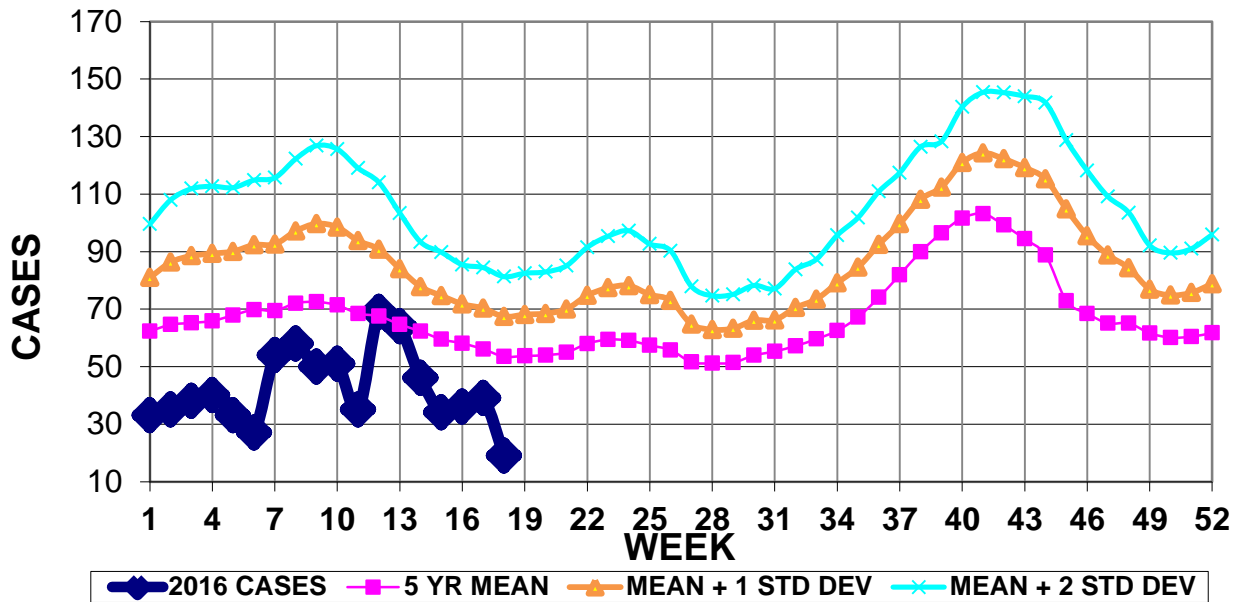


INFECTION CONTROL DEPARTMENT
 GUAM MEMORIAL HOSPITAL AUTHORITY
GUAM EPIDEMIOLOGY NEWSLETTER

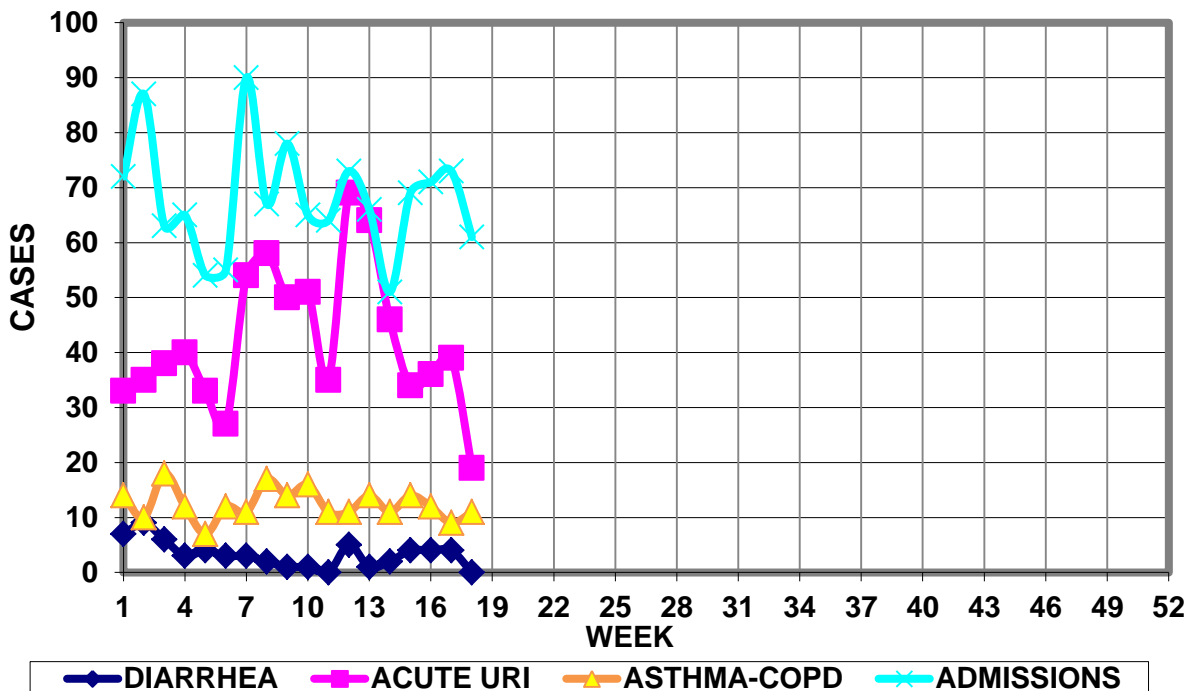
REPORT FOR WEEK ENDING: 5/7/2016 (Reporting week 2016-18)

GUAM REPORTS

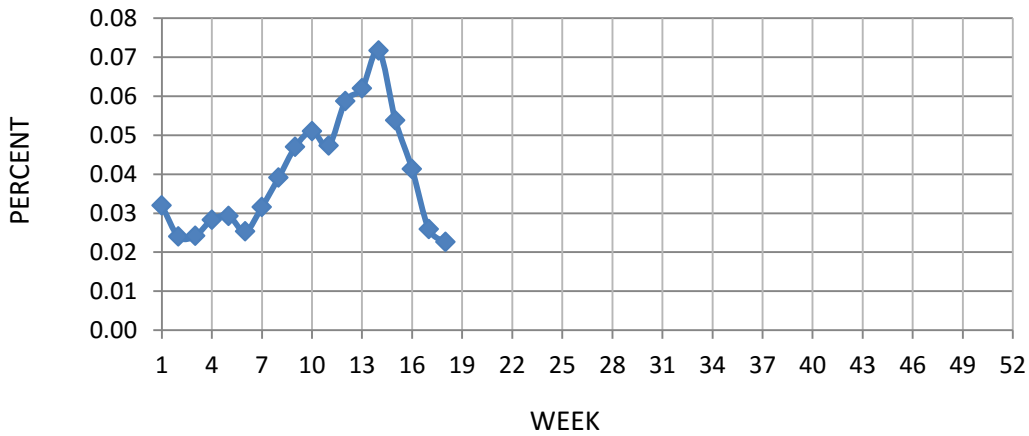
**GUAM ACUTE RESPIRATORY INFECTION SURVEILLANCE 2016;
 GMHA-EMERGENCY DEPARTMENT PATIENTS BY WEEK SEEN**



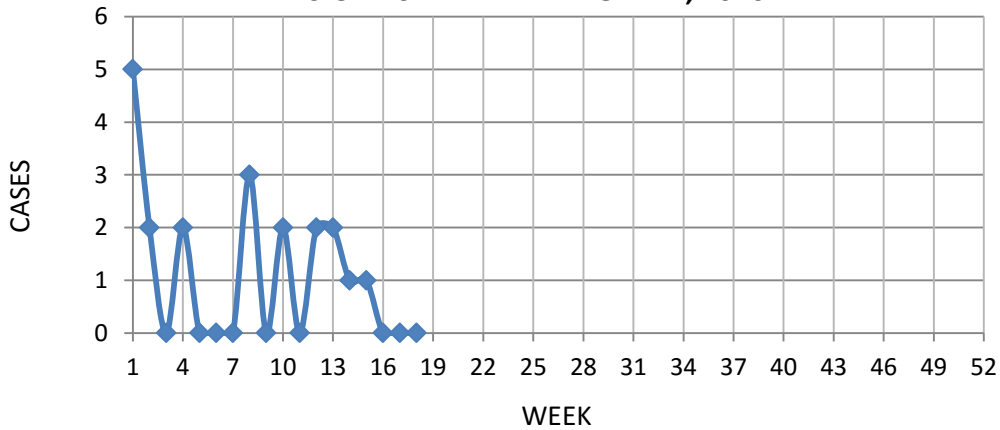
**GUAM SYNDROMIC DISEASE SURVEILLANCE
 GMHA-ED PATIENT DIAGNOSES BY WEEK, 2016**



PERCENT OF TOTAL PATIENTS SEEN IN THE GMHA-ER WITH A DIAGNOSIS OF FLU/ILI (3-WEEK SMOOTHED), 2016



NUMBER OF CASES OF INFLUENZA AND ILI REPORTED BY SENTINEL PHYSICIANS BY WEEK REPORTED, 2016



GUAM SENTINEL PHYSICIAN INFLUENZA SURVEILLANCE

REPORTS OF INFLUENZA OR INFLUENZA-LIKE ILLNESSES
RECEIVED FOR THE WEEK ENDING 5/7/16

No 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 18
Cumulative 2016: 53 civilian & 2 military cases

INFECTION CONTROL DEPARTMENT
 GUAM MEMORIAL HOSPITAL AUTHORITY
**HOSPITALIZATIONS FOR INFLUENZA A BY AGE
 AND MORBIDITY REPORTING WEEK, 2016**

AGE	9	10	11	12	13	14	15	16	17	18	TOTAL
0-4											
5-18											
19-24											
25-49											
50-64											
65+								1			1
TOTAL	0	0	0	0	0	0	0	1	0	0	1

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

REPORTS RECEIVED DURING THE WEEK ENDING 5/7/2016

<i>Acinetobacter. baumannii</i> MDR	4
<i>Chlamydia trachomatis</i>	9
<i>Clostridium difficile</i>	1
<i>E. coli</i> ESBL+	2
<i>E. coli</i> MDR, ESBL+	1
Gonorrhea	3
<i>Klebsiella pneumoniae</i>	1
MRSA	10
Scabies	6
Shigellosis	1
Streptococcal sore throat	15
VRE	1

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)

VILLAGE	WEEK										TOTAL	2016 RATE
	9	10	11	12	13	14	15	16	17	18		
Yigo	3	1	2	1	4	3	1	1	1	0	26	123.96
Dededo	3	5	1	8	4	4	2	3	3	0	53	115.48
Tamuning	2	3	1	0	7	2	0	2	0	0	22	109.44
Barrigada	3	1	1	0	0	0	0	0	1	1	13	143.44
Mangilao	1	6	2	1	4	1	1	0	0	1	27	174.04
Mongmong-T-M	0	2	3	2	1	2	1	1	0	0	21	301.29
Hagatña	0	0	0	1	0	0	0	1	0	0	2	186.39
Agaña Heights	1	0	1	1	0	0	0	1	0	0	6	154.28
Sinajana	0	0	0	0	2	0	0	0	0	0	3	113.34
Chalan Pago-Ordot	4	0	0	1	2	1	0	1	0	0	9	129.18
Asan-Maina	0	0	0	7	0	0	0	0	0	0	7	320.81
Piti	0	0	0	0	0	0	0	0	0	0	1	67.34
Santa Rita	1	1	0	1	0	4	0	0	0	0	9	144.86
Agat	0	3	0	0	0	0	0	0	0	0	9	179.25
Yona	0	0	1	2	0	1	0	2	2	0	12	181.32
Talofofo	0	0	0	2	0	0	1	0	0	0	4	128.41
Inarajan	1	0	0	2	2	0	0	1	0	1	12	517.02
Merizo	0	0	0	0	1	1	0	0	0	0	3	158.81
Umatac	0	0	0	0	0	0	0	1	0	0	1	125.16
Tourist	1	0	0	1	0	0	0	0	0	0	4	
Unknown	0	1	0	0	0	0	0	0	0	0	1	
TOTAL	20	23	12	30	27	19	6	14	7	3	249	153.00

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

GMHA-ER INFLUENZA/ILI ACTIVITY LEVEL – LOCAL (3 of 19 villages affected)

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

GMHA-ER INFLUENZA/ILI ACTIVITY BY AGE – WEEK 18

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

GUAM ANIMAL DISEASE (ZOOSES) REPORTS

Ehrlichiosis – 1 canine reported

Inappropriate Antibiotic Prescriptions in the U.S.

Although the National Action Plan for Combating Antibiotic-Resistant Bacteria set a goal of reducing inappropriate outpatient antibiotic use by 50% by 2020, the actual extent of inappropriate outpatient antibiotic use was previously unknown, making the measurement of any progress in this respect subjective.

The rates of outpatient oral antibiotic prescribing by age and diagnosis, and the estimated portions of antibiotic use that may be inappropriate in adults and children in the United States, were estimated utilizing the 2010-2011 National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey. Based on national guidelines and regional variation in prescribing, diagnosis-specific prevalence and rates of total and appropriate antibiotic prescriptions were determined. These rates were combined to calculate an estimate of the appropriate annual rate of antibiotic prescriptions per 1000 population.

Of the 184,032 sampled visits, 12.6% of visits (95% CI, 12.0%-13.3%) resulted in antibiotic prescriptions. Sinusitis was the single diagnosis associated with the most antibiotic prescriptions per 1000 population (56 antibiotic prescriptions [95% CI, 48-64]), followed by suppurative otitis media (47 antibiotic prescriptions [95% CI, 41-54]), and pharyngitis (43 antibiotic prescriptions [95% CI, 38-49]). Collectively, acute respiratory conditions per 1000 population led to 221 antibiotic prescriptions (95% CI, 198-245) annually, but only 111 antibiotic prescriptions were estimated to be appropriate for these conditions. Per 1000 population, among all conditions and ages combined in 2010-2011, an estimated 506 antibiotic prescriptions (95% CI, 458-554) were written annually, and, of these, 353 antibiotic prescriptions were estimated to be appropriate antibiotic prescriptions.

In the United States in 2010-2011, there was an estimated annual antibiotic prescription rate per 1000 population of 506, but only an estimated 353 antibiotic prescriptions were likely appropriate, supporting the need for establishing a goal for outpatient antibiotic stewardship.

Treatment with antibiotics should be reserved for patients who present with acute rhinosinusitis and who have persistent symptoms for more than 10 days, nasal discharge or facial pain that lasts at least 3 consecutive days and signs of high fever or onset of severe symptoms, or "onset of worsening symptoms following a typical viral illness that lasted 5 days that was initially improving (double sickening)," they stated.

Additionally, researchers urged providers not to prescribe antibiotics for patients with the common cold, as they are not effective and increase the risk for adverse effects. "There are about 37 million (3%) ambulatory care visits each year for the common cold, and roughly 30% result in an antibiotic prescription," authors noted. These patients should be managed with symptomatic therapy, including antihistamines, analgesics and decongestants.

The paper also offered evidence-based strategies designed to help physicians promote appropriate antibiotic prescription writing, acknowledging that many doctors worry patient satisfaction and patient pressure will affect any interventions. Authors suggested, for example, that diagnostic terms such as 'chest cold' or 'viral upper respiratory infection' be used instead of acute bronchitis. They can also provide patients with informational sheets that address antibiotic use and alternatives that can help manage symptoms. (See patient information resources below-*Editor*)

- <http://www.who.int/mediacentre/factsheets/fs194/en/>
- <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/AntibioticsandAntibioticResistance/UCM2007092>
- <http://www.cmanet.org/about/patient-resources/antibiotic-education/>