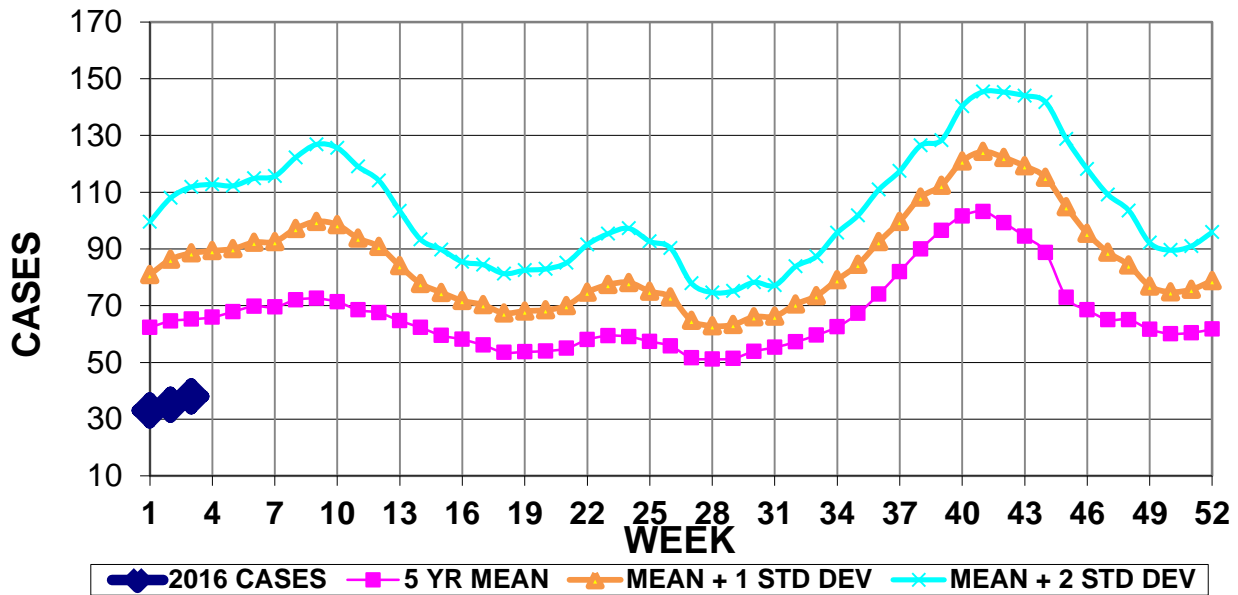


INFECTION CONTROL DEPARTMENT
 GUAM MEMORIAL HOSPITAL AUTHORITY
GUAM EPIDEMIOLOGY NEWSLETTER

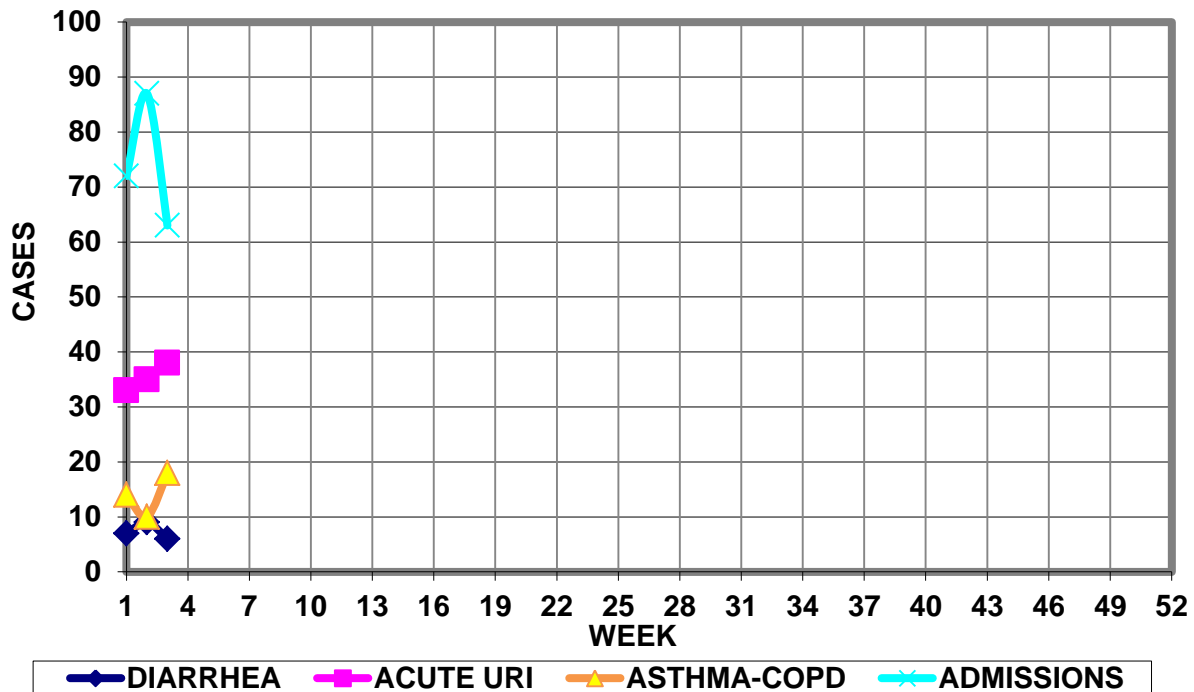
REPORT FOR WEEK ENDING: 1/23/2016 (Reporting week 2016-3)

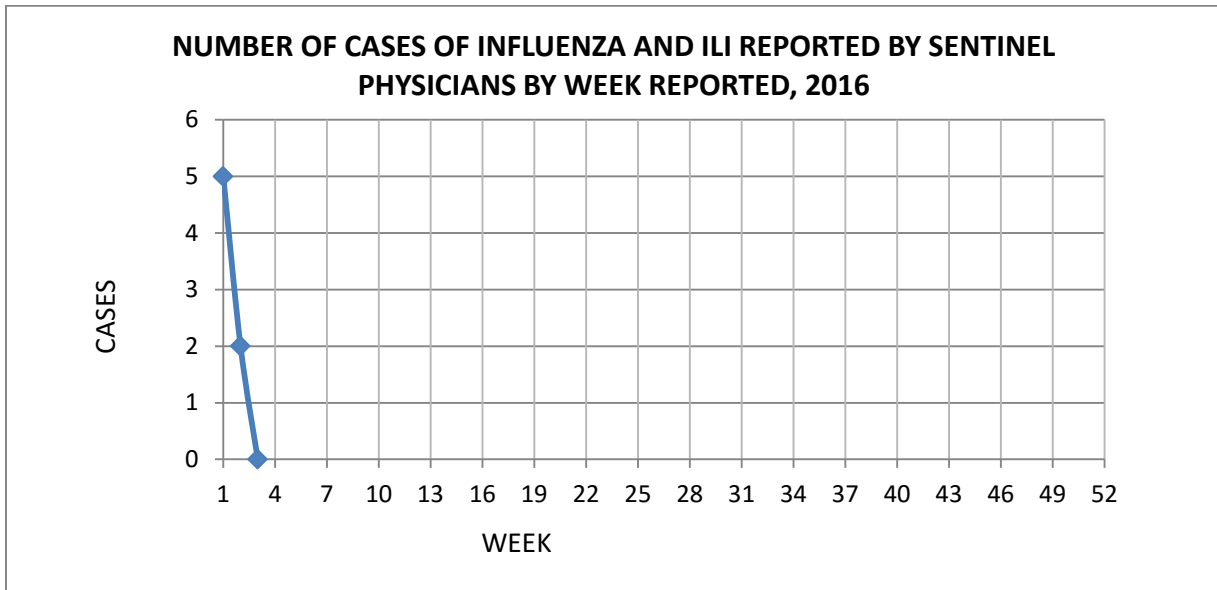
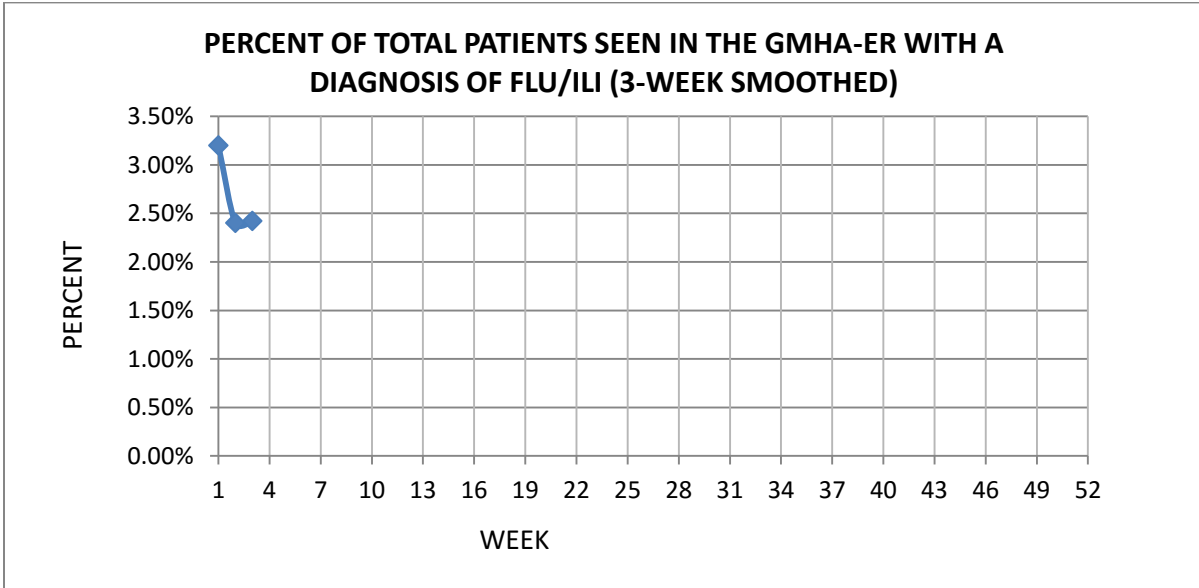
GUAM REPORTS

**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 1/23/16

No cases reported by sentinel physicians

Bureau of Communicable Disease Control

Guam Department of Public Health & Social Services

H1N1 INFLUENZA SURVEILLANCE, WEEK 3

NO CASES OF H1N1 REPORTED FOR 2016 WEEK 3

Cumulative 2016: 0 civilian & 0 military cases

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

AGE	1	2	3	4	5	6	7	8	9	10	TOTAL
0-4											
5-18											
19-24											
25-49											
50-64											
65+											
TOTAL	0	0	0								0

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

REPORTS RECEIVED DURING THE WEEK ENDING 1/23/2016

<i>Acinetobacter baumannii</i> MDR	1
AIDS	1
<i>Chlamydia trachomatis</i>	5
<i>Clostridium difficile</i>	1
Conjunctivitis	4
<i>E. coli</i> ESBL+	3
<i>E. coli</i> MDR, ESBL+	3
Gonorrhea	2
Leptospirosis	1
MRSA	5
Salmonellosis	1
Scabies	8
Streptococcal disease other than sore throat	1
Tuberculosis	14*

*Includes a number of late reports

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)

WEEK

VILLAGE	1	2	3	4	5	6	7	8	9	10	TOTAL	2016 RATE
Yigo	0	1	0								1	4.77
Dededo	1	4	3								8	17.43
Tamuning	0	0	0								0	0
Barrigada	0	2	0								2	22.07
Mangilao	0	1	1								2	12.89
Mongmong-T-M	1	0	1								2	28.69
Hagatña	0	0	0								0	0
Agaña Heights	0	0	0								0	0
Sinajana	1	0	0								1	37.78
Chalan Pago-Ordot	0	0	0								0	0
Asan-Maina	0	0	0								0	0
Piti	0	0	0								0	0
Santa Rita	1	0	0								1	16.01
Agat	2	0	0								2	39.83
Yona	0	0	3								3	45.33
Talofof	0	0	0								0	0
Inarajan	1	0	0								1	43.08
Merizo	0	0	0								0	0
Umatac	0	0	0								0	0
Tourist	0	1	1								0	0
Unknown	0	0	0								0	0
TOTAL	7	9	9								25	15.36

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

GMHA-ER INFLUENZA/ILI ACTIVITY LEVEL - LOCAL (4 villages affected)

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

GMHA-ER INFLUENZA/ILI ACTIVITY BY AGE – WEEK 3

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

GUAM ANIMAL DISEASE (ZOOSES) REPORTS

Babesiosis – 2 canine, Ehrlichiosis – 1 canine

Zika – Useful information for physicians

Zika Suspect Case Definition: low grade fever (≤ 38.5) OR generalized maculopapular rash **AND** two or more of the following: **Arthralgia** or **myalgia**, **red eyes** or **non-purulent conjunctivitis**, **pain behind the eyes**, or **edema of hands or feet**.

Signs and symptoms

Low-grade fever, rash (typically maculopapular), non-purulent conjunctivitis, headache, arthralgia, myalgia, edema (hands and feet) and, less frequently, retro-orbital pain, anorexia, vomiting, diarrhea and abdominal pain.

Laboratory diagnosis

Specimens from Guam for Zika virus testing will be sent to the State Laboratories Division, Department of Health, State of Hawaii, where the CDC Zika Virus Real-Time RT-PCR Assay will be performed. Only the serum sample component is used, collection should be done using Serum Separator Tubes (SST or “gold” or “tiger top” tubes) that are centrifuged to separate the serum prior to shipping. A minimum of 0.5 ml of serum is required. Specimens for Zika virus testing must be collected within the first 7 days from onset of signs and symptoms. Serological cross-reactions with other flaviviruses such as dengue may occur and IgM results should be interpreted with caution in areas where multiple flaviviruses are circulating.

Clinical management

Treatment is symptomatic and paracetamol (acetaminophen or APAP) is the drug of choice. Avoid aspirin and NSAIDs as a common differential diagnosis is dengue fever. Mild forms of exercise and physiotherapy are recommended in recovering persons.

Refer cases to a hospital with the ability to provide a higher level of care if any of the following are present: low urine output, hypotension, bleeding disorders, confusion, persistent fever of more than one week’s duration, or any neurologic symptoms.

During a confirmed epidemic, it is not necessary to test all cases.

For at least 5 days after onset of illness, suspected cases should not donate blood; it is also advisable to avoid sexual intercourse for several weeks.

Differential diagnosis (not a complete list)

- Chikungunya
- Leptospirosis
- Dengue
- Malaria
- Meningitis
- Rheumatic Fever
- Measles

Sources: Secretariat of the Pacific Community (SPC): Pacific Outbreak Manual, April 2015, State Laboratories Division, Department of Health, State of Hawaii, and the CDC Arboviral Diseases Laboratory. *Special thanks to:* Vasiti Uliviti (PIHOA), and Dr. Tai-Ho Chen (CDC)