One Page Summary: Weekly Highlights

- Among all beneficiaries, laboratory-confirmed influenza cases, dispensed antiviral prescription counts, and inpatient counts continued to decrease. All had low activity levels.
- Among active component Service Members, laboratory-confirmed influenza cases and antiviral prescriptions decreased and remained low.
- ILI activity decreased, but remained high. 26 installations had high activity. However, the COVID-19 outbreak occurring across the world may affect healthcare seeking behavior which in turn will impact ILI activity levels.
- Influenza A continued to predominate among influenza positive specimens.
- There were no laboratory-confirmed influenza hospitalizations reported for week 15 (Season total: 225).

### Influenza Surveillance Indicators (2019-2020 season)

#### All Beneficiaries

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#### Severity

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### Laboratory-Confirmed Influenza among Beneficiaries: Percent Positive and Serotype Distribution

Disclaimer: Due to the transition to MHS GENESIS, data are not available from NH Oak Harbor, NH Bremerton, AFMS Fairchild, Madigan AMC, Travis AFB, Presidio of Monterey AB, NAS Lemoore, or Mountain Home AFB. Therefore, these sites are not included in this report.
Laboratory-Confirmed Influenza (2019-2020 Season: Week 15)

- Children continued to have the highest number of laboratory-confirmed influenza positive specimens at 15,821; Service Members continued to have the second highest count at 9,626.

- The percent of specimens positive for influenza remained low and similar to week 14.

- The number of laboratory-confirmed cases among all beneficiaries continued to decrease and remained below the weekly baseline and threshold.

- Band indicates one standard deviation above and below seasonal baseline estimates. Threshold indicates two standard deviations above off-season average.

- The number of active component Service Member laboratory-confirmed cases continued to decrease and remained below the threshold.

- Threshold indicates two standard deviations above seasonal baseline estimates.

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The percentage of outpatient visits due to ILI continued to decrease, but remained higher than prior seasons.

The percentage of outpatient visits due to ILI are being impacted by: 1) associated increase in patient concerns (and visits) for rule out of COVID-19, but not for influenza-related symptomatology/concerns; 2) decrease in all outpatient encounters, probably due to social distancing, cancellation of appointments, and sheltering in place in many states; and, 3) increased awareness and availability of COVID-19 testing at military MTFs.

Dispensed antiviral prescriptions among all beneficiaries continued to decrease and remained below the weekly baseline and threshold.

Band indicates one standard deviation above and below seasonal baseline estimates. Threshold indicates two standard deviations above off-season average.

Dispensed antiviral prescriptions among active component Service Members continued to decrease and remained below the threshold.

Threshold indicates two standard deviation above the overall weighted average during the season.

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Severity: Hospitalized Influenza Metrics (2019-2020 Season: Week 15)

- There were no new laboratory-confirmed influenza hospitalizations during week 15.
- There have been 225 laboratory-confirmed influenza hospitalizations this season (26 Service Members / 199 BN).
- The number of inpatient dispensed antiviral prescriptions continued to decrease and remained below the threshold.
- Thresholds indicate one standard deviation above the overall weighted average during the season.

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** The COVID-19 outbreak occurring across the world may affect healthcare seeking behavior which in turn will impact ILI activity levels.

- NORTHCOM: ILI activity remained high. Influenza A accounted for over half of the positive influenza specimens. Among subtyped influenza A specimens, A(H1N1) has predominated.
- EUCOM: ILI activity decreased to moderate. Among positive influenza specimens, the majority have been influenza A.
- INDOPACOM: ILI activity remained high. The majority of positive influenza specimens have been influenza A. Among subtyped influenza A specimens, the majority were A(H1N1).
- SOUTHCOM: ILI activity remained minimal. The majority of influenza specimens continued to be influenza A.
- CENTCOM: ILI activity decreased to minimal.

ILI Activity (Service Members) and Laboratory-Confirmed Influenza (All Beneficiaries)

*Locations colored in dark gray have no Service Member medical encounter data.*
**The COVID-19 outbreak occurring across the world may affect healthcare seeking behavior which in turn will impact ILI activity levels.**

- The majority of installations had low ILI activity. However, 24 installations had moderate ILI activity and 26 installations had high ILI activity.
- At the state level, ILI activity varied by state. There were 9 states with high activity.
- State level data includes both Military Treatment Facility (MTF) and outsourced care. Therefore, state activity levels may differ from the installation level data.
- Installation-level laboratory data can be found on pages 11-13 of the report.
** The COVID-19 outbreak occurring across the world may affect healthcare seeking behavior which in turn will impact ILI activity levels.

- ILI activity remained high in Germany and Spain, low in Italy, and minimal in Turkey, Belgium, and the United Kingdom.
- The majority of positive influenza specimens have been influenza A.

ILI Activity (Service Members) and Laboratory-Confirmed Influenza (All Beneficiaries)

Flu Subtype
- A (not subtyped)
- A(H1N1)
- A(H3N2)
- A & B
- B

*Locations colored in dark gray have no Service Member medical encounter data.*

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*IL Activity, past 2 wks*
** The COVID-19 outbreak occurring across the world may affect healthcare seeking behavior which in turn will impact ILI activity levels.

- ILI activity remained high in Japan, Guam and Hawaii and remained minimal in the Republic of Korea.
- The majority of positive influenza specimens for the season were influenza A. Among subtyped specimens, the majority have been influenza A(H1N1) for the season.

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*Locations colored in dark gray have no Service Member medical encounter data.

4/17/2020
** The COVID-19 outbreak occurring across the world may affect healthcare seeking behavior which in turn will impact ILI activity levels.

- ILI activity remained minimal in Cuba and Honduras.
- The majority of influenza positive specimens for the season have been Influenza A.

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**The COVID-19 outbreak occurring across the world may affect healthcare seeking behavior which in turn will impact ILI activity levels.**

- ILI activity decreased to minimal in Afghanistan, the United Arab Emirates, and Qatar.
- ILI activity was low in Kuwait.

*Locations colored in dark gray have no Service Member medical encounter data.*
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**Disclaimer:** Due to the transition to MHS GENESIS, data are not available from NH Oak Harbor, NH Bremerton, AFMS Fairchild, Madigan AMC, Travis AFB, Presidio of Monterey AB, NAS Lemoore, or Mountain Home AFB. Therefore, these sites are not included in this report.
## NORTHCOM Laboratory-Confirmed Influenza

(2019-2020 Season: Week 15)

### Laboratory-Confirmed Influenza (All Beneficiaries) by Installation

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<th>A (H1N1)</th>
<th>A (H3N2)</th>
<th>A &amp; B</th>
<th>B</th>
<th>Total positive</th>
<th>Total tested</th>
<th>% Positive</th>
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**Disclaimer:** Due to the transition to MHS GENESIS, data are not available from NH Oak Harbor, NH Bremerton, AFMS Fairchild, Madigan AMC, Travis AFB, Presidio of Monterey AB, NAS Lemoore, or Mountain Home AFB. Therefore, these sites are not included in this report.
## Laboratory-Confirmed Influenza (All Beneficiaries) by Installation

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### Disclaimer
Due to the transition to MHS GENESIS, data are not available from NH Oak Harbor, NH Bremerton, AFMS Fairchild, Madigan AMC, Travis AFB, Presidio of Monterey AB, NAS Lemoore, or Mountain Home AFB. Therefore, these sites are not included in this report.

13  4/17/2020
Defense Health Agency / Armed Forces Health Surveillance Branch (AFHSB):
The Armed Forces Health Surveillance Branch (AFHSB) is the central epidemiologic resource for the U.S. Armed Forces, conducting medical surveillance to protect those who serve our nation in uniform and allies who are critical to our national security interests. The Epidemiology and Analysis Section of AFHSB, the Epi Data Center of the Navy and Marine Corps Public Health Center, and the Air Force Satellite Office in Dayton, Ohio (Wright-Patterson AFB) have compiled data for this report from the following sources below.

Influenza-like Illness Activity:
Medical encounter and demographic data from the AFHSB’s Defense Medical Surveillance System (DMSS) are used to generate portions of this report. ICD-10 codes from outpatient encounters are used to identify influenza-like illness (ILI). ILI is defined using the following codes: 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.

The percentage of all outpatient visits that have an ILI code is calculated each week for all service members, regardless of component. These data are presented weekly for the current season and compared to the four prior seasons among service members. Influenza activity levels are calculated by comparing the mean reported percent of visits due to ILI for the previous two weeks to the mean reported percent of visits due to ILI during baseline weeks (defined as non-influenza weeks (weeks 22-39) over the past 3 years). There are four influenza activity levels, minimal, low, moderate, and high. The activity level corresponds to the number of standard deviations (SD) below, at or above the mean for the current 2 week period compared to the mean of the baseline weeks. 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 activity levels are presented in the Combatant Command (CCMD) maps, either by Installation, state, or country.

Influenza Positive Specimens:
Influenza lab results (HL-7 formatted data) are compiled and transmitted from the Navy and Marine Corps Public Health Center to AFHSB. Results obtained via 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, influenza A(H1N1), influenza A(H3N2), influenza A and B co-infection, and influenza B. Additionally, laboratory-confirmed positive results are used to identify influenza-related hospitalization cases across the DoD.

The percent positivity is calculated by dividing the number of influenza positive specimens by the total number of specimens (positive and negative only; inconclusive results are excluded). The distributions of percent positive specimens by subtype are presented on a weekly basis for the entire influenza season. For each CCMD state, the distribution of subtypes for the previous 2 weeks are presented as pie graphs for states and countries. For installations, data are presented in tables with counts and percent positive by subtype for the past 2 weeks and for the entire season. The “change from last report” column reports the absolute difference in the percent positive from the prior week’s report to the current week’s report.
Pharmacy Transactions for Dispensed Antiviral Prescriptions:
HL7-formatted pharmacy transactions are used to assess the number of dispensed influenza antiviral (AV) prescriptions. Four influenza AV medications approved by the Food and Drug Administration (FDA) are recommended by the CDC for use in the United States (US) for the 2019-2020 influenza season: oral oseltamivir (Tamiflu® or generic), inhaled zanamivir (Relenza®), and intravenous peramivir (Rapivab®), and baloxavir marboxil (Xofluza®). These prescriptions are included in this surveillance. The overall count of dispensed AV prescriptions by week is presented graphically for the influenza season. A seasonal baseline is displayed with dispensed AV prescriptions. Surveillance thresholds are displayed with the count of inpatient dispensed AV prescriptions. Additionally, counts of inpatient dispensed influenza AV prescriptions are presented weekly for the influenza season.

Baselines, Thresholds, and Trends:
Weekly baselines used a three-year average to compare results with those from the same week during the previous three seasons. Bands for one and two standard deviations above seasonal baseline estimates are displayed to indicate when trends diverge with respect to timing or volume from those of recent seasons. The ILI, lab, and dispensed AV prescription data thresholds are calculated by adding two standard deviations to the off-season average.

Inpatient thresholds (lab and dispensed AV prescription data) are calculated by adding one standard deviation to the overall weighted average for in-season weeks. Weeks that represent at least 2% of the total season’s laboratory-positive influenza cases for at least two consecutive weeks was considered to be “in-season” or influenza weeks; all other weeks are considered to be “off-season” or non-influenza weeks.

Links to Service-Specific Influenza Reports:
Select the following links to see service-specific influenza surveillance weekly reports:

- Navy and Marine Corps Public Health Center (NMCPHC):

- United States Air Force School of Aerospace Medicine (USAFSAM)/Defense Health Agency (DHA):
  [https://hpws.afrl.af.mil/epi-consult/influenza/ActivityUpdates.cfm](https://hpws.afrl.af.mil/epi-consult/influenza/ActivityUpdates.cfm)