

FESTPAC DAILY SURVEILLANCE SITUATIONAL REPORT

NUMBER 14 | 5 June 2016 | for surveillance activity on Saturday 4th June 2016

Guam Department of Public Health and Social Services | <http://dphss.guam.gov/>



Pacific Community
Communauté du Pacifique

I. KEY FINDINGS – All Surveillance

- No outbreaks detected.
- 4 out of 7 surveillance sites reported syndromes and encounters (none from GRMC, NRCHC and SRCHC).
 - ILI remains the most frequent syndrome; reported in approximately one-sixth of all encounters.
 - Public health follow-up on ILI ongoing.
 - Follow-up initiated on a case with ILI and fever and jaundice case seen at FHP.
 - Number of cases with heat-related illness syndrome increased from 2 to 8, representing 80% and 75% of all syndromes reported from GMHA and Paseo, respectively.
 - Diarrhoea fluctuating between 1 and 2 percent of daily encounters. No foodborne illness reported.
 - 1 unusual event reported in a case seen at GMHA for foot injury.
 - 3 (10%) of syndromes in international visitors/delegates.
 - 32 cases reported a single syndrome with 1 case reporting more than 1 syndrome.

Respiratory Diseases (13.5% encounters)

- ↑ 20 ILI syndrome cases increased from 15 previously.
- All ILI cases reported from sentinel sites.

Arboviral Diseases (0% encounters)

- ↓ no cases reduced from 2 previously.

Food/waterborne Diseases (1% of encounters)

- ↓ 1 diarrhoea and no foodborne cases from 3 diarrhoea cases previously.

Event-based Surveillance

- 1 report received and verified.

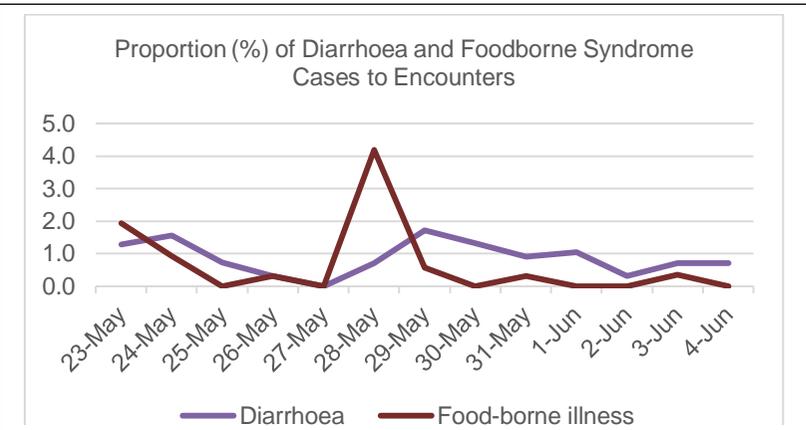
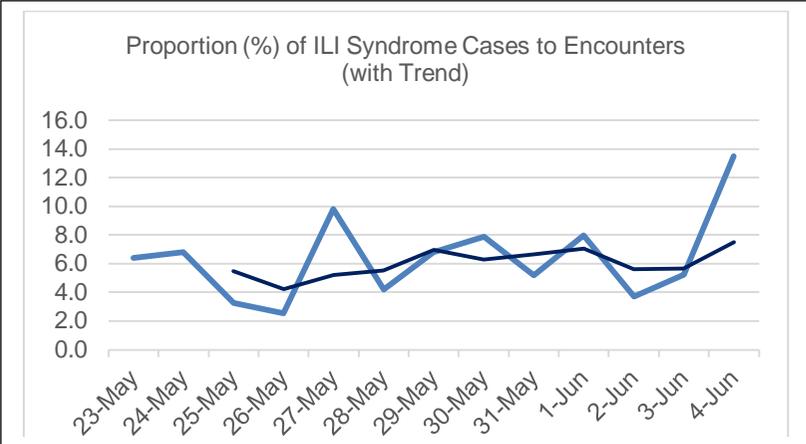
II. SENTINEL SITE REPORTING 4 of 7 active sentinel sites reported (57%)

SYNDROMES	Total	%	GMHA	GRMC	Naval	FHP	NRCHC	SRCHC	Paseo
ILI	20	13.5	0		4	15			1
AFR	2	1.4	0		0	2			0
DLI	0	0.0	0		0	0			0
Diarrhoea	1	0.7	0		1	0			0
Prolonged fever	0	0.0	0		0	0			0
Fever and jaundice	1	0.7	0		0	1			0
Acute fever and neurological	0	0.0	0		0	0			0
Food-borne illness	0	0.0	0		0	0			0
Heat-related illness	8	5.4	4		1	0			3
Any unusual health event	1	0.7	1		0	0			0
Total syndromes	33		5		6	18			4
Total encounters	148		37		43	57			11
% of syndromes	22.3		13.5		14.0	31.6			36.4

Abbreviations: ILI: influenza-like illness; AFR: acute fever and rash; DLI: dengue-like illness; GMHA: Guam Memorial Hospital Authority; GRMC: Guam Regional Medical City; NRCHC: Northern Regional Community Health Center; SRCHC: Southern Regional Community Health Center; PH: Public Health.

Notes: Grey cells are sites that did not report for the day. Orange cells are an increase over the previous day, Green cells for a decrease, Red cells high, White cells no change

IIa. Epicurves for ILI, Foodborne illness and Diarrhoea



III. LABORATORY-BASED SURVEILLANCE

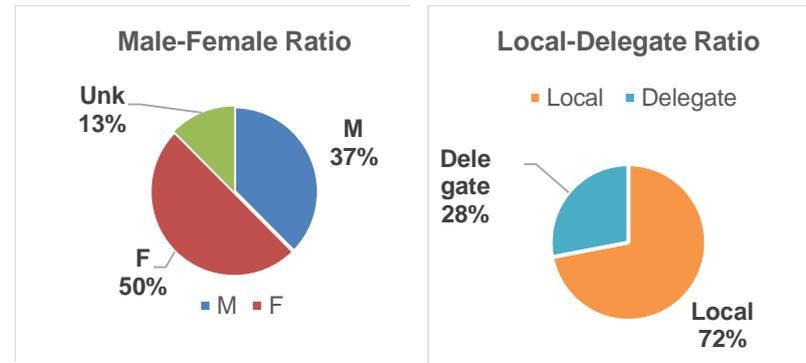
- Sample collection and testing performed for influenza. One case positive for influenza A (H1N1).
- Nasopharyngeal and viral transport medium kits are available for immediate use.

IV. LODGING SITE SURVEILLANCE

- Site visits not undertaken today; however, daily visits will continue to all sites still hosting delegates from Monday, June 6.

V. SENTINEL SITE (SYNDROME) CASE DISTRIBUTION

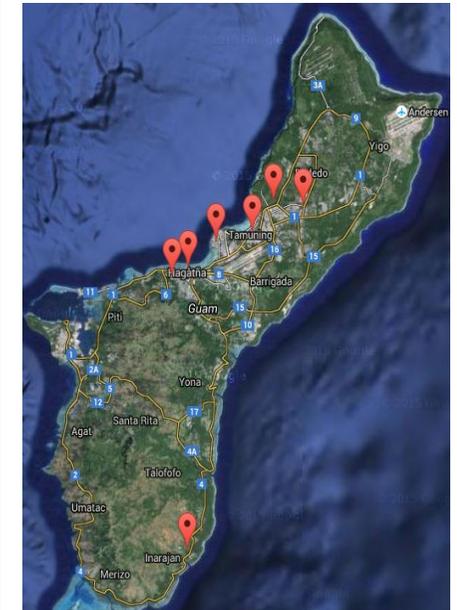
	Median	Range
Age	29 years	6 – 70 years



VI. EVENT COMMUNITY HEALTH OUTREACH (ECHO) ACTIVITY

- Activities at lodging sites, including practical demonstrations of hand washing and hand hygiene, will resume from Monday, June 6.

VII. SENTINEL SITE LOCATIONS



VIII. REGIONAL SURVEILLANCE OF RELEVANCE TO FESTPAC

- High and increasing numbers of diarrhoea reported in Fiji.
- High but decreasing diarrhoea reported in Vanuatu.
- High and increasing ILI reported in Fiji, New Caledonia, Marshall Islands, Vanuatu, FSM, Tonga
- In Guam ILI & upper respiratory tract infections low but trending up for the last week.
- Dengue fever reported in Papua New Guinea, Solomon Islands, New Caledonia, Samoa, and French Polynesia.
- Conjunctivitis reported in Marshall Islands, Nauru, Kiribati, Tonga and French Polynesia.
- Zika reported in FSM, Fiji, American Samoa, Samoa and Tonga, with Chikungunya in Fiji.

IX. PUBLIC HEALTH RESPONSE

- Closed out investigation on case positive for influenza A (H1N1) after prompt epidemiological investigation, laboratory confirmation, and infection control response.