

EPIDEMIOLOGY NEWSLETTER

June 2024

Guam communicable disease update

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Class I and II Reportable Diseases

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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.



Regional Communicable Disease Epidemiologist and former Guam Council of State and Territorial Epidemiologists Applied Epidemiology Fellow, Stephanie Kern-Allely, received the [Commissioned Officers Association \(COA\) of the US Public Health Service Health Leader of the Year Award](#) late June 2024.

The COA Health Leader of the Year Award was established in 1987 to recognize individuals who have made notable contributions to the health of the nation. This award recognizes those who achieved prominence in public health. Stephanie now shares this award with distinguished figures such as William Foege, Thomas Frieden, Francis Collins, Anthony Fauci, and multiple former US Centers for Disease Control and Prevention Directors and Surgeon Generals.

National headlines

CDC H5N1 Bird Flu Response Update

CDC continues to respond to the multistate outbreak of avian influenza A(H5N1) virus in dairy cows and other animals in the United States.

Dengue virus infections in the US

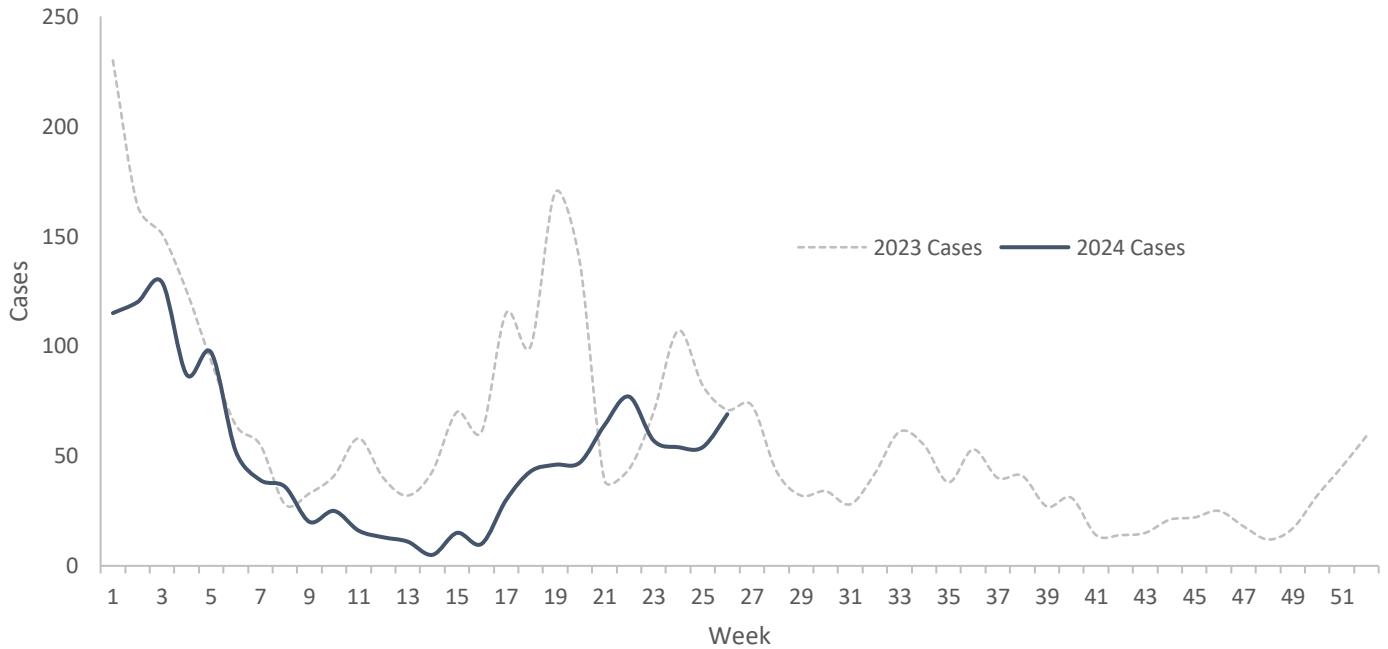
CDC issued a Health Advisory to notify healthcare providers, public health authorities, and the public of an increased risk of dengue virus infections.



RESPIRATORY ILLNESS || COVID-19

COVID-19 case reports remain elevated with a total of 234 cases reported in June compared to the 277 cases reported in May. As mentioned in the previous report, the COVID-19 trend closely resembles what was observed in 2023 (Figure 1) despite changes in restrictions and in testing strategies. Although it is too early to conclude with certainty that COVID-19 is now demonstrating predictable patterns, this is a welcomed appearance for this disease. Public Health will continue to monitor; however, the community is reminded to be cognizant of COVID-19 (and other viral respiratory diseases) as Guam prepares for its return travel season and start of the new academic school year.

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



Effective May 01, 2024, hospitals are no longer required to report COVID-19 Hospital data to the Department of Health and Human Services through the National Healthcare Safety Network. Guam COVID-19 hospital admission data reporting will be temporarily suspended.



RESPIRATORY ILLNESS || Influenza

There has been considerable reduction in Influenza reports from May 2024 to June 2024 (**Figure 2**). May reported a total of 87 influenza cases, whereas June reported 51. Guam saw an average of 12 cases per week in June, compared to 17 cases per week in May. **Figure 3** continues to emphasize the shift in influenza type. While the majority of influenza cases for 2024 were influenza A, the proportion of influenza B has been rising in recent weeks.

Figure 2. Weekly count of influenza in Guam, 2023-24

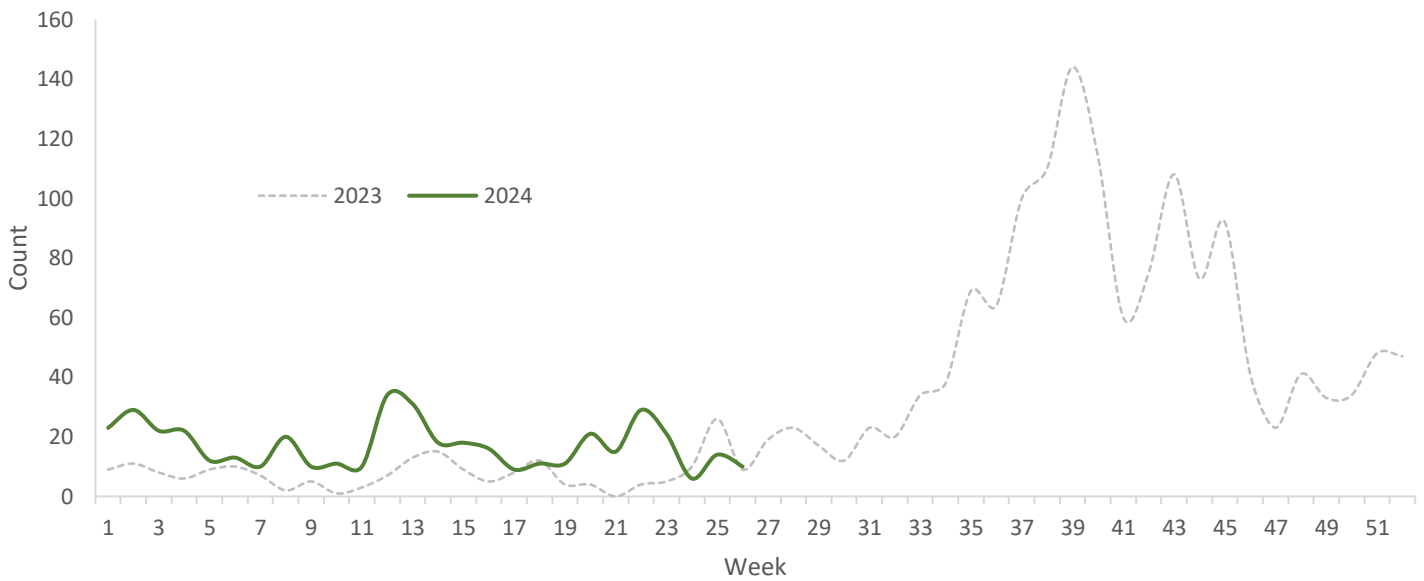
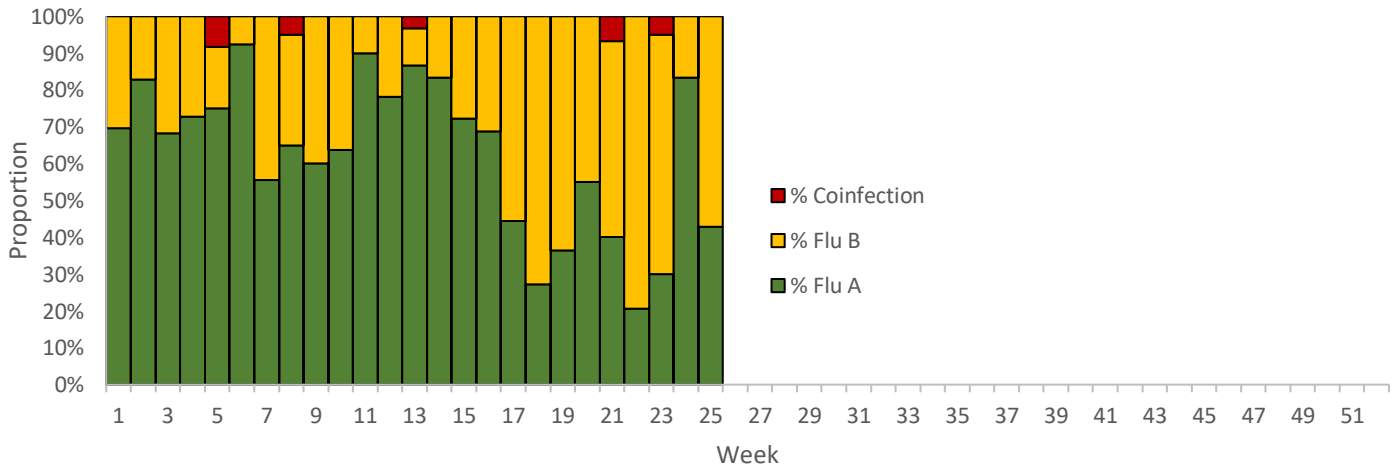


Figure 3. Proportion of influenza type reported by week, 2023-24



RESPIRATORY ILLNESS || Influenza & ILI

Similar to the timeseries trends, cases by age groups have seen favorable decreases as well (**Figure 4**). Those younger than 5 years of age saw a 56% decrease in in June compared to May. Those who are of school age (5-19yrs) reported a 73% decrease, and those ages 20-54yrs saw a 40% decrease. Certain factors influencing these changes include travel or the end of the academic school year. Though at small scale, increase in case reports were detected for individuals in both 55 to 64 and >65yr age groups.

Figure 5 represents the proportion of influenza samples subtyped by the Guam Public Health Laboratory by month, beginning in January 2024. The results presented are selected from qualified influenza samples submitted to GPLH and should be interpreted with consideration to its limitations (eg., number of samples subtyped, ordering facility). Healthcare providers are encouraged to continue submitting influenza samples to GPLH for subtyping.

Figure 4. Change in influenza cases by age group, May-June 2024

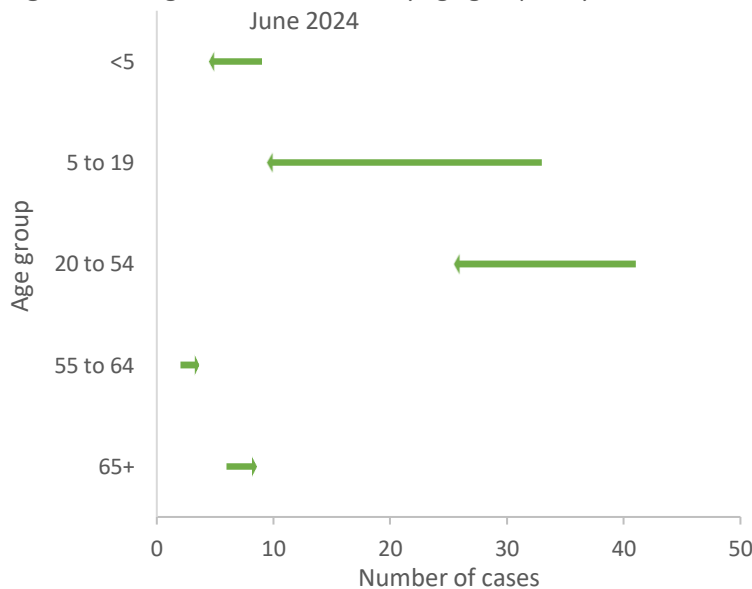
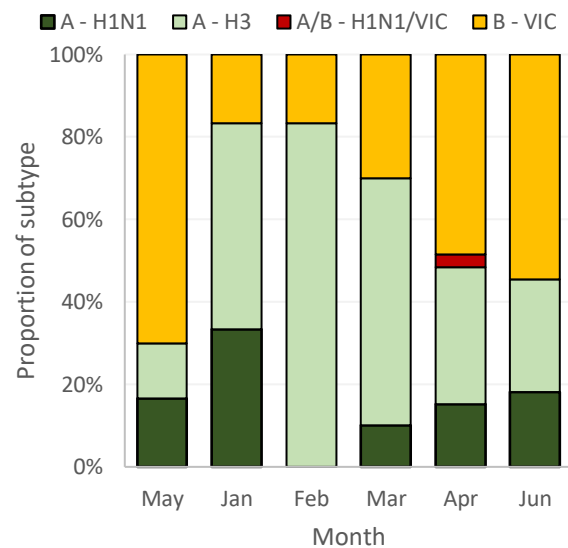


Figure 5. Proportion of influenza subtype, by month



NOTABLE CONDITIONS || Salmonella

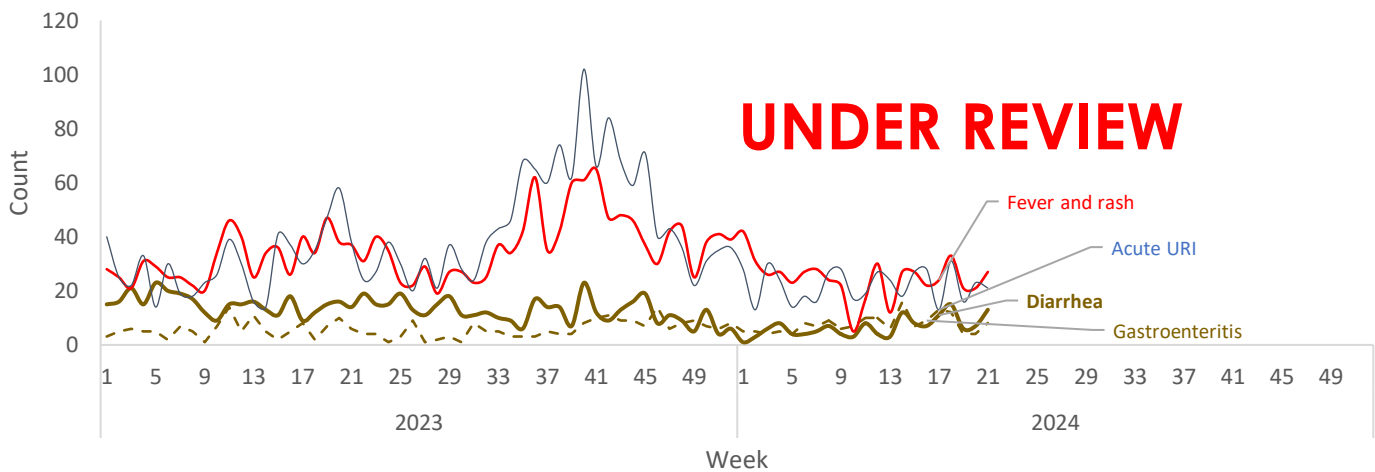
DPHSS continues to monitor the rise in Salmonella infections. CDC has reported multiple multistate Salmonellosis outbreaks associated with numerous exposures. However, no Salmonellosis infection has been associated with the contaminated food products mentioned in earlier reports, nor do these recent Salmonellosis cases have any identified epi-links. **Table 1** highlights the current issue, with 20 total cases being identified in the first half of 2024, compared to the number of reports in previous years.

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

Week	2020	2021	2022	2023	2024
1-22	4	10	8	8	16
23	0	0	1	0	0
24	2	0	2	0	1
25	0	1	3	2	0
26	0	0	1	0	3
Total	6	11	15	10	20

SYNDROMIC SURVEILLANCE

Figure 6. Weekly report of syndromic cases in Guam, 2023-24



APPENDIX || Case definitions

SYNDROME	DEFINITION
Prolonged Fever (PF)	Fever, defined as a measured temperature of $\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$, for ≥ 3 days.
Pneumonia (PN)	An infection of the lungs, caused by virus, bacterium, or fungus.
Acute Respiratory Infection (ARI)¹	Any acute respiratory infection with or without fever; and ≥ 1 of the following symptoms: <ul style="list-style-type: none"> • Cough; • Sore throat; • Shortness of breath or fast breathing; • Coryza; or, • Anosmia.
Influenza-like Illness (ILI)	Fever; and , <ul style="list-style-type: none"> • Cough; or, • Sore throat With onset in the last 10 days.
Severe Acute Respiratory Infection (SARI)	Acute respiratory infection with history of fever; and , <ul style="list-style-type: none"> • Cough; or, • Sore throat, With onset in the last 10 days; and , <ul style="list-style-type: none"> • Requiring hospitalization.
Acute Gastroenteritis (AGE)	Inflammation of the stomach and/or intestines, including: <ul style="list-style-type: none"> • <u>Diarrhea</u>, ≥ 3 episodes of loose stools or an occurrence of loose stools that is above normal for the person, within a 24-hour period; or, • <u>Vomiting</u> and ≥ 1 of the following symptoms: <ul style="list-style-type: none"> • ≥ 1 episode of loose stools in a 24-hour period; • Abdominal cramps; • Headache; • Muscle aches; or, • Fever.
Acute Fever and Rash (AFR)	Fever and detection of abnormal areas on the skin that may appear as discolored non-blistering ² spots.
Acute Flaccid Paralysis (AFP)³	Sudden onset of flaccid (reduced muscle tone) weakness of a limb in a child <15 years of age.
Suspected Dengue (SD)	Fever for ≥ 2 days; and ≥ 2 of the following: <ul style="list-style-type: none"> • Nausea or vomiting; • Muscle or joint pain; • Severe headache or pain behind the eyes; • Rash; or, • Bleeding.

¹All ILI's are considered ARI's; however, not all ARI's are considered ILI's. All SARI's are ARI's; however, not all ARI's are SARI's. To simplify case counts, ARI's are assumed to be non-ILI and non-SARI.

²Rash, as defined by the CDC, can include both blistering and non-blistering abnormal appearances on the skin. For Guam's syndromic surveillance, rash will be defined as non-blistering abnormal appearances with the goal of aligning with the WHO's and Regional surveillance.

³AFP resembles the clinical presentation of many diseases associated with enterovirus infections including poliomyelitis, Guillain-Barré syndrome, transient paralysis, transverse myelitis, and traumatic neuritis. AFP surveillance a WHO recommendation and a regionally relevant condition of concern; thus, a condition of interest to Guam DPHSS.



Week	Date Range		
1	12/31/23 – 01/06/24	27	06/30 – 07/06
2	01/07 – 01/13	28	07/07 – 07/13
3	01/14 – 01/20	29	07/14 – 07/20
4	01/21 – 01/27	30	07/21 – 07/27
5	01/28 – 02/03	31	07/28 – 08/03
6	02/04 – 02/10	32	08/04 – 08/10
7	02/11 – 02/17	33	08/11 – 08/17
8	02/18 – 02/24	34	08/18 – 08/24
9	02/25 – 03/02	35	08/25 – 08/31
10	03/03 – 03/09	36	09/01 – 09/07
11	03/10 – 03/16	37	09/08 – 09/14
12	03/17 – 03/23	38	09/15 – 09/21
13	03/24 – 03/30	39	09/22 – 09/28
14	03/31 – 04/06	40	09/29 – 10/05
15	04/07 – 04/13	41	10/06 – 10/12
16	04/14 – 04/20	42	10/13 – 10/19
17	04/21 – 04/27	43	10/20 – 10/26
18	04/28 – 05/04	44	10/27 – 11/02
19	05/05 – 05/11	45	11/03 – 11/09
20	05/12 – 05/18	46	11/10 – 11/16
21	05/19 – 05/25	47	11/17 – 11/23
22	05/26 – 06/01	48	11/24 – 11/30
23	06/02 – 06/08	49	12/01 – 12/07
24	06/09 – 06/15	50	12/08 – 12/14
25	06/16 – 06/22	51	12/15 – 12/21
26	06/23 – 06/29	52	12/22 – 12/28



APPENDIX || Class I Conditions

Disease	Week					YTD
	22	23	24	25	26	
Acute Flaccid Paralysis or Myelitis	0	0	0	0	0	0
Anthrax*	0	0	0	0	0	0
Botulism*	0	0	0	0	0	0
Chikungunya	0	0	0	0	0	0
Cholera	0	0	0	0	0	0
Dengue	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0
Encephalitis (viral)	0	0	0	0	0	0
Hemorrhagic Fevers (All Forms)*	0	0	0	0	0	0
Measles	0	0	0	0	0	0
Meningoccal Disease	0	0	0	0	0	0
MERS-Co Virus	0	0	0	0	0	0
Novel Influenza Virus	0	0	0	0	0	0
Other Arboviral Diseases	0	0	0	0	0	0
Pertussis	0	0	0	0	0	0
Plague*	0	0	0	0	0	0
Poliomyelitis (acute)	0	0	0	0	0	0
Rabies	0	0	0	0	0	0
Rubella (including congenital)	0	0	0	0	0	0
SARS-CoV-2/COVID-19	77	57	54	54	69	1331
Severe Acute Respiratory Syndrome (SARS)	0	0	0	0	0	0
Small Pox*	0	0	0	0	0	0
Toxic-shock Syndrome	0	0	0	0	0	0
Trichinosis	0	0	0	0	0	0
Tularemia*	0	0	0	0	0	0
Typhoid Fever	0	0	0	0	0	0
Typhus	0	0	0	0	0	0
Yellow Fever	0	0	0	0	0	0
Zika	0	0	0	0	0	0



APPENDIX || Class II Conditions

Disease	Week					YTD
	22	23	24	25	26	
AIDS	0	0	0	0	0	0
Amebiasis	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0
Campylobacteriosis	0	0	1	0	0	7
Chancroid	0	0	0	0	0	0
Chickenpox (varicella)	0	0	0	0	0	2
Chlamydia trachomatis	11	7	14	10	9	275
Coccidioidomycosis	0	0	0	0	0	0
Conjunctivitis, viral or bacterial	1	1	0	0	0	15
Cryptosporidiosis	0	0	0	0	0	0
Cyclosporiasis	0	0	0	0	0	0
E. coli other (MDR, ESBL+)	5	4	4	2	4	114
Enterococcus sp. VRE, vancomycin resistant	1	3	1	0	0	29
Eosinophilic meningoencephalitis	0	0	0	0	0	0
Fish poisoning (ciguatera)	0	0	0	0	0	0
Fish poisoning (Scrombroid)	0	0	0	0	0	0
Food poisoning	0	0	0	0	0	0
Giardiasis	0	0	0	0	0	0
Gonorrhea	1	0	2	3	4	93
Granuloma inguinale	0	0	0	0	0	0
Haemophilus influenzae, invasive disease	0	0	0	0	0	0
Hansen’s disease (leprosy)	0	0	0	0	0	0
Hemolytic-uremic syndrome	0	0	0	0	0	0
Hepatitis (Hep) A, acute (IgM Positive)	0	0	0	0	0	1
Hep B virus infection, chronic	2	4	3	0	2	33
Hep B, acute	0	0	0	0	0	1
Hep B, perinatal infection	0	0	0	2	0	4
Hep C virus Infection, chronic or resolved	2	1	2	0	3	18
Hep C, acute	0	0	0	0	0	3
Hepatitis, unspecified	0	0	0	0	0	0
Herpes Simplex Type 2	0	0	0	0	0	0
HIV	0	0	0	0	0	1
Human papillomavirus (HPV)	0	0	0	0	0	6
Influenza	29	21	6	14	10	446
Kawasaki syndrome	0	0	0	0	0	0
Legionellosis	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0
Lyme disease	0	0	0	0	0	0



APPENDIX || Class II Conditions

Disease	Week					YTD
	22	23	24	25	26	
Lymphogranuloma Venereum	0	0	0	0	0	0
Malaria	0	0	0	0	0	0
Meningitis, aseptic	0	0	0	0	0	0
Meningitis, bacterial	0	0	0	0	0	0
Mumps	0	0	0	0	0	0
Myocarditis	0	0	0	0	0	0
Paratyphoid fever	0	0	0	0	0	0
Parvovirus B19 (Fifth disease)	0	1	0	0	0	1
Rheumatic fever (active)	0	0	0	0	0	0
Rickettsial disease	0	0	0	0	0	0
Salmonellosis (non-typhoidal)	0	0	1	0	3	20
Scabies	0	1	0	0	0	4
Scarlet fever	0	0	0	0	0	0
Shiga toxin-producing E coli (0157:H7)	0	0	0	0	0	0
Shigellosis	0	0	0	0	0	0
Staphylococcus aureus (MRSA or VRSA)	11	9	13	10	10	227
Strep. other	4	4	7	6	6	173
Streptococcal disease (Group A)	0	0	0	0	0	0
Streptococcal sore throat	21	29	19	11	21	479
Streptococcus pneumoniae, penicillin resistant	0	0	0	0	0	0
Syphilis, congenital	0	0	0	0	0	0
Syphilis, early non-primary, non-secondary	0	0	0	0	0	0
Syphilis, primary	0	0	0	0	0	0
Syphilis, secondary	0	0	0	0	0	3
Syphilis, unknown duration or late	0	0	0	0	0	2
Tetanus	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	13
Vibriosis	0	0	0	0	0	0

