THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D C 20301-1200

HEALTH AFFAIRS

OCT 29 2003

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR, JOINT STAFF

SUBJECT: Department of Defense Influenza and Viral Respiratory Surveillance Guidance for the 2003-2004 Influenza Season

The attached Department of Defense (DoD) Influenza and Viral Respiratory Surveillance Guidance provides instructions to military treatment facilities (MTF) on viral respiratory activities for the 2003-2004 influenza season. This is an important force health protection program, with participation from across the Services with worldwide sentinel locations, including in-theater sites.

Influenza kills on average 36,000 people each year in the United States, and is responsible for over 100,000 people requiring hospitalization for pneumonias. The emergence of Severe Acute Respiratory Syndrome coronavirus in 2003 highlights the need for continued vigilance in our viral respiratory pathogen surveillance. Intensive surveillance efforts ensure early identification of outbreaks and identify the circulating virus.

New to this year's viral respiratory surveillance are in-theater sentinel sites and active surveillance of hospitalized cases of acute non-bacterial pneumonias. The U.S. Air Force is the executive agent for laboratory-based influenza surveillance. MTF commanders should ensure participation and compliance with the DoD Influenza and Viral Respiratory Surveillance Program guidance. My point of contact at Health Affairs is LTC Phillips, (703) 575-2669.

William Winkenwerder, Jr., MD

Attachment:
As stated

cc:
Assistant Secretary of Defense (Reserve Affairs)
Joint Staff (J-4 (HSSD))
Surgeon General, Army
Surgeon General, Navy
Surgeon General, Air Force
Director of Health and Safety, US Coast Guard
Director, TRICARE Management Activity

HA POLICY: 03-020

DoD Influenza and Viral Respiratory Surveillance Guidance for the 2003-2004 Influenza Season

The U S. Air Force is the executive agent for influenza surveillance. The Air Force Institute for Operational Health (AFIOH) provides the laboratory and epidemiology support for one part of this effort, the worldwide sentinel surveillance Sentinel sites are chosen on the basis of location, mission, and training status. In addition to laboratory-based data, AFIOH will analyze data from the Department of Defense (DoD) Global Emerging Infection Surveillance System, Electronic System for the Early Notification of Community-based Epidemics (ESSENCE) for influenza-like illnesses, and DoD hospitalization data for influenza and influenza-related hospitalizations, and include these in their weekly reports. The Epidemiology Branch of AFIOH updates the influenza surveillance statistics including the ESSENCE surveillance twice weekly during the season on their website

The Naval Health Research Center (NHRC) Respiratory Disease Laboratory performs the second part of influenza surveillance population-based influenza-like illness surveillance. This surveillance is conducted at eight recruit training facilities within the Navy, Marines, Army, and Coast Guard. On-site staff counts individuals meeting the case definition, and a selection sampled for diagnostic work-up. The total susceptible population is also recorded at each site. *Rates* of infection, as cases per 100 recruits per week, are thereby tracked in this important population In this highly vaccinated group, increasing rates of influenza can be an early indication of vaccine failures against the circulating strain. Other population-based influenza surveillance performed by NHRC includes a selection of Naval ships and critical deployments. The staff at NHRC updates information on population (recruit) based surveillance on their website (http.// http://www nhrc.navy.mil/geis/studies).

a *Case definition of Influenza-like Illness (ILI)*: Case definition includes patients with fever (> or equal to 100.5 °Fahrenheit/38 °Centigrade, oral or equivalent), and cough or sore throat (of < 72 hours duration) Operating Room patients with clinical radiographic evidence of acute non-bacterial pneumonia. Nasopharyngeal or oropharyngeal swabs should be taken from patients fitting the case definition and meeting the early illness requirement (< 72 hours). The population to be sampled includes all beneficiaries: active duty, retirees, and dependents. Sampling earlier in the course of illness is desirable, since the amount of virus declines rapidly.

b *Acute non-bacterial pneumonias* and acute pneumonias of uncertain etiology that *require* hospitalization should have a *nasopharyngeal* swab taken either in conjunction with or in place of an oropharyngeal swab. *These specimens should be labeled as coming from patients that have a viral pneumonia requiring hospitalization*

c *Sentinel bases* are encouraged to institute an active influenza surveillance program in which the influenza incidence rate is determined and tracked over time.

d. *Worldwide sentinel bases are*: Al Udeid AB UAE, Andersen AB GU, Andrews AFB MD, Aviano AB IT, NS Bremerton WA, Elmendorf AFB AK, Hickam AFB HI (in coord with NEPMU-6), Incirlik AB TU, Kadena AB JA, CGS Ketchikan AK, Kunsan AB SKO, Lakenheath RAFB UK, Little Creek NAB VA, Manas AB KG, Maxwell AFB AL, McGuire AFB NJ, Misawa AB JA, Osan AB SKO, Pearl Harbor NH HI, Ramstein AB GE. Shepard AFB TX,

NMC San Diego CA, Travis AFB CA, Tripler AMC HI, USAF Academy CO, NS Yokosuka JA, and Yokota AB JA. Specimen submission requirements: weekly, each sentinel site will submit at least 6 throat or nasopharyngeal swabs to 311 HSW/AFIOH/SDE AFIOH/SDEM, 2730 Louis Bauer Drive, Bldg 930, Brooks City-Base TX 78235-5132; DSN. 240-1679 Comm: 210-536-1679 Fax: 210-536-2638) during active influenza season from October through May. Additional samples can be sent, especially during outbreaks, but not more than 20 per week without prior authorization from the surveillance laboratory. Upon request, new viral transport system media kits will be sent to sentinel base public health offices by 311HSW/AFIOH/SDE. These kits will be sent with collection information. Non-sentinel bases are also encouraged to submit specimens and may obtain sampling kits from 311HSW/AFIOH/SDE, DSN 312-240-8378/1679 Installations interested in participating as a surveillance site should contact the Air Force Institute for Operational Health (AFIOH) by email at INFLUENZA@brooks af mil for details.

e. *Population-based sentinel bases are* Lackland AFB TX, MCRD San Diego CA, NRTC Great Lakes IL, CGTC Cape May NJ, Ft Leonard Wood MO, Ft Jackson SC, Ft Benning GA, and MCRD Parris Island SC. Specimen submission requirements: Weekly, each sentinel site will obtain viral throat culture specimens from a systematic sample of cases, not to exceed 10 specimens per week Specimens are preserved at -70°C and are shipped to NHRC on dry ice every 4 weeks. In addition, sites will provide weekly numerator (# of cases) and denominator (# of total population) data to NHRC Viral transport system media kits will be sent to surveillance sites by NHRC. Additionally, NHRC is conducting similar population-based surveillance for ILI aboard several Navy ships that are deployed out of San Diego. Further information on the population-based surveillance program is available from NHRC at their website (http //www nhrc navy mil/geis) or by calling DSN 553-7522.

f. *Reporting*: Patients fitting the case definition with laboratory confirmation will be recorded as a reportable event with information entered in the respective service reportable event surveillance system (Air Force Reportable Event Surveillance System (AFRESS), Naval Disease Reporting System (NDRS), Army Reportable Medical Event System (RMES) in accordance with DoD regulations. The reporting priority for the 2003/2004 season is ROUTINE, except for acute viral or undetermined pneumonias requiring hospitalization where the reporting priority is URGENT The base-level public health/prevention activity is required to monitor weekly ILI rates and report to 311 HSW/AFIOH/RSRH (AF), any influenza-like outbreaks

g. *Influenza-like illness suspected outbreaks*: All MTFs (Chief of the Professional Staff, professional staff, laboratory officer, public health/preventive medicine officer, and infection control officer) should develop and enter on a flow-chart their process to ensure procedures for virus isolation are in place *before* the event of a potential epidemic. The process (physician order, specimen collection, virus identification, reporting) should be reviewed and briefed annually at the onset of influenza season to all health care providers. Should ILI rates exceed normal background levels for a specific time period, public health is required to report the increase to 311HSW/AFIOH/RSRH and submit specimens to 311 HSW/AFIOH/SDE. Discussion with the lab and epidemiology personnel should occur before large increases in submissions occur (>20 spec/week) Specimen kits can be obtained by calling DSN 240-8378.