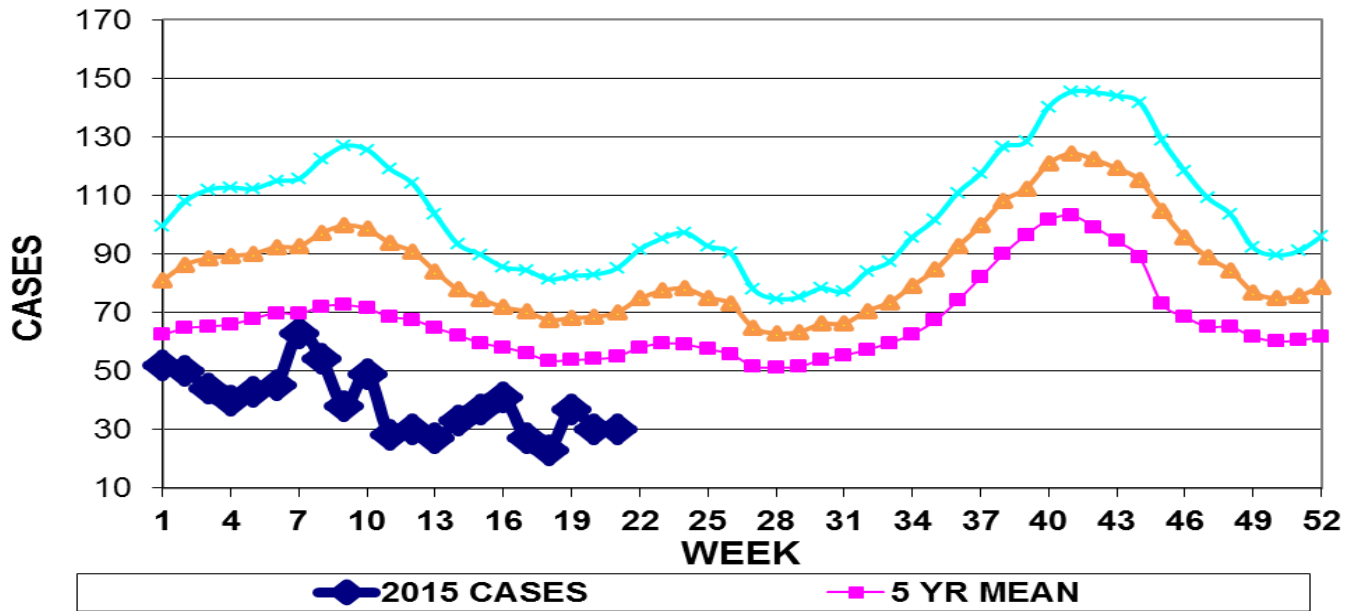


INFECTION CONTROL DEPARTMENT  
 GUAM MEMORIAL HOSPITAL AUTHORITY  
**GUAM EPIDEMIOLOGY NEWSLETTER**

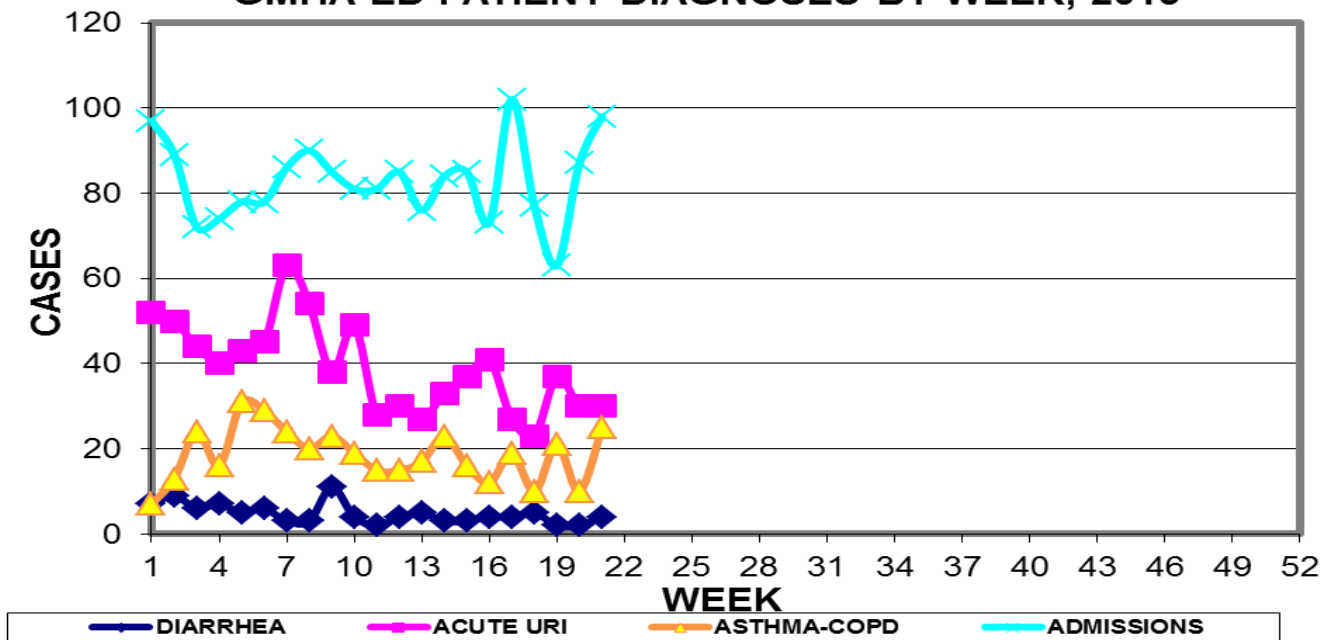
REPORT FOR WEEK ENDING: 5/30/2015 (Reporting week 2015-21)

**GUAM REPORTS**

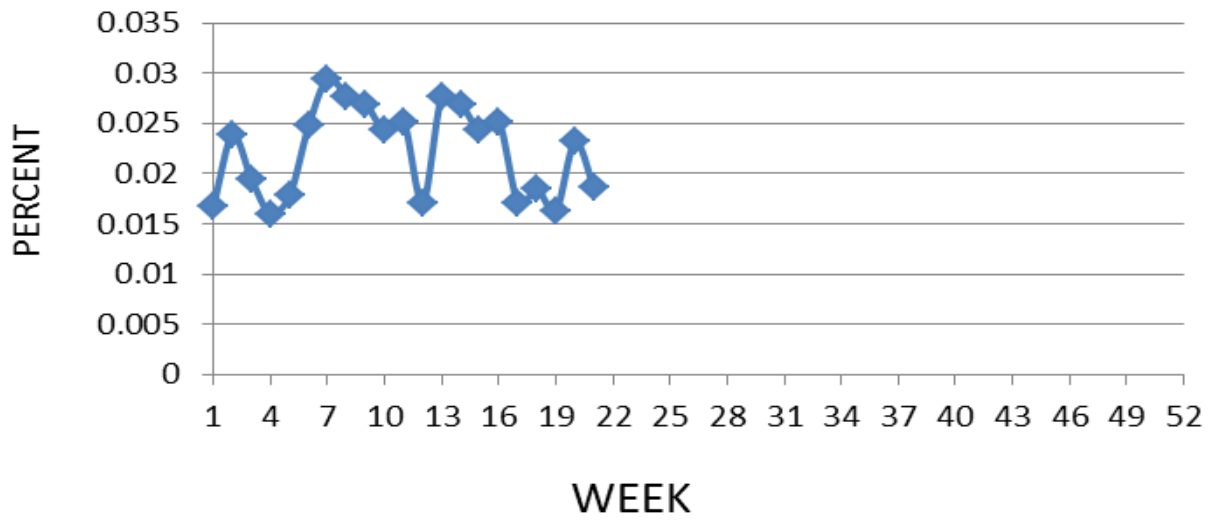
**GUAM ACUTE RESPIRATORY INFECTION SURVEILLANCE 2015;  
 GMHA-EMERGENCY DEPARTMENT PATIENTS BY WEEK SEEN**



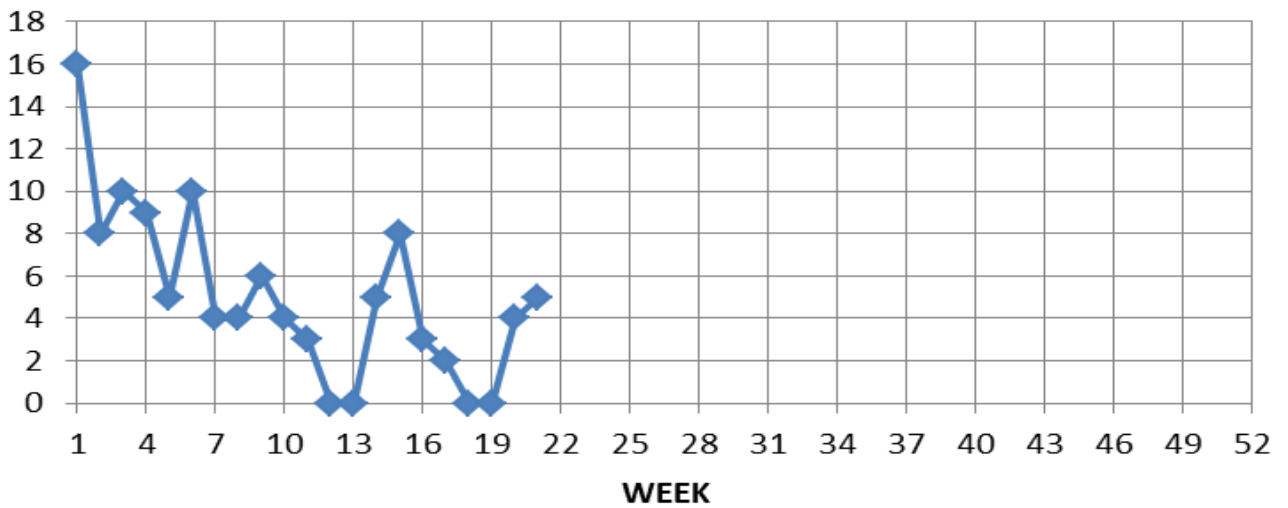
**GUAM SYNDROMIC DISEASE SURVEILLANCE  
 GMHA-ED PATIENT DIAGNOSES BY WEEK, 2015**



**Percent of total GMH-ER patients with Influenza/ILI symptoms (3-week smoothed)**



**NUMBER OF CASES OF INFLUENZA AND ILI REPORTED BY SENTINEL PHYSICIANS BY WEEK REPORTED, 2015**



**GUAM SENTINEL PHYSICIAN INFLUENZA SURVEILLANCE**

REPORTS OF INFLUENZA OR INFLUENZA-LIKE ILLNESSES

RECEIVED FOR THE WEEK ENDING 5/30/15

Five cases reported by sentinel physicians

Bureau of Communicable Disease Control

**Guam Department of Public Health & Social Services**

**H1N1 INFLUENZA SURVEILLANCE, WEEK 21**

**NO CASES OF H1N1 REPORTED FOR WEEK 21**

**Cumulative 2015: 0 civilian & 0 military cases**

INFECTION CONTROL DEPARTMENT

GUAM MEMORIAL HOSPITAL AUTHORITY

**HOSPITALIZATIONS FOR INFLUENZA A BY AGE**

**AND MORBIDITY REPORTING WEEK, 2015**

<b>AGE</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>TOTAL</b>
0-4													
5-18													
19-24													
25-49													
50-64													
65+	1												1
<b>TOTAL</b>	<b>1</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>	<b>0</b>	<b>0</b>	<b>1</b>

Bureau of Communicable Disease Control

**Guam Department of Public Health & Social Services**

**ISLAND-WIDE COMMUNICABLE DISEASE REPORT**

REPORTS RECEIVED DURING THE WEEK ENDING 5/30/2015

<i>Chlamydia trachomatis</i>	11
Conjunctivitis	8
Gonorrhea	3
Hepatitis B*	2
MRSA	8
Mumps	1
Pertussis	1
Scabies	2
Streptococcal sore throat	4
Streptococcal disease, other	1
Tuberculosis	2

\*May represent chronic disease but not previously included in the Hepatitis Registry

□

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, 2015**  
 (Villages listed geographically from northern-most to southern-most)

VILLAGE	WEEK										TOTAL	2015 RATE
	12	13	14	15	16	17	18	19	20	21		
Yigo	1	0	1	1	0	1	1	1	1	1	27	129.48
Dededo	3	1	4	2	5	3	1	4	2	4	61	133.69
Tamuning	0	0	1	0	2	2	1	1	0	0	19	95.07
Barrigada	0	0	1	1	0	0	1	0	1	0	10	110.99
Mangilao	1	0	1	1	1	0	1	2	4	0	15	97.26
Mongmong-T-M	3	0	2	0	1	0	0	1	0	2	18	259.78
Hagatña	0	0	0	0	1	0	0	0	0	0	2	187.44
Agaña Heights	0	0	0	0	0	0	0	0	0	0	0	0.00
Sinajana	0	0	0	1	1	0	0	0	0	0	4	152.03
Chalan Pago-Ordot	0	0	0	0	0	1	0	0	0	0	4	57.75
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	1	0	5	80.95
Agat	0	0	0	1	1	1	1	0	0	1	11	220.35
Yona	0	0	0	0	0	0	0	0	0	0	3	45.60
Talofofo	0	0	0	1	0	0	0	0	0	0	2	64.60
Inarajan	0	0	0	0	0	1	0	0	0	0	5	216.64
Merizo	0	0	0	0	0	0	0	0	0	0	5	266.24
Umatac	0	0	0	0	0	0	0	0	0	0	0	0.00
Tourist	1	2	0	0	0	0	0	1	0	0	5	
Unknown	0	0	0	0	0	0	0	0	0	0	1	
<b>TOTAL</b>	<b>9</b>	<b>3</b>	<b>10</b>	<b>8</b>	<b>12</b>	<b>9</b>	<b>6</b>	<b>10</b>	<b>9</b>	<b>8</b>	<b>204</b>	<b>126.09</b>

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

INFLUENZA/ILI ACTIVITY LEVEL - Regional (4 villages affected)  
 (ACTIVITY LEVELS: No activity, Sporadic, Local, Regional, Widespread)

**GUAM ANIMAL DISEASE (ZONOSSES) REPORTS**  
 REPORTS RECEIVED FOR THE WEEK ENDING 5/30/2015

Ehrlichia canis – 1 canine

## MERS (Middle East Respiratory Syndrome)

South Korea has reported the country's 1st 2 deaths from MERS on Tuesday [2 Jun 2015], saying a suspected patient was confirmed to have the virus after death and another confirmed patient also died. The health ministry also reported 6 new cases of the viral disease, bringing the total to 25. The new cases included the country's 1<sup>st</sup> tertiary infections as 2 people were found to have contracted the virus from a secondarily infected patient.

Most people confirmed to have MERS infection have had severe acute respiratory illness with symptoms of **fever, cough, and shortness of breath**. Some people also had gastrointestinal symptoms including diarrhea and nausea/vomiting. For many people with MERS, more severe complications followed, such as pneumonia and kidney failure. About 3-4 out of every 10 people reported with MERS have died. Most of the people who died had an underlying medical condition. Some infected people had mild symptoms (such as cold-like symptoms) or no symptoms at all; they recovered.

Based on what researchers know so far, people with pre-existing comorbidities) may be more likely to become infected with MERS-CoV, or have a severe case. Pre-existing conditions from reported cases for which we have information have included diabetes, cancer, and chronic lung, heart, or kidney disease. Individuals with weakened immune systems are also at higher risk for getting MERS or having a severe case.

Based on information available to date, the incubation period for MERS is usually about 5 or 6 days, but can range from 2-14 days.

Currently a key question is whether the present outbreak in Korea is related to a superspreader hospitalized in an environment without respiratory precautions, and a 2nd generation of case(s) that also were hospitalized without adequate respiratory precautions, or has there been a change in the virus leading to more easy transmission in the healthcare and community environment. Presumably, there will be genetic studies on the virus(es) involved in this current outbreak. Have patients been treated with nebulizer treatments, or intubated while in the open ward and placed on respirators? Given the apparent transparency of the Korean MOH in terms of reporting, these are all questions with answers that will be shared with the public health community when information becomes available.

Source: Adapted from a ProMED-mail post <<http://www.promedmail.org>>