

POHNPEI COMMUNICABLE DISEASE WEEKLY BULLETIN



REPORTING FOR WEEK: 7 (February 11-17, 2019)

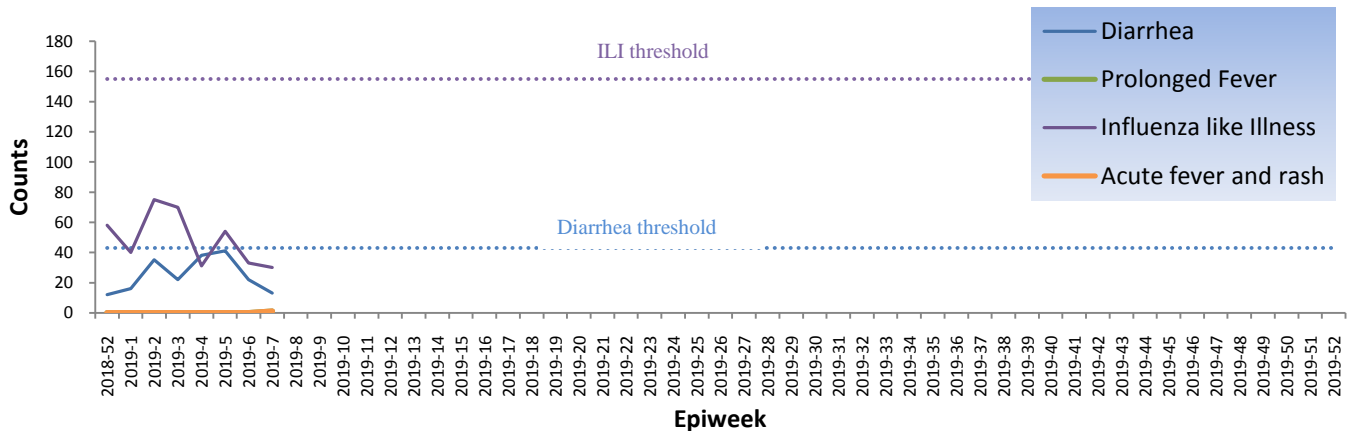


BACKGROUND

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, 2019

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



New Syndrome Cases by Week: Pohnpei, FSM 2019

SYNDROMES	Last Week (6)	This Week (7)	Threshold for Action* (State-wide)	Trends by proportion
Influenza-like illness	33 (1.8%)**	30 (1.5%)**	≥155	Decreased
Diarrhea	22 (1.2%)**	13 (0.7%)**	≥43	Decreased
Acute fever and rash	0	1	≥1	Increased
Prolonged fever	0	1	≥1	Increased

*Thresholds were recalculated on January 12, 2018 based on syndromes from the last six months of 2017 ** proportion of syndromes to all encounters

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

	PSH	Genesis	CHC	Pohnlangas	Lukop	Wone	Sokehs	Medpharm	Total
No. of encounters	533	435	638	107	111	NR	74	49	1947
No. of syndromes	27 (60%)	0	18 (40%)	0	0	NR	0	0	45 (2.3%)**
AFR	1	0	0	0	0	NR	0	0	1
Diarrhea	7	0	6	0	0	NR	0	0	13
ILI	18	0	12	0	0	NR	0	0	30
Prolonged Fever	1	0	0	0	0	NR	0	0	1

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.

Syndromic Data Analysis

- 7/8 sentinel sites reported this week. Syndromes accounts for 2.3% (0.8% decreased from last week) of all encounters and below thresholds for response. 60% of all syndromes are from Pohnpei State Hospital and 40% from Kolonia CHC.
- Influenza-like illness accounts for 1.5% of all encounters (0.3% reduced from previous week).
- Diarrhea accounts for 0.7% of all encounters (0.5% decreased from previous week).
- One AFR and PF cases reported from PSH. EpiNet is alerted

New Laboratory Confirmed Reportable Disease Cases for Week 7: Pohnpei, FSM 2019

TESTS	POSITIVE
HIV	0
HAV	0
HCV	0
Leptospirosis	0
TB (AFB/Xpert)	0
Leprosy (AFB)	0
Gonorrhoea (Grams)	2
Neisseria gonorrhoea (GeneXpert)	0
Salmonella typhi	0
Shigella flexneri	0

LOCAL and REGIONAL COMMUNICABLE DISEASE NEWS

The Philippines has seen an increase in measles cases, with the Department of Health declaring measles outbreaks in five regions; National Capital Region (NCR) which is Metro Manila, Region IVA, III, VI and VII. From 1 January to 9 February 2019, there have been 4302 confirmed measles cases and 70 deaths nationwide³. Approximately one in four measles cases have occurred in babies under 9 months of age. The increase of measles cases is attributed to immunisation service delivery gaps and vaccine hesitancy.

Risk to Pacific Island countries and territories

Pacific Island countries and territories (PICs) vulnerable to measles outbreaks include those:

- With low immunisation coverage (lower than 95% at the district level)
- Experiencing regular movement of tourists or overseas workers, in particular those travelling to and from measles-affected countries

WHO Advice for Pacific Island countries and territories

Measles has a long incubation period with the time from exposure to onset of symptoms of about **10 days** (range 7- 18 days) which means that international travel can be completed before an infected traveller becomes symptomatic.

Increasing immunisation coverage, targeted risk communication to public and strengthening of early warning surveillance systems is recommended.

- Clinicians should keep measles in mind when treating patients with acute fever and rash, especially if the patient has travelled internationally or has been in contact with international

travellers in the preceding 18 days. Measles transmission continues in countries in the Asia-Pacific, Africa, Americas and Europe regions.

- It is important that all PICs maintain high immunisation coverage against measles (over 95% at the district level) to prevent the re-emergence and spread of this highly infectious disease.
- Travellers to the Philippines or other measles affected country should make sure they are vaccinated against measles.
- The measles virus is exceptionally infectious and spreads easily among susceptible individuals. Infants too young to be vaccinated are at highest risk of measles. Infants and people with medical contraindications to measles vaccination are protected through herd (population) immunity when immunisation coverage rates are high. Any non-immune person (who has not been vaccinated or was vaccinated but did not develop immunity) can become infected.

For further information on measles in the Philippines, WHO has published a [Q&A](#) and measles [fact sheet](#). It is important that all PICs maintain high immunisation coverage against measles (over 95% at the district level) to prevent the re-emergence and spread of this highly transmissible disease.

Event Based Surveillance: nil

IMPORTANT DISEASES with CASES DEFINITIONS

- A suspected measles case definition: **Any person with fever and maculopapular rash (i.e. non-vesicular) and cough, coryza (i.e. runny nose) or conjunctivitis (i.e. red eyes)**
- A suspected polio case definition: **any case of acute-onset flaccid paralysis (AFP), including Guillain-Barré syndrome, in a person under 15 years of age for any reason other than severe trauma, or paralytic illness in a person of any age in which polio is suspected.** The classification “suspected case; is temporary. It should be reclassified as “probable” or discarded” within 48 hours of notification
- A suspect 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: **Rash AND/OR Fever AND any retro-orbital pain, arthritis, non-purulent 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 accumulation, enlarged liver.**

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