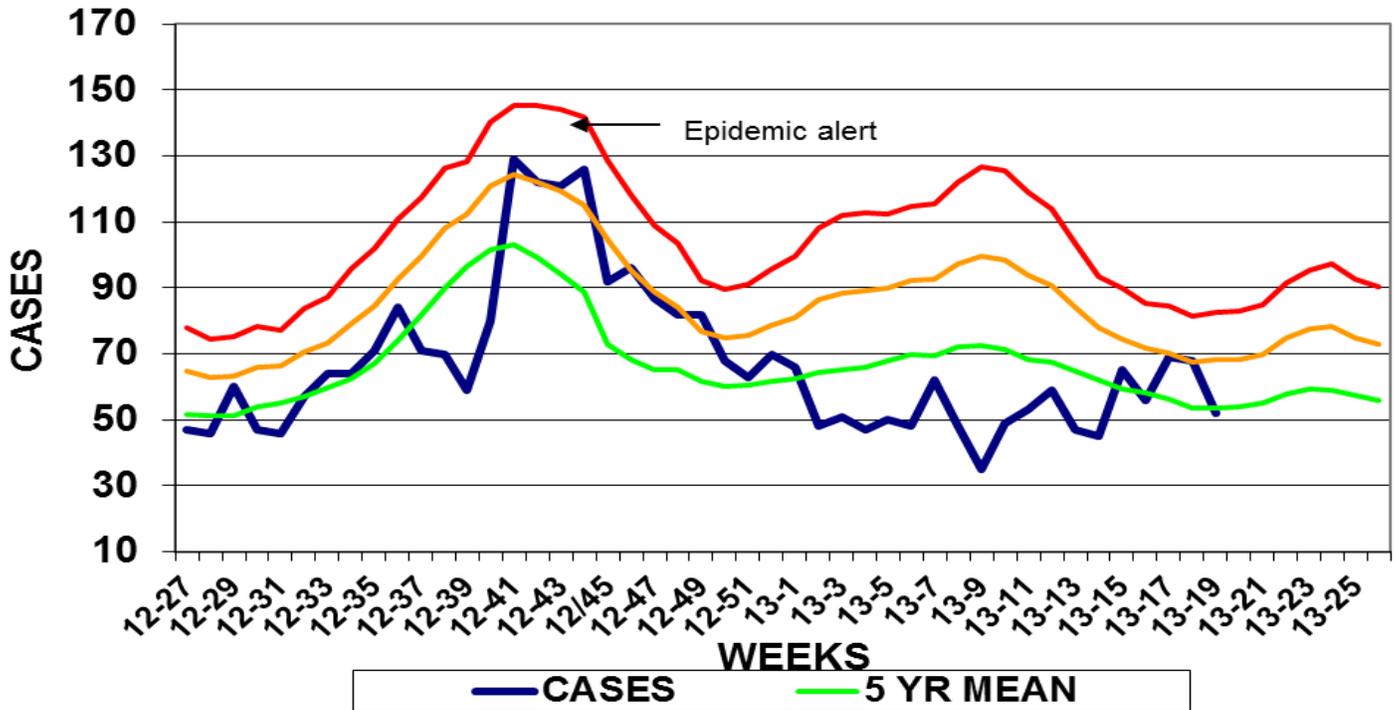


# GUAM EPIDEMIOLOGY NEWSLETTER

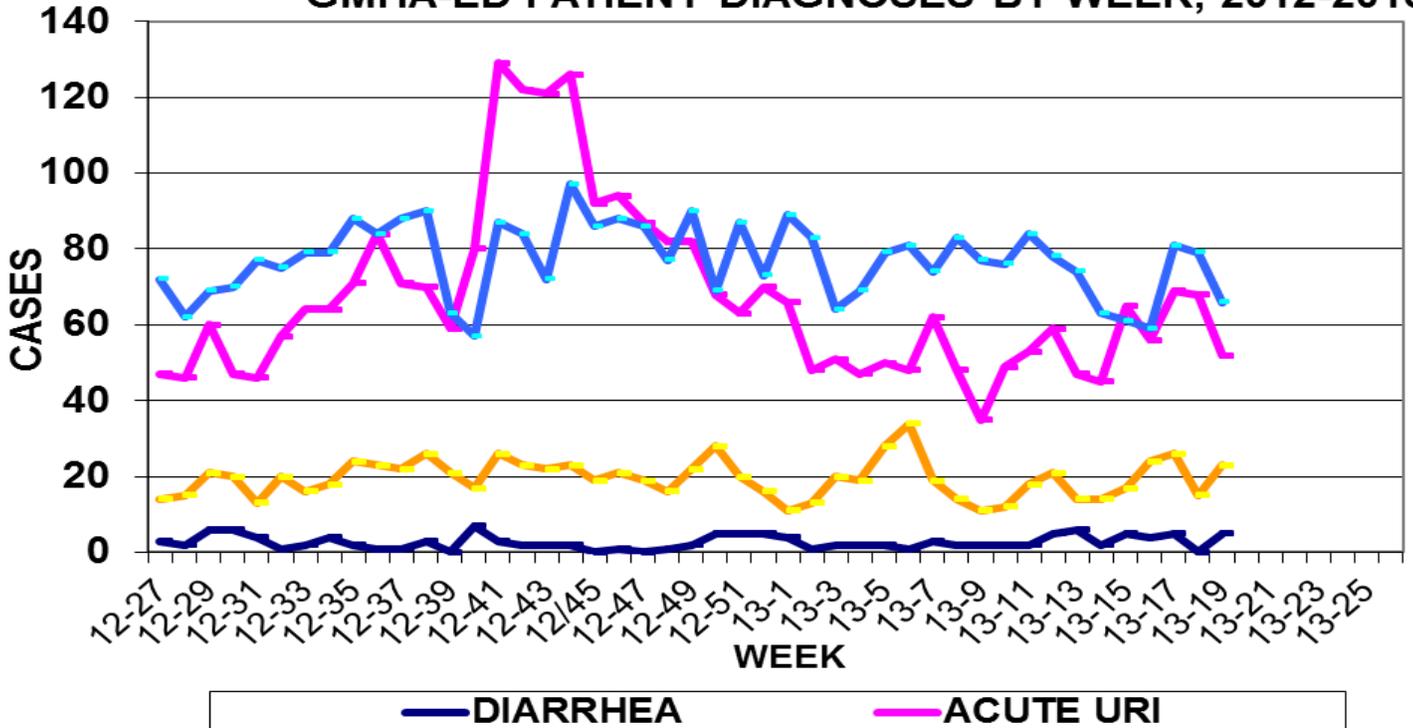
REPORT FOR WEEK ENDING: 5/11/2013 (Reporting week 2013-19)

## GUAM REPORTS

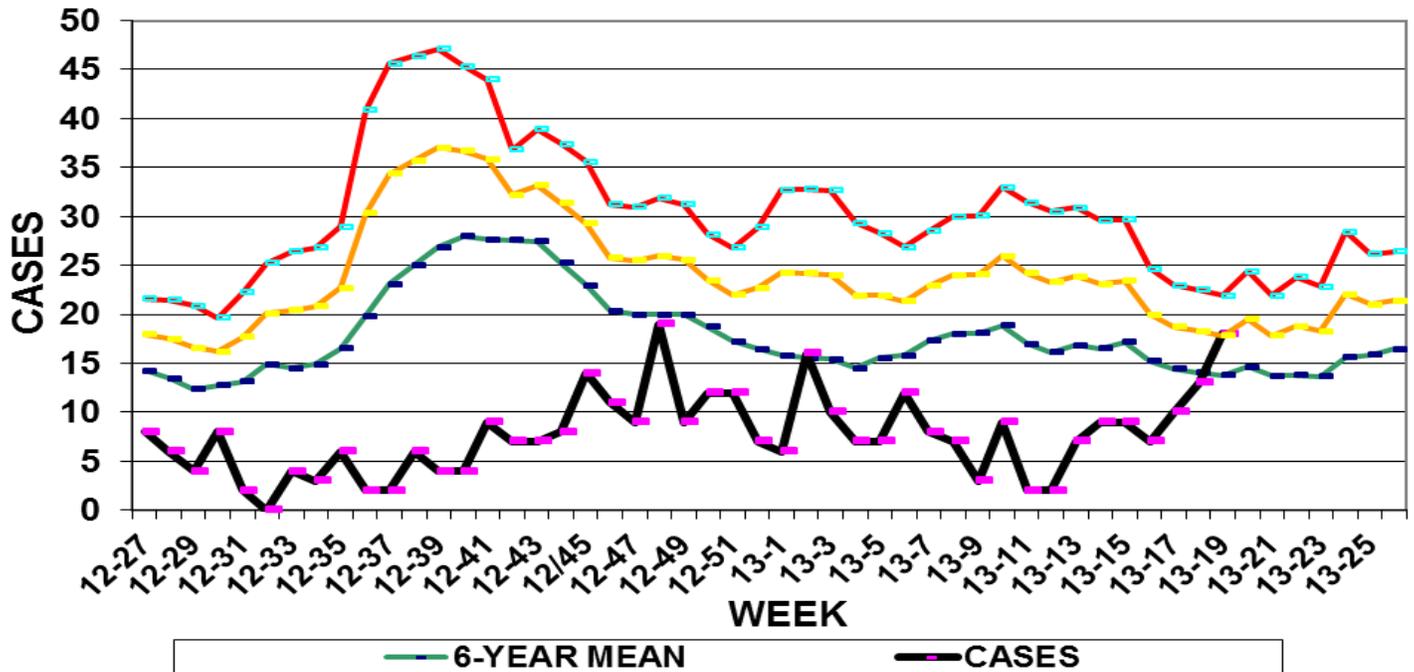
**GUAM ACUTE RESPIRATORY INFECTION SURVEILLANCE 2012-13;  
GMHA-EMERGENCY DEPARTMENT PATIENTS BY WEEK SEEN**



**GUAM SYNDROMIC DISEASE SURVEILLANCE  
GMHA-ED PATIENT DIAGNOSES BY WEEK, 2012-2013**



MEDICAL RECORDS AND INFECTION CONTROL DEPARTMENTS  
 GUAM MEMORIAL HOSPITAL AUTHORITY  
**HOSPITAL INPATIENT DISCHARGES WITH A DIAGNOSIS OF PNEUMONIA  
 BY WEEK DISCHARGED, 2012-2013**



**GUAM SENTINEL PHYSICIAN INFLUENZA SURVEILLANCE  
 REPORTS OF INFLUENZA OR INFLUENZA-LIKE ILLNESSES  
 RECEIVED FOR THE WEEK ENDING 5/11/2013**

Sporadic – No cases 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 19, 2013**

**NO CASES OF H1N1 REPORTED FOR WEEK 19**

**Cumulative 2013: 0 civilian & 0 military cases**

INFECTION CONTROL DEPARTMENT  
 GUAM MEMORIAL HOSPITAL AUTHORITY

**HOSPITALIZATIONS FOR INFLUENZA A or B BY AGE  
 AND MORBIDITY REPORTING WEEK**

AGE	10	11	12	13	14	15	16	17	18	19	TOTAL
0-4				1			1				2
5-18											
19-24											
25-49											
50-64											
65+											
TOTAL	0	0	0	1	0	0	1	0	0	0	2(A)

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, 2013**  
 (Villages listed geographically from northern-most to southern-most)

VILLAGE	WEEK										TOTAL	2013 RATE
	10	11	12	13	14	15	16	17	18	19		
Yigo	1	1	1	0	0	0	0	0	1	1	10	47.94
Dededo	5	1	3	2	0	5	2	1	2	1	33	72.48
Tamuning	0	0	1	2	0	1	0	0	0	1	9	44.58
Barrigada	0	0	0	0	0	0	1	0	0	0	4	44.73
Mangilao	0	1	0	0	1	0	0	0	0	0	10	63.48
M-T-M	1	0	1	1	0	1	1	0	0	0	6	84.28
Hagatna	0	1	0	0	0	0	0	0	0	0	2	76.86
Agaña Hts	0	1	0	0	0	0	0	0	0	0	2	53.08
Sinajana	0	1	0	0	1	0	0	0	0	0	2	79.55
Chalan Pago- Ordot	0	0	0	0	0	0	0	0	0	0	1	14.10
Asan-Maina	0	0	0	0	0	0	0	0	0	0	0	0.00
Piti	0	0	0	0	0	0	0	0	0	0	0	0.00
Santa Rita	0	0	0	0	0	0	0	0	0	0	2	35.34
Agat	1	0	0	0	0	0	0	2	0	0	3	63.90
Yona	0	0	0	2	0	0	0	0	0	0	5	77.17
Talofofo	0	0	1	0	0	0	0	0	0	1	2	66.64
Inarajan	0	0	0	0	0	0	0	0	0	0	0	0.00
Merizo	0	0	0	0	0	0	0	0	0	0	0	0.00
Umatac	0	0	0	0	0	0	0	0	0	0	0	0.00
Tourist	0	0	0	0	0	0	0	0	0	0	1	
Unknown	0	0	0	0	0	0	0	0	0	0	0	
<b>TOTAL</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>2</b>	<b>7</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>92</b>	<b>57.24</b>

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

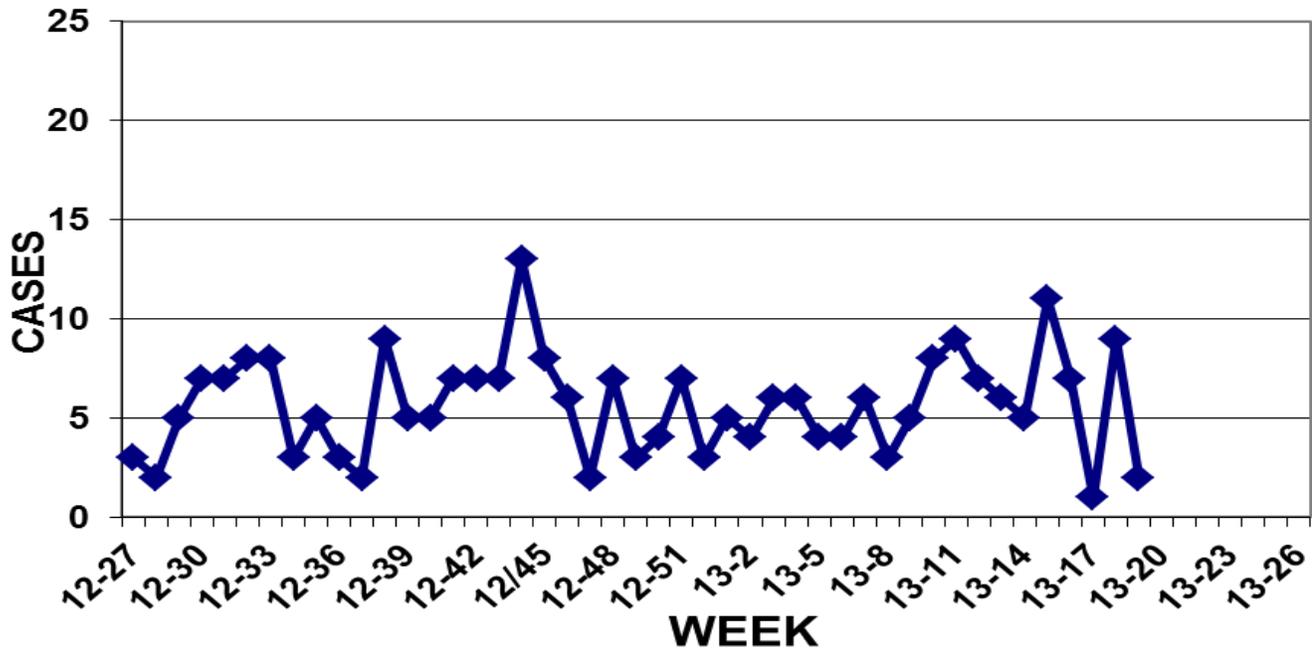
**GUAM ANIMAL DISEASE (ZONOSSES) REPORTS**  
 REPORTS RECEIVED FOR THE WEEK ENDING 5/11/2013

**Anaplasmosis – 2 canine, Babesiosis – 1 canine, Ehrlichiosis –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 5/11/2013

<i>Chlamydia trachomatis</i>	53
Conjunctivitis	14
<i>Enterobacter aerogenes</i> MDR	1
Gonorrhea	6
Hepatitis B	1
Hepatitis C	3
HPV	5
HSV 2	2
Influenza A	3
<i>Klebsiella pneumoniae</i> MDR	1
MRSA	12
Scabies	1
Scarlet fever	1
Streptococcal sore throat	8
Streptococcal disease, other	3
Tuberculosis	1
VRE	2

PREVENTIVE MEDICINE DEPARTMENT  
 U.S. NAVAL HOSPITAL GUAM  
**PNEUMONIA CASES SEEN IN GUAM MILITARY TREATMENT FACILITIES**  
**BY WEEK REPORTED, 2012-2013**





**OFFICIAL GUAM REPORTABLE DISEASE LIST**  
**Authority: Chapter 3, Title X, Guam Code Annotated**



**C L A S S I D I S E A S E S**

**Class I diseases include those with potential for rapid spread or requiring prompt action for effective control and must be reported immediately by phone in addition to usual morbidity card report – do not wait for laboratory confirmation.**

- Acute flaccid paralysis
- \*Anthrax
- \*Botulism
- Cholera
- Dengue
- Diphtheria
- Encephalitis, viral
- Food or fish poisoning (2 or more related cases)
- \*Hemorrhagic fevers (all forms)
- Measles (Rubeola)
- Meningococcal disease
- Novel Influenza Virus (suspected novel or re-emerging influenza viruses with potential to cause a pandemic).

- Pertussis
- Plague
- Poliomyelitis (acute)
- Rabies (in man or animal)
- Rubella (including congenital)
- SARS
- \*Small Pox
- \*Tularemia
- Typhoid fever
- Typhus
- Yellow Fever
- Toxic-shock syndrome
- Trichinosis

**\*Indicates diseases that may be used as bioterrorism agents.**

**C L A S S I I D I S E A S E S**

**Individual cases of Class II diseases may be reported by morbidity report card. Please report unusual outbreaks or apparent epidemics by phone.**

- AIDS/HIV
- Amebiasis
- Brucellosis
- Campylobacteriosis
- Chancroid
- Chickenpox (varicella)
- Chlamydia trachomatis
- Coccidioidomycosis
- Conjunctivitis, viral or bacterial
- Cryptosporidiosis
- Cyclosporiasis
- Eosinophilic meningoencephalitis
- Enterococcus sp., vancomycin resistant (VRE)
- Escherichia coli 0157:H7
- Food or Fish poisoning (isolated cases)
- Giardiasis
- Gonorrhea
- Granuloma inguinale
- Haemophilus influenzae, invasive disease*
- Hansen's disease (Leprosy)
- Hemolytic-uremic syndrome
- Hepatitis A, B, C Δ or unspecified viral
- Herpes simplex Type 2
- Human papillomavirus (HPV)
- Influenza
- Kawasaki syndrome

- Legionellosis
- Leptospirosis
- Lyme disease
- Lymphogranuloma venereum
- Malaria
- Meningitis, aseptic
- Meningitis, bacterial
- Mumps
- Myocarditis
- Paratyphoid fever
- Parvovirus B19 (Fifth disease)
- Rheumatic fever (active) & post-streptococcal glomerulonephritis
- Rickettsial disease
- Salmonellosis (non-typhoidal)
- Scabies
- Scarlet fever
- Shigellosis
- Staphylococcus aureus (MRSA or VRSA)
- Streptococcal disease (Group A)
- Streptococcus pneumoniae, penicillin resistant (PRSP)
- Streptococcal sore throat
- Syphilis
- Tetanus
- Tuberculosis
- Vibriosis

**Telephone reports: Weekdays 8:00 a.m. to 5:00 p.m. • 735-7154 or 735-7143 or 735-7298**  
**After hours/Weekends: Emergency Telephone • 888-WARN (9276) or 787-6890**  
**Fax reports (24 hours): • 734-2104**

**Recognizing that no list can include every disease that could possibly pose a threat to the residents of Guam, the Guam Department of Public Health and Social Services encourages the reporting of any additional disease cases with potential for serious public health impact or which may merit epidemiologic investigation.**

## Guam Novel Influenza (A) Case Screening Form

*May be used for cases under investigation (CUI) for possible human infection with novel influenza A viruses (e.g., variant H3N2v, avian H7N9). Please refer to case definitions for novel influenza A viruses for additional guidance.*

<b>Reporting Clinic</b>		<b>Case residence village:</b>	<b>Case phone:</b>
<b>Interviewer name:</b>		<b>Phone:</b>	<b>Email:</b>
<b>Case name:</b>		<b>Parent/guardian name (for minors):</b>	
<b>Date of report: (mm/dd/yyyy):</b> ___/___/___		<input type="checkbox"/> <b>New report</b> <input type="checkbox"/> <b>Update to previous report</b>	
<b>Unique ID (Guam_001):</b>		<b>Specimen ID:</b>	
<b>Indicate how case was identified</b> <input type="checkbox"/> Clinician notified health department <input type="checkbox"/> Unusual lab result <input type="checkbox"/> Ill traveler identified returning to Guam <input type="checkbox"/> Other: _____			
<b>Age:</b> _____ <input type="checkbox"/> Years <input type="checkbox"/> Months <b>If Age Unknown:</b> <input type="checkbox"/> Child <input type="checkbox"/> Adult <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			
<b>Date of illness onset (mm/dd/yyyy):</b> ___/___/___		<b>Symptoms:</b> <input type="checkbox"/> Fever (≥100°F) <input type="checkbox"/> Cough <input type="checkbox"/> Sore Throat <input type="checkbox"/> Fatigue <input type="checkbox"/> Vomiting <input type="checkbox"/> Headache <input type="checkbox"/> Muscle aches <input type="checkbox"/> Red/draining eyes <input type="checkbox"/> Other: _____	
<b>Was person hospitalized for this illness?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, date of admission: (mm/dd/yyyy): ___/___/___		<b>Did person die as a result of this illness?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, date of death: (mm/dd/yyyy): ___/___/___	
<b>Did person have contact with <u>swine</u> in the 10 days prior to illness onset?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>Contact may be directly touching swine or walking through an area where swine are present. (If Yes, describe):</i>		<b>Did person have contact with <u>poultry/birds</u> in the 10 days prior to illness onset?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>Contact may be directly touching poultry/birds or walking through an area where poultry/birds are present. (If Yes, describe):</i>	
<b>Did person travel ≤ 10 days prior to illness to an area where confirmed cases of novel influenza A were reported?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown    If Yes, list destination and dates of travel (including date of return to US):			
<b>Did person attend an agricultural event (such as a fair or live animal market) ≤ 10 days prior to illness?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown    If Yes, list events and dates of attendance:			
<b>Did person have contact ≤ 10 days prior to illness with someone who had fever or respiratory illness?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown    If Yes, describe relationship and dates of contact:			
<b>Was this person tested for influenza?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>Test type:</b> <input type="checkbox"/> Rapid antigen <input type="checkbox"/> RT-PCR <input type="checkbox"/> Other <b>Test result:</b> <input type="checkbox"/> Influenza A <input type="checkbox"/> Influenza B <input type="checkbox"/> Influenza A/B (type not distinguished) <input type="checkbox"/> Negative <input type="checkbox"/> Other: _____ <b>Specimen collection date (mm/dd/yyyy):</b> ___/___/___ <b>Has a specimen been sent to CDC?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>What PPE did healthcare personnel use when caring for patient or obtaining specimens?</b> <input type="checkbox"/> N95 mask <input type="checkbox"/> Surgical mask <input type="checkbox"/> Eye protection <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> None <input type="checkbox"/> Unknown			
<b>Is this person a contact of another CUI, or probable or confirmed case?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, Unique ID of the other case and nature of the relationship (e.g., Case is the sister of Clark_002):			

- For CUIs, arrange for nasopharyngeal (NP) swab collection and RT-PCR testing at a Guam Public Health Laboratory.
- Patients with influenza-like illness should discuss possible antiviral treatment with a healthcare provider.
- Healthcare facilities should use appropriate isolation precautions for cases under investigation for infection with novel influenza A viruses. Non-hospitalized cases under investigation should stay home from school, work, and social gatherings until fever is gone for at least 24 hours without the use of fever-reducing medications.
- If this case is later determined to be a confirmed case of infection with novel influenza A, please notify CDC and complete the CDC *Human Infection with Novel Influenza A Virus Case Report Form*.