi-week 12: 16/03/26 – 22/03/26</b>	<b>Epi-week 13: 23/03/26 – 29/03/26</b>
<b>Total cases reported</b>	0	0
<b>Moving Average</b>	0	0
<b>Threshold</b>	≥ 2 linked cases	≥ 2 linked cases

- In epi-week 13, there were no reported AFR cases.**
- 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

<b>Case Definition:</b> Fever ≥38°C lasting 3 or more days.		
<b>Alert threshold:</b> <b>twice the average number of cases seen in the previous two weeks</b>		
<b>Epi-weeks</b>	<b>Epi-week 12: 16/03/26 – 22/03/26</b>	<b>Epi-week 13: 23/03/26 – 29/03/26</b>
<b>Total cases reported</b>	0	0
<b>Moving Average</b>	0	0
<b>Threshold</b>	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

