



Ministry of Health Commonwealth Heads of Government Daily Situation Report No.10



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Reporting period: 12:00AM 28th October-12:00AM 29th October
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INTRODUCTION

Under the Samoa Health Ordinance 1959, through the national communicable disease surveillance and control guideline, health professionals are required to report cases or clusters of notifiable diseases. The Health Security & Disease Surveillance Division coordinates surveillance and reporting on notifiable diseases. Enhanced surveillance measures, including multisource surveillance, strengthening laboratory testing and referral, monitoring at point of entry, 24/7 call center, social listening monitoring were established for CHOGM. The report was prepared as a collaborative effort of all health professionals supporting CHOGM and is a work in progress. We thank all contributors to communicable disease surveillance.

SITUATION SUMMARY

Sites

- 15 surveillance sites
 - National sentinel sites (14) began enhanced surveillance as of 7th Oct. Reporting is 12AM-12AM.
 - 1 CHOGM clinic was operational. Reporting is 6AM-6AM. 6 of 7 were discontinued as of 27th Oct 2024.
- As of 28th Oct, 15/15 surveillance sites have reported including the CHOGM ward: 100% completeness.

Consultations

- Consultations reflect the number of patients seen at each health facility/CHOGM ward.
- 839 consultations observed. 20% increase from the past 24 hours due to increase in sentinel sites reporting (13 sites in the past 24 hours).

Syndromes/Conditions

- **General Rash:** 7 cases reported from TTMH Paeds, MTHH and Leulumoega DH. Mostly chickenpox and allergies.
- **ILI:** 21% increase from the past 24 hours.
- **SARI:** 5 cases reported from TTMH ED, Leulumoega DH and Safotu DH.

Urgent Notifiable Conditions

- No suspected Mpox detected to date. Testing is available.

Table 1: Consultation per sentinel surveillance site

Sentinel Sites	Reported	No. of consultations
TTMH Paeds	✓	72
TTMH ED	✓	113
TTMH APCC	✓	159
Satupaitea HC	✓	37
Sataua DH	✓	30
Safotu DH	✓	33
Saanapu HC	✓	30
Poutasi DH	✓	18
MTHH	✓	159
Lufilufi HC	✓	31
Leulumoega DH	✓	55
Lalomanu DH	✓	47
Foailalo DH	✓	40
Faleolo HC	✓	15
CHOGM Ward	✓	0
Total		839

Table 2: Signals and events under monitoring

Date of Report	Disease/condition	Description	Risk assessed	Status
10/26/24	Prolonged cough	1 case: M/94yrs with prolonged cough for over 3 weeks and mild shortness of breath. Samples were collected for overseas referral to rule out pertussis and run the respiratory panel.	Low	Open
10/26/24	SARI	4 cases: (1) F/90yrs with unresolved pneumonia and negative COVID-19 RDT from Sataua DH; (2) M/2yrs with bronchitis pneumonia from MTHH; (3) F/44yrs with pneumonia from Satupaitea HC; (4) F/24yrs with upper respiratory tract infection (URTI). Samples collected for testing returned negative results.	Low	Closed
10/27/24	SARI	2 cases: (1) F/27yrs admitted with pneumonia, test negative for COVID-19, Flu A, Flu B and RSV; (2) M/35yrs diagnosed with Congestive Cardiac Failure with pneumonia exacerbation. Samples were collected for the second case, awaiting results.	Low	Open
10/27/24	Rotavirus	2 lab confirmed cases of Rotavirus were reported, currently admitted at TTMH Pediatrics ward. RRT team was immediately deployed to investigate: (1) F/1yr diagnosed with gastroenteritis likely due to food poisoning and has received rotavirus vaccine (2 doses); (2) M/2yo admitted for acute gastroenteritis likely due to food poisoning and has an incomplete vaccination status (1 dose). Samples were collected for overseas referral to reference lab for confirmation.	Moderate	Open
10/28/24	SARI	5 cases: 5 patients diagnosed with pneumonia all requiring admission; (1) F/52yrs; (2) M/61yrs; (3) M/70yrs; (4) F/48yrs; (5) 8month old from TTMH ED, Leulumoega DH and Safotu DH. Samples were collected. Awaiting results.	Low	Open

CLINICAL/MINISTRY OF HEALTH SAMOA EMERGENCY MEDICAL ASSISTANCE TEAM (SEMAT) UPDATE

CHOGM clinics are established to provide care for CHOGM participants at both hotels and designated meeting venues. The Samoa Emergency Medical Assistance Team (SEMAT) and New Zealand Medical Assistance Team (NZMAT) joint teams are deployed to CHOGM clinics as needed.

Hospital capacity surveillance has been established in an effort to strengthen resilience of healthcare system during CHOGM. Bed capacity data and presentations is collected to monitor occupancy and presentations of patients managed at TTM emergency department.

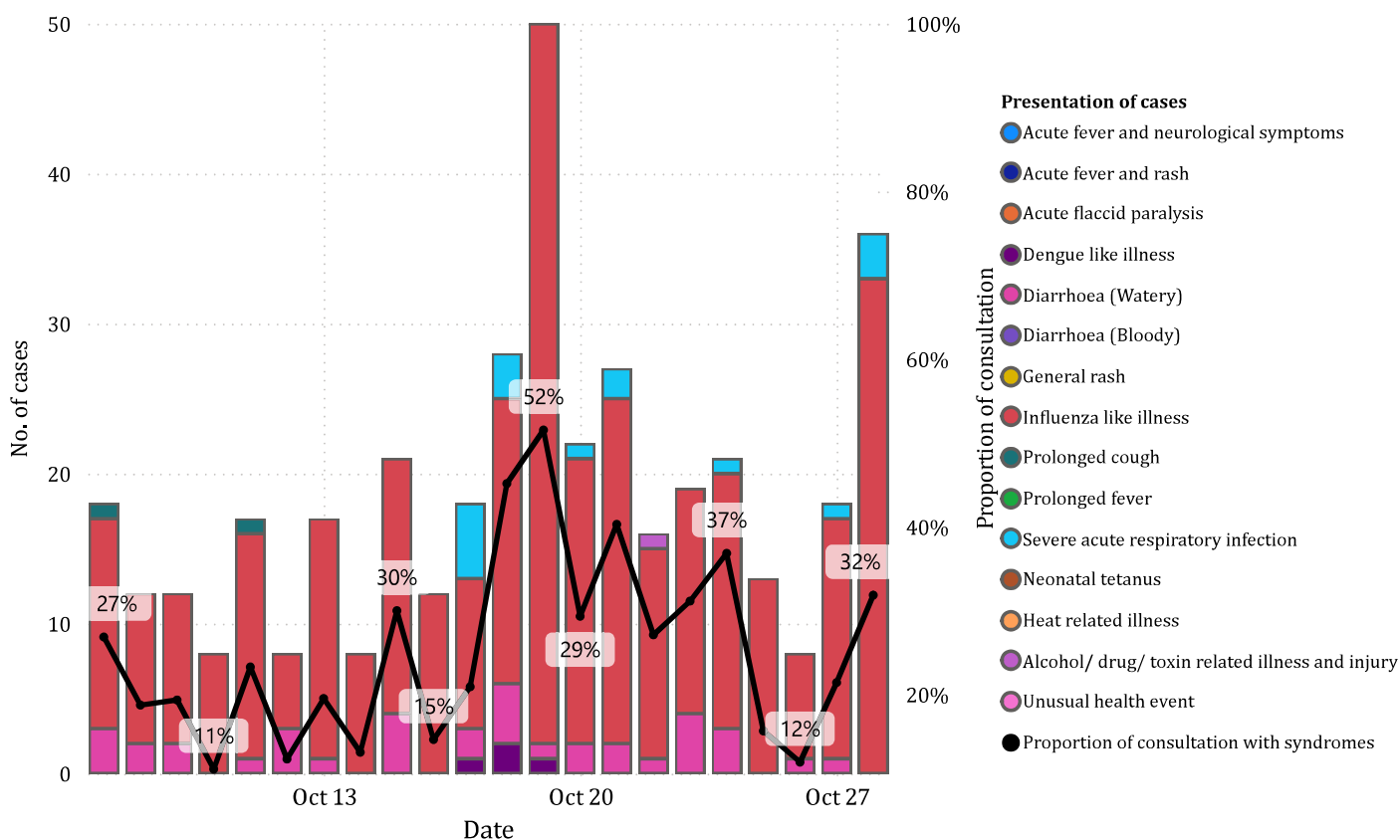
- The SEMAT operations have scaled down. All CHOGM clinics were stood down except the CHOGM Ward that is currently operational 24/7.
- In the past 24 hours, there were 0 presentations to the ward.

Table 3: Bed occupancy and presentation at TTM Hospital Wards 6AM-6AM

Hospital/Ward	No. of beds	No. bed occupied	Bed occupancy %	No. of presentations	No. of deaths
TTMH APCC				96	0
TTMH ED	14	12	85.71%	51	0
TTMH CHOGM Ward	20	0	0.00%	0	0
TTMH Labour Ward	12				0
Mental Health	10	3	30.00%		0
TTMH ICU	7	5	71.43%		1
TTMH NICU	10	12	120.00%		0
TTMH Paediatrics Ward	43	21	48.84%		0
TTMH Maternity	40	34	85.00%		0
TTMH Medical Ward	40	34	85.00%		0
TTMH Surgical Ward	40	35	87.50%		0

Note: One death reported in TTMH Medical Ward was a Samoan resident

Figure 1: TTMH ED Proportion of consultations and types of presentation



SYNDROMIC SURVEILLANCE (excluding ILI, SARI, & Dengue)

As of 27th October 2024, the Syndromic Surveillance System has a total of 15 sentinel sites including the CHOGM Ward and 15 syndromes under monitoring.

Syndromes with alert threshold exceeded are highlighted in red.

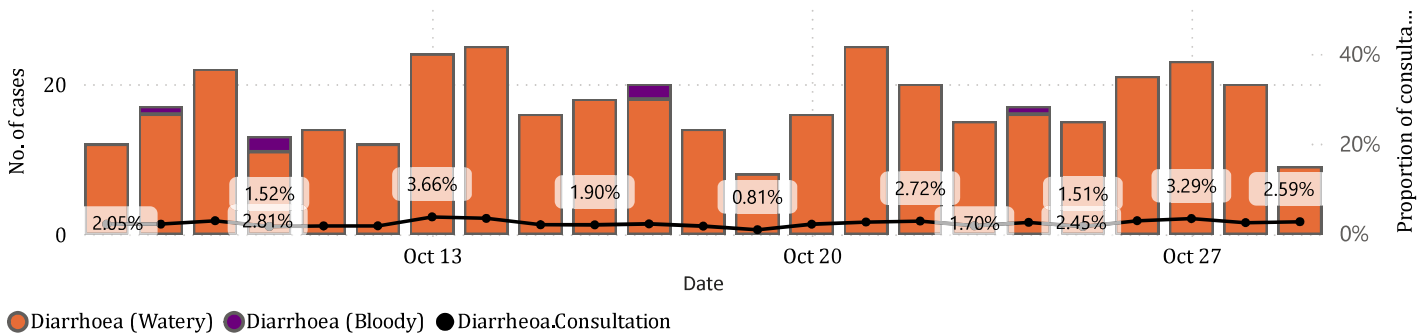
Date of presentation: 28 October, 2024

No. of consultation: 839

Table 4: Number of consultations and syndromic cases per sentinel site

Clinic	No. of consultations	Prolonged fever	Acute fever and rash	Acute flaccid paralysis	Neonatal tetanus	General rash	Prolonged cough	Acute fever and neurological symptoms	Heat related illnesses	Alcohol/drug/toxin related illness and injury	Unusual health event
TTMH Paeds	72	0	0	0	0	5	0	0	0	0	0
TTMH ED	113	0	0	0	0	0	0	0	0	0	0
TTMH APCC	159	0	0	0	0	0	0	0	0	0	0
Satupaitea HC	37	0	0	0	0	0	0	0	0	0	0
Sataua DH	30	0	0	0	0	0	0	0	0	0	0
Safotu DH	33	0	0	0	0	0	0	0	0	0	0
Saanapu HC	30	0	0	0	0	0	0	0	0	0	0
Poutasi DH	18	0	0	0	0	0	0	0	0	0	0
MTIHH	159	0	0	0	0	1	0	0	0	0	0
Lufilufi HC	31	0	0	0	0	0	0	0	0	0	0
Leulumoega DH	55	0	0	0	0	1	0	0	0	0	0
Lalomanu DH	47	0	0	0	0	0	0	0	0	0	0
Foailalo DH	40	0	0	0	0	0	0	0	0	0	0
Faleolo HC	15	0	0	0	0	0	0	0	0	0	0
CHOGM Ward	0	0	0	0	0	0	0	0	0	0	0
Total	839	0	0	0	0	7	0	0	0	0	0

Figure 2: Watery, bloody diarrhoea, and proportion of consultation, 7th Oct 2024-present

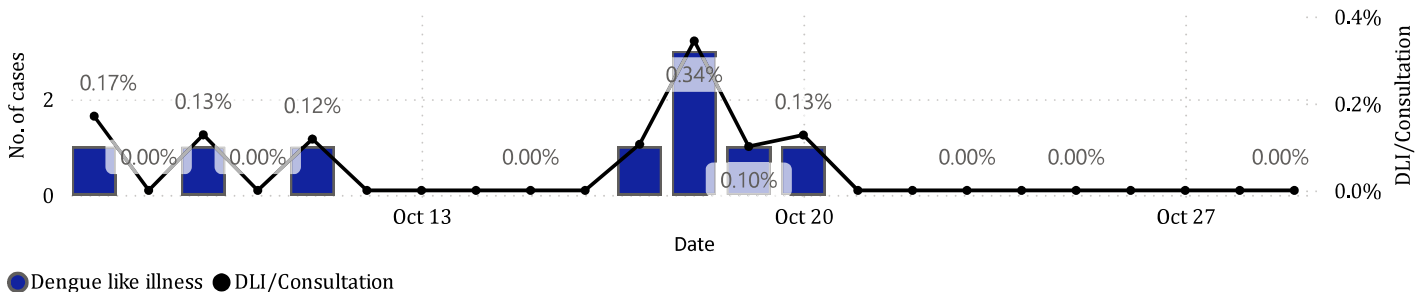


DENGUE

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: THREE cases per surveillance site

Dengue like illness	Confirmed Dengue
0	0

Figure 3: Dengue-like Illness and proportion of consultation, 7th Oct 2024-present



RESPIRATORY DISEASES

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: Doubling cases from day prior per surveillance site

SARI 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, AND requiring hospitalization
Alert threshold: ONE case

Table 5: ILI, SARI, and percent change in the past 24 hours

Clinic	ILI	% change in the past 24 hours	SARI	% change in the past 24 hours
CHOGM Ward	0	-100.00%	0	NaN
Faleolo HC	2	Infinity	0	NaN
Foailalo DH	0	-100.00%	0	-100%
Lalomanu DH	7	-22.22%	0	NaN
Leulumoega DH	22	0.00%	1	Infinity
Lufilufi HC	9	-43.75%	0	NaN
MTIIH	28	12.00%	0	NaN
Poutasi DH	2	-66.67%	0	NaN
Saanapu HC	13	Infinity	0	NaN
Safotu DH	5	Infinity	1	Infinity
Sataua DH	2	Infinity	0	NaN
Satupaitea HC	2	0.00%	0	NaN
TTMH APCC	0	-100.00%	0	NaN
TTMH ED	33	106.25%	3	200%
TTMH Paeds	38	Infinity	0	NaN
Total	163	Infinity	5	

Figure 4: Number of tests and lab confirmed Influenza A, B, COVID-19, and RSV, 7th Oct, 2024-present

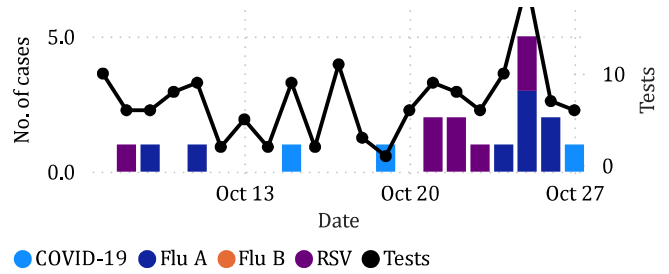
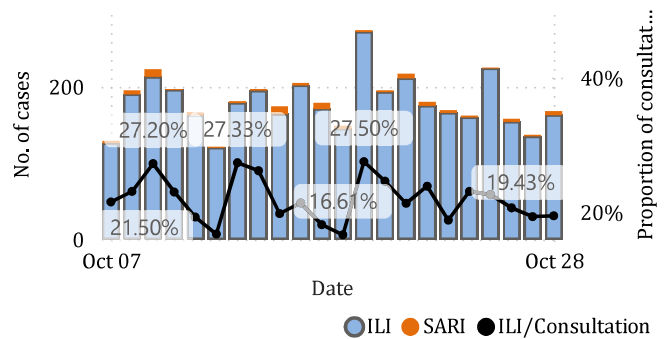


Figure 5: ILI, SARI cases and proportion of consultation



SOCIAL LISTENING & CALL CENTRE

Social listening analysis examines discourse related to health issues among social networks both interpersonal and via media platforms to provide rapid monitoring of emerging health concerns and rumours. Social listening mechanism has been activated in preparation for CHOGM. Call center is available 24/7 to monitor health information from the community,

Figure 7: Cumulative number of calls received by subject of call

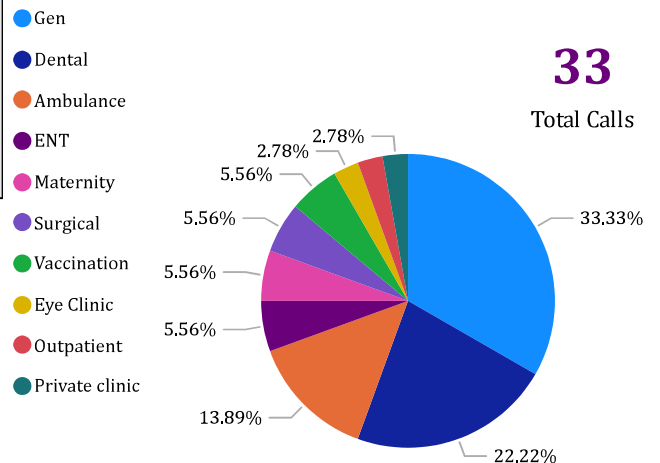
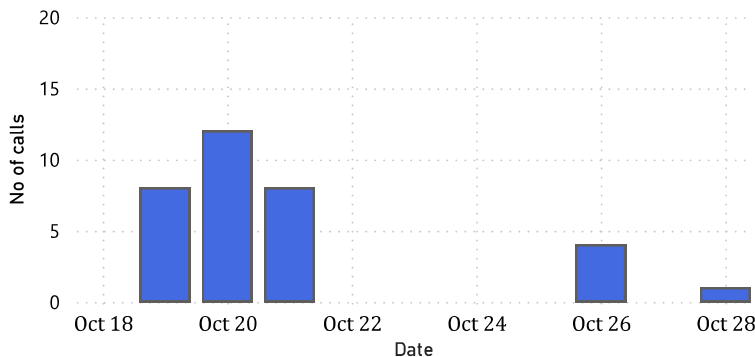


Figure 6: Number of calls by date received



Social Listening: Health related topics

Social listening findings are low due to non-health topics dominating media platforms locally and in the region. No update in the past 24 hours.

ONGOING RESPONSE ACTIVITIES

1. Ongoing monitoring of syndromes and diseases.
2. Rapid Response Team (RRT) deployed to verify and investigate syndromes exceeding threshold (ILI, SARI and General Rash).
3. Rapid Response Team (RRT) to follow up actions taken from the previous signals and alerts.

RECOMMENDATIONS

1. Continue to test all SARI and pneumonia cases for influenza, COVID-19, and RSV. Rapid Diagnostic Tests (RDT) are available at CHOGM sites and PCR (respiratory panel) available at TTMH and MTIIH. Ensure isolation and testing protocols for respiratory illnesses are adhered to.
2. Ongoing public health actions on risk communication surrounding home care for common illnesses such as acute gastroenteritis & food poisoning, as well as respiratory illnesses (flu, COVID-19, RSV, etc.). Encourage timely health seeking behaviour for proper management.
3. The Risk Communication and Community Engagement (RCCE) MOH working group continue to distribute communication materials, handle public queries via the MOH CHOGM call centre and conduct social listening to monitor emerging health concerns in the community and region.
4. Maintain a weekly analysis and reporting of social listening for 2 epi-weeks post-CHOGM to detect signals and community health concerns within the incubation periods of disease of public health concern.
5. Public safety messages and advisories regarding safety and public health prevention regarding fishing and swimming as palolo season begins and more people are fishing in areas affected by adverse weather.