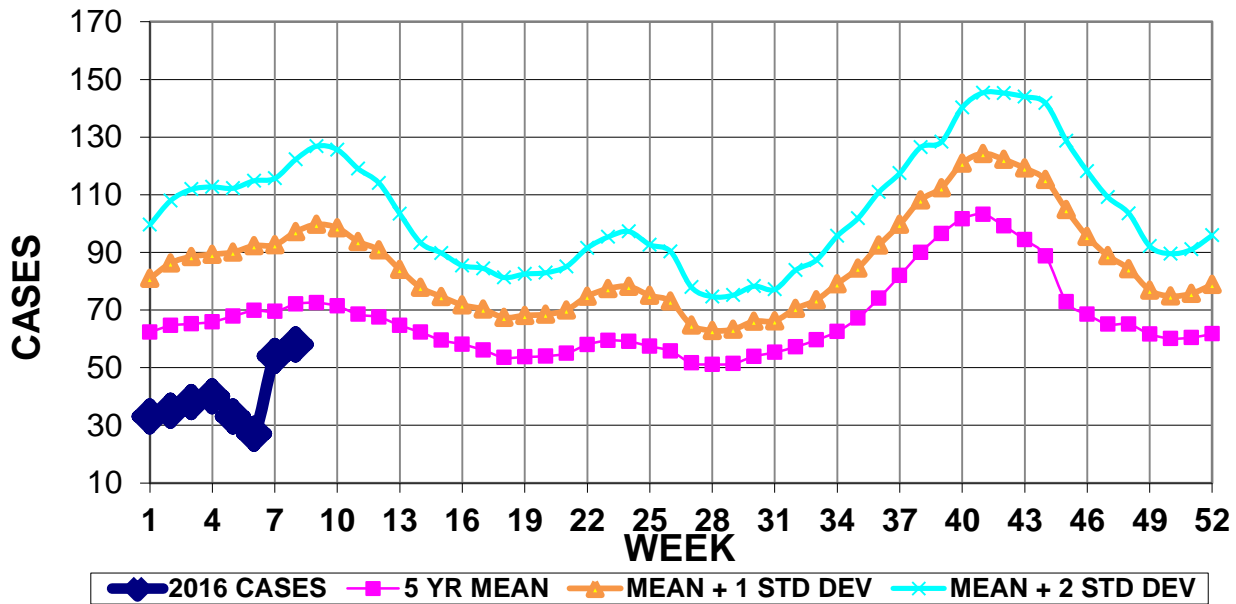


INFECTION CONTROL DEPARTMENT
 GUAM MEMORIAL HOSPITAL AUTHORITY
GUAM EPIDEMIOLOGY NEWSLETTER

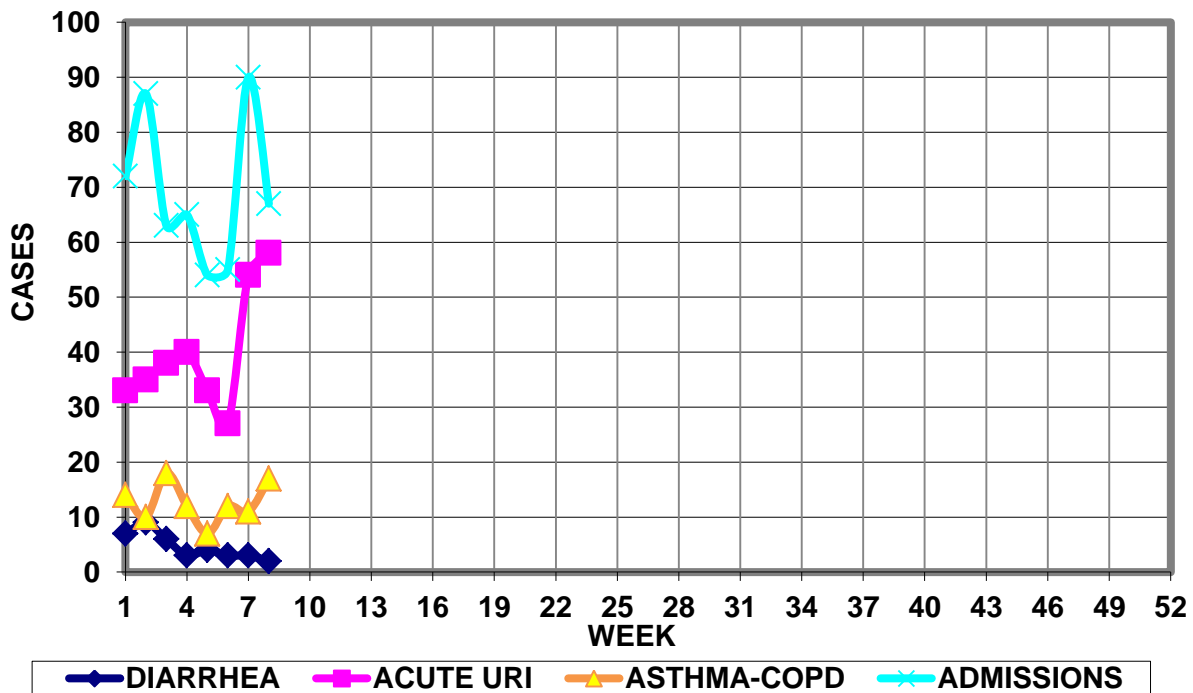
REPORT FOR WEEK ENDING: 2/27/2016 (Reporting week 2016-8)

GUAM REPORTS

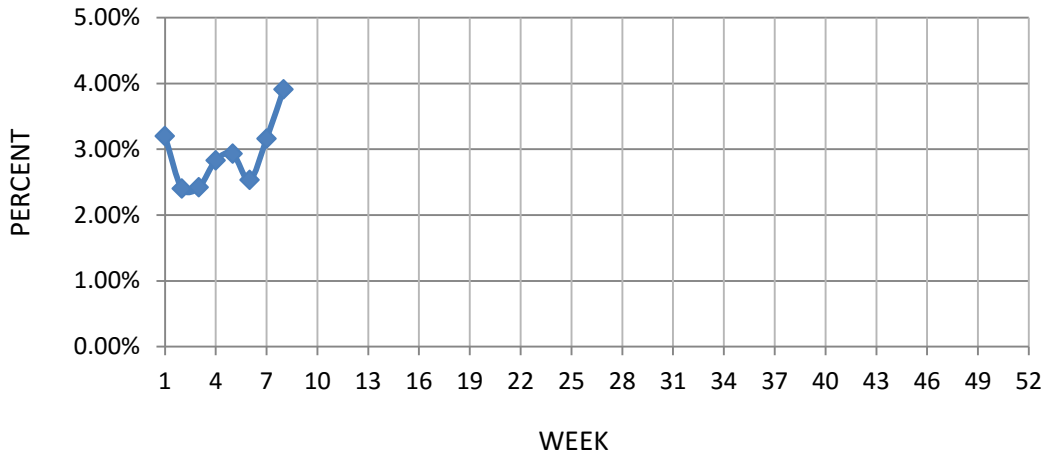
**GUAM ACUTE RESPIRATORY INFECTION SURVEILLANCE 2016;
 GMHA-EMERGENCY DEPARTMENT PATIENTS BY WEEK SEEN**



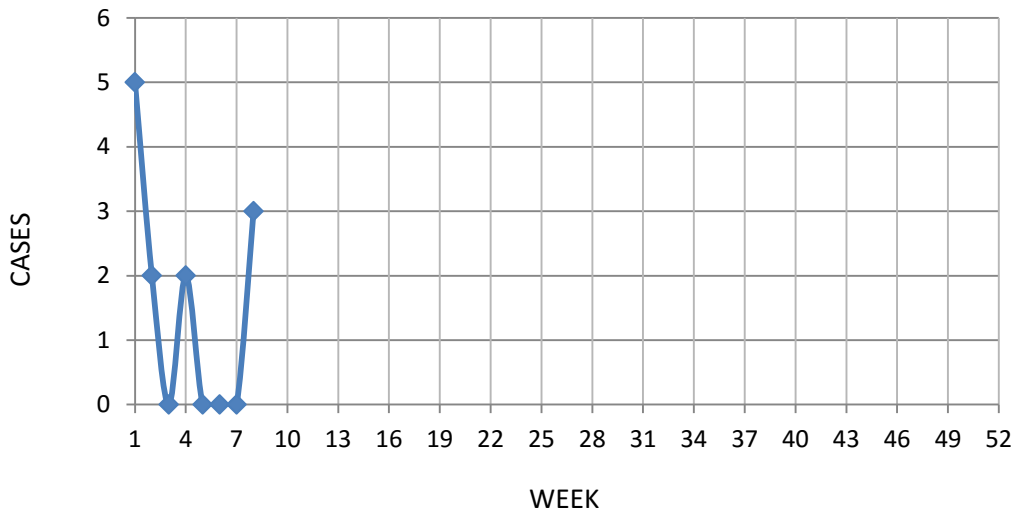
**GUAM SYNDROMIC DISEASE SURVEILLANCE
 GMHA-ED PATIENT DIAGNOSES BY WEEK, 2016**



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 2/27/16

Three cases reported by sentinel physicians

Bureau of Communicable Disease Control
Guam Department of Public Health & Social Services
H1N1 INFLUENZA SURVEILLANCE
14 CASES OF H1N1 REPORTED FOR 2016 WEEK 8*
 *Does not reflect onset of disease
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	1	2	3	4	5	6	7	8	9	10	TOTAL
0-4											
5-18											
19-24											
25-49											
50-64											
65+											
TOTAL	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 2/27/2016

<i>A. baumannii</i> MDR, Meropenem resistant	1
<i>Chlamydia trachomatis</i>	7
<i>Citrobacter freundii</i> Meropenem resistant	1
<i>E. coli</i> MDR	1
<i>E. coli</i> MDR, ESBL+	1
Hepatitis B	2
Influenza A	23
Influenza B	2
MRSA	3
<i>Proteus mirabilis</i> Meropenem resistant	1
<i>P. aruginosa</i> Meropenem resistant	1
Scabies	6
Streptococcal sore throat	8
Streptococcal disease, other	3
Tuberculosis, pulmonary	2

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)

WEEK

VILLAGE	1	2	3	4	5	6	7	8	9	10	TOTAL	2016 RATE
Yigo	0	1	0	2	1	0	4	1			9	42.91
Dededo	1	4	3	3	1	1	3	4			20	43.58
Tamuning	0	0	0	1	1	0	1	2			5	24.87
Barrigada	0	2	0	0	0	1	2	1			6	66.20
Mangilao	0	1	1	1	1	0	3	3			10	64.46
Mongmong-T-M	1	0	1	1	1	0	3	2			9	129.12
Hagatña	0	0	0	0	0	0	0	0			0	0
Agaña Heights	0	0	0	1	0	0	1	0			2	51.43
Sinajana	1	0	0	0	0	0	0	0			1	37.78
Chalan Pago-Ordot	0	0	0	0	0	0	0	0			0	0
Asan-Maina	0	0	0	0	0	0	0	0			0	0
Piti	0	0	0	0	0	0	1	0			1	67.34
Santa Rita	1	0	0	0	1	0	0	0			2	32.19
Agat	2	0	0	0	1	1	2	0			6	119.50
Yona	0	0	3	1	0	2	0	0			6	90.66
Talofof	0	0	0	0	0	0	0	1			1	32.10
Inarajan	1	0	0	0	0	0	1	3			5	215.42
Merizo	0	0	0	0	1	0	0	0			1	52.94
Umatac	0	0	0	0	0	0	0	0			0	0
Tourist	0	1	1	1	0	0	1	0			4	
Unknown	0	0	0	0	0	0	0	0			0	
TOTAL	7	9	9	11	8	5	22	17			88	54.07

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 8

GENDER	Total	< 1	1 – 4	5 - 9	10-14	15-19	20-24	25-29	30-39	40-49	50-64	65+	UNK
MALE	8	0	5	1	0	1	0	1	0	0	0	0	0
FEMALE	9	2	2	3	0	0	0	0	2	0	0	0	0
TOTAL	17	2	7	4	0	1	0	1	2	0	0	0	0

GUAM ANIMAL DISEASE (ZOOSES) REPORTS

Babesiosis - 2 canine, Ehrlichiosis – 1 canine

- All 271 (100%) influenza A (H1N1)pdm09 viruses were antigenically characterized as similar to A/California/7/2009, the influenza A (H1N1) component of the 2015-2016 Northern Hemisphere vaccine.
- **Since October 1, 2015, CDC has tested 452 influenza A (H1N1)pdm09, 307 influenza A (H3N2), and 269 influenza B viruses for resistance to the neuraminidase inhibitors antiviral drugs. While the vast majority of the viruses that have been tested are sensitive to oseltamivir, zanamivir, and peramivir, so far this season, two (0.4%) influenza A (H1N1)pdm09 viruses have showed resistance to oseltamivir and peramivir (but both were sensitive to zanamivir).**

Note: Delays in reporting may mean that data changes over time. The most up to date data for all weeks during the 2015-2016 season can be found on the current

[FluView\(http://www.cdc.gov/flu/weekly/\)](http://www.cdc.gov/flu/weekly/).

- The single best way to protect against seasonal flu and its potential severe consequences in children is to get a seasonal flu vaccine each year.
- Vaccination is especially important for children younger than 5 years of age and children of any age with a long-term health condition like asthma, diabetes and heart disease and neurological and neurodevelopmental diseases. These children are at higher risk of serious flu complications if they get the flu.
- Yearly vaccination also is especially important for people in contact with high risk children in order to protect the child (or children) in their lives from the flu. **In particular, children younger than 6 months are too young to be vaccinated themselves but are at high risk of flu complications if they get sick so the people around them should get vaccinated to protect the infant.**
- Some children 6 months through 8 years of age require two doses of influenza vaccine. Children in this age group who are getting vaccinated for the first time will need two doses at least 28 days apart. Children who have not received at least two trivalent or quadravalent influenza vaccinations prior to July 1, 2015, should also receive two doses this season.