Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands

CNMI Weekly Syndromic Surveillance Report

EPI WEEK 41 **EPI WEEK DATE:** October 11, 2026 – October 17, 2026

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	5	**1**	3	**1**	0	**2**	0	**0**	412	333
CHCC Women's Clinic	0	**0**	0	**0**	0	**0**	0	**0**	99	122
CHCC Children's Clinic	1	**2**	2	**0**	1	**3**	0	**0**	127	91
CHCC Emergency Room	15	**21**	7	**11**	15	**8**	0	**3**	419	431
Saipan Health Clinic	-	**-**	-	**-**	-	**-**	-	**-**	-	-
Marianas Health Services	0	**0**	0	**0**	0	**0**	0	**0**	186	192
Medical Associates of the Pacific	0	**-**	0	**-**	0	**-**	0	**-**	76	-
Kagman Isla Community Health	0	**0**	0	**0**	0	**0**	0	**0**	49	40
Southern Isla Community Health	0	**0**	0	**0**	0	**0**	0	**0**	132	75
Tinian Isla Community Health	0	**0**	0	**0**	0	**0**	0	**0**	0	26
CHCC Lucia "Chiang" Villagomez Arizapa Health Center	11	**1**	1	**0**	5	**2**	0	**0**	124	88
CHCC Rota Health Center	1	**0**	2	**1**	0	**1**	0	**0**	103	83
	33	**25**	15	**13**	21	**16**	0	**3**	1727	**1487**

ALERTS AND TRENDS

- **ILI: Decrease** from previous week
- **DIA: Stable** from previous week
- **PF: Decrease** from previous week
- **AFR: Stable** from previous week

KEY TAKEAWAYS

- A **20% Increase** in **Prolonged Fever cases** was seen this Epi Week (#41) compared with the average of the previous three Epi weeks.
- A **19% Decrease** in **Influenza-Like Illness cases** was seen this Epi Week (#41) compared with the average of the previous three Epi weeks.
- A **11% Decrease** in **Diarrhea cases** was seen this Epi week (#41) compared with the average of the previous three Epi weeks.
- **2 Ciguatera Fish Poisoning, 1 Suspected Varicella, 1 Norovirus** were identified this Epi Week (#41).
- **14 Influenza cases: 13 Flu A & 1 Flu A H1-2009.**

	Epi Week				Percent (%) change from current week to previous 3 weeks
Syndromes	**41**	**40**	**39**	**38**	
Influenza-Like Illness	25	33	33	27	-19%
Diarrhea	13	15	14	15	-11%
Prolonged Fever	16	21	12	7	20%
Acute Fever and Rash	3	0	0	2	**Unstable due to low counts*

Antimicrobial Resistant (AMR) Infections		
Organism	**EW 41**	**2026 YTD Totals**
MRSA	2	56
VRE	0	1
ESBL	0	97
CRE	0	1

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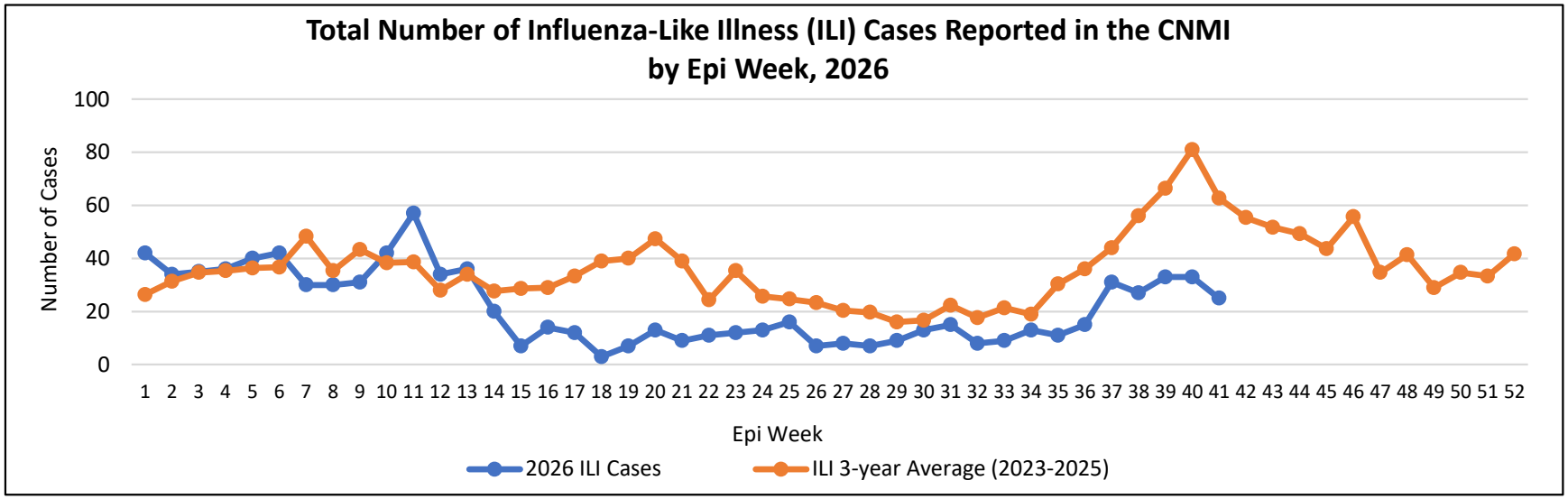
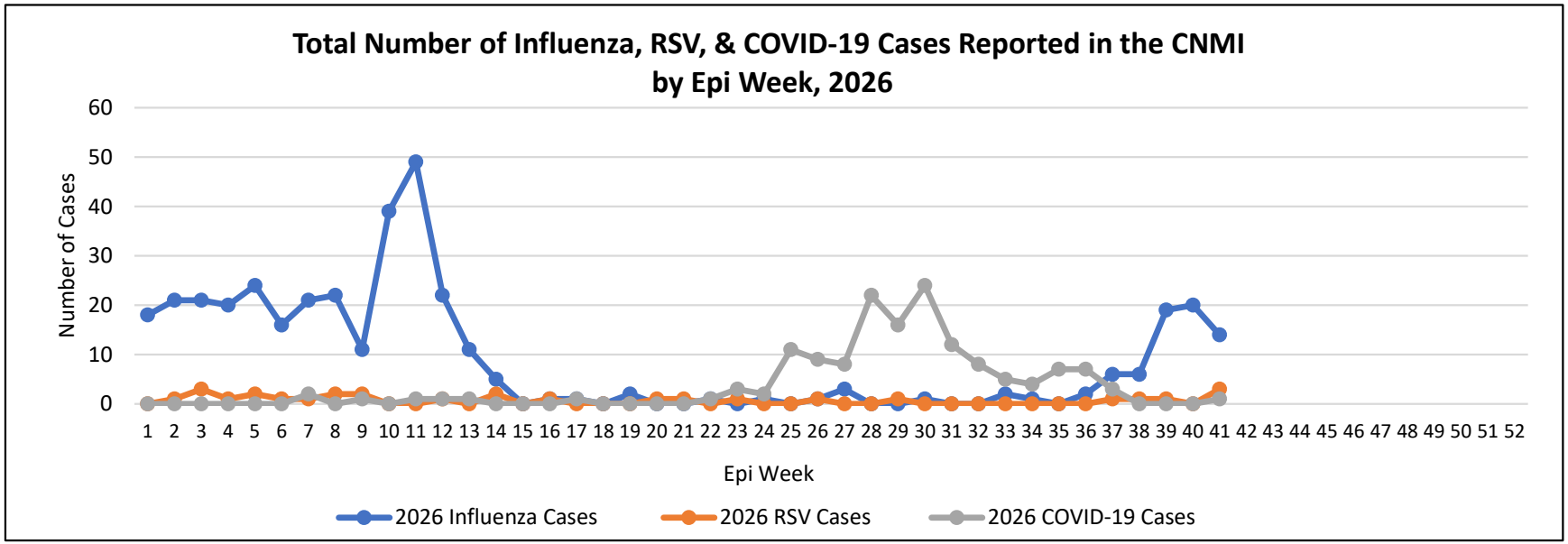
CNMI Weekly Syndromic Surveillance Trends

EPI WEEK 41 **EPI WEEK DATE:** October 11, 2026 – October 17, 2026





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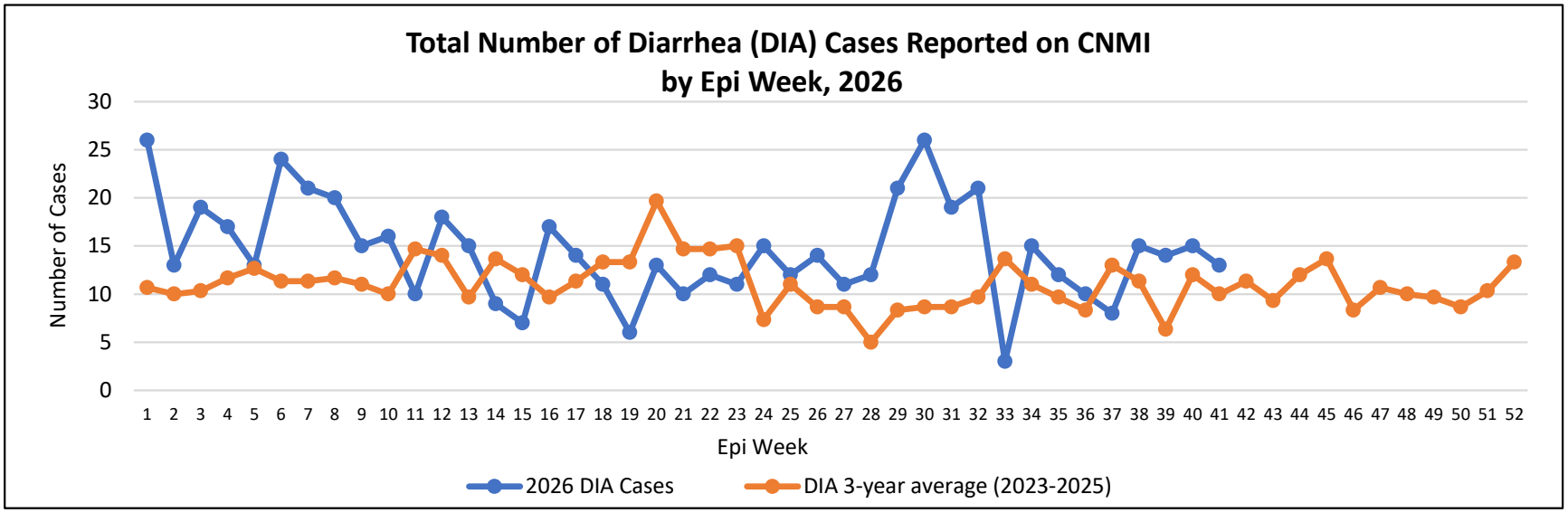

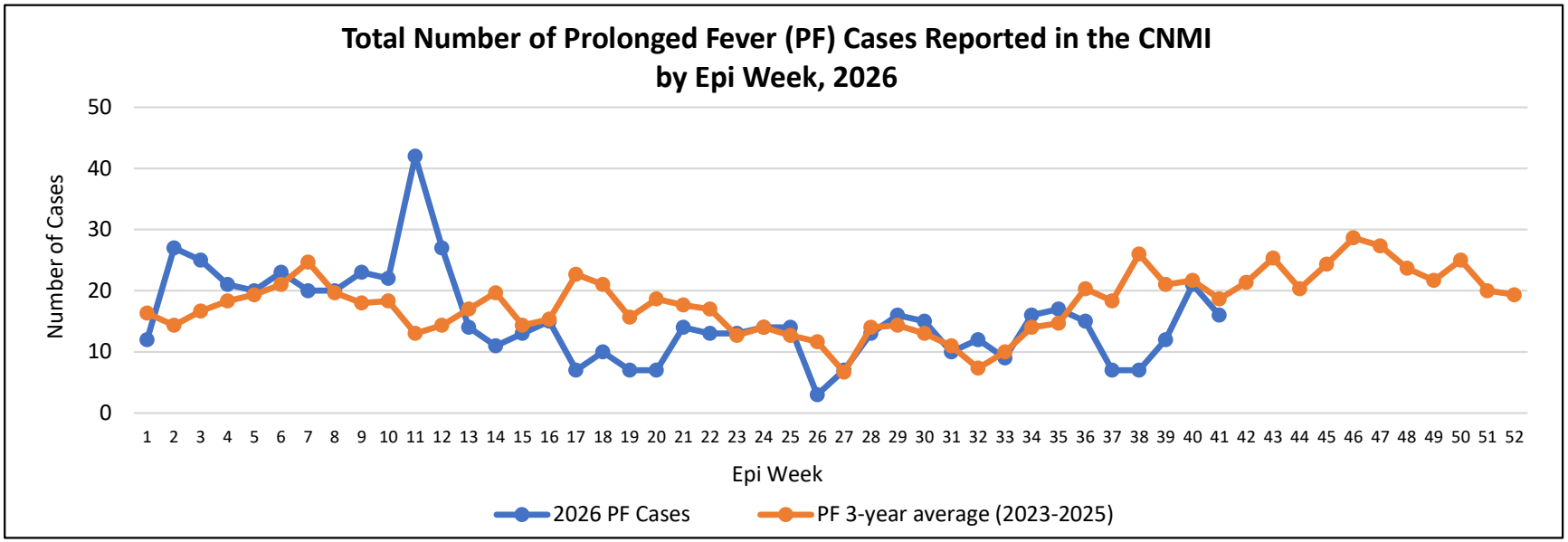

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CNMI Weekly Notifiable Disease Report for Select NNDs

EPI WEEK 41 **EPI WEEK DATE:** October 11, 2026 – October 17, 2026

In the table below, weekly and year to date counts are displayed for Epi Week 41 and 2026, respectively. Additionally, a 3-year weekly average is calculated for the same Epi Week from the previous 3 years (2023-2025) for comparison to the current week. Incidence rates are calculated for 2025 and 2026 using the estimated population for the CNMI from the U.S. Census Bureau.

Condition	Epi Week 41	2026 YTD	3-year weekly average counts	2026 YTD Incidence Rates*	2025 Incidence Rates*
Enteric Diseases:					
Campylobacter	0	32	1	63.0	37.3
Ciguatera fish poisoning	2	7	0	13.8	13.7
Salmonella	0	21	2	41.4	58.9
Environmental:					
Elevated Blood Lead Levels	0	1	0	2.0	2.0
Sexually Transmitted Infections:					
Chlamydia	3	131	5	258.0	371.0
Gonorrhea	1	11	0	21.7	35.3
Syphilis	2	16	1	31.5	33.4
Respiratory Infections:					
Influenza	14	383	-	754.2	1270.0
RSV	3	28	-	55.1	45.1
COVID-19	1	150	4	295.4	447.5
Tuberculosis:					
TB, Confirmed	0	12	0	23.6	35.3
TB, Under Investigation	0	6	0	11.8	5.9

*Rate per 100,000; Data are preliminary and subject to change. CNMI population estimates were determined using 2025 and 2026 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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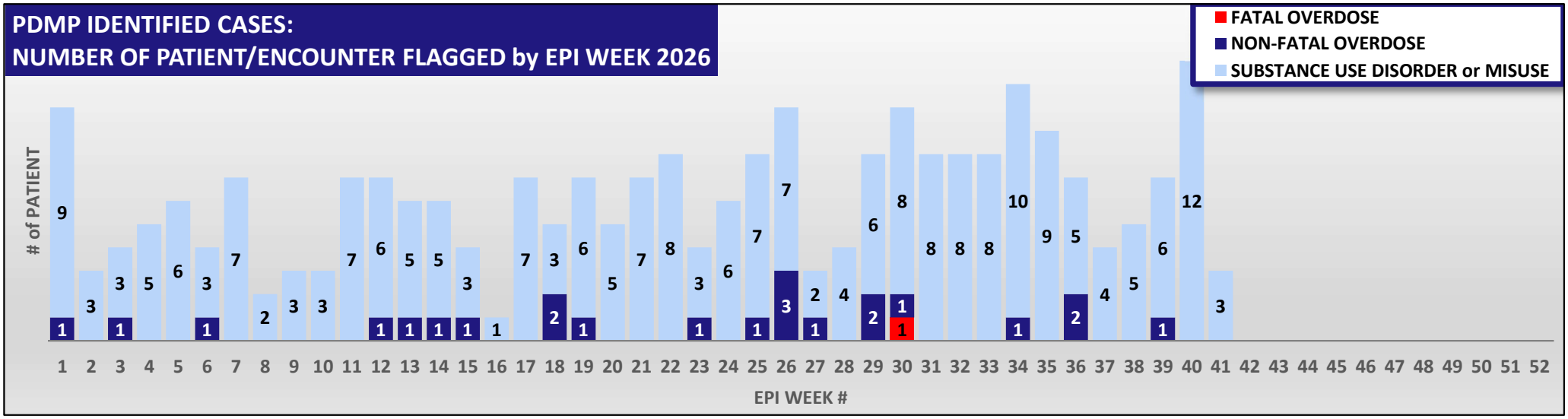
CNMI Weekly Prescription Drug Monitoring Program (PDMP) Report

EPI WEEK 41| EPI WEEK DATE: OCTOBER 11, 2026 – OCTOBER 17, 2026

WEEKLY CASE COUNTS

POLYSUBSTANCE		OPIOID		STIMULANT		BENZODIAZEPINE		OTHER SUBSTANCE
OVERDOSE	MISUSE	OVERDOSE	MISUSE	OVERDOSE	MISUSE	OVERDOSE	MISUSE	OVERDOSE
0	1	0	0	0	3	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. Substance use disorder counts are reflected in the misuse counts within the table.



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 STIMULANT USE DISORDER BENZODIAZEPINE 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.
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,
CC - Children's Clinic, FCC - Family Care Clinic, WC - Women's Clinic,
LCVA HC- Lucia Chiang Villagomez Arizapa Health Center,
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

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CNMI Weekly Health & Vital Statistics Report

REPORTING PERIOD: EPI YEAR 2026 as of EPI WEEK 41

This preliminary report on births and deaths provides statistics derived from daily birth and death registrations processed at the Health and Vital Statistics Office.

- **Number of births:** **15**(444)
- **Average:** **11**(per week)
- **Infections present and/or treated during pregnancy:**
  - Chlamydia: **0**(21)
  - Gonorrhea: **0**(0)
  - Syphilis: **0**(3)
  - Hepatitis B: **0**(3)
  - Hepatitis C: **0**(0)
  - COVID-19: **0**(0)
- **Substance use during pregnancy**:
  - Cigarette smoking: **0**(6)
  - Betelnut chewing: **3**(37)
  - Betelnut chewing + tobacco: **2**(32)
  - Alcohol use: **0**(1)
  - Drug use: (Cannabis, Crystal meth-Ice, Opioid, Others, etc.) **2**(5)
  - E-Cigarette use: **0**(1)
    - 3 months before pregnancy **0**(0)
    - During pregnancy **0**(1)
- **Maternal risk factors in pregnancy:**
  - Pre-pregnancy DM: **1**(11)
  - Gestational DM: **2**(60)
  - Pre-pregnancy HTN: **2**(13)
  - Gestational HTN: **0**(35)
- **Infant risk factors (Low survival births)**
  - Birth weight < 1500 grams: **1**(4)
  - Birth weight < 2500 grams: **2**(37)
  - Gestation age < 37 weeks: **2**(37)

- **Number of deaths:** **4**(234)
- **Average:** **6**(per week)
- **Number of deaths who received COVID-19 and Flu vaccine:**

Age range:	**< 5**	**≥ 5**	**12-17**	**18 & over**
N◦ of death	**0**(5)	**0**(0)	**0**(1)	**4**(228)
% COVID-19	**0%**	**0%**	**0%**	**74%**
% Flu Vaccine	**0%**	**0%**	**0%**	**0%**

Note: Received flu vaccine within ≤ 14 days before time of death.

- **Mortality Surveillance:** 4(234)
  - Non-communicable diseases: 4(160)
    - *Cancer related deaths* ***0****(46)*
    - *Tobacco related deaths* ***1****(24)*
  - Viral Respiratory Illnesses: **0**(3)
    - *Acute upper respiratory infections* ***0****(0)*
    - *Influenza and pneumonia* ***1****(3)*
    - *Other acute lower respiratory infections* ***0****(0)*
    - *COVID-19 or other contributing conditions*[1] ***0****(1)*
  - Fetal Deaths[2]: **0**(3)
  - Infant Deaths: **0**(5)
  - Children (aged 1 - 4 years) Deaths: **0**(0)
  - Maternal Deaths: **0**(0)
  - Accident or Injury Related Deaths[3]: **0**(14)
    - Drowning: **0**(2)
    - Suicide: **0**(3)
    - Assault: **0**(1)
    - Traffic fatality: **0**(5)
    - Substance Use: **0**(10)
    - 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.
[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)

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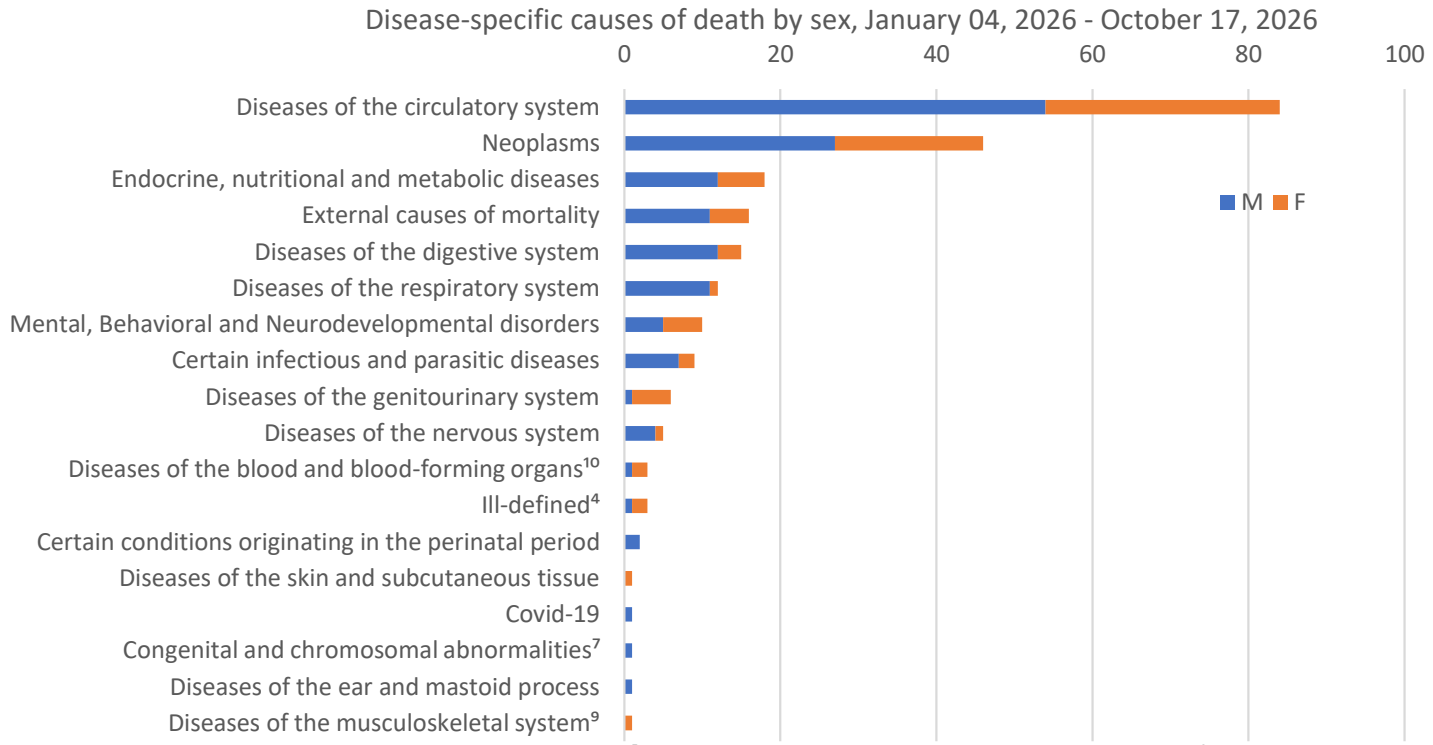
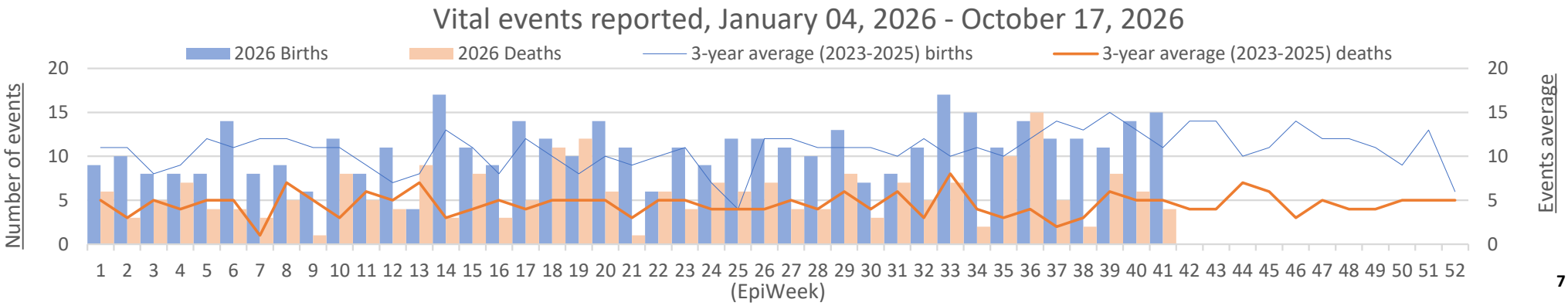
[4]Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified; [5] Mental, Behavioral and Neurodevelopmental disorders; [6]Certain conditions originating in the perinatal period; [7]Congenital malformations, deformations and chromosomal abnormalities; [8]Injury, poisoning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