



# Commonwealth Healthcare Corporation

## CNMI Weekly Syndromic Surveillance Report

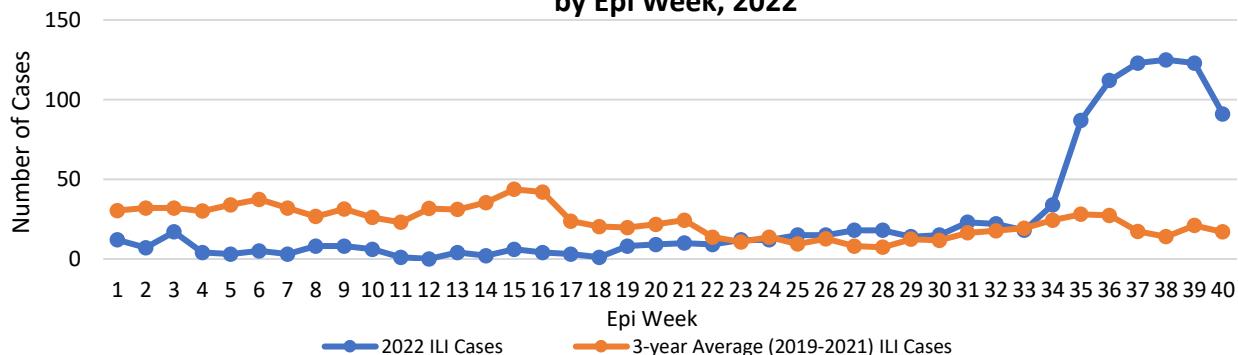


EPI WEEK 40

EPI WEEK DATE: October 02 - October 08, 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	2	4	1	1	0	1	0	0	516	483
CHCC Women's Clinic	0	0	0	0	0	0	0	0	94	100
CHCC Children's Clinic	32	29	0	2	2	2	0	0	293	251
CHCC Emergency Room	73	28	8	5	7	7	0	0	582	444
Kagman Isla Community Health	4	3	2	1	0	0	0	0	236	219
Tinian Isla Community Health	0	2	0	0	2	0	0	0	31	55
CHCC Tinian Health Center	7	5	0	1	1	1	0	0	140	155
CHCC Rota Health Center	5	20	0	2	0	0	0	0	124	198
	<b>123</b>	<b>91</b>	<b>11</b>	<b>12</b>	<b>12</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>2016</b>	<b>1905</b>

### Total Number of Influenza-like Illness (ILI) Cases Reported in the CNMI by Epi Week, 2022



### KEY TAKEAWAYS

- 5.5% Decrease in Total Encounters** from the last epi week to the current epi week.
- 14% Increase in Prolonged Fever cases** were seen this epi week (#40) compared to the average of the previous 3 epi weeks (#39, 38, & 37).
- 26% Decrease in Influenza-like cases** were seen this epi week (#40) compared to the average of the previous 3 epi weeks (#39, 38, & 37).

### ALERTS AND TRENDS

- ILI: Decrease from previous week
- PF: Stable from previous week
- AFR: Stable from previous week
- DIA: Stable from previous week

Syndromes	Epi Week				% Change from current week to previous 3 weeks	COVID Hospitalizations	
	40	39	38	37		Date Range	Totals
Acute Fever and Rash	0	0	1	1	Unstable	October 02 – October 08, 2022	0
Prolonged fever	11	12	10	7	14%	September 24 – October 01, 2022	0
Influenza-like illness	91	123	125	123	-26%	11/09/2021 – 10/08/2022	275
Diarrhea	12	11	12	13	0%		



# Commonwealth Healthcare Corporation

## CNMI Weekly OD2A Surveillance Report

EPI WEEK40 | EPI WEEK DATE: OCTOBER 2 – OCTOBER 8, 2022

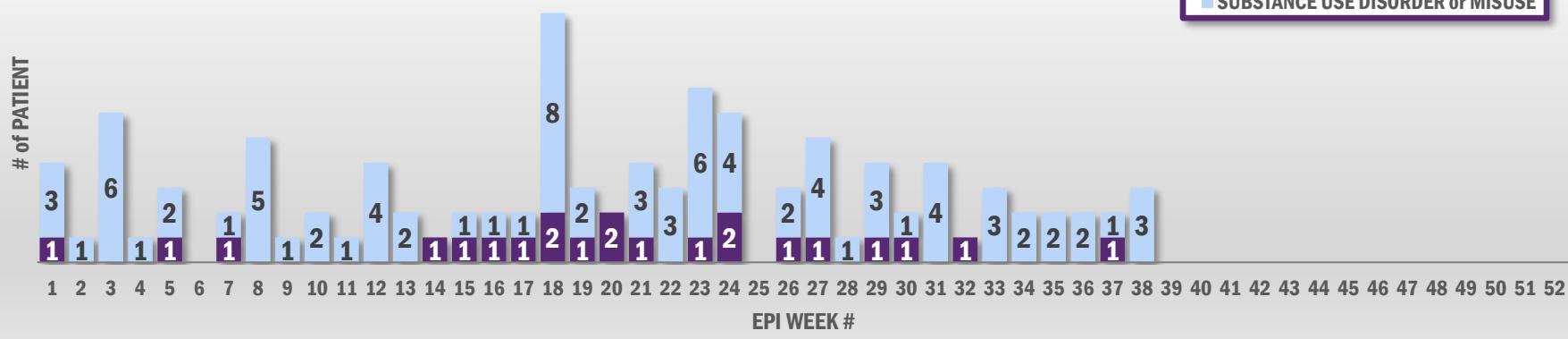
### WEEKLY CASE COUNTS

POLYSUBSTANCE		OPIOID			STIMULANT			BENZODIAZEPINE			OTHER SUBSTANCE
OVERDOSE	MISUSE	OVERDOSE	OUD	MISUSE	OVERDOSE	SUD	MISUSE	OVERDOSE	BUD	MISUSE	OVERDOSE
0	0	0	0	0	0	0	0	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 OD2A 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.

### OD2A SURVEILLANCE: NUMBER OF PATIENT FLAGGED by EPI WEEK 2022

- 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.
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.
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 thorough evaluation, which may include obtaining the results of urine drug testing and prescription drug monitoring program (PDMP) reports, when 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.
STIMULANT USE DISORDER	
BENZODIAZEPINE USE DISORDER	
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 data to support the patients' statement.

SENTINEL SITES	
<b>Commonwealth Healthcare Corporation (CHCC)</b>	
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	
<b>Private Clinic</b>	
KICH - Kagman Isla Community Health,	
TICH - Tinian Isla Community Health	
<b>Overdose Data to Action Program</b>	
Suite 305, Marina Heights II Bldg.	
P.O. Box 500409, Saipan, MP 96950	
TEL: (670) 322-0061   Email: <a href="mailto:od2a@chcc.health">od2a@chcc.health</a>	





# Commonwealth Healthcare Corporation

## CNMI Weekly Notifiable Disease Report



EPI WEEK 40

EPI WEEK DATE: October 02 - October 08, 2022

In the table below, weekly and year to date counts are displayed through epi week 40. 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 40	2022 YTD	3-year weekly average incident counts	2022 YTD Incident Rate*	2021 Incident Rate*
<b>Enteric</b>					
Campylobacter	2	29	0	56.3	27.1
Ciguatera fish poisoning	0	2	0	3.9	31.0
Salmonella	0	18	0	35.0	23.2
<b>Environmental</b>					
Elevated Blood Lead Levels	0	5	0	9.7	23.2
<b>Sexually Transmitted</b>					
Chlamydia	4	162	2	314.7	400.7
Gonorrhea	1	10	0	19.4	32.9
Syphilis	0	0	0	0.0	5.8
<b>Respiratory</b>					
COVID-19	10	9647	2	18741.1	6190.6
Post-Vaccine	2	6378	0.67	12390.5	3846.4
<b>Tuberculosis</b>					
TB, Confirmed	0	6	0	11.7	42.6
TB, Under Investigation	0	19	0.2	36.9	40.7

\*Rate per 100,000; Data are preliminary and subject to change. CNMI population estimates were determined using 2021 & 2022 Census International Database ([https://www.census.gov/data-tools/demo/idb/#/country?YR\\_ANIM=2021&COUNTRY\\_YR\\_ANIM=2021&FIPS\\_SINGLE=CO](https://www.census.gov/data-tools/demo/idb/#/country?YR_ANIM=2021&COUNTRY_YR_ANIM=2021&FIPS_SINGLE=CO))



# Commonwealth Healthcare Corporation

## CNMI Weekly COVID-19 Surveillance Report

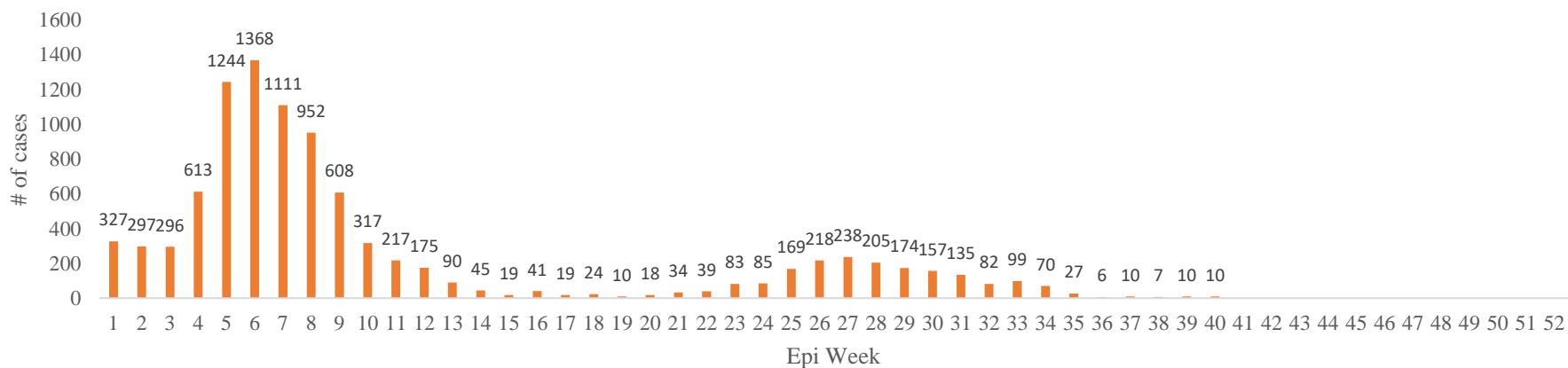


EPI WEEK 40

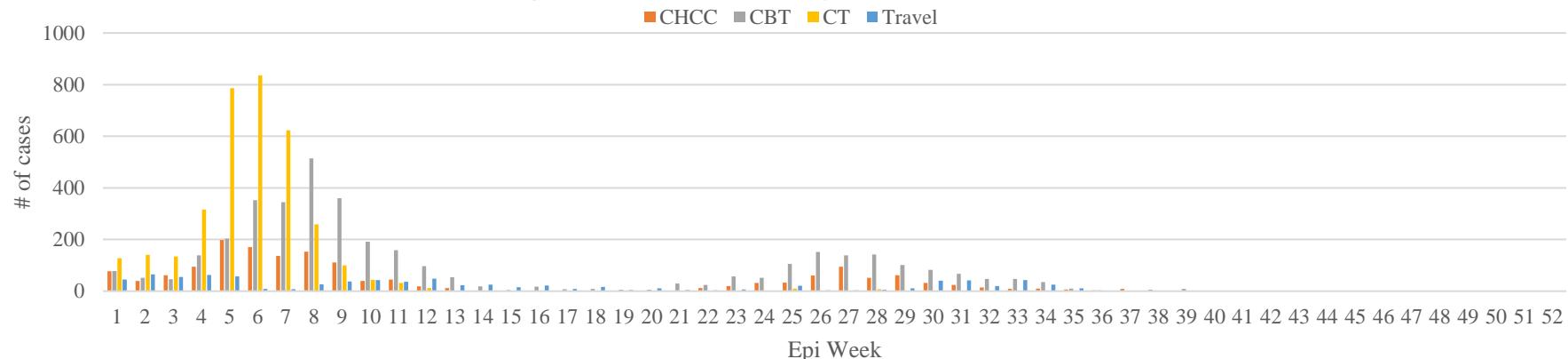
EPI WEEK DATE: October 02 - October 08, 2022

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 – October 08, 2022



### Covid-19 Diagnoses Source, January 02, 2022 - October 08, 2022



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 40

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><b>Number of births:</b> <u>9</u>(354)</li><li><b>Average:</b> <u>9</u> (per week)</li><li><b>Infections present and/or treated during pregnancy:</b><ul style="list-style-type: none"><li>Chlamydia: <u>1</u>(18)</li><li>Gonorrhea: <u>0</u>(1)</li><li>Syphilis: <u>0</u>(0)</li><li>Hepatitis B: <u>0</u>(3)</li><li>Hepatitis C: <u>0</u>(1)</li><li>COVID-19: <u>0</u>(28)</li></ul></li><li><b>Substance use during pregnancy:</b><ul style="list-style-type: none"><li>Cigarette smoking: <u>0</u>(14)</li><li>Betelnut chewing: <u>0</u>(70)</li><li>Betelnut chewing + tobacco: <u>0</u>(68)</li><li>Alcohol use: <u>0</u>(0)</li><li>Drug use: <u>0</u>(3)</li></ul></li><li><b>Maternal risk factors in pregnancy:</b><ul style="list-style-type: none"><li>Pre-pregnancy DM: <u>0</u>(10)</li><li>Gestational DM: <u>1</u>(55)</li><li>Pre-pregnancy HTN: <u>0</u>(5)</li><li>Gestational HTN: <u>0</u>(18)</li></ul></li></ul>	<ul style="list-style-type: none"><li><b>Number of deaths:</b> <u>7</u>(223)</li><li><b>Average:</b> <u>6</u> (per week)</li><li><b>Number of deaths who received COVID-19 vaccine:</b><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>N° of death</td><td>0 (6)</td><td>0 (0)</td><td>0 (1)</td><td>7 (216)</td></tr><tr><td>N° Vaccinated</td><td>0 (0)</td><td>0 (0)</td><td>0 (0)</td><td>1 (129)</td></tr><tr><td>% Vaccinated</td><td>0%</td><td>0%</td><td>0%</td><td>61%</td></tr></tbody></table></li><li><b>COVID-19 related deaths:</b> <u>0</u>(27)<ul style="list-style-type: none"><li><u>COVID-19 as underlying cause of death:</u> <u>0</u>(20)</li><li><u>COVID-19 as other contributing condition:</u> <u>0</u>(7) ** Reported as other significant conditions contributing to death but NOT resulting in the underlying cause</li></ul></li><li><b>Opioid related deaths:</b> <u>0</u>(0)</li><li><b>Top 5 Leading Causes of Death:</b><ul style="list-style-type: none"><li>Diseases of the circulatory system: <u>2</u> (68)</li><li>Neoplasms: <u>1</u> (37)</li><li>Codes for special purposes (COVID-19): <u>0</u> (20)</li><li>Diseases of the digestive system <u>1</u> (17)</li><li>Endocrine, nutritional and metabolic diseases: <u>1</u> (16)</li><li>All other causes: <u>2</u> (65)</li></ul></li></ul>	Age range:	< 5	≥ 5	12-17	18 & over	N° of death	0 (6)	0 (0)	0 (1)	7 (216)	N° Vaccinated	0 (0)	0 (0)	0 (0)	1 (129)	% Vaccinated	0%	0%	0%	61%
Age range:	< 5	≥ 5	12-17	18 & over																	
N° of death	0 (6)	0 (0)	0 (1)	7 (216)																	
N° Vaccinated	0 (0)	0 (0)	0 (0)	1 (129)																	
% Vaccinated	0%	0%	0%	61%																	

Data source: Electronic Vital Registration System (EVRS)



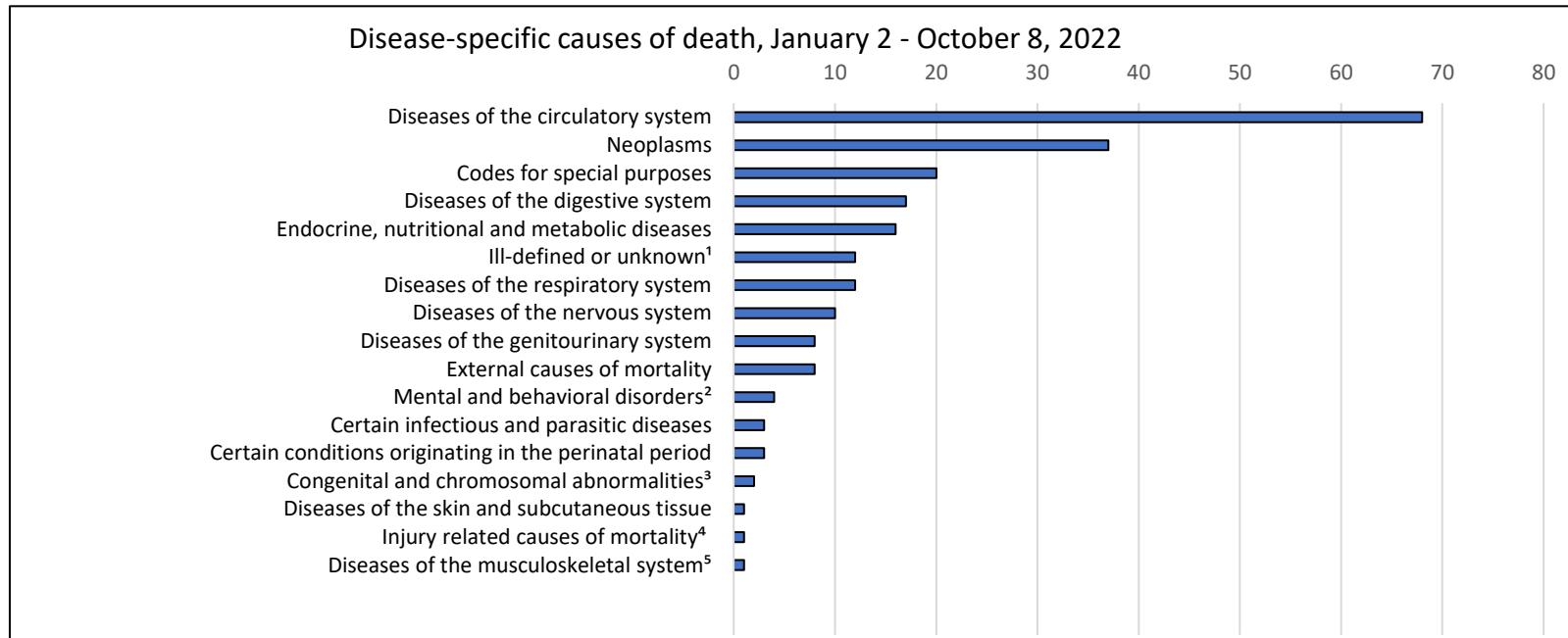
# Commonwealth Healthcare Corporation

## CNMI Weekly Health & Vital Statistics Report



### REPORTING PERIOD: EPI YEAR 2022 as of EPI WEEK 40

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.



<sup>1</sup> Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified; <sup>2</sup> Mental, Behavioral and Neurodevelopmental disorders; <sup>3</sup> Congenital malformations, deformations and chromosomal abnormalities; <sup>4</sup> Injury, poisoning and certain other consequences of external causes; <sup>5</sup> Diseases of the musculoskeletal system and connective tissue

