



# DEPARTMENT OF DEFENSE

## AFHSC Influenza Surveillance Summary



12 April 2011

### DoD Summary

- There has been an overall decrease in influenza positive samples; all three strains continue to co-circulate (Graph 1)
- Influenza-like illness (ILI) and pneumonia and influenza (P&I) incidence rates continued to remain at low and stable levels.
- Active duty immunization coverage within the DoD is at 96%

### Laboratory Surveillance

**United States Air Force School of Aerospace Medicine** (Source: global, lab-based military sentinel surveillance) [Contact](#)

- As of Week 13, the number of collected specimens continues to decline for the 4th straight week with co-circulation of A/H1, A/H3, and B influenza viruses
- There continues to be good agreement between current vaccine components and circulating influenza vaccine strains

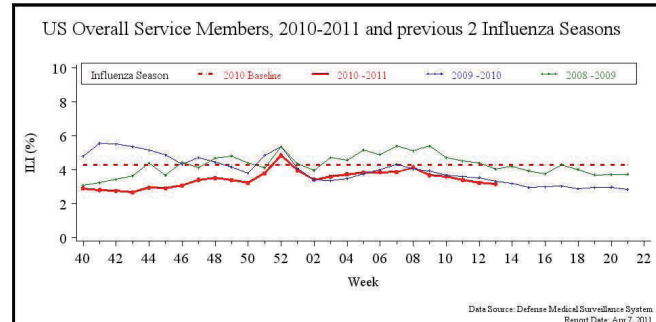
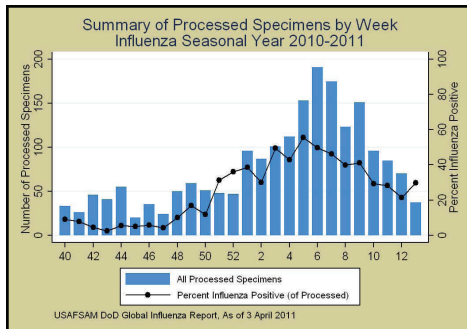
**Naval Health Research Center** (Source: lab-based recruits, shipboard and border surveillance) [Contact](#)

- Continue to see all influenza types; The percent of influenza positive samples also continues to decline
- Type 4 adenovirus remains the predominant cause of febrile respiratory illness at most recruit training centers, with the exception of Type 12 at MCRD Paris Island and MCRD San Diego, and Type 3 at Fort Benning

### Electronic Surveillance

**AFHSC**– (Source: Defense Medical Surveillance System (DMSS); medical encounter database and reportable events) [Contact](#)

- The percent of all outpatient visits due to ILI remained fairly stable this week for all regions; percents were at or below previous season percents for all regions and were below baseline for all populations except US and PACOM beneficiaries



**Graph 1: Summary of Processed Specimens by Week**

**Graph 2: Percent of Servicemember Outpatient Visits with ILI**

### Global Surveillance Network

#### DoD Overseas Laboratories:

Southeast Asia: Low ILI activity with sporadic circulation of influenza A/H3 and B (AFRIMS, NAMRU-2)

Europe: Slight increase in specimen submissions but little circulating influenza A/H1 (USAPHCR-Europe)

South America: Reports of spiking A/H1 in Venezuela, analysis of specimens is ongoing (NAMRU-6)

North Africa: Low ILI activity and no influenza positive samples (NAMRU-3)

East and West Africa: Low to medium ILI activity with circulation of influenza A/H1 and B (GVF, Univ. of Beau, USAMRU-K)

### Immunization Coverage

(Active Component)	DoD-All*	ARMY	MARINES*	NAVY*	COAST GUARD	AIR FORCE
Seasonal Influenza Vaccine	96%	97%	97%	92%	97%	99%

Sources: DoD ALL-MILVAX, ARMY-MEDPROS, MARINES-MRRS, NAVY-MRRS, COAST GUARD-MRRS, AIRFORCE-AFCITA

\*Underestimates due to time lag in reporting systems

### AFHSC Suggested Sampling Strategy for Future Surveillance and Monitoring of Influenza Activity at DoD Installations

Samples Collected (Per Week): **6-10** samples from ILI (*Fever  $\geq 100.5^{\circ}F$  AND cough or sore throat*) patients seen at representative clinics on a given installation **AND ALL** patients hospitalized with respiratory symptoms or clinically diagnosed pneumonia; or part of case clusters (>5 cases) among high risk groups (*i.e. basic/advanced military trainees; shipboard or deployed service members; health care professionals*)

**Note: Designated sentinel surveillance sites should forward 6-10 samples per week for further characterization (e.g. culture and sequence analysis). Rapid testing alone is insufficient for surveillance**

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