**Influenza activity is still increasing at a significant rate across the nation and the A (H3N2) virus is currently predominating. In past influenza seasons, vaccine effectiveness has been low against the A(H3N2) virus compared to other viruses and the A(H3N2) virus has been associated with increased hospitalizations and mortality among at-risk populations (elderly, young children etc.). Due to these factors, the Centers for Disease Control and Prevention (CDC) recommends that in addition to administering the influenza vaccine to prevent illness, antiviral medications should be prescribed to treat influenza and help reduce the severity of the illness. With early intervention, neuraminidase inhibitor (NAI) antiviral medications are very effective but should still be administered if treatment is delayed.**

**Geographic Spread**

- In week 52, widespread influenza activity was reported by 46 states. Regional activity was reported by 4 states and local activity was reported by the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands did not report.

**CDC Virologic Surveillance**

- During week 52, 84.9% (784) of specimens collected for civilian labs tested positive for Influenza A. A(H3N2) accounted for 682 of the 784 samples. 60 were A (H1N1)pdm09 and 42 were not subtyped.

**Laboratory Respiratory Specimen Testing**

- In week 52, 33% (690) of specimens tested positive.
- Influenza A and B accounted for 72% and 16% of positive specimens, respectively.
- RSV accounted for 10% of positive specimens.
- Parainfluenza and adenovirus both accounted for 1% of positive specimens.

**ILI Activity Army**

- Nationwide during week 52, 5.8% of outpatient visits reported in ILINet were due to ILI, above the national baseline of 2.2%.
- The percentage of ILI outpatient visits ranged from 2.4% to 11.3% across the regions reporting.

**ILI Activity United States**

- In week 52, incident ILI activity was 18% lower than the same time last year and 6% lower than week 52 in 2015-2016.
- AD SMs accounted for 17% of incident ILI clinic visits during week 52; in 2016-2017, AD SMs comprised 17% of ILI clinic visits on average.

**DRSi Influenza Case Reporting**

- Seven influenza-associated hospitalizations were reported in DRSi in week 52; all were among non-AD individuals and none were vaccinated.
- The total number of influenza-associated hospitalizations this season is 26, whereas 10 cases were reported during the same time last season.

**Laboratory Testing for Influenza A**

- In week 52, 498 of 1787 (27.9%) specimens tested positive for influenza A. This is approximately the same as week 51 (27%). 453 (91%) of the positive influenza A specimens were from non-active duty individuals.
- RHC-C reported 368 (74%) of the total influenza A-positive specimens. RHC-A reported 101 (20%) influenza A-positive specimens, RHC-P reported 22 (4%) influenza A-positive specimens, and RHC-E reported 7 (1%) positive influenza A specimens. CENTCOM did not report any positive influenza A specimens.

**Additional Resources:**

- Army Influenza Reports; ARD Reports; AFHSB Influenza Reports; NHRC FRI Reports; DoD Global Influenza Surveillance Program; DoD Pandemic Influenza Watchboard; CDC
- Key: ILI-Influenza-Like Illness; DRSi- Disease Reporting System Internet; NHRC- Naval Health Research Center; ADV-Adenovirus; RSV-Respiratory Syncytial Virus; DED- Disease Epidemiology Division; SM-Service Member

**Questions?**

Email APHC DED
410-417-2377
Proportion of Influenza A Positive Specimens by Week and Region, Army Medical Laboratories, 2017-2018 as Compared to 2014-2017

Regional Health Command - Atlantic (RHC-A)

Locations providing week 52 laboratory data as of 3 January 2018: Korea, Ft Belvoir (NCR), Ft Benning, Ft Bliss, Ft Bragg, Ft Campbell, Ft Carson, Ft Eustis, Ft Gordon, Ft Hood, Ft Huachuca, Ft Irwin, Ft Jackson, Ft Knox, Ft Leavenworth, Ft Lee, Ft Leonard Wood, Ft Meade, Ft Polk, Ft Rucker, Ft Sam Houston, Ft Sill, Landstuhl, Redstone Arsenal, Tripler, West Point, and Walter Reed.

*NOTE: Madigan AMC data was not received due to the switch from AHLTA/CHCS to MHS Genesis.
Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists*
Week ending December 30, 2017 - Week 52

* This map indicates geographic spread & does not measure the severity of influenza activity.
Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2017-2018 Season

- A (subtyping not performed)
- A (H1N1)pdm09
- A (H3N2)
- H3N2v
- B (lineage not performed)
- B (Victoria Lineage)
- B (Yamagata Lineage)
Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2017-2018 and Selected Previous Seasons
Clinic visits for ILI are obtained from ESSENCE. Data as of 3 January 2018.
<table>
<thead>
<tr>
<th>Test Result</th>
<th>Week 49</th>
<th>Week 50</th>
<th>Week 51</th>
<th>Week 52</th>
<th>Season Total</th>
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<tbody>
<tr>
<td>Influenza A</td>
<td>222</td>
<td>429</td>
<td>537</td>
<td>498</td>
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<tr>
<td>Influenza B</td>
<td>24</td>
<td>94</td>
<td>106</td>
<td>107</td>
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<td>Adenovirus</td>
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<td>24</td>
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<td>10</td>
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<td>1678</td>
<td>1538</td>
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<td><strong>Total Results</strong></td>
<td>1547</td>
<td>2322</td>
<td>2263</td>
<td>2088</td>
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Note: Reportable influenza cases are defined as only cases that have been hospitalized and are under the age of 65. See Armed Forces Reportable Medical Events Guidelines and Case Definitions for more information.

Data as of 4 January 2018.
Proportion of Positive Influenza A Specimens for U.S. Army 2017-2018

- Total Tested (2017-18)
- Average Tested (2014-17)
- % Influenza A Positive

Total Number of Patients Tested vs. Week

Percent Positive vs. Week

Week: 40 41 42 43 44 45 46 47 48 49 50 51 52 53 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Positive Respiratory Specimen Results from Army MTFs by Virus, 2017-2018 Influenza Season

- **Week 49**:
  - Influenza A: 100
  - Influenza B: 20
  - Adenovirus: 10
  - Enterovirus: 5
  - Parainfluenza: 5
  - RSV: 5

- **Week 50**:
  - Influenza A: 150
  - Influenza B: 40
  - Adenovirus: 20
  - Enterovirus: 10
  - Parainfluenza: 10
  - RSV: 10

- **Week 51**:
  - Influenza A: 200
  - Influenza B: 50
  - Adenovirus: 30
  - Enterovirus: 20
  - Parainfluenza: 20
  - RSV: 20

- **Week 52**:
  - Influenza A: 250
  - Influenza B: 60
  - Adenovirus: 40
  - Enterovirus: 30
  - Parainfluenza: 30
  - RSV: 30
<table>
<thead>
<tr>
<th>Region</th>
<th>Week 45 AD</th>
<th>Week 46 AD</th>
<th>Week 47 AD</th>
<th>Week 48 AD</th>
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