



POHNPEI COMMUNICABLE DISEASE WEEKLY REPORT

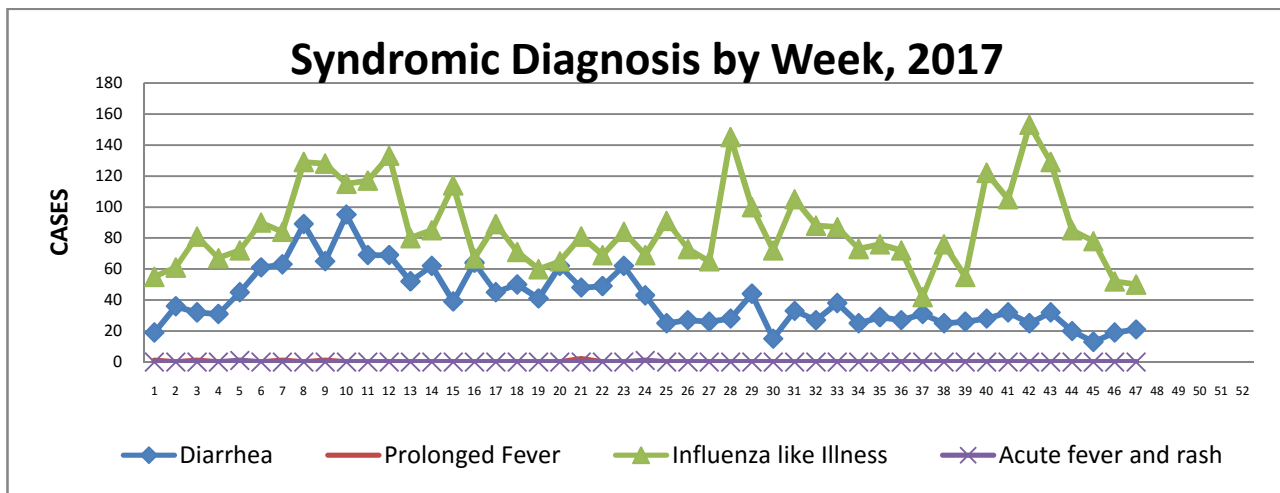
REPORT FOR EPI WEEK 47 (November 20 - 26, 2017)
 PREPARED BY Pohnpei EpiNet Team

BACKGROUND

Communicable Disease Surveillance System (CDSS) in Pohnpei State is used to detect disease outbreaks early and respond to them quickly. Data from sentinel sites (hospitals and dispensaries) are collected on four syndromes (acute fever and rash, prolonged fever, influenza-like illness, and diarrhea) which cover major outbreak-prone infectious diseases that are important to Pohnpei. Additionally, notifiable disease reports, PacNet reports, event based reports also feeds into this report. This functional and timely infectious disease surveillance system is used in all 4 FSM states and over 20 Pacific countries.

WEEKLY SURVEILLANCE DATA

The number of cases, by week and sentinel sites are provided in the below graphs and tables.



New Syndrome Cases by Week: Pohnpei, FSM, 2017

SYNDROMES	Last Week (46)	This Week (47)	Threshold for Action (State-wide)	Trends
Influenza-like illness	52	50	≥110	Decreased
Diarrhea	19	21	≥46	Slightly Increased
Acute fever and rash	0	0	≥1	No change
Prolonged fever	0	0	≥1	No change

New Syndrome cases by Sentinel Sites: Pohnpei, FSM, 2017

	PSH	Genesis	CHC	Pohnlangas	Lukop	Wone	Sokehs	Medpharm	BCHC	Total
No. of encounters	533	442	525	NR	75	34	58	24	NR	1691
No. of syndromes	52	6	8	NR	5	0	0	0	NR	71
AFR	0	0	0	NR	0	0	0	0	NR	0
Diarrhea	15	1	2	NR	3	0	0	0	NR	21
ILI	37	5	6	NR	2	0	0	0	NR	50
Prolonged Fever	0	0	0	NR	0	0	0	0	NR	0

Abbreviations: NR, No Report; CHC, Pohnpei Community Health Center; PSH, Pohnpei State Hospital; BCHC, Berysin's CHC; PFHC, Pohnpei Family Health Clinic; AFR, Acute fever and rash; and ILI, Influenza like-illness.

New Laboratory Confirmed Reportable Disease Cases for Week 47: Pohnpei, FSM, 2017

LABORATORY SURVEILLANCE STATS – November 20 - 26, 2017

TESTS	COUNTS
HIV	0
TB	0
GONORRHEA	0
SYPHILLIS (CONFIRMED)	2
LEPTOSPIRA	0
DENGUE	0
ZIKA	0
Influenza	0
Salmonella	0
DRUG RESISTANT ISOLATES	
Methicillin Resistant Staph aureas (MRSA)	0
Extended Spectrum Beta Lactamase (ESBL)	0

IMPORTANT LOCAL and REGIONAL COMMUNICABLE DISEASE NEWS

Please find attached the Pacific Syndromic Surveillance report for week 47 ending 26 November, 2017.

There have not been any syndromes flagged for the reporting week 47.

Other updates:

Dengue

- A dengue outbreak is ongoing in **Wallis and Futuna**. Clean up of communities to eradicate mosquito breeding sites is ongoing. As of 6 November there have been 7 confirmed cases, of which two have had dengue serotype-1 identified. Source: Health Agency Wallis and Futuna
- There is an ongoing dengue-serotype 2 outbreak in **Samoa**

Mumps

- **Marshall Islands:** As of November 19, 2017 there have been 1204 suspected mumps cases of which 38 are confirmed and 1166 are probable cases. Of the total, 926 are on Majuro and 278 on Ebeye, Kwajalein. Most cases are among school children ages 10-14 and 15-19. The outbreak is now spreading in the outer Islands: Outer Islands office Health Center reported unusual Mumps suspected cases total of 244. Source: RMI Mumps Sit Rep 19 Nov 2017

Hospital Based Active Surveillance:

Cases	No. of Cases
Acute Flaccid Paralysis	0
Acute Fever and Rash	0
Neonatal Tetanus	0

Note: HBAS is reported on a monthly basis.

Event Based Surveillance: No report

COMMENTS:

- All syndromes for week 47 are below our threshold for action.
- There has been no suspected mumps cases encountered for weeks now. Result for serum sample sent to CDC for further testing still pending.
- A suspected mumps case definition: **Localized swelling near the jaw or ear that is not explained by a more likely diagnosis. OR travel history off-island to places with known mumps outbreaks within 3 weeks before onset of symptoms. OR contacts of mumps cases with fever or body aches.**
- A suspected zika case definition: **Rahs AND/OR Fever AND anyretro-orbital pain, arthritis, nonpurulent conjunctivitis, body aches, edema, headache, or malaise.**
- A suspected dengue case definition: **An acute fever that last more than 2 days with two or more of the following: anorexia and nausea, aches, and pains, rash, low WBC count (<4000/ml). Warning signs: abdominal pain, vomiting, mucosal bleed/petechiae, lethargy, clinical fluid acuumulation, enlarged liver.**

For any questions or comments, please contact Dr. Eliaser Johnson, Division of Primary Health Care, Pohnpei State at ejohnson@fsmhealth.fm or Ardina George at ageorge@fsmhealth.fm