



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands



CNMI Weekly Syndromic Surveillance Report

EPI WEEK 08

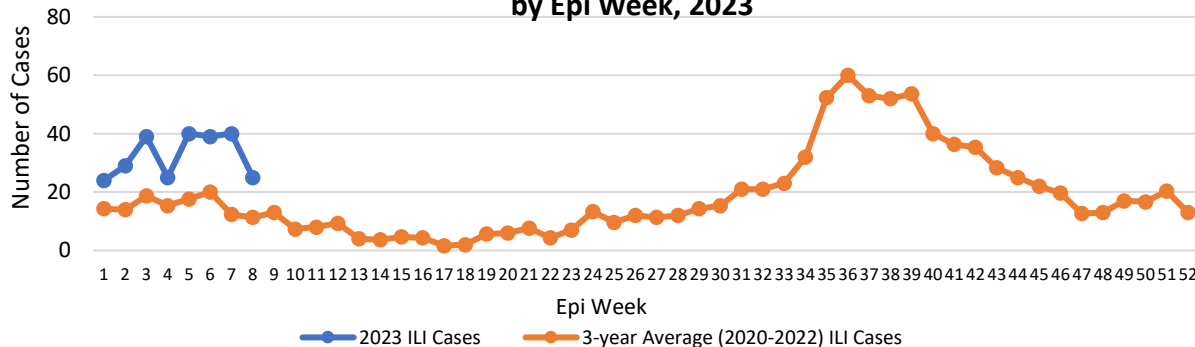
EPI WEEK DATE: February 19 - February 25, 2023

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	4	0	0	0	0	0	0	0	381	322
CHCC Women's Clinic	0	0	0	0	0	0	0	0	112	84
CHCC Children's Clinic	5	5	1	2	3	5	0	0	221	218
CHCC Emergency Room	28	19	18	13	8	5	0	0	503	444
Kagman Isla Community Health	0	0	0	0	0	0	0	0	201	258
Tinian Isla Community Health	0	0	0	0	0	0	0	0	42	40
CHCC Tinian Health Center	1	0	0	2	0	2	0	0	94	77
CHCC Rota Health Center	2	1	0	0	0	0	0	0	60	83
	40	25	19	17	11	12	0	0	1614	1526

KEY TAKEAWAYS

- **5% Decrease** in **Total Encounters** from the last epi week to the current epi week.
- **16% Decrease** in **Diarrhea** cases were seen this epi week (#08) compared to the average of the previous 3 epi weeks (#07, 06, & 05).
- **37% Decrease** in **Influenza-like** cases were seen this epi week (#08) compared to the average of the previous 3 epi weeks (#07, 06, & 05).
 - 6 Influenza cases
 - 37 COVID-19 cases

Total Number of Influenza-like Illness (ILI) Cases Reported in the CNMI by Epi Week, 2023



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	
	08	07	06	05		Date Range	Totals
Acute Fever and Rash	0	0	0	0	Unstable	February 19 – February 25, 2023	2
Prolonged fever	12	11	10	11	13%	February 12 – February 18, 2023	0
Influenza-like illness	25	40	39	40	-37%	11/09/2021 – 02/25/2023	292
Diarrhea	17	19	21	21	-16%		



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CNMI Weekly OD2A Surveillance Report

EPI WEEK 8 | EPI WEEK DATE: FEBRUARY 19 - FEBRUARY 25, 2023

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	1	0	0	2	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/ENCOUNTER FLAGGED by EPI WEEK 2023

- 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. *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.
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

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



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CNMI Weekly Notifiable Disease Report

EPI WEEK 08

EPI WEEK DATE: February 19 - February 25, 2023

In the table below, weekly and year to date counts are displayed through epi week 08. 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 (2020-2022) 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 08	2023 YTD	3-year weekly average incident counts	2023 YTD Incident Rate*	2022 Incident Rate*
Enteric					
Campylobacter	0	4	0	7.8	81.6
Ciguatera fish poisoning	0	0	0	0.0	7.8
Salmonella	0	6	0	11.7	44.7
Environmental					
Elevated Blood Lead Levels	1	1	0	1.9	9.7
Sexually Transmitted					
Chlamydia	3	34	5	66.3	423.5
Gonorrhea	0	9	0	17.5	33.0
Syphilis	0	1	0	1.9	5.8
Respiratory					
COVID-19	37	286	382	557.6	19061.7
Post-Vaccine	30	213	303	415.2	12594.5
Tuberculosis					
TB, Confirmed	0	1	0	1.9	38.9
TB, Under Investigation	1	7	0.2	13.6	50.5

*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)



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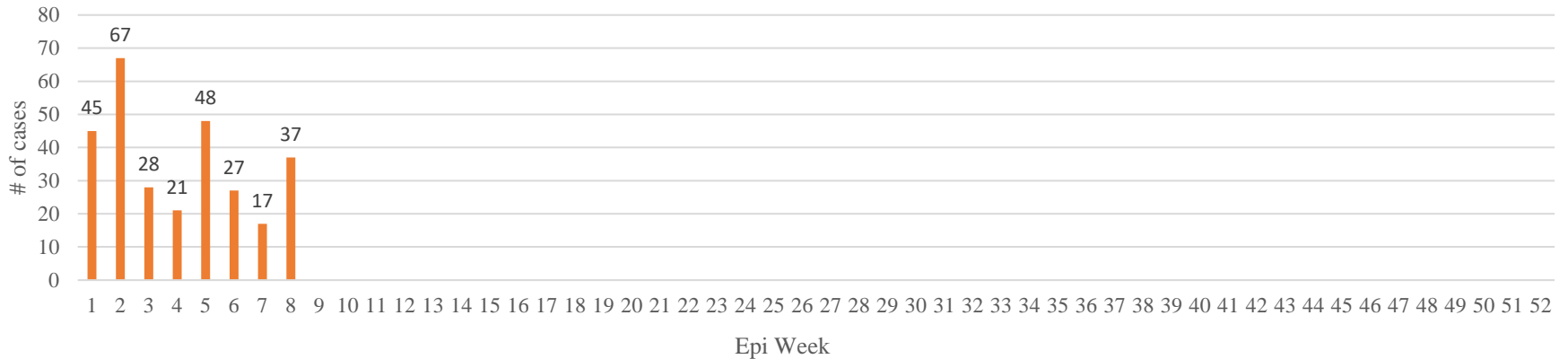
CNMI Weekly COVID-19 Surveillance Report

EPI WEEK 08

EPI WEEK DATE: February 19 - February 25, 2023

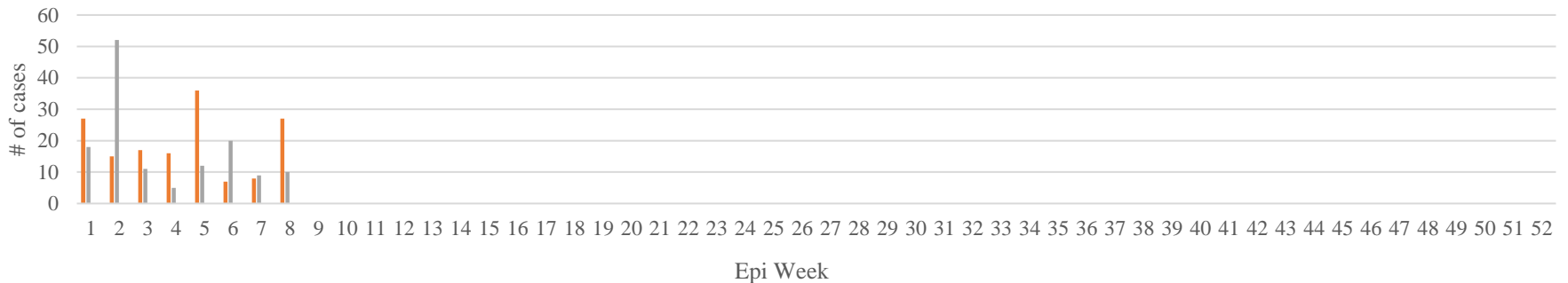
For additional COVID-19 data, please visit this link: <https://chcc.datadriven.health/ui/99/dashboard/cbaeede2-4f75-11eb-b380-0242ac1d004a>

Covid-19 Cases Reported, January 01, 2023 - February 25, 2023



Covid-19 Diagnoses Source, January 01, 2023 - February 25, 2023

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.



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CNMI Weekly Health & Vital Statistics Report

REPORTING PERIOD: EPI YEAR 2023 as of EPI WEEK 08

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"> • Number of births: <u>13(96)</u> • Average: <u>12(per week)</u> • Infections present and/or treated during pregnancy: <ul style="list-style-type: none"> ○ Chlamydia: 0(2) ○ Gonorrhea: 0(0) ○ Syphilis: 0(0) ○ Hepatitis B: 0(0) ○ Hepatitis C: 0(0) ○ COVID-19: 0(0) • Substance use during pregnancy: <ul style="list-style-type: none"> ○ Cigarette smoking: 0(3) ○ Betelnut chewing: 1(1) ○ Betelnut chewing + tobacco: 0(0) ○ Alcohol use: 0(0) ○ Drug use: 0(0) • Maternal risk factors in pregnancy: <ul style="list-style-type: none"> ○ Pre-pregnancy DM: 0(1) ○ Gestational DM: 1(10) ○ Pre-pregnancy HTN: 0(2) ○ Gestational HTN: 0(4) • Infant risk factors (Low survival births) <ul style="list-style-type: none"> ○ Birth weight < 1500 grams: 0(2) ○ Birth weight < 2500 grams: 0(9) ○ Gestation age < 37 weeks: 0(9) 	<ul style="list-style-type: none"> • Number of deaths: <u>6(28)</u> • Average: <u>4(per week)</u> • Number of deaths who received COVID-19 vaccine: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="text-align: left;">Age range:</th> <th style="text-align: center;">< 5</th> <th style="text-align: center;">≥ 5</th> <th style="text-align: center;">12-17</th> <th style="text-align: center;">18 & over</th> </tr> </thead> <tbody> <tr> <td>N° of death</td> <td style="text-align: center;">0(0)</td> <td style="text-align: center;">0(0)</td> <td style="text-align: center;">0 (0)</td> <td style="text-align: center;">6(28)</td> </tr> <tr> <td>N° Vaccinated</td> <td style="text-align: center;">0(0)</td> <td style="text-align: center;">0 (0)</td> <td style="text-align: center;">0 (0)</td> <td style="text-align: center;">0(12)</td> </tr> <tr> <td>% Vaccinated</td> <td style="text-align: center;">0%</td> <td style="text-align: center;">0%</td> <td style="text-align: center;">0%</td> <td style="text-align: center;">43%</td> </tr> </tbody> </table> • Mortality Surveillance: <u>6(28)</u> <ul style="list-style-type: none"> ○ Non-communicable diseases: 5(23) <ul style="list-style-type: none"> ▪ <i>Cancer related deaths</i> 0(5) ○ COVID-19 related deaths: 0(0) ○ <i>COVID-19 as other contributing conditions</i>¹: 0(0) ○ Fetal deaths²: 0(2) ○ Perinatal deaths³: 0(2) ○ Infant deaths: 0(0) ○ Neonatal deaths (< 28 days): 0(0) ○ Post neonatal deaths (aged 28 – 365 days): 0(0) ○ Children (aged 1 - 4 yrs) deaths: 0(0) ○ Maternal deaths: 0(0) ○ Suicide deaths, adolescent: 0(0) ○ Suicide deaths, adult: 0(0) ○ Traffic fatality deaths: 0(0) ○ Opioid deaths: 0(0) ○ Lead poisoning: 0(0) 	Age range:	< 5	≥ 5	12-17	18 & over	N° of death	0(0)	0(0)	0 (0)	6(28)	N° Vaccinated	0(0)	0 (0)	0 (0)	0(12)	% Vaccinated	0%	0%	0%	43%
Age range:	< 5	≥ 5	12-17	18 & over																	
N° of death	0(0)	0(0)	0 (0)	6(28)																	
N° Vaccinated	0(0)	0 (0)	0 (0)	0(12)																	
% Vaccinated	0%	0%	0%	43%																	

Data source: Electronic Vital Registration System (EVRS)



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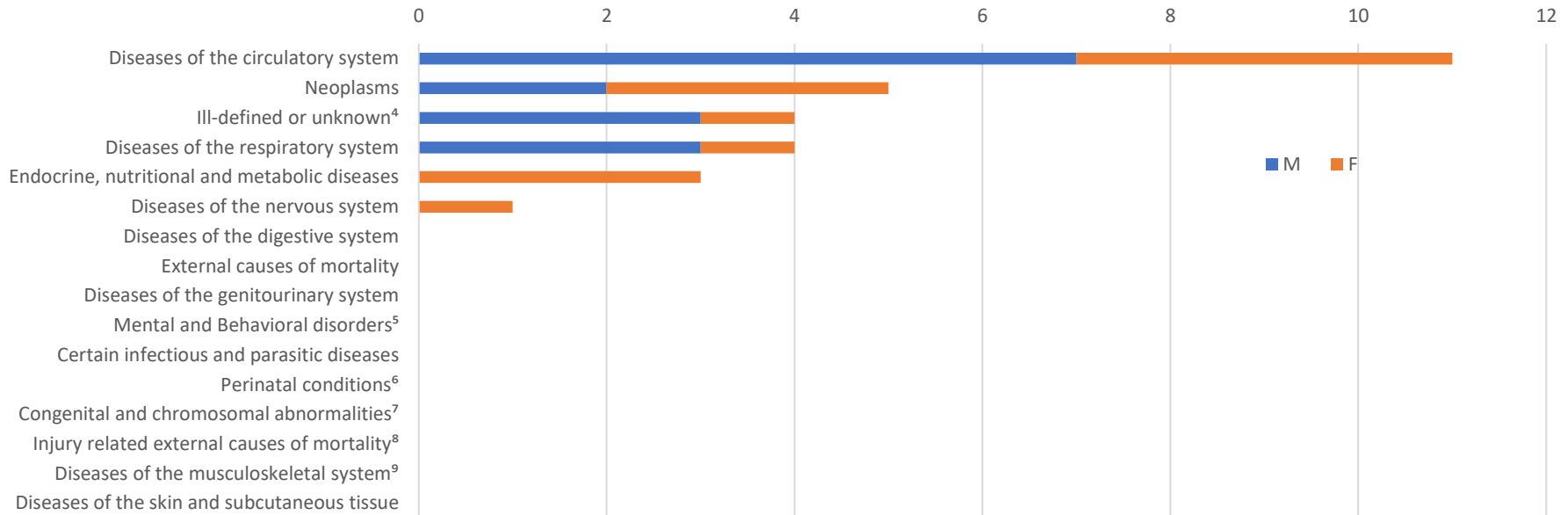


CNMI Weekly Health & Vital Statistics Report

REPORTING PERIOD: EPI YEAR 2023 as of EPI WEEK 08

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.

Disease-specific causes of death by sex, January 1 - February 25, 2023



⁴ Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified; ⁵ Mental, Behavioral and Neurodevelopmental disorders; ⁶ Congenital malformations, deformations and chromosomal abnormalities; ⁷ Injury, poisoning and certain other consequences of external causes; ⁸ Diseases of the musculoskeletal system and connective tissue.

Vital events reported, January 1 - February 25, 2023

