U.S. Army Influenza Activity Report

Week Ending 29 April 2017 (Week 17)

2016-2017 Seasonal Influenza Vaccination Coverage
As of 26 January 2017

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>DoD</td>
<td>92%</td>
</tr>
<tr>
<td>Army Active Duty</td>
<td>97%</td>
</tr>
<tr>
<td>Army Guard</td>
<td>91%</td>
</tr>
<tr>
<td>Army Reserve</td>
<td>83%</td>
</tr>
</tbody>
</table>

Data Source: MEDPROS, ASIMS, MRRS

SYNOPSIS: Surveillance of DoD and civilian populations indicates a continued decrease in influenza activity and in the number of respiratory specimens tested. Influenza B continues, for the fifth week, to have more positive specimens than influenza A in both populations.

- **ILI Activity**: Army ILI (influenza-like illness) outpatient visits in week 17 were 3% lower than the same week last year.
- **Influenza cases**: Two hospitalized influenza-associated cases were reported to APHC through DRSi in week 17: an Active Duty (AD) Service Member (SM) and a non-AD beneficiary.
- **Viral specimens**: During week 17, 142 of 831 (17%) lab specimens tested positive for respiratory pathogens. Of 35 influenza A-positive specimens, RHC-A reported 18 (51.4%), followed by RHC-C that reported 10 (28.6%), RHC-P that reported 6 (17.1%), and RHC-E that reported 1 (2.9%). CENTCOM did not report any positive influenza A specimens.

Geographic Spread

- **United States**
  - In week 17, regional activity was reported by Guam and 8 states. Local activity was reported by the District of Columbia, Puerto Rico, and 20 states. Widespread activity was reported by 3 states, and sporadic activity was reported by 19 states. No influenza activity was reported by the U.S.V.I.

CDC Virologic Surveillance

- **During week 17**, 29.4% (52) of specimens collected from civilian labs tested positive for Influenza A. (H3) accounted for 48 of the 52 samples, 2 were A (H1N1)pdm09, and 2 were not subtyped.

ILI Activity United States

- **Nationwide during week 17**, 1.4% of outpatient visits reported in ILINet were due to ILI, which is below the national baseline of 2.2%.
- **The percentage of ILI outpatient visits ranged from 0.5% to 2.6% across the regions reporting during week 17.**

ILI Activity Army

- **During week 17**, ILI activity was 3% lower than the same time last year and <1% lower than last week (week 16).
- **AD SMs accounted for 27% of ILI clinic visits** during week 17. In 2015-2016, AD SMs comprised 25% of ILI clinic visits on average.

Laboratory Respiratory Specimen Testing

- **In week 17**, 17% (142) of specimens tested positive for a respiratory pathogen.
- **Influenza A and B** accounted for 25% (35) and 46% (65) of positive specimens, respectively.
- **Parainfluenza** accounted for 14% of positive specimens.
- **Adenovirus** accounted for 7% and RSV for 4%.

**In week 17**, 35 of 683 (5.1%) specimens tested positive for influenza A. This was a decrease from week 16 (8.9%). 29 (83%) of the positive influenza A specimens were from non-active duty beneficiaries.

- **RHC-A reported 18 (51.4%)** of the total influenza A-positive specimens. RHC-C reported 10 (28.6%) positive specimens, RHC-P reported 6 (17.1%), and RHC-E reported 1 (2.9%). CENTCOM did not report any positive influenza A specimens.

DRSi Influenza Case Reporting

- **In week 17**, 2 influenza-associated hospitalized cases were reported in DRSi: an AD Service Member (SM) and a non-AD beneficiary. Neither was vaccinated nor had underlying conditions.
- **At the same time last influenza season**, 58 influenza-associated hospitalizations were reported. 94 cases have been reported so far this season.

Laboratory Testing for Influenza A

- **In week 17**, 35 of 683 (5.1%) specimens tested positive for influenza A. This was a decrease from week 16 (8.9%). 29 (83%) of the positive influenza A specimens were from non-active duty beneficiaries.
- **RHC-A reported 18 (51.4%)** of the total influenza A-positive specimens. RHC-C reported 10 (28.6%) positive specimens, RHC-P reported 6 (17.1%), and RHC-E reported 1 (2.9%). CENTCOM did not report any positive influenza A specimens.

Put your questions here...
Regional Health Command - Atlantic (RHC-A)

Regional Health Command - Central (RHC-C)

Regional Health Command - Europe (RHC-E)

Regional Health Command - Pacific (RHC-P)

Locations providing week 17 laboratory data as of 3 May 2017: Ft Belvoir (NCR), Ft Benning, Ft Bliss, Ft Bragg, Ft Campbell, Ft Carson, Ft Drum, Ft Eustis, Ft Gordon, Ft Hood, Ft Huachuca, Ft. Irwin, Ft Jackson, Ft Knox, Ft Leavenworth, Ft Lee, Ft Leonard Wood, Ft Lewis, Ft Meade, Ft Polk, Ft Riley, Ft Rucker, Ft Sam Houston, Ft Sill, Ft Stewart, Ft Wainwright, Landstuhl, Redstone Arsenal, Tripler, West Point, and Walter Reed.
Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists*

Week ending April 29, 2017 - Week 17

* 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, 2016-2017 Season

- A (subtyping not performed)
- A (H1N1)pdm09
- A (H3N2)
- H3N2v
- B (lineage not performed)
- B (Victoria Lineage)
- B (Yamagata Lineage)
Clinic visits for ILI are obtained from ESSENCE. Data as of 4 May 2017.
<table>
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<tr>
<th>Test Result</th>
<th>Week 14</th>
<th>Week 15</th>
<th>Week 16</th>
<th>Week 17</th>
<th>Season Total</th>
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<tbody>
<tr>
<td>Influenza A</td>
<td>114</td>
<td>105</td>
<td>69</td>
<td>35</td>
<td>6551</td>
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<tr>
<td>Influenza B</td>
<td>119</td>
<td>130</td>
<td>88</td>
<td>65</td>
<td>2440</td>
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<tr>
<td>Adenovirus</td>
<td>18</td>
<td>8</td>
<td>12</td>
<td>10</td>
<td>265</td>
</tr>
<tr>
<td>Enterovirus</td>
<td>10</td>
<td>7</td>
<td>10</td>
<td>7</td>
<td>269</td>
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<tr>
<td>Parainfluenza</td>
<td>15</td>
<td>18</td>
<td>9</td>
<td>20</td>
<td>432</td>
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<tr>
<td>RSV</td>
<td>6</td>
<td>9</td>
<td>6</td>
<td>5</td>
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<tr>
<td>Negative</td>
<td>877</td>
<td>925</td>
<td>768</td>
<td>689</td>
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<tr>
<td>Total Results</td>
<td>1159</td>
<td>1202</td>
<td>962</td>
<td>831</td>
<td>40700</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 May 2017.
Proportion of Positive Influenza A Specimens for U.S. Army 2016-2017

- Total Tested (2016-17)
- Average Tested (2012-16)
- % Influenza A Positive

Weeks 39 to 52 show a significant increase in positive cases, peaking in Week 5. The trend continues into the following weeks, with a slight decline from Week 5 to Week 10. After Week 10, the percentage of positive cases decreases steadily, reaching a low in Week 17.
Positive Respiratory Specimen Results from Army MTFs by Virus, 2016-2017 Influenza Season

Calendar Week

Week 14
Week 15
Week 16
Week 17

Number of Positive Specimens

Influenza A
Influenza B
Adenovirus
Enterovirus
Parainfluenza
RSV
<table>
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<tr>
<th>Region</th>
<th>Week 10</th>
<th></th>
<th>Week 11</th>
<th></th>
<th>Week 12</th>
<th></th>
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<td>15</td>
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<td>200</td>
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<td>6</td>
<td>51</td>
<td>9</td>
<td>33</td>
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