



# Ministry of Health Commonwealth Heads of Government Daily Situation Report No.3



**Date of report:** 22nd October, 2024  
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**Reporting period:** 12:00AM 21st October-12:00AM 22nd October  
**Prepared by:** Health Security & Disease Surveillance Division  
**Distribution:** **EXTERNAL**

## 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

- 20 surveillance sites
  - National sentinel sites (14) began enhanced surveillance as of 7th Oct. Reporting is 12AM-12AM.
  - CHOGM clinics (6) resume surveillance monitoring beginning 20th Oct. Reporting is 6AM-6AM.
  - CHOGM mobile teams are available during meeting sessions.
- As of 21st Oct, 20/20 surveillance sites have reported including CHOGM clinics: 100% completeness.

### Consultations

- Consultations reflect the number of patients seen at each health facility/CHOGM clinics.
- 991 consultations observed. 26.2% increase from the past 24 hours due to increase in number of sites reporting.

### Syndromes/Conditions

- **Dengue-like illness (DLI):** 0 case reported.
- **General Rash:** 6 cases reported from Lufilufi HC, Poutasi DH, and TTMH APCC.
- **ILI:** 9% increase from the past 24 hours. Threshold exceeded at Poutasi DH and Satuipaita HC.
- **SARI:** 6 cases detected at Safotu DH, TTMH ED, and MTIIH.

### Notifiable Conditions

- A suspected malaria case was reported from one of the CHOGM accommodation sites.
- No suspected Mpox detected to date. Testing is available.

Table 1: Consultation per sentinel surveillance site

Sentinel Sites	Reported	No. of consultations
TTMH Paeds	✓	53
TTMH ED	✓	67
TTMH APCC	✓	235
Satupaitea HC	✓	32
Sataua DH	✓	33
Safotu DH	✓	35
Saanapu HC	✓	42
Poutasi DH	✓	41
MTIIH	✓	168
Lufilufi HC	✓	39
Leulumoega DH	✓	124
Lalomanu DH	✓	54
Foailalo DH	✓	39
Faleolo HC	✓	17
CHOGM Ward TTMH	✓	2
CHOGM Taumeasina	✓	1
CHOGM Sheraton Mulifanua	✓	2
CHOGM Sheraton Bungalows	✓	2
CHOGM RTParadise	✓	1
CHOGM Mobile Team 2	✓	0
CHOGM Mobile Team 1	✓	0
CHOGM MC - TATTE	✓	0
CHOGM MC - MJCA	✓	1
CHOGM MC - EFKS	✓	3
CHOGM Amanaki	✓	0
<b>Total</b>		<b>991</b>

Table 2: Signals and events under monitoring

Date of Report	Disease/condition	Description	Risk assessed	Status
10/19/24	SARI	2 SARI cases from MTIIH: Male, 91, admitting dx AFI & LRTI, unknown asthma. Female, 74, hypertension, LRTI. Surveillance team conducting verification. Samples taken and awaiting results.	Low	Open
10/20/24	Chickenpox	3 cases: reported from TTMH APCC, TTMH ED, and Lufilufi HC. Potential increase in chicken pox observed in the previous two weeks since initiation of enhanced surveillance. RRT deployed to health facility to confirm surge of chicken pox. Cases within baseline. Signal closed.	Low	Closed
10/21/24	Rotavirus	1 case: male, 2 years, with AGE, positive (RDT) for rotavirus. Confirmed vaccination status. Patient and family advised on hand hygiene practices and vaccination. Re-test returned positive (RDT). Overseas referral of samples for confirmation.	Low	Open
10/21/24	SARI	6 cases: 1 Safotu DH and 2 TTMH ED. 3 from MTIIH, age range 16 months-83 years. 3 at MTIIH were swabbed for PCR, awaiting results. 2 from TTMH ED were COVID19 negative, 16 month RSV positive, Awaiting PCR results.	Low	Open
10/22/24	Malaria	1 suspected case: Male, years with fever, myalgia and possible malaria reported by one of the CHOGM accommodation sites. Case managed by SEMAT team at CHOGM ward. Tested negative for malaria. RRT deployed for further investigation.	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 NZMAT joined the Ministry of Health SEMAT, supporting the sixteen (16) teams that were deployed to the eleven (11) accommodation sites and meeting venues/ward:

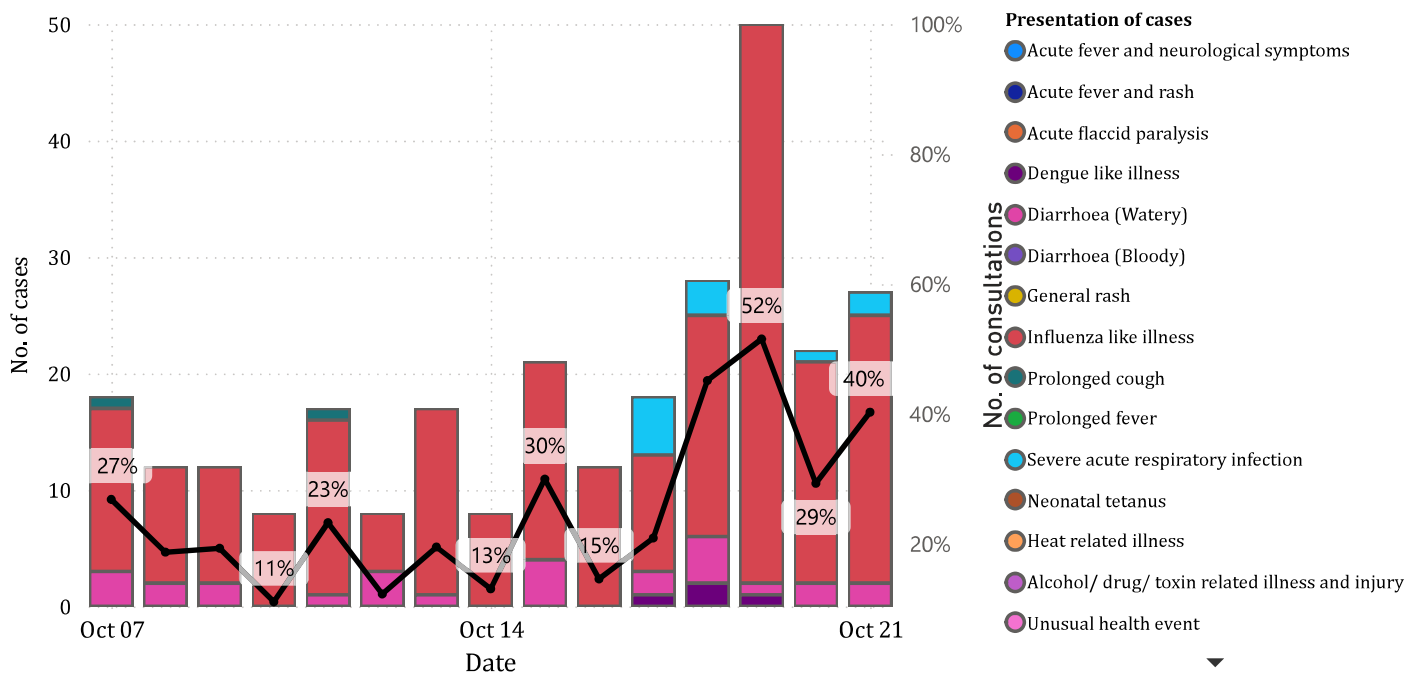
1. Sheraton Samoa Beach Resort, Mulifanua
2. Sheraton Samoa Aggie Grey's Hotel & Bungalow Vaisigano
3. Taumeasina Island Resort
4. Return to Paradise Lefaga
5. Amanaki Hotel Sogi
6. CW Youth Forum at EFKS Hall
7. CW Women's Forum at TATTE Convention Centre
8. Side events at the Ministry of Justice Courts Administration
9. Mobile team 1 at Tanoa Hotel
10. Mobile team 2
11. CHOGM Ward TTMH

From the 11 reporting sites, 12 patients were seen: 2 minor injuries, 1 influenza-like illness, 1 skin disease and 8 other diagnoses; 11 were discharged without further need for follow-up with 1 patient pending follow-up.

Table 3: Bed occupancy and presentation at TTM Hospital Wards 7AM-7AM

Hospital/Ward	No. of beds	No. bed occupied	Bed occupancy %	No. of presentations	No. of deaths
TTMH NICU	10	10	100.00%	0	
TTMH ED	21	21	100.00%	67	1
TTMH Labour Ward	12	11	91.67%	0	
TTMH Maternity	40	35	87.50%	0	
TTMH Medical Ward	40	33	82.50%	0	
TTMH Surgical Ward	40	31	77.50%	0	1
TTMH Paediatrics Ward	43	24	55.81%	0	
TTMH ICU	7	3	42.86%	0	
TTMH CHOGM Ward	20	0	0.00%	1	
TTMH APCC				287	

Figure 1: TTM Emergency Department: No. of consultations and presentation



## SYNDROMIC SURVEILLANCE (excluding ILI, SARI, & Dengue)

Syndromic Surveillance System has a total of 20 sentinel sites and 15 syndromes under monitoring.

**Syndromes with alert threshold exceeded are highlighted in red.**

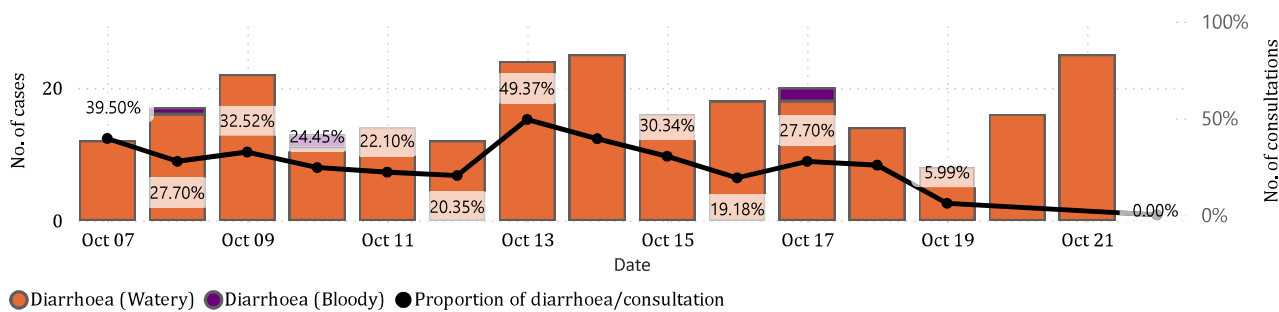
Date of presentation: 21 October, 2024

Total no. consultations: 991

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
Leulumoega DH	124	0	0	0	0	6	0	0	0	0	0
TTMH Paeds	53	0	0	0	0	4	0	0	0	0	0
MTIHH	168	0	0	0	0	2	0	0	0	0	0
TTMH APCC	235	0	0	0	0	2	0	0	0	0	0
Lalomanu DH	54	0	0	0	0	1	0	0	0	0	0
CHOGM Amanaki	0	0	0	0	0	0	0	0	0	0	0
CHOGM MC - EFKS	3	0	0	0	0	0	0	0	0	0	0
CHOGM MC - MJCA	1	0	0	0	0	0	0	0	0	0	0
CHOGM MC - TATTE	0	0	0	0	0	0	0	0	0	0	0
CHOGM Mobile Team 1	0	0	0	0	0	0	0	0	0	0	0
CHOGM Mobile Team 2	0	0	0	0	0	0	0	0	0	0	0
CHOGM RTParadise	1	0	0	0	0	0	0	0	0	0	0
CHOGM Sheraton Bungalows	2	0	0	0	0	0	0	0	0	0	0
CHOGM Sheraton Mulifanua	2	0	0	0	0	0	0	0	0	0	0
CHOGM Taumeasina	1	0	0	0	0	0	0	0	0	0	0
CHOGM Ward TTMH	2	0	0	0	0	0	0	0	0	0	0
Faleolo HC	17	0	0	0	0	0	0	0	0	0	0
Foailalo DH	39	0	0	0	0	0	0	0	0	0	0
Lufilufi HC	39	0	0	0	0	0	0	0	0	0	0
Poutasi DH	41	0	0	0	0	0	0	0	0	0	0
Saanapu HC	42	0	0	0	0	0	0	0	0	0	0
Safotu DH	35	0	0	0	0	0	0	0	0	0	0
Sataua DH	33	0	0	0	0	0	0	0	0	0	0
Satupaitea HC	32	0	0	0	0	0	0	0	0	0	0
TTMH ED	67	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>991</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Figure 2: Watery, bloody diarrhoea, 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  $\geq 38\text{ }^{\circ}\text{C}$  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  $\geq 38\text{ }^{\circ}\text{C}$  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
TTMH Paeds	25	Infinity	0	NaN
TTMH ED	23	21%	2	100%
TTMH APCC	26	24%	0	NaN
Satupaitea HC	1	-80%	0	NaN
Sataua DH	4	-20%	0	NaN
Safotu DH	0	NaN	1	Infinity
Saanapu HC	19	Infinity	0	NaN
Poutasi DH	8	-76%	0	NaN
MTIHH	15	-56%	3	Infinity
Lufilufi HC	20	-23%	0	-100%
Leulumoega DH	55	62%	0	NaN
Lalomanu DH	7	40%	0	NaN
Foailalo DH	1	0%	0	NaN
Faleolo HC	6	-25%	0	NaN
CHOGM Ward TTMH	0	NaN	0	NaN
CHOGM Taumeasina	1	Infinity	0	NaN
CHOGM Taumeasina	0	NaN	0	NaN
CHOGM Sheraton Mulifanua	0	NaN	0	NaN
CHOGM Sheraton Bungalows	0	NaN	0	NaN
CHOGM RTParadise	0	NaN	0	NaN
CHOGM Mobile Team 2	0	NaN	0	NaN
CHOGM Mobile Team 1	0	NaN	0	NaN
CHOGM MC - TATTE	0	NaN	0	NaN
CHOGM MC - MJCA	0	NaN	0	NaN
CHOGM MC - EFKS	0	NaN	0	NaN
CHOGM Amanaki	0	-100%	0	NaN
<b>Total</b>	<b>211</b>		<b>6</b>	

Figure 3: Number of tests and lab confirmed Influenza A, B, COVID-19, and RSV, 7th Oct, 2024-present

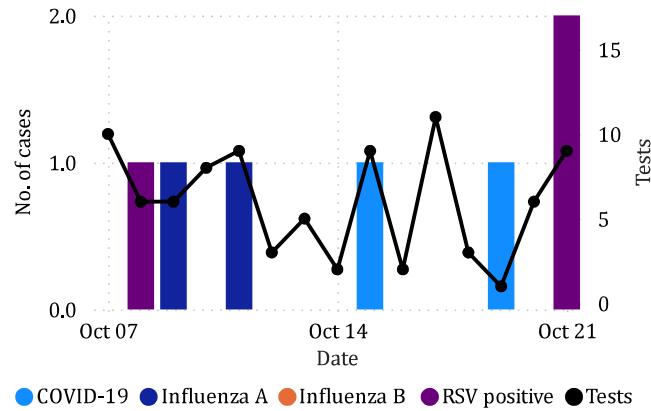
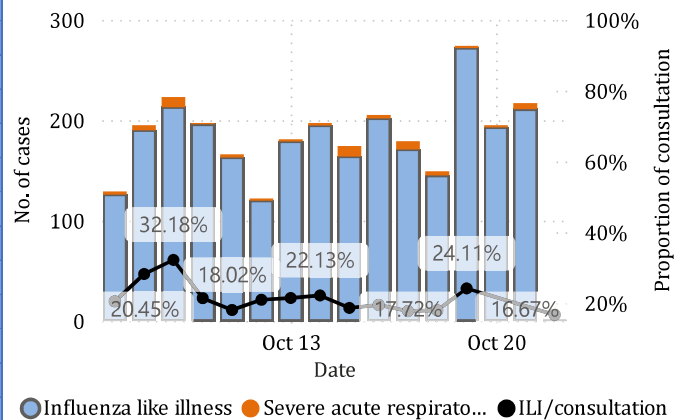


Figure 4: ILI, SARI cases and proportion of consultation

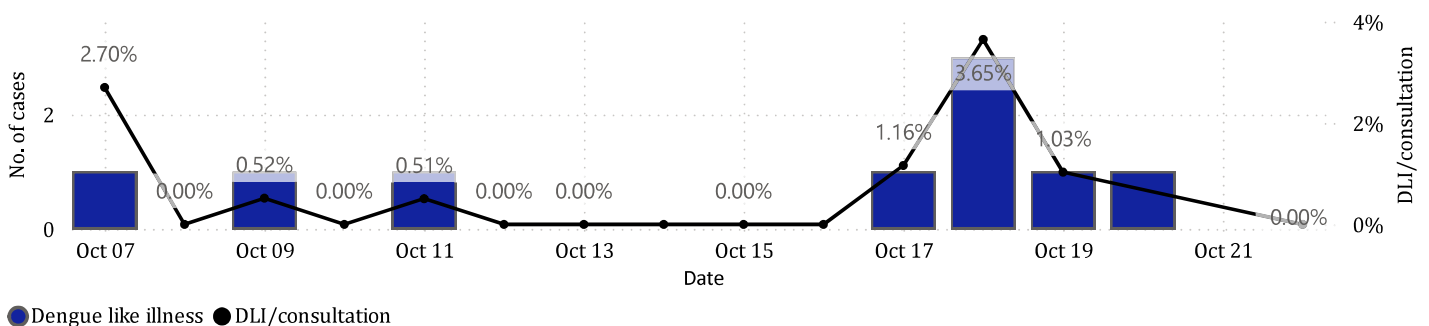


## DENGUE

**Case Definition:** Fever ( $\geq 38\text{ }^{\circ}\text{C}$ ) 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 5: Dengue-like Illness and proportion of consultation, 7th Oct 2024-present



## SOCIAL LISTENING & CALL CENTER

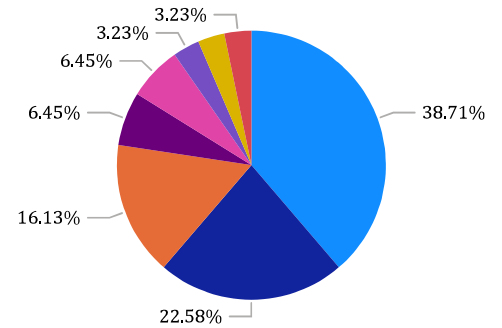
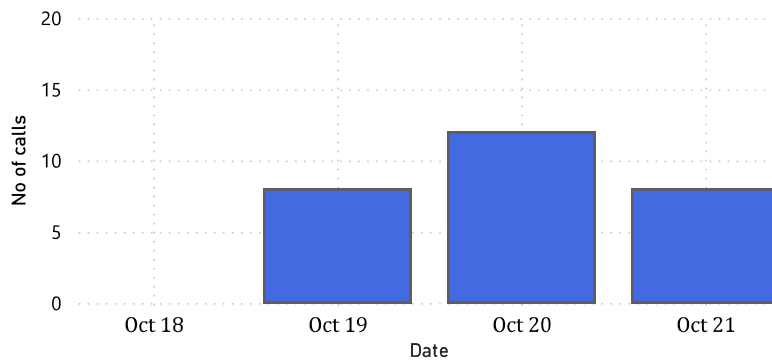
Social listening analysis examines discourse related to health issues among social networks both interpersonal and via media platforms to provide rapid monitoring of emerging health concerns and rumours. Social listening mechanism has been activated in preparation for CHOGM. Call center is available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

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

28  
Total Calls

- Gen
- Dental
- Ambulance
- Maternity
- Surgical
- Eye Clinic
- Outpatient
- Vaccination

Figure 6: Number of calls by date received



### Social Listening: Health related topics

- Community rumours of contaminated fish in the Safata-Tafitoala area due to NZ sunken vessel fuel leak
- Discussions of alcohol or suspected paraquat poisoning of a 27 year old male in the media
- Community members and health workers reporting a rise in flu-like illness over the past few weeks

## ONGOING SURVEILLANCE & RESPONSE ACTIVITIES

1. Rapid Response Team (RRT) deployed to health facility to confirm surge of chicken pox. No of cases within baseline. Signal closed.
2. RRT deployed to collect samples from the rotavirus case for re-testing (diagnostic test) and referral to Victoria Infectious Disease Reference Laboratory (VIDRL) for confirmation.
3. Enhanced syndromic surveillance training on daily reporting and testing was conducted for the CHOGM ship clinical staff.
4. The review of the Rotavirus vaccination coverage showed 90% coverage (Dose 1) and 80% coverage (Dose 2) in 2024.
5. Water quality monitoring at all meeting venues was conducted.
6. Ongoing environmental health activities including monitoring of sanitation facilities at all meeting venues.
7. Monitoring of CHOGM catering facilities on food safety.

## RECOMMENDATIONS

1. Dispatch Rapid Response Teams to investigate the reported events and signals (SARI, rotavirus, chickenpox and malaria)
2. Continue to test all SARI cases for influenza, COVID-19, and RSV. Rapid Diagnostic Tests (RDT) are available at CHOGM sites and PCR available at TTMH and MTIHH.
3. 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.).
4. Ongoing circulation of messages about hydration, food safety, and responsible use of alcohol and encourage public to report on these issues to health services where appropriate.
5. Training of laboratory staff on the Mpox test kits and interpretation of results.