





CNMI Weekly Syndromic Surveillance Report

EPI WEEK DATE: September 28, 2025 – October 04, 2025

Clinic	Influenza-Like-Illness (ILI)		Diarrhea (DIA)		Prolonged Fever (PF)		Acute Fever and Rash (AFR)		Total Encounters	
Cinic	Last week	Current week	Last week	Current week	Last week	Current week	Last week	Current week	Last week	Current week
CHCC Family Care Clinic	6	1	1	0	1	1	0	0	456	334
CHCC Women's Clinic	0	0	0	0	0	0	0	0	117	128
CHCC Children's Clinic	1	1	0	0	0	1	0	0	188	172
CHCC Emergency Room	26	34	5	10	10	11	0	1	379	420
Saipan Health Clinic	1	0	0	0	0	0	0	0	89	77
Marianas Health Services	0	0	0	0	0	0	0	0	194	172
Kagman Isla Community Health	1	0	0	0	0	0	0	0	109	101
Southern Isla Community Health	0	5	0	0	0	0	0	0	116	128
Tinian Isla Community Health	1	0	0	0	0	0	0	0	40	54
CHCC Lucia "Chiang" Villagomez Arizapa Health Center*	1	1	1	0	0	2	0	0	92	86
CHCC Rota Health Center	7	4	0	0	2	4	0	0	101	81
*CHCC Tinian Health Center was renamed to LCVA Health Center.	44	46	7	10	13	19	0	1	1881	1753

ALERTS AND TRENDS

ILI: Stable from previous week



DIA: Increased from previous week



PF: **Increased** from previous week



AFR: Stable from previous week

KEY TAKEAWAYS

- > 17% Increase in Influenza Like Illness cases were seen this Epi Week (#40) compared to the average of the previous 3 Epi Weeks (#39, 38, 37).
- > 11% Increase in Diarrhea cases were seen this Epi Week (#40) compared to the average of the previous 3 Epi Weeks (#39, 38, 37).
- > 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).

24 Influenza cases:

❖ 23 Flu A, 1 Flu A H1-2009

		4, 1 Flu A 111-2009						
Epi Week				Percent (%) change from	Antimicrobial Resistant (AMR) Infections			
Syndromes	40	39	38	37	current week to previous 3 weeks	Organism	EW 40	2025 YTD Totals
Influenza-Like Illness	46	44	41	33	17%	MRSA	3	44
Diarrhea	10	7	9	11	11%	VRE	0	3
Prolonged Fever	19	13	21	11	14%	ESBL	3	101
Acute Fever and Rash	1	0	0	0	0%	CRE	0	0

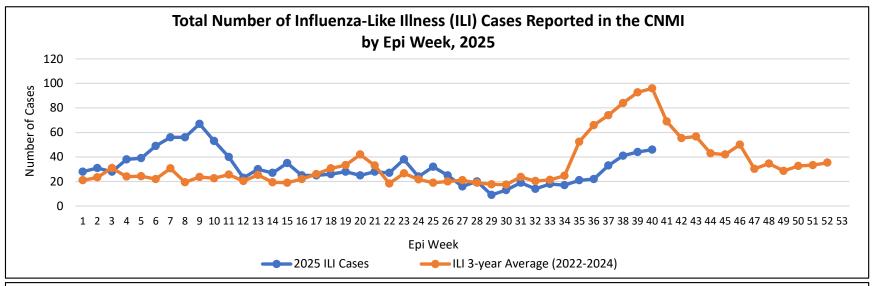


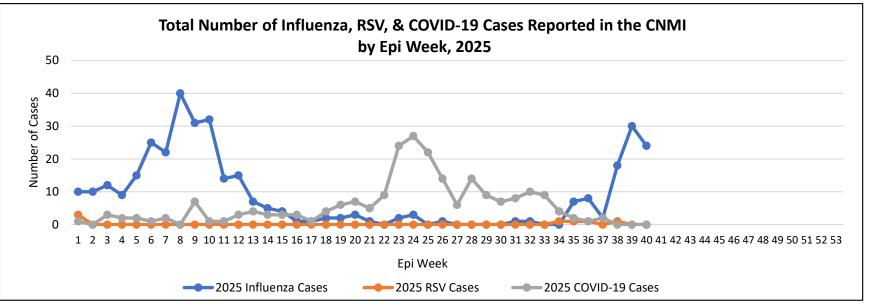


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CNMI Weekly Syndromic Surveillance Trends

EPI WEEK 40 EPI WEEK DATE: September 28, 2025 – October 04, 2025





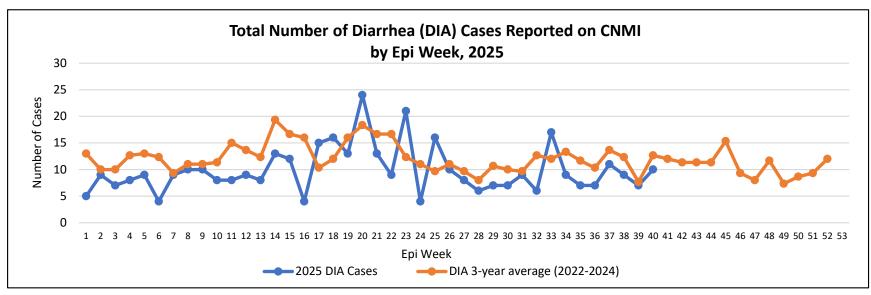


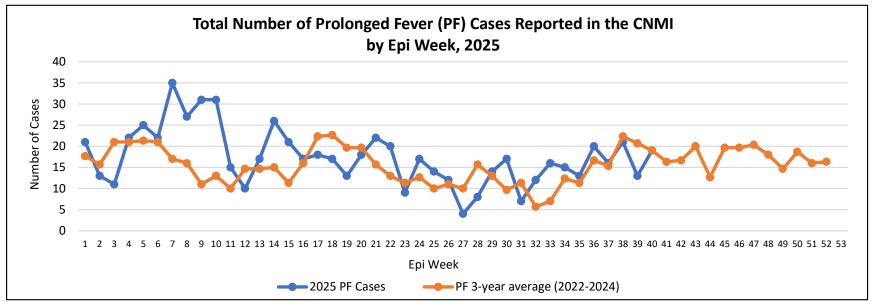


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CNMI Weekly Syndromic Surveillance Trends

EPI WEEK 40 EPI WEEK DATE: September 28, 2025 – October 04, 2025









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CNMI Weekly Notifiable Disease Report for Select NNDs

EPI WEEK DATE: September 28, 2025 – October 04, 2025

In the table below, weekly and year to date counts are displayed for Epi Week 40 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 40	2025 YTD	3-year weekly average counts	2025 YTD Incidence Rates*	2024 Incidence Rates*
Enteric Diseases:					
Campylobacter	1	14	1	27.5	35.2
Ciguatera fish poisoning	0	6	0	11.8	9.8
Salmonella	1	18	1	35.3	43.0
Environmental:					
Elevated Blood Lead Levels	0	1	0	2.0	7.8
Sexually Transmitted Infections:					
Chlamydia	0	149	4	292.5	418.6
Gonorrhea	0	16	0	31.4	48.9
Syphilis	3	10	0	19.6	5.9
Respiratory Infections:					
Influenza	24	358	-	702.7	831.4
RSV	0	7	-	13.7	142.8
COVID-19	0	227	5	445.6	1299.0
Tuberculosis:					
TB, Confirmed	0	14	14	27.5	19.6
TB, Under Investigation	1	2	2	3.9	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)



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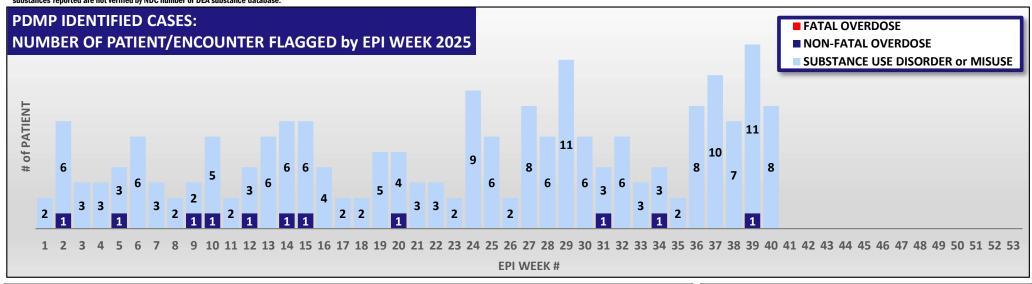


CNMI Weekly Prescription Drug Monitoring Program (PDMP) Report

EPI WEEK 40 | EPI WEEK DATE: SEPTEMBER 28 - OCTOBER 04, 2025

WEEKLY CASE COUNTS											
POLYSUE	BSTANCE		OPIOID		STIMULANT			BI	OTHER SUBSTANCE		
OVERDOSE	MISUSE	OVERDOSE	OUD	MISUSE	OVERDOSE	StUD	MISUSE	OVERDOSE	BUD	MISUSE	OVERDOSE
0	3	0	0	1	0	0	7	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.



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.				
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 amou 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				
STIMULANT USE DISORDER	thorough evaluation, which may include obtaining the results of urine drug testing and prescription drug monitoring program (PDMP) reports, when				
BENZODIAZEPINE USE DISORDER	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.				
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 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.

• 1	Number of births: 15(408)		•	Number of deaths	s:	9 <u>(1</u>	.75 <u>)</u>	
• /	Average: 10(per week)	•	Average:					
• 1	nfections present and/or treated durin	•	Number of deaths who received COVID-19 vaccine:					
1	oregnancy:							
	Chlamydia:	0 (10)		Age range:	< 5	≥ 5	12-17	18 & over
	o Gonorrhea:	0(1)		N∘ of death	1 (7)	O (0)	0(1)	8 (167)
	o Syphilis:	0(1)		N∘ Vaccinated	0 (0)	O (0)	O (0)	5 (119)
	Hepatitis B:	0(1)		% Vaccinated	0%	0%	0%	72%
	Hepatitis C:	0(1)						
	o COVID-19:	O (0)	•	Mortality Surveilla	ance:			9 <u>(174)</u>
• 9	Substance use during pregnancy:			O Non-communicat	ole disea	ses:		6(111)
	O Cigarette smoking:		Cancer rela		1 (26)			
	 Betelnut chewing: 	2 (31)		Tobacco re	1 (19)			
	Betelnut chewing + tobacco:		o COVID-19 related	0(1)				
	o Alcohol use:	 COVID-19 other contributing conditions¹ 					0 (0)	
	 Drug use: (Cannabis, Crystal meth- 0(8) 							
	Ice, Opioid, Others, etc.)			o Fetal Deaths ² :				0 (5)
	E-Cigarette use:	O (3)						
	3 months before pregnancy	O (0)		O Infant Deaths:				1 (7)
	During pregnancy	O (3)		o Children (aged 1	- 4 years) Deaths	:	O (O)
• 1	Maternal risk factors in pregnancy:			o Maternal Deaths:		•		0 (0)
	Pre-pregnancy DM:	1 (8)					2	
	Gestational DM:	3 (53)		• Accident or Injur	-	d Deaths	3:	1(11)
	Pre-pregnancy HTN:	2 (17)		Drowning:				0(2)
	o Gestational HTN:	1 (38)		■ Suicide:				1 (6)
• 1	nfant risk factors (Low survival births)	. (.)		Homicide:				0(1)
	o Birth weight < 1500 grams:	1 (4)		Traffic fata	ality:			0 (2)
	o Birth weight < 2500 grams:	0 (31)		Drug and/	or opioid	d overdo:	se:	0(4)
	Gestation age < 37 weeks:	1 (44)		Poisoning:				0 (0)

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.

Data source: Electronic Vital Registration System (EVRS)

³ Accident or Injury related deaths = Manner of death beyond Natural Causes: accidental deaths (traffic and drowning), suicide, drug overdose, and poisoning.



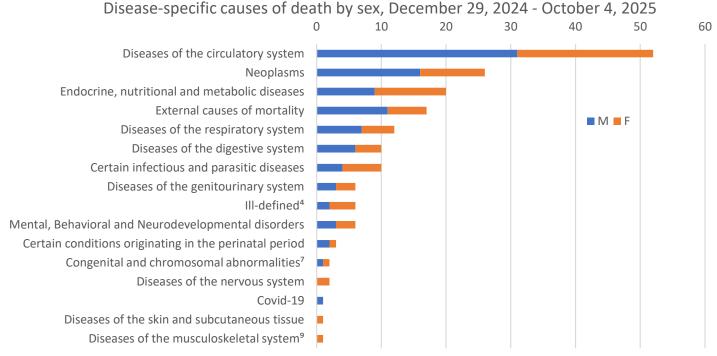




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⁴Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified; ⁵ Mental, Behavioral and Neurodevelopmental disorders; ⁶Certain conditions originating in the perinatal period; ⁷Congenital malformations, deformations and chromosomal 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

