In NORTHCOM during week 05\(^1,2\):

- Influenza activity was low to moderate in the majority of states.
- The percentage of outpatient visits due to ILI increased slightly, but remained below previous seasons.
- A/H1N1 and B viruses continued to predominate.
- The percentage of positive lab tests increased to 9.4% for service members and 10.5% for beneficiaries.
- Two service member and four beneficiary influenza hospitalizations (RME) were reported for week 05.

- **NHRC laboratory-confirmed influenza cases, US Military Basic Trainees: As of Week 05**

<table>
<thead>
<tr>
<th>Location</th>
<th>A/H1N1</th>
<th>A/H3N2</th>
<th>A/Unsubtyped</th>
<th>Flu B</th>
<th>Overall % Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ft Benning</td>
<td>64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ft Jackson</td>
<td></td>
<td>58</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ft Leonard Wood</td>
<td></td>
<td>51</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NRTC Great Lakes</td>
<td></td>
<td></td>
<td></td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Lackland AFB</td>
<td></td>
<td></td>
<td></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>MCRD Parris Island</td>
<td>12</td>
<td>1</td>
<td>141</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>CGTC Cape May</td>
<td>7</td>
<td>3</td>
<td>7</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>15</td>
</tr>
</tbody>
</table>

1AFHSB, 2USAFSAM, 3NHRC, 4LRMC, 5PHCR-E, 6AFRIMS, 7NMRC-A, 8USAMRU-K, 9NAMRU-3, 10NAMRU-6

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In EUCOM during week 05\textsuperscript{4,5}

- Influenza activity was minimal to low in EUCOM
- The percentage of outpatient visits due to ILI decreased to baseline and was below previous seasons.
- One beneficiary had an influenza hospitalization (RME) during week 05.
- The percentage of positive lab tests decreased for week 05 was 15.4% for service members and 3.5% for beneficiaries.

2015-2016 EUCOM Season Totals\textsuperscript{14,5}

<table>
<thead>
<tr>
<th></th>
<th>A/H1N1</th>
<th>A/H3N2</th>
<th>A/Untyped</th>
<th>Influenza B</th>
<th>AB</th>
<th>Overall % Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Members</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>4.58</td>
</tr>
<tr>
<td>Dependents</td>
<td>9</td>
<td>4</td>
<td>9</td>
<td>4</td>
<td>0</td>
<td>4.22</td>
</tr>
</tbody>
</table>

\textsuperscript{1}AFHSB, \textsuperscript{2}USAFSAM, \textsuperscript{3}NHRC, \textsuperscript{4}LRMC, \textsuperscript{5}PHCR-E, \textsuperscript{6}AFRIMS, \textsuperscript{7}NMRC-A, \textsuperscript{8}USAMRU-K, \textsuperscript{9}NAMRU-3, \textsuperscript{10}NAMRU-6

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DoD (AFHSB) Seasonal Influenza Surveillance Summary

Pacific Command -- Week 05

In PACOM during week 05:1,6,7

- Influenza activity decreased to low in Japan and the Republic of Korea.
- The percentage of outpatient visits due to ILI remained stable and below previous seasons.
- The percentage of positive lab tests decreased slightly this week to 18.4% for service members and 20.3% for beneficiaries.
- Influenza A continued to predominate this season.

| Area Name   | Influenza Activity | HL7 Type | | |
|-------------|--------------------|----------|---|---|---|
| Guam        | Minimal            | 0        | 0 | 2 | 0 | 0 |
| Hawaii*     | Minimal            | 0        | 0 | 6 | 0 | 0 |

*Hawaii HL7 Type counts may include samples received from Guam, but tested in Hawaii

2015-2016 PACOM Season Totals:1,6,7

<table>
<thead>
<tr>
<th></th>
<th>A/H1N1</th>
<th>A/H3N2</th>
<th>A/Untyped</th>
<th>Flu B</th>
<th>Flu AB</th>
<th>Overall % Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Members</td>
<td>2</td>
<td>1</td>
<td>23</td>
<td>5</td>
<td>0</td>
<td>5.95</td>
</tr>
<tr>
<td>Dependents</td>
<td>3</td>
<td>1</td>
<td>96</td>
<td>25</td>
<td>1</td>
<td>11.66</td>
</tr>
</tbody>
</table>

AFHSB, 1USAFSAM, 2NHRC, 3LRMC, 4PHCR-E, 5AFRIMS, 6NMRC-A, 7USAMRU-K, 8NAMRU-3, 9NAMRU-6

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Central and Africa Commands -- Week 05

In CENTCOM and AFRICOM during week 05\textsuperscript{1,8,9}

- Influenza activity decreased in CENTCOM, but Afghanistan still had moderate activity and Egypt continued to have low activity.
- The percentage of outpatient visits due to ILI decreased this week and remained lower than previous seasons.

Southern Command -- Week 05

In SOUTHCOM during week 05\textsuperscript{10}

- Influenza activity in Honduras was minimal based on DMSS data.

\textsuperscript{1}AFHSB, \textsuperscript{2}USAFSAM, \textsuperscript{3}NHRC, \textsuperscript{4}LRMC, \textsuperscript{5}PHCR-E, \textsuperscript{6}AFRIMS, \textsuperscript{7}NMRC-A, \textsuperscript{8}USAMRU-K, \textsuperscript{9}NAMRU-3, \textsuperscript{10}NAMRU-6

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Description:
Maps, figures and tables are stratified by Combatant Commands (CCMD). The map provides a measure of influenza activity by state or country within each CCMD for the past two weeks for service members. Influenza activity is defined by the percentage of outpatient visits associated with an Influenza-like Illness (ILI) for each week compared to baseline levels of influenza activity. Additionally, a pie graph by US region or country is generated to display the distribution of influenza types and subtype identified from positive laboratory tests for the past two weeks combined.

Influenza activity: Percentage of Outpatient Visits Associated with ILI:
The percentage of all outpatient visits for ILI is calculated each week for all service members, regardless of component. These data are presented as a map of the past two weeks’ activity and a figure to display the entire season’s data compared to the two prior seasons and baseline. For the map, the activity level compares the mean reported percent of visits due to ILI for the past two weeks to the mean reported percent of visits due to ILI during baseline weeks. Baseline weeks are defined as non-influenza weeks (weeks 22-39) over the past 3 years.

There are four activity levels reported on each map. The activity level corresponds to the number of standard deviations (SD) below, at or above the mean for the current week compared to the mean of the baseline weeks. Activity levels are classified as minimal, low, moderate, and high. Minimal activity corresponds to an influenza percentage that is less than 2 SD above the mean. Low activity corresponds to an influenza percentage that is equal to or greater than 2 SD above the mean, but less than 4 SD above the mean. Moderate activity corresponds to an influenza percentage that is equal to or greater than 4 SD above the mean, but less than 6 SD above the mean. High activity corresponds to an influenza percentage that is equal to or greater than 6 SD above the mean.

Influenza Positive Specimens:
Lab results from PCR, viral culture, and rapid influenza assays are reported. Although the inclusion of rapid tests may underestimate the weekly and cumulative percent positive estimates due to false negatives, visibility of the positive rapid results provides valuable information for this surveillance report. Influenza types/subtypes are categorized as influenza A not subtyped (A subtype na), influenza A/H1 (A H1), influenza A/H3 (A H3), influenza A and B co-infection (A B), and influenza B (B).

Map: Each US region or country with available data contains a pie chart that displays the distribution of influenza types and subtypes for that area for the past two weeks combined. Two weeks of data are combined instead of using just the current week’s data due to delays in reporting of laboratory results.

Figure and Table: Each week, using the total number of influenza laboratory tests performed and the positive test results, the proportions positive for each serotype of influenza are calculated for service members and dependents separately.

Data Sources and Case Definitions:
Medical encounter and demographic data from the Armed Forces Health Surveillance Branch’s (AFHSB) Defense Medical Surveillance System (DMSS) are used to generate this report. In addition, health-level 7 (HL-7) format laboratory data is provided by the Navy and Marine Corps Public Health Center (NMCPHC) EpiData Center Division. For the past seasons and baseline calculations, ICD-9 codes from outpatient encounters are used to identify influenza activity. The outcome of influenza activity based on ICD-9 codes is defined using the combined codes for ILI (79.99, 382.9, 460, 461.9, 465.8, 465.9, 466.0, 486, 487.0, 487.1, 487.8, 488, 490, 780.6, or 786.2). For the current season, ICD-10 codes from outpatient encounters are used to identify influenza activity. The outcome of influenza activity based on ICD-10 codes is defined using the combined codes for ILI (B97.89, H66.9, H66.90, H66.91, H66.92, H66.93, J00, J01.9, J01.90, J06.9, J09, J09.X, J09.X1, J09.X2, J09.X3, J09.X9, J10, J10.0, J10.00, J10.01, J10.08, J10.1, J10.2, J10.8, J10.81, J10.82, J10.83, J10.89, J11, J11.0, J11.00, J11.08, J11.1, J11.12, J11.8, J11.81, J11.82, J11.83, J11.89, J12.89, J12.9, J18, J18.1, J18.8, J18.9, J20.9, J40, R05, R50.9). An individual can only be counted as a case once per week.

NORTHCOM Regions:

1AFHSB, 2AFSASAM, 3NHRC, 4LRMC, 5PHCR-E, 6AFRIMS, 7NMRC-A, 8USAMRU-K, 9NAMRU-3, 10NAMRU-6
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