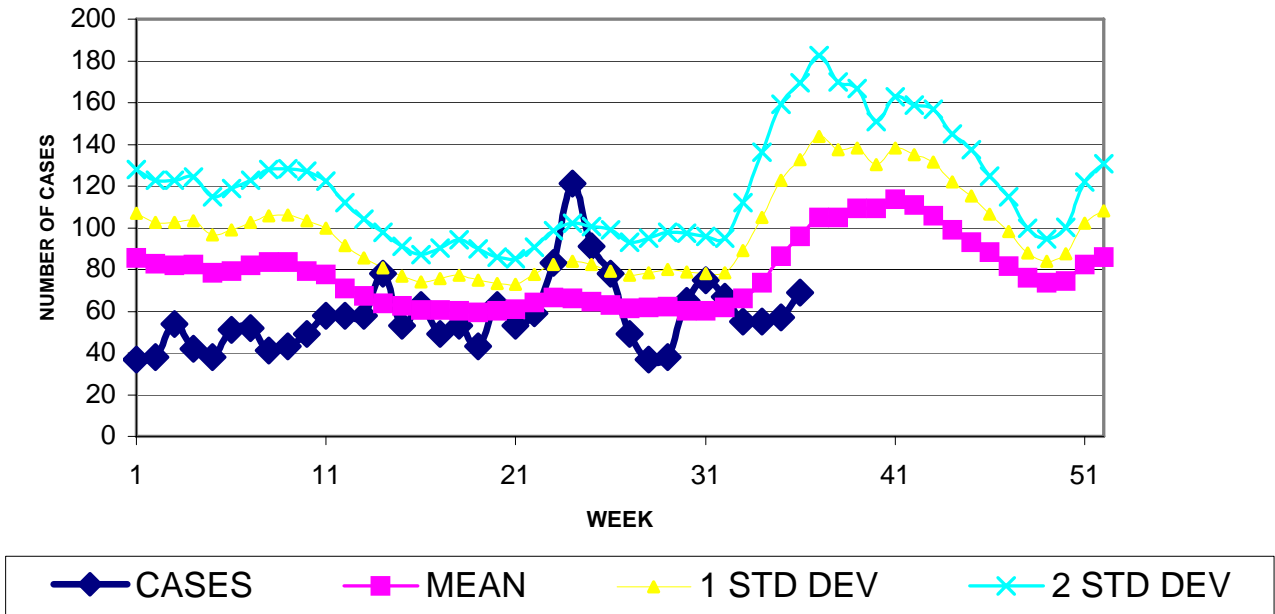


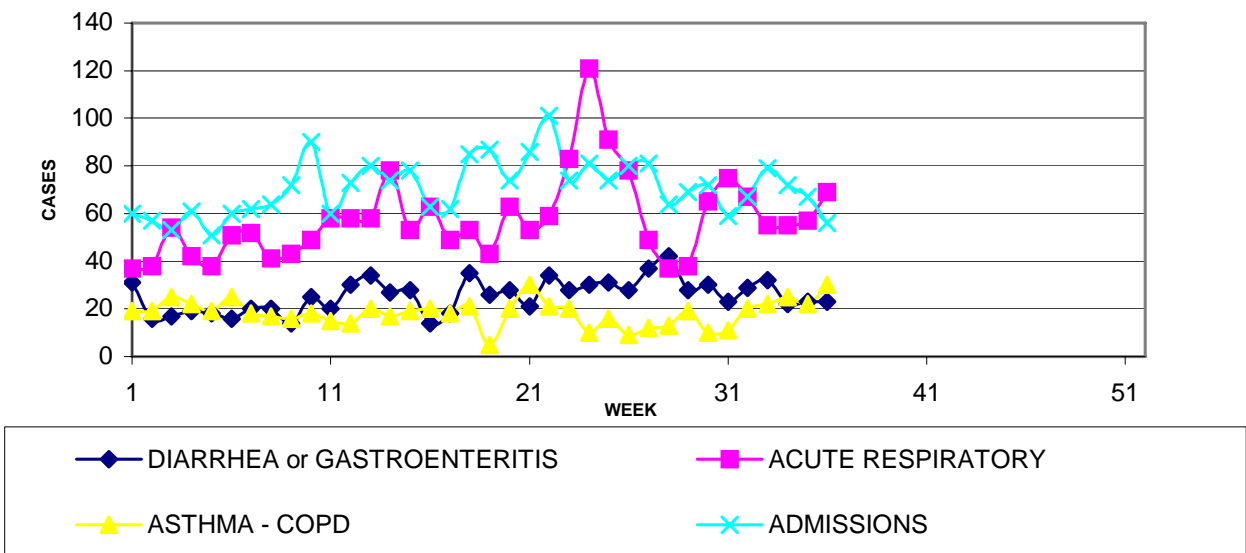
GUAM EPIDEMIOLOGY NEWSLETTER
 REPORT FOR WEEK ENDING: 9/9/2006 (Reporting week 2006-36)

GUAM REPORTS

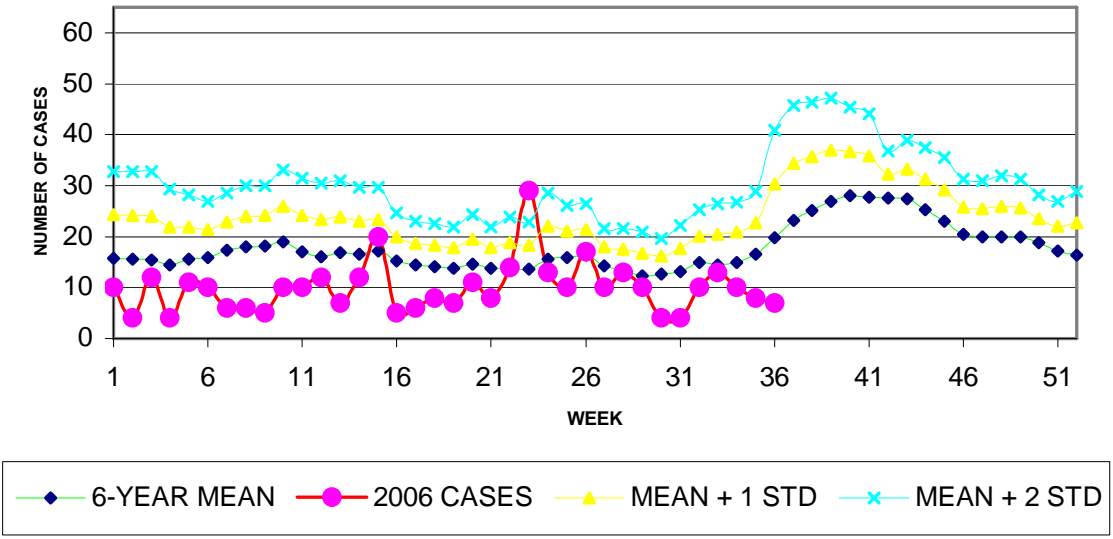
**GUAM ACUTE RESPIRATORY DISEASE SURVEILLANCE, 2006;
 NUMBER OF PATIENTS SEEN IN THE GMHA-ED BY WEEK SEEN**



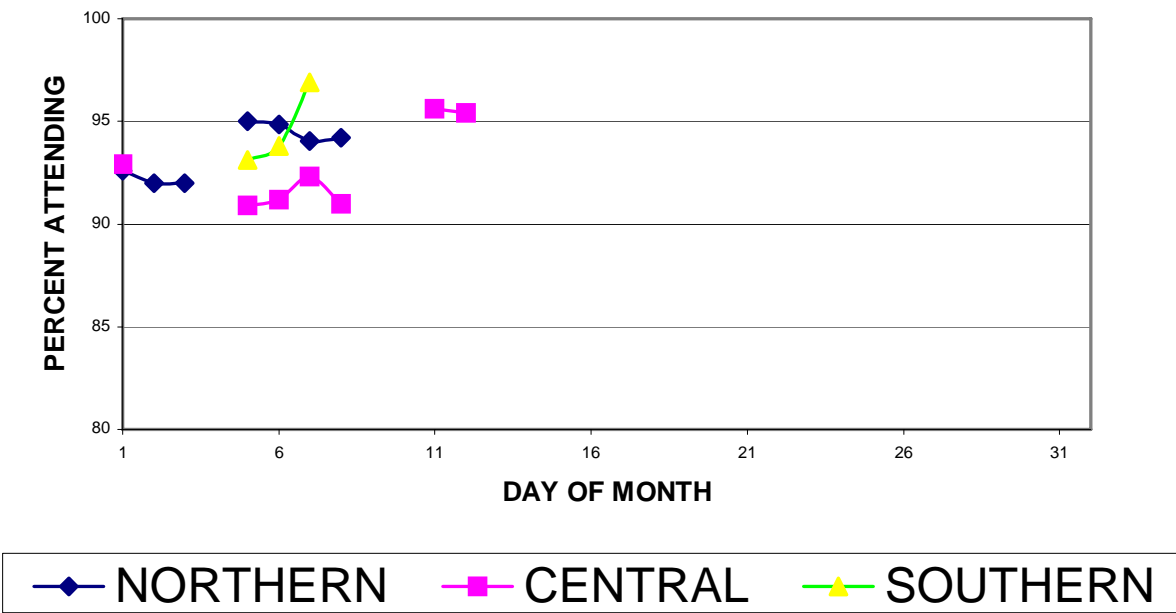
**GUAM SYNDROMIC DISEASE SURVEILLANCE
 GMHA-ED PATIENT DIAGNOSES BY WEEK FOR CALENDAR YEAR 2006**



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



**GUAM PUBLIC SCHOOL ATTENDANCE BY REGION
 DAILY PERCENT ATTENDING , SEPTEMBER 2006**



GUAM MORBIDITY WEEKLY REPORT

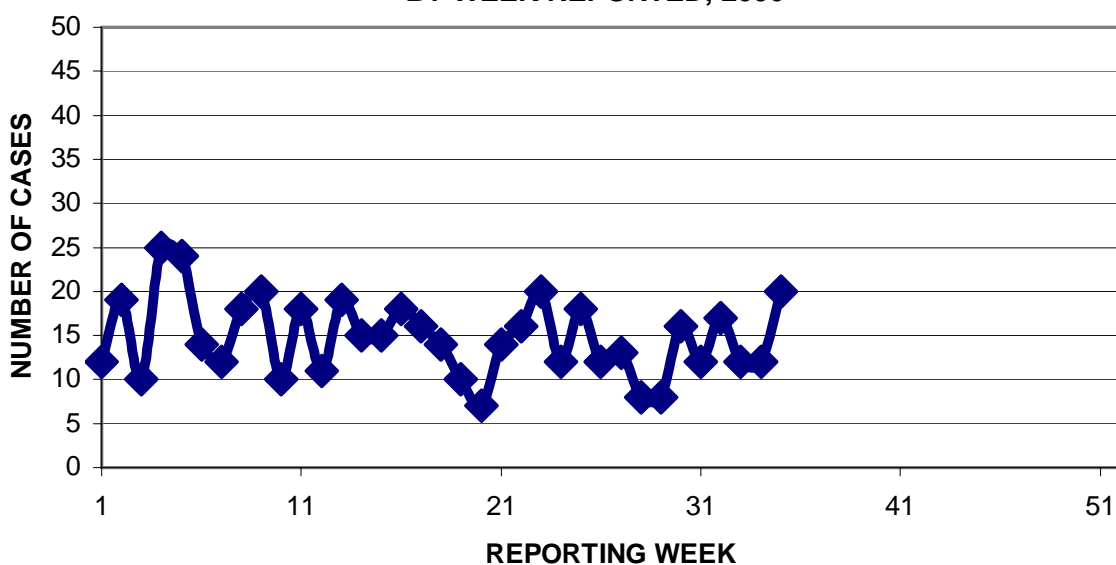
REPORTS RECEIVED DURING THE WEEK ENDING 9/9/2006

DISEASE	Freq
C. DIFFICILE	1
CHICKENPOX	2
CHLAMYDIA	2
CIGUATERA	2
CONJUNCTIVITIS	1
FOOD POISONING	2
MRSA	8
PERTUSSIS	1
SALMONELLOSIS	1
SHIGELLOSIS	1
STREP SORE THROAT	5

U.S.NAVY (GUAM) REPORTS

Preventive Medicine Department
US Naval Hospital Guam

PNEUMONIA CASES SEEN IN GUAM MILITARY TREATMENT FACILITIES BY WEEK REPORTED, 2006



GUAM PERTUSSIS UPDATE

As of September 12, 2006, the number of confirmed pertussis cases has increased to 7. The number of probable cases (those meeting the CDC clinical definition of pertussis but lacking laboratory confirmation) has increased to 41. Seven recent cases are currently being

evaluated and are considered “suspect” pertussis, including 1 case that was had cough onset within reporting week 36. A total of 13 cases previously considered suspect have been discarded as due to other illnesses bringing to 68 the total number of cases investigated as a result of this epidemic.

Physicians are reminded that according to Centers for Disease Control and Prevention guidelines erythromycin or trimethoprim-sulfamethoxazole prophylaxis should be administered for 14 days to all household and other close contacts of persons with suspect pertussis, **regardless of the age and vaccination status of the contact**. Prompt initiation of antibiotic prophylaxis can be effective in minimizing transmission.