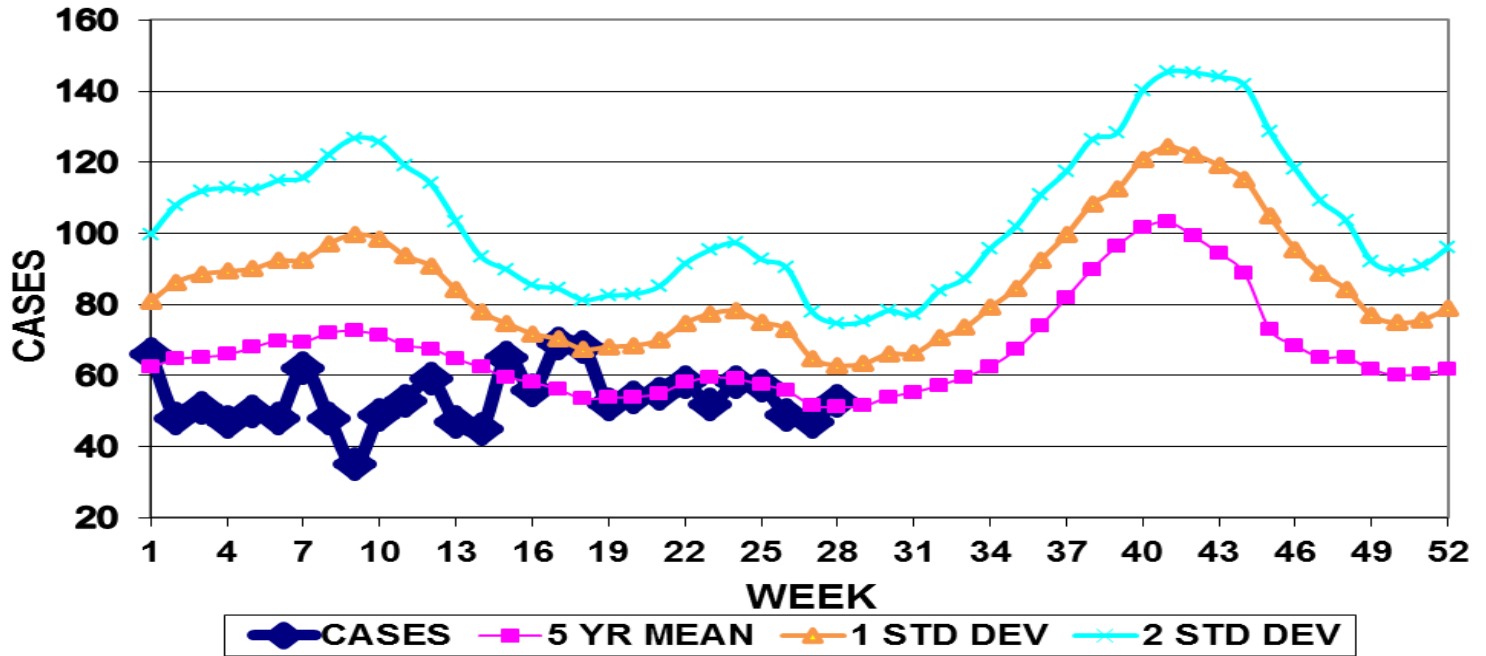


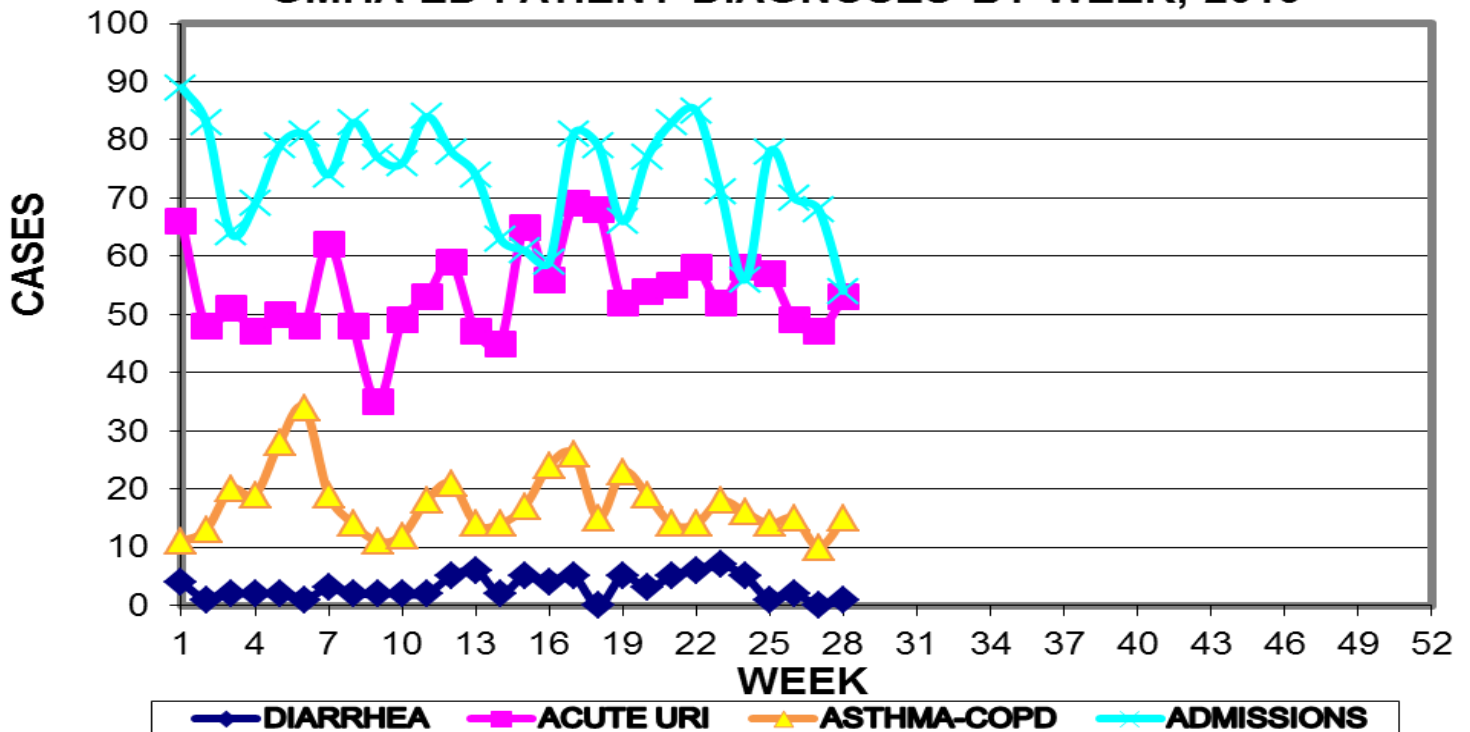
INFECTION CONTROL DEPARTMENT
 GUAM MEMORIAL HOSPITAL AUTHORITY
GUAM EPIDEMIOLOGY NEWSLETTER
 REPORT FOR WEEK ENDING: 7/13/2013 (Reporting week 2013-28)

GUAM REPORTS

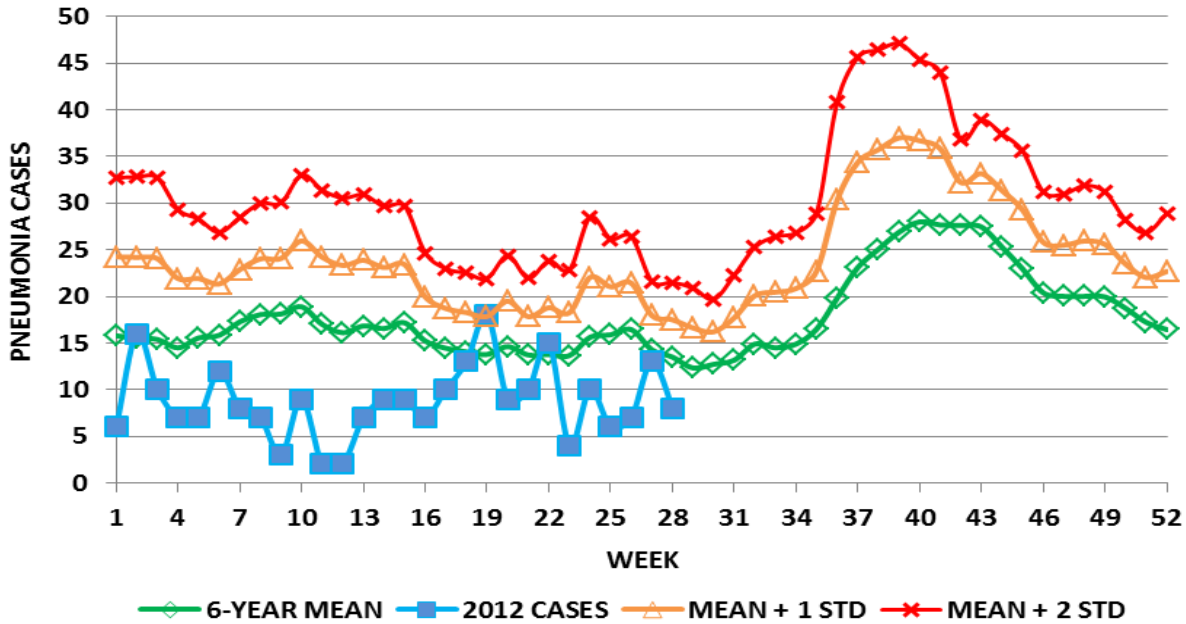
**GUAM ACUTE RESPIRATORY INFECTION SURVEILLANCE 2013;
 GMHA-EMERGENCY DEPARTMENT PATIENTS BY WEEK SEEN**



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



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



**GUAM SENTINEL PHYSICIAN INFLUENZA SURVEILLANCE
REPORTS OF INFLUENZA OR INFLUENZA-LIKE ILLNESSES
RECEIVED FOR THE WEEK ENDING 7/13/2013**

Sporadic – No cases 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 28, 2013

NO CASES OF H1N1 REPORTED FOR WEEK 28

Cumulative 2013: 0 civilian & 0 military cases

INFECTION CONTROL DEPARTMENT
GUAM MEMORIAL HOSPITAL AUTHORITY

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

AGE	19	20	21	22	23	24	25	26	27	28	TOTAL
0-4											2
5-18											
19-24											
25-49											
50-64											
65+											
TOTAL	0	0	0	0	0	0	0	0	0	0	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, 2013**
 (Villages listed geographically from northern-most to southern-most)

VILLAGE	WEEK										TOTAL	2013 RATE
	19	20	21	22	23	24	25	26	27	28		
Yigo	1	0	0	0	0	2	2	0	1	0	15	71.81
Dededo	1	1	1	0	2	3	5	0	0	1	46	101.03
Tamuning	1	0	0	0	1	2	0	0	0	0	12	59.44
Barrigada	0	0	0	0	1	1	0	0	0	0	6	44.73
Mangilao	0	0	2	0	1	1	0	0	1	0	15	95.51
M-T-M	0	3	1	1	0	1	1	0	0	0	13	182.61
Hagatna	0	0	0	0	0	0	0	0	0	1	3	289.58
Agaña Hts	0	0	0	1	0	0	0	0	0	0	3	79.62
Sinajana	0	0	0	0	0	0	0	0	0	0	2	79.55
Chalan Pago-Ordot	0	0	1	2	0	0	1	0	0	0	5	70.50
Asan-Maina	0	0	0	0	0	0	0	0	0	0	0	0.00
Piti	0	2	0	0	0	0	0	0	0	0	2	143.88
Santa Rita	0	1	0	0	0	0	0	0	0	0	3	53.01
Agat	0	1	1	0	0	1	1	0	0	1	8	170.39
Yona	0	1	1	0	0	0	0	0	0	0	7	108.04
Talofofu	1	1	0	0	0	0	0	0	0	0	3	99.97
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	4	10	7	4	5	11	10	0	2	3	144	89.59

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

GUAM ANIMAL DISEASE (ZONOSSES) REPORTS
 REPORTS RECEIVED FOR THE WEEK ENDING 7/13/2013

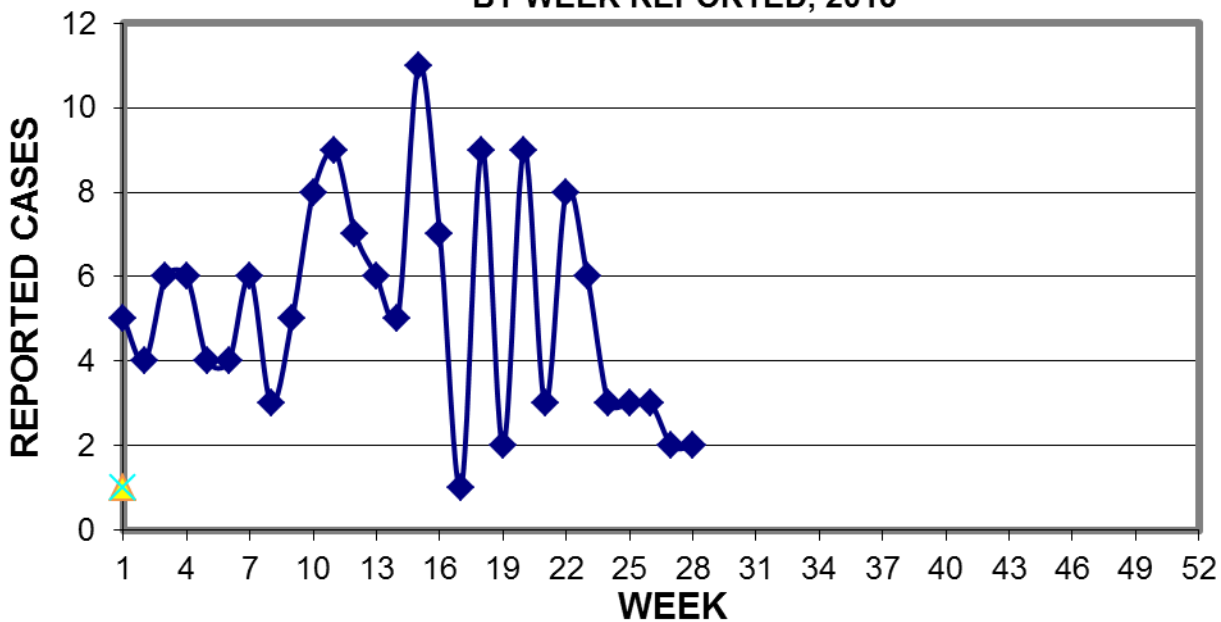
None received

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

REPORTS RECEIVED FOR THE WEEK ENDING 7/13/2013

<i>Acinetobacter baumannii</i> MDR	1
Chickenpox	2
<i>Chlamydia trachomatis</i>	8
<i>Clostridium difficile</i>	2
Conjunctivitis	4
<i>E. coli</i> MDR	2
<i>Giardia lamblia</i>	1
Gonorrhea	2
Hepatitis B	1
Hepatitis C	5
Influenza B	3
<i>Klebsiella pneumoniae</i> MDR	3
MRSA	11
RSV	1
Scabies	1
Shigellosis	1
Streptococcal sore throat	8
Streptococcal disease, other	1
TB, pulmonary	2
VRE	1

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



Rubella Epidemic — Japan, 2013

Until the early 2000s, rubella was endemic in Japan, with periodic epidemics approximately every 5 years and seasonal increases in the spring and summer. In 1976, Japan established a goal to prevent CRS (congenital rubella syndrome) and introduced single-antigen rubella vaccine in its national immunization program, targeting girls in junior high school. In 1989, a MMR vaccine was introduced, targeting children aged 12–72 months, but this combination vaccine was withdrawn in 1993 after reports of aseptic meningitis related to the mumps component. In 1995, vaccination policy was changed again to make all vaccines strongly recommended but not mandatory, and in 2006, the MR combined vaccine was introduced, with a 2-dose schedule administered at 1–2 years and 5–7 years.

In April 1999, a nationwide, case-based surveillance for CRS was established in 1999 and vaccination efforts were improved. In 2011, a few outbreaks were reported in the workplace among adult males. In 2012, the number of rubella cases sharply increased to 2,392, with the rise in cases continuing into 2013. From January 1 to May 1, 2013, a total of 5,442 rubella cases were reported. Of these cases, 3,936 (72.3%) were laboratory confirmed. Geographically, over 60% of rubella cases were reported from the Kanto area. In recent weeks, the epidemic has expanded from Kanto to other parts of Japan, including Osaka, Hyogo, Aichi, Fukuoka, and Kagoshima. Of the 5,442 cases, males accounted for 4,213 cases (77.4%), of which 3,878 cases (92.0%) were in persons aged >20 years. Of the 4,834 cases in persons aged >20 years, 1,727 (36%) were in persons aged 30–39 years and 1,535 (32%) in persons aged 20–29 years. Among rubella cases, vaccination history was unknown in a majority of cases (3,538 [65%]). For the 1,904 reported rubella cases with known vaccination status, 1,566 (82%) occurred in persons who had not received rubella vaccine. Virus genotypes were determined for 150 cases in 2012; of these, 123 (82.0%) and 26 (17.0%) were genotypes 2B and 1E, respectively.

During 2008–2011, three cases of CRS were reported nationwide. Since October 2012, 10 CRS cases have been reported from Hyogo (two), Aichi (two), Osaka (two), Tokyo (one), Kagawa (one), Saitama (one), and Kanagawa (one). Six of the mothers of infants with CRS had not received rubella vaccine, and four had unknown vaccination history. In 2012, Japan reported 18.7 rubella cases per million population, a rate higher than the WHO Western Pacific Region annual incidence target.

As of May 2013 (4 months into the year), the number of reported rubella cases was already double the total number of cases in 2012. In response to the current outbreak, Japan's Ministry of Health, Labor, and Welfare has provided guidance to local health-care authorities including information on rubella disease and CRS for pregnant women and their households and has encouraged vaccination of the family members of pregnant women (because rubella vaccine is contraindicated in pregnant women) and vaccination for women who plan to get pregnant. The local governments in approximately 100 cities, including several districts in the Tokyo metropolitan area that had high numbers of reported rubella cases, have provided partial funding to help with the cost of MR vaccine or a single rubella vaccine for women planning pregnancy and for men who are living with a pregnant woman. In addition, mass media agencies in Japan have provided information about the rubella epidemic, including rubella disease and CRS, which has helped increase awareness about the importance of rubella vaccination.

Source: Centers for Disease Control and Prevention, MMWR. Nationwide Rubella Epidemic-Japan, 2013. MMWR 2013;62:457-462

Editorial comment: No rubella cases were reported on Guam during 2012 or so far in 2013, testimony to the effectiveness of the local immunization program considering the large number of Japanese tourists visiting the island each month..