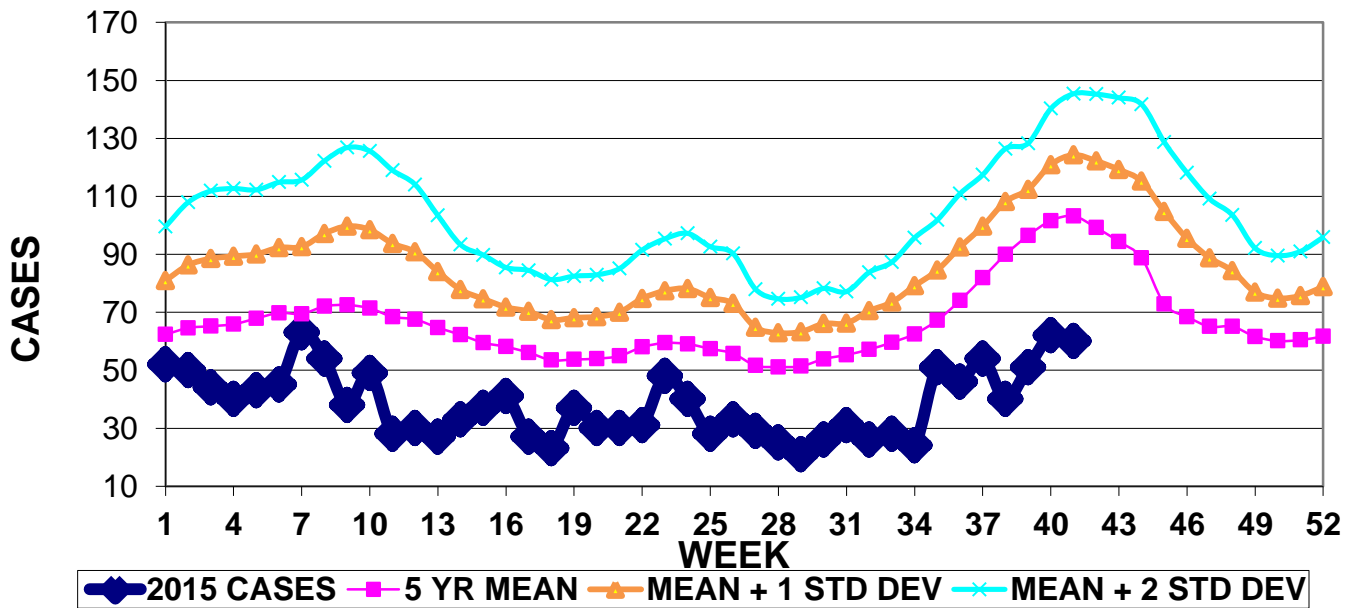


INFECTION CONTROL DEPARTMENT
 GUAM MEMORIAL HOSPITAL AUTHORITY
GUAM EPIDEMIOLOGY NEWSLETTER

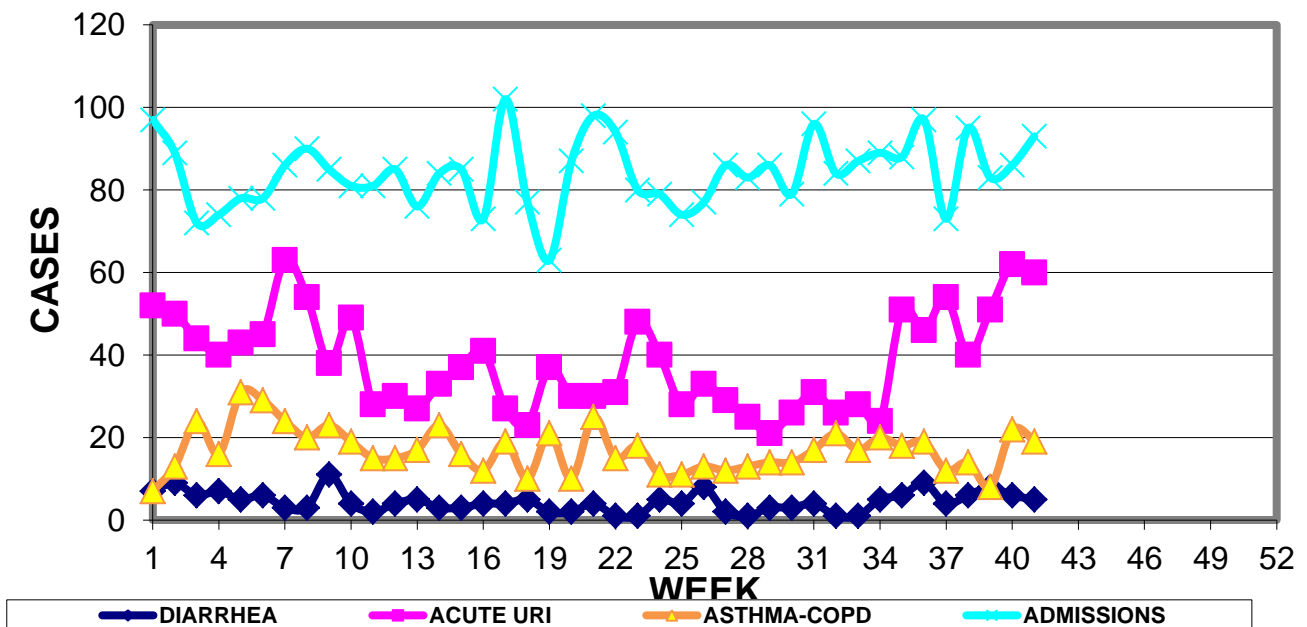
REPORT FOR WEEK ENDING: 10/17/2015 (Reporting week 2015-41)

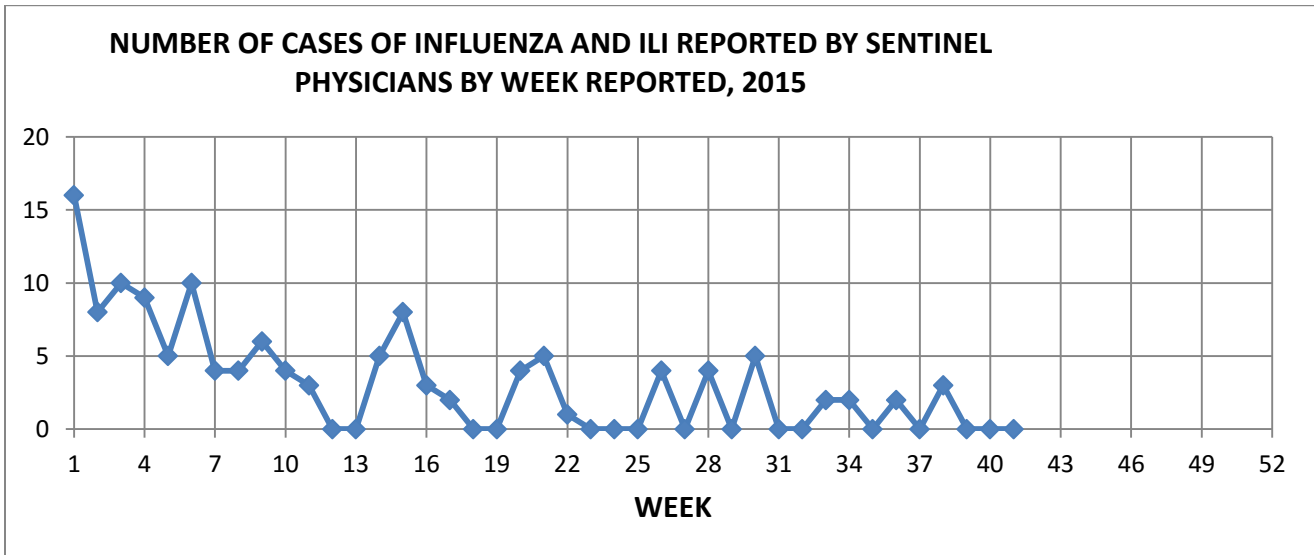
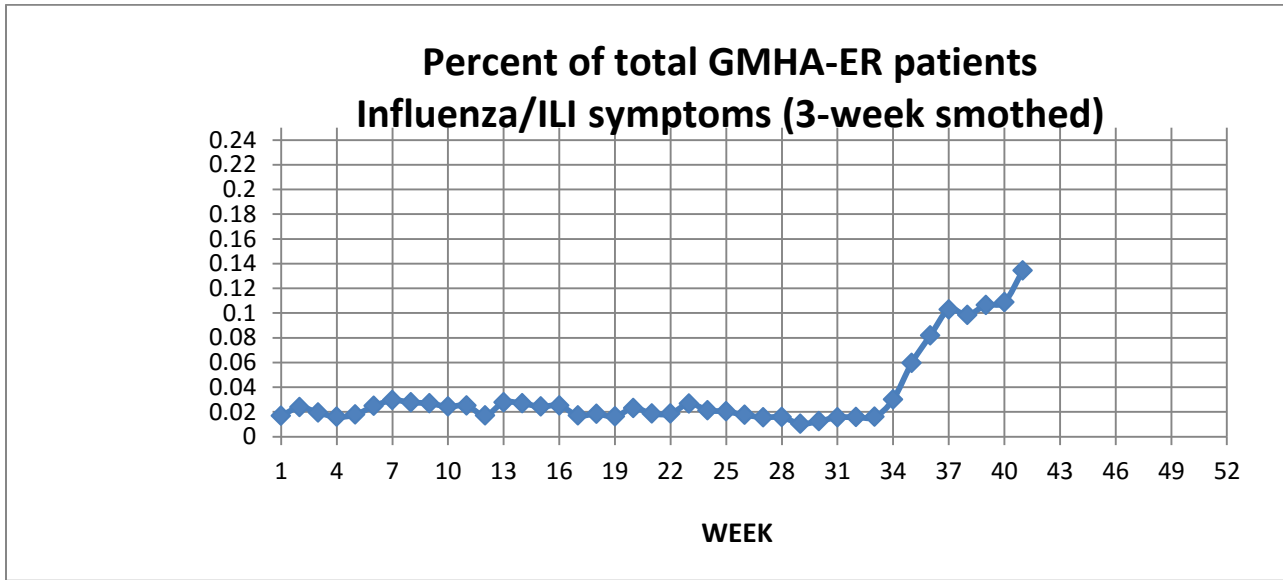
GUAM REPORTS

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



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





GUAM SENTINEL PHYSICIAN INFLUENZA SURVEILLANCE

REPORTS OF INFLUENZA OR INFLUENZA-LIKE ILLNESSES
RECEIVED FOR THE WEEK ENDING 10/17/15

No cases reported by sentinel physicians

Bureau of Communicable Disease Control
Guam Department of Public Health & Social Services
H1N1 INFLUENZA SURVEILLANCE, WEEK 41
NO CASES OF H1N1 REPORTED FOR WEEK 41
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**

AGE	29	30	31	32	33	34	35	36	37	38	39	40	41	TOTAL
0-4							1	1	1					3
5-18													1	2
19-24														
25-49									1					1
50-64														
65+														1
TOTAL	0	0	0	0	0	0	1	1	2	0	0	0	1	7

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

REPORTS RECEIVED DURING THE WEEK ENDING 10/17/2015

<i>Achromobacter</i> MDR	1
<i>Acinetobacter baumannii</i> MDR	9
<i>Chlamydia trachomatis</i>	15
<i>Clostridium difficile</i>	6
Conjunctivitis	4
<i>Enterobacter cloacae</i>	1
<i>E. coli</i> MDR	3
Hepatitis B	1
Hepatitis C	6
HSV 1	1
Influenza A	1
Influenza B	1
<i>Klebsiella pneumoniae</i> MDR	1
MRSA	20
Scabies	11
<i>Salmonella</i>	2
Streptococcal sore throat	6
Streptococcal disease, Other than SST	3
Tuberculosis	3

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
	32	33	34	35	36	37	38	39	40	41		
Yigo	0	2	1	2	7	1	0	0	1	2	52	249.38
Dededo	2	3	2	6	3	11	8	4	4	8	132	289.30
Tamuning	1	2	1	0	3	0	2	1	4	1	42	210.16
Barrigada	0	0	0	0	1	1	1	1	1	2	18	199.78
Mangilao	0	0	0	3	1	3	1	0	1	4	36	233.43
Mongmong-T-M	1	0	1	0	1	0	1	0	0	0	24	346.37
Hagatña	0	0	0	1	0	0	0	1	0	0	9	843.49
Agaña Heights	0	0	0	0	1	1	0	0	0	0	2	51.73
Sinajana	0	0	0	0	0	0	0	1	1	1	8	304.07
Chalan Pago-Ordot	0	0	1	1	0	2	1	0	1	0	11	158.82
Asan-Maina	0	0	0	0	0	0	0	1	0	0	2	92.17
Piti	0	0	0	0	0	0	0	0	0	0	1	67.75
Santa Rita	0	0	1	0	0	1	0	0	0	0	9	145.70
Agat	1	1	1	0	0	0	0	0	0	0	16	320.51
Yona	0	1	1	4	0	0	1	1	1	1	18	273.60
Talofofo	0	0	0	0	0	0	0	0	1	0	5	161.50
Inarajan	0	0	0	2	0	0	2	2	1	0	15	649.91
Merizo	0	0	0	1	0	0	1	1	1	1	10	532.48
Umatac	0	0	0	0	0	0	0	0	0	0	2	251.89
Tourist	0	1	0	0	0	0	0	0	0	0	6	
Unknown	0	0	0	0	0	0	0	0	0	0	3	
TOTAL	5	10	9	20	17	20	18	13	17	20	424	262.08

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

GMHA-ER INFLUENZA/ILI ACTIVITY LEVEL - WIDESPREAD (11 villages affected)
(ACTIVITY LEVELS: No activity, Sporadic, Local, Regional, Widespread)

GMHA-ER INFLUENZA/ILI ACTIVITY BY AGE – WEEK 41

GENDER	Total	< 1	1 - 4	5 - 9	10-14	15-19	20-24	25-29	30-39	40-49	50-64	65+	UNK
MALE	6	3	3	0	0	0	0	0	0	0	0	0	0
FEMALE	14	2	7	1	0	0	0	1	0	1	0	2	0
TOTAL	20	5	10	1	0	0	0	1	0	1	0	2	0

GUAM ANIMAL DISEASE (ZONOSSES) REPORTS

Anaplasmosis – 1 canine, Ehrlichiosis – 1 canine, Babesiosis – 2 canine

4TH WAVE of AVIAN INFLUENZA (H7N9)

The FAO (Food and Agriculture Organization, United Nations) warned countries today that a 4th wave of avian influenza H7N9 has already begun.

The novel A(H7N9) avian influenza virus originally emerged in humans in China in early 2013. Each winter since, southern China has witnessed an upsurge in human infections. H7N9 spreads silently in poultry, since it causes little to no illness in birds. It can infect people through direct contact with infected birds or their secretions. Surveillance in China has shown that H7N9 has become well established in poultry populations in south-eastern parts of the country, and the virus can cause mild to severe disease in humans, and in some cases even death. According to official numbers released by Chinese authorities, H7N9 has caused mortality in roughly 40 percent of reported human infections. Out of the 678 human cases reported to date, 271 have died.

FAO marked the beginning of Wave 4 on 2 Oct [2015] after Chinese authorities in Zhejiang Province reported the 1st 2 human cases since July [2015]. According to Dr Eran Raizman, head of FAO's Emergency Prevention Service, these are indicators of things to come. "We expect human cases to rise sharply in the coming weeks or months, as has happened in previous years. This is due in part to the seasonal behavior of the virus, helped along by critical gaps in biosecurity commonly found in the poultry industry."

As shown by over a decade of studies by FAO and partners, a lack of good biosecurity has exacerbated the situation in Southeast Asia when it comes to avian influenza viruses. Mixing of species, lack of flock identification and movement control, close contact between birds at live bird markets and many other factors enable viruses to circulate among poultry and sometimes spread to humans. China's neighbors continue to be highly at risk due to their close geographic vicinity and poultry trade links.

Moreover, H7N9 is a major livelihood concern. In order to protect the public, poultry with H7N9 infection must be destroyed. These harsh but necessary control efforts can place great strains on the vulnerable people who depend on poultry. Families often lose their entire businesses and means of subsistence, and many governments may not have sufficient emergency funds to compensate those affected.

Source: ProMED-mail post, 15 Oct 2015 FAO [edited]