DEPARTMENT OF DEFENSE

Weekly Influenza Surveillance Summary

14 December 2010

DoD Summary

- Influenza-like illness (ILI) clinic visits continue to trend upward throughout the military health system (MHS)
- Circulating strains of influenza identified and analyzed throughout the DoD continue to align closely with the current vaccine strains
- Vaccine coverage for active duty service members is currently at 87% (US civilian coverage is estimated at 33%)

Laboratory Surveillance

United States Air Force School of Aerospace Medicine (Source: global, lab-based military sentinel surveillance) View Report Contact

- Lab-confirmed influenza activity remains low across the military sentinel sites
- All influenza viruses characterized this year have aligned closely with the current tri-valent influenza vaccine strains
- Of all influenza-positive cases from sentinel sites, 29% were fully vaccinated (≥14 days post vaccine) at the time of illness

Naval Health Research Center (Source: lab-based recruits, shipboard and border surveillance) View Report Contact

- Influenza A/H3N2 and influenza B have been seen at US/Mexico border clinics and among DoD family members in San Diego
- Currently no basic military recruit training centers are experiencing elevated febrile respiratory illness rates

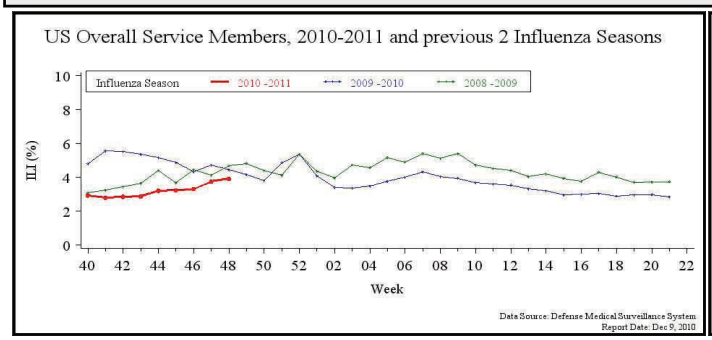
United States Army Public Health Command (Source: lab reports from US Army medical centers worldwide) View Report Contact

- Cases of influenza A/H3N2 and influenza B have recently been identified in Europe and Hawaii but overall activity remains low
- ILI activity in Hawaii this season is primarily due to other non-influenza viruses (RSV, parainfluenza, adenovirus)

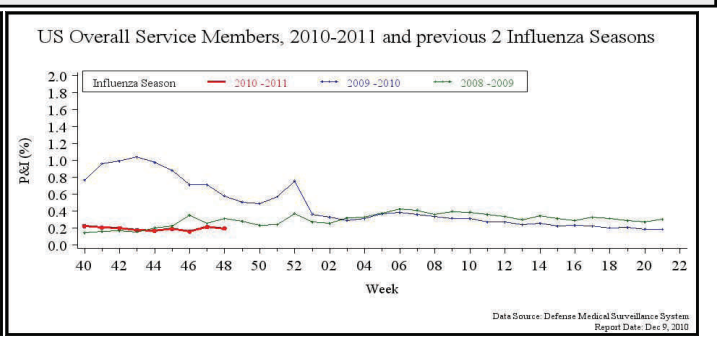
Electronic Surveillance

AFHSC– (Source: Defense Medical Surveillance System (DMSS); medical encounter database and reportable events) View Report Contact

- ILI (Graph 1) in service members continues to trend upward across the MHS
- Pneumonia and Influenza (Graph 2) remains stable for service members and has increased slightly for family members
- Of reported influenza positive cases across the MHS, 33% were fully vaccinated (≥14 days post vaccine) at the time of illness



Graph 1: Percent Influenza-like Illness



Graph 2: Percent Pneumonia and Influenza

Global Surveillance Network

Central America: ILI activity is primarily due to influenza B and other respiratory viruses and is trending downward
South America: Partners at NAMRU-6 in Lima, Peru have seen a dramatic decrease in influenza activity throughout S. America
East Africa: Surveillance partners at USAMRU-Kenya have seen a shift this week from H3N2 back to 2009 H1N1 predominance
North Africa: NAMRU-3 partners have seen a recent increase in 2009 H1N1 and influenza B among active surveillance sites

Immunization Updates

(Active Component)	DoD-All*	ARMY	MARINES*	NAVY	COAST GUARD	AIR FORCE
Seasonal Influenza Vaccine	87%	93%	76%	87%	94%	93%

Sources: DoD ALL-DMSS, ARMY-MEDPROS, MARINES-DMSS, NAVY-MRRS, COAST GUARD-MRRS, AIR FORCE-AFCITA
**Underestimates due to time lag in reporting systems*

(Link to) **DoD Enhanced Influenza Surveillance Memo**

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

Samples Collected (Per Week): **8-10** samples from ILI (*Fever ≥100.5^{0}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)*

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