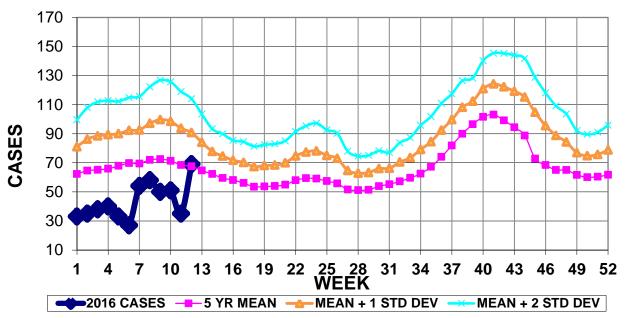
INFECTION CONTROL DEPARTMENT GUAM MEMORIAL HOSPITAL AUTHORITY

GUAM EPIDEMIOLOGYNEWSLETTER

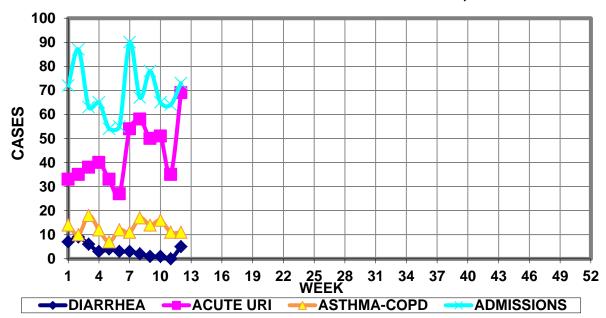
REPORT FOR WEEK ENDING: 3/26/2016 (Reporting week 2016-12)

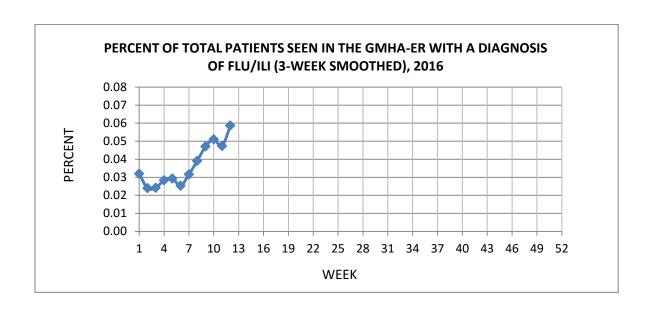
GUAM REPORTS

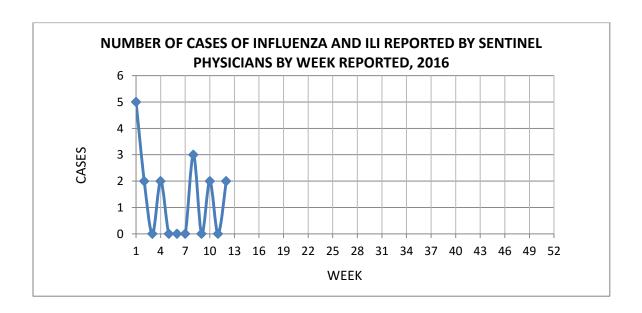
GUAM ACUTE RESPIRATORY INFECTION SURVEILLANCE 2016; GMHA-EMERGENCY DEPARTMENT PATIENTS BY WEEK SEEN



GUAM SYNDROMIC DISEASE SURVEILLANCE GMHA-ED PATIENT DIAGNOSES BY WEEK, 2016







GUAM SENTINEL PHYSICIAN INFLUENZA SURVEILLANCE

REPORTS OF INFLUENZA OR INFLUENZA-LIKE ILLNESSES RECEIVED FOR THE WEEK ENDING 3/26/16 Two cases reported by sentinel physicians

Bureau of Communicable Disease Control
Guam Department of Public Health & Social Services
H1N1 INFLUENZA SURVEILLANCE
7 CASES OF H1N1 REPORTED FOR 2016 WEEK 12
Cumulative 2016: 25 civilian & 2 military cases

INFECTION CONTROL DEPARTMENT GUAM MEMORIAL HOSPITAL AUTHORITY

HOSPITALIZATIONS FOR INFLUENZA A BY AGE AND MORBIDITY REPORTING WEEK, 2016

AGE	3	4	5	6	7	8	9	10	11	12	TOTAL
0-4											
5-18											
19-24											
25-49											
50-64											
65+											
TOTAL	0	0	0	0	0	0	0	0	0	0	0

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

REPORTS RECEIVED DURING THE WEEK ENDING 3/26/2016

Chlamydia trachomatis	5
Conjunctivitis	7
HPV	1
Influenza A	3
Kawasaki syndrome	1
Klebsiella pneumoniae, ESBL+	1
MRSA	12
Scabies	14
Streptococcal sore throat	9
Streptococcal disease, other than sore throat	1
Tuberculosis, Pulmonary	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, 2016

(Villages listed geographically from northern-most to southern-most)

WEEK

VILLAGE	3	4	5	6	7	8	9	10	11	12	TOTAL	2016 RATE
Yigo	0	2	1	0	4	1	3	1	2	1	16	76.28
Dededo	3	3	1	1	3	4	3	5	1	8	37	80.62
Tamuning	0	1	1	0	1	2	2	3	1	0	11	54.72
Barrigada	0	0	0	1	2	1	3	1	1	0	11	121.37
Mangilao	1	1	1	0	3	3	1	6	2	1	20	128.92
Mongmong-T-M	1	1	1	0	3	2	0	2	3	2	16	279.56
Hagatña	0	0	0	0	0	0	0	0	0	1	1	93.20
Agaña Heights	0	1	0	0	1	0	1	0	1	1	5	128.57
Sinajana	0	0	0	0	0	0	0	0	0	0	1	37.78
Chalan Pago-Ordot	0	0	0	0	0	0	4	0	0	1	5	71.79
Asan-Maina	0	0	0	0	0	0	0	0	0	7	7	320.81
Piti	0	0	0	0	1	0	0	0	0	0	1	67.34
Santa Rita	0	0	1	0	0	0	1	1	0	1	5	80.48
Agat	0	0	1	1	2	0	0	3	0	0	9	179.25
Yona	3	1	0	2	0	0	0	0	1	2	9	135.99
Talofofo	0	0	0	0	0	1	0	0	0	2	3	96.31
Inarajan	0	0	0	0	1	3	1	0	0	2	8	344.68
Merizo	0	0	1	0	0	0	0	0	0	0	1	52.94
Umatac	0	0	0	0	0	0	0	0	0	0	0	0
Tourist	1	1	0	0	1	0	1	0	0	1	4	
Unknown	0	0	0	0	0	0	0	1	0	0	1	
TOTAL NOTE: Pote and	9	11	8	5	22	17	20	23	12	30	173	106.30

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

$GMHA-ER\ INFLUENZA/ILI\ ACTIVITY\ LEVEL-\underline{WIDESPREAD}\ (\ 12\ of \ 19\ villages\ affected)$

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

GMHA-ER INFLUENZA/ILI ACTIVITY BY AGE – WEEK 12

GENDER	Total	< 1	1 – 4	5 - 9	10-14	15-19	20-24	25-29	30-39	40-49	50-64	65+	UNK
MALE	18	2	8	2	0	0	1	1	0	1	1	2	0
FEMALE	12	2	6	2	0	1	0	0	1	0	0	0	0
TOTAL	30	4	14	4	0	1	1	1	1	1	1	2	0

Babesosis - 2 canine

CURRENT STATUS OF INFLUENZA IN THE U.S. AND GUAM

During week 11 (March 13-19, 2016), influenza activity in the United States decreased slightly, but remained elevated. The most frequently identified influenza virus type reported by public health laboratories during week 11 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. On Guam reports of influenza or influenza-like illnesses were also down for week 11 but rebounded to more than double during week 12 (March 20-26, 2016). On Guam both Influenza A and B have been reported this year with the A serotype predominating.

Widespread flu activity was reported by Puerto Rico and 39 states during week 11. This is one fewer states than reported widespread activity the previous week. Regional (one category less than Widespread) flu activity was reported by Guam and 10 states (Alabama, Georgia, Illinois, Louisiana, Mississippi, Tennessee, Texas, Utah, Washington, and West Virginia). Local flu activity was reported by the District of Columbia and one state (Hawaii). The U.S. Virgin Islands did not report. Geographic spread data is a reflection of what proportion of areas within a state or territory are seeing flu activity.

One way that CDC measures the length of the influenza season is the number of consecutive weeks during which ILI (influenza-like illnesses) are at or above the national baseline. ILI has been at or above the national baseline for 10 consecutive weeks so far this season. For the last 13 seasons, the average duration of a flu season by this measure has been 13 weeks, with a range from 1 week to 20 weeks.

In the U.S. the flu season most commonly peaks in February. Over the last 18 seasons (including this season), only three seasons have peaked in March (2015-2016, 2011-2012 and 2005-2006) and in no year has the flu season peaked later than March. The situation on Guam is quite different. Guam typically experiences two influenza seasons per year; one occurring coincident with the winter flu season in the U.S. and an additional one in the fall after the start of the island's new school year. On average more flu cases occur during Guam's fall flu season than during the winter flu season.

While getting vaccinated is the best way to prevent the flu, flu antiviral drugs can treat flu illness. CDC recommends that patients suspected of having influenza who are at high-risk (persons with chronic conditions such as diabetes mellitus, asthma or COPD, kidney or liver diseases, HIV/AIDS, cancer, etc.) or who are very sick should receive prompt treatment with influenza antiviral drugs without waiting for confirmatory testing. More information about flu antiviral medications is available at: http://www.cdc.gov/flu/antivirals/index.htm

Sources: www.cdc.gov/flu/weekly/summary.htm

www.cdc.gov/flu/about/disease/high risk.htm and Office of Epidemiology and Research, Guam DPH&SS