



# Commonwealth Healthcare Corporation

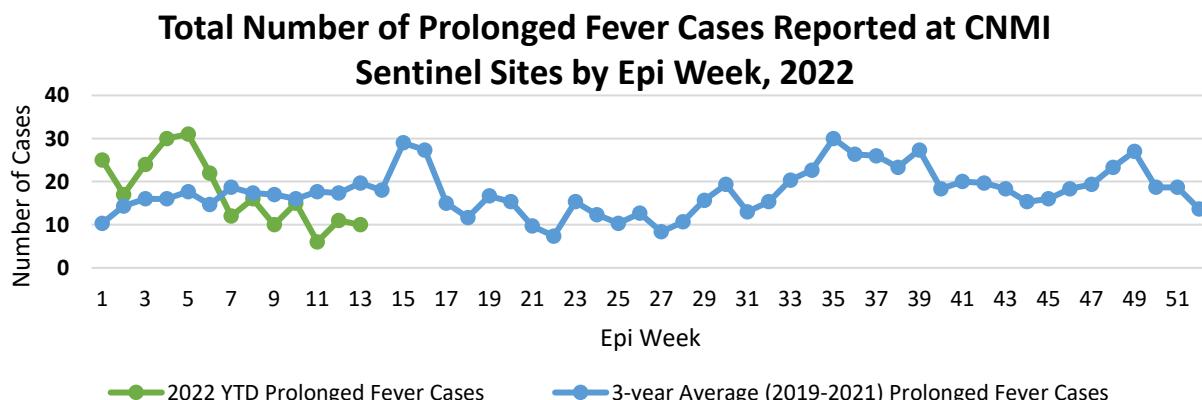
## CNMI Weekly Syndromic Surveillance Report



EPI WEEK 13

EPI WEEK DATE: March 27, 2022 – April 02, 2022

Clinic	Influenza-Like-Illness (ILI)		Diarrhea (DIA)		Prolonged Fever (PF)		Acute Fever and Rash (AFR)		Total Encounters	
	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	0	1	0	0	306	406
CHCC Women's Clinic	0	0	0	0	0	0	0	0	109	145
CHCC Children's Clinic	0	0	2	1	1	1	0	0	154	193
CHCC Emergency Room	0	2	5	14	8	5	0	0	355	396
Kagman Isla Community Health	0	0	0	0	0	0	0	0	229	219
Tinian Isla Community Health	0	0	0	0	0	0	0	0	42	44
CHCC Tinian Health Center	0	1	1	0	1	0	0	0	115	110
CHCC Rota Health Center	0	1	0	1	1	3	0	1	99	98
	0	4	8	16	11	10	0	1	1409	1611



Syndromes	Epi Week				% Change from current week to previous 3 weeks
	13	12	11	10	
Acute Fever and Rash	1	0	0	0	Unstable
Prolonged fever	10	11	6	15	-6%
Influenza-like illness	4	0	1	6	71%
Diarrhea	16	8	9	12	66%

ANTIMICROBIAL RESISTANT SURVEILLANCE	
Site	Total Organisms
CHCC- ER	
Total Counts	
Rate per 10,000 outpatient encounters	

### KEY TAKEAWAYS

- 13% Increase in the total encounters from the previous week.
- 71% Increase in Influenza like Illness cases was seen this epi week (#13) compared to the average of the previous 3 epi weeks (#12, 11, & 10).
- 66% Increase in Diarrhea cases was seen this epi week (#13) compared to the average of the previous 3 epi weeks (#12, 11, & 10).

### ALERTS AND TRENDS

ILI: Increased from previous week  
 PF: Decrease from previous week  
 AFR: Stable from previous week  
 DIA: Increase from previous week

**Note:** Pending results due to laboratory equipment interfacing.



# Commonwealth Healthcare Corporation

## CNMI Weekly OD2A Surveillance Report



EPI WEEK#13 | EPI WEEK DATE: March 27 – April 2, 2022

POLY-SUBSTANCE*		OPIOID					STIMULANT					OTHER
PS OD	PS MISUSE	OP OD	OUD	S/P OUD	OP MISUSE	S/P OP MISUSE	ST OD	SUD	S/P SUD	ST MISUSE	S/P ST MISUSE	OS OD
0	0	0	0	0	0	1	0	0	0	1	0	0

\*Poly-Substance encounters are also counted under respective categories.

### OD2A SURVEILLANCE: PATIENT ENCOUNTER by EPI WEEK 2022

- FATAL OVERDOSE
- NON-FATAL OVERDOSE
- SUBSTANCE USE DISORDER or MISUSE



FATAL / NON-FATAL CASE		OUD, SUD or MISUSE	Confirmed Poly-Substance Misuse
PS OD	Poly-Substance Overdose		Confirmed Opioid Use Disorder or Opioid Misuse
OP OD	Opioid Overdose		Confirmed Stimulant Use Disorder or Stimulant Misuse
ST OD	Stimulant Overdose		Suspected Opioid Use Disorder or Opioid Misuse
OS OD	Other Substance Overdose	S/P OUD, SUD or MISUSE	Suspected Stimulant Use Disorder or Stimulant Misuse

REPORTING SITE:	
ED	- Emergency Department, CHCC;
CC	- Children's Clinic, CHCC; FCC - Family Care Clinic, CHCC;
WC	- Women's Clinic, CHCC;
THC	- Tinian Health Clinic, CHCC; RHC - Rota Health Center, CHCC;
KICH	- Kagman Isla Community Health; TICH - Tinian Isla Community Health



Overdose Data to Action Program  
Suite 305, Marina Heights II Bldg.  
P.O. Box 500409, Saipan, MP 96950  
TEL: (670) 322-0061 | Email: [od2a@chcc.health](mailto:od2a@chcc.health)



# Commonwealth Healthcare Corporation

## CNMI Weekly Notifiable Disease Report



EPI WEEK 13

EPI WEEK DATE: March 27, 2022 – April 02, 2022

In the table below, weekly and year to date counts are displayed through epi week 5. Additionally, a 3-year weekly average of incident counts comparing the incident count for this time period to the average of the previous 3 years (2019-2021) is included as well as incident rates for conditions that have counts greater than 20. Rates cannot be calculated for counts less than 20 due to statistical unreliability.

Condition	Epi Week 13	2022 YTD	3-year weekly average incident counts	2022 YTD Incident Rate*	2021 Incident Rate*
<b>Enteric</b>					
Campylobacter	1	4	0	8.5	29.6
Ciguatera fish poisoning	0	0	0	0	33.8
Salmonella	0	1	0	2.1	25.4
<b>Environmental</b>					
Elevated Blood Lead Levels	0	0	0	0	31.7
<b>Sexually Transmitted</b>					
Chlamydia	6	53	4	112	437.4
Gonorrhea	0	5	0	10.6	35.9
Syphilis	0	0	0	0	6.3
<b>Respiratory</b>					
COVID-19	90	7615	1	16089.5	6757.0
Post-Vaccine	55	5824	0	12305.4	4198.3
<b>Tuberculosis</b>					
TB, Confirmed	0	6	1	12.7	46.5
TB, Under Investigation	0	8	0	16.9	44.4

\*Rate per 100,000; Data are preliminary and subject to change. CNMI population estimates were determined using 2021 Census International Database ([https://www.census.gov/data-tools/demo/idb/#/country?YR\\_ANIM=2021&COUNTRY\\_YR\\_ANIM=2021&FIPS\\_SINGLE=CQ](https://www.census.gov/data-tools/demo/idb/#/country?YR_ANIM=2021&COUNTRY_YR_ANIM=2021&FIPS_SINGLE=CQ))



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## CNMI Weekly COVID-19 Surveillance Report



EPI WEEK 13

EPI WEEK DATE: March 27, 2022 – April 02, 2022

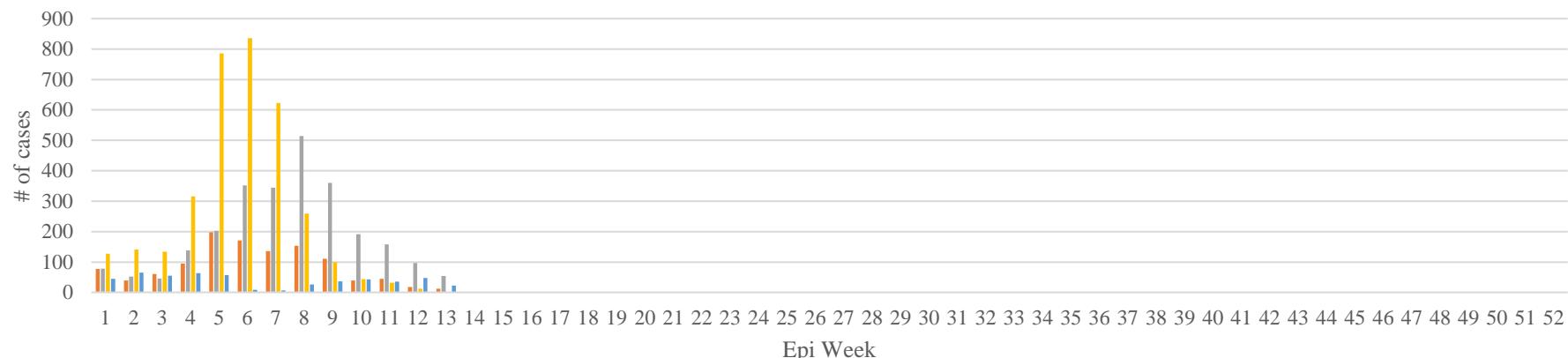
For additional COVID-19 data, please visit this link: <https://chcc.datadriven.health/ui/99/dashboard/cbaeede2-4f75-11eb-b380-0242ac1d004a>

### Covid-19 Cases Reported, January 02, 2022 - April 2, 2022



### Covid-19 Diagnoses Source, January 02, 2022 - April 2, 2022

CHCC CBT CT Travel



For COVID-19 vaccination data, please visit this link: <https://www.vaccinatecnmi.com/vax-dashboard/>

\*Data are preliminary and subject to change.



# Commonwealth Healthcare Corporation

## CNMI Weekly Health & Vital Statistics Report



### REPORTING PERIOD: EPI YEAR 2022 as of EPI WEEK 13

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.

<ul style="list-style-type: none"><li>Number of births: <u>9 (117)</u></li><li>Average: <u>9 (per week)</u></li><li>Infections present and/or treated during pregnancy:<ul style="list-style-type: none"><li>Chlamydia: <u>0 (5)</u></li><li>Gonorrhea: <u>0 (1)</u></li><li>Syphilis: <u>0 (0)</u></li><li>Hepatitis B: <u>0 (0)</u></li><li>Hepatitis C: <u>0 (0)</u></li><li>COVID-19: <u>1 (24)</u></li></ul></li><li>Substance use during pregnancy:<ul style="list-style-type: none"><li>Cigarette smoking: <u>0 (3)</u></li><li>Betelnut chewing: <u>2 (20)</u></li><li>Betelnut chewing + tobacco: <u>2 (19)</u></li><li>Alcohol use: <u>0 (0)</u></li><li>Drug use: <u>0 (1)</u></li></ul></li><li>Maternal risk factors in pregnancy:<ul style="list-style-type: none"><li>Pre-pregnancy DM: <u>0 (5)</u></li><li>Gestational DM: <u>1 (18)</u></li><li>Pre-pregnancy HTN: <u>0 (0)</u></li><li>Gestational HTN: <u>1 (10)</u></li></ul></li></ul>	<ul style="list-style-type: none"><li>Number of deaths: <u>3 (83)</u></li><li>Average: <u>6 (per week)</u></li><li>Number of deaths who received COVID-19 vaccine:<table><thead><tr><th>Age range:</th><th>&lt; 5</th><th>≥ 5</th><th>12-17</th><th>18 &amp; over</th></tr></thead><tbody><tr><td>Nº of death</td><td>2 (3)</td><td>0 (0)</td><td>0 (0)</td><td>1 (80)</td></tr><tr><td>Nº Vaccinated</td><td>N/A</td><td>0 (0)</td><td>0 (0)</td><td>0 (50)</td></tr><tr><td>% Vaccinated</td><td>N/A</td><td>0%</td><td>0%</td><td>63%</td></tr></tbody></table></li><li>COVID-19 related deaths:<ul style="list-style-type: none"><li><u>COVID-19 as underlying cause of death:</u> <u>1 (19)</u></li><li><u>COVID-19 as other contributing condition:</u>* <u>0 (4)</u> *** Reported as other significant conditions contributing to death but NOT resulting in the underlying cause</li></ul></li><li>Opioid related deaths: <u>0 (0)</u></li><li>Top 5 Leading Causes of Death:<ul style="list-style-type: none"><li>Diseases of the circulatory system: <u>0 (23)</u></li><li>Codes for special purposes (COVID-19): <u>0 (15)</u></li><li>Neoplasms: <u>0 (7)</u></li><li>Endocrine, nutritional and metabolic diseases <u>0 (6)</u></li><li>Diseases of the nervous system <u>2 (6)</u></li><li>All other causes: <u>1 (26)</u></li></ul></li></ul>	Age range:	< 5	≥ 5	12-17	18 & over	Nº of death	2 (3)	0 (0)	0 (0)	1 (80)	Nº Vaccinated	N/A	0 (0)	0 (0)	0 (50)	% Vaccinated	N/A	0%	0%	63%
Age range:	< 5	≥ 5	12-17	18 & over																	
Nº of death	2 (3)	0 (0)	0 (0)	1 (80)																	
Nº Vaccinated	N/A	0 (0)	0 (0)	0 (50)																	
% Vaccinated	N/A	0%	0%	63%																	

Data source: Electronic Vital Registration System (EVRS)

Vital events reported, January 2 - April 2, 2022

