

DEPARTMENT OF DEFENSE (AFHSB) Seasonal Influenza Surveillance Summary Northern Command -- Week 14 (31 March 2019 -- 06 April 2019)



% of Positive Specimens

42

40

38

36

34 32

30

28 26

14 12

10

8

6

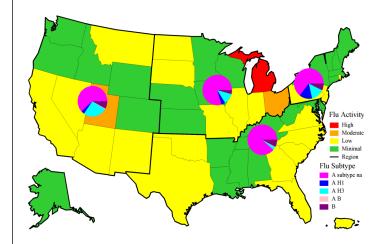
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NORTHCOM Service Members, Influenza Activity and Virus Subtype, During the Last 2 Weeks

In NORTHCOM during week 14

- Influenza activity continued to decrease in most states, however ٠ activity increased to high in Michigan.
- The percentage of outpatient visits due to ILI continued to de-٠ crease, but remained above baseline and previous seasons.
- The percentage of positive lab tests remained relatively stable at ٠ 18.6% for service members and 18.8% for other beneficiaries.
- Among typed influenza A specimens, influenza A/H3N2 continues to predominate.
- Two influenza hospitalizations (RMEs) were reported among ٠ other beneficiaries. (Season totals: 43 Service members and 255 other beneficiaries)



2018 – 2019 NORTHCOM Season Totals								
	A/H1N1	A/H3N2	A/Untyped	Flu B	AB	Overall % Positive		
Service Members	387	555	3641	277	21	16.22		
Dependents	1387	1962	15312	881	149	22.29		
Jenza Positive Specimens Reported to AFHSB NORTHCOM Beneficiaries, Influ								

2600

2400

2200

2000

1800

1600

1400

1200

1000

800

600

Number of Positive Specimens

32

30

28

26

24

22

20

18

16 Percent

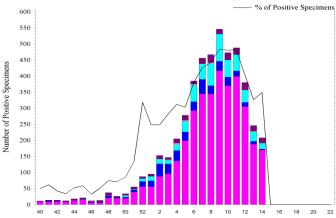
14

12

10

8

NORTHCOM Service Members, Influenza Positive Specimens Reported to AFHSB

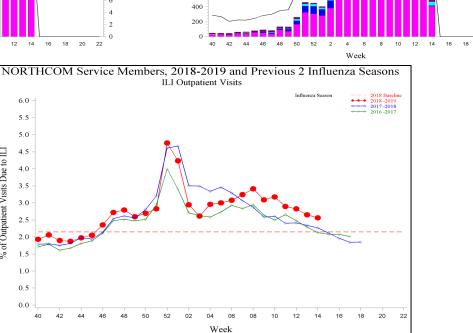


Week

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% of Outpatient Visits Due to

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>



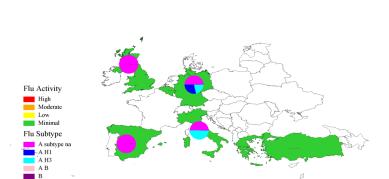


European Command -- Week 14

In EUCOM during week 14

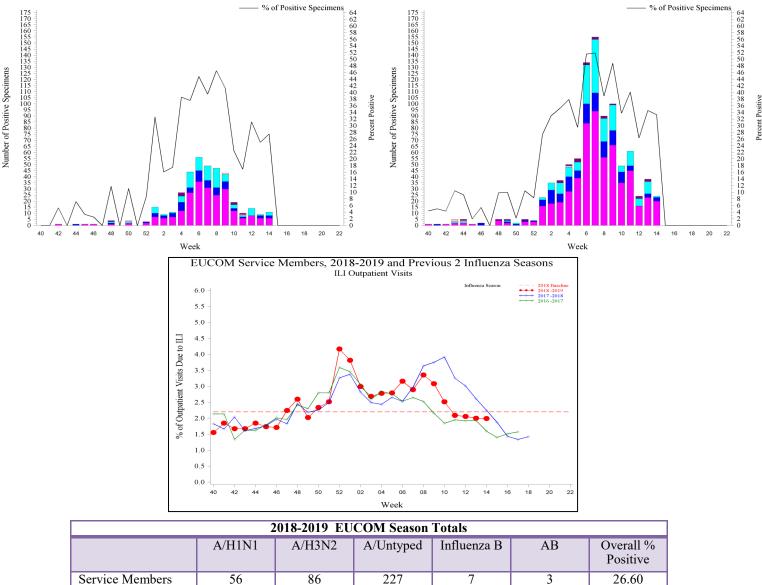
- Influenza activity remained minimal across EUCOM.
- The percentage of outpatient visits due to ILI continued to decrease and was below baseline and similar to previous seasons.
- The percentage of positive lab tests remained high, but stable at 27.5% for service members and 33.3% for other beneficiaries.
- Among typed influenza A specimens, A/H3N2 remained the predominate subtype.
- One service member influenza hospitalization (RMEs) was reported. (Season totals: 14 Service members and 35 other beneficiaries)

EUCOM Service Members, Influenza Positive Specimens Reported to AFHSB



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

EUCOM Beneficiaries, Influenza Positive Specimens Reported to AFHSB



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578

21

4

32.97

186

123

Dependents

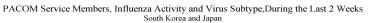




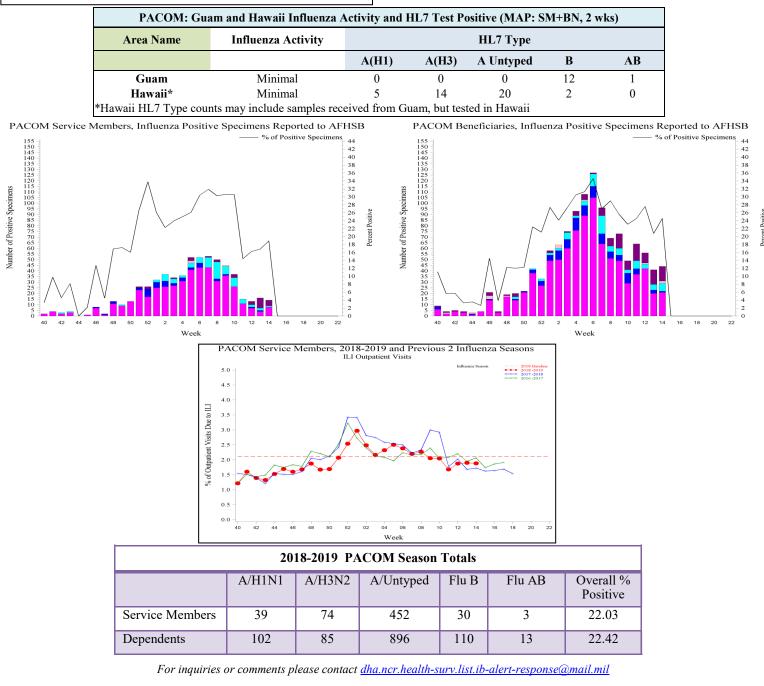
Indo-Pacific Command -- Week 14

In PACOM during week 14

- Influenza activity was minimal across PACOM.
- The percentage of outpatient visits due to ILI decreased and remained below baseline and similar to previous seasons.
- The percentage of positive lab tests increased to 18.9% for service members and 24.6% for other beneficiaries.
- Among typed influenza A specimens, A/H3N2 continued to predominate. Influenza B continued to account for one-third of the positive specimens this week.
- Two influenza hospitalizations (RMEs) were reported among other beneficiaries. (Season totals: 3 Service member and 33 other beneficiaries)







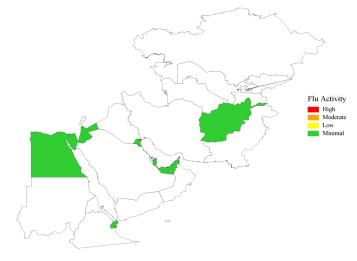


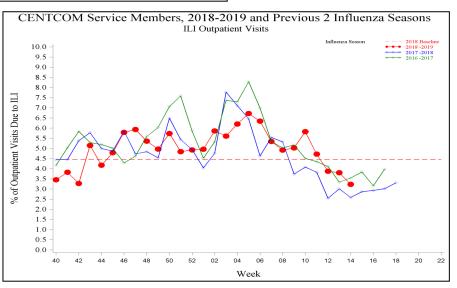
Central and Africa Command -- Week 14

In CENTCOM and AFRICOM during week 14

- Influenza activity was minimal in CENTCOM countries with available data.
- The overall percentage of outpatient visits due to ILI continued to decrease and was below baseline and similar to previous seasons.
- In Afghanistan, influenza activity was minimal and the percentage of outpatient visits due to ILI decreased to 0.6%.
- In Kuwait, influenza activity was minimal and the percentage of outpatient visits due to ILI decreased to 3.9%.
- In Djibouti, influenza activity remained minimal and the percentage of outpatient visits due to ILI decreased to 2.7%.
- No influenza hospitalizations (RMEs) were reported. (Season totals: 0 Service members)

CENTCOM, Influenza Activity, During the Last 2 Weeks





Southern Command -- Week 14

In SOUTHCOM during week 14:

- Influenza activity in Honduras was minimal and the percentage of outpatient visits due to ILI remained stable at 7.7%.
- Influenza activity was minimal in Cuba. The percentage of outpatient visits due to ILI remained low at 1.3% for service members and increased to 3.4% for other beneficiaries.

2018-2019 Cuba Season Totals											
	A/H1N1	A/H3N2	A/Untyped	Flu B	Flu AB	Total					
						Tested					
Service Members	0	0	0	0	0	17					
Dependents	0	0	2	1	0	20					

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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 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)