



# Ministry of Health Commonwealth Heads of Government Daily Situation Report No.9



**Date of report:** 28th October, 2024  
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**Reporting period:** 12:00AM 27th October-12:00AM 28th 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

- 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 27th Oct, 13/13 surveillance sites have reported including the CHOGM ward: 100% completeness. TTMH Paeds and Saanapu HC are closed on Sundays.

### Consultations

- Consultations reflect the number of patients seen at each health facility/CHOGM ward.
- 699 consultations observed. 6% decrease from the past 24 hours.

### Syndromes/Conditions

- **General Rash:** 4 cases reported from TTMH APCC, MTIIH and Leulumoega DH.
- **ILI:** 13% decrease from the past 24 hours.
- **SARI:** 2 cases reported from TTMH ED and Foailalo 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 ED	✓	84
TTMH APCC	✓	207
Satupaitea HC	✓	20
Sataua DH	✓	42
Safotu DH	✓	16
Poutasi DH	✓	49
MTIIH	✓	91
Lufilufi HC	✓	48
Leulumoega DH	✓	83
Lalomanu DH	✓	24
Foailalo DH	✓	20
Faleolo HC	✓	10
CHOGM Ward	✓	5
<b>Total</b>		<b>699</b>

Table 2: Signals and events under monitoring

Date of Report	Disease/c ondition	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. RRT advised clinician to collect samples to rule out pertussis.	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 MTIIH; (3) F/44yrs with pneumonia from Satupaitea HC; (4) F/24yrs with upper respiratory tract infection (URTI). RRT advised to collect swabs to run the respiratory panel.	Low	Open
10/27/24	Dengue	1 lab confirmed dengue case was reported by TTMH Lab. A M/24yrs who was brought into ED for diarrhoea, vomiting, stomach aches and fevers. Bloods were collected and tests returned positive for dengue. RRT was deployed to conduct case investigation and referred to Environmental Health team for environmental health assessment and vector control.	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. RRT deployed to investigate and collect samples for testing.	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) M/2yo admitted for acute gastroenteritis (AGE) likely due to food poisoning and has an incomplete vaccination status. RRT to investigate further.	Moderate	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.

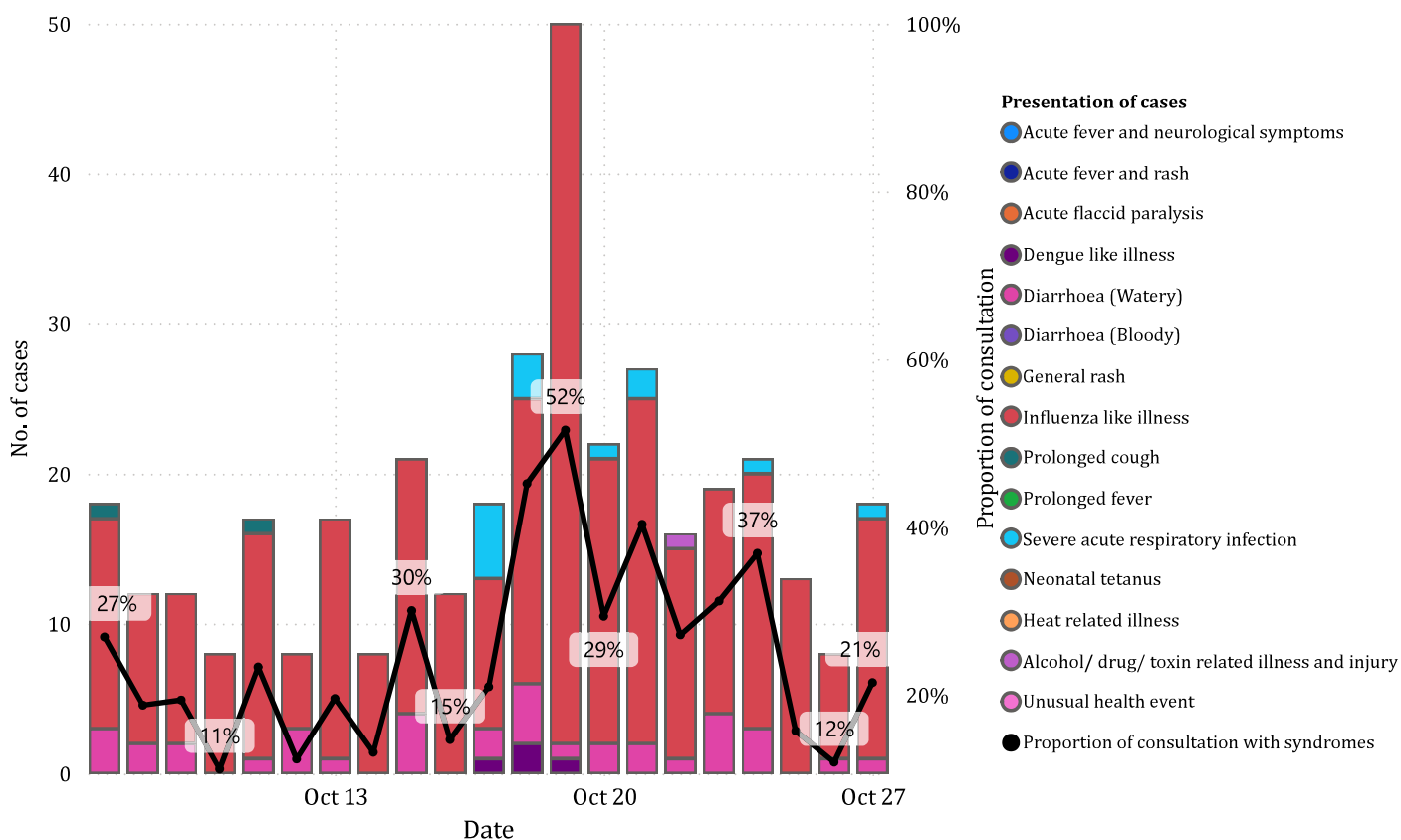
- The SEMAT operations have scaled down. All CHOGM clinics were stood down except the CHOGM Ward that is currently operational 24/7.
- In the past 24 hours, there were 5 presentations to the ward with influenza-like illness and gastroenteritis

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				245	0
TTMH ED	14	8	57.14%	64	0
TTMH CHOGM Ward	20	0	0.00%	5	0
Mental Health	10	2	20.00%	0	0
TTMH NICU	10				0
TTMH Labour Ward	12				0
TTMH Maternity	40				0
TTMH ICU	7	5	71.43%		0
TTMH Paediatrics Ward	43	21	48.84%		0
TTMH Surgical Ward	40	30	75.00%		0
TTMH Medical Ward	40	33	82.50%		1

*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.**

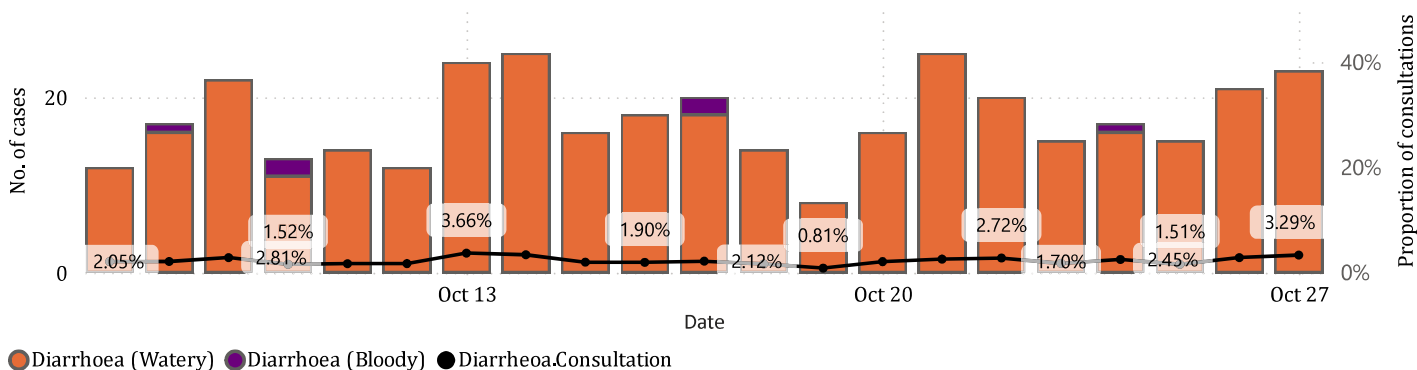
Date of presentation: 27 October, 2024

No. of consultation: 699

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 ED	84	0	0	0	0	0	0	0	0	0	0
TTMH APCC	207	0	0	0	0	1	0	0	0	0	0
Satupaitea HC	20	0	0	0	0	0	0	0	0	0	0
Sataua DH	42	0	0	0	0	0	0	0	0	0	0
Safotu DH	16	0	0	0	0	0	0	0	0	0	0
Poutasi DH	49	0	0	0	0	0	0	0	0	0	0
MTIHH	91	0	0	0	0	1	0	0	0	0	0
Lufilufi HC	48	0	0	0	0	0	0	0	0	0	0
Leulumoega DH	83	0	0	0	0	2	0	0	0	0	0
Lalomanu DH	24	0	0	0	0	0	0	0	0	0	0
Foailalo DH	20	0	0	0	0	0	0	0	0	0	0
Faleolo HC	10	0	0	0	0	0	0	0	0	0	0
CHOGM Ward	5	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>699</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</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

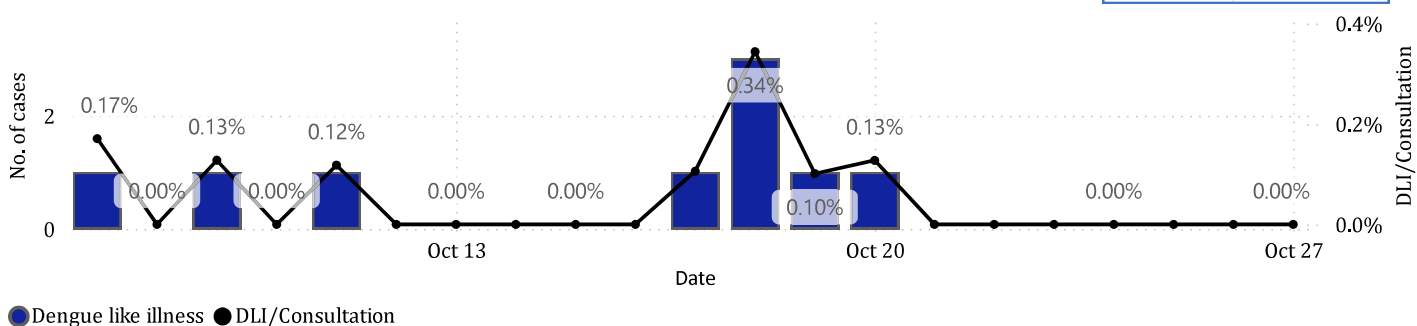


## DENGUE

**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	1

Figure 5: 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	3	Infinity	0	NaN
Faleolo HC	0	-100.00%	0	NaN
Foailalo DH	1	Infinity	1	Infinity
Lalomanu DH	9	-55.00%	0	NaN
Leulumoega DH	22	-21.43%	0	NaN
Lufilufi HC	16	0.00%	0	NaN
MTIIH	25	-19.35%	0	NaN
Poutasi DH	6	-60.00%	0	NaN
Safotu DH	0	-100.00%	0	NaN
Sataua DH	0	-100.00%	0	NaN
Satupaitea HC	2	-60.00%	0	NaN
TTMH APCC	35	2.94%	0	NaN
TTMH ED	16	23.08%	1	Infinity
<b>Total</b>	<b>135</b>	<b>Infinity</b>	<b>2</b>	

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

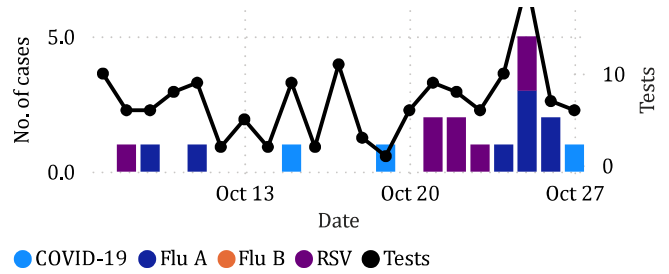
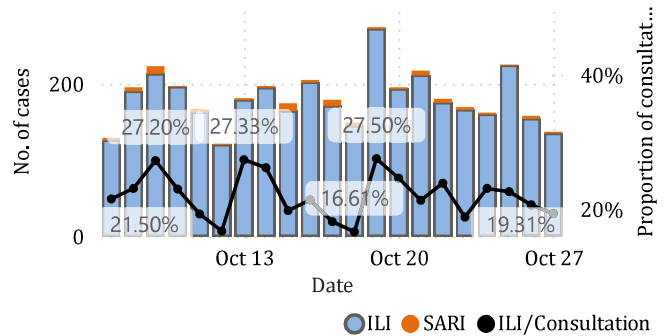


Figure 4: ILI, SARI cases and proportion of consultation



## 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

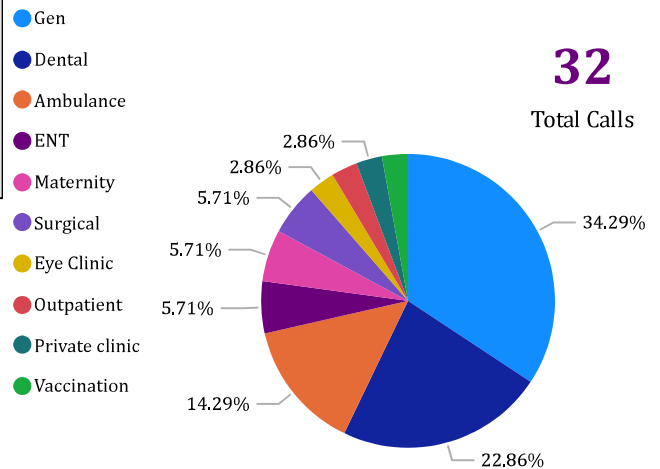
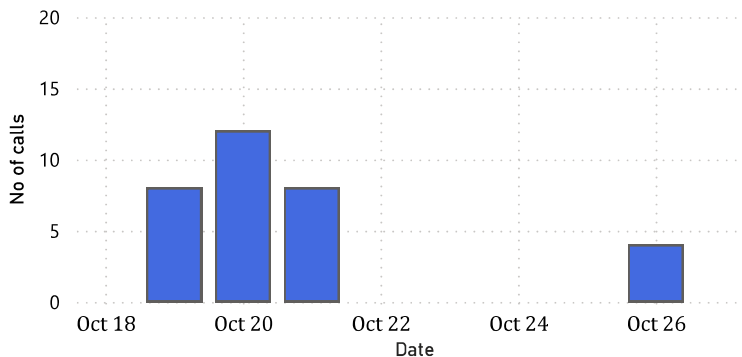


Figure 6: Number of calls by date received



### Social Listening: Health related topics

Social listening findings are low due to non-health topics dominating media platforms locally and in the region. The main topic of discussion in the past 24 hours were surrounding a Fiji Sun article that stated NCD's kill 150 million people in commonwealth countries every year. This highlights an opportunity to deliver NCD messaging and awareness following the momentum and spotlight that the CHOGM 2024 shed on these issues.

## ONGOING RESPONSE ACTIVITIES

1. Ongoing food safety inspections and monitoring were conducted at all CHOGM catering facilities including the registered food stalls for Samoa Business Hub at Maluafofou College. Issues identified have been addressed.
2. Ongoing monitoring of syndromes and diseases.

## 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.