Government of Samoa
Ministry of Health
Please address all correspondence to the Director General
Fa'amolemole fa'atuatusi uma feso'otaiga i le Fa'atonusili Aoao

SYNDROMIC SURVEILLANCE REPORT

Epi-week 44: 26th Oct – 01st November 2026

Email: Surveillance@health.gov.ws Tel: 66506/66507

Date of Report: 2nd November 2026
Distribution: Internal and External Use
Prepared by: Health Security & Disease Surveillance Division
New information in blue

Syndromic surveillance system is a vital public health monitoring tool that collects and analyzes health-related data in near real-time to detect unusual patterns of illness before formal diagnoses are confirmed, providing early warning of potential outbreaks and health threats. Under the Health Ordinance 1959 and in accordance with the Communicable Disease Surveillance and Control Guidelines, health professionals are mandated to report cases or clusters of notifiable diseases. This report represents a collaborative effort of all health professionals and remains a work in progress. We extend our sincere appreciation to all contributors for their commitment to strengthening communicable disease surveillance.

List of Syndromes monitored under the Syndromic Surveillance

1. Dengue like illness
2. Influenza like illness
3. Severe acute respiratory infection
4. Diarrhoea
5. Acute fever and rash
6. Prolonged fever

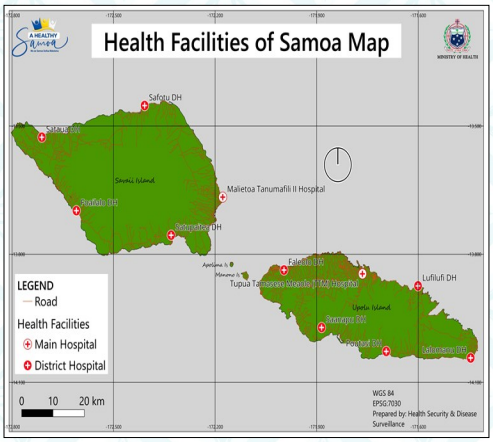


Table 1: Percentage of reported syndrome per health facilities.

Syndromes	TTMH	Lufilufi	Lalomanu	Poutasi	Saanapu	Faleolo	MTIIH	Foailalo	Sataua	Safotu	Satupaitea
DLI	0%	3%	0%	0%	0%	76%	5%	5%	%	3%	8%
ILI	36%	5%	1%	12%	7%	29%	3%	6%	%	0%	1%
SARI	48%	30%	0%	4%	0%	0%	18%	0%	%	0%	0%
AFR	0%	0%	0%	0%	0%	0%	0%	0%	%	0%	0%
Diarrhoea	27%	9%	6%	14%	6%	26%	5%	1%	%	6%	0%
PF	0%	0%	0%	0%	0%	0%	0%	0%	%	0%	0%

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 messenger group chat.
* Reminder for Clinical & Records staff to always ask for working phone numbers and current addresses. These details are essential for field epidemiological investigations.

Table 3: Reporting matrix from health facilities, 26 Oct – 01 Nov 2026

Outstanding Reports for epi-week 44							
Health Facility	26-Oct-26	27-Oct-26	28-Oct-26	29-Oct-26	30-Oct-26	31-Oct-26	01-Nov-26
TTMH							
Lufilufi							
Lalomanu							
Poutasi							
Saanapu							
Faleolo							
MTII							
Foailalo							
Sataua							
Safotu							
Satupaitea							

Total number of sites: 11

Total reporting sites: 9

Percentage of sites reported: 82%

Deadline for Report Updates: **4pm, 2nd November 2026**

Reported **Pending Report**

1. Dengue like-illness

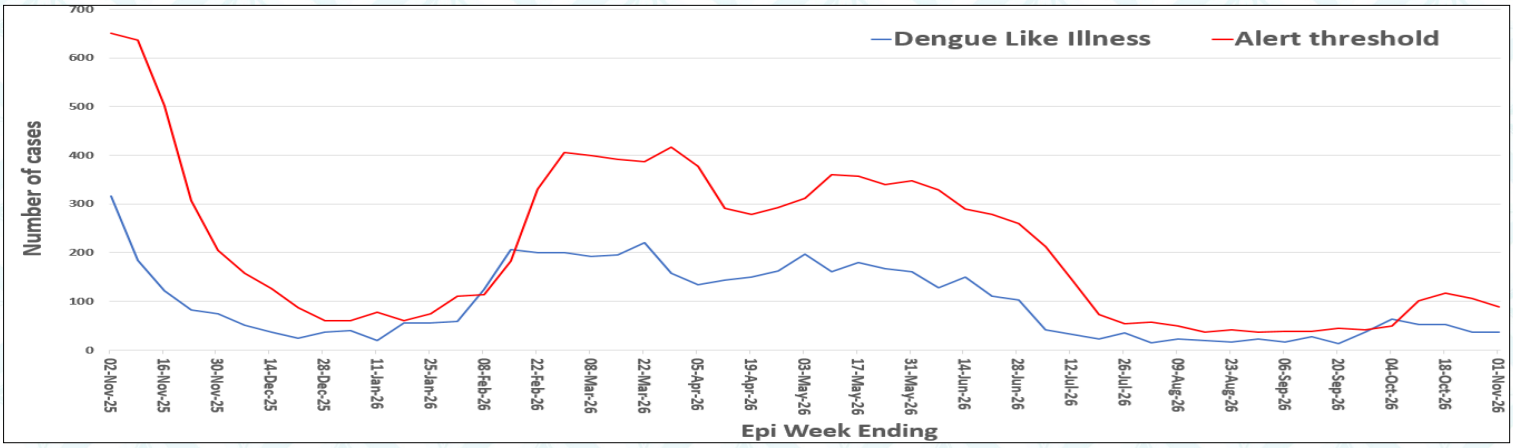
Case Definition: Fever (≥38◦C) for at least 2 days, PLUS at least 2 of the following: Nausea or vomiting; Muscle or joint pain; Severe headache or pain behind the eyes; Rash; bleeding
Alert Threshold: Twice the average number of cases seen in the previous two weeks

Epi-weeks	Epi-week 43: 19/10/26 - 25/10/26	Epi-week 44: 26/10/26 - 01/11/26
Total Cases reported	36	37
Moving Average	53	44.5
Threshold	106	89

- **The total number of DLI cases have increases by 3% compared to the previous epi-week.**
- **In Epi-week 44, there were 37 DLI cases reported; 1 lab confirmed case from our 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

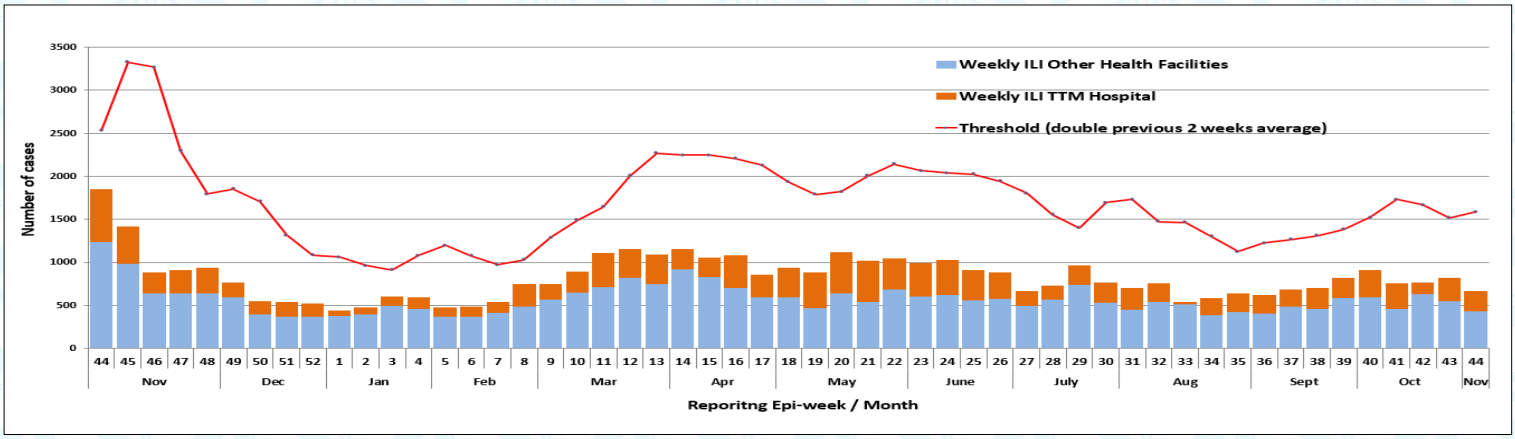
Case Definition: An acute respiratory infection with a history of fever or measured fever of ≥ 38 C° and cough, with onset within the last 10 days
Alert threshold: **Exceeding double the average in the previous 2 weeks**

Epi-weeks	Epi-week 43: 19/10/26 - 25/10/26	Epi-week 44: 26/10/26 - 01/11/26
Total Cases reported	822	669
Moving Average	760	793
Threshold	1519	1585

- **ILI cases have decreased by 19% compared to the previous epi-week & remain below the alert threshold.**
- **In this epi-week, 34 nasopharyngeal swabs (NPS) were collected and referred to TTMH lab.**
- **Of the 34 NPS tested, 5 were Influenza A and the remaining returned negative results.**

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



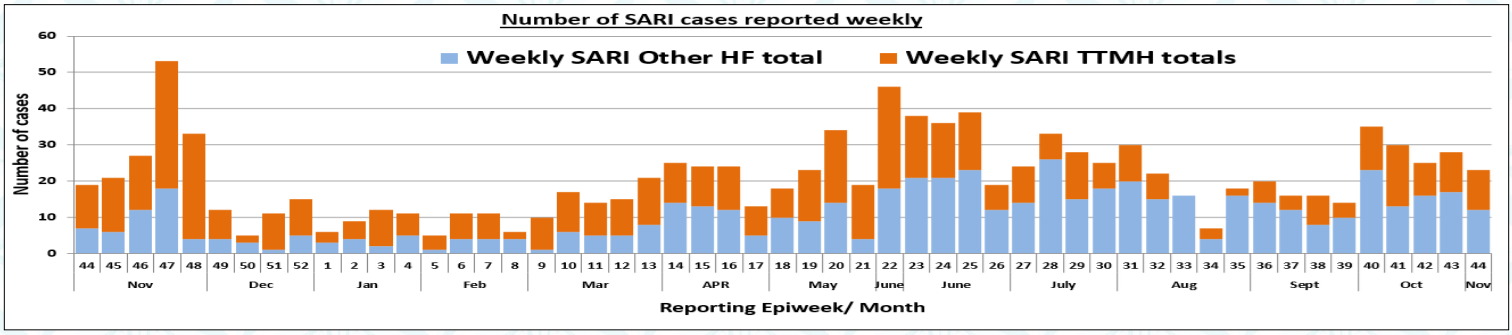
3. Severe acute respiratory infection (SARI)

Case Definition: An acute respiratory infection with a history of fever or measured fever of ≥ 38 C° and cough, with onset within the last 10 days, AND requiring hospitalization
Alert threshold: 2 linked cases

Epi-weeks	Epi-week 43: 19/10/26 - 25/10/26	Epi-week 44: 26/10/26 - 01/11/26
Total Cases reported	28	23
Moving Average	27.5	26.5
Threshold	2 linked cases	2 linked cases

- SARI cases have decreased by 18% compared to previous epi week.
- Cases were from TTMH (11), Lufilufi (7), Poutasi (1) and MTII (4) hospitals.
- 15 of the 23 SARI cases were tested; cases were from Pediatric ward, APCC, ED & MTII. See results below:
  - 3 of these cases were Influenza A and the rest returned negative results.
- Most of the SARI cases were diagnosed with pneumonia (65%); bronchiolitis (26%) & LRTI/URTI (9%).
- 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.
- The clinical team are reminded and advised to test all SARI cases.

Figure 3. Number of SARI cases reported from all Health Facilities



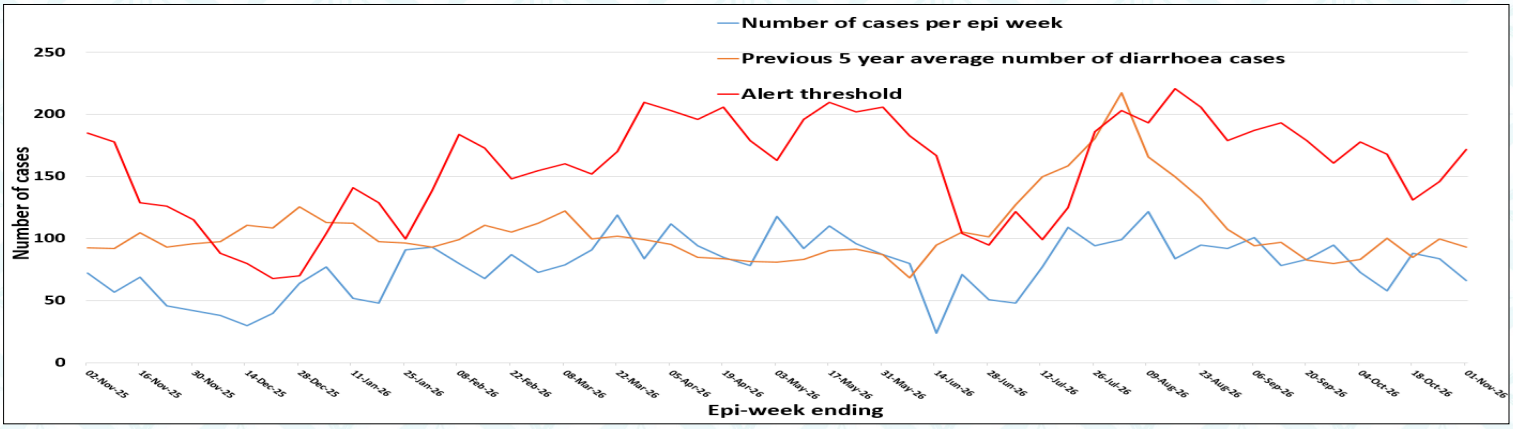
4. Diarrhea

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 43: 19/10/26 - 25/10/26	Epi-week 44: 26/10/26 - 01/11/26
Total Cases reported	84	66
Moving Average	73	86
Threshold	146	172

- In the current epi-week, diarrheal cases decreased by 21% 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

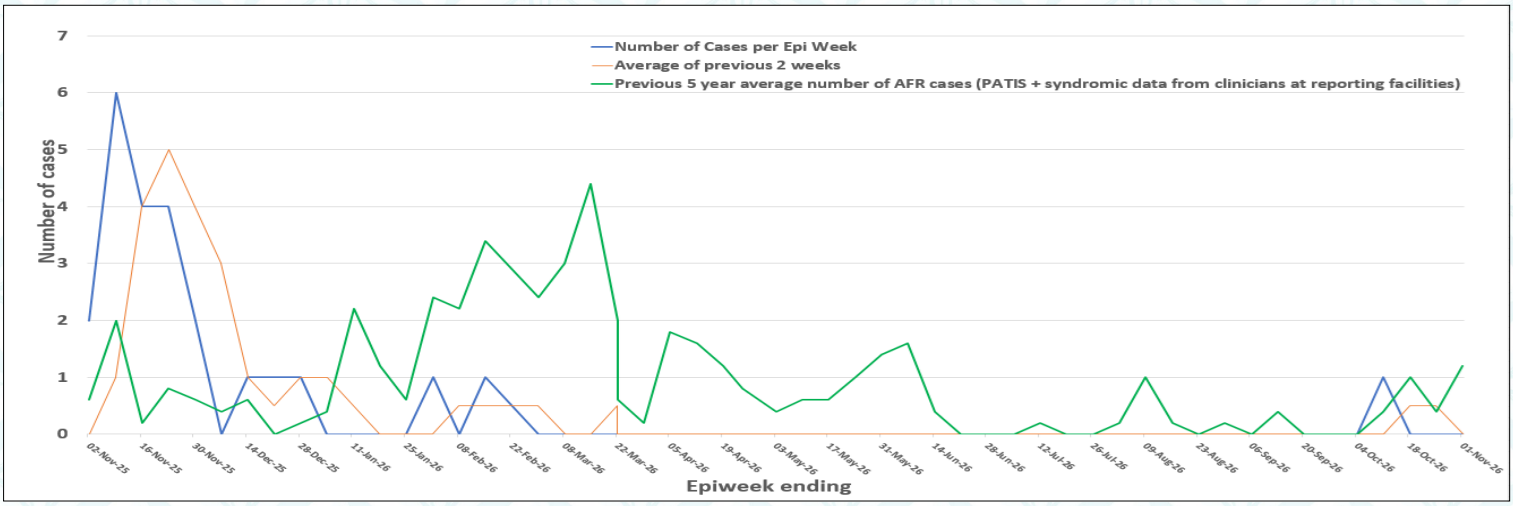


5. Acute fever and rash (AFR)

Case Definition: Sudden onset of fever (>38◦C) AND acute non-vesicular or non-blistering rash **Alert threshold: Two or more cases that temporally and epidemiologically linked**		
Epi-weeks	**Epi-week 43: 19/10/26 - 25/10/26**	**Epi-week 44: 26/10/26 - 01/11/26**
Total Cases reported	**0**	**0**
Moving Average	**0**	**0.5**
Threshold	**≥ 2 linked cases**	**≥ 2 linked cases**

- **In epi-week 44 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 (PF)

Case Definition: Fever ≥38◦C lasting 3 or more days. **Alert threshold: Twice the average number of cases seen in the previous two weeks**		
Epi-weeks	**Epi-week 43: 19/10/26 - 25/10/26**	**Epi-week 44: 26/10/26 - 01/11/26**
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

