During 2 - 15 October 2016, a total of 55 specimens were collected from 25 locations. Results were finalized for 52 specimens from 24 locations. During Week 40, one influenza A(H3N2) was identified. One influenza A(H3N2) was also identified during Week 41. Approximately 3% of specimens tested positive for influenza during Week 40. The percent positive for Week 41 increased to approximately 4%. The influenza percent positive for the season is currently 4%.

Table 1. Results by region and location for specimens collected during Weeks 40 & 41
Laboratory Results - Cumulative for Season

**Graph 1.** Percent influenza positive by week: 2015-2016 surveillance year and through Week 41 of the 2016-2017 surveillance year.

Note: Dual influenza coinfections are excluded from this graph. Specimens with pending results are used in the denominator to calculate percent positive, but are not displayed in the graph.

**Table 2.** ILI by age group for the 2016-2017 surveillance year through Week 41

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>8</td>
<td>15.38</td>
</tr>
<tr>
<td>6-9</td>
<td>2</td>
<td>3.85</td>
</tr>
<tr>
<td>10-17</td>
<td>3</td>
<td>5.77</td>
</tr>
<tr>
<td>18-24</td>
<td>12</td>
<td>23.08</td>
</tr>
<tr>
<td>25-44</td>
<td>24</td>
<td>46.15</td>
</tr>
<tr>
<td>45-64</td>
<td>1</td>
<td>1.92</td>
</tr>
<tr>
<td>65+</td>
<td>2</td>
<td>3.85</td>
</tr>
</tbody>
</table>

**Demographic Summary**

Of 52 ILI cases, 29 (55.8%) are service members, 13 (25%) are children, six (11.5%) are spouses, and four (7.7%) are retirees and other beneficiaries. The median age of ILI cases with known age (n=52) is 25 (range 0, 86).
Graph 3. Vaccination status by beneficiary type for the 2016-2017 surveillance year through Week 41

Graph 4. Influenza Immunization Status by Service

As of 13 Oct 16
No exemptions reflect less than 1% exempted
Data Sources: Army - MEDPROS, Air Force - ASIMS, Navy, Marine Corps & Coast Guard - MRRS
Background
The DoD-wide program was established by the Global Emerging Infections Surveillance and Response System (GEIS) in 1997. The surveillance network includes the Defense Health Agency/Armed Forces Health Surveillance Branch—Air Force Satellite Cell (DHA/AHFSB-AF) and U.S. Air Force School of Aerospace Medicine (USAFSAM) (sentinel site respiratory surveillance), the Naval Health Research Center (recruit and shipboard population-based respiratory surveillance), the Naval Medical Research Unit (NAMRU-3) in Cairo, Egypt, the Naval Medical Research Unit (NAMRU-2) in Phnom Penh, Cambodia, the Armed Forces Research Institute of Medical Sciences (AFRIMS) in Bangkok, Thailand, the Naval Medical Research Unit (NAMRU-6) in Lima, Peru, and the United States Army Medical Research Unit-Kenya (USAMRU-K) located in Nairobi, Kenya. This work is supported by the Air Force and GEIS Operations, a Division of the Armed Forces Health Surveillance Branch (AFHSB).

Sentinel Site Surveillance
In 1976, the U.S. Air Force Medical Service began conducting routine, global, laboratory-based influenza surveillance. Air Force efforts expanded to DoD-wide in 1997. DHA/AFHSB-AF and USAFSAM manages the surveillance program that includes global surveillance among DoD beneficiaries at over 95 sentinel sites (including deployed locations) and many non-sentinel sites (please see map below). Collaborating partner laboratories include five DoD overseas medical research laboratories (AFRIMS, NAMRU-2, NAMRU-3, NAMRU-6, USAMRU-K) who collect specimens from local residents in surrounding countries that may not otherwise be covered in existing surveillance efforts. Additionally, the Naval Health Research Center (NHRC) in San Diego, CA collects specimens from DoD recruit training centers and conducts surveillance along the Mexico border. Landstuhl Regional Medical Center (LRMC) and Tripler Army Medical Center (TAMC) assist the program by processing DoD specimens for the EUCOM region and the State of Hawaii, respectively. This process seeks to provide more timely results and efficient transport of specimens.

Available on our website (listed below) is a list of previous weekly surveillance reports, program information (including an educational briefing and instruction pamphlets for clinic staff), and a dashboard containing respiratory data for our sentinel sites.

Errata:
In addition to all participating DoD military sentinel sites, collaborating laboratories and medical centers (described above) may be further understood by reviewing the sites’ website. Click on the sites’ icon to be directed to their webpage.

Collaborating Partners

For Public Health Services
937-938-3196; DSN 798-3196

For Laboratory Services
937-938-4140; DSN 798-4140

USAFSAM.PHRFlu@us.af.mil