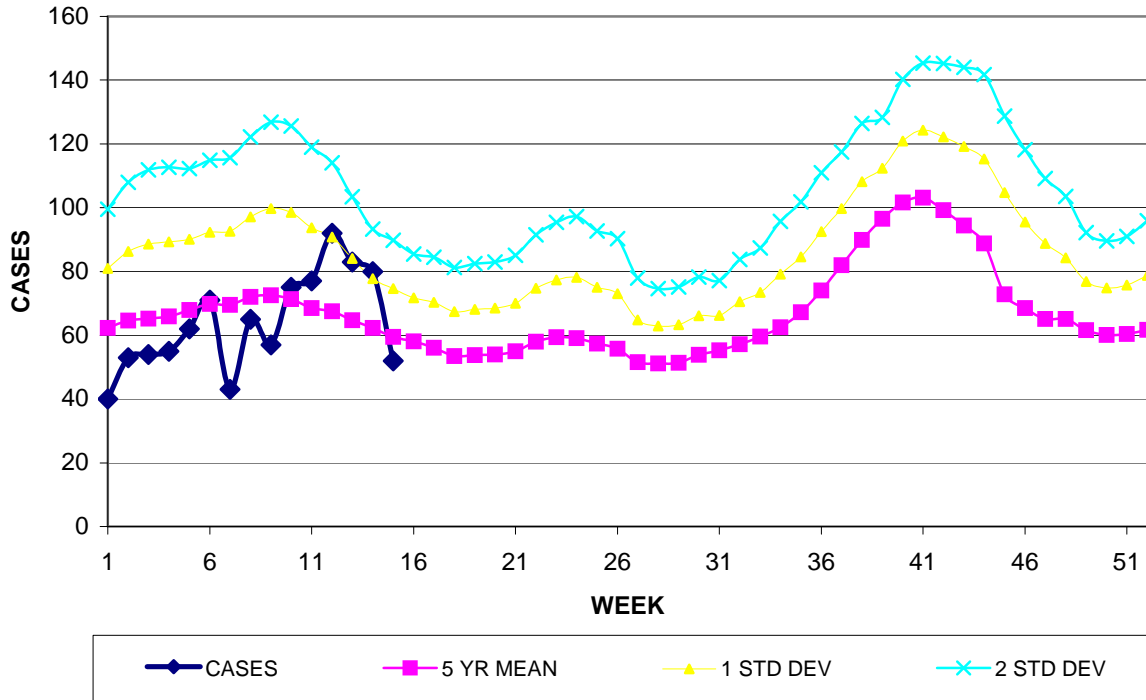


GUAM EPIDEMIOLOGY NEWSLETTER

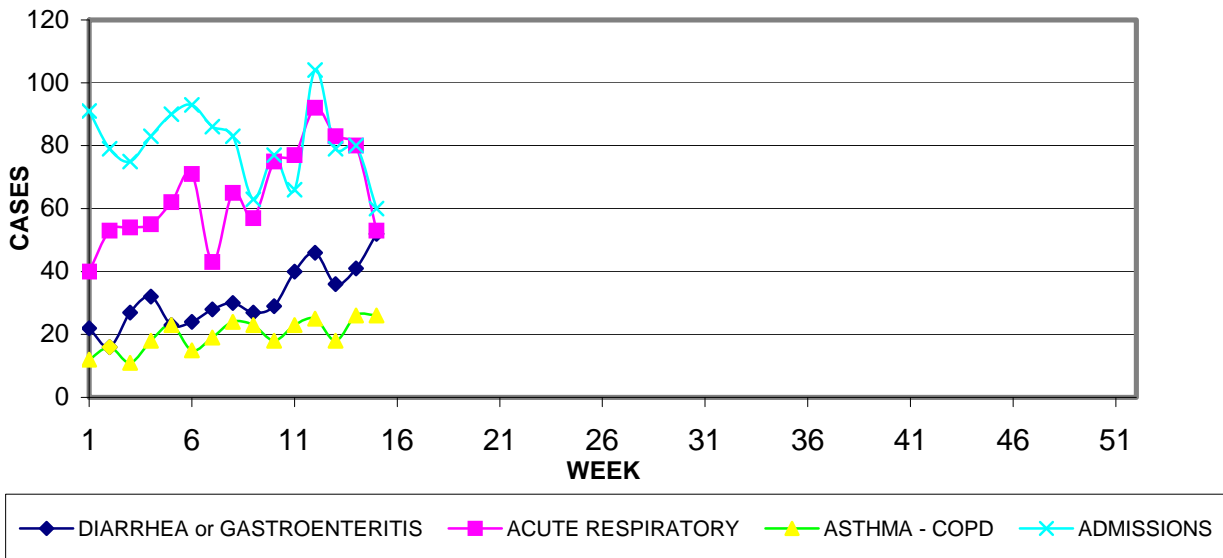
REPORT FOR WEEK ENDING: 4/14/2007 (Reporting week 2007-15)

GUAM REPORTS

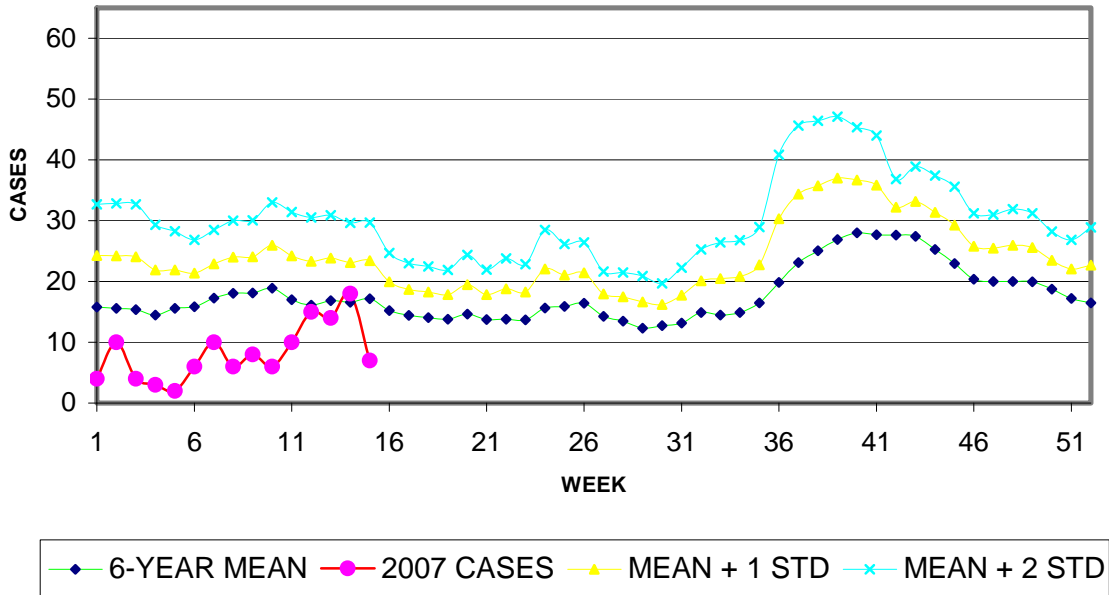
**GUAM ACUTE RESPIRATORY INFECTION SURVEILLANCE, 2007;
 NUMBER OF PATIENTS SEEN IN THE GMHA-ED BY WEEK SEEN**



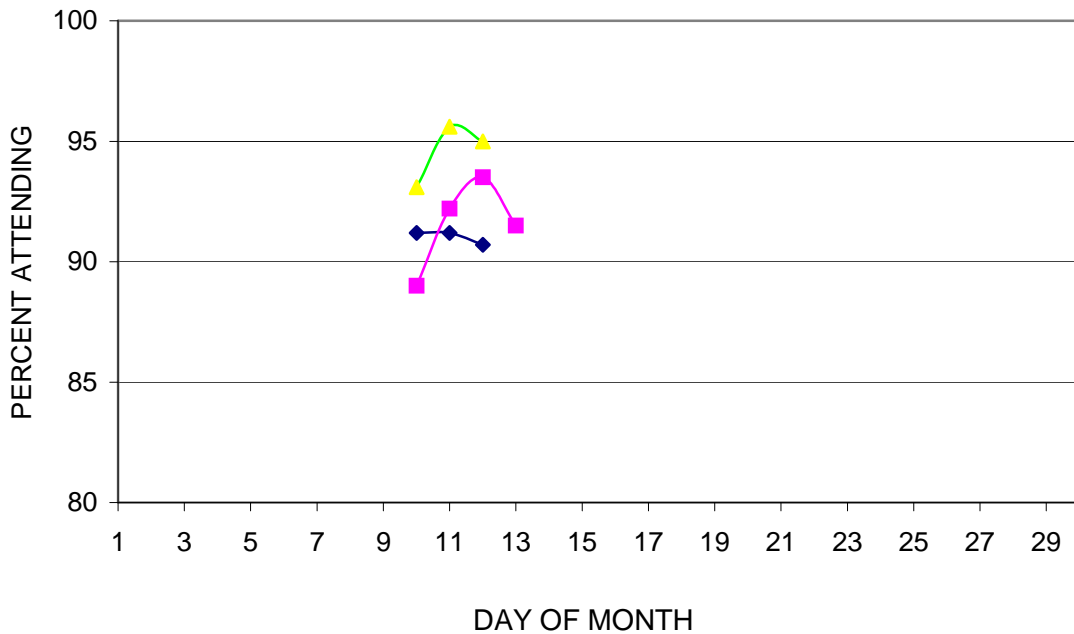
**GUAM SYNDROMIC DISEASE SURVEILLANCE
 GMHA-ED PATIENT DIAGNOSES BY WEEK FOR CALENDAR YEAR 2007**



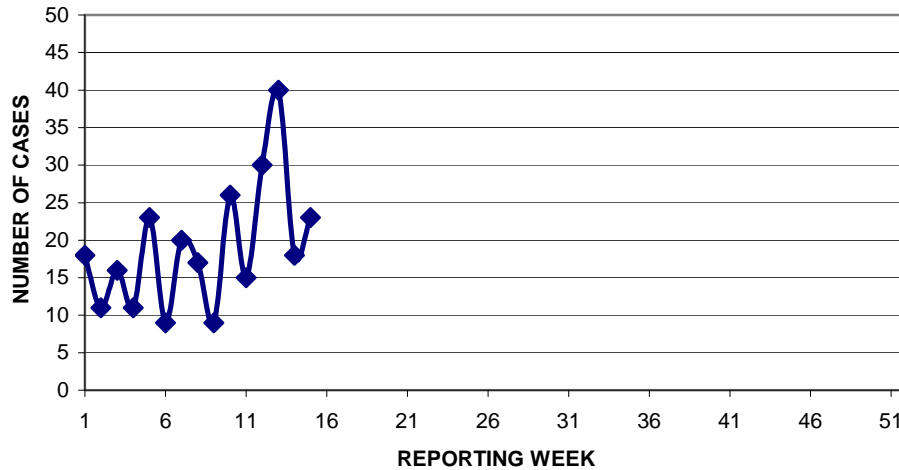
MEDICAL RECORDS DEPARTMENT
 GUAM MEMORIAL HOSPITAL AUTHORITY
**HOSPITAL INPATIENT DISCHARGES WITH DIAGNOSIS OF PNEUMONIA
 BY WEEK DISCHARGED, 2007**



**GUAM PUBLIC SCHOOL ATTENDANCE BY REGION:
 DAILY PERCENT ATTENDING , APRIL 2007**
 Northern (blue), Central (pink), Southern (green)



**PNEUMONIA CASES SEEN IN GUAM MILITARY TREATMENT FACILITIES
 BY WEEK REPORTED, 2007**



GUAM COMMUNICABLE DISEASE REPORT
 REPORTS ENTERED FOR THE WEEK ENDING 4/14/2007
 (REPORTS FROM ALL SOURCES, INCLUDING MILITARY CLINICS)

DISEASE	CASES
C. DIFFICILE	2
CAMPYLOBACTERIOSIS	1
CHICKENPOX	8
CHLAMYDIA	3
CONJUNCTIVITIS	2
FOOD POISONING	1
GONORRHEA	1
INFLUENZA /FLU SYNDROME	7
MRSA	12
STREP DISEASE, INVASIVE	1
STREP SORE THROAT	22
SYPHILIS, LATENT	1
VRE	1

GUAM INFLUENZA ACTIVITY LEVEL – Sporadic

FROM THE MMWR

CDC has recommended single-dose fluoroquinolone regimens for the treatment of gonococcal infections since 1993. Although fluoroquinolone-resistant *N. gonorrhoeae* (QRNG) was identified as a problem in Asia in 1991 and was first identified in Hawaii in the same year, only sporadic occurrences were noted in the continental United States during the 1990s. Since 1999, however, increasing resistance of *N. gonorrhoeae* to the fluoroquinolones has been observed in the U.S. CDC has changed treatment recommendations when QRNG prevalence has reached >5% in defined groups and locations, with consideration given to other factors such as the prevalence of gonorrhea, the availability of antimicrobial susceptibility data,

and the costs of diagnostic and treatment options. This >5% threshold has been used by CDC and the World Health Organization so that all recommended treatments for gonorrhea can be expected to cure $\geq 95\%$ of infections.

Because QRNG has now become widespread in the United States fluoroquinolones are no longer recommended and the options for treating gonococcal infections are limited . For the treatment of uncomplicated urogenital and anorectal gonorrhea, CDC now recommends a single intramuscular dose of ceftriaxone 125 mg or a single oral dose of cefixime 400 mg. However, 400-mg tablets of cefixime are not available; cefixime is only available in a suspension formulation. Some evidence suggests that a single oral dose of cefpodoxime 400 mg or cefuroxime axetil 1 g might be additional oral alternatives for the treatment of urogenital and anorectal gonorrhea .

For the complete MMWR article, readers may go to:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5614a3.htm?s_cid=mm5614a3_e