





CNMI Weekly Syndromic Surveillance Report

EPI WEEK DATE: February 09, 2025 – February 15, 2025

Clinic	Influenza-Like-Illness (ILI)		Diarrhea (DIA)		Prolonged Fever (PF)		Acute Fever and Rash (AFR)		Total Encounters	
Cimic	Last week	Current week	Last week	Current week	Last week	Current week	Last week	Current week	Last week	Current week
CHCC Family Care Clinic	1	0	0	0	2	0	0	0	366	378
CHCC Women's Clinic	0	0	0	0	0	0	0	0	140	140
CHCC Children's Clinic	10	12	0	1	9	10	0	0	244	205
CHCC Emergency Room	30	39	3	7	10	23	0	0	448	427
Kagman Isla Community Health	3	0	0	0	0	0	0	0	139	106
Tinian Isla Community Health	0	1	0	0	0	0	0	0	52	45
Southern Isla Community Health	4	0	0	0	0	0	0	0	151	102
CHCC Tinian Health Center	0	2	1	1	1	2	0	0	143	149
CHCC Rota Health Center	1	2	0	0	0	0	0	0	110	127
	49	49 56		9	22	35	0	0	1793	1679

ALERTS AND TRENDS



ILI: Increase from previous week



DIA: **Increase** from previous week



PF: **Increase** 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.
- ➤ 33% Increase in Influenza Like Illness cases were seen this Epi Week (#07) compared to the average of the previous 3 Epi Weeks (#06, 05, & 04).
- > 52% Increase in Prolonged Fever cases were seen this Epi Week (#07) compared to the average of the previous 3 Epi Weeks (#06, 05, & 04).
 - 22 Influenza cases
 - * 20 Flu A & 2 Flu A H3

Epi Week					Percent (%) change from	Antimicrobial Resistant (AMR) Infections			
Syndromes	07	06	05	04	current week to previous 3 weeks	Organism	EW 07	2025 YTD Totals	
Influenza-Like Illness	56	49	39	38	33%	MRSA	2	11	
Diarrhea	9	4	9	8	29%	VRE	1	2	
Prolonged Fever	35	22	25	22	52%	ESBL	3	19	
Acute Fever and Rash	0	0	0	0	0%	CRE	0	0	

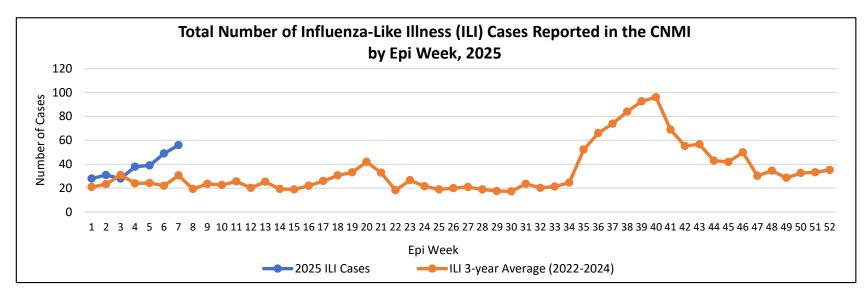


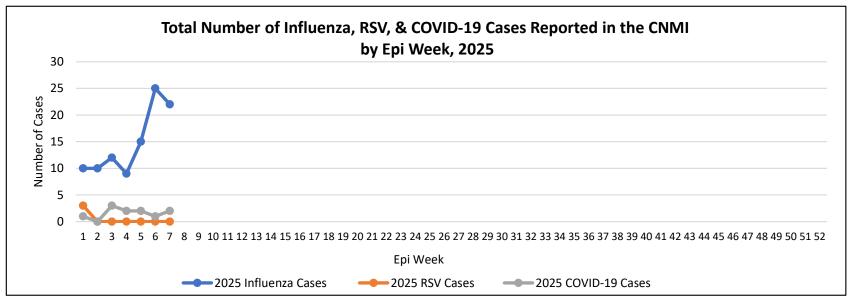


Commonwealth of the Northern Mariana Islands

CNMI Weekly Syndromic Surveillance Trends

EPI WEEK DATE: February 09, 2025 – February 15, 2025





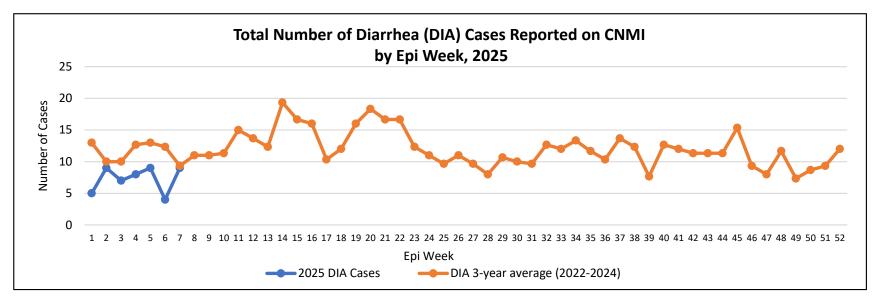


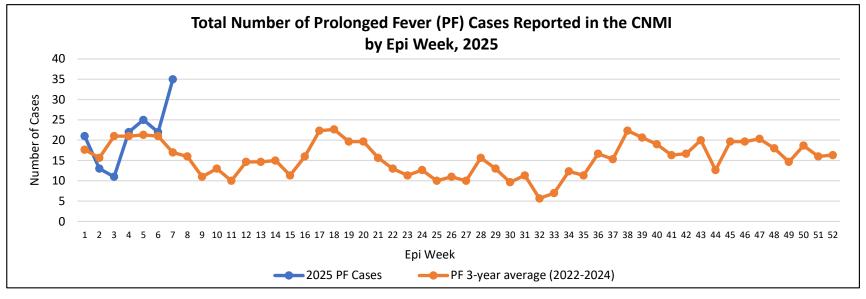


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CNMI Weekly Notifiable Disease Report for Select NNDs

EPI WEEK 07

EPI WEEK DATE: February 09, 2025 – February 15, 2025

In the table below, weekly and year to date counts are displayed for Epi Week 07 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 07	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	2	0	3.9	9.8
Salmonella	0	3	0	5.9	43.0
Environmental:					
Elevated Blood Lead Levels	0	0	0	0.0	7.8
Sexually Transmitted Infections:					
Chlamydia	10	41	5	80.5	418.6
Gonorrhea	1	6	1	11.8	48.9
Syphilis	0	0	0	0.0	5.9
Respiratory Infections:					
Influenza	22	103	-	202.2	831.4
RSV	0	3	-	5.9	142.8
COVID-19	2	11	400	21.6	1299.0
Tuberculosis:					
TB, Confirmed	0	1	0	2.0	19.6
TB, Under Investigation	0	6	1	11.8	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 (https://www.census.gov/data-tools/demo/idb/#/country?YR_ANIM=2021&COUNTRY_YR_ANIM=2021&FIPS_SINGLE=CQ)







CNMI Weekly Prescription Drug Monitoring Program (PDMP) Report

EPI WEEK 7 | EPI WEEK DATE: FEBRUARY 9 - FEBRUARY 15, 2025

WEEKLY CASE COUNTS											
POLYSUI	BSTANCE		OPIOID		STIMULANT BENZODIAZEPINE				OTHER SUBSTANCE		
OVERDOSE	MISUSE	OVERDOSE	OUD	MISUSE	OVERDOSE	StUD	MISUSE	OVERDOSE	BUD	MISUSE	OVERDOSE
0	0	0	0	0	0	0	3	0	0	0	0

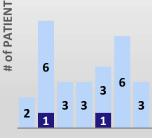
NOTE: The encounters have been monitored since 2020. Some individuals might be involved in multiple cases or flagged multiple times for the same type of encounter in a single EPI week. The overdose Surveillance has expanded to include Stimulant and Polysubstance cases in 2021, Benzodiazepine cases in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



PDMP data to support the patients' statement.



- NON-FATAL OVERDOSE
- SUBSTANCE USE DISORDER or MISUSE



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52

EPI WEEK #

	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.			
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 drugs that have been 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.			
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.			
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			
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 problems and a failure to fulfill obligations at work, school, or home, among other criteria.				
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			

SENTINEL SITES

Commonwealth Healthcare Corporation (CHCC)

ER - Emergency Room, PCAP - Primary Care Access Point, CC - Children's Clinic, FCC - Family Care Clinic, WC - Women's Clinic,

THC - Tinian Health Clinic, RHC - Rota Health Center

Private Clinic

KICH - Kagman Isla Community Health,

TICH - Tinian Isla Community Health,

SICH - Southern Isla Community Health







CNMI Weekly Health & Vital Statistics Report

REPORTING PERIOD: EPI YEAR 2025 as of EPI WEEK 07

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.

• 1	Number of births: 8(64)		•	Number of deaths	s:	8 (3	<u>19)</u>			
• /	Average: 9(per week)		•	Average:		6 (p	er week)			
• 1	nfections present and/or treated during	•	Number of deaths	OVID-19 vaco	ine:					
F	oregnancy:									
	o Chlamydia:	O (1)		Age range:	< 5	≥ 5	12-17	18 & over		
	o Gonorrhea:	O (0)		N∘ of death	0 (2)	O (0)	O (O)	8(37)		
	o Syphilis:	O (0)		N∘ Vaccinated	O (0)	0 (0)	O (0)	7 (27)		
	Hepatitis B:	O (1)		% Vaccinated	0%	0%	0%	72%		
	Hepatitis C:	O (0)								
	o COVID-19:	O (0)	•	Mortality Surveilla	ance:			8 (39)		
• 9	Substance use during pregnancy:			O Non-communicat	ole disea	ses:		6(29)		
	 Cigarette smoking: 	O (0)		Cancer rel				2(8) 1 (3)		
	Betelnut chewing: 0 (8) • Tobacco related dec						ıths			
	BeteInut chewing + tobacco:		o COVID-19 related	O (0)						
	Alcohol use:		■ COVID-19	O (0)						
	O Drug use: (Cannabis, Crystal meth-	O (0)			other co	membaem	g contantions			
	Ice, Opioid, Others, etc.)			o Fetal Deaths ² :				0 (0)		
	E-Cigarette use:	0 (1)								
	3 months before pregnancy	O (0)		o Infant Deaths:				0 (2)		
	 During pregnancy 	O (1)		o Children (aged 1	- 4 years) Deaths	:	o (0)		
• 1	Maternal risk factors in pregnancy:	- 4-1		o Maternal Deaths:				0 (0)		
	Pre-pregnancy DM:	0 (0)			. Dalata	al Danatha	.3.	O (0)		
	Gestational DM:	1 (4)		O Accident or Injur	•	a Deaths	5 :			
	Pre-pregnancy HTN:Gestational HTN:	0 (3)		Drowning:Suicide:				0 (0) 0 (0)		
1		1 (5)		Suicide:Homicide:				O (0)		
' '	nfant risk factors (Low survival births) o Birth weight < 1500 grams:	0 (0)						O (0)		
	Birth weight < 1500 grams:Birth weight < 2500 grams:	0 (0) 1 (6)		■ Traffic fata	•					
	Gestation age < 37 weeks:	1 (6) 1 (6)		Drug and/	or opioid	d overdo:	se:	0 (0)		
	o destation age vs/ weeks.	1(0)		Poisoning:				0 (0)		

¹ Other significant condition contributing to death but NOT resulting in the underlying cause.² Fetal deaths = Fetus weighed ≥ 350 grams, or fetal demise > 20 weeks of completed gestation.

Data source: Electronic Vital Registration System (EVRS)

³ Accident or Injury related deaths = Manner of death beyond Natural Causes: accidental deaths (traffic and drowning), suicide, drug overdose, and poisoning.



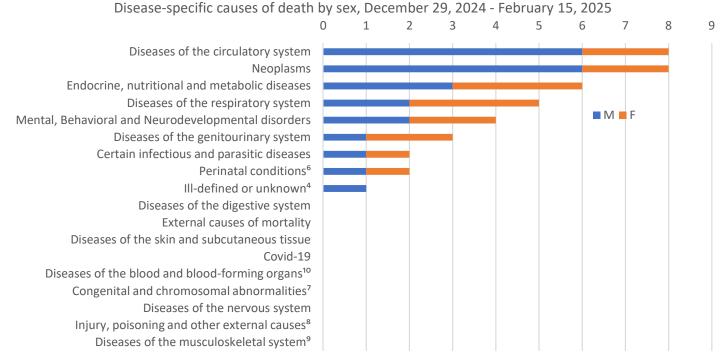


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CNMI Weekly Health & Vital Statistics Report

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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



(EpiWeek)