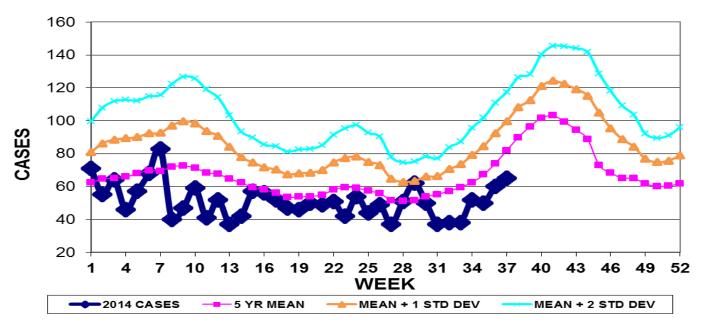
INFECTION CONTROL DEPARTMENT GUAM MEMORIAL HOSPITAL AUTHORITY

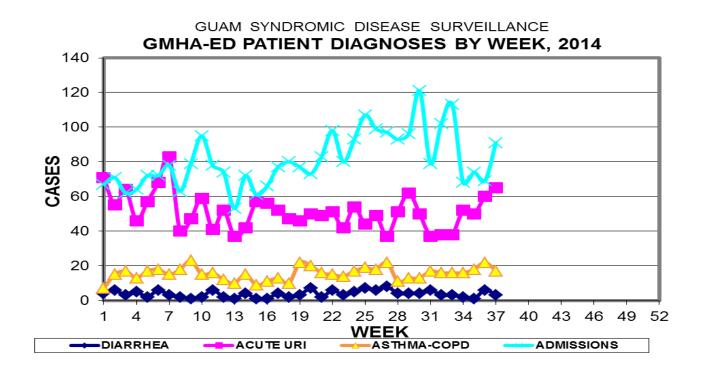
GUAM EPIDEMIOLOGY NEWSLETTER

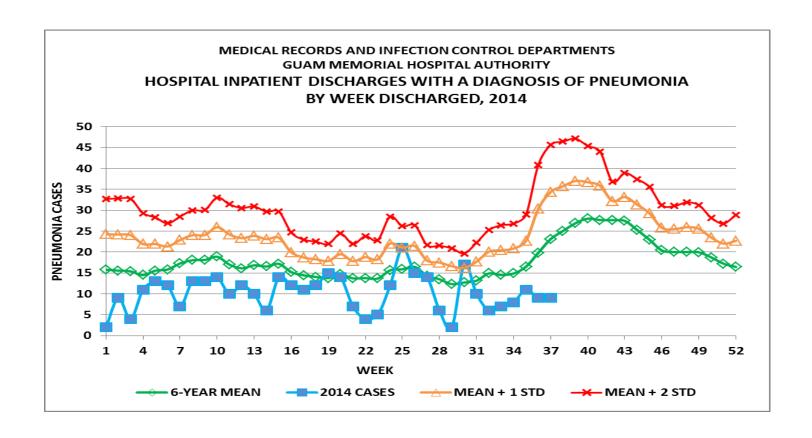
REPORT FOR WEEK ENDING: 9/13/2014 (Reporting week 2014-37)

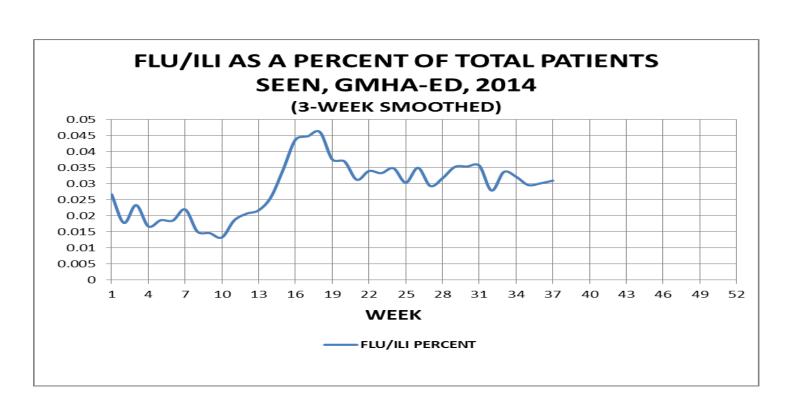
GUAM REPORTS

GUAM ACUTE RESPIRATORY INFECTION SURVEILLANCE 2014; GMHA-EMERGENCY DEPARTMENT PATIENTS BY WEEK SEEN









GUAM SENTINEL PHYSICIAN INFLUENZA SURVEILLANCE

REPORTS OF INFLUENZA OR INFLUENZA-LIKE ILLNESSES RECEIVED FOR THE WEEK ENDING 9/13/14 Six cases reported by sentinel physicians

Bureau of Communicable Disease Control

Guam Department of Public Health & Social Services

H1N1 INFLUENZA SURVEILLANCE, WEEK 37, 2014 NO CASES OF H1N1 REPORTED FOR WEEK 37

Cumulative 2014: 0 civilian & 0 military cases

INFECTION CONTROL DEPARTMENT GUAM MEMORIAL HOSPITAL AUTHORITY

HOSPITALIZATIONS FOR INFLUENZA A BY AGE AND MORBIDITY REPORTING WEEK

AGE	28	29	30	31	32	33	34	35	36	37	TOTAL
0-4											1
5-18											
19-24											
25-49											
50-64											1
65+											
TOTAL	0	0	0	0	0	0	0	0	0	0	2

Bureau of Communicable Disease Control Guam Department of Public Health & Social Services ISLAND-WIDE COMMUNICABLE DISEASE REPORT

REPORTS RECEIVED FOR THE WEEK ENDING 9/13/2014

Chlamydia trachomatis	17
Conjunctivitis	4
E. coli MDR, ESBL+	3
Gonorrhea	3
Hepatitis C	1
Influenza A	1
Influenza B	1
Klebsiella pneumoniae ESBL+	1
MRSA	5
Pseudomonas aeruginosa MDR	2
RSV	1
Scabies	13
Streptococcal sore throat	8
VRE	1

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, 2014

(Villages listed geographically from northern-most to southern-most)

WEEK

VILLAGE	28	29	30	31	32	33	34	35	36	37	TOTAL	2014 RATE
Yigo	2	1	1	0	3	4	2	0	4	1	53	255.41
Dededo	4	5	3	4	7	8	3	3	6	5	152	334.76
Tamuning	3	3	2	2	0	3	2	1	3	3	74	372.08
Barrigada	0	1	1	1	0	1	0	1	0	0	36	401.47
Mangilao	4	9	1	2	3	1	1	2	0	5	65	423.51
Mongmong-T-M	1	2	1	2	1	2	0	0	0	1	29	420.59
Hagatña	0	1	0	0	0	0	0	1	1	0	11	1035.78
Agaña Heights	0	0	0	0	0	0	0	0	0	1	5	129.97
Sinajana	0	0	0	0	0	0	1	2	1	0	11	420.21
Chalan Pago-Ordot	1	2	0	0	0	0	1	0	0	0	17	246.66
Asan-Maina	0	0	0	0	0	0	0	0	0	0	3	138.95
Piti	0	0	0	0	0	0	0	0	0	0	2	136.15
Santa Rita	0	0	0	0	0	0	0	0	0	0	5	81.34
Agat	0	0	1	0	0	1	0	0	0	0	12	241.55
Yona	1	2	1	2	1	0	3	2	2	0	28	427.68
Talofofo	0	1	0	0	1	0	1	0	2	0	13	421.94
Inarajan	0	1	0	0	0	0	1	0	1	0	8	348.43
Merizo	0	0	1	0	0	0	0	0	0	0	8	428.04
Umatac	0	0	0	0	0	0	0	0	0	0	3	379.75
Tourist	0	0	0	0	0	0	0	0	0	0	8	
Unknown	0	0	0	0	0	0	0	0	0	0	3	
TOTAL	16	28	12	13	16	20	15	12	20	16	555	344.72

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

INFLUENZA/ILI ACTIVITY LEVEL - <u>Regional</u> (Less than half of villages affected) (ACTIVITY LEVELS: No activity, Sporadic, Local, Regional, Widespread)

GUAM ANIMAL DISEASE (ZOONOSES) REPORTS

REPORTS RECEIVED FOR THE WEEK ENDING 9/13/2014

Anaplasmosis – 1 canine, Babesiosis – 1 canine

ENTEROVIRUS-D68 (EV-D68)

Health care providers should consider EV-D68 as a possible cause of acute, **unexplained** severe respiratory illness, even in the absence of fever. Although the majority of cases to date have been in children, EV-D68 may also affect adults.

Laboratory Testing:

Providers should consider laboratory testing of respiratory specimens for enteroviruses when the cause of respiratory infection in severely ill patients is unclear. Confirmation of the presence of EV-D68 requires typing by molecular sequencing and Guam specimens will have to be sent off-island. If an outbreak of EC-D68 is suspected on Guam, Public Health will consult with CDC advisors. CDC is currently prioritizing respiratory specimens from patients with severe respiratory illness who are known to be positive for rhinovirus/enterovirus from initial screening assays. Completion of a brief **PATIENT SUMMARY FORM** is required with each specimen submission to CDC.

Infection Control:

Routes of transmission for EV-D68 are not fully understood. Infection control guidelines for hospitalized patients with EV-D68 infection should include **standard** precautions, and **contact** precautions in certain situations, as is recommended for all enteroviruses (http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf). As EV-D68 is a cause of clusters of respiratory illness, similar to rhinoviruses, **droplet** precautions should also be considered as an interim recommendation until there is more definitive information available on appropriate infection control.

As EV-D68 is a non-enveloped virus, environmental disinfection of surfaces in healthcare settings should be performed using a hospital-grade disinfectant with an EPA label claim for any of several non-enveloped viruses (e.g. norovirus, poliovirus, rhinovirus). Disinfectant products should be used in accordance with the manufacturer's instructions for the specific label claim and in a manner consistent with environmental infection control recommendations (http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf).

Reporting:

Guam health-care providers are requested to report suspected **clusters** of severe respiratory illness to DPH&SS through regular channels.

For additional information, please consult the CDC enterovirus D68 website:

(http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html)