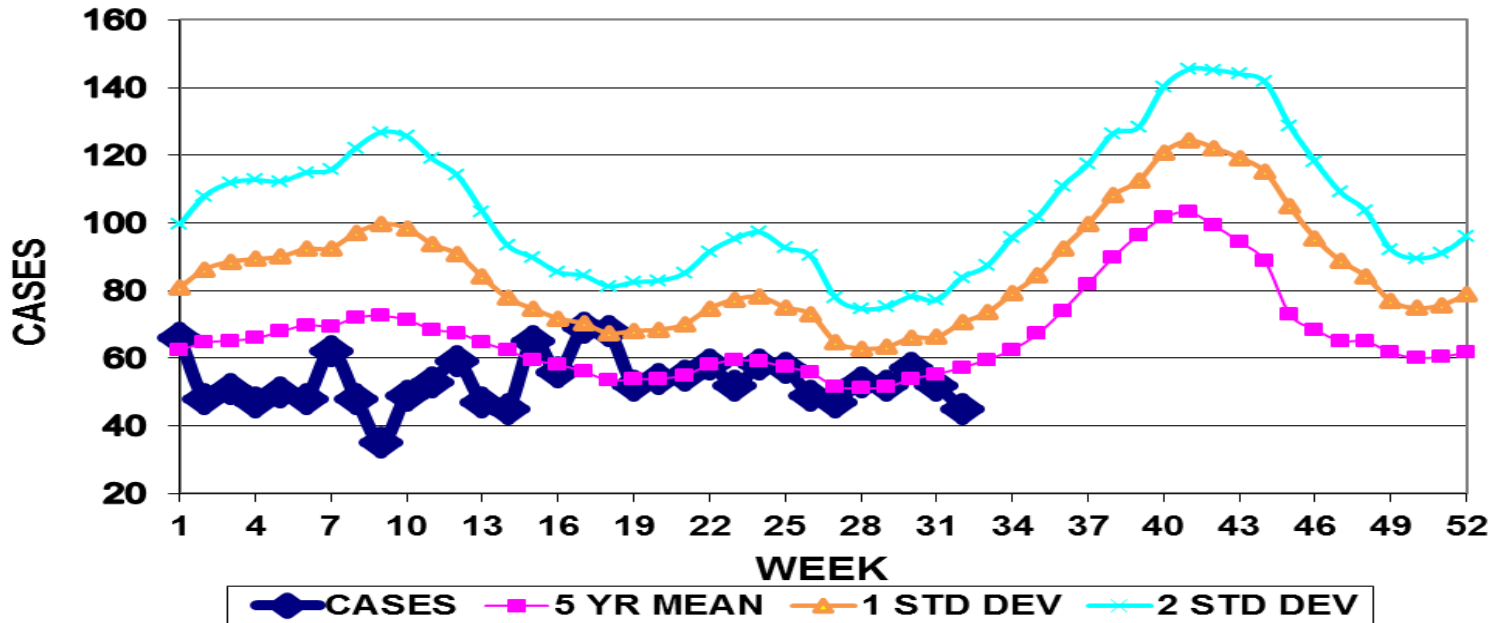


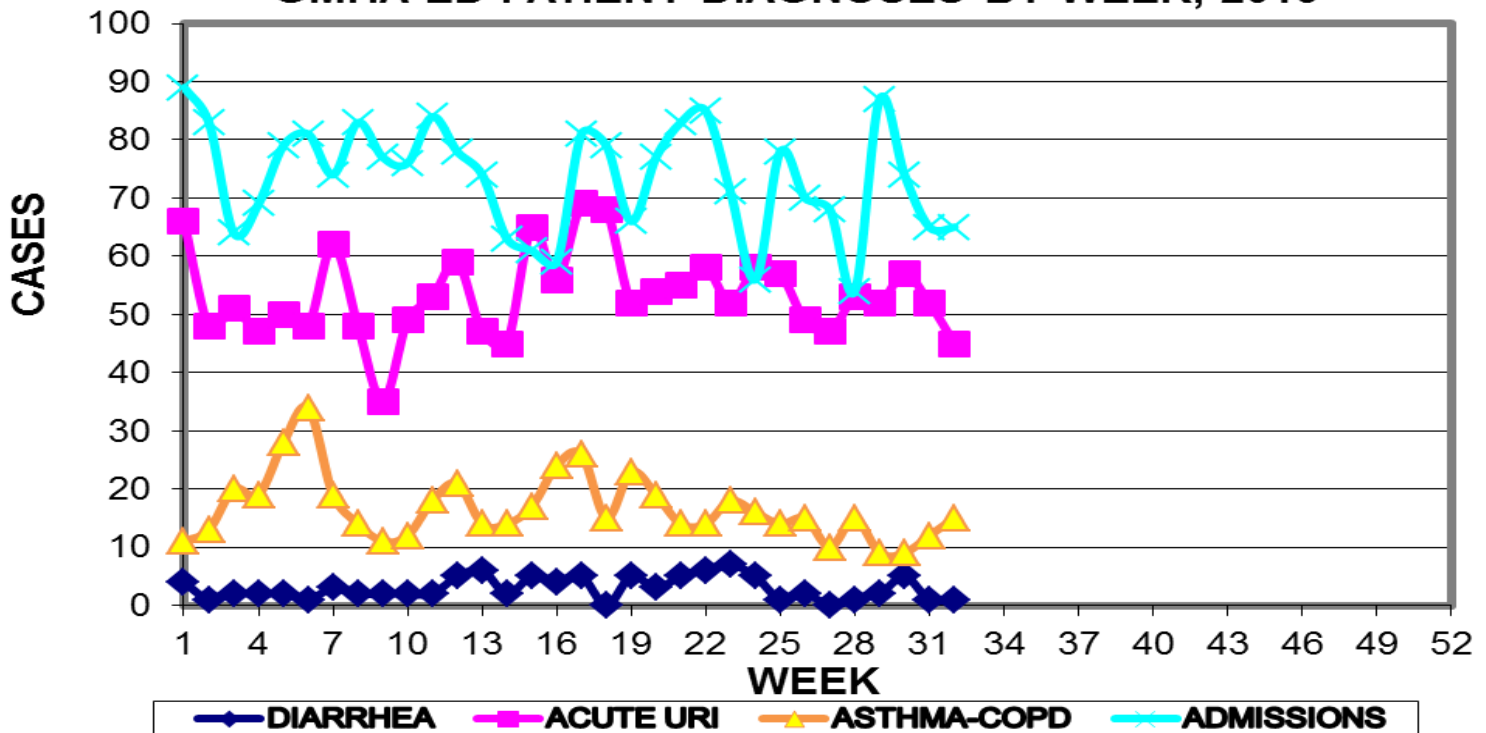
INFECTION CONTROL DEPARTMENT
 GUAM MEMORIAL HOSPITAL AUTHORITY
GUAM EPIDEMIOLOGY NEWSLETTER
 REPORT FOR WEEK ENDING: 8/10/2013 (Reporting week 2013-32)

GUAM REPORTS

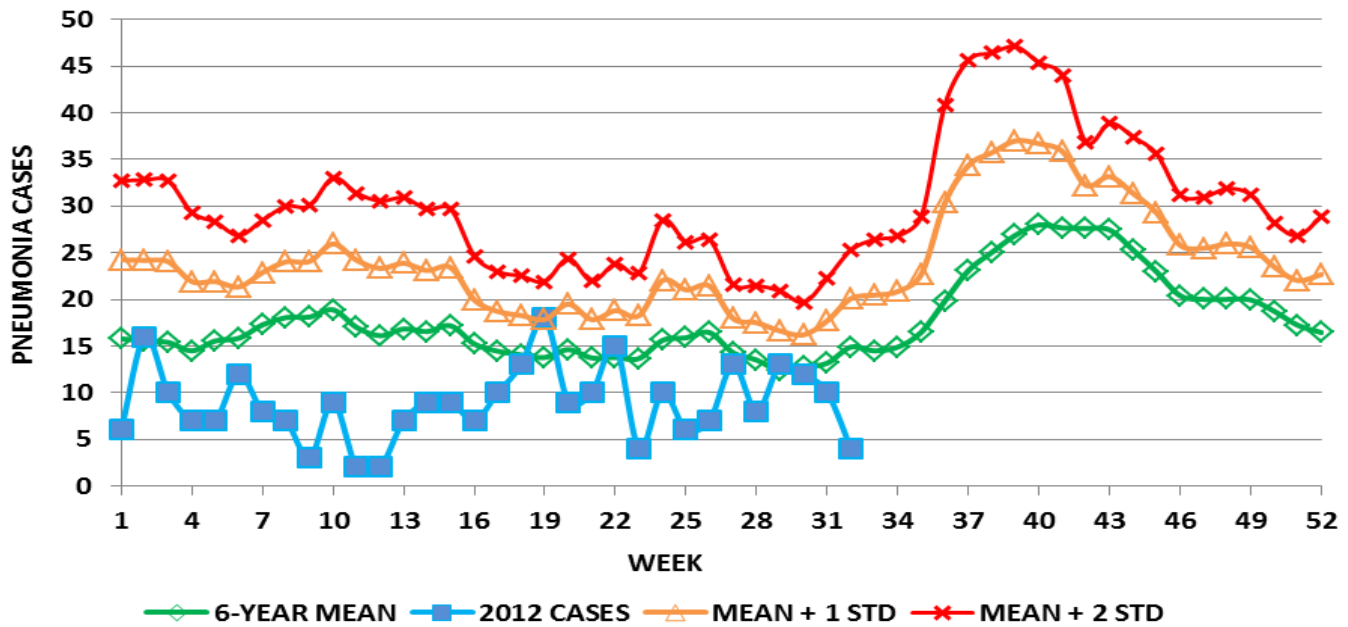
**GUAM ACUTE RESPIRATORY INFECTION SURVEILLANCE 2013;
 GMHA-EMERGENCY DEPARTMENT PATIENTS BY WEEK SEEN**



**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 8/10/13**

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 32, 2013**

NO CASES OF H1N1 REPORTED FOR WEEK 32

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	23	24	25	26	27	28	29	30	31	32	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
	23	24	25	26	27	28	29	30	31	32		
Yigo	0	2	2	0	1	0	1	0	1	1	18	86.29
Dededo	2	3	5	0	0	1	0	3	1	0	50	109.81
Tamuning	1	2	0	0	0	0	0	0	1	0	13	64.40
Barrigada	1	1	0	0	0	0	0	0	0	0	6	44.73
Mangilao	1	1	0	0	1	0	0	0	0	0	15	95.51
M-T-M	0	1	1	0	0	0	0	2	0	1	16	224.75
Hagatna	0	0	0	0	0	1	0	0	0	0	3	289.58
Agaña Hts	0	0	0	0	0	0	0	0	0	0	3	79.62
Sinajana	0	0	0	0	0	0	0	0	0	0	3	119.33
Chalan Pago- Ordot	0	0	1	0	0	0	0	1	0	0	6	84.60
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	2	143.88
Santa Rita	0	0	0	0	0	0	0	0	0	0	3	53.01
Agat	0	1	1	0	0	1	0	0	0	0	8	170.39
Yona	0	0	0	0	0	0	0	0	1	1	9	138.91
Talofof	0	0	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	1	0	0	0	133.16
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	5	11	10	0	2	3	1	7	4	4	160	99.55

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

GUAM ANIMAL DISEASE (ZONOSSES) REPORTS
 REPORTS RECEIVED FOR THE WEEK ENDING 8/10/2013

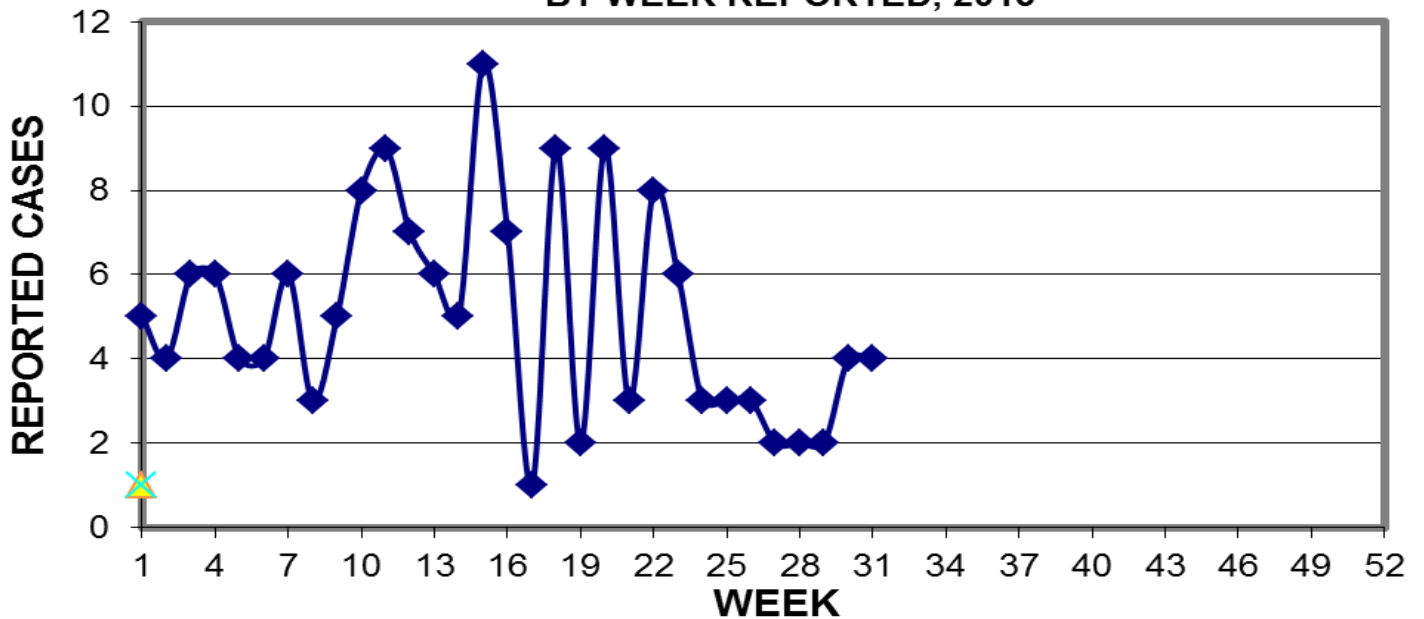
Babesiosis – 4 canine

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

REPORTS RECEIVED FOR THE WEEK ENDING 8/10/2013

Chickenpox	3
<i>Chlamydia trachomatis</i>	14
Conjunctivitis	1
Hand, foot, and mouth disease	1
MRSA	4
Parvovirus B19	4
Scabies	1
Streptococcal sore throat	11
Tuberculosis	1
VRE	1

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



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Influenza H3N2v – Indiana

The Indiana State Department of Health has reported the first influenza A (H3N2) variant (H3N2v)-associated hospitalization to CDC for this summer. The patient is a child younger than 5 years old and had exposure to pigs at a fair prior to illness onset. Children younger than 5 are at high risk for complications from infection with influenza viruses, including H3N2v (a full list of age and health factors that place people at high risk of serious complications from influenza virus infection is available at http://www.cdc.gov/flu/about/disease/high_risk.htm).

This is the 14th human infection with H3N2v from the state of Indiana for 2013. Last summer, 309 cases of H3N2v were reported in the United States; 16 patients were hospitalized *and one of these patients died*. This hospitalization of a child infected with H3N2v underscores the importance of measures to protect high risk people from influenza virus infection, including by influenza viruses that normally circulate in pigs. CDC currently recommends that people who are at high risk of serious influenza-related complications stay away from pigs at fairs (and their environments, i.e. swine barns) this year. No additional cases of H3N2v infection have been identified among close contacts of the ill patient.

A sample of the virus was sent to CDC for additional testing. This human infection brings the total number of H3N2v cases reported in the United States this year to 16 (Illinois [1], Ohio [1], and Indiana [14]). More information about H3N2v, including CDC's recommendations for treatment of suspected or confirmed H3N2v infection, is available at <http://www.cdc.gov/flu/swineflu/h3n2v-cases.htm>.

Dengue – Kosrae State, FSM

PALIKIR, FSM - The Department of Health and Social Affairs for the Federated States of Micronesia reports that an outbreak of dengue fever in Kosrae State is straining health services. Beginning last September when a 35-year-old woman was hospitalized with the mosquito-borne virus and until the end of June, a total of 875 suspected cases had been recorded and 132 patients had been laboratory confirmed positive for dengue.

By March 14, 2013, approximately 3.7% of Kosrae State residents had been hospitalized with suspected dengue [an outbreak of similar proportions on Guam would have seen almost 6,000 patients admitted to Guam Memorial Hospital. *Ed.*]. The outbreak has consumed scarce medical and public health services, including outpatient, inpatient, and laboratory services, resulting in redirection of human and material resources from other important medical and public health activities. Because the health consequences of dengue can be substantial in resource-limited settings, Pacific Island nations may wish to consider preparedness measures for dengue outbreaks such as developing and testing outbreak response plans and ensuring adequate capacity for epidemiologic surveillance and laboratory testing.

Sources: BRIEFS (YapStateGov.org), August 9, 2013, *and* CDC MMWR, July 19, 2013 / 62(28);570-573.

