

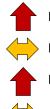


CNMI Weekly Syndromic Surveillance Report

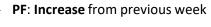
Clinic	Influenza-Like-Illness (ILI)		Diarrhea (DIA)		Prolonged Fever (PF)		Acute Fever and Rash (AFR)		Total Encounters	
Chinc	Last week	Current week	Last week	Current week	Last week	Current week	Last week	Current week	Last week	Current week
CHCC Family Care Clinic	0	0	0	0	1	0	0	0	410	266
CHCC Women's Clinic	0	0	0	0	0	0	0	0	145	98
CHCC Children's Clinic	11	4	2	0	1	7	0	0	224	163
CHCC Emergency Room	11	25	3	6	9	10	0	0	421	453
Kagman Isla Community Health	0	1	0	0	0	0	0	0	77	158
Tinian Isla Community Health	0	3	0	0	0	0	0	0	26	44
Southern Isla Community Health	4	2	0	0	0	0	0	0	111	134
CHCC Tinian Health Center	1	2	1	1	0	3	0	0	68	87
CHCC Rota Health Center	1	1	1	1	0	2	0	0	112	94
	28	38	7	8	11	22	0	0	1594	1497

EPI WEEK 04 EPI WEEK DATE: January 19, 2025 – January 25, 2025

ALERTS AND TRENDS



ILI: Increase from previous week
DIA: Stable from previous week



AFR: Stable from previous week

KEY TAKEAWAYS

> 6% Decrease in Total Encounters from the last Epi Week to the current Epi Week.

31% Increase in Influenza Like Illness cases were seen this Epi Week (#04) compared to the average of the previous 3 Epi Weeks (#03, 02, & 01).

47% Increase in Prolonged Fever cases were seen this Epi Week (#04) compared to the average of the previous 3 Epi Weeks (#03, 02, & 01).

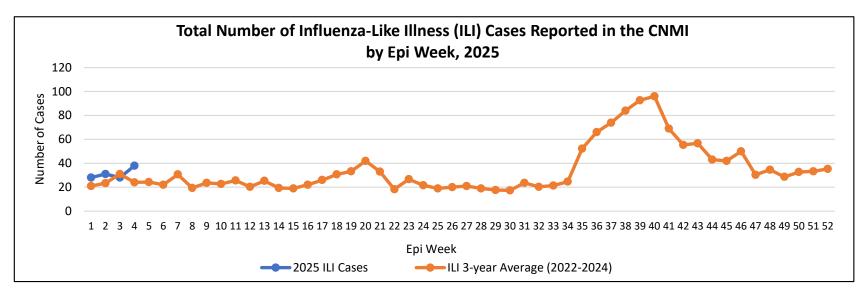
9 Influenza cases
8 Flu A & 1 Flu A H1-2009

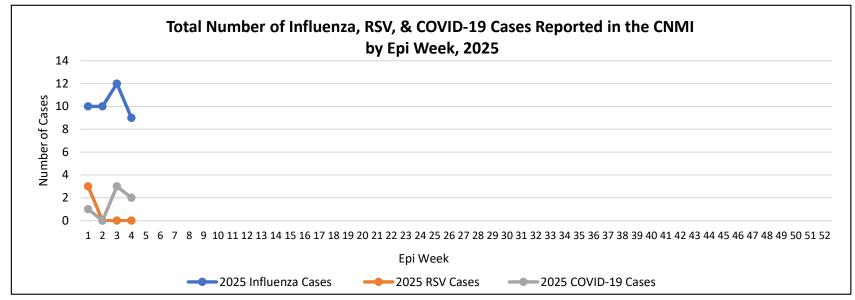
	Epi Week			_	Percent (%) change from	Antimicrobial Resistant (AMR) Infections				
Syndromes	04	03	02	2 01 current week to previous 3 weeks		Organism	EW 04	2025 YTD Totals		
Influenza-Like Illness	38	28	31	28	31%	MRSA	3	7		
Diarrhea	8	7	9	5	14%	VRE	0	1		
Prolonged Fever	22	11	13	21	47%	ESBL	3	13		
Acute Fever and Rash	0	0	0	0	0%	CRE	0	0		



CNMI Weekly Syndromic Surveillance Trends

EPI WEEK 04 EPI WEEK DATE: January 19, 2025 – January 25, 2025

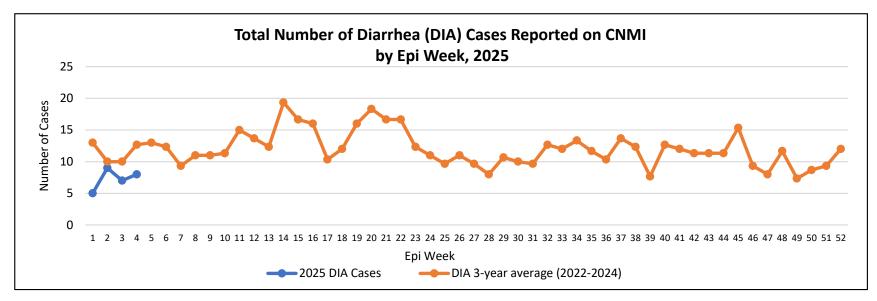


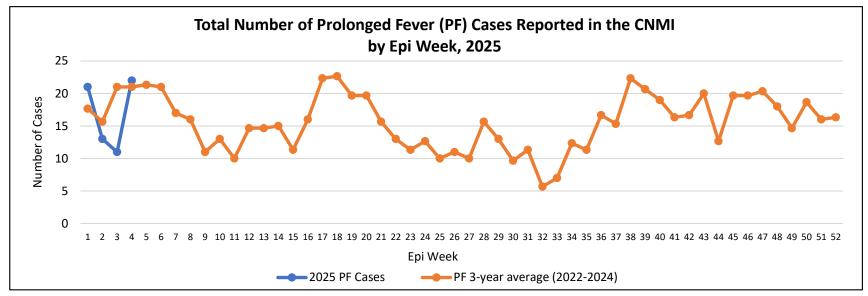




CNMI Weekly Syndromic Surveillance Trends

EPI WEEK 04 EPI WEEK DATE: January 19, 2025 – January 25, 2025









CNMI Weekly Notifiable Disease Report for Select NNDs

EPI WEEK 04 EPI WEEK DATE: January 19 – January 25, 2025

In the table below, weekly and year to date counts are displayed for Epi Week 04 and 2025, respectively. Additionally, a 3-year weekly average is calculated for the same Epi Week from the previous 3 years (2022-2024) for comparison to the current week. Incidence rates are calculated for 2024 and 2025 using the estimated population for the CNMI from the U.S. Census Bureau.

Condition	Epi Week 04	2025 YTD	3-year weekly average counts	2025 YTD Incidence Rates*	2024 Incidence Rates*
Enteric Diseases:					
Campylobacter	0	0	0	0.0	35.2
Ciguatera fish poisoning	0	1	0	2.0	9.8
Salmonella	0	2	1	3.9	43.0
Environmental:					
Elevated Blood Lead Levels	0	0	0	0.0	7.8
Sexually Transmitted Infections:					
Chlamydia	5	17	5	33.4	418.6
Gonorrhea	1	3	1	5.9	48.9
Syphilis	0	0	0	0.0	5.9
Respiratory Infections:					
Influenza	9	41	-	80.5	831.4
RSV	0	3	-	5.9	142.8
COVID-19	2	6	255	11.8	1299.0
Tuberculosis:					
TB, Confirmed	0	1	0	2.0	19.6
TB, Under Investigation	1	5	1	9.8	7.8

*Rate per 100,000; Data are preliminary and subject to change. CNMI population estimates were determined using 2024 and 2025 Census International Database (<u>https://www.census.gov/data-tools/demo/idb/#/country?YR_ANIM=2021&COUNTRY_YR_ANIM=2021&FIPS_SINGLE=CQ</u>)





CNMI Weekly Prescription Drug Monitoring Program (PDMP) Report

EPI WEEK 4 EPI WEEK DATE: JANUARY 19 - JANUARY 25, 2025

WEEKLY CASE COUNTS											-
POLYSUBSTANCE OPIOID			STIMULANT			BENZODIAZEPINE			OTHER SUBSTANCE		
OVERDOSE	MISUSE	OVERDOSE	OUD	MISUSE	OVERDOSE	StUD	MISUSE	OVERDOSE	BUD	MISUSE	OVERDOSE
0	1	0	0	0	0	0	3	0	0	0	0

NOTE: The encounters have been monitored since 2020. Some individuals might be involved in multiple cases or flagged multiple times for the same type of encounter in a single EPI week. The overdose Surveillance has expanded to include Stimulant and Polysubstance cases in 2021, Benzodiazepine cases in 2022. The Polysubstance cases are also counted under respective categories. Prior cases of any overdose related encounters might be duplicated under Other Substance Overdose category. Other Substance cases is solely depending on indications from the providers' notes. The substances reported are not verified by NDC number or DEA substance database.

PDMP IDENTIFIED CASES: NUMBER OF PATIENT/ENCOUNTER FLAGGED by EPI WEEK 2025

FATAL OVERDOSE

NON-FATAL OVERDOSE

SUBSTANCE USE DISORDER or MISUSE



	CASE: DEFINITION	
OVERDOSE	Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal, accidental or intentional.	SENTINEL SITES
POLY-SUBSTANCE	The use of more than one drug, also known as polysubstance use, is common. This includes when two or more are taken together or within a short time period, either intentionally or unintentionally. Intentional polysubstance use occurs when a person takes a drug to increase or decrease the effects of a different drug or wants to experience the effects of the combination. Unintentional polysubstance use occurs when a person takes drug to increase or decrease the effects of a mixed or cut with other substances, like fentanyl, without their knowledge. Whether intentional or not, mixing drugs is never safe because the effects from combining drugs may be stronger and more unpredictable than one drug alone, and even deadly. *For overdose Surveillance, Poly-Substance Use only includes encounters associated with Opioids, Stimulants, and/or Benzodiazepines.	Commonwealth Healthcare Corporat ER - Emergency Room, PCAP - Primary Car CC - Children's Clinic, FCC - Family Care Clinic Clinic.
MISUSE	The use of illegal drugs and/or the use of prescription drugs in a manner other than as directed by a doctor, such as use in greater amounts, more often, or longer than told to take a drug or using someone else's prescription.	THC - Tinian Health Clinic, RHC - Rota H
OPIOID USE DISORDER	A problematic pattern of opioid, stimulant, or benzodiazepine uses that lead to serious impairment or distress. Diagnosing OUD/SUD/BUD requires a	
STIMULANT USE DISORDER	thorough evaluation, which may include obtaining the results of urine drug testing and prescription drug monitoring program (PDMP) reports, when	Duivente Clinie
BENZODIAZEPINE USE DISORDER	OUD/SUD/BUD is suspected. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria.	Private Clinic KICH - Kagman Isla Community H
SUSPECTED MISUSE	Any encounters that possibly leading to the above descriptions with such providers' comments as "requesting prescription refills (at emergency department)", "drug-seeking-behavior", and "frequent ER visitor for the same complaint for chronic pain and requesting 'stronger' medication". Also, cases where providers indicate there is possibility for misuse on the EHR system or when patients inform that they took Oxycodone (for example) and no PDMP dat to support the patients' statement.	TICH - Tinian Isla Community He SICH – Southern Isla Community H

ation (CHCC)

are Access Point, nic, WC - Women's Health Center

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v Health





CNMI Weekly Health & Vital Statistics Report

REPORTING PERIOD: EPI YEAR 2025 as of EPI WEEK 04

The statistics on births, deaths, and causes of deaths in this report are derived from birth and death registrations processed daily at the Health and Vital Statistics Office.

•	Number of births: 10(41)		٠	Number of deaths	5:	5 <u>(2</u>		
•	Average: 10(per week)		•	Average:		-	<u>er week)</u>	
•	Infections present and/or treated during			Number of deaths	s who re	ceived C	OVID-19 vaco	ine:
	pregnancy:	•(1)						
	• Chlamydia:	0 (1)		Age range:	< 5	≥ 5	12-17	18 & over
	o Gonorrhea:	0 (0)		N∘ of death	0 (1)	0 (0)	0 (0)	5(22)
	o Syphilis:	0 (0)		N° Vaccinated	0 (0)	0 (0)	0 (0)	3 (14)
	 Hepatitis B: 	0 (1)		% Vaccinated	0%	0%	0%	64%
	 Hepatitis C: 	0 (0)						
	• COVID-19:	O (0)	٠	Mortality Surveilla	ance:			5 <u>(23)</u> 5(18
•	Substance use during pregnancy:			O Non-communicable diseases:				
	 Cigarette smoking: 	0 (0)		 Cancer rel 	ated dea	ıths		2(3
	 Betelnut chewing: 	1 (8)		 Tobacco re 	elated de	eaths		0 (2)
	 Betelnut chewing + tobacco: 	1 (8)		o COVID-19 related	l deaths:			0 (0
	 Alcohol use: 	O (0)					g conditions ¹	0 (0)
	 Drug use: (Cannabis, Crystal meth- 	O (0)		- COVID-13		mmunu	y conultions	
	Ice, Opioid, Others, etc.)			o Fetal Deaths ² :	0 (0			
	 E-Cigarette use: 	1 (1)						
	 3 months before pregnancy 	0 (0)		O Infant Deaths:				0 (1
	 During pregnancy 	1 (1)		 Children (aged 1 	- 4 vears) Deaths		0 (0
•	Maternal risk factors in pregnancy:			o Maternal Deaths:	•	, Deaths	•	
	 Pre-pregnancy DM: 	0 (0)						0 (0
	 Gestational DM: 	0 (3)		• Accident or Injur	y Relate	d Deaths	3:	0 (0
	 Pre-pregnancy HTN: 	1 (3)		Drowning:				0 (0
	 Gestational HTN: 	0 (2)		Suicide:				0 (0
•	Infant risk factors (Low survival births)			 Homicide: 				0 (0
	 Birth weight < 1500 grams: 	0 (0)		 Traffic fata 	ality:			0 (0
	 Birth weight < 2500 grams: 	1 (5)		Drug and/	or opioid	doverdo	se:	0 (0
	 Gestation age < 37 weeks: 	0 (2)		 Poisoning: 				0 (0

¹ Other significant condition contributing to death but NOT resulting in the underlying cause.² Fetal deaths = Fetus weighed \geq 350 grams, or fetal demise > 20 weeks of completed gestation. ³ Accident or Injury related deaths = Manner of death beyond Natural Causes: accidental deaths (traffic and drowning), suicide, drug overdose, and poisoning.

Data source: Electronic Vital Registration System (EVRS)

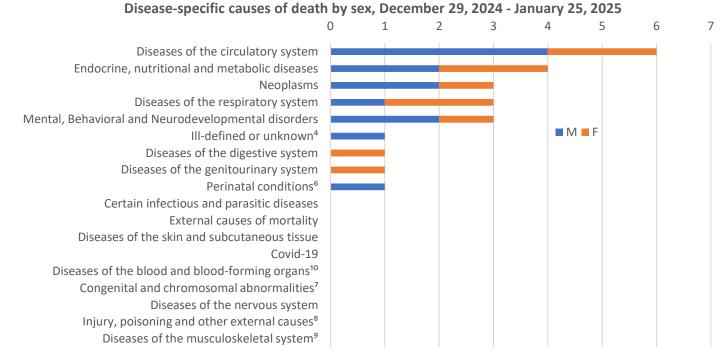




CNMI Weekly Health & Vital Statistics Report

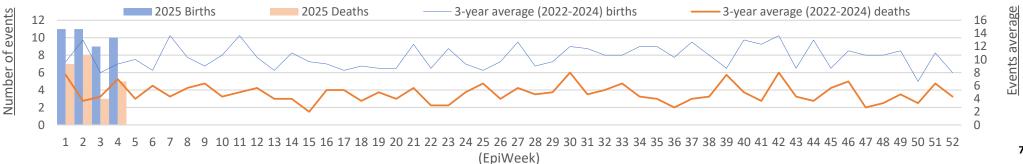
REPORTING PERIOD: EPI YEAR 2025 as of EPI WEEK 04

The statistics on births, deaths, and causes of deaths in this report are derived from birth and death registrations processed daily at the Health and Vital Statistics Office.



⁴Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified; ⁵ Mental, Behavioral and Neurodevelopmental disorders; ⁶Certain conditions originating in the perinatal period; ⁷Congenital malformations, deformations and chromosomal abnormalities; ⁸Injury, poisoning and certain other consequences of external causes; ⁹Diseases of the musculoskeletal system and connective tissue, ¹⁰Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

Vital events reported, December 29, 2024 - January 25, 2025



7