

# **DEPARTMENT OF DEFENSE (AFHSB)**

Seasonal Influenza Surveillance Summary

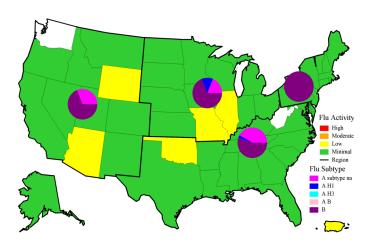
Northern Command -- Week 17 (22 Apr—28 Apr 2018)



## In NORTHCOM during week 17

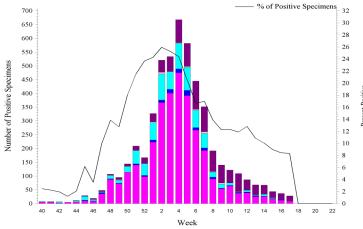
- Influenza activity continued to be minimal for the majority of states, with low activity in only five states.
- ♦ The percentage of outpatient visits due to ILI continued to decrease and remained below baseline and previous seasons.
- The percentage of positive lab tests remained low at 8.3% for service members and 11.2% for other beneficiaries for week
- Influenza A (specifically A/H3N2) predominated this season, but influenza B accounted for around one third of all positive specimens.
- No influenza hospitalizations (RMEs) were reported for week 17. (Season totals: 50 Service members and 236 other beneficiaries).

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

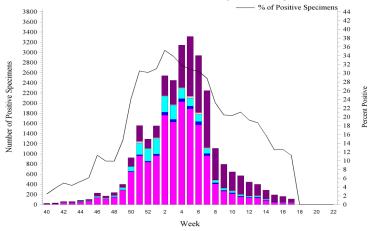


2017 – 2018 NORTHCOM Season Totals							
	A/H1N1	A/H3N2	A/Untyped	Flu B	AB	Overall % Positive	
Service Members	125	745	3285	984	40	16.79	
Dependents	522	2409	15681	9177	300	25.08	

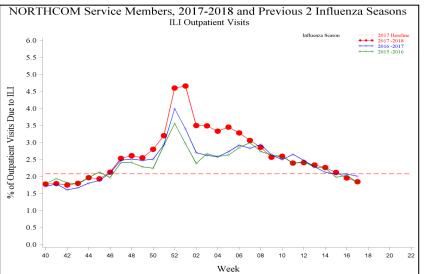
#### NORTHCOM Service Members, Influenza Positive Specimens Reported to AFHSB



### 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 <a href="mailto:dha.ncr.health-surv.list.ib-alert-response@mail.mil">dha.ncr.health-surv.list.ib-alert-response@mail.mil</a>



# **European Command -- Week 17**

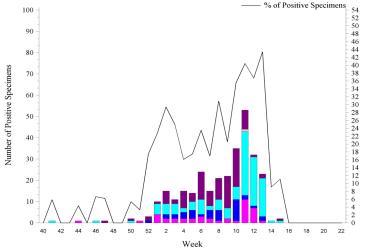
# In EUCOM during week 17

- Influenza activity in EUCOM remained minimal for all countries.
- The percentage of outpatient visits due to ILI continued to decrease and remained below previous seasons and baseline.
- No influenza lab tests were reported for EUCOM for week 17.
- For this season, among positive specimens, half have been influenza A and half have been influenza B.
- No influenza hospitalizations (RMEs) were reported for week 17. (Season totals: 9 Service members and 34 other beneficiaries)

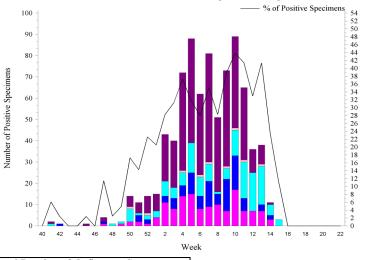
EUCOM Service Members, Influenza Activity and Virus Subtype, During the Last 2 Weeks

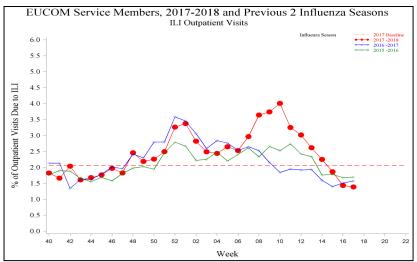


## EUCOM Service Members, Influenza Positive Specimens Reported to AFHSB



#### EUCOM Beneficiaries, Influenza Positive Specimens Reported to AFHSB





2017-2018 EUCOM Season Totals							
	A/H1N1	A/H3N2	A/Untyped	Influenza B	AB	Overall % Positive	
Service Members	37	122	42	101	1	22.33	
Dependents	95	143	134	436	9	28.51	





# Pacific Command -- Week 17

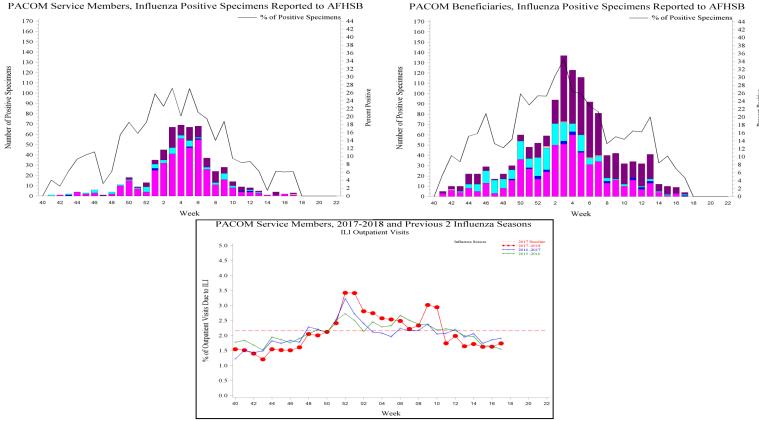
### In PACOM during week 17

- 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 below baseline and similar to previous seasons.
- The percentage of positive lab tests remained low at 6.1% for service members and 4.8% for other beneficiaries.
- Influenza A (specifically A/H3N2) predominated this season, but influenza B accounted for around one third of all positive specimens.
- No influenza hospitalizations (RMEs) were reported for week 17. (Season totals: 0 Service member and 4 other beneficiaries)

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



PACOM: Guam and Hawaii Influenza Activity and HL7 Test Positive (MAP: SM+BN, 2 wks)							
Area Name	Influenza Activity	HL7 Type					
		A(H1)	A(H3)	A Untyped	В	AB	
Guam	Minimal	0	0	4	1	1	
Hawaii*	Minimal	1	1	0	4	0	
*Hawaii HL7 Type counts may include samples received from Guam, but tested in Hawaii							

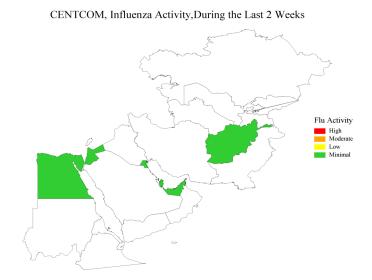


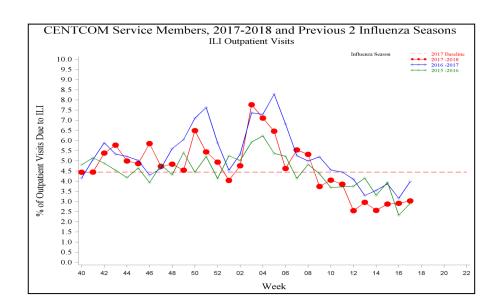
2017-2018 PACOM Season Totals							
	A/H1N1	A/H3N2	A/Untyped	Flu B	Flu AB	Overall % Positive	
Service Members	7	53	381	117	1	16.98	
Dependents	23	207	522	527	6	19.90	

# **Central Command -- Week 17**

# In CENTCOM during week 17

- Influenza activity remained minimal in CENTCOM locations with available data.
- ♦ The percentage of outpatient visits due to ILI remained similar to previous seasons and below baseline.
- No influenza hospitalizations (RMEs) were reported for week 17. (Season totals: 2 Service members)





# **Southern Command -- Week 17**

## In SOUTHCOM during week 17

• Influenza activity remained minimal in Honduras for week 17.

## **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, J11.2, 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, Texas., 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)