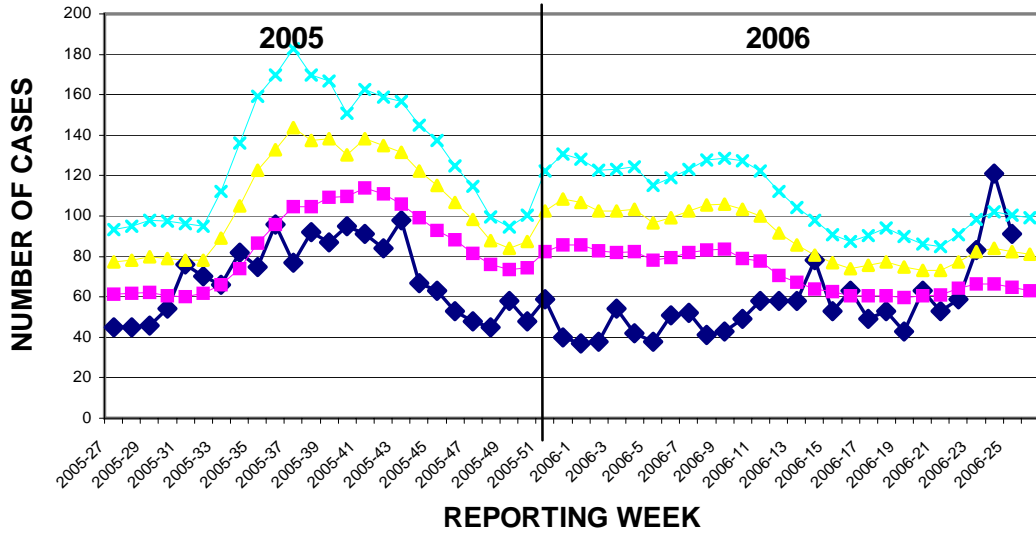


GUAM EPIDEMIOLOGY NEWSLETTER

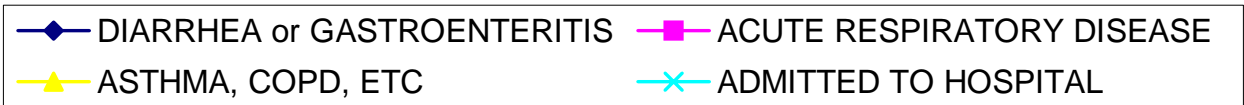
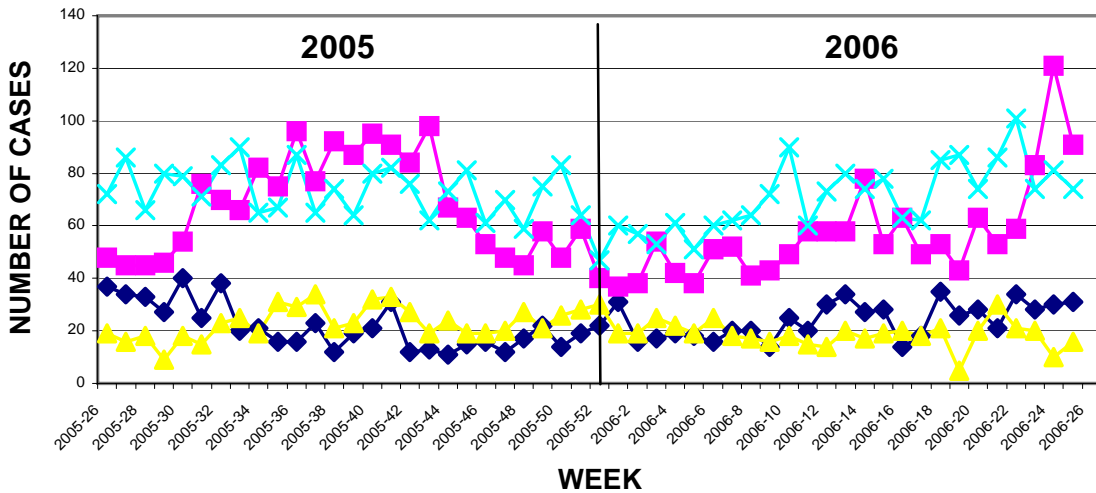
REPORT FOR WEEK ENDING: 6/24/2006 (Reporting week 2006-25)

GUAM REPORTS

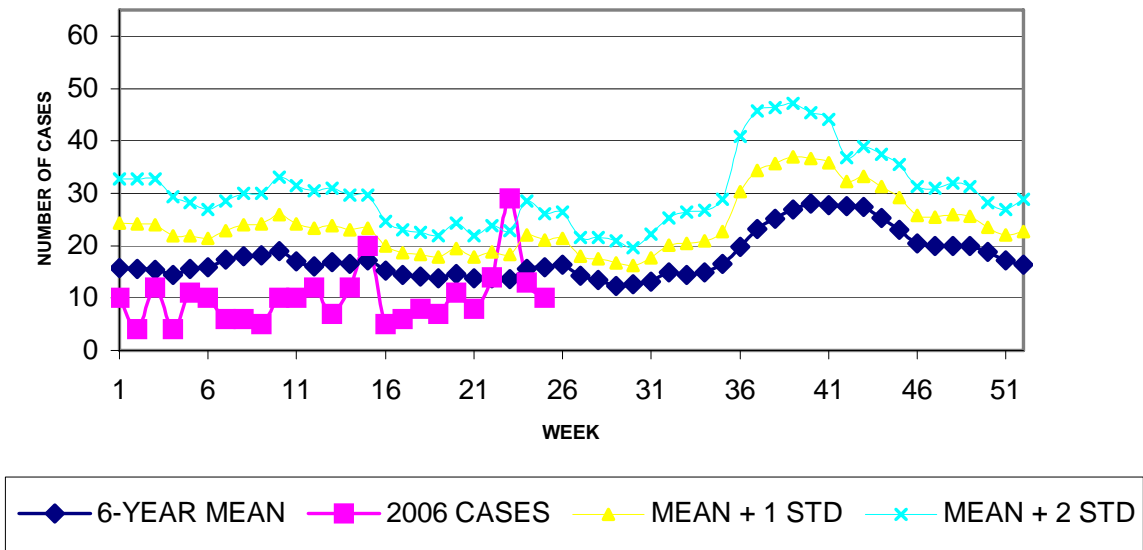
**GUAM ACUTE RESPIRATORY DISEASE SURVEILLANCE;
 NUMBER OF PATIENTS SEEN IN THE GMHA-ED BY WEEK SEEN**



**GUAM SYNDROMIC DISEASE SURVEILLANCE
 GMHA-ED DATA FOR THE PERIOD 7-1-2005 THROUGH 6-31-2006**



**HOSPITAL INPATIENT DISCHARGES WITH DIAGNOSIS OF PNEUMONIA
 BY WEEK DISCHARGED, 2006**



NOTE: The above is a new surveillance chart debuting this week. It summarizes 6 years of pneumonia inpatient discharge data (2000 –2005) provided by the GMHA Medical Records Department as well as current-year data and may prove useful in evaluating the significance of any future upsurge in pneumonia cases.

PERTUSSIS REPORT

During the months of April through June 3 culture confirmed and 12 suspect cases of pertussis have been reported on Guam by local physicians, the hospital or medical laboratories. Ages are as follows:

LABORATORY CONFIRMED

AGEGROUP	MALE	FEMALE
<1	0	3

CLINICAL DIAGNOSIS ONLY

AGEGROUP	MALE	FEMALE
<1	6	5
40-49	0	1

The adult suspect case was an employee of a private clinic who had onset of symptoms in April. She was treated with antibiotics for chronic cough before being cultured and was pertussis culture-negative. Of the affected infants, 13 had onset of symptoms in May and 1 in June. It is suspected that as many as 8 of the infants may have been exposed in a medical clinic setting. As in past measles outbreaks, this incident demonstrates the risk of respiratory diseases being spread in medical office waiting rooms and may serve as a reminder that will help us prepare for the possibility of pandemic influenza. Sick employees should not be

allowed to have contact with patients or other employees until they are judged to be non-infectious. Physicians are also requested to remind their staff to be alert for patients with active respiratory symptoms and to provide these patients with a mask to wear or to place them in an isolated area of the office or in the family vehicle while waiting to be seen by the doctor. This would also be an opportune time to begin the practice of reviewing patient immunization records as a preliminary part of each pediatric patient contact if this is not already a standard practice.

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