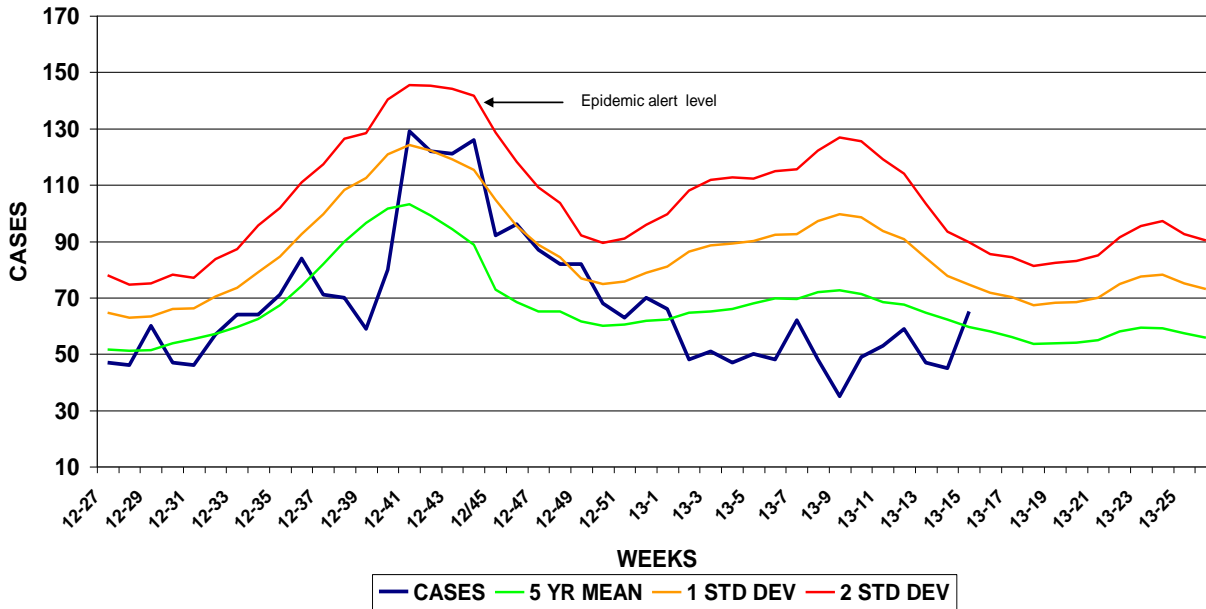


GUAM EPIDEMIOLOGY NEWSLETTER

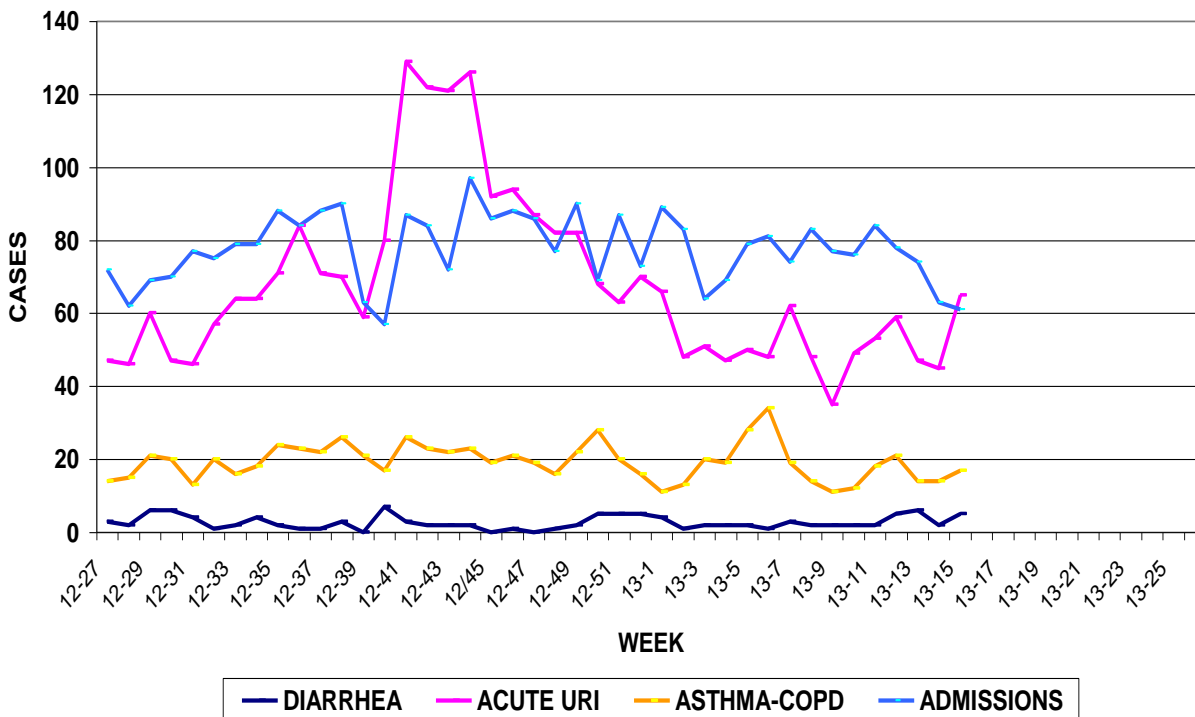
REPORT FOR WEEK ENDING: 4/20/2013 (Reporting week 2013-16)

GUAM REPORTS

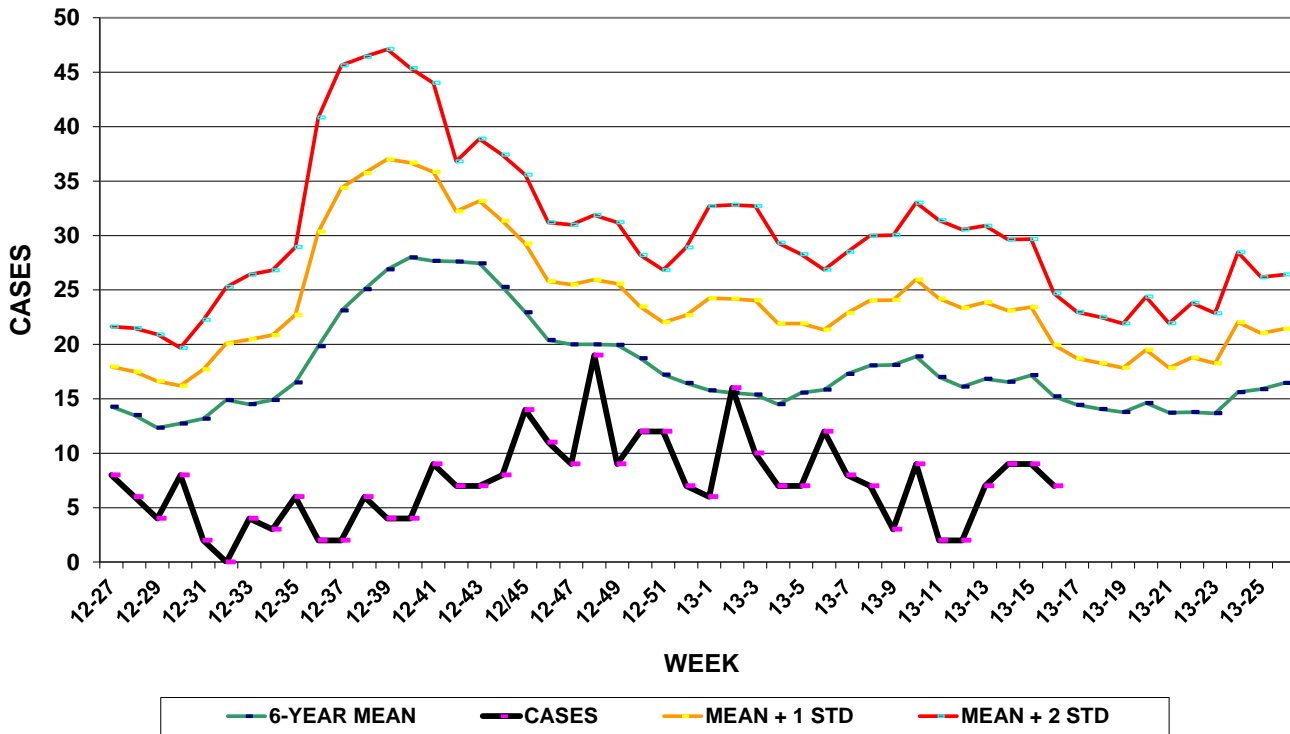
**GUAM ACUTE RESPIRATORY INFECTION SURVEILLANCE 2012-13;
 GMHA-EMERGENCY DEPARTMENT PATIENTS BY WEEK SEEN**



**GUAM SYNDROMIC DISEASE SURVEILLANCE
 GMHA-ED PATIENT DIAGNOSES BY WEEK, 2012-2013**



MEDICAL RECORDS AND INFECTION CONTROL DEPARTMENTS
 GUAM MEMORIAL HOSPITAL AUTHORITY
**HOSPITAL INPATIENT DISCHARGES WITH A DIAGNOSIS OF PNEUMONIA
 BY WEEK DISCHARGED, 2012-2013**



**GUAM SENTINEL PHYSICIAN INFLUENZA SURVEILLANCE
 REPORTS OF INFLUENZA OR INFLUENZA-LIKE ILLNESSES
 RECEIVED FOR THE WEEK ENDING 4/20/2013**

Sporadic – One case reported by sentinel physicians

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

Foreign Quarantine & Enteric Diseases Section
 Bureau of Communicable Disease Control

Guam Department of Public Health & Social Services

H1N1 INFLUENZA SURVEILLANCE, WEEK 16, 2013

NO CASES OF H1N1 REPORTED FOR WEEK 16

Cumulative 2013: 0 civilian & 0 military cases

INFECTION CONTROL DEPARTMENT
 GUAM MEMORIAL HOSPITAL AUTHORITY

**HOSPITALIZATIONS FOR INFLUENZA A or B BY AGE
 AND MORBIDITY REPORTING WEEK**

AGE	7	8	9	10	11	12	13	14	15	16	TOTAL
0-4							1			1	2
5-18											
19-24											
25-49											
50-64											
65+											
TOTAL	0	0	0	0	0	0	1	0	0	1	2(A)

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, 2013**
 (Villages listed geographically from northern-most to southern-most)

VILLAGE	WEEK										TOTAL	2013 RATE
	7	8	9	10	11	12	13	14	15	16		
Yigo	0	1	0	1	1	1	0	0	0	0	8	38.35
Dededo	2	0	0	5	1	3	2	0	5	2	29	63.69
Tamuning	2	0	0	0	0	1	2	0	1	0	8	39.63
Barrigada	0	1	0	0	0	0	0	0	0	1	4	44.73
Mangilao	1	2	0	0	1	0	0	1	0	0	10	63.48
M-T-M	0	1	0	1	0	1	1	0	1	1	6	84.28
Hagatna	0	0	0	0	1	0	0	0	0	0	2	76.86
Agaña Hts	1	0	0	0	1	0	0	0	0	0	2	53.08
Sinajana	0	0	0	0	1	0	0	1	0	0	2	79.55
Chalan Pago- Ordot	1	0	0	0	0	0	0	0	0	0	1	14.10
Asan-Maina	0	0	0	0	0	0	0	0	0	0	0	0.00
Piti	0	0	0	0	0	0	0	0	0	0	0	0.00
Santa Rita	0	0	0	0	0	0	0	0	0	0	2	35.34
Agat	0	0	0	1	0	0	0	0	0	0	1	21.30
Yona	0	0	0	0	0	0	2	0	0	0	5	77.17
Talofofo	0	0	0	0	0	1	0	0	0	0	1	33.32
Inarajan	0	0	0	0	0	0	0	0	0	0	0	0.00
Merizo	0	0	0	0	0	0	0	0	0	0	0	0.00
Umatac	0	0	0	0	0	0	0	0	0	0	0	0.00
Tourist	0	0	0	0	0	0	0	0	0	0	1	
Unknown	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	7	5	0	8	6	7	7	2	7	4	82	51.02

NOTE: Rate = cases per 100,000 population for the specified period.

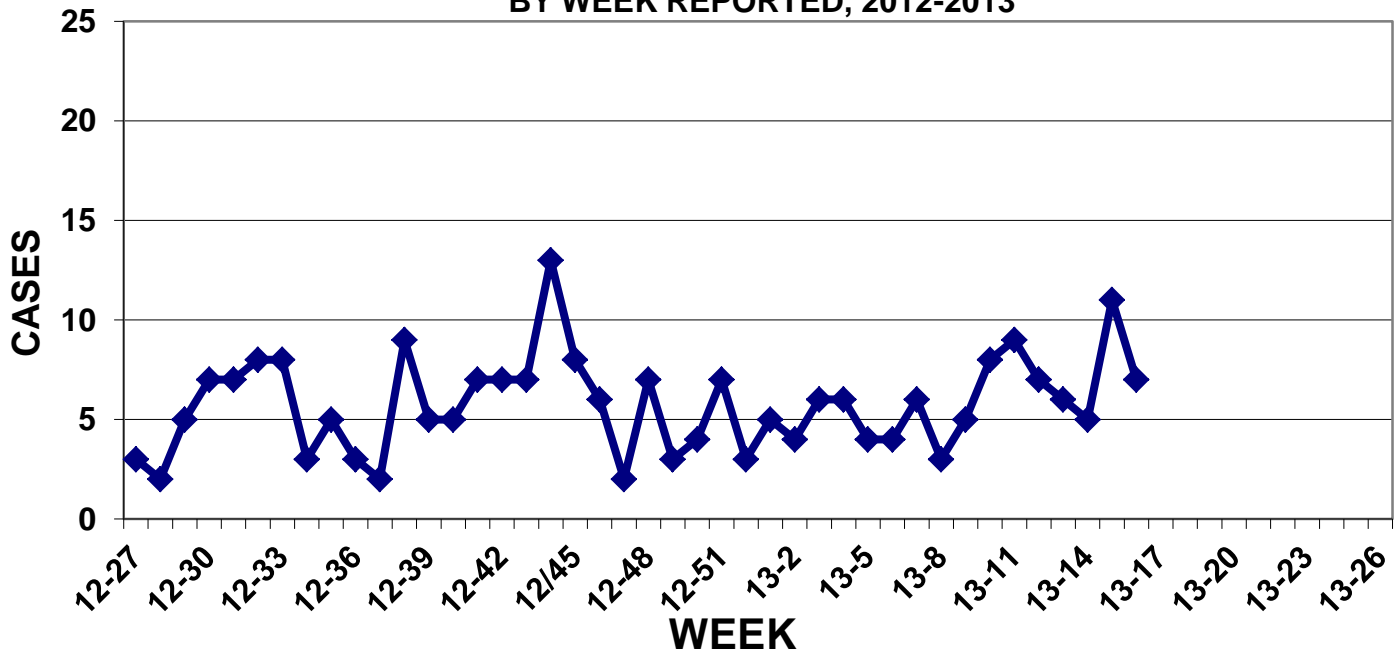
GUAM ANIMAL DISEASE (ZONOSSES) REPORTS
 REPORTS RECEIVED FOR THE WEEK ENDING 4/20/2013

Anaplasmosis – 1 canine, Babesiosis – 4 canine

Bureau of Communicable Disease Control
Guam Department of Public Health & Social Services
ISLAND-WIDE COMMUNICABLE DISEASE REPORT
 REPORTS RECEIVED FOR THE WEEK ENDING 4/20/2013

<i>Acinetobacter baumannii</i> MDR	1
<i>Campylobacter</i> species	1
<i>Chlamydia trachomatis</i>	28
<i>Clostridium difficile</i>	1
Conjunctivitis	2
<i>E. coli</i> MDR	4
Gonorrhea	5
Hepatitis B	5
HSV 2	1
HPV	4
Influenza – not typed	2
Influenza A	1
Influenza B	1
<i>Klebsiella pneumoniae</i> MDR	2
MRSA	12
Scabies	8
Scarlet fever	1
Streptococcal sore throat	17
Streptococcal disease, other	3
Tuberculosis	4
VRE	1

PREVENTIVE MEDICINE DEPARTMENT
 U.S. NAVAL HOSPITAL GUAM
PNEUMONIA CASES SEEN IN GUAM MILITARY TREATMENT FACILITIES
BY WEEK REPORTED, 2012-2013



H7N9 NEWS

As of April 23, 2013 (16:00 Beijing Time), an additional four cases of human infection with influenza A(H7N9) virus were laboratory confirmed (16:00 April 22-16:00 April 23 Beijing Time). Two cases are from Zhejiang, one from Anhui, and the other one from Shandong.

To date, a total of 108 cases have been laboratory confirmed with influenza A(H7N9) virus in mainland China, including 14 recovered and discharged, 72 still hospitalized and 22 deaths. These cases are distributed over 7 provinces/municipalities, including Beijing (1 case, 0 death), Shanghai (33 cases, 12 deaths), Jiangsu (24 cases, 3 death), Zhejiang (42 cases, 6 deaths), Anhui (4 cases, 1 death), Shandong (1 case, 0 death) and Henan (3 cases, 0 death). So far, all confirmed human infections with A(H7N9) are sporadic cases, and there is no evidence of ongoing human-to-human transmission.

Source: Chinese Center for Disease Control and Prevention. *Accessed 4/24/13*

Background on Human Infections with other Avian Influenza Viruses

Human infections with avian influenza viruses are rare and most often occur after people are in contact with an infected bird. However, non-sustained person-to-person spread of other avian influenza viruses is thought to have occurred in the past, most notably with avian influenza A (H5N1) viruses.

Almost all of these cases occurred during unprotected, close and prolonged contact between a caregiver (mostly blood-related family members) and a very ill patient.

Based on this previous experience, it's likely that some limited human-to-human spread of this H7N9 virus will be detected.

Human-to-human transmission ranges along a continuum; from occasional, "dead-end" human-to-human transmission, to efficient and sustained human-to-human transmission. "Dead end" transmission usually refers to when a virus from an animal host infects a person and then there is some subsequent transmission that eventually burns out. Efficient and sustained (ongoing) transmission in the community is needed for an influenza pandemic to begin. There is no evidence that the H7N9 virus in China is spreading in a sustained, ongoing way at this time.

However, the concern is that this H7N9 virus might either adapt to allow efficient transmission during the infection of mammals or reassort its gene segments with human influenza viruses during the co-infection of a single host, resulting in a new virus that would be transmissible from person to person. Such events are believed to have preceded the influenza pandemics of 1918, 1957, and 1968.

Source: U.S. Centers for Disease Control and Prevention.. *Accessed 4/24/13*