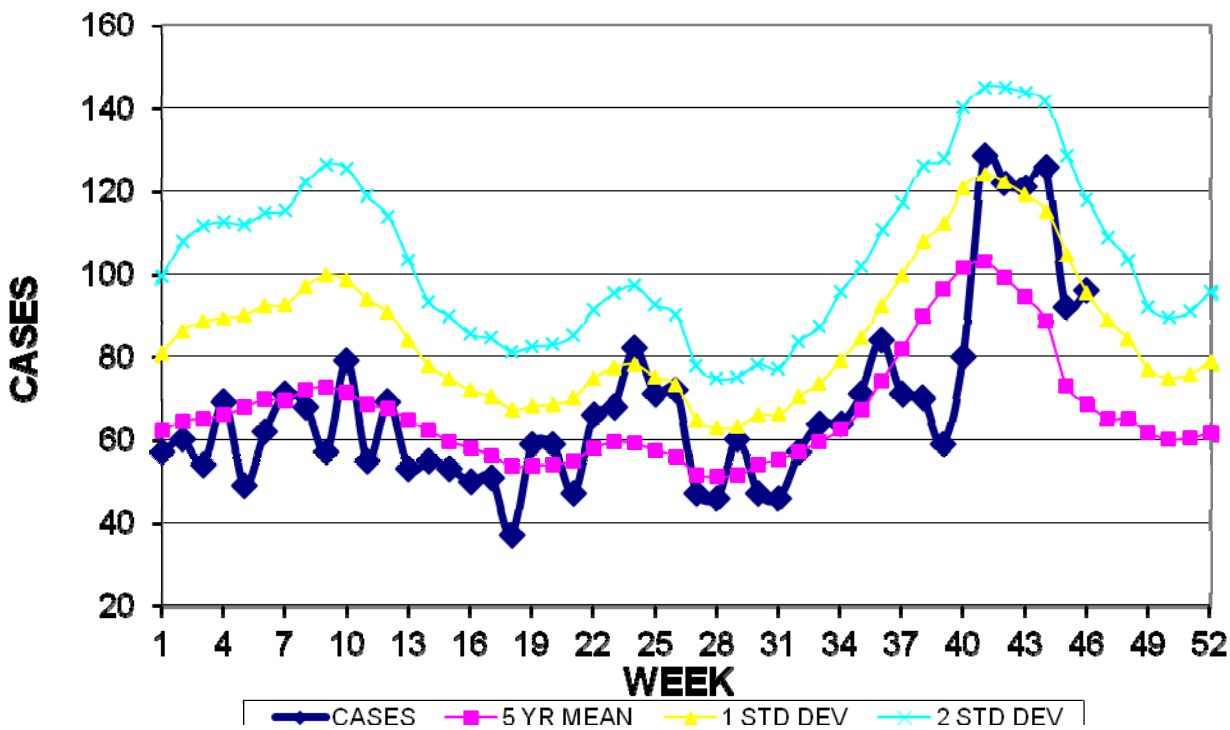


GUAM EPIDEMIOLOGY NEWSLETTER

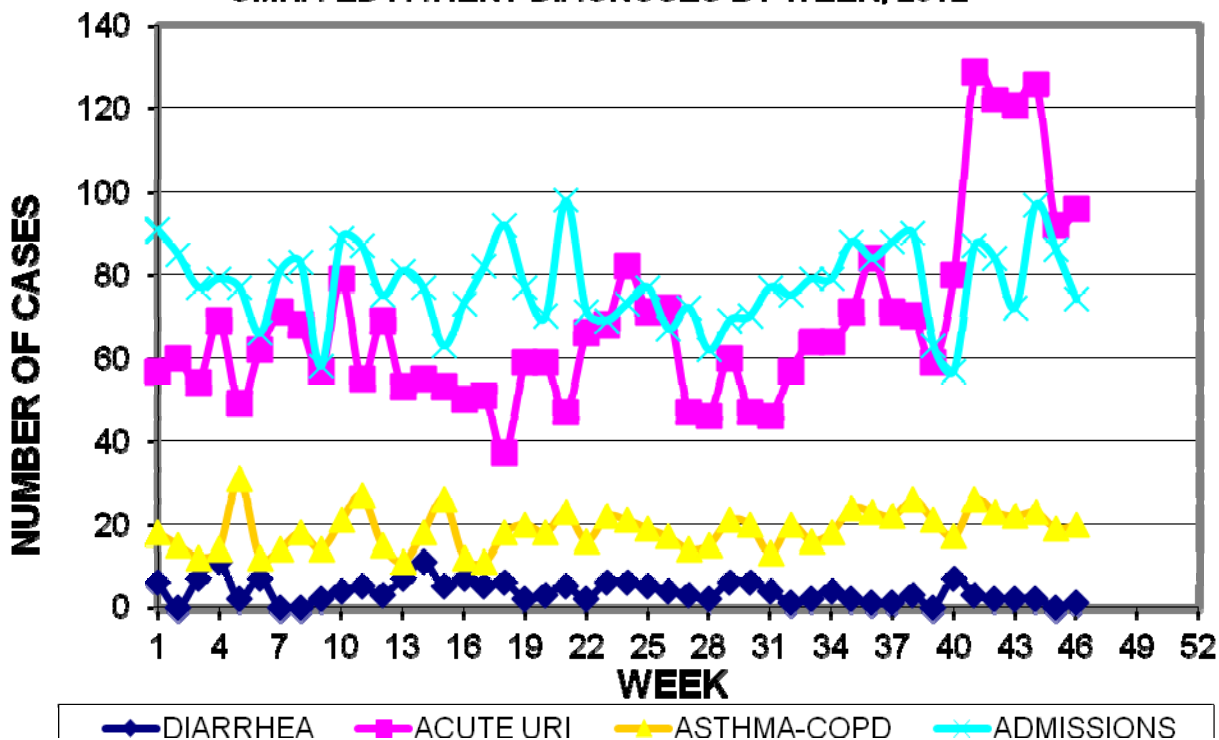
REPORT FOR WEEK ENDING: 11/17/2012 (Reporting week 2012-46)

GUAM REPORTS

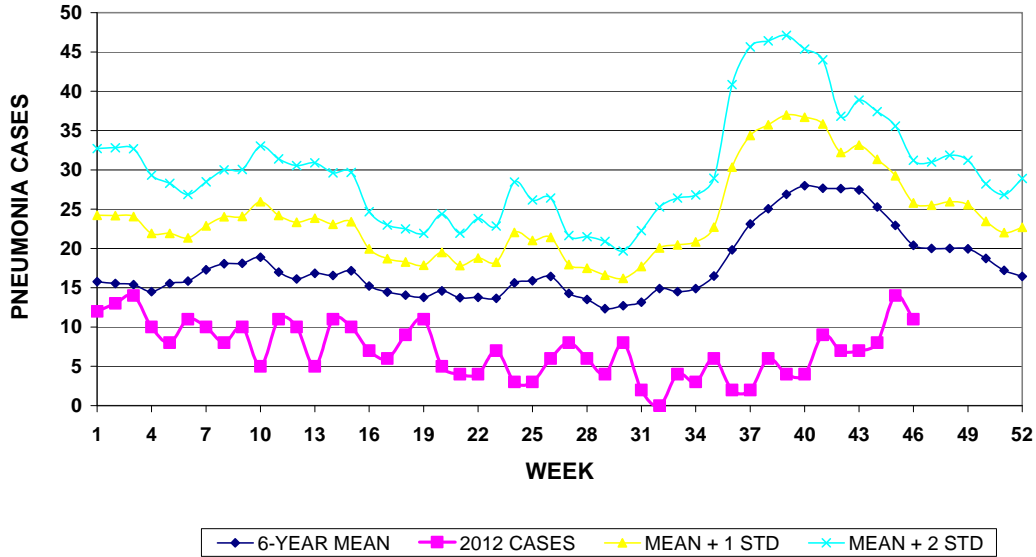
**GUAM ACUTE RESPIRATORY INFECTION SURVEILLANCE 2012;
 GMHA-EMERGENCY DEPARTMENT PATIENTS BY WEEK SEEN**



**GUAM SYNDROMIC DISEASE SURVEILLANCE
 GMHA-ED PATIENT DIAGNOSES BY WEEK, 2012**



MEDICAL RECORDS AND INFECTION CONTROL DEPARTMENTS
 GUAM MEMORIAL HOSPITAL AUTHORITY
 HOSPITAL INPATIENT DISCHARGES WITH A DIAGNOSIS OF
 PNEUMONIA BY WEEK DISCHARGED, 2012



GUAM SENTINEL PHYSICIAN INFLUENZA SURVEILLANCE
 REPORTS OF INFLUENZA OR INFLUENZA-LIKE ILLNESSES
 RECEIVED FOR THE WEEK ENDING 11/17/2012

Sporadic – One case reported by sentinel physicians
 (ACTIVITY LEVELS: No activity, Sporadic, Local, Regional, Widespread)

Foreign Quarantine & Enteric Diseases Section
 Bureau of Communicable Disease Control
 Guam Department of Public Health & Social Services
H1N1 INFLUENZA SURVEILLANCE, WEEK 46, 2012
NO CASES OF H1N1 REPORTED FOR WEEK 46
Cumulative 2012: 0 civilian & 0 military cases

INFECTION CONTROL DEPARTMENT
 GUAM MEMORIAL HOSPITAL AUTHORITY
HOSPITALIZATIONS FOR INFLUENZA A or B BY AGE
AND MORBIDITY REPORTING WEEK, 2012

	WEEK										
AGE	37	38	39	40	41	42	43	44	45	46	TOTAL
0-4	1	1		1					1		7
5-18											1
19-24											
25-49											1
50-64											
65+											2
TOTAL	1	1	0	1	0	0	0	0	1	0	11

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, 2012**
 (Villages listed geographically from northern-most to southern-most)

VILLAGE	WEEK										TOTAL	2012 RATE
	37	38	39	40	41	42	43	44	45	46		
Yigo	1	1	0	0	4	2	1	0	0	0	35	151.97
Dededo	1	2	4	4	4	5	0	1	2	2	87	163.29
Tamuning	0	1	1	1	1	4	0	0	0	1	34	154.92
Barrigada	1	0	1	1	0	2	1	1	2	0	17	166.15
Mangilao	1	1	0	0	3	4	0	0	1	1	28	165.13
M-T-M	0	0	0	0	4	5	0	1	0	1	23	318.24
Hagatna	0	1	0	1	0	0	1	1	0	0	7	538.05
Agaña Hts	1	0	0	0	1	0	0	0	0	0	6	128.76
Sinajana	0	0	1	0	0	0	0	0	0	0	5	148.19
Chalan Pago-Ordot	0	0	0	0	0	2	0	0	0	1	18	242.68
Asan-Maina	0	0	0	0	0	1	0	0	0	0	3	121.36
Piti	0	0	0	0	0	1	0	0	0	0	1	50.76
Santa Rita	1	0	1	0	1	0	0	1	0	1	8	90.19
Agat	1	3	1	1	0	0	0	0	0	0	14	204.30
Yona	3	1	1	0	0	2	0	0	0	0	16	208.66
Talofofu	0	1	0	0	1	0	1	0	0	0	7	184.11
Inarajan	0	0	0	0	0	0	1	0	0	0	6	151.97
Merizo	0	0	0	0	0	1	0	0	0	0	4	156.37
Umatac	0	0	0	1	0	0	0	0	0	0	4	381.32
Tourist	0	0	0	0	0	0	0	0	0	0	2	
Unknown	0	0	0	0	0	0	0	0	0	0	1	
TOTAL	10	11	10	9	19	29	5	5	5	7	333	181.89

NOTE: Rate = cases per 100,000 population for the specified period.

GUAM ANIMAL DISEASE (ZONOSSES) REPORTS
 REPORTS RECEIVED FOR THE WEEK ENDING 11/17/2012

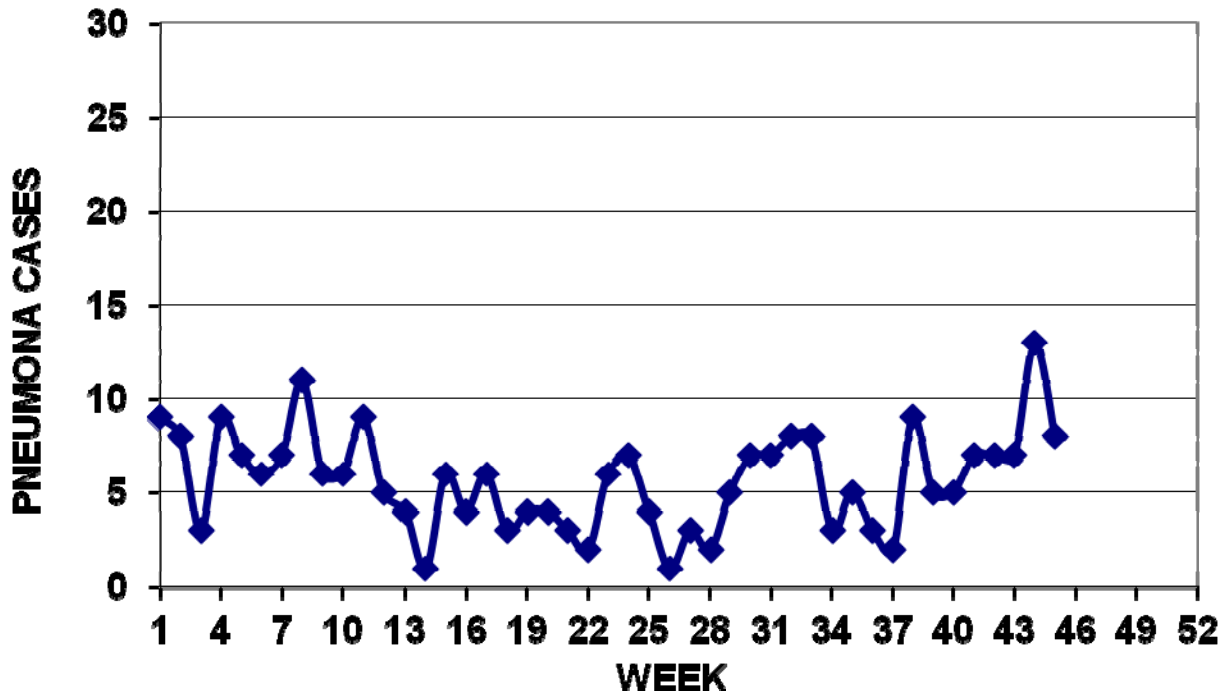
Anaplasmosis – 1 canine

Bureau of Communicable Disease Control
Guam Department of Public Health & Social Services
ISLAND-WIDE COMMUNICABLE DISEASE REPORT
 REPORTS RECEIVED FOR THE WEEK ENDING 11/17/2012

<i>Acinetobacter baumani</i>	1
<i>Chlamydia trachomatis</i>	4
<i>Clostridium difficile</i>	2
Hepatitis E	1
HPV	1
Influenza	1
<i>Klebsiella pneumoniae</i> MDR	1
Leptospirosis	1
MRSA	15
Mumps	15*
RSV	7
Scabies	2
Streptococcal disease, other site	2
Tuberculosis	1
VRE	2

- Includes 6 cases reported for week 45 but inadvertently omitted in the newsletter.

PREVENTIVE MEDICINE DEPARTMENT
U.S. NAVAL HOSPITAL GUAM
PNEUMONIA CASES SEEN IN GUAM MILITARY TREATMENT
FACILITIES BY WEEK REPORTED, 2012

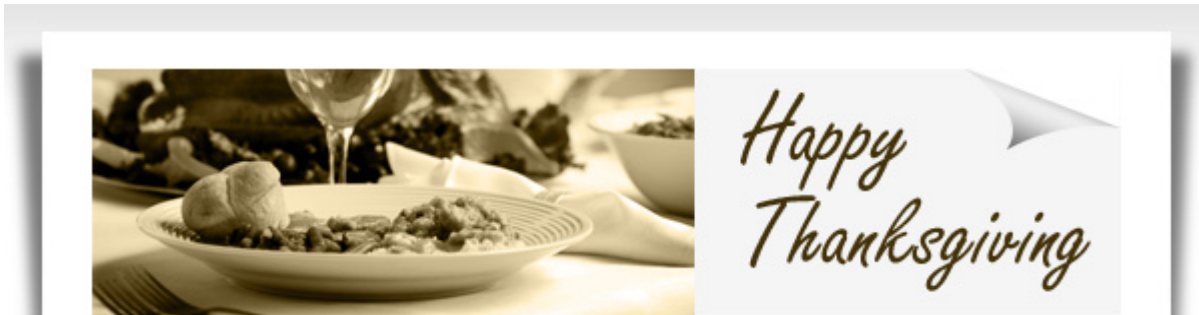


GUAM NOTES – Respiratory Syncytial Virus

Respiratory syncytial virus (RSV) is a common pathogen causing lower respiratory tract infections in infants worldwide. These infections frequently occur as epidemics, the timing of which seems to vary with latitude, altitude and climate (1). Although cases may occur throughout the year, case records collected since 2009 (the first year that Guam reports were received) suggest that September, October, and November are the peak months of RSV activity here. This coincides roughly with the usual peak influenza season on Guam as well. Although the majority of cases on Guam have been under 1 year of age, this seasonality may be related to the return of older siblings to school and the enhanced opportunity for the spread of respiratory infections in the community. Age under 6 months, prematurity, co-morbidities, and household crowding have been found to be risk factors for RSV infection; breast-feeding has been found to be protective (2,3).

References

1. Stensballe LG, Devasundaram JK, Simoes EA. Respiratory syncytial virus epidemics: the ups and downs of a seasonal virus. *Pediatr Infect Dis J.* 2003 Feb;22(2 Suppl):S21-32.
2. Papenburg J, Hamelin MÈ, Ouhoumane N, Carbonneau J, Ouakki M, Raymond F, Robitaille L, Corbeil J, Caouette G, Frenette L, De Serres G, Boivin G. Comparison of risk factors for human metapneumovirus and respiratory syncytial virus disease severity in young children. *Infect Dis.* 2012 Jul 15;206(2):178-89. Epub 2012 May 2.
3. Colosia AD, Masaquel A, Hall CB, Barrett AM, Mahadevia PJ, Yogev R. Residential crowding and severe respiratory syncytial virus disease among infants and young children: a systematic literature review. *BMC Infect Dis.* 2012 Apr 20;12:95 doi: 10.1186/1471-2334-12-95..



May the good things in life be yours in abundance, not only at Thanksgiving but throughout the year! Wishing you and your family a happy and wonderful Thanksgiving holiday!

Infection Control Department
Guam Memorial Hospital Authority
and
Office of Epidemiology and Research
Guam Department of Public Health and Social Services