



Influenza-like-illness (ILI) and Severe Acute Respiratory Infection (SARI) surveillance, Week 51 (14-20th Dec, 2014)

Synopsis

The incidence of ILI and SARI for the week was 40/1000 outpatient visits and 5/100 hospitalized patients respectively. The highest incidence of ILI and SARI cases were reported from Gelephu and Punakha Hospital respectively. The ILI cases were commonly observed among age group 15-29 years while SARI cases were observed among 0-1 year age group. From 7 samples received and tested by Real-Time RT-PCR, positivity rate was **00.0%**.

Influenza Like-Illness (ILI) surveillance

Average ILI incidence in the sentinel sites for the week was 40 cases per 1000 outpatient visits which is higher than the previous week (Figure 1). The highest ILI incidence for the week among sentinel sites was observed in Gelephu Hospital (66 cases) followed by Phuntsholing Hospital (50 cases). Punakha, Paro and Samtse Hospitals have not reported for the week (Figure 2).

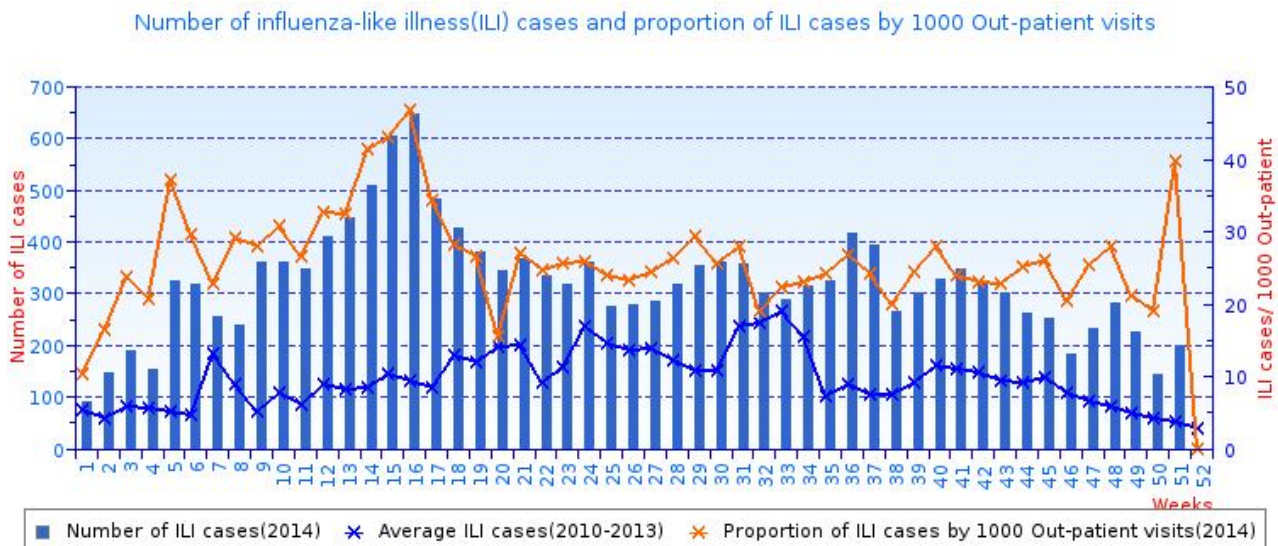


Figure 1: Average number of ILI cases reported for 51 week and previous weeks. (Data source: **Online** weekly reporting from sentinel sites.

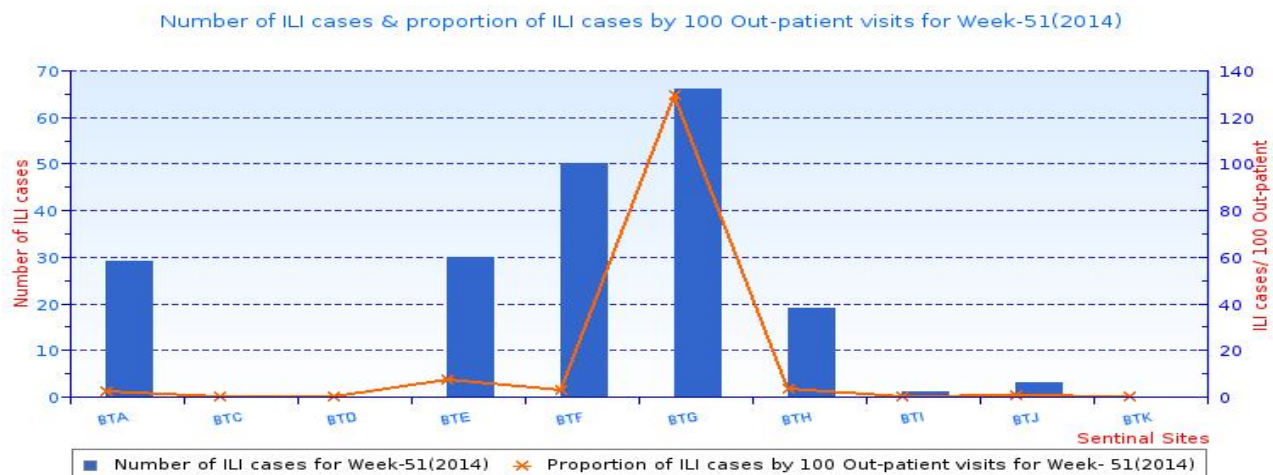


Figure 2: The number of ILI cases reported by sites (Data source: **Online** weekly reports from sentinel sites).

1. Severe Acute Respiratory Infections (SARI) surveillance

Average SARI incidence in the sentinel sites for the week was 5 SARI cases per 100 hospitalized patients which is higher than the previous week (Figure 3). The highest SARI incidence for the week among sentinel sites was observed in Punakha Hospital (3 SARI cases). Trashigang, Tsirang and S/Jongkhar Hospitals have not reported for the week (Figure 4).

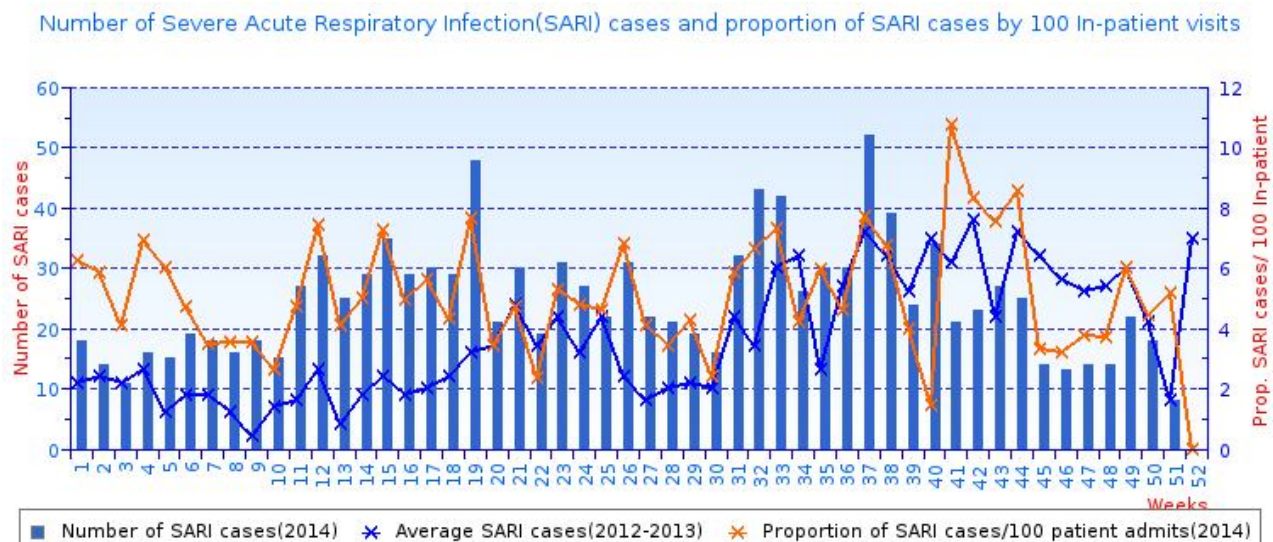


Figure 3: Average number of SARI cases reported for 51 week and previous weeks. (Data source: **Online** weekly reporting from sentinel sites).

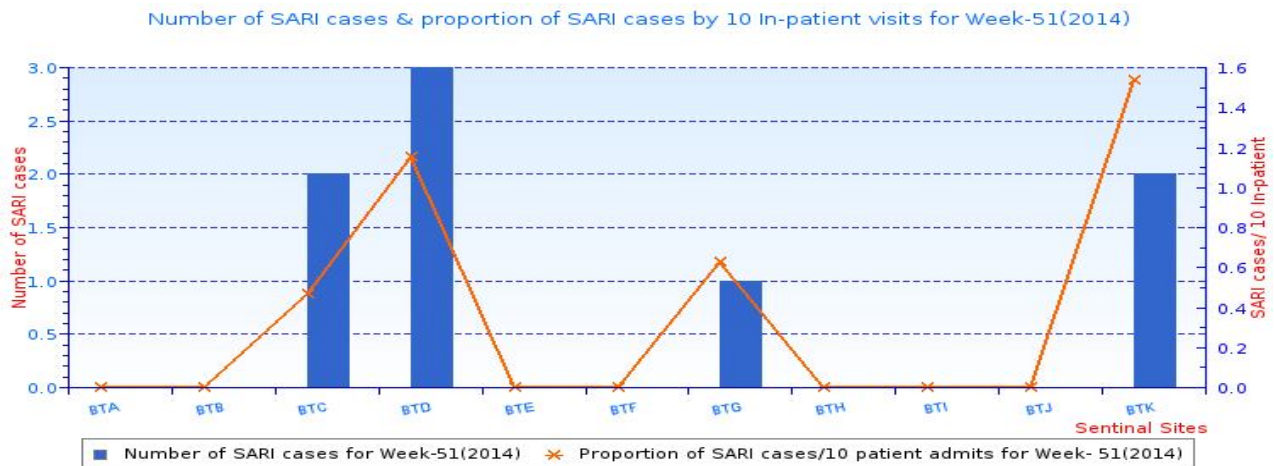


Figure 4: The number of SARI cases reported by sites (Data source: **Online** weekly reports from sentinel sites).

3. Virological Surveillance

Of total **7 ILI** samples tested by RT-PCR, the positivity rate was **00.0%** for Influenza viruses (Flu B-0 and Flu A-0); however most of the sites have not collected samples (Figure 5 & 6; Table 1).

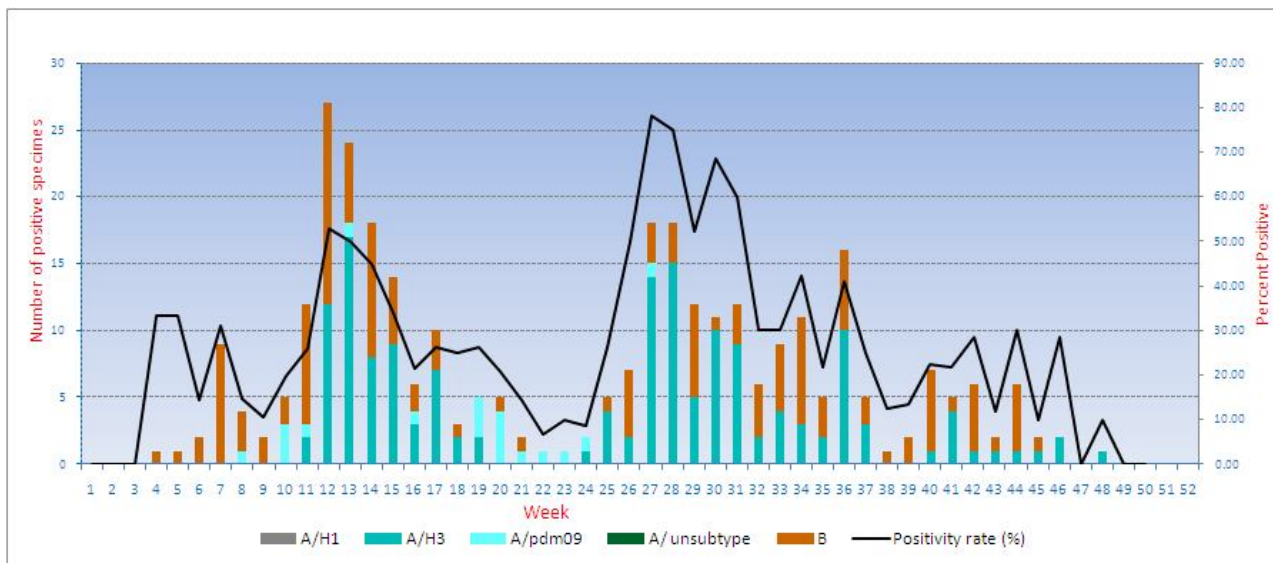


Figure 5: Trend of influenza virus subtype by week, for the week 50, 2014

A total of **5 SARI** samples received, all were negative for Influenza virus A/B and other Respiratory viruses (Respiratory Syncytial Viruses (**RSV**) and human metapneumo virus (**hMPV**)).

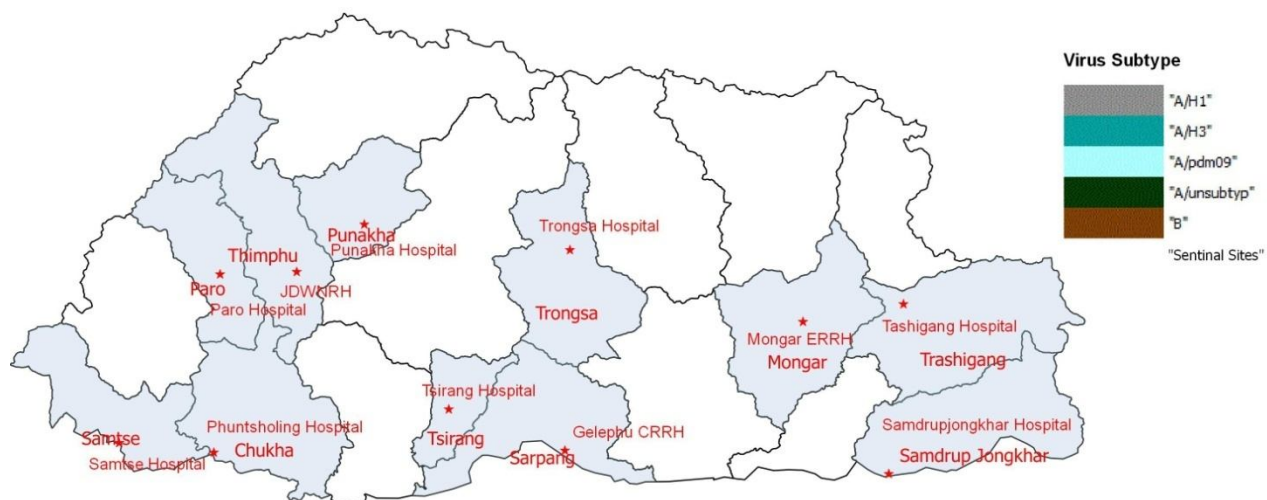


Figure 6: Influenza subtype virus by sentinel sites for week 50 (2014).

Table 1: ILI/SARI samples received from sentinel sites for the week 50 (2014).

Sl. No	Surveillance sites	No. of ILI samples received	No. of SARI samples Received	Influenza virus type and subtype				
				A/H1	A/H3	A/pdm09	A/un-subtyped	B
1	Mongar RR Hospital	0	0					
2	JDWNRH, Thimphu	2	0					
3	Paro Hospital	1	0					
4	Punakha Hospital	0	0					
5	Trongsa Hospital	2	1					
6	Phuntsholing Hospital	0	0					
7	Gelephu RR Hospital	0	0					
8	Trashigang Hospital	0	2					
9	Tsirang Hospital	0	0					
10	S/Jongkhar Hospital	0	0					
11	Samtse hospital	2	2					
	Total	7	5					
Note: Weekly sample target for the surveillance is minimum 50 samples (i.e. 4-5 samples per site weekly)								

4. Age Distribution among ILI and SARI cases

ILI cases were commonly observed in age group 15-29 and SARI cases were commonly observed in 0-1 years of age group (Table 2).

Table 2: ILI and SARI age categorization

Age (Years)	ILI		SARI	
	Number	Proportion (%)	Number	Proportion (%)
0-1	31	15.66	4	50.00
2-4	25	12.63	3	37.50
5-14	45	22.73	1	12.50
15-29	51	25.76	0	0
30-64	39	19.70	0	0
65+	7	3.54	0	0

5. Influenza Outbreak

No outbreak was reported during the week.

6. Death due to SARI/Pneumonia

No death cases were reported during the week.

Note: Following Clinicians, Laboratory staff and other Hospital staffs are currently involved in ILI surveillance in their respective sites as listed below;

Contact list for responsible persons involved for ILI Surveillance

Sentinel Site	Physicians/Clinicians with contact No.	Laboratory staff	ILI/SARI case reporter
A-MONGAR	Dr Dinesh Pradhan, GDMO, trained, 17760178, dinesh.bhutan@gmail.com	Damchu, trained, 17708074, damchut87@yahoo.com	Damchu, trained, 17708074, damchut87@yahoo.com
C- Paro	1. Dr Thupten Palzang, GDMO, trained, 77201378, thuptenp@gmail.com	Karma Dorji, trained;17676359	Namgay Lhamo, trained, 17741371/77241174, nlham5@yahoo.com
	2. Om Nath, trained, 17625960, omnath50@yahoo.com	Sonam Wangchuk (not trained)	
	3. Dr.Chhabi Lal Adhikari, CMO, trained, 17701525		
D- PUNAKHA	1. Purna Bdr Thatal, HA, (trained; 17655977);	Sherab Thinley, trained, 17654950, shersthin@yahoo.com	Dorji Tshering, ENT, trained, 17966702, trained
	2. Sithar, HA, (trained)		
E- TRONGSA	Sonam Yangzom, ACO: 17610524, (trained) syangzom77@yahoo.com	Mon Bdr Tamanag, trained, 17635595;	Sonam Yangzom, ACO: 17610524, (trained) syangzom77@yahoo.com
F- P/LING	1. Dr Manish Gurung, CMO, trained; 17671522	1. Som Kumar Namchu (trained; 77743637)	Pema Lhaden, trained, ENT Tech, 17751060
		2. Tshewang Dorji (trained; 17614093)	
G-GELEPHU	No trained clinician available	1. Vishal Chetri (trained; 17422825)	2. Bal Bdr Mongar, trained, 17871974
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H- TRASHIGANG	Dr Palden, CMO, contact no.: 1782-7843, email id: paaldhen@gmail.com	Cheki Dorji, 17699191 chekid.health@gmail.com	Pema Zangpo, contact no.: 1778-4843
I-DAMPHU	1. Dr Tejnath Nepal, CMO, 17618007, damphuhospital@gmail.com	1. Yangzom, 17553939	Tashi Tshering, trained ; 17648169, tashitsheringrecordgmail.com
		Tenzin, trained, 17382237	
J- SAMDRUP JONGKHAR	1. Dr Ugyen Wangdi (not trained), 1773-3500, email id: ugyensj@gmail.com	1. Sangay Wangchuk (not trained), 1740-5306,	Nasem Rehiman Chetri, trained, 17656685
	2. Sherub, ACO, trained, 17689422, sherub@gmail.com	1. Sangay Jamtsho, trained, 17496200	
K- SAMTSE	Dr Thinley Dorji, GDMO, trained, 16925946, thinley7dorji@yahoo.com	Dil Maya Rai, trained, 17697307, dilmaya43@yahoo.com	Ngawang Chogyal, OT, trained, 17687826, ngchogyal@yahoo.com
B-JDWRH	Ugyen Lhendup, ACO, trained	N/A	N/A

Note: (Data is preliminary and may change as more reports are received)