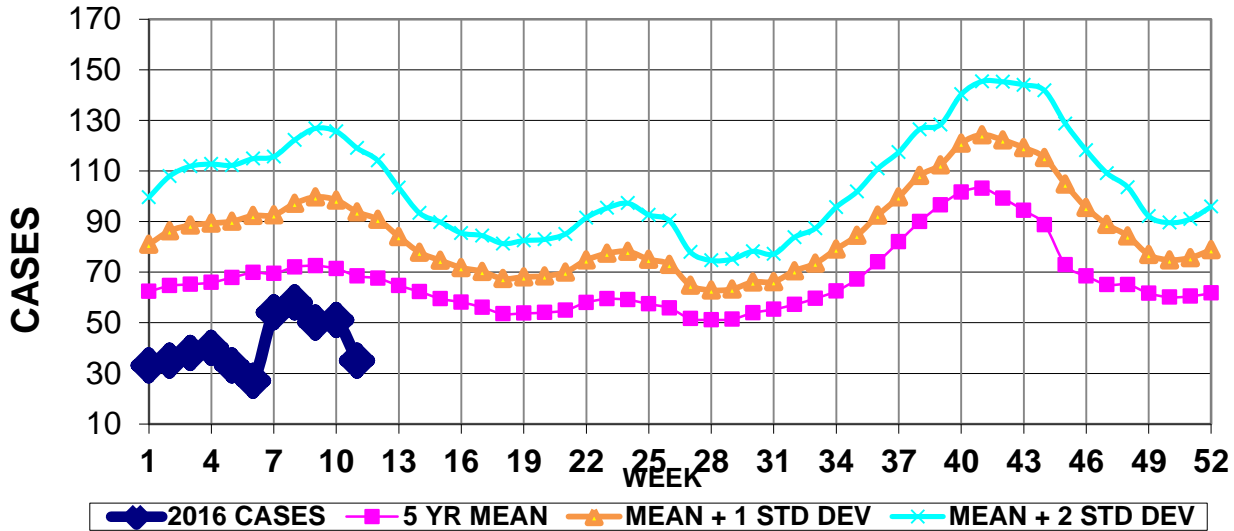


INFECTION CONTROL DEPARTMENT  
 GUAM MEMORIAL HOSPITAL AUTHORITY  
**GUAM EPIDEMIOLOGY NEWSLETTER**

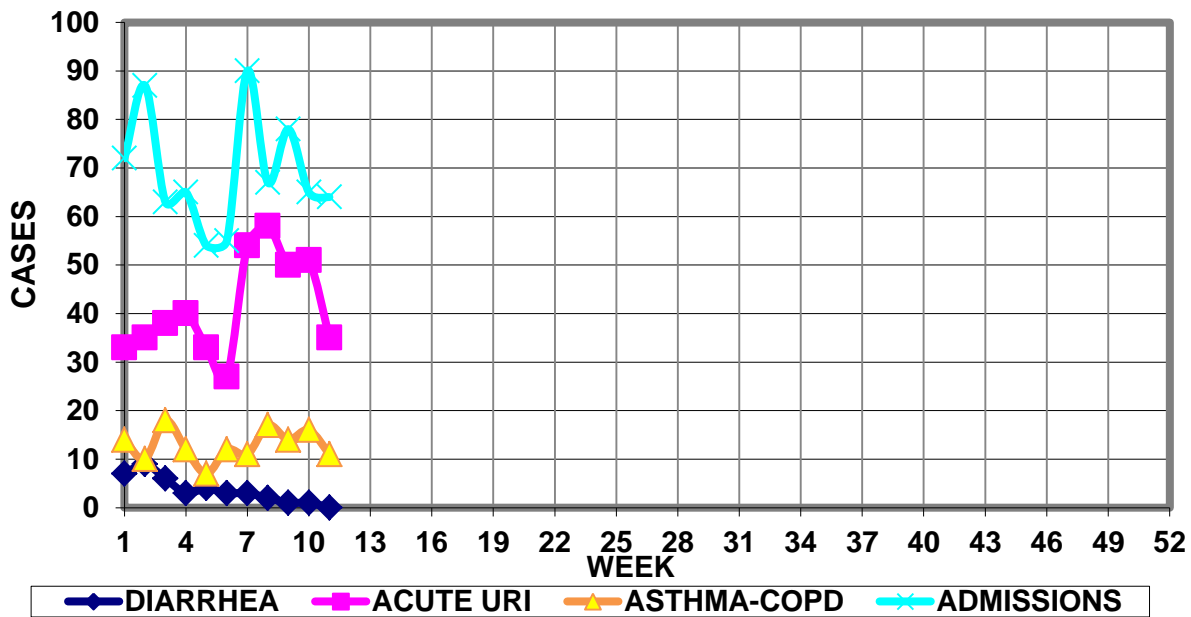
REPORT FOR WEEK ENDING: 3/19/2016 (Reporting week 2016-11)

**GUAM REPORTS**

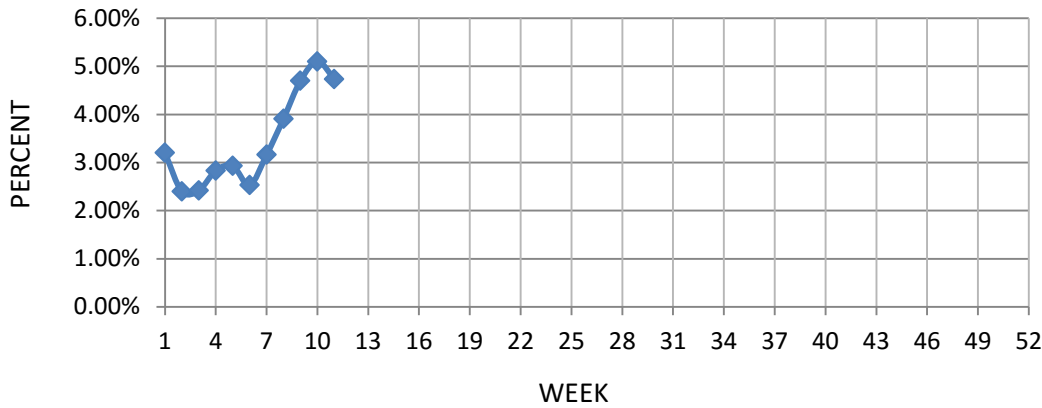
**GUAM ACUTE RESPIRATORY INFECTION SURVEILLANCE 2016;  
 GMHA-EMERGENCY DEPARTMENT PATIENTS BY WEEK SEEN**



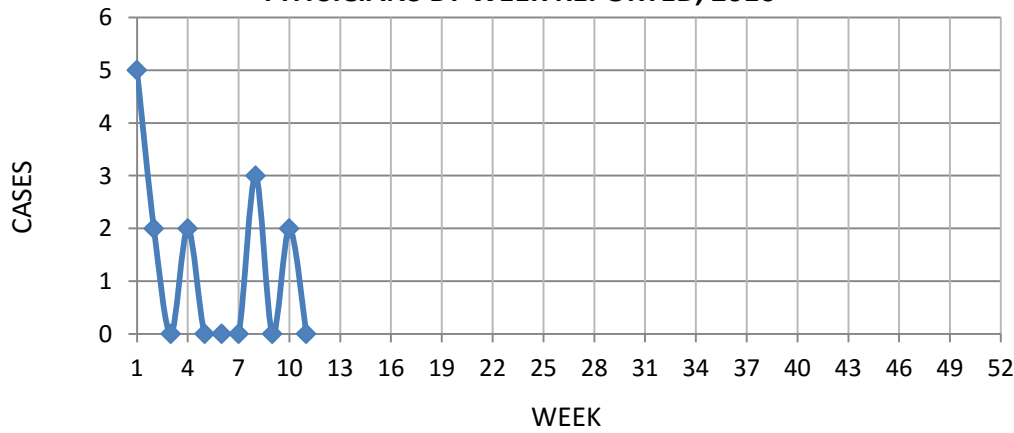
**GUAM SYNDROMIC DISEASE SURVEILLANCE  
 GMHA-ED PATIENT DIAGNOSES BY WEEK, 2016**



**PERCENT OF TOTAL PATIENTS SEEN IN THE GMHA-ER WITH A DIAGNOSIS OF FLU/ILI (3-WEEK SMOOTHED), 2016**



**NUMBER OF CASES OF INFLUENZA AND ILI REPORTED BY SENTINEL PHYSICIANS BY WEEK REPORTED, 2016**



**GUAM SENTINEL PHYSICIAN INFLUENZA SURVEILLANCE**

REPORTS OF INFLUENZA OR INFLUENZA-LIKE ILLNESSES  
RECEIVED FOR THE WEEK ENDING 3/19/16

No cases reported by sentinel physicians

Bureau of Communicable Disease Control

Guam Department of Public Health & Social Services

**H1N1 INFLUENZA SURVEILLANCE**

NO CASES OF H1N1 REPORTED FOR 2016 WEEK 11

**Cumulative 2016: 14 civilian & 0 military cases**

INFECTION CONTROL DEPARTMENT  
 GUAM MEMORIAL HOSPITAL AUTHORITY  
**HOSPITALIZATIONS FOR INFLUENZA A BY AGE  
 AND MORBIDITY REPORTING WEEK, 2016**

AGE	2	3	4	5	6	7	8	9	10	11	TOTAL
0-4											
5-18											
19-24											
25-49											
50-64											
65+											
TOTAL	0	0	0	0	0	0	0	0	0	0	0

Bureau of Communicable Disease Control  
**Guam Department of Public Health & Social Services**  
**ISLAND-WIDE COMMUNICABLE DISEASE REPORT**

REPORTS RECEIVED DURING THE WEEK ENDING 3/19/2016

<i>A. baumannii</i> MDR, Meropenem resistant	1
<i>Chlamydia trachomatis</i>	3
Conjunctivitis	1
<i>E. coli</i> MDR, ESBL+	1
Hepatitis A	1
Hepatitis B	3
Hepatitis C	1
HSV 1	5
HSV 2	6
Influenza A	23
Influenza B	3
<i>Klebsiella pneumoniae</i> , MDR, ESBL+	1
MRSA	6
Scabies	2
Streptococcal sore throat	9
Streptococcal disease, other	1
Tuberculosis, Pulmonary	1

INFECTION CONTROL DEPARTMENT  
GUAM MEMORIAL HOSPITAL AUTHORITY

**GMHA-EMERGENCY DEPARTMENT CLINICAL DIAGNOSES OF INFLUENZA OR  
FLU-SYNDROME BY WEEK AND PATIENT'S VILLAGE OF RESIDENCE, 2016**

(Villages listed geographically from northern-most to southern-most)

VILLAGE	WEEK										TOTAL	2016 RATE
	2	3	4	5	6	7	8	9	10	11		
Yigo	1	0	2	1	0	4	1	3	1	2	15	71.51
Dededo	4	3	3	1	1	3	4	3	5	1	29	63.18
Tamuning	0	0	1	1	0	1	2	2	3	1	11	54.72
Barrigada	2	0	0	0	1	2	1	3	1	1	11	121.37
Mangilao	1	1	1	1	0	3	3	1	6	2	19	122.47
Mongmong-T-M	0	1	1	1	0	3	2	0	2	3	14	200.86
Hagatña	0	0	0	0	0	0	0	0	0	0	0	0
Agaña Heights	0	0	1	0	0	1	0	1	0	1	4	102.85
Sinajana	0	0	0	0	0	0	0	0	0	0	1	37.78
Chalan Pago-Ordot	0	0	0	0	0	0	0	4	0	0	4	57.41
Asan-Maina	0	0	0	0	0	0	0	0	0	0	0	0
Piti	0	0	0	0	0	1	0	0	0	0	1	67.34
Santa Rita	0	0	0	1	0	0	0	1	1	0	4	64.38
Agat	0	0	0	1	1	2	0	0	3	0	9	179.25
Yona	0	3	1	0	2	0	0	0	0	1	7	105.77
Talofofo	0	0	0	0	0	0	1	0	0	0	1	32.10
Inarajan	0	0	0	0	0	1	3	1	0	0	6	215.42
Merizo	0	0	0	1	0	0	0	0	0	0	1	52.94
Umatac	0	0	0	0	0	0	0	0	0	0	0	0
Tourist	1	1	1	0	0	1	0	1	0	0	4	
Unknown	0	0	0	0	0	0	0	0	1	0	1	
<b>TOTAL</b>	<b>9</b>	<b>9</b>	<b>11</b>	<b>8</b>	<b>5</b>	<b>22</b>	<b>17</b>	<b>20</b>	<b>23</b>	<b>12</b>	<b>143</b>	<b>87.87</b>

NOTE: Rate = cases per 100,000 population for the year to date.

**GMHA-ER INFLUENZA/ILI ACTIVITY LEVEL – REGIONAL (8 of 19 villages affected)**

(ACTIVITY LEVELS: No activity, Sporadic, Local, Regional, Widespread)

**GMHA-ER INFLUENZA/ILI ACTIVITY BY AGE – WEEK 11**

GENDER	Total	< 1	1 – 4	5 - 9	10-14	15-19	20-24	25-29	30-39	40-49	50-64	65+	UNK
MALE	7	2	5	0	0	0	0	0	0	0	0	0	0
FEMALE	5	0	2	3	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>12</b>	<b>2</b>	<b>7</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**GUAM ANIMAL DISEASE (ZOOSES) REPORTS**

Babesiosis – 1 canine

## **Preventing Transmission of Zika Virus in Labor and Delivery Settings**

Although Zika virus is primarily transmitted through the bite of *Aedes* genus mosquitos, sexual transmission also has been documented. Zika virus RNA has been detected in a number of body fluids, including blood, urine, saliva, and amniotic fluid. Transmission of the virus associated with occupational exposure to these body fluids is theoretically possible but it has not yet been documented. Although to date there are no reports of transmission of Zika virus from infected patients to health care personnel or other patients, minimizing exposures to body fluids is important to reduce the possibility of such transmission. CDC recommends strict observance of Standard Precautions in all health care settings to protect both health care personnel and patients from infection with Zika virus as well as from blood-borne pathogens (e.g., human immunodeficiency virus [HIV] and hepatitis C virus [HCV]).

Because of the potential for exposure to large volumes of body fluids during the labor and delivery process (pregnant women lose an average of 500 ml of blood during uncomplicated vaginal deliveries, with higher losses during complicated vaginal deliveries and cesarean deliveries and amniotic fluid volume at the time of full-term delivery typically exceeds 500 ml), and the sometimes unpredictable and fast-paced nature of obstetrical care, the use of Standard Precautions in these settings is essential to prevent possible transmission of Zika virus from patients to health care personnel.

Health care personnel should adhere to Standard Precautions in every health care setting. Standard Precautions are designed to protect health care personnel and to prevent them from spreading infections to patients. They are based on the premise that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes might contain transmissible infectious agents and include 1) hand hygiene, 2) use of personal protective equipment (PPE), 3) respiratory hygiene and cough etiquette, 4) safe injection practices, and 5) safe handling of potentially contaminated equipment or surfaces in the patient environment.

Because patients with Zika virus infection may be asymptomatic, Standard Precautions should be in place at all times, regardless of whether the infection is suspected or confirmed. Health care personnel should assess the potential for exposure to potentially infectious material during health care delivery and protect themselves accordingly, based on the level of clinical interaction with the patient and the physical distance at which care is provided. In addition, health care providers should use soap and water or alcohol-based products (gels, rinses, foams), at a minimum, before and after a patient contact and after removing PPE, including gloves.

*Edited report.* Original unedited report, including references, may be viewed at:  
[[http://www.cdc.gov/mmwr/volumes/65/wr/mm6511e3er.htm?s\\_cid=mm6511e3er\\_w](http://www.cdc.gov/mmwr/volumes/65/wr/mm6511e3er.htm?s_cid=mm6511e3er_w)]