



EPI WEEK DATE: July 13, 2025 – July 19, 2025

**CHCC Tinian Health Center was renamed to LCVA Health Center.*

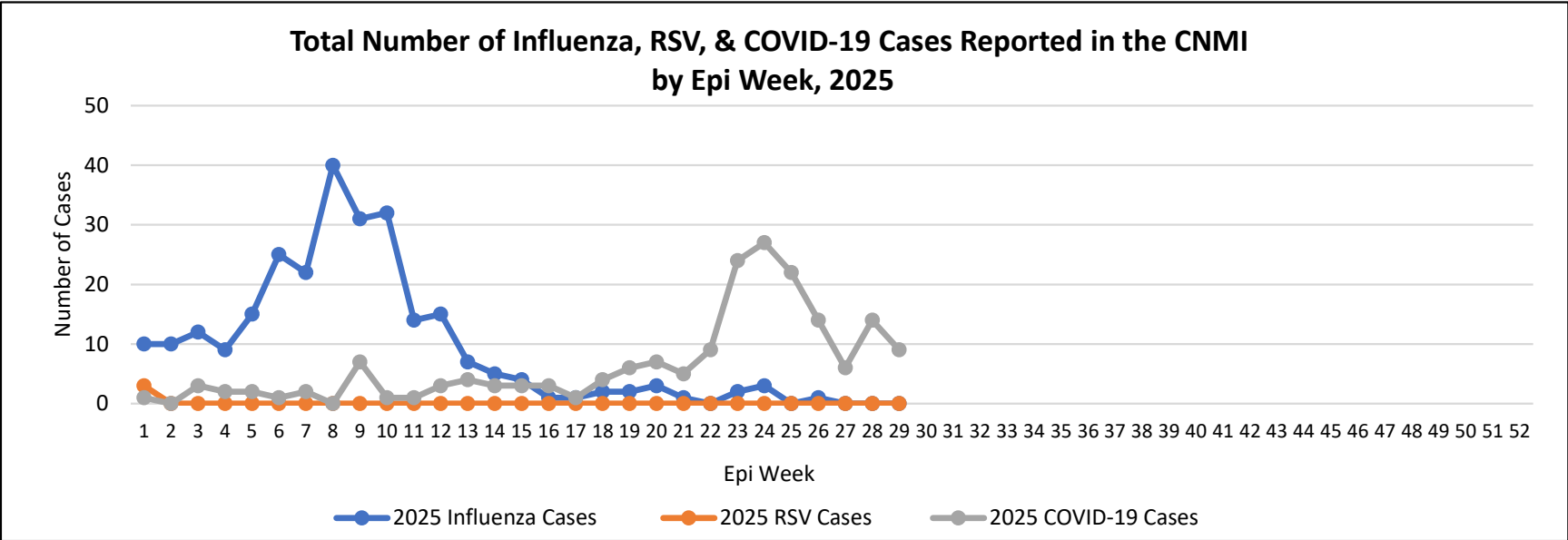
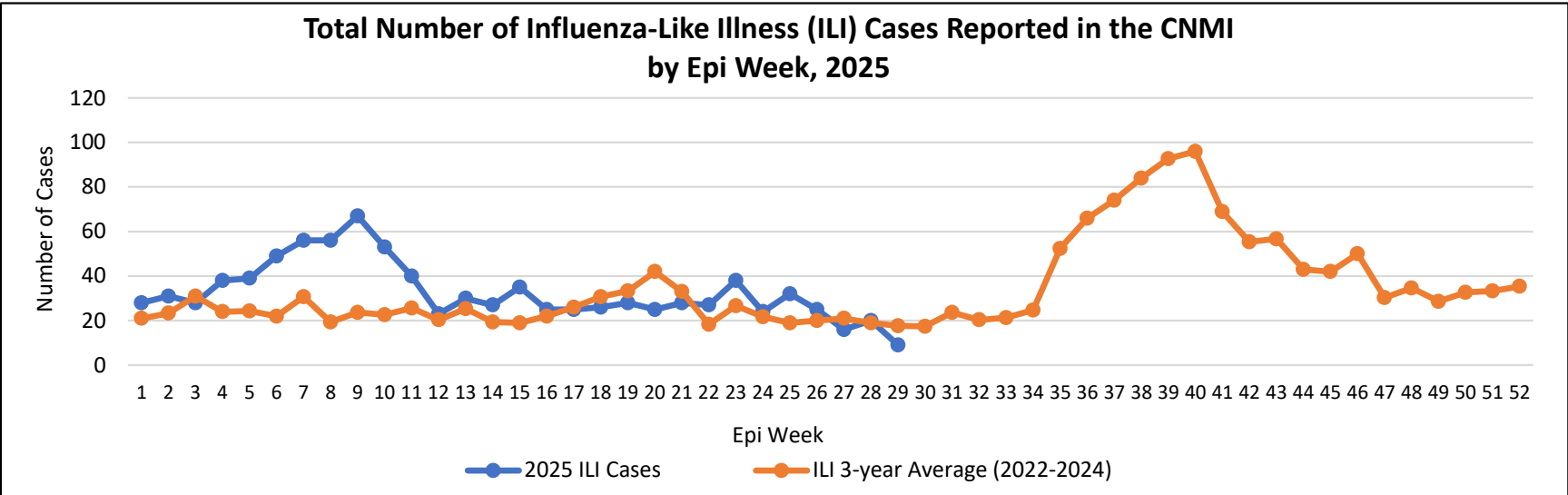
AFR: Stable from previous week

- **75% Increase in Prolonged Fever cases** were seen this Epi Week (#29) compared to the average of the previous 3 Epi Weeks (#28, 27, & 26).
- **56% Decrease in Influenza-Like-Illness cases** were seen this Epi Week (#29) compared to the average of the previous 3 Epi Weeks (#28, 27, & 26).
- **21% Decrease in COVID-19 cases** were seen this Epi Week (#29) compared to the average of the previous 3 Epi Weeks (#28, 27, 26)

| | Epi Week | | | | Percent (%) change from current week to previous 3 weeks | Antimicrobial Resistant (AMR) Infections | | |
|------------------------|----------|----|----|----|--|--|-------|-----------------|
| Syndromes | 29 | 28 | 27 | 26 | | Organism | EW 29 | 2025 YTD Totals |
| Influenza-Like Illness | 9 | 20 | 16 | 25 | -56% | MRSA | 0 | 29 |
| Diarrhea | 7 | 6 | 8 | 10 | -13% | VRE | 0 | 3 |
| Prolonged Fever | 14 | 8 | 4 | 12 | 75% | ESBL | 2 | 70 |
| Acute Fever and Rash | 0 | 0 | 1 | 0 | 0% | CRE | 0 | 0 |

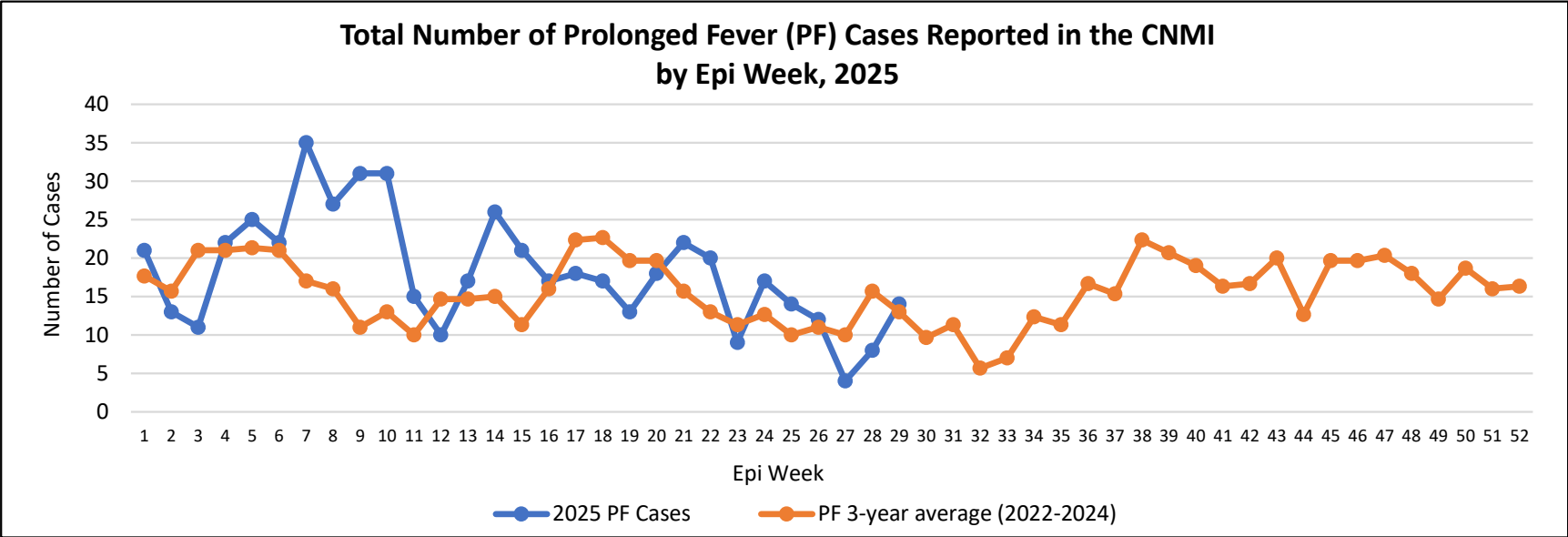
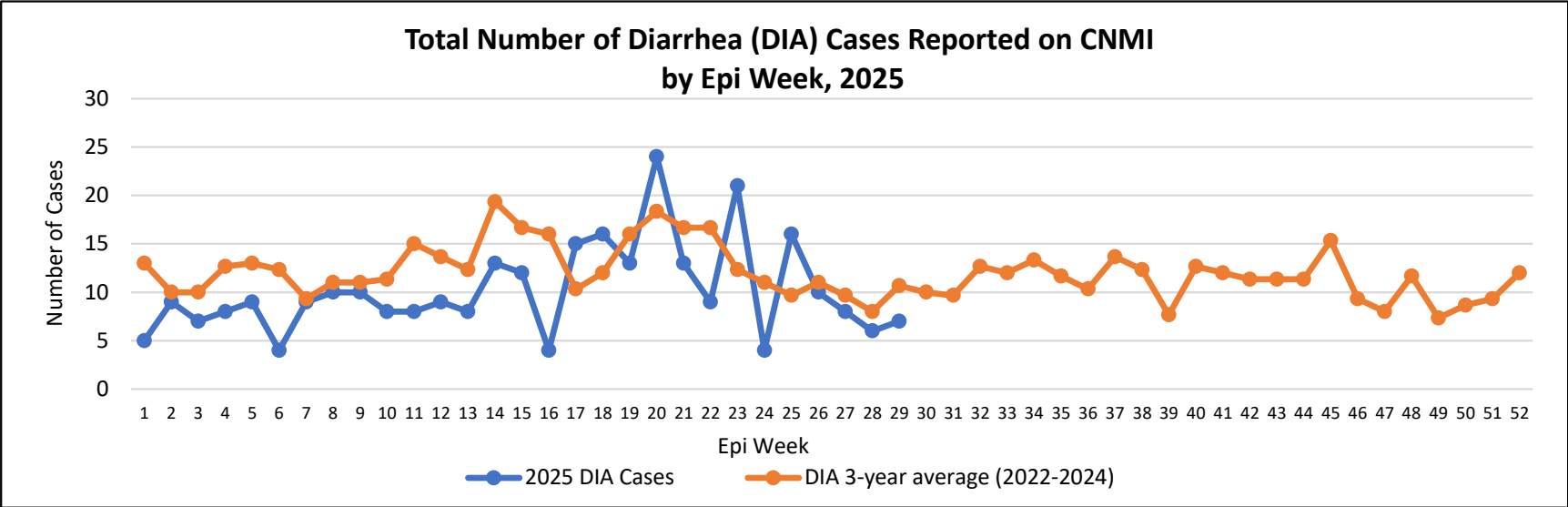
CNMI Weekly Syndromic Surveillance Trends

EPI WEEK 29 EPI WEEK DATE: July 13, 2025 – July 19, 2025



CNMI Weekly Syndromic Surveillance Trends

EPI WEEK 29 EPI WEEK DATE: July 13, 2025 – July 19, 2025



CNMI Weekly Notifiable Disease Report for Select NNDs

EPI WEEK 29

EPI WEEK DATE: July 13, 2025 – July 19, 2025

In the table below, weekly and year to date counts are displayed for Epi Week 29 and 2025, respectively. Additionally, a 3-year weekly average is calculated for the same Epi Week from the previous 3 years (2022-2024) for comparison to the current week. Incidence rates are calculated for 2024 and 2025 using the estimated population for the CNMI from the U.S. Census Bureau.

| Condition | Epi Week 29 | 2025 YTD | 3-year weekly average counts | 2025 YTD Incidence Rates* | 2024 Incidence Rates* |
|----------------------------------|-------------|----------|------------------------------|---------------------------|-----------------------|
| Enteric Diseases: | | | | | |
| Campylobacter | 1 | 11 | 1 | 21.6 | 35.2 |
| Ciguatera fish poisoning | 1 | 5 | 0 | 9.8 | 9.8 |
| Salmonella | 0 | 13 | 0 | 25.5 | 43.0 |
| Environmental: | | | | | |
| Elevated Blood Lead Levels | 0 | 0 | 0 | 0.0 | 7.8 |
| Sexually Transmitted Infections: | | | | | |
| Chlamydia | 1 | 116 | 4 | 227.7 | 418.6 |
| Gonorrhea | 1 | 15 | 0 | 29.4 | 48.9 |
| Syphilis | 0 | 3 | 0 | 5.9 | 5.9 |
| Respiratory Infections: | | | | | |
| Influenza | 0 | 267 | - | 524.1 | 831.4 |
| RSV | 0 | 3 | - | 5.9 | 142.8 |
| COVID-19 | 9 | 184 | 80 | 361.2 | 1299.0 |
| Tuberculosis: | | | | | |
| TB, Confirmed | 1 | 10 | 0 | 19.6 | 19.6 |
| TB, Under Investigation | 1 | 3 | 0 | 5.9 | 7.8 |

*Rate per 100,000; Data are preliminary and subject to change. CNMI population estimates were determined using 2024 and 2025 Census International Database (https://www.census.gov/data-tools/demo/idb/#/country?YR_ANIM=2021&COUNTRY_YR_ANIM=2021&FIPS_SINGLE=CQ)

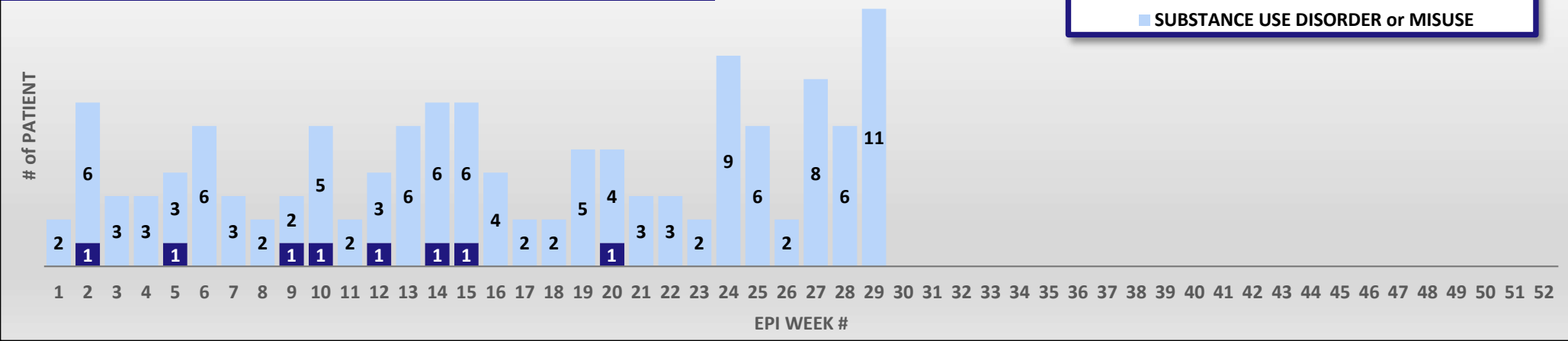
CNMI Weekly Prescription Drug Monitoring Program (PDMP) Report

EPI WEEK 29 | EPI WEEK DATE: JULY 13 – JULY 19, 2025

| WEEKLY CASE COUNTS | | | | | | | | | | | |
|--------------------|--------|----------|-----|--------|-----------|------|--------|----------------|-----|--------|-----------------|
| POLYSUBSTANCE | | OPIOID | | | STIMULANT | | | BENZODIAZEPINE | | | OTHER SUBSTANCE |
| OVERDOSE | MISUSE | OVERDOSE | ODU | MISUSE | OVERDOSE | StUD | MISUSE | OVERDOSE | BUD | MISUSE | OVERDOSE |
| 0 | 2 | 0 | 0 | 0 | 0 | 0 | 11 | 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 overdose 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.

PDMP IDENTIFIED CASES:
NUMBER OF PATIENT/ENCOUNTER FLAGGED by EPI WEEK 2025



| 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 overdose 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, SHC - Saipan Health Clinic

CNMI Weekly Health & Vital Statistics Report

REPORTING PERIOD: EPI YEAR 2025 as of EPI WEEK 29

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: 8(297)• Average: 10(per week)• Infections present and/or treated during pregnancy:<ul style="list-style-type: none">○ Chlamydia: 0(8)○ Gonorrhea: 0(1)○ Syphilis: 0(0)○ Hepatitis B: 0(1)○ Hepatitis C: 0(0)○ COVID-19: 0(0)• Substance use during pregnancy:<ul style="list-style-type: none">○ Cigarette smoking: 0(4)○ Betelnut chewing: 1(21)○ Betelnut chewing + tobacco: 1(19)○ Alcohol use: 0(1)○ Drug use: (Cannabis, Crystal meth-Ice, Opioid, Others, etc.) 0(5)○ E-Cigarette use: 0(2)<ul style="list-style-type: none">▪ 3 months before pregnancy 0(0)▪ During pregnancy 0(2)• Maternal risk factors in pregnancy:<ul style="list-style-type: none">○ Pre-pregnancy DM: 0(5)○ Gestational DM: 2(40)○ Pre-pregnancy HTN: 0(11)○ Gestational HTN: 0(22)• Infant risk factors (Low survival births)<ul style="list-style-type: none">○ Birth weight < 1500 grams: 0(1)○ Birth weight < 2500 grams: 1(23)○ Gestation age < 37 weeks: 0(29) | <ul style="list-style-type: none">• Number of deaths: 4(126)• Average: 4(per week)• Number of deaths who received COVID-19 vaccine:<table><tr><th>Age range:</th><th>< 5</th><th>≥ 5</th><th>12-17</th><th>18 & over</th></tr><tr><td>N° of death</td><td>0(5)</td><td>0(0)</td><td>0(1)</td><td>4(120)</td></tr><tr><td>N° Vaccinated</td><td>0(0)</td><td>0(0)</td><td>0(0)</td><td>2(92)</td></tr><tr><td>% Vaccinated</td><td>0%</td><td>0%</td><td>0%</td><td>76%</td></tr></table>• Mortality Surveillance: 4(126)<ul style="list-style-type: none">○ Non-communicable diseases: 2(78)<ul style="list-style-type: none">▪ Cancer related deaths 1(20)▪ Tobacco related deaths 0(14)○ COVID-19 related deaths: 0(1)<ul style="list-style-type: none">▪ COVID-19 other contributing conditions¹ 0(0)○ Fetal Deaths²: 0(5)○ Infant Deaths: 0(5)○ Children (aged 1 - 4 years) Deaths: 0(0)○ Maternal Deaths: 0(0)○ Accident or Injury Related Deaths³: 0(5)<ul style="list-style-type: none">▪ Drowning: 0(1)▪ Suicide: 0(4)▪ Homicide: 0(0)▪ Traffic fatality: 0(0)▪ Drug and/or opioid overdose: 0(1)▪ Poisoning: 0(0) | Age range: | < 5 | ≥ 5 | 12-17 | 18 & over | N° of death | 0(5) | 0(0) | 0(1) | 4(120) | N° Vaccinated | 0(0) | 0(0) | 0(0) | 2(92) | % Vaccinated | 0% | 0% | 0% | 76% |
|---|--|------------|-------|-----------|-------|-----------|-------------|------|------|------|--------|---------------|------|------|------|-------|--------------|----|----|----|-----|
| Age range: | < 5 | ≥ 5 | 12-17 | 18 & over | | | | | | | | | | | | | | | | | |
| N° of death | 0(5) | 0(0) | 0(1) | 4(120) | | | | | | | | | | | | | | | | | |
| N° Vaccinated | 0(0) | 0(0) | 0(0) | 2(92) | | | | | | | | | | | | | | | | | |
| % Vaccinated | 0% | 0% | 0% | 76% | | | | | | | | | | | | | | | | | |

¹ Other significant condition contributing to death but NOT resulting in the underlying cause.² Fetal deaths = Fetus weighed ≥ 350 grams, or fetal demise > 20 weeks of completed gestation.
³ Accident or Injury related deaths = Manner of death beyond Natural Causes: accidental deaths (traffic and drowning), suicide, drug overdose, and poisoning.
Data source: Electronic Vital Registration System (EVRS)



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands

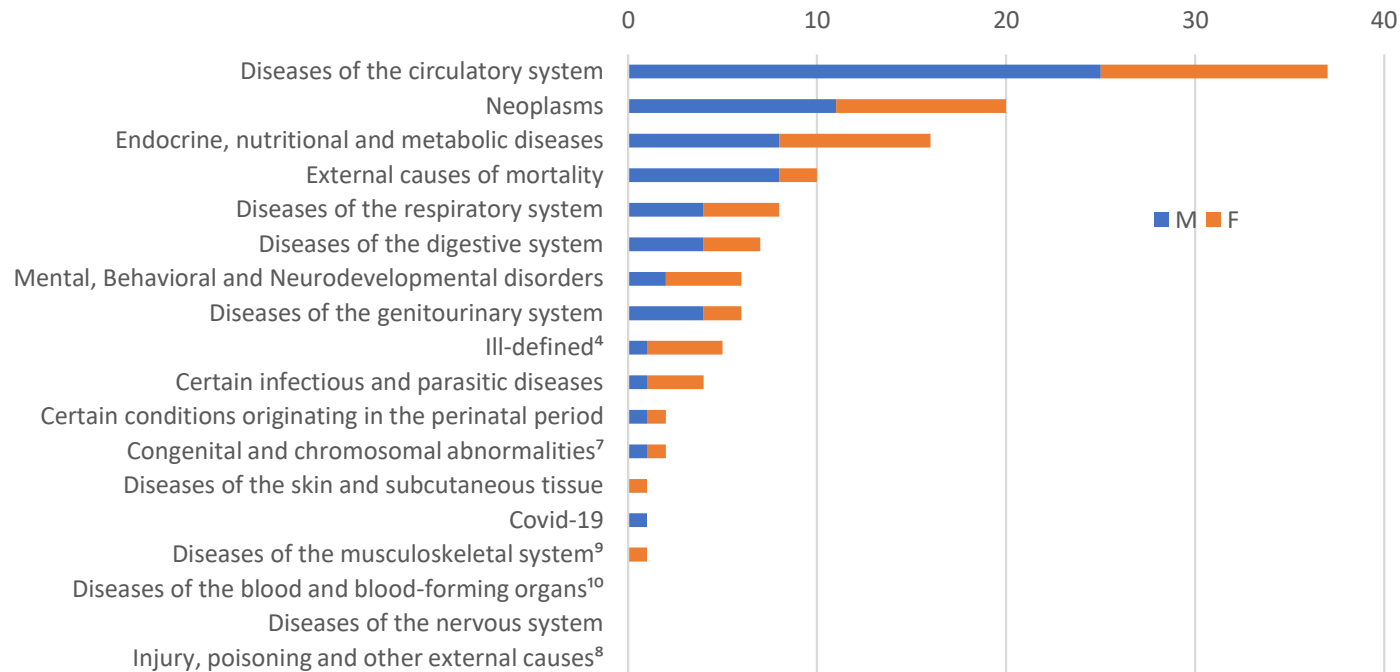


CNMI Weekly Health & Vital Statistics Report

REPORTING PERIOD: EPI YEAR 2025 as of EPI WEEK 29

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Disease-specific causes of death by sex, December 29, 2024 - July 19, 2025



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

Vital events reported, December 29, 2024 - July 19, 2025

