



DEPARTMENT OF DEFENSE

Weekly Global Influenza Surveillance Summary



08 December 2009

DoD Summary

- The overall trend for influenza-like illness (ILI) has decreased across the military health system (MHS)
- Pandemic H1N1 (pH1N1) remains the predominant strain among US Armed Forces beneficiaries across the MHS
- Molecular analysis of pH1N1 samples suggests a close match to the current monovalent pandemic vaccine
- No additional influenza-associated deaths were reported over the past week

ARMY: Nothing to report

NAVY: No update at time of report

MARINES: No update at time of report

AIR FORCE: Five Air Force bases are currently experiencing elevated ILI activity (down from 27 one month ago)

Laboratory Summary

USAFSAM: Molecular analysis of global pH1N1 isolates shows all viruses remain closely aligned with the current vaccine strain

NHRC: Currently no military basic training centers are experiencing elevated febrile respiratory illness (FRI) rates
All influenza-positive cases

BAACH (Korea): Continued decrease in both lab-confirmed influenza and ILI activity among all age groups in Rep. of Korea

NAMRU-2: A notable increase in lab-confirmed influenza type B has been observed throughout SE Asia

AFRIMS: Continued co-circulation of pH1N1, H3N2 and influenza B throughout SE Asia (including US Embassies)

EUROPE: Landstuhl Regional Medical Center now has pH1N1 confirmatory capability in support of EUCOM surveillance

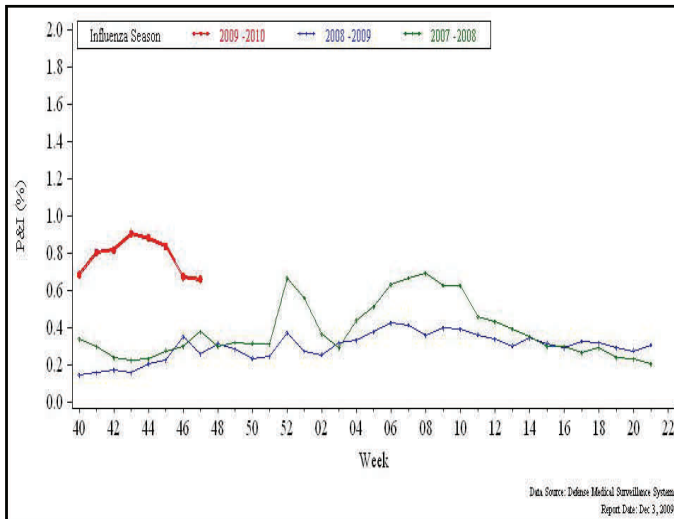
Electronic Data Capture

AFHSC Influenza Report: ILI and pneumonia & influenza (P&I) incidence rates continue to decrease over the last four weeks

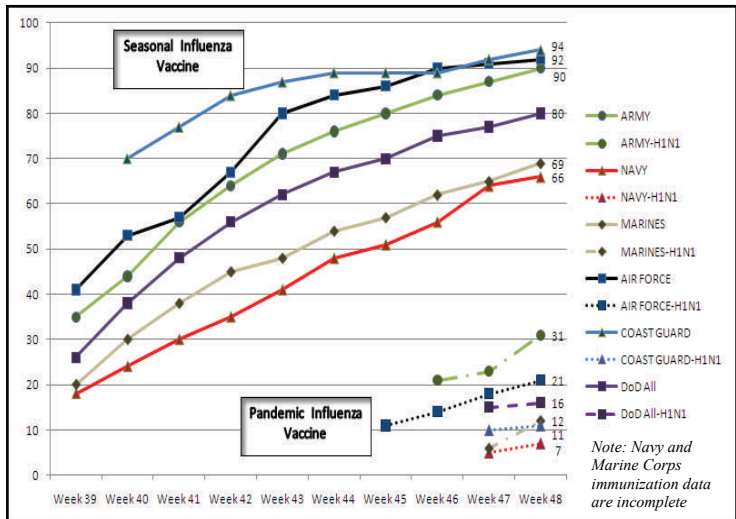
ESSENCE: Overall clinic visit counts for ILI have increased slightly this past week but dip may be due to Thanksgiving holiday

DMSS: Total number (N=3) of reported hospitalizations has decreased this past week and continues to trend downward

Percent of All Outpatient Visits with an P&I Diagnosis: US Service Members 2009-2010 (click on graph to enlarge)



Current Seasonal and Pandemic Influenza Vaccine Coverage: Active Component (click on graph to enlarge)



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)

Reportable Hospitalizations

Per 11 October 2009 ASD/HA Memo on Enhanced Influenza Surveillance, all active duty, influenza-associated hospitalizations at military hospitals must be reported through service-specific reportable medical events systems within 48 hours of Admission. Link to Memo

Reported pH1N1-associated Deaths

	AD	FM	RET
ARMY	1		1
NAVY		2	
MARINES			
AIR FORCE	1	2	2
COAST GUARD			