



# Commonwealth Healthcare Corporation

## Commonwealth of the Northern Mariana Islands



### CNMI Weekly Syndromic Surveillance Report

EPI WEEK 39

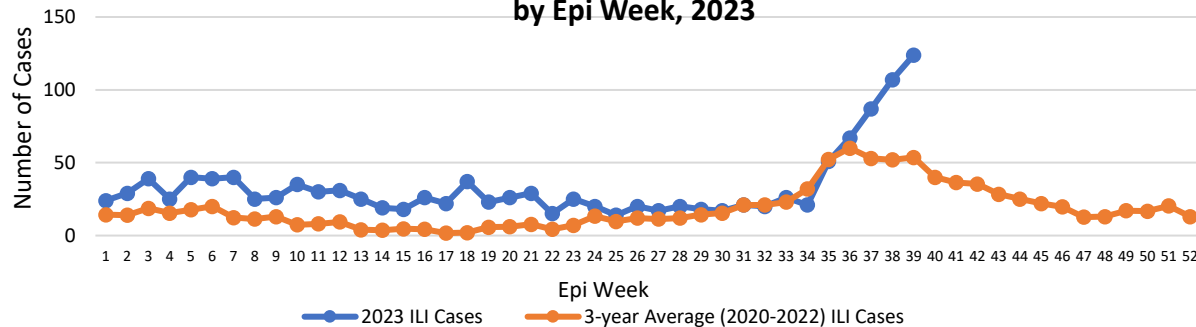
EPI WEEK DATE: September 24 - September 30, 2023

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	8	3	1	0	1	3	0	0	366	345
CHCC Women's Clinic	1	0	0	0	0	0	0	0	144	109
CHCC Children's Clinic	23	17	2	0	13	7	0	0	288	265
CHCC Emergency Room	56	68	10	6	26	24	0	0	502	503
Kagman Isla Community Health	6	16	0	0	0	0	0	0	151	161
Tinian Isla Community Health	1	0	1	0	1	0	0	0	29	40
Southern Isla Community Health	0	12	0	0	0	0	0	0	70	89
CHCC Tinian Health Center	11	7	1	0	3	1	0	0	49	54
CHCC Rota Health Center	1	1	1	0	2	1	0	0	36	53
	107	124	16	6	46	36	0	0	1635	1619

#### KEY TAKEAWAYS

- **1% Decrease** in **Total Encounters** from the last epi week to the current epi week.
- **43% Increase** in **Influenza Like Illness** cases were seen this epi week (#39) compared to the average of the previous 3 epi weeks (#38, 37, & 36).
- **61% Decrease** in **Diarrhea** cases were seen this epi week (#39) compared to the average of the previous 3 epi weeks (#38, 37, & 36).
  - 55 Influenza cases
  - 14 COVID-19 cases

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



#### ALERTS AND TRENDS

- ILI:** Increase 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	
	39	38	37	36		Date Range	Totals
Acute Fever and Rash	0	0	0	0	Unstable	September 24 – September 30, 2023	0
Prolonged fever	36	46	24	29	9%	September 17 – September 23, 2023	0
Influenza-like illness	124	107	87	67	43%	11/09/2021 – 09/30/2023	313
Diarrhea	6	16	21	9	-61%		



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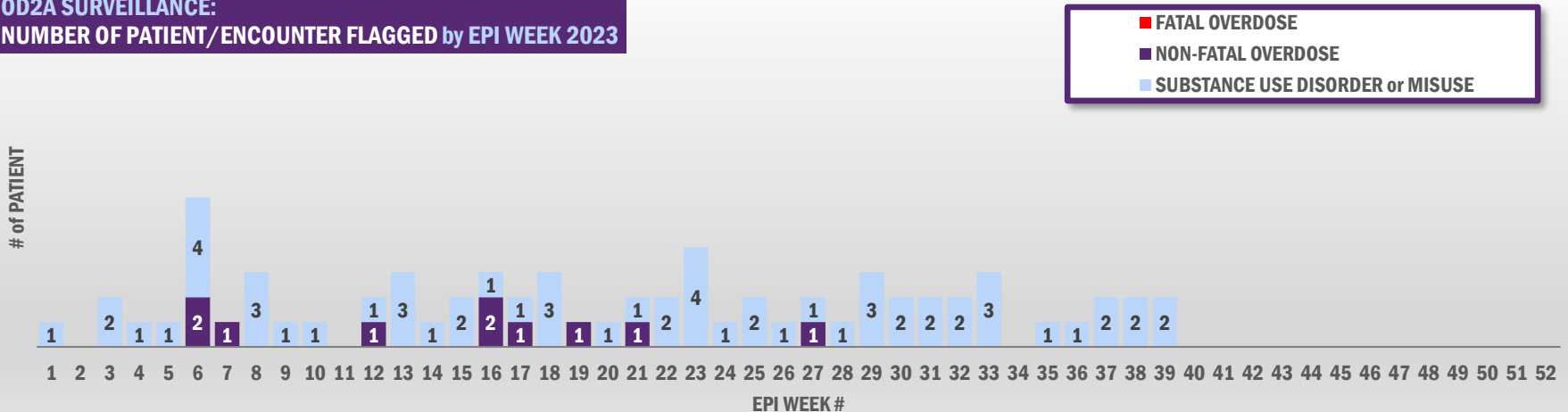
### CNMI Weekly OD2A Surveillance Report

EPI WEEK 39 | EPI WEEK DATE: SEPTEMBER 24 - SEPTEMBER 30, 2023

WEEKLY CASE COUNTS											
POLYSUBSTANCE		OPIOID			STIMULANT			BENZODIAZEPINE			OTHER SUBSTANCE
OVERDOSE	MISUSE	OVERDOSE	OUD	MISUSE	OVERDOSE	SUD	MISUSE	OVERDOSE	SUD	MISUSE	OVERDOSE
0	1	0	0	0	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



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,  
SICH - Southern 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)



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### CNMI Weekly Notifiable Disease Report

**EPI WEEK 39**

**EPI WEEK DATE:** September 24 - September 30, 2023

In the table below, weekly and year to date counts are displayed through epi week 39. 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 39	2023 YTD	3-year weekly average counts	2023 YTD Incidence Rates*	2022 Incidence Rates*
<b>Enteric</b>					
Campylobacter	0	22	1	42.9	81.6
Ciguatera fish poisoning	0	2	0	3.9	7.8
Salmonella	0	23	1	44.8	44.7
<b>Environmental</b>					
Elevated Blood Lead Levels	0	4	0	7.8	9.7
<b>Sexually Transmitted</b>					
Chlamydia	4	173	4	337.3	423.5
Gonorrhea	0	31	0	60.4	33.0
Syphilis	0	2	0	3.9	5.8
<b>Respiratory</b>					
COVID-19	14	936	7	1824.7	19061.7
Post-Vaccine	10	705	2	1374.4	12594.5
<b>Tuberculosis</b>					
TB, Confirmed	0	13	1	25.3	44.7
TB, Under Investigation	0	26	0.6	50.7	54.4

\*Rate per 100,000; Data are preliminary and subject to change. CNMI population estimates were determined using 2022 & 2023 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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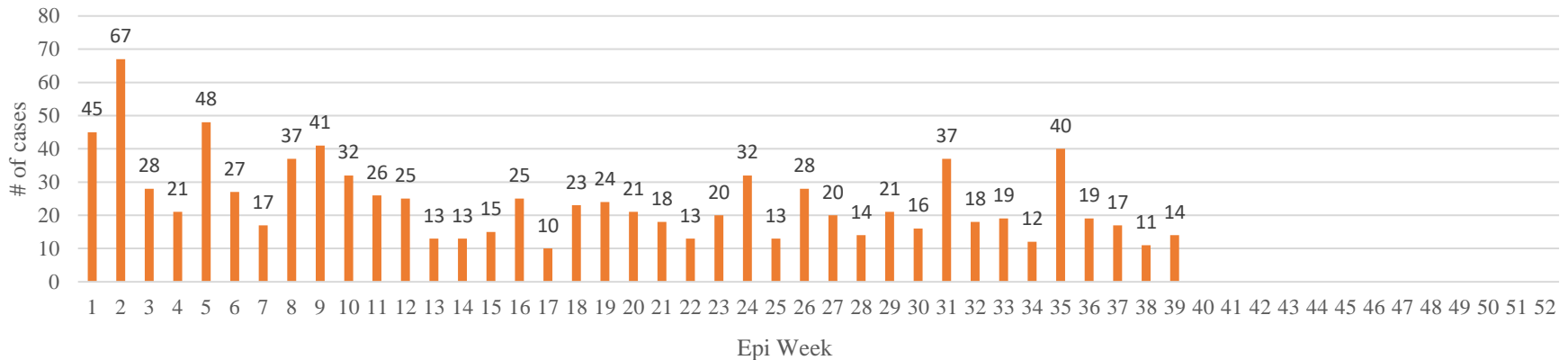
### CNMI Weekly COVID-19 Surveillance Report

EPI WEEK 39

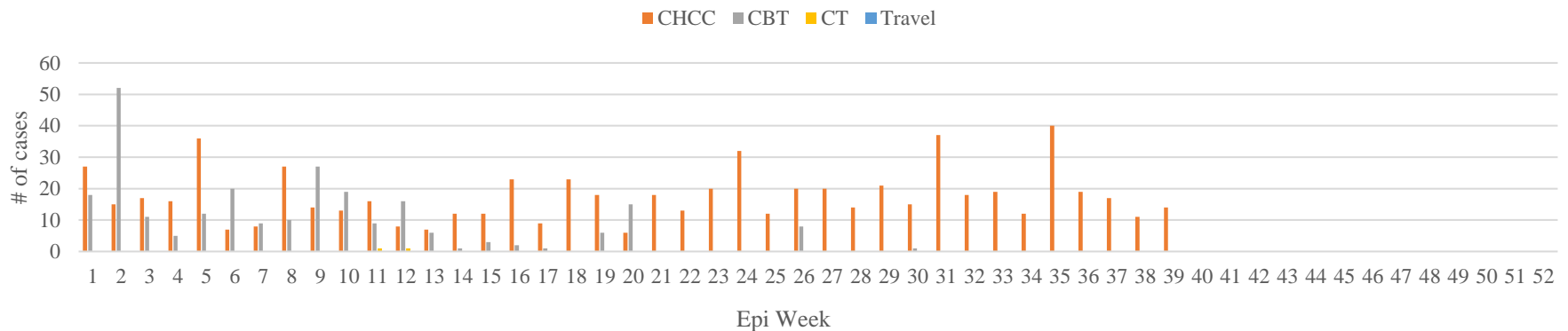
EPI WEEK DATE: September 24 - September 30, 2023

For additional COVID-19 data, please visit this link: <https://chcc.datadriven.health/ui/99/dashboard/cbae2e2-4f75-11eb-b380-0242ac1d004a>

#### Covid-19 Cases Reported, January 01, 2023 - September 30, 2023



#### Covid-19 Diagnoses Source, January 01, 2023 - September 30, 2023



\*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 39

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> 10(437)</li><li>• <b>Average:</b> 11(per week)</li><li>• <b>Infections present and/or treated during pregnancy:</b><ul style="list-style-type: none"><li>○ Chlamydia: 2(8)</li><li>○ Gonorrhea: 0(0)</li><li>○ Syphilis: 0(0)</li><li>○ Hepatitis B: 0(2)</li><li>○ Hepatitis C: 0(1)</li><li>○ COVID-19: 0(0)</li></ul></li><li>• <b>Substance use during pregnancy:</b><ul style="list-style-type: none"><li>○ Cigarette smoking: 1(11)</li><li>○ Betelnut chewing: 2(40)</li><li>○ Betelnut chewing + tobacco: 2(33)</li><li>○ Alcohol use: 1(13)</li><li>○ Drug use: 1(13)</li></ul></li><li>• <b>Maternal risk factors in pregnancy:</b><ul style="list-style-type: none"><li>○ Pre-pregnancy DM: 1(14)</li><li>○ Gestational DM: 0(50)</li><li>○ Pre-pregnancy HTN: 1(16)</li><li>○ Gestational HTN: 0(24)</li></ul></li><li>• <b>Infant risk factors (Low survival births)</b><ul style="list-style-type: none"><li>○ Birth weight &lt; 1500 grams: 0(6)</li><li>○ Birth weight &lt; 2500 grams: 1(43)</li><li>○ Gestation age &lt; 37 weeks: 0(45)</li></ul></li></ul>	<ul style="list-style-type: none"><li>• <b>Number of deaths:</b> 2(173)</li><li>• <b>Average:</b> 5(per week)</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>N° of death</td><td>0(8)</td><td>0(0)</td><td>0(0)</td><td>2(165)</td></tr><tr><td>N° Vaccinated</td><td>0(2)</td><td>0(0)</td><td>0(0)</td><td>1(137)</td></tr><tr><td>% Vaccinated</td><td>25%</td><td>0%</td><td>0%</td><td>83%</td></tr></table></li><li>• <b>Mortality Surveillance:</b> 2(172)<ul style="list-style-type: none"><li>○ Non-communicable diseases: 2(139)<ul style="list-style-type: none"><li>○ Cancer related deaths 0(45)</li><li>○ Tobacco related deaths 0(19)</li></ul></li><li>○ COVID-19 related deaths: 0(2)<ul style="list-style-type: none"><li>○ COVID-19 other contributing conditions<sup>1</sup> 0(4)</li></ul></li><li>○ Fetal Deaths<sup>2</sup>: 0(4)</li><li>○ Infant Deaths: 0(6)</li><li>○ Children (aged 1 - 4 years) Deaths: 0(2)</li><li>○ Maternal Deaths: 0(0)</li><li>○ <b>Accident or Injury Related Deaths<sup>3</sup>:</b> 0(5)<ul style="list-style-type: none"><li>○ Drowning: 0(1)</li><li>○ Suicide: 0(2)</li><li>○ Traffic fatality: 0(2)</li><li>○ Drug and/or opioid overdose: 0(1)</li><li>○ Poisoning: 0(0)</li></ul></li></ul></li></ul>	Age range:	< 5	≥ 5	12-17	18 & over	N° of death	0(8)	0(0)	0(0)	2(165)	N° Vaccinated	0(2)	0(0)	0(0)	1(137)	% Vaccinated	25%	0%	0%	83%
Age range:	< 5	≥ 5	12-17	18 & over																	
N° of death	0(8)	0(0)	0(0)	2(165)																	
N° Vaccinated	0(2)	0(0)	0(0)	1(137)																	
% Vaccinated	25%	0%	0%	83%																	

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

<sup>3</sup> 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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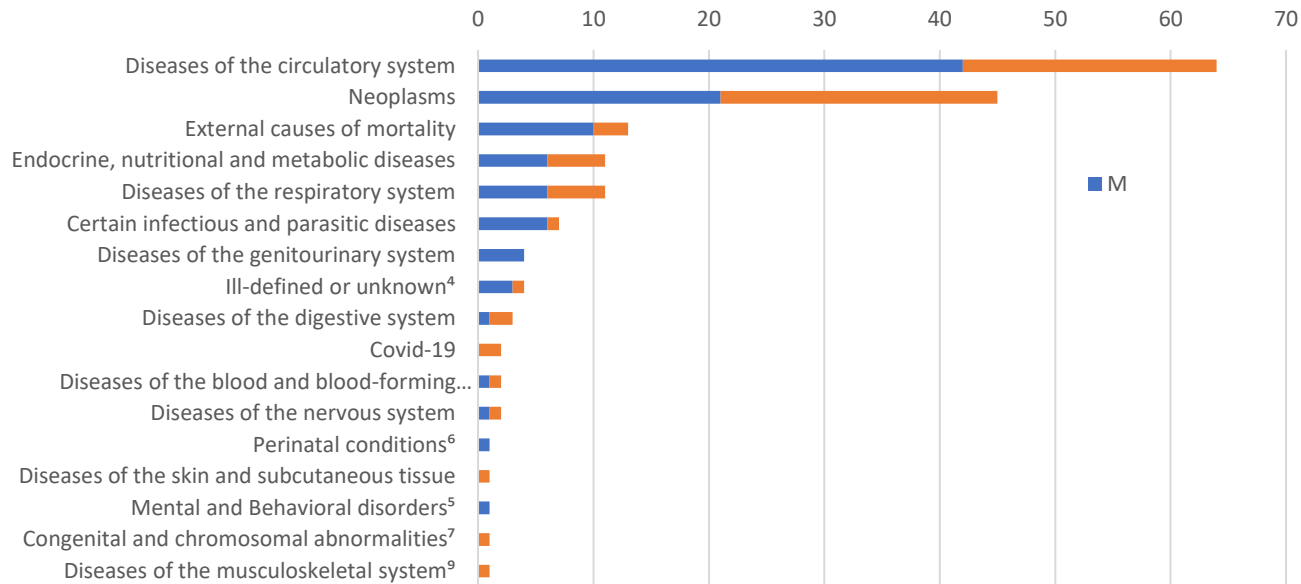


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**REPORTING PERIOD: EPI YEAR 2023 as of EPI WEEK 39**

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Disease-specific causes of death by sex, January 1 - September 30, 2023



<sup>4</sup>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified; <sup>5</sup> Mental, Behavioral and Neurodevelopmental disorders; <sup>6</sup>Certain conditions originating in the perinatal period; <sup>7</sup>Congenital malformations, deformations and chromosomal abnormalities; <sup>8</sup>Injury, poisoning and certain other consequences of external causes; <sup>9</sup>Diseases of the musculoskeletal system and connective tissue, <sup>10</sup>Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

Vital events reported, January 1 - September 30, 2023

