



# Commonwealth Healthcare Corporation



## CNMI Weekly Syndromic Surveillance Report

EPI WEEK 42

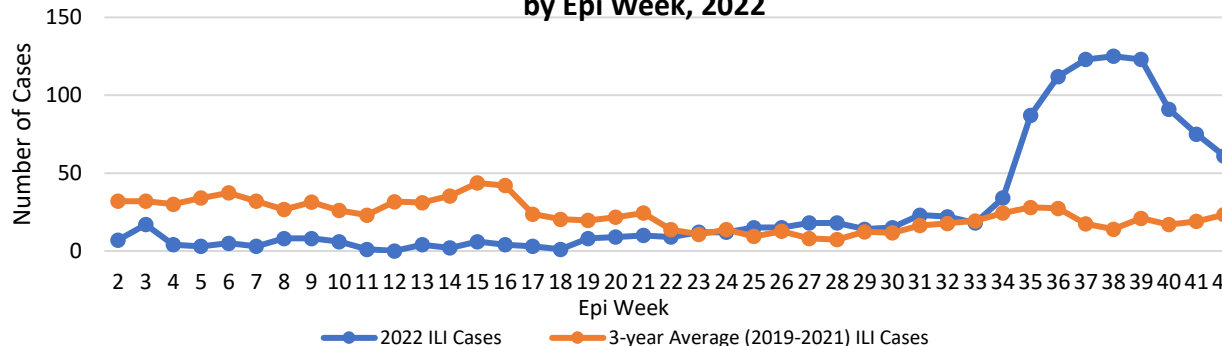
EPI WEEK DATE: October 16 - October 22, 2022

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	0	1	1	1	0	0	0	398	436
CHCC Women's Clinic	0	0	1	1	0	0	0	0	92	101
CHCC Children's Clinic	17	12	0	2	2	1	0	0	227	234
CHCC Emergency Room	31	23	12	8	5	6	0	0	475	443
Kagman Isla Community Health	0	1	0	0	0	0	0	0	239	198
Tinian Isla Community Health	3	0	1	0	0	0	0	0	44	31
CHCC Tinian Health Center	6	6	0	0	1	0	0	0	119	138
CHCC Rota Health Center	16	19	1	0	1	0	0	0	89	208
	75	61	16	12	10	7	0	0	1683	1789

### KEY TAKEAWAYS

- **6% Increase** in **Total Encounters** from the last epi week to the current epi week.
- **36% Decrease** in **Prolonged Fever** cases were seen this epi week (#42) compared to the average of the previous 3 epi weeks (#41, 40, & 39).
- **37% Decrease** in **Influenza-like cases** were seen this epi week (#42) compared to the average of the previous 3 epi weeks (#41, 40, & 39).

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



### ALERTS AND TRENDS

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

Syndromes	Epi Week				% Change from current week to previous 3 weeks	COVID Hospitalizations	
	42	41	40	39		Date Range	Totals
Acute Fever and Rash	0	0	0	0	Unstable	October 16 – October 22, 2022	0
Prolonged fever	7	10	11	12	-36%	October 09 – October 15, 2022	1
Influenza-like illness	61	75	91	123	-37%	11/09/2021 – 10/22/2022	276
Diarrhea	12	16	12	11	-8%		



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## CNMI Weekly OD2A Surveillance Report

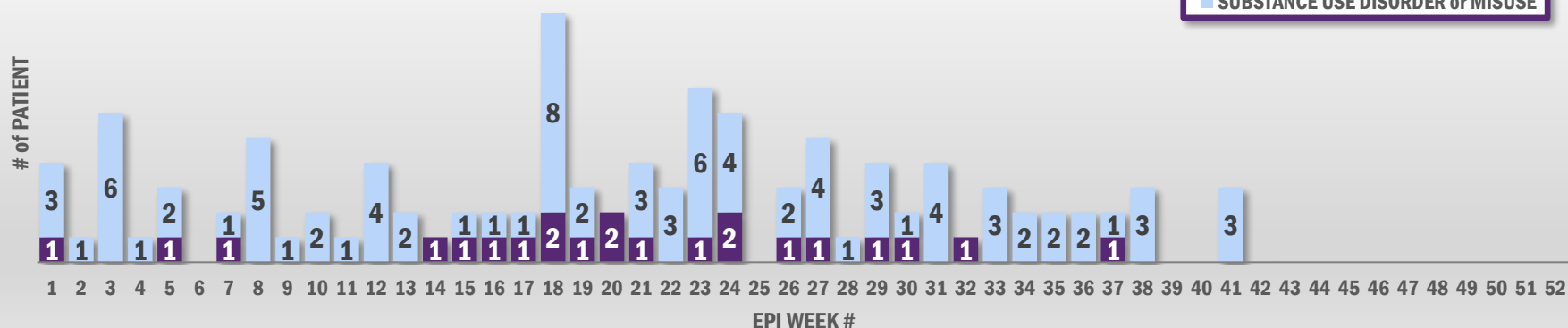


EPI WEEK 42 | EPI WEEK DATE: OCTOBER 16 – OCTOBER 22, 2022

WEEKLY CASE COUNTS											
POLYSUBSTANCE		OPIOID			STIMULANT			BENZODIAZEPINE			OTHER SUBSTANCE
OVERDOSE	MISUSE	OVERDOSE	ODU	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



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 OD2A 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.
OPIOD 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

**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



**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



# Commonwealth Healthcare Corporation

## CNMI Weekly Notifiable Disease Report



**EPI WEEK 42**

**EPI WEEK DATE:** October 16 - October 22, 2022

In the table below, weekly and year to date counts are displayed through epi week 42. 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 42	2022 YTD	3-year weekly average incident counts	2022 YTD Incident Rate*	2021 Incident Rate*
<b>Enteric</b>					
Campylobacter	1	31	1	60.2	27.1
Ciguatera fish poisoning	1	3	0	5.8	31.0
Salmonella	1	19	0	36.9	23.2
<b>Environmental</b>					
Elevated Blood Lead Levels	0	5	0	9.7	29
<b>Sexually Transmitted</b>					
Chlamydia	6	172	4	334.1	400.7
Gonorrhea	0	11	0	21.4	32.9
Syphilis	0	0	0	0.0	5.8
<b>Respiratory</b>					
COVID-19	2	9659	4	18764.4	6190.6
Post-Vaccine	2	6388	1	12409.9	3846.4
<b>Tuberculosis</b>					
TB, Confirmed	0	6	0	11.7	42.6
TB, Under Investigation	0	21**	0.1	40.8	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=CQ](https://www.census.gov/data-tools/demo/idb/#/country?YR_ANIM=2021&COUNTRY_YR_ANIM=2021&FIPS_SINGLE=CQ))

\*\*Two cases of TB, Under Investigation, were added from a previous Epi Week



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## CNMI Weekly COVID-19 Surveillance Report

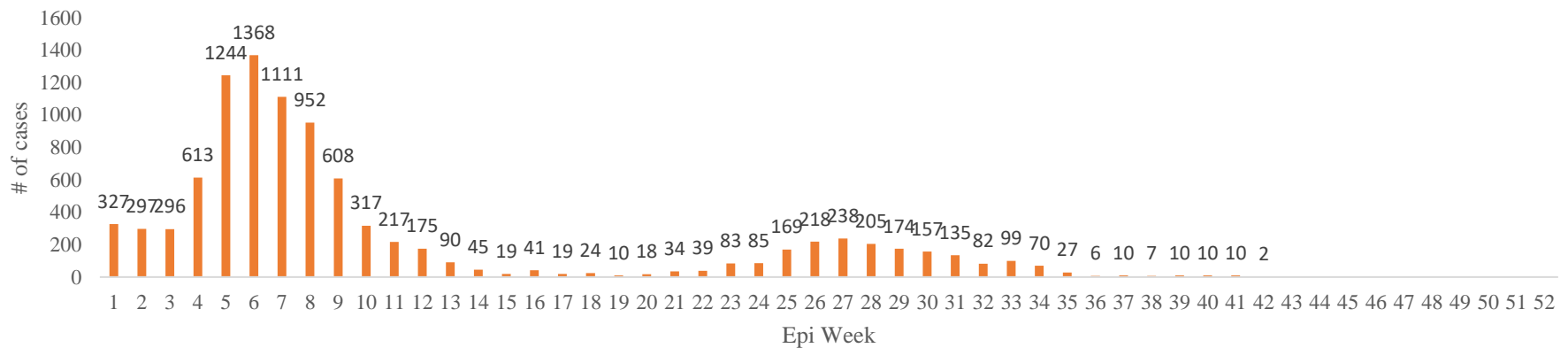


EPI WEEK 42

EPI WEEK DATE: October 16 - October 22, 2022

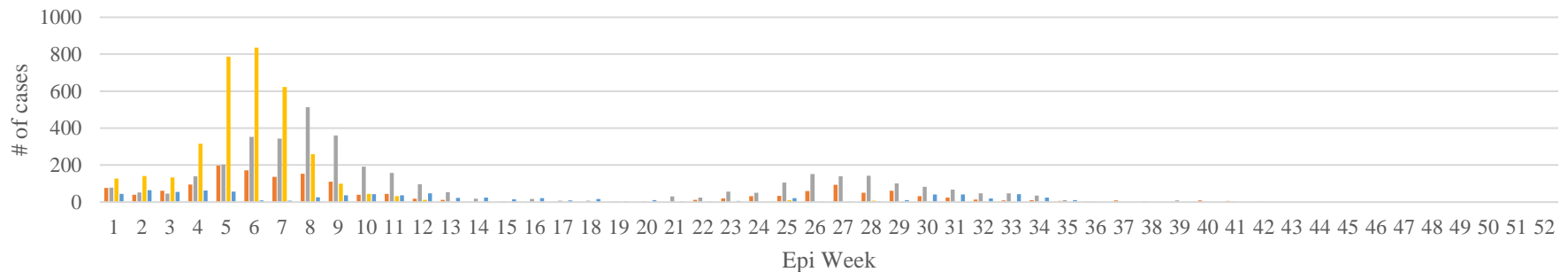
For additional COVID-19 data, please visit this link: <https://chcc.datadriven.health/ui/99/dashboard/cbae2-4f75-11eb-b380-0242ac1d004a>

### Covid-19 Cases Reported, January 2, 2022 – October 22, 2022



### Covid-19 Diagnoses Source, January 2 - October 22, 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 42**

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>10(375)</u></li><li>• <b>Average:</b> <u>9(per week)</u></li><li>• <b>Infections present and/or treated during pregnancy:</b><ul style="list-style-type: none"><li>○ Chlamydia: <u>1 (20)</u></li><li>○ Gonorrhea: <u>0 (1)</u></li><li>○ Syphilis: <u>0 (0)</u></li><li>○ Hepatitis B: <u>0 (3)</u></li><li>○ Hepatitis C: <u>0 (1)</u></li><li>○ COVID-19: <u>0 (28)</u></li></ul></li><li>• <b>Substance use during pregnancy:</b><ul style="list-style-type: none"><li>○ Cigarette smoking: <u>0(14)</u></li><li>○ Betelnut chewing: <u>0(70)</u></li><li>○ Betelnut chewing + tobacco: <u>0(68)</u></li><li>○ Alcohol use: <u>0 (0)</u></li><li>○ Drug use: <u>0 (3)</u></li></ul></li><li>• <b>Maternal risk factors in pregnancy:</b><ul style="list-style-type: none"><li>○ Pre-pregnancy DM: <u>0(10)</u></li><li>○ Gestational DM: <u>3 (59)</u></li><li>○ Pre-pregnancy HTN: <u>1 (6)</u></li><li>○ Gestational HTN: <u>1(20)</u></li></ul></li></ul>	<ul style="list-style-type: none"><li>• <b>Number of deaths:</b> <u>6(235)</u></li><li>• <b>Average:</b> <u>6(per week)</u></li><li>• <b>Number of deaths who received COVID-19 vaccine:</b><table><tr><th>Age range:</th><th>&lt; 5</th><th>≥ 5</th><th>12-17</th><th>18 &amp; over</th></tr><tr><td>Nº of death</td><td>0 (6)</td><td>0 (0)</td><td>0 (1)</td><td>6(228)</td></tr><tr><td>Nº Vaccinated</td><td>0 (0)</td><td>0 (0)</td><td>0 (0)</td><td>4(135)</td></tr><tr><td>% Vaccinated</td><td>0%</td><td>0%</td><td>0%</td><td>59%</td></tr></table><p><b>Note:</b> On 06/18/2022, CDC approved children aged 6 months to under 5 years-old to receive the COVID-19 vaccine.</p></li><li>• <b>COVID-19 related deaths:</b> <u>0 (27)</u><ul style="list-style-type: none"><li>○ <u>COVID-19 as underlying cause of death:</u> <u>0 (20)</u></li><li>○ <u>COVID-19 as other contributing condition: *</u> <u>0 (7)</u> *** 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 (0)</u></li><li>• <b>Top 5 Leading Causes of Death:</b><ul style="list-style-type: none"><li>○ Diseases of the circulatory system: <u>2 (72)</u></li><li>○ Neoplasms: <u>0 (37)</u></li><li>○ Codes for special purposes (COVID-19): <u>0 (20)</u></li><li>○ Endocrine, nutritional and metabolic diseases: <u>0 (17)</u></li><li>○ Diseases of the digestive system: <u>1 (18)</u></li><li>○ All other causes: <u>3 (71)</u></li></ul></li></ul>	Age range:	< 5	≥ 5	12-17	18 & over	Nº of death	0 (6)	0 (0)	0 (1)	6(228)	Nº Vaccinated	0 (0)	0 (0)	0 (0)	4(135)	% Vaccinated	0%	0%	0%	59%
Age range:	< 5	≥ 5	12-17	18 & over																	
Nº of death	0 (6)	0 (0)	0 (1)	6(228)																	
Nº Vaccinated	0 (0)	0 (0)	0 (0)	4(135)																	
% Vaccinated	0%	0%	0%	59%																	
Data source: Electronic Vital Registration System (EVRS)																					





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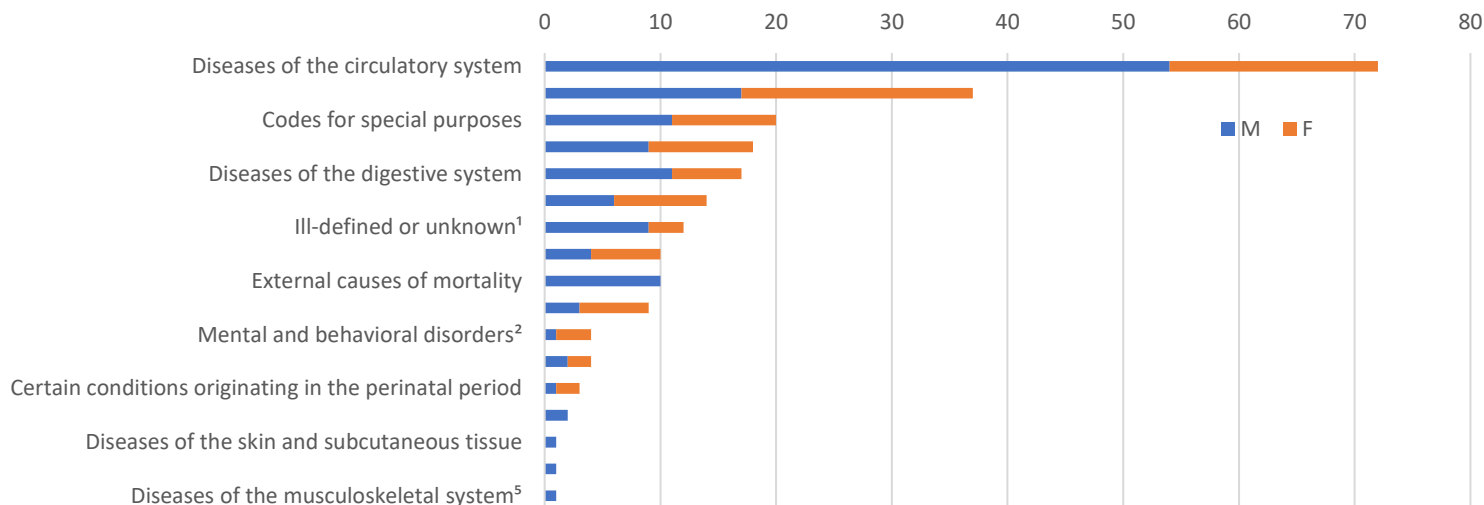
## CNMI Weekly Health & Vital Statistics Report



**REPORTING PERIOD: EPI YEAR 2022 as of EPI WEEK 42**

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Disease-specific causes of death by sex, January 2 - October 22, 2022



<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

