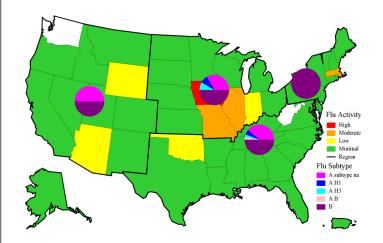


DEPARTMENT OF DEFENSE (AFHSB) Seasonal Influenza Surveillance Summary Northern Command -- Week 16 (15 Apr—21 Apr 2018)



In NORTHCOM during week 16

- Influenza activity continued to be minimal for the majority of states. However, a pocket of low to high activity was seen in four mid-western states (Iowa, Missouri, Illinois, and Indiana)
- The percentage of outpatient visits due to ILI continued to decrease and dropped below baseline and previous seasons.
- The percentage of positive lab tests dropped to 8.4% for service members and 12.0% for other beneficiaries for week 16.
- For recent weeks, the majority of influenza positive specimens have been approximately half influenza A unsubtyped and half influenza B specimens.
- No influenza hospitalizations (RMEs) were reported for week 16. (Season totals: 50 Service members and 236 other beneficiaries).



NORTHCOM Service Members, Influenza Activity and Virus Subtype, During the Last 2 Weeks

2017 – 2018 NORTHCOM Season Totals							
	A/H1N1	A/H3N2	A/Untyped	Flu B	AB	Overall % Positive	
Service Members	125	744	3276	960	40	16.90	
Dependents	518	2393	15642	9084	295	25.22	

32

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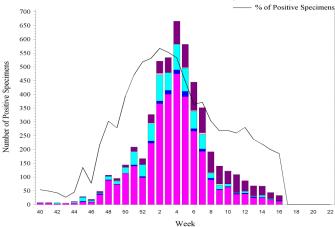
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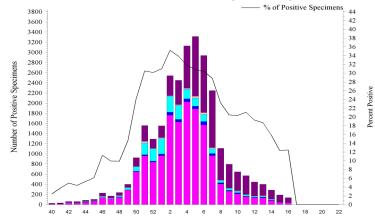
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Percent

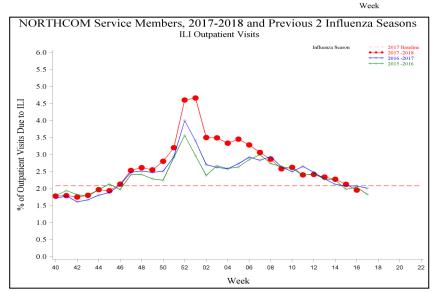
NORTHCOM Service Members, Influenza Positive Specimens Reported to AFHSB



NORTHCOM Beneficiaries, Influenza Positive Specimens Reported to AFHSB



Disclaimer: Medical data from Military Treatment Facilities that are using MHS GENESIS are not available in DMSS. This includes Naval Hospital Oak Harbor, Naval Hospital Bremerton, Air Force Medical Services Fairchild, and Madigan Army Medical Center. Therefore, individuals who are expected to seek care at one of these facilities are currently being removed from the study population as we will not capture their medical encounters.



For inquiries or comments please contact <u>dha.ncr.health-surv.list.ib-alert-response@mail.mil</u>



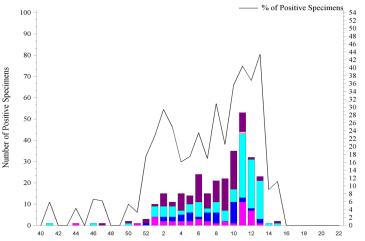


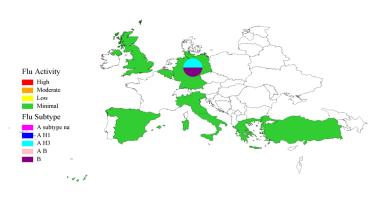
European Command -- Week 16

In EUCOM during week 16

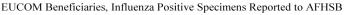
- Influenza activity in EUCOM decreased to minimal for all countries.
- The percentage of outpatient visits due to ILI continued to decrease and dropped below previous seasons and baseline.
- No positive lab tests were reported for service members or other beneficiaries for week 16.
- Influenza A/H3N2 positive specimens continued to predominate since week 11 in EUCOM. For this season, among positive specimens, half have been influenza A and half have been influenza B.
- One influenza hospitalization (RMEs) among an other beneficiary was reported for week 16. (Season totals: 9 Service members and 34 other beneficiaries)

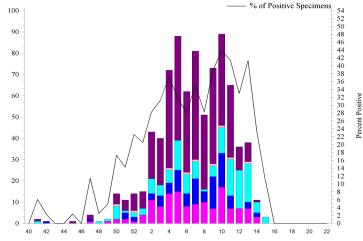
EUCOM Service Members, Influenza Positive Specimens Reported to AFHSB

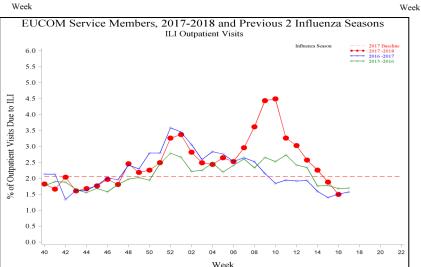




EUCOM Service Members, Influenza Activity and Virus Subtype, During the Last 2 Weeks







Number of Positive Specimens

Percent Positive

2017-2018 EUCOM Season Totals						
	A/H1N1	A/H3N2	A/Untyped	Influenza B	AB	Overall % Positive
Service Members	37	122	42	101	1	22.41
Dependents	95	143	134	436	9	28.56

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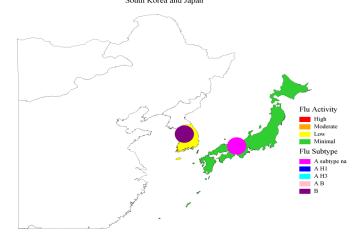


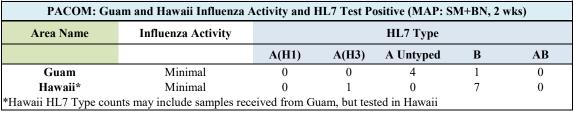
Pacific Command -- Week 16

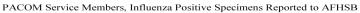
In PACOM during week 16

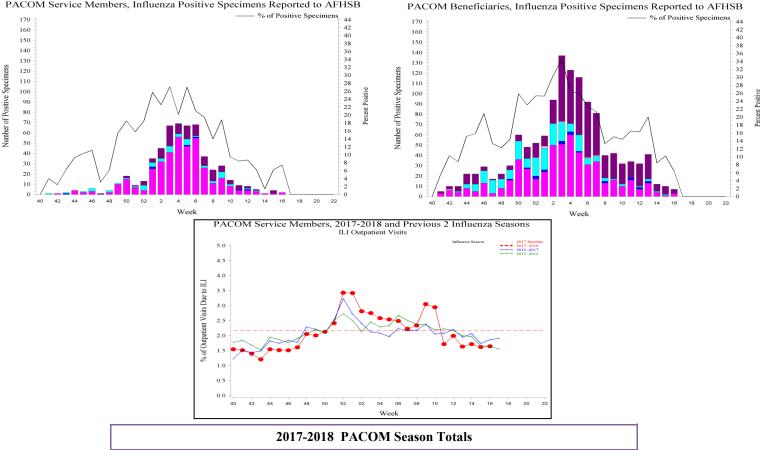
- ٠ Influenza activity remained minimal in PACOM, except for the Republic of Korea, which had low activity.
- The percentage of outpatient visits due to ILI remained be-٠ low baseline and similar to previous seasons.
- The percentage of positive lab tests was low for service ٠ members (7.4%) and other beneficiaries (6.4%) during week 16.
- Among influenza A specimens that were subtyped, the ma-٠ jority continued to be A/H3N2.
- No influenza hospitalizations (RMEs) were reported for ٠ week 16. (Season totals: 0 Service member and 4 other beneficiaries)

PACOM Service Members, Influenza Activity and Virus Subtype, During the Last 2 Weeks South Korea and Japan









2017-2018 PACOM Season Totals							
	A/H1N1	A/H3N2	A/Untyped	Flu B	Flu AB	Overall % Positive	
Service Members	7	53	380	116	0	17.17	
Dependents	22	206	522	523	6	20.13	

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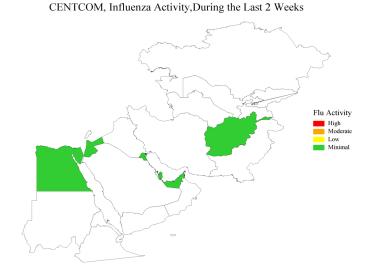


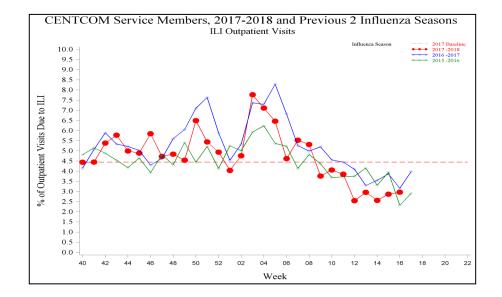


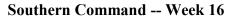
Central Command -- Week 16

In CENTCOM during week 16

- Influenza activity remained minimal in CENTCOM locations with available data.
- The percentage of outpatient visits due to ILI increased slightly, but remained below baseline and similar to previous seasons.
- No influenza hospitalizations (RMEs) were reported for week 16. (Season totals: 2 Service members)







In SOUTHCOM during week 16

• Influenza activity remained minimal in Honduras for week 16.

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 from outpatient encounters are used to identify influenza activity. The outcome of influenza activity based on 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, J10.00, 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, J11.2, 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:

The regions on the NORTHCOM map (bold, black outlines) are defined using the four US Census regions, with the exception of Hawaii and Guam which are a part of PACOM. *Northeast:* Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, New Jersey, New York, Pennsylvania, Puerto Rico, and the U.S. Virgin Islands. *South:* Delaware, the District of Columbia, Maryland, Virginia, West Virginia, Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Arkansas, Louisiana, Tex-as., and Oklahoma. *Midwest:* Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North Dakota, and South Dakota. *West:* New Mexico, Colorado, Montana, Utah, Wyoming, Arizona, California, Nevada, Alaska, Idaho, Oregon, and Washington.

(All data are preliminary and subject to change as updated data is received)