In NORTHCOM during week 09

- Influenza activity continued to increase, especially in the mid-West. There was high activity in Idaho, Utah, Wyoming, Texas, Georgia, Virginia, and Pennsylvania.
- The percentage of outpatient visits due to ILI decreased, but remained above baseline and previous seasons.
- The percentage of positive lab tests continued to increase to 25.2% for service members and 31.2% for other beneficiaries for week 09.
- Among typed influenza A specimens, influenza A/H3N2 has become the predominant subtype for the past 4 weeks.
- Twelve influenza hospitalizations (RMEs) were reported among service members (3) and other beneficiaries (9) for week 09. (Season totals: 30 Service members and 179 other beneficiaries)

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

#### 2018 – 2019 NORTHCOM Season Totals

<table>
<thead>
<tr>
<th></th>
<th>A/H1N1</th>
<th>A/H3N2</th>
<th>A/Untyped</th>
<th>Flu B</th>
<th>AB</th>
<th>Overall % Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Members</td>
<td>291</td>
<td>268</td>
<td>2122</td>
<td>163</td>
<td>17</td>
<td>13.76</td>
</tr>
<tr>
<td>Dependents</td>
<td>1098</td>
<td>963</td>
<td>10637</td>
<td>595</td>
<td>108</td>
<td>20.05</td>
</tr>
</tbody>
</table>

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.

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In EUCOM during week 09
- Influenza activity was minimal across EUCOM, with the exception of Germany which had moderate activity.
- The percentage of outpatient visits due to ILI decreased and was above baseline and similar to previous seasons.
- The percentage of positive lab tests remained high at 42.0% for service members and 52.3% for other beneficiaries for week 09.
- Among typed influenza A specimens, A/H3N2 has become the predominate subtype in EUCOM.
- Two influenza hospitalizations (RMEs) were reported among a service member (1) and an other beneficiary (1) for week 09. (Season totals: 11 Service members and 30 other beneficiaries)

### 2018-2019 EUCOM Season Totals

<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>45</td>
<td>70</td>
<td>185</td>
<td>4</td>
<td>2</td>
<td>27.01</td>
</tr>
<tr>
<td>Dependents</td>
<td>94</td>
<td>141</td>
<td>434</td>
<td>17</td>
<td>4</td>
<td>32.38</td>
</tr>
</tbody>
</table>

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In PACOM during week 09

- Influenza activity was minimal in Japan and Guam, but increased to low in the Republic of Korea and Hawaii.
- The percentage of outpatient visits due to ILI decreased and was at baseline and below previous seasons.
- The percentage of positive lab tests decreased to 28.0% for service members and 23.3% for other beneficiaries during week 09.
- Overall, among typed influenza A specimens, similar frequencies of influenza A/H1N1 (54%) and A/H3N2 (46%) were seen in PACOM.
- No influenza hospitalizations (RMEs) were reported for week 09. (Season totals: 3 Service member and 13 other beneficiaries)

<table>
<thead>
<tr>
<th>Area Name</th>
<th>Influenza Activity</th>
<th>HL7 Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A(H1)</td>
</tr>
<tr>
<td>Guam</td>
<td>Minimal</td>
<td>0</td>
</tr>
<tr>
<td>Hawaii*</td>
<td>Low</td>
<td>13</td>
</tr>
</tbody>
</table>

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

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Central and Africa Command -- Week 09

In CENTCOM and AFRICOM during week 09

- Influenza activity was moderate in Afghanistan and Jordan, but was minimal in other CENTCOM countries with available data.
- The overall percentage of outpatient visits due to ILI increased and was above baseline and previous seasons.
- In Afghanistan, influenza activity remained moderate and the percentage of outpatient visits due to ILI decreased to 3.1%.
- In Kuwait, influenza activity decreased to minimal and the percentage of outpatient visits due to ILI decreased to 4.5%.
- In Djibouti, influenza activity remained minimal. The percentage of outpatient visits due to ILI remained stable at 1.5% for week 09.
- No influenza hospitalizations (RMEs) were reported for week 09. (Season totals: 0 Service members)

Southern Command -- Week 09

In SOUTHCOM during week 09

- Influenza activity in Honduras was minimal for week 09. The percentage of outpatient visits due to ILI was 5.1% for week 09.
- Influenza activity remained minimal in Cuba for week 09. The percentage of outpatient visits due to ILI decreased to 1.0% for service members and 2.5% for other beneficiaries.

<table>
<thead>
<tr>
<th>2018-2019 Cuba Season Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>A/H1N1</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>Service Members</td>
</tr>
<tr>
<td>Dependents</td>
</tr>
</tbody>
</table>
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 or equal to 2 SD above the mean. Low activity corresponds to an influenza percentage that is 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, J18.1, J18.8, J18.9, J20.9, J40, R05, R50.9). An individual can only be counted as a case once per week.

NORTHCOM Regions:

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