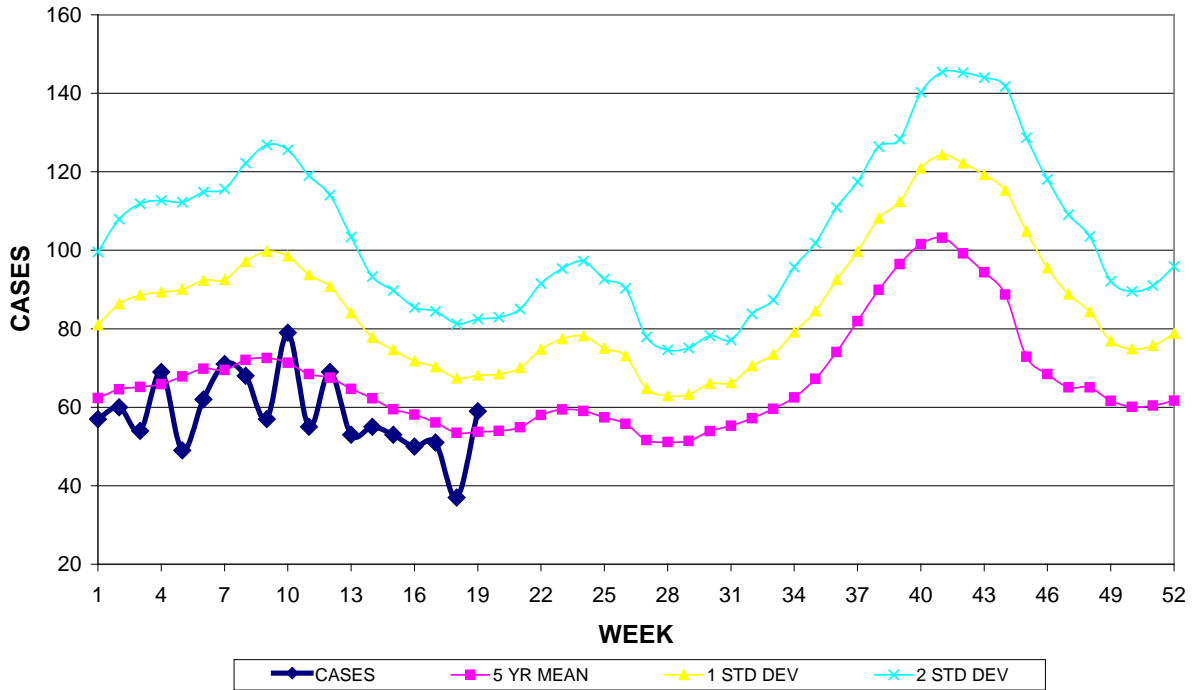


GUAM EPIDEMIOLOGY NEWSLETTER

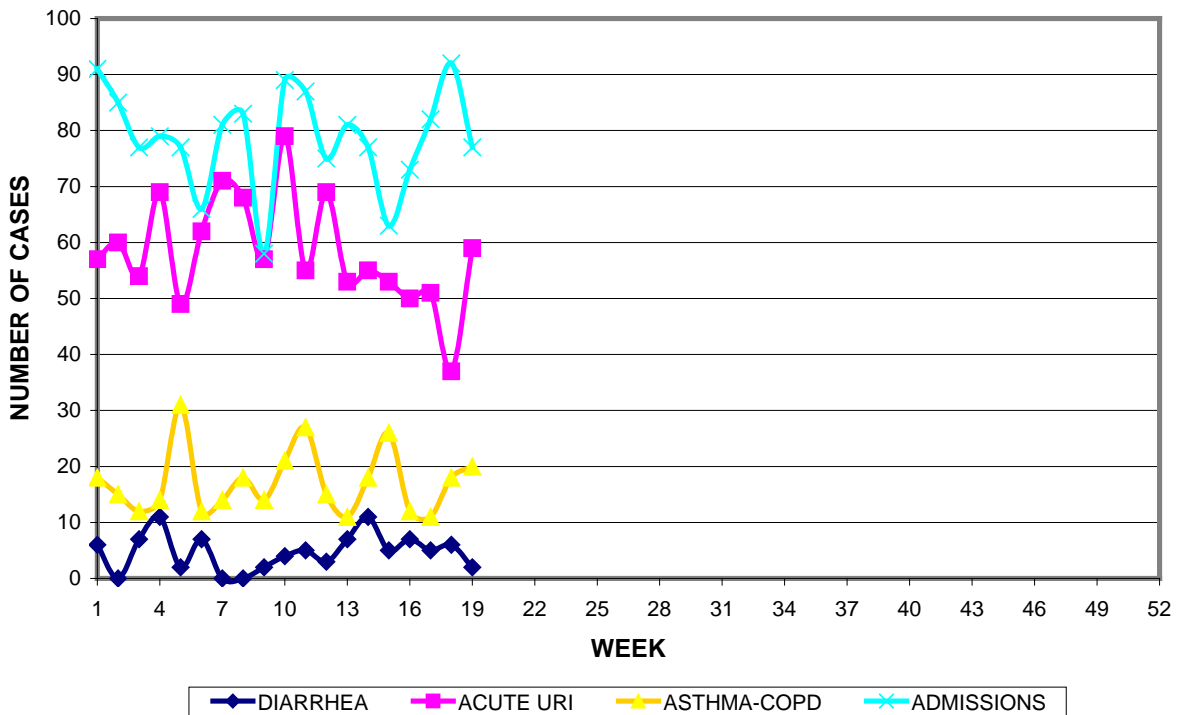
REPORT FOR WEEK ENDING: 5/12/2012 (Reporting week 2012-19)

GUAM REPORTS

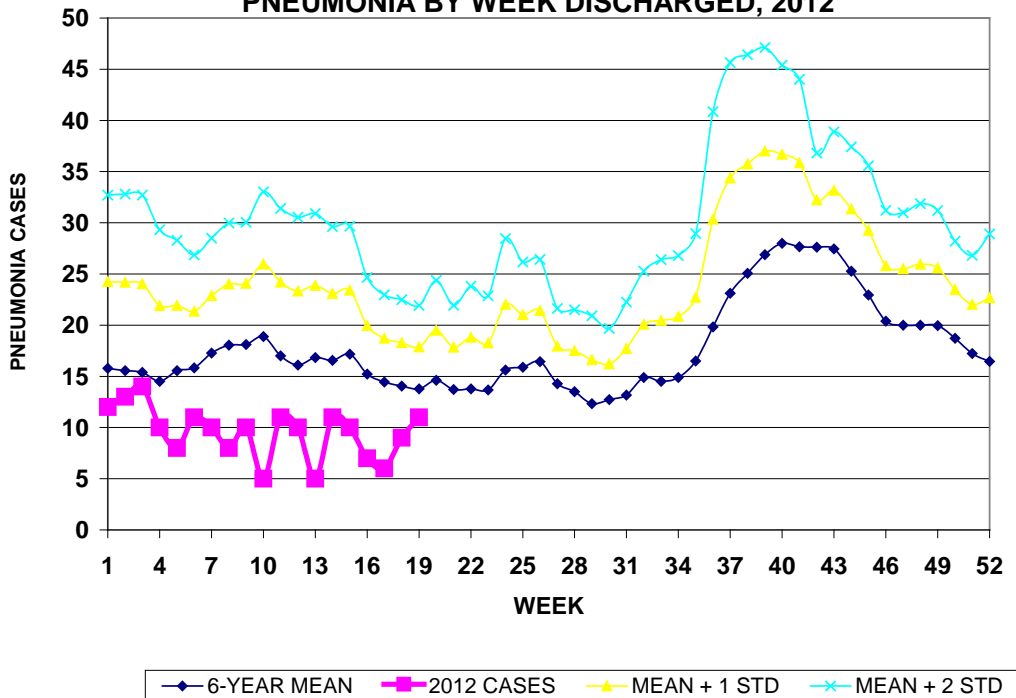
**GUAM ACUTE RESPIRATORY INFECTION SURVEILLANCE 2012;
 GMHA-EMERGENCY DEPARTMENT PATIENTS BY WEEK SEEN**



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



**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 5/12/2012**

Sporadic – Two cases reported by sentinel physician
 (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, 2012

NO CASES OF H1N1 REPORTED FOR WEEK 19

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**

AGE	WEEK										TOTAL
	10	11	12	13	14	15	16	17	18	19	
0-4					2				1		3
5-18											
19-24											
25-49	1										1
50-64											
65+								1	1		2
TOTAL	1	0	0	0	2	0	0	1	2	0	6

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
	10	11	12	13	14	15	16	17	18	19		
Yigo	0	0	0	0	0	2	0	1	1	0	8	34.74
Dededo	1	1	1	1	0	0	1	1	1	1	17	33.44
Tamuning	3	0	1	1	0	0	0	0	0	1	11	51.64
Barrigada	0	0	0	0	0	0	0	0	0	0	0	0.00
Mangilao	0	0	1	0	1	0	0	0	0	0	5	31.76
M-T-M	0	2	1	0	1	1	0	0	0	1	8	115.72
Hagatna	0	0	1	0	0	0	0	0	0	0	1	76.86
Agaña Hts	0	0	0	0	0	0	0	0	0	0	0	0.00
Sinajana	0	0	0	0	0	0	0	0	0	0	0	0.00
Chalan Pago- Ordot	1	0	0	0	0	0	0	1	0	0	6	85.65
Asan-Maina	0	0	0	0	0	0	0	0	0	0	2	80.91
Piti	0	0	0	0	0	0	0	0	0	0	0	0.00
Santa Rita	0	0	0	0	0	0	0	1	0	0	3	33.82
Agat	0	0	0	0	0	0	0	0	0	0	1	14.95
Yona	0	0	0	0	0	0	0	0	0	0	1	13.04
Talofof	0	0	0	0	0	0	0	0	0	0	1	26.30
Inarajan	0	0	1	0	0	1	0	0	1	0	5	138.54
Merizo	0	0	0	0	0	0	0	0	0	1	1	39.09
Umatac	0	0	0	0	0	0	0	0	0	0	2	190.66
Unknown	0	0	0	0	0	0	0	0	0	1	0	0.00
TOTAL	5	3	6	2	2	4	1	4	3	5	73	39.87

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

GUAM ANIMAL DISEASE (ZONOSSES) REPORTS
 REPORTS RECEIVED FOR THE WEEK ENDING 5/12/2012

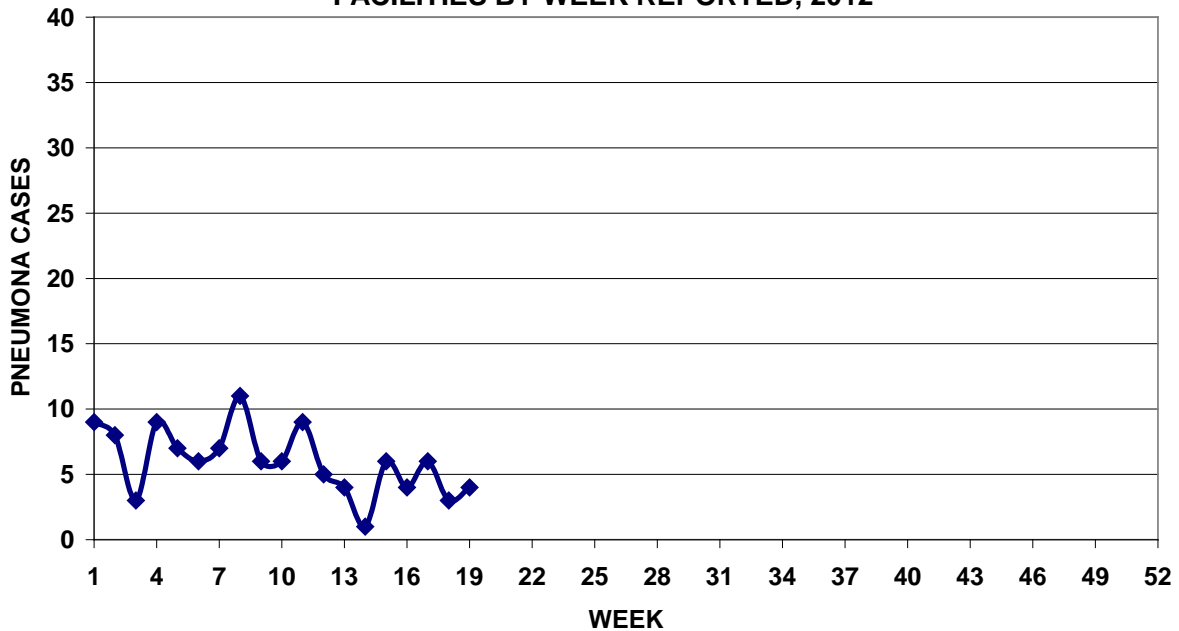
Ehrlichia canis – 2 canine cases, **Leptospirosis** – 1 canine case

Bureau of Communicable Disease Control
Guam Department of Public Health & Social Services
ISLAND-WIDE COMMUNICABLE DISEASE REPORT
 REPORTS RECEIVED FOR THE WEEK ENDING 5/12/2012

<i>Chlamydia trachomatis</i>	59
Conjunctivitis	5
<i>E. coli</i> MDR	1
Gonorrhea	1
Hepatitis B	1
HSV 1	1
HSV 2	1
<i>Klebsiella pneumoniae</i> MDR	1
Leptospirosis	1
MRSA	7
Mumps	1
Rotavirus	3
Salmonellosis	1
Streptococcal sore throat	12
Streptococcal disease, other	1
Syphilis, Primary	1

PREVENTIVE MEDICINE DEPARTMENT
 U.S. NAVAL HOSPITAL GUAM

**PNEUMONIA CASES SEEN IN GUAM MILITARY TREATMENT
 FACILITIES BY WEEK REPORTED, 2012**



LOCAL NEWS

Leptospirosis is a serious bacterial infection most commonly contracted on Guam by contact with contaminated recreational water. Symptoms of acute infection may include fever, chills, headache, muscle aches, vomiting, or diarrhea. The patient may recover for a time but become ill again. If a second phase occurs, it is more severe and the patient may develop kidney or liver failure or meningitis. This phase is also called Weil's disease. An important clue to an accurate diagnosis of leptospirosis is the patient's history.

On April 30, 2012, laboratory confirmation was received of the most recent case of locally contracted leptospirosis. The patient, a 15 year-old male U.S. Navy dependent, had hiked to Tarzan Falls on the Ylig River in Yona district. Previous cases of leptospirosis have occurred in hikers in the same area in 2004, 2007 and 2008 and a fatal infection due to the “brain-eating amoeba” *Naegleria fowleri* was contracted in 1991 by a young man who had been swimming in a stream in the Inarajan district. While boonie stomping is generally a safe and healthful activity, care should be taken to avoid getting possibly contaminated water in the mouth, nose, and eyes or in cuts or abrasions of the skin.