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U.S. Army Influenza Activity Report

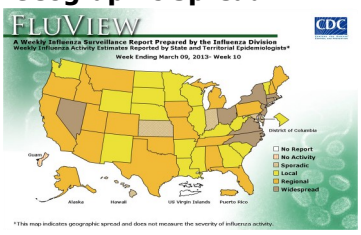
Week Ending 9 March 2013 (Week 10)

2012-2013 Seasonal Influenza Vaccination Coverage *As of 12 MAR 2013*	
97%	DOD
98%	Army Active Duty
93%	Army Guard
86%	Army Reserve

SYNOPSIS: During week 10, Army influenza-like illness (ILI) activity was slightly higher than the same time last season. Influenza B activity has exceeded influenza A activity among typed specimens in both the Army and the civilian populations for the second week in a row.

- **ILI Activity:** Army incident ILI outpatient visits in week 10 were 2% higher than the same week last year.
- **Influenza cases:** Two hospitalized influenza cases were reported to USAPHC in week 10. 86 hospitalized cases have been reported during this influenza season, 76 in dependents and 10 in Active Duty.
- **Acute Respiratory Disease at BCT sites:** ARD rates remain low; rates did not increase at any sites during week 10.
- **Viral specimens:** During week 10, 309 of 1190 (26%) laboratory specimens tested were positive for respiratory pathogens. Influenza B accounted for 41% of positive specimens. Most of the influenza positive specimens were from ERMC (37%); 27% were from PRMC, and 18% from WRMC.

Geographic Spread

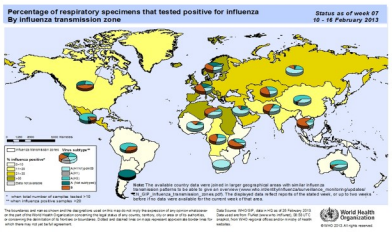


United States

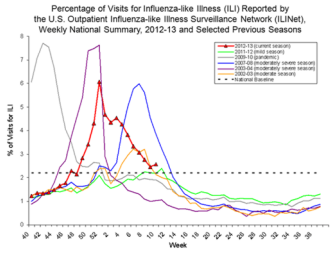
- During week 10, 8 states reported widespread activity; Puerto Rico and 19 states reported regional activity. D.C. and 23 states reported local or sporadic activity. Guam reported no influenza activity.

Global

- The European Mortality Monitoring project noted excess influenza mortality in individuals >65 in 14 reporting countries was greater than average this season, but lower than the last two influenza seasons.

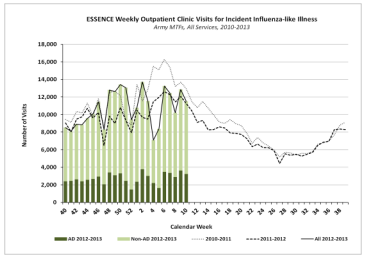


ILI Activity United States



- For week 10, 2.6% of outpatient visits reported through ILINet were due to ILI, which is above the national baseline of 2.2%.
- 6 of 10 regions reported a proportion of outpatient visits for ILI above their specific baselines.
- The percentage of ILI outpatient visits ranged from 1.0 to 3.6% across regions.

ILI Activity Army



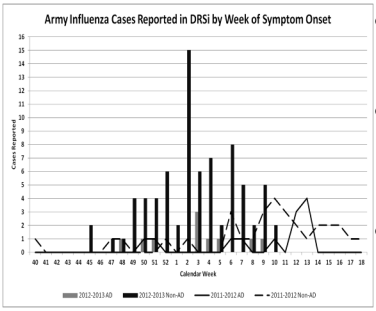
- During week 10, incident ILI activity was 2% higher than at the same time last year, but 10% lower than during the 2010-2011 season.
- Active Duty (AD) Service Members (SMs) accounted for 28% of incident ILI clinic visits during week 10; in 2011-2012, AD SMs comprised 27% of ILI clinic visits on average.

Laboratory Respiratory Specimen Testing

Army MTF Laboratory Results, 2012-13					
Test Result	Week 7	Week 8	Week 9	Week 10	Season Total
Influenza A	156	116	118	94	**9701**
Influenza B	127	89	130	127	**2214**
Adenovirus	12	8	12	16	**369**
Enterovirus	1	1	0	1	**16**
Parainfluenza	9	12	15	18	**876**
RSV	115	69	62	53	**3317**
Negative	*1098*	*840*	*914*	*881*	***93589***
Total Results	**1518**	**1135**	**1251**	**1190**	**5094**

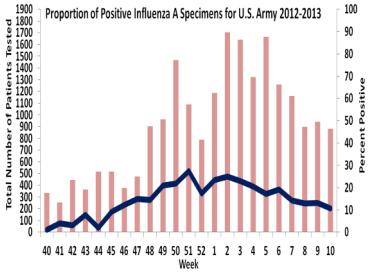
- 26% (309) of respiratory specimens were positive during week 10; influenza B accounted for 41% of positive specimens.
- Influenza A accounted for 30% of positive specimens, and RSV for 17%.
- Parainfluenza accounted for 6% of positive specimens, and adenovirus for 5%.

DRSi Influenza Case Reporting

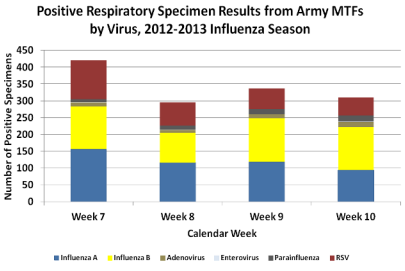


- 2 dependents with hospitalized influenza were reported in DRSi during week 10.
- A total of 86 hospitalized influenza cases have been reported this season for the US Army, 76 in dependents and 10 in AD SMs.
- At the same time last influenza season, only 5 AD SMs were reported hospitalized with influenza.

Laboratory Testing for Influenza A



- The proportion of positive influenza A tests in week 10 (10%) decreased slightly from week 9 (13%).
- 61 of the 94 (65%) positive influenza A specimens in week 10 were from non-AD personnel.
- 31 (33%) of the 94 positive influenza A specimens were from ERMC, 22 (23%) were from WRMC, and 13 (14%) were from SRMC.
- PRMC reported 19 (20%) and NRMC reported 9 (10%) influenza A cases, respectively.



Additional Resources: Army Influenza Reports; ARD Reports; AFHSC Influenza Reports; NHRC FRI Reports; DoD Global Influenza Surveillance Program; DoD Pandemic Influenza Watchboard; CDC; WHO

Key: ILI-Influenza-Like Illness; DRSi- Disease Reporting System Internet; ARD-Acute Respiratory Disease; NHRC- Naval Health Research Center; ADV-Adenovirus; RSV-Respiratory Syncytial Virus; DEP- Disease Epidemiology Program; SM-Service Member

Questions?
Email USAPHC-DEP
410-417-3774

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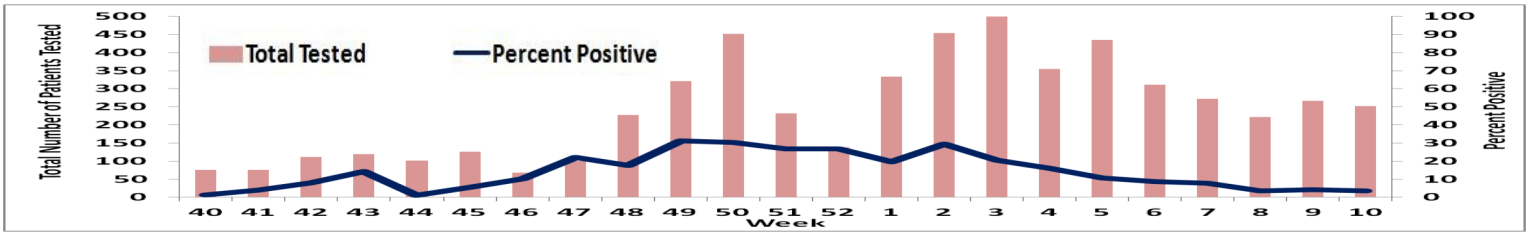
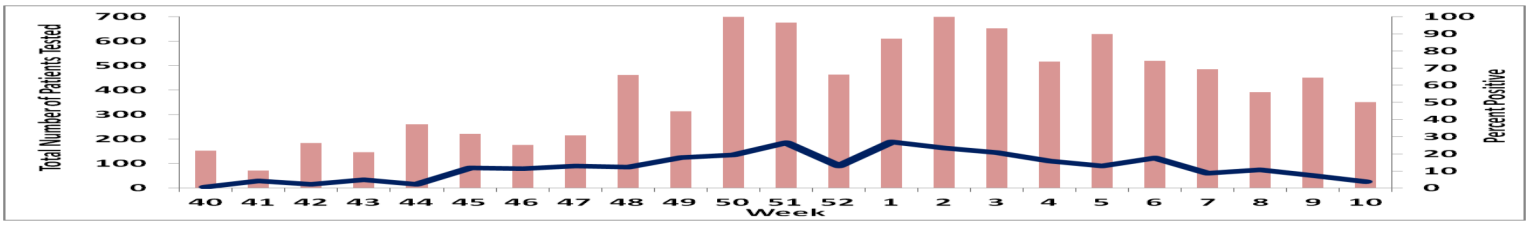
U.S. Army Influenza Activity Report

Proportion of Influenza A Positive Specimens by Week and Region, Army Medical Laboratories, 2012-13

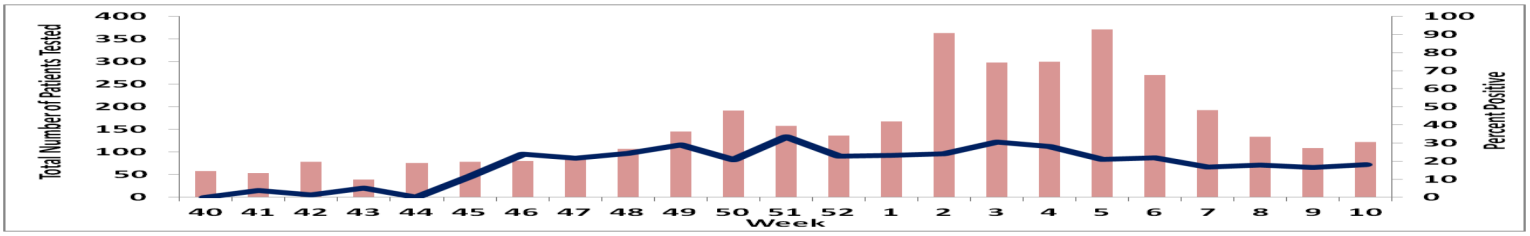
Northern Regional Medical Command (NRMC)



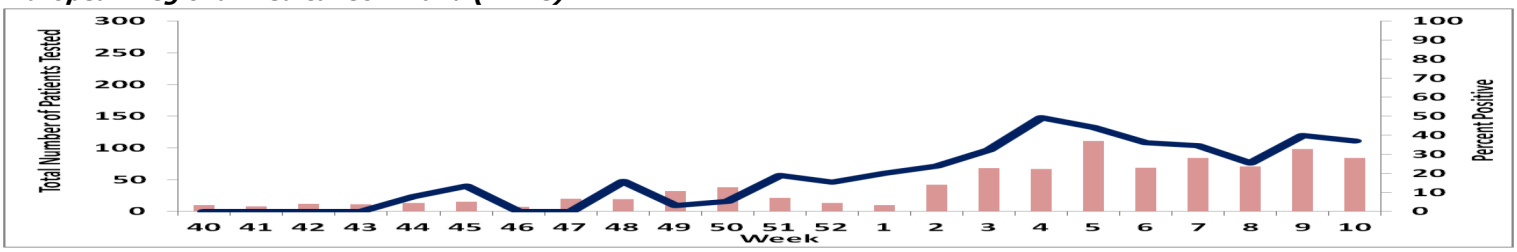
Southern Regional Medical Command (SRMC)



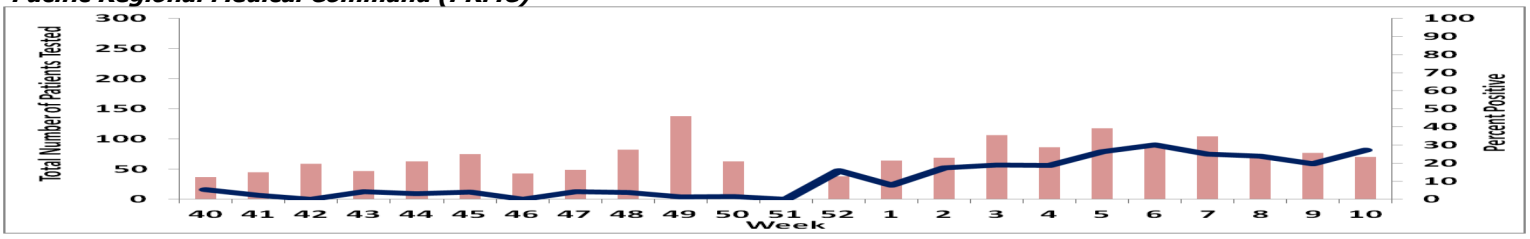
Western Regional Medical Command (WRMC)



European Regional Medical Command (ERMC)



Pacific Regional Medical Command (PRMC)



Number of Positive Influenza A Specimens by Duty Status and Region

	Week 3		Week 4		Week 5		Week 6		Week 7		Week 8		Week 9		Week 10	
Region	AD	Non-AD	AD	Non-AD	AD	Non-AD	AD	Non-AD	AD	Non-AD	AD	Non-AD	AD	Non-AD	AD	Non-AD
NRMC	52	53	27	30	18	28	6	21	6	15	2	6	6	5	1	8
SRMC	22	113	19	63	14	67	22	70	15	27	9	33	11	22	7	6
WRMC	23	68	20	64	18	60	10	49	7	25	5	19	4	14	3	19
ERMC	5	17	11	22	14	35	12	13	12	17	7	11	14	25	13	18
PRMC	4	16	5	11	9	22	15	12	8	18	7	10	3	12	9	10
CENTCOM	2	0	0	0	1	1	6	6	8	7	3	4	2	0	2	0

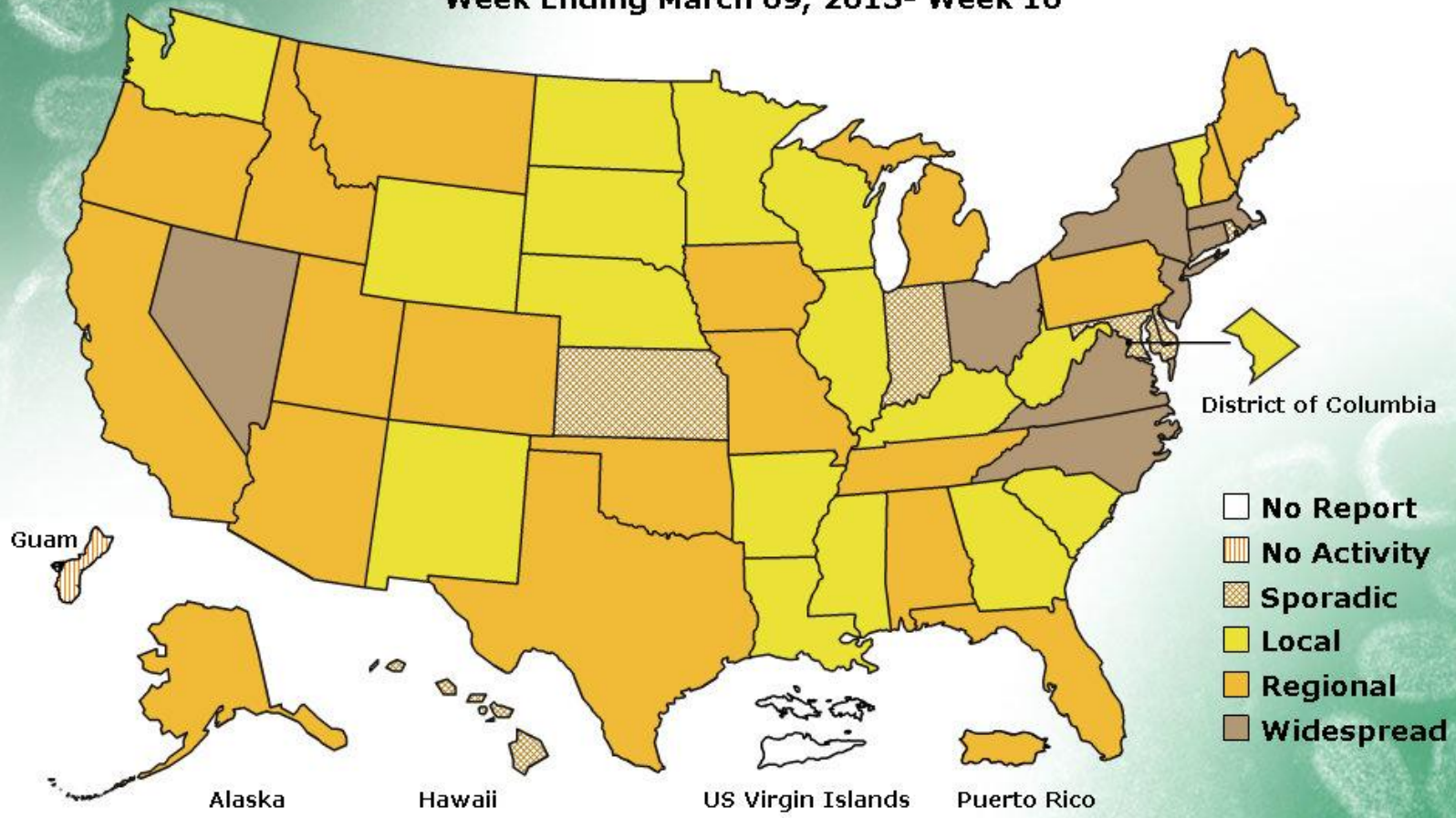
Locations providing week 10 laboratory data as of 13 March 2013: Korea, Ft Belvoir, Ft Benning, Ft Bliss, Ft Bragg, Ft Campbell, Ft Carson, Ft Drum, Ft Eustis, Ft Gordon, Ft Hood, Ft Irwin, Ft Jackson, Ft Leavenworth, Ft Lee, Ft Leonard Wood, Ft Lewis, Ft Meade, Ft Polk, Ft Riley Ft Rucker, Ft Sam Houston, Ft Sill, Ft Wainwright, Landstuhl, Redstone Arsenal, Tripler, and West Point.

FLUVIEW

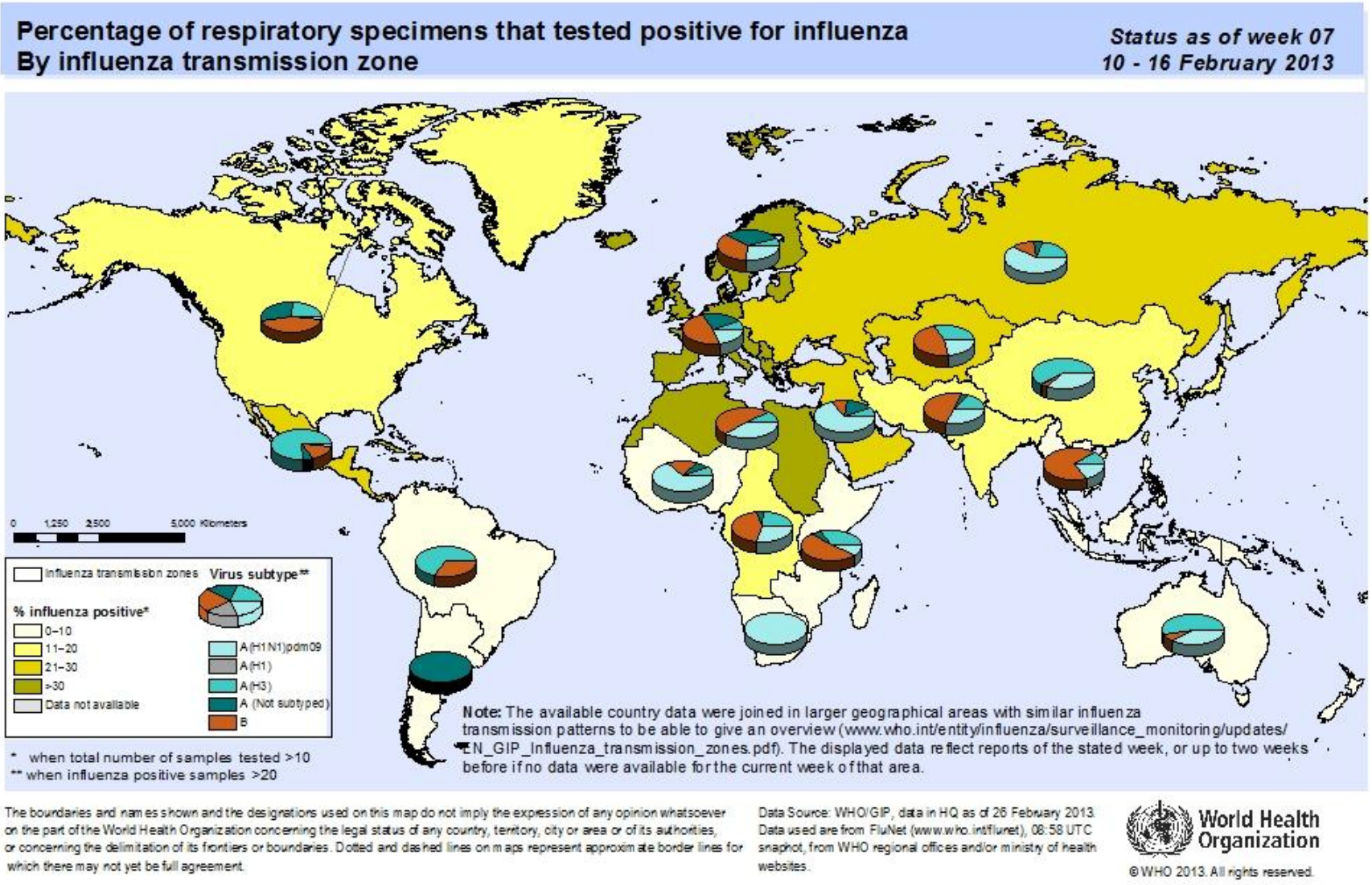
A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending March 09, 2013- Week 10



*This map indicates geographic spread and does not measure the severity of influenza activity.



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: WHO/GIP, data in HQ as of 26 February 2013
Data used are from FluNet (www.who.int/flunet), 08:58 UTC snapshot, from WHO regional offices and/or ministry of health websites.

World Health Organization

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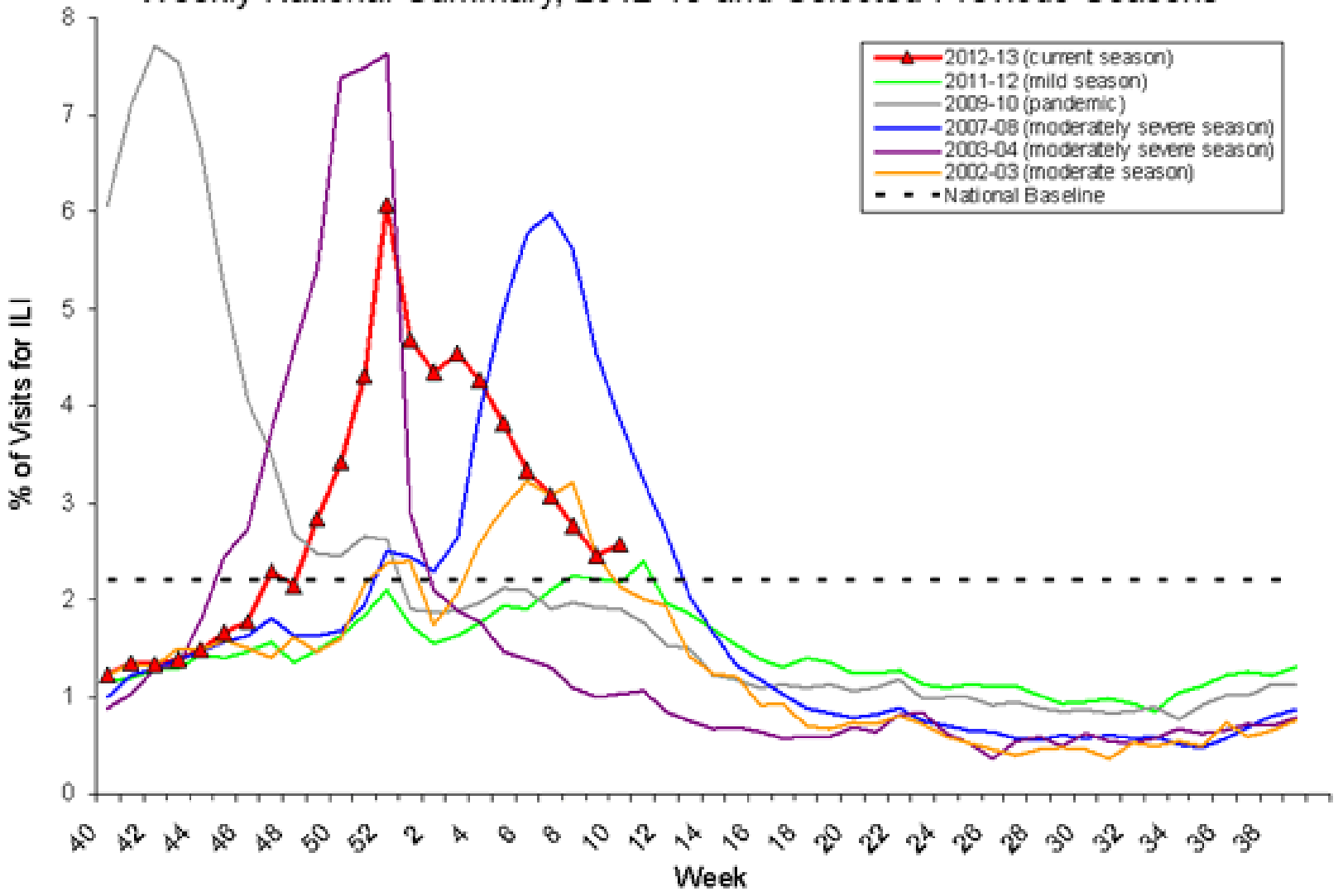
http://www.who.int/influenza/gisrs_laboratory/updates/summaryreport/en/index.html
http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html


Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2012-13 and Selected Previous Seasons
% of Visits for ILI
Week
2012-13 (current season)
2011-12 (mild season)
2009-10 (pandemic)
2007-08 (moderately severe season)
2003-04 (moderately severe season)
2002-03 (moderate season)
National Baseline
0
1
2
3
4
5
6
7
8
40
42
44
46
48
50
52
2
4
6
8
10
12
14
16
18
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22
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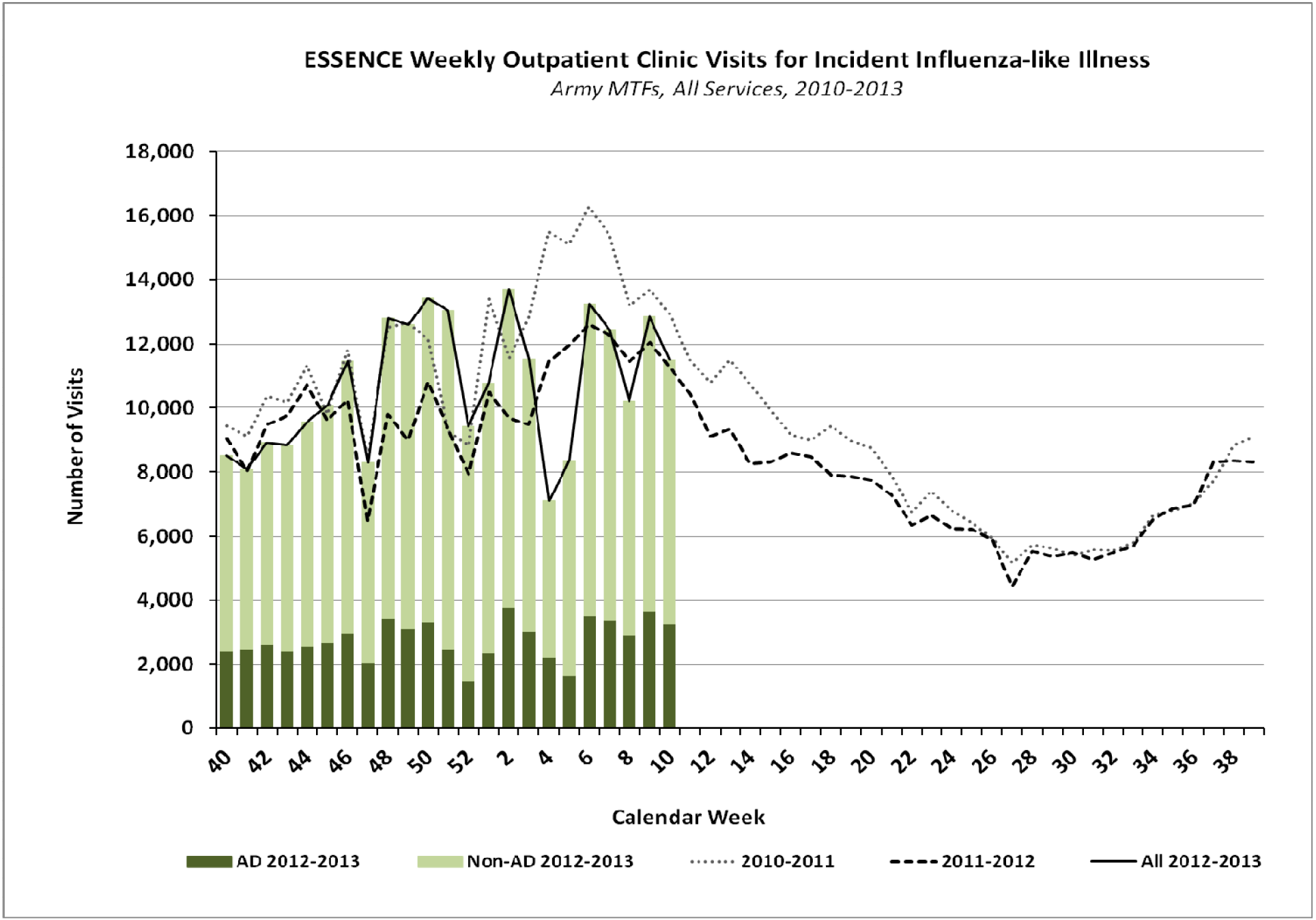
32
34
36
38



Clinic visits for ILI are obtained from ESSENCE. Data as of 13 March 2013.

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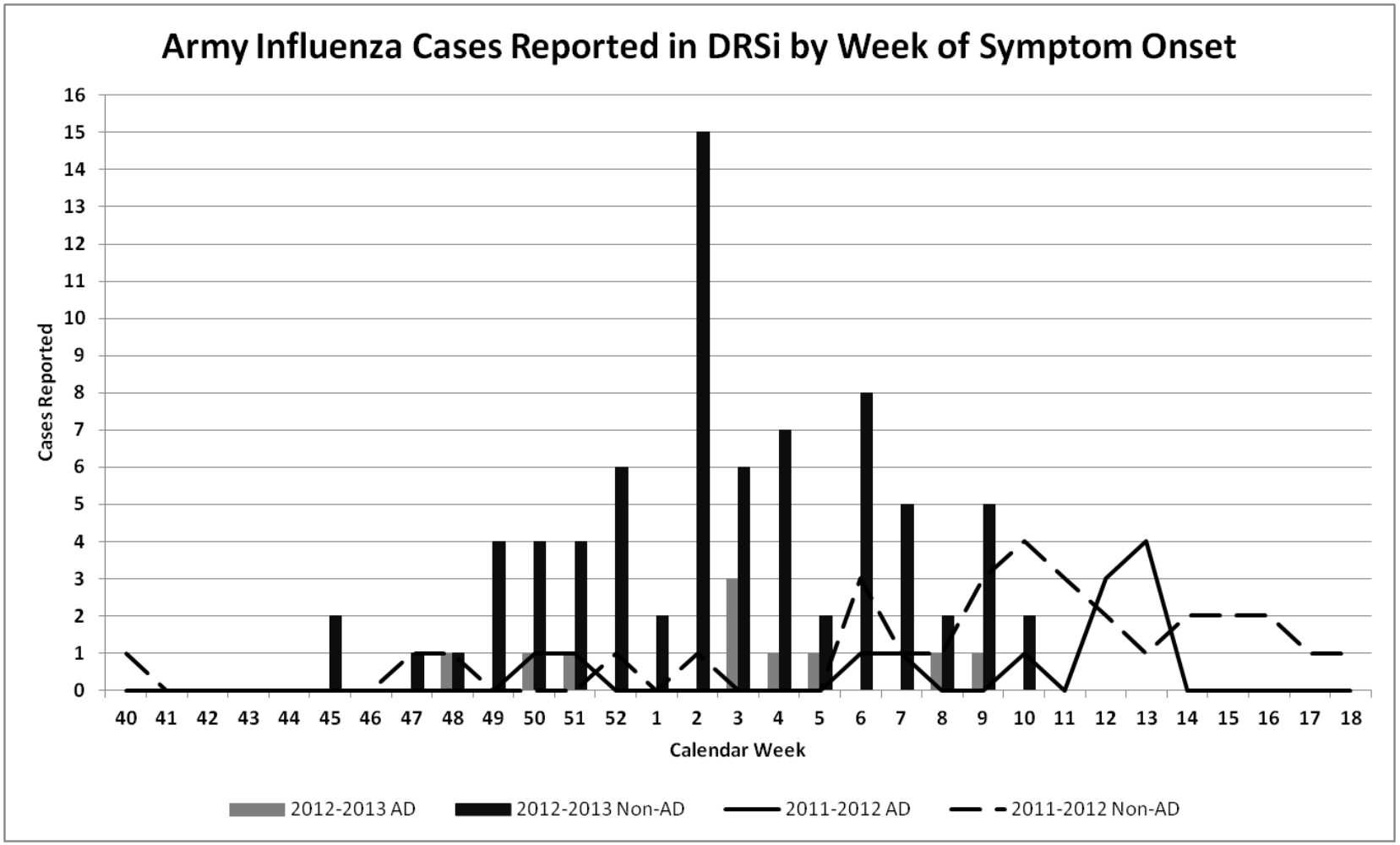
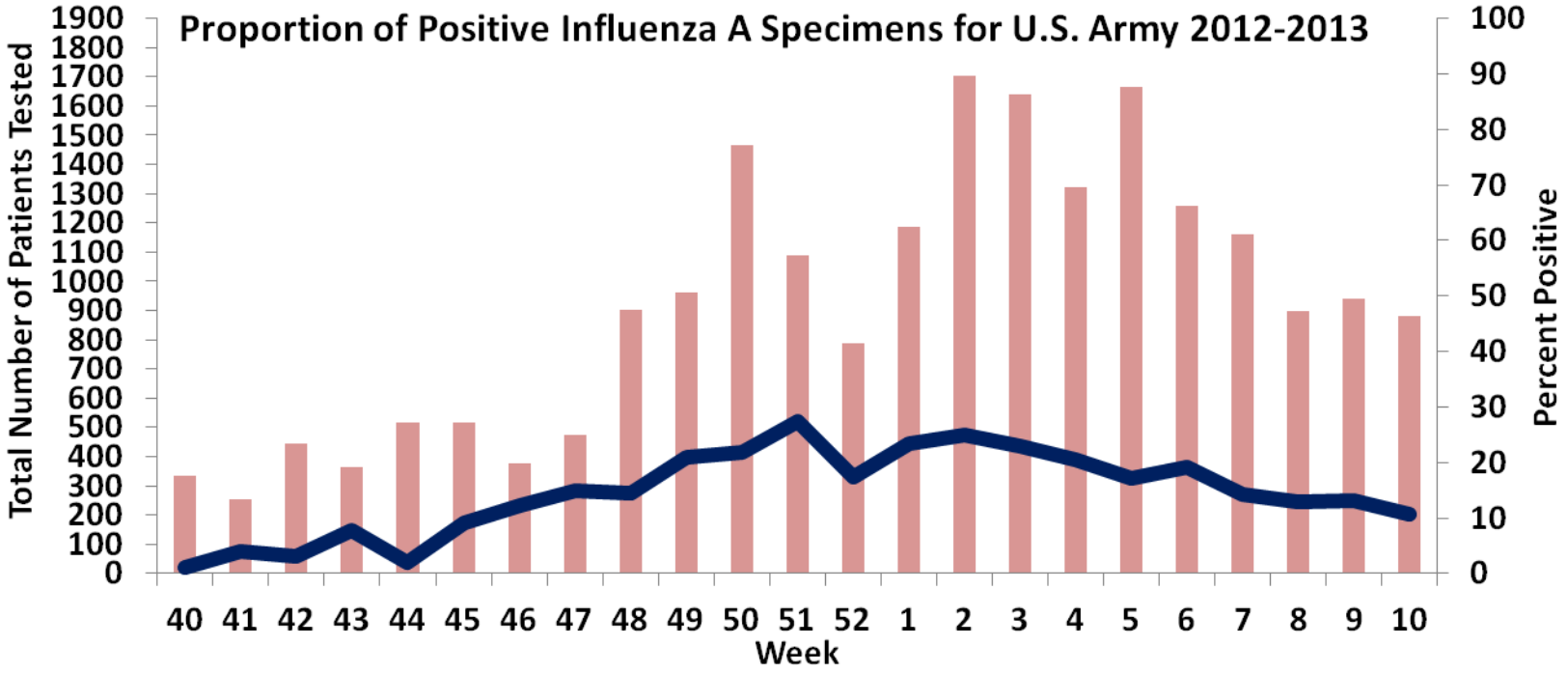
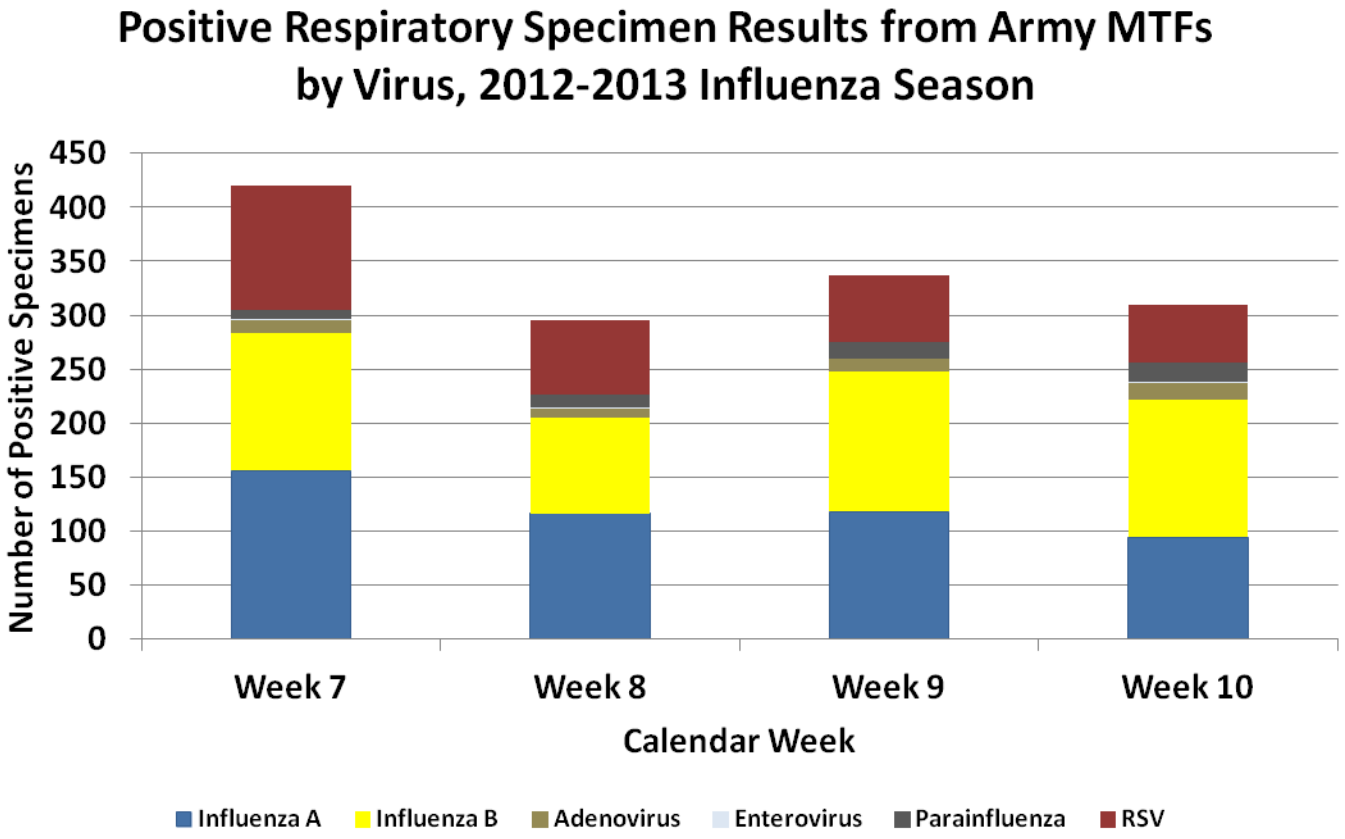


Note: *Reportable influenza cases are defined as only cases that have been hospitalized and are under the age of 65. See Armed Forces Reportable Medical Events Guidelines and Case Definitions for more information*

Data as of 27 February 2013.


Proportion of Positive Influenza A Specimens for U.S. Army 2012-2013
Total Number of Patients Tested
1900
1800
1700
1600
1500
1400
1300
1200
1100
1000
900
800
700
600
500
400
300
200
100
0
Percent Positive
100
90
80
70
60
50
40
30
20
10
0
40 41 42 43 44 45 46 47 48 49 50 51 52 1 2 3 4 5 6 7 8 9 10
Week


Positive Respiratory Specimen Results from Army MTFs by Virus, 2012-2013 Influenza Season
Number of Positive Specimens
450
400
350
300
250
200
150
100
50
0
Week 7
Week 8
Week 9
Week 10
Calendar Week
Influenza A
Influenza B
Adenovirus
Enterovirus
Parainfluenza
RSV