

EPIDEMIOLOGY NEWSLETTER

March 2024

Latest in Guam communicable diseases

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Top headlines on health security, COVID-19, and other infectious diseases

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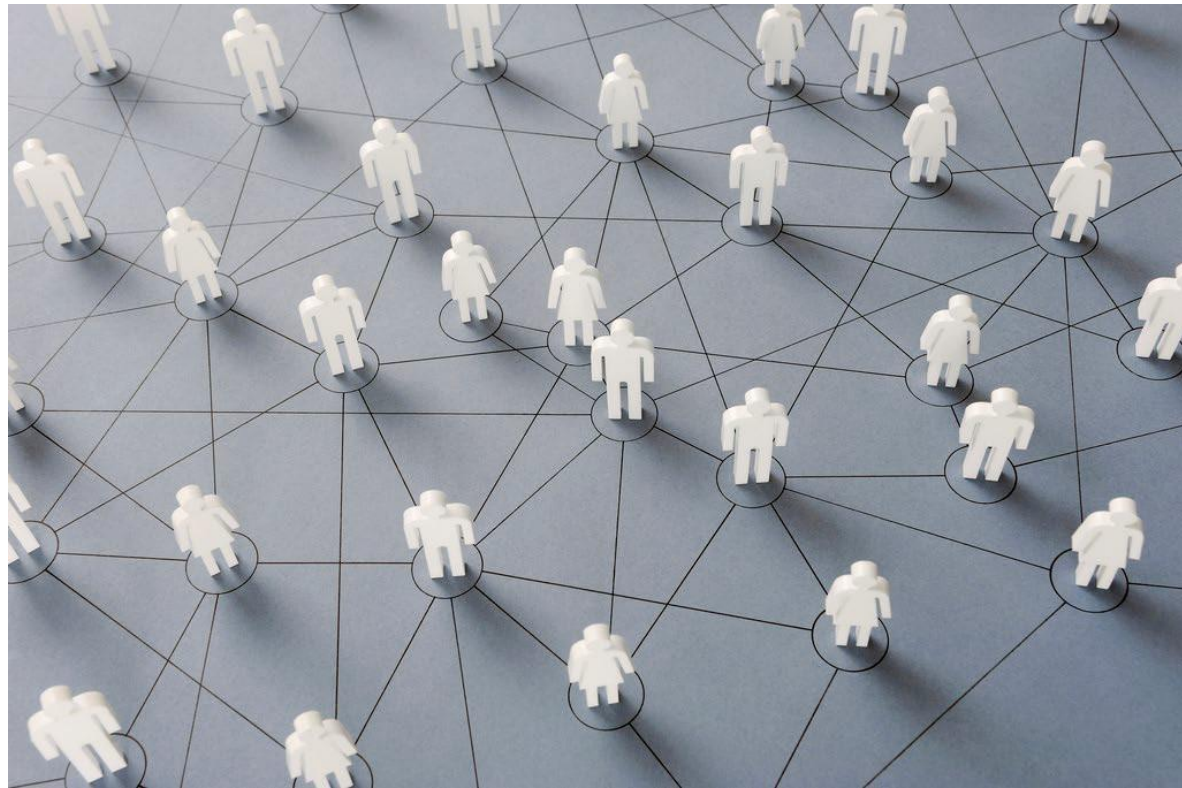
[Syndromic surveillance](#)

ILI, gastroenteritis, pneumonia, fever & rash

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Class I and II Reportable Diseases



National and local headlines

[CDC publishes updated, simplified guidance for protection against respiratory illnesses, including COVID-19 \(CDC\).](#)

On March 01, 2024, the Centers for Disease Control and Prevention released updated recommendations for how people can protect themselves and their communities from respiratory viruses.

[Highly pathogenic avian influenza virus infection reported in a person in the US.](#)

There has been a single report of an individual testing positive for highly pathogenic avian influenza (HPAI) A(H5N1), in Texas, confirmed by the CDC.

[Measles in the United States – March 2024.](#) US CDC records 64 measles cases in 17 states, compared to 58 cases for the year 2023 - [The Guardian](#)

[The Invisible Shield.](#)

Explore how public health has increased life spans and saved countless lives from disease, but underfunding, disinformation, and skepticism of science and government place human health at risk. Watch free on [PBS.org](#).

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Data compiled for this report have been generated by the following Surveillance members: A Argao, A Sablan, A Arizala, J Taitano. Laboratory data were provided by A Mallari and AM Santos. Analysis and interpretation were provided by PP Sotto.



RESPIRATORY ILLNESS || COVID-19

Guam’s COVID-19 activity is steadily decreasing, reaching case detection counts lower than what was observed in 2023 – Week 13 reported a total of 11 cases (**Figure 1**). For the month of March, a total of 65 cases were reported to public health, down from the 142 cases reported in February, and 508 cases reported in January. March averaged 16 reported cases per week, whereas February averaged 36 cases. March case rates continued to diverge from what was seen last year, where COVID-19 cases appeared to rebound in Weeks 8 and 9 for 2023.

Figure 1. Weekly count of COVID-19 cases in Guam, 2023-24

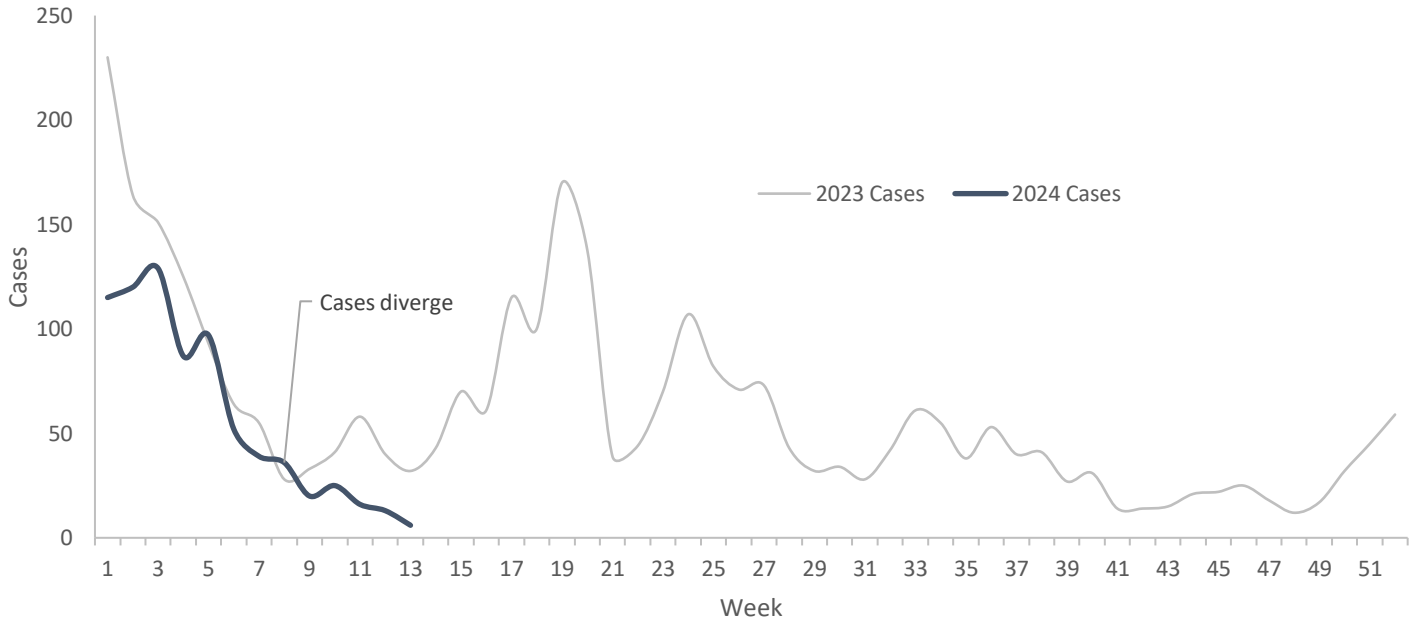
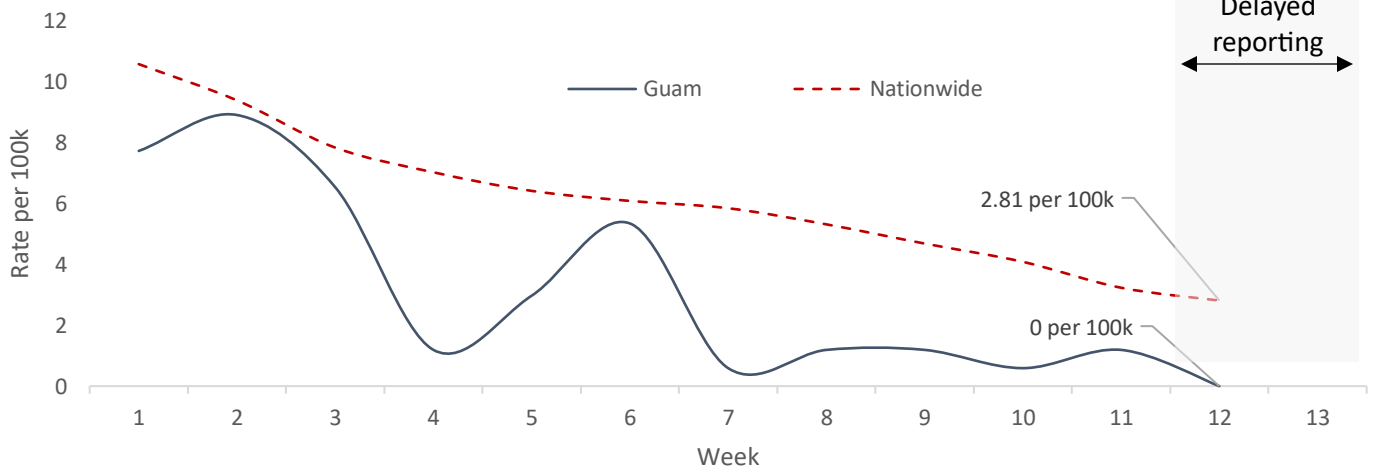


Figure 2 demonstrates favorable new hospital admission rates¹ for Guam as well, as the island reported approximately 15% of what is being monitored across the nation for March. Guam averaged a hospital admission rate of 0.59 per 100k each week in March, while the US measured roughly 3.73 per 100k. No hospital admissions were reported in Guam for Week 12.²

Figure 2. Hospital admission rate by week, 2024



¹Weekly COVID-19 new hospital admissions per 100,000 includes number of admitted patients with laboratory-confirmed COVID-19, divided by the 2019 intercensal population estimate, multiplied by 100,000.

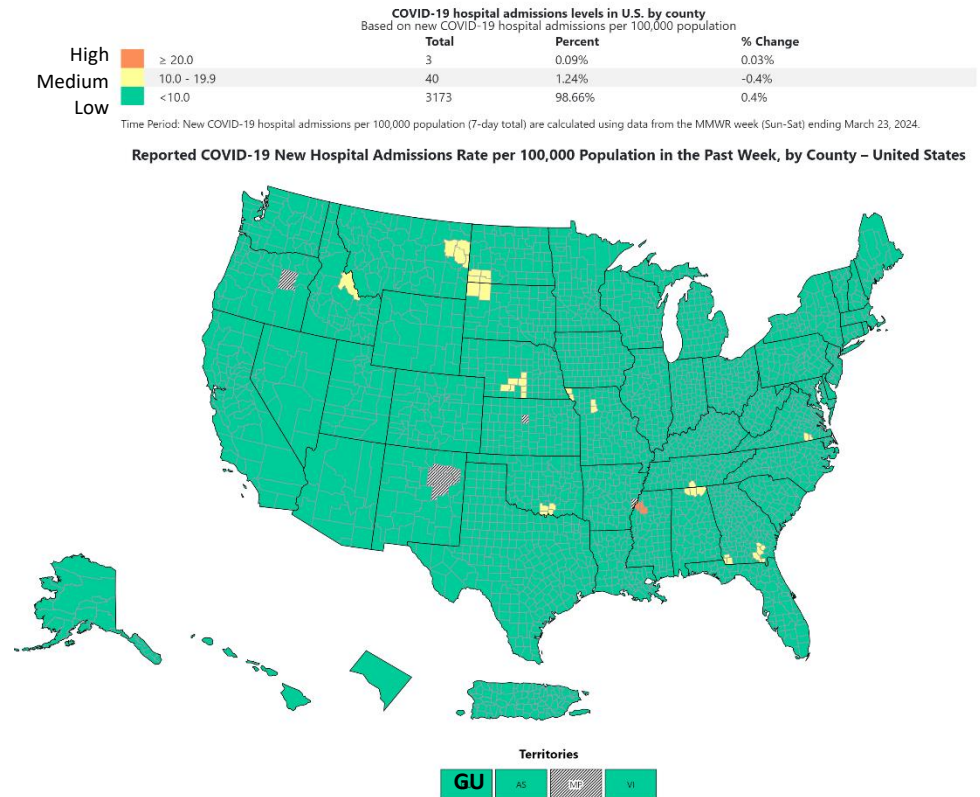
²Data for the previous week are updated weekly on Fridays (EST) as soon as they are reviewed and verified.



Guam’s hospital admission rate keeps the island in the “Low Hospitalization” status depicted in green in **Figure 3**.³ The Centers for Disease Control and Prevention (CDC) also indicate that other US jurisdictions are doing well, highlighting that 98.7% of jurisdictions are experiencing low hospitalization rates compared to 92.6% in late February.

Lastly, Guam reported 1 new JN1 variant detected in the month of March, bringing the total detected to 19. JN1 remains the largest variant proportion based on genomic sequencing results in the US, taking up 86% of the total samples sequenced.

Figure 3. COVID hospitalization rate, week ending March 23, 2024



³COVID-19–associated hospitalization data reported to CDC’s National Healthcare Safety Network (NHSN). As of December 15, 2022, COVID-19 hospital data are required to be reported to CDC’s NHSN, which monitors national and local trends in healthcare system stress, capacity, and community disease levels for approximately 6,000 hospitals in the United States. Data reported by hospitals to NHSN represent aggregated counts and include metrics capturing information specific to hospital capacity, occupancy, hospitalizations, and admissions. This system change does not impact requirements. For all metrics, if there are no data in the specified locality for a given week, the metric value is displayed as “insufficient data”.

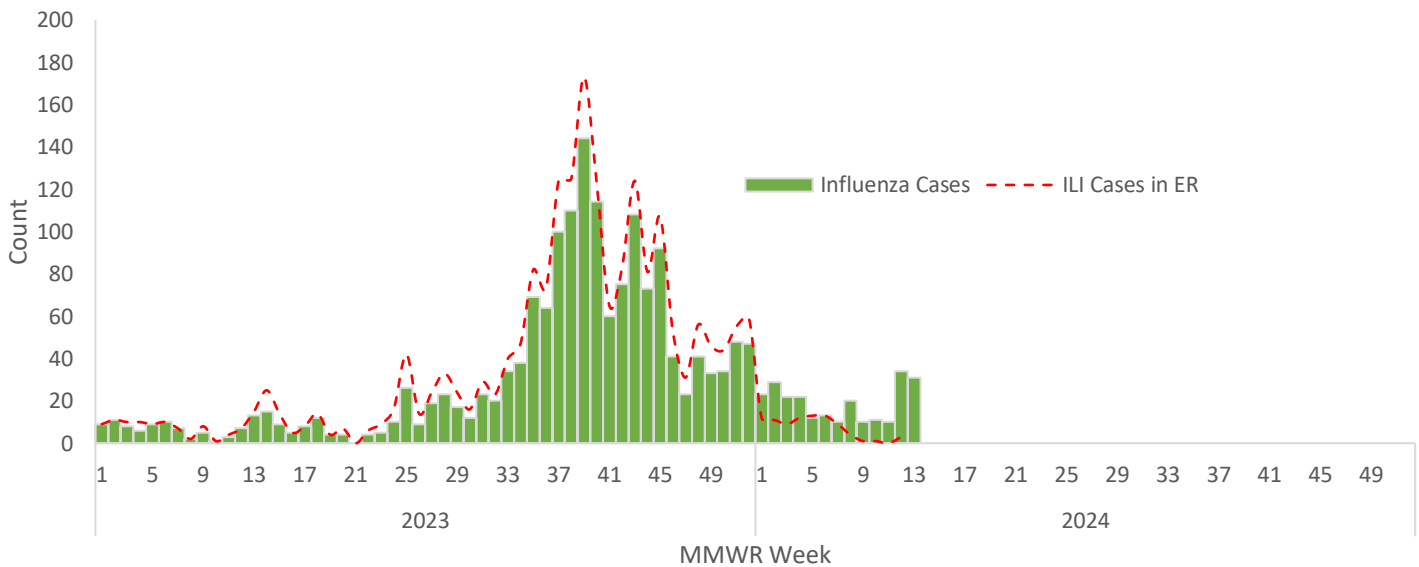
For more information, please visit [CDC United States COVID-19 Hospitalizations, Deaths, Emergency Department Visits, and test Positivity by Geographic Area](https://www.cdc.gov/nhsn/dataquery/)



RESPIRATORY ILLNESS || Influenza & ILI

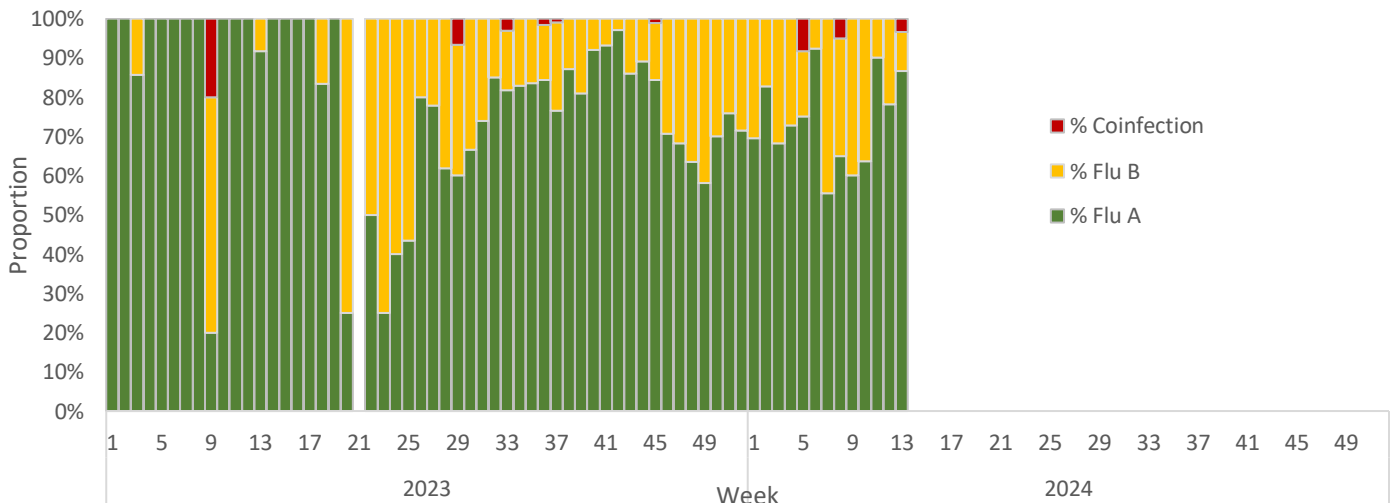
Although influenza case reports were stable throughout February and early-March, there was a sudden increase in the number of cases during the last 2 weeks of March (Week 12 and 13), shown in **Figure 4**. Week 12 reported 34 new cases and Week 13 reported 31, higher than previous weeks which averaged roughly 12 cases each week since the beginning of February. For both weeks, 12% of the cases were younger than 5 years old, 38% were school-aged children (5-18yrs), and 14% were ages 65 or older. Of the total cases for both weeks, 9 cases had an identified epidemiologic-link. It remains unclear what event contributed to this marked increase, whether it is attributed to Easter or Spring break; however, this trend for this period was similarly observed in 2023, albeit at a lower magnitude.

Figure 4. Weekly count of influenza and ILI cases in Guam, 2023-24



The increase appears to be correlated to a resurgence in Influenza A, green bar in **Figure 5**. Influenza A was in remission for most of February as the proportion of Influenza B reports began to increase. However, data from March reports clearly shows Influenza A making a rebound.

Figure 5. Proportion of influenza type reported by week, 2023-24



RESPIRATORY ILLNESS || Influenza & ILI

By age group, Guam’s working age community members reported large relative increases in March. March had 73% increase in those ages 20 to 54yrs. March also saw 5 total cases for those 55 to 64yrs, compared to the 1 report in February. Total reports for those 65 years or older had the highest surge, from 1 case in February to 11 cases in March.

Figure 6. Changes in influenza cases by age group, February to March 2024

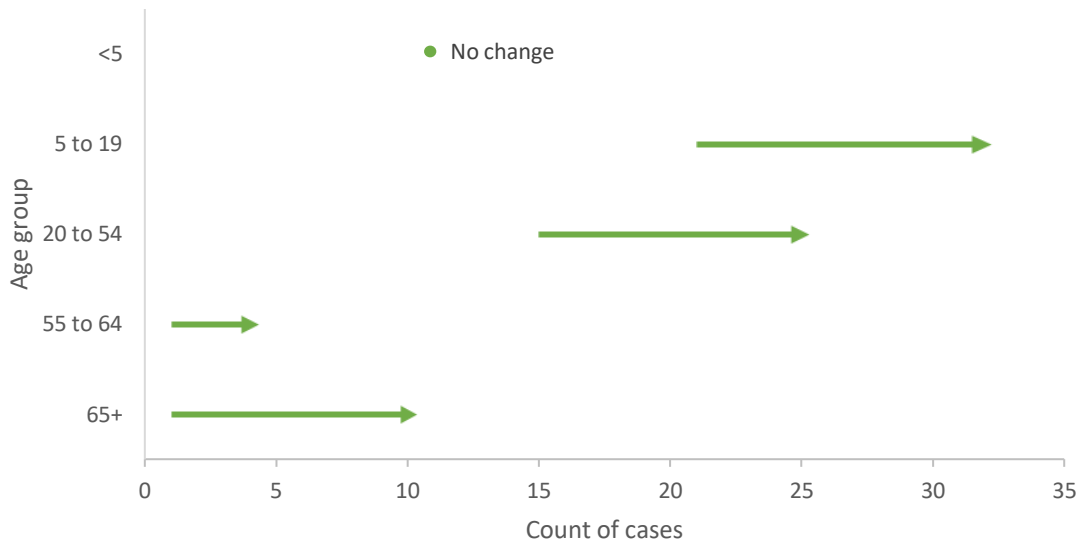
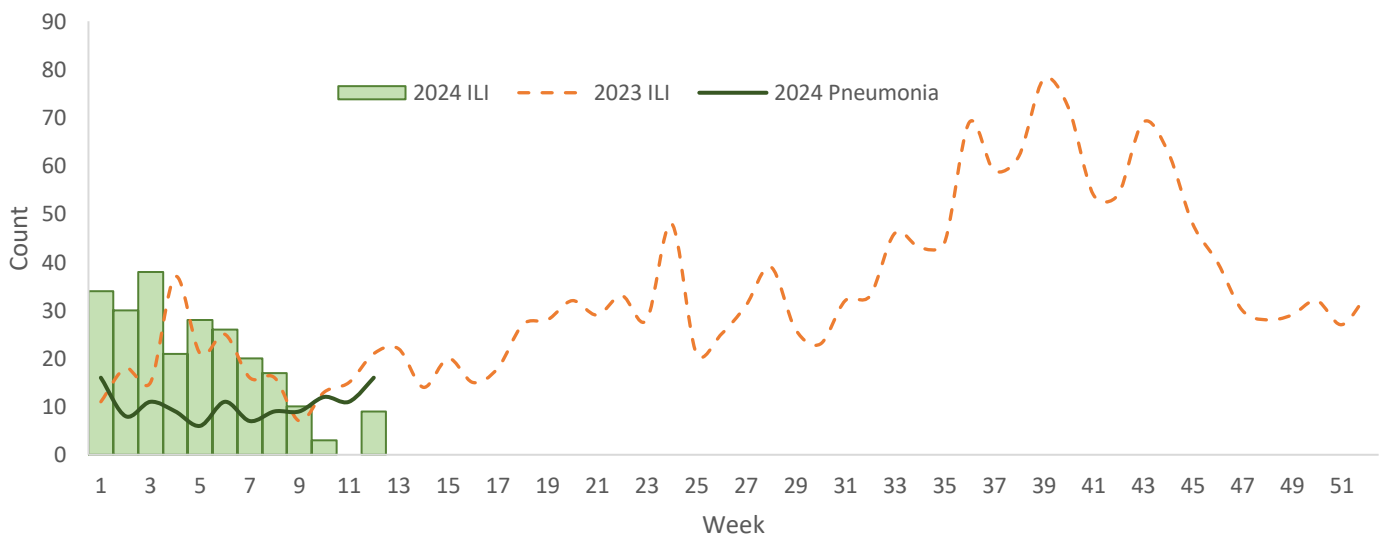


Figure 7. Weekly report of ILI and pneumonia in Guam, 2023-24



NOTABLE CONDITIONS || Salmonella

DPHSS continues to monitor the rise in Salmonella infections. No Salmonellosis infection has been connected to the contaminated food products mentioned in earlier reports, nor do these recent Salmonellosis cases have any identified epi-links to each other. **Table 1** highlights the current issue, with 10 total cases being identified in the first quarter of 2024, compared to the low reports observed in the first quarter of previous years.

Table 1. Count of Salmonellosis reports by week, 2020-2024

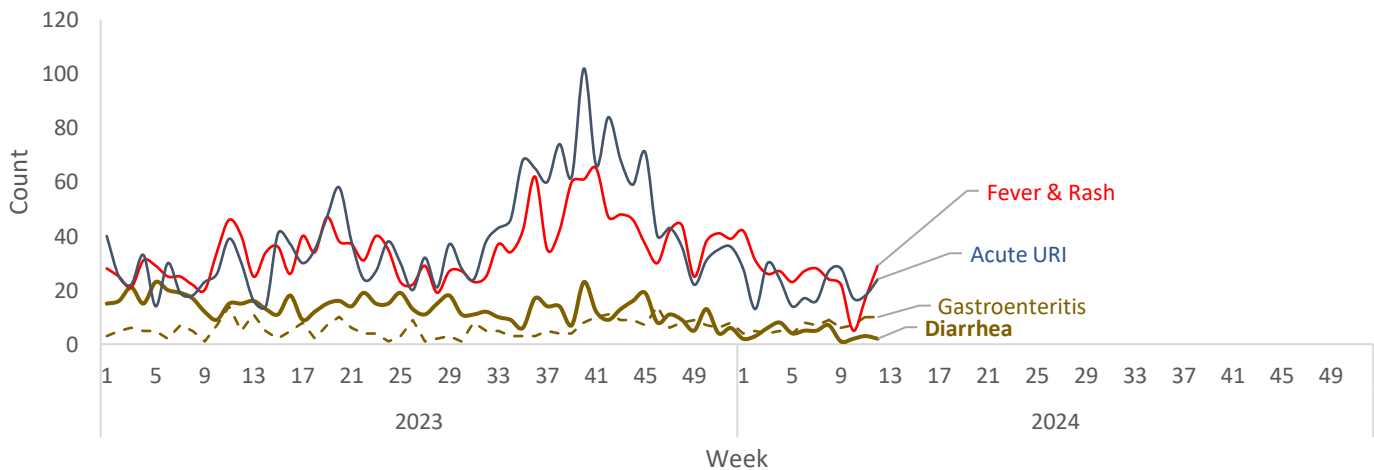
	2020	2021	2022	2023	2024
<i>Weeks 1-9</i>	2	4	2	2	7
10	0	0	0	1	1
11	0	1	0	0	1
12	0	0	0	0	1
13	0	0	0	0	0
Total	2	5	2	3	10

SYNDROMIC SURVEILLANCE

Figure 8 indicates an increase in both fever and rash reports, and acute upper respiratory infections (URI). There was an anomaly in reporting, however, in Week 10 when the number of fever and rash cases dropped into single digits – an observation that has not been detected since pre-COVID-19. This is not a cause for alarm, rather, a consideration when explaining the sharp rise in both fever and rash, and acute URIs.

Gastroenteritis and diarrheal reports have been steadily declining. This is good news in the persistent detection of Salmonella cases. Because the symptoms of Salmonella often include gastroenteritis and diarrhea, the declining rate of both syndromes/symptoms suggest the Salmonellosis reports are sporadic and with no ongoing transmission.

Figure 8. Weekly report of syndromic cases in Guam, 2023-24



APPENDIX || Case definitions

Syndromic surveillance case definitions

Variable	Definition
Influenza-like Illness (ILI)	Fever (temperature of 100.4° F/38° C or greater) and cough and/or sore throat
Diarrhea (DIA)	Three (3) or more episodes of loose stools or an occurrence of loose stools that is above normal for the person
Gastroenteritis (AGE)	Inflammation of the stomach or intestines, or both, including diarrhea or vomiting
Fever and Rash (FaR)	Fever, or measured temperature of 100.4° F/38° C or greater, and detection of abnormal areas on the skin that may appear as discolored bumps or flat spots, or blisters or bumps containing fluid or pus that are intact or crusted over
Acute upper respiratory infection (AURI)	Self-limited irritation and swelling of the upper airways with associated cough and no signs of pneumonia, in a patient with no other condition that would account for their symptoms, or with no history of chronic obstructive pulmonary disease, emphysema, or chronic bronchitis.
Pneumonia	An infection of the lungs, caused by virus, bacteria, or fungi

MMWR Weeks

An epidemiologic week, more aptly referred to as the MMWR week, is a standardized method of counting weeks to allow for comparison of data year after year. Each MMWR week begins on a Sunday and ends on a Saturday.

Week No.	Date Range
1	12/31/23 – 01/06/24
2	01/07 – 01/13
3	01/14 – 01/20
4	01/21 – 01/27
5	01/28 – 02/03
6	02/04 – 02/10
7	02/11 – 02/17
8	02/18 – 02/24
9	02/25 – 03/02
10	03/03 – 03/09
11	03/10 – 03/16
12	03/17 – 03/23
13	03/24 – 03/30
14	03/31 – 04/06
15	04/07 – 04/13



APPENDIX || Class I Conditions

Disease	Week				YTD
	10	11	12	13	
Acute Flaccid Paralysis or Myelitis	0	0	0	0	0
Anthrax*	0	0	0	0	0
Botulism*	0	0	0	0	0
Chikungunya	0	0	0	0	0
Cholera	0	0	0	0	0
Dengue	0	0	0	0	0
Diphtheria	0	0	0	0	0
Encephalitis (viral)	0	0	0	0	0
Hemorrhagic Fevers (All Forms)*	0	0	0	0	0
Measles	0	0	0	0	0
Meningoccal Disease	0	0	0	0	0
MERS-Co Virus	0	0	0	0	0
Novel Influenza Virus	0	0	0	0	0
Other Arboviral Diseases	0	0	0	0	0
Pertussis	0	0	0	0	0
Plague*	0	0	0	0	0
Poliomyelitis (acute)	0	0	0	0	0
Rabies	0	0	0	0	0
Rubella (including congenital)	0	0	0	0	0
SARS-CoV-2/COVID-19	25	16	13	11	760
Severe Acute Respiratory Syndrome (SARS)	0	0	0	0	0
Small Pox*	0	0	0	0	0
Toxic-shock Syndrome	0	0	0	0	0
Trichinosis	0	0	0	0	0
Tularemia*	0	0	0	0	0
Typhoid Fever	0	0	0	0	0
Typhus	0	0	0	0	0
Yellow Fever	0	0	0	0	0
Zika	0	0	0	0	0



APPENDIX || Class II Conditions

Disease	Week				YTD
	10	11	12	13	
AIDS	0	0	0	0	0
Amebiasis	0	0	0	0	0
Brucellosis	0	0	0	0	0
Campylobacteriosis	0	1	0	2	5
Chancroid	0	0	0	0	0
Chickenpox (varicella)	0	0	0	0	2
Chlamydia trachomatis	12	16	4	8	144
Coccidioidomycosis	0	0	0	0	0
Conjunctivitis, viral or bacterial	1	0	1	0	2
Cryptosporidiosis	0	0	0	0	0
Cyclosporiasis	0	0	0	0	0
E. coli other (MDR, ESBL+)	5	3	3	1	56
Enterococcus sp. VRE, vancomycin resistant	1	6	0	2	16
Eosinophilic meningoencephalitis	0	0	0	0	0
Fish poisoning (ciguatera)	0	0	0	0	0
Fish poisoning (Scrombroid)	0	0	0	0	0
Food poisoning	0	0	0	0	0
Giardiasis	0	0	0	0	0
Gonorrhea	4	5	4	5	54
Granuloma inguinale	0	0	0	0	0
Haemophilus influenzae, invasive disease	0	0	0	0	0
Hansen’s disease (leprosy)	0	0	0	0	0
Hemolytic-uremic syndrome	0	0	0	0	0
Hepatitis A, acute (IgM Positive)	0	0	0	0	0
Hepatitis B virus infection, chronic	0	1	0	0	5
Hepatitis B, acute	0	1	0	0	1
Hepatitis B, perinatal infection	0	0	0	0	1
Hepatitis C virus Infection, chronic or resolved	0	0	0	2	5
Hepatitis C, acute	0	0	0	0	2
Hepatitis, unspecified	0	0	0	0	0
Herpes Simplex Type 2	0	0	0	0	0
HIV	0	0	0	0	1
Human papillomavirus (HPV)	0	0	0	0	6
Influenza	11	10	34	31	247
Kawasaki syndrome	0	0	0	0	0
Legionellosis	0	0	0	0	0
Leptospirosis	0	0	0	0	0
Lyme disease	0	0	0	0	0



APPENDIX || Class II Conditions

Disease	Week				YTD
	10	11	12	13	
Lymphogranuloma Venereum	0	0	0	0	0
Malaria	0	0	0	0	0
Meningitis, aseptic	0	0	0	0	0
Meningitis, bacterial	0	0	0	0	0
Mumps	0	0	0	0	0
Myocarditis	0	0	0	0	0
Paratyphoid fever	0	0	0	0	0
Parvovirus B19 (Fifth disease)	0	0	0	0	0
Rheumatic fever (active)	0	0	0	0	0
Rickettsial disease	0	0	0	0	0
Salmonellosis (non-typhoidal)	1	1	1	1	11
Scabies	0	0	0	0	0
Scarlet fever	0	0	0	0	0
Shiga toxin-producing Escherichia coli (STEC) (O157:H7)	0	0	0	0	0
Shigellosis	0	0	0	0	0
Staphylococcus aureus (MRSA or VRSA)	9	8	12	8	113
Strep. other	1	3	0	6	92
Streptococcal disease (Group A)	0	0	0	0	0
Streptococcal sore throat	20	26	20	12	231
Streptococcus pneumoniae, penicillin resistant (PRSP)	0	0	0	0	0
Syphilis, congenital	0	0	0	0	0
Syphilis, early non-primary, non-secondary	0	0	0	0	0
Syphilis, primary	0	0	0	0	0
Syphilis, secondary	1	0	0	0	3
Syphilis, unknown duration or late	0	0	0	0	2
Tetanus	0	0	0	0	0
Tuberculosis	0	0	0	0	0
Vibriosis (non-cholera Vibrio species infections)	0	0	0	0	0

