In NORTHCOM during week 52\textsuperscript{1,2}:

- Influenza activity was moderate to high in some states.
- The percentage of outpatient visits due to ILI increased substantially over the past 2 weeks, but remained below previous seasons.
- Flu A and B viruses continued to both circulate.
- The percentage of positive lab tests for week 52 was 2.1% for service members and 3.3% for beneficiaries.
- One influenza hospitalization (RME) among a vaccinated service member was reported for week 50.

\textbf{NHRC laboratory-confirmed influenza cases, US Military Basic Trainees: As of Week 52}

\begin{table}[H]
\centering
\begin{tabular}{|l|c|c|c|c|c|}
\hline
Week 52\textsuperscript{3} & A/H1N1 & A/H3N2 & A/untyped & Flu B & No. Tested \\
\hline
Ft Benning & 64 & & & & \\
Ft Jackson & 51 & & & & \\
Ft Leonard Wood & 43 & & & & \\
NRTC Great Lakes & 18 & & & & \\
Lackland AFB & 16 & & & & \\
MCRD Parris Island & 29 & & & & \\
MCRD San Diego & 5 & 5 & 100 & & \\
CGTC Cape May & 3 & & 17 & & \\
\hline
Total & 0 & 5 & 0 & 0 & 338 \\
\hline
\end{tabular}
\end{table}


For inquiries or comments please contact dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil
In EUCOM during week 52\textsuperscript{4,5}:

- Influenza activity increased to low in many countries and moderate in Italy.
- The percentage of outpatient visits due to ILI increased above baseline, but remained below previous seasons.
- Three influenza positive lab tests among beneficiaries occurred during week 52 (A/H1, A unsubtyped, and B).
- The percentage of positive lab tests for week 52 was 0\% for service members and 18.8\% for beneficiaries.

---

### 2015-2016 EUCOM Season Totals\textsuperscript{4,5}

<table>
<thead>
<tr>
<th></th>
<th>A/H1N1</th>
<th>A/H3N2</th>
<th>A/Untyped</th>
<th>Influenza B</th>
<th>AB</th>
<th>Overall % Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Members</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Dependents</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1.53</td>
</tr>
</tbody>
</table>

\textsuperscript{1AFHSB, 2USAFSAM, 3NHRC, 4LRMC, 5PHCR-E, 6AFRIMS, 7NMRC-A, 8USAMRU-K, 9NAMRU-3, 10NAMRU-6
For inquiries or comments please contact dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil}
In PACOM during week 52\textsuperscript{1,6,7}:

- Moderate influenza activity was seen for Japan and Hawaii during the last two weeks.
- The percentage of outpatient visits due to ILI continued to increase, but remained below previous seasons.
- Four positive lab tests (3 A unsubtyped and 1 B) were reported for week 52.
- The percentage of positive lab tests for week 52 was 6.3\% for service members and 8.3\% for beneficiaries.
- One influenza hospitalization (RME) among an unvaccinated service member was reported for week 50.

\begin{table}
\centering
\begin{tabular}{|l|c|c|c|c|c|}
\hline
Area Name & Influenza Activity & HL7 Type & A(H1) & A(H3) & A Untyped & B & AB \\
\hline
Guam & Minimal & 0 & 0 & 0 & 0 & 0 & 0 \\
Hawaii* & Moderate & 0 & 0 & 1 & 1 & 0 & 0 \\
\hline
\end{tabular}
\caption{PACOM: Guam and Hawaii Influenza Activity and HL7 Test Positive (MAP: SM+BN, 2 wks)}
\end{table}

*Hawaii HL7 Type counts may include samples received from Guam, but tested in Hawaii

\begin{table}
\centering
\begin{tabular}{|l|c|c|c|c|c|}
\hline
Area Name & Influenza Activity & \\
& HL7 Type & A(H1) & A(H3) & A Untyped & B & AB \\
\hline
Guam & Minimal & 0 & 0 & 0 & 0 & 0 \\
Hawaii* & Moderate & 0 & 0 & 1 & 1 & 0 \\
\hline
\end{tabular}
\caption{PACOM Service Members, Influenza Positive Specimens Reported to AFHSB}
\end{table}

For inquiries or comments please contact dha.ncr.health-surv.list.afhs-surv.alert-response@mail.mil
Central and Africa Commands -- Week 52

In CENTCOM and AFRICOM during week 52\textsuperscript{1,8,9}

\begin{itemize}
  \item Influenza activity remained minimal in CENTCOM and AFRICOM, with the exception of Afghanistan which had low activity.
  \item The percentage of outpatient visits due to ILI decreased below baseline and previous seasons during week 52.
\end{itemize}

Southern Command -- Week 52

In SOUTHCOM during week 52\textsuperscript{10}

\begin{itemize}
  \item Influenza activity in Honduras was minimal based on DMSS data.
\end{itemize}

\textsuperscript{1}AFHSB, \textsuperscript{2}USAFSAM, \textsuperscript{3}NHRC, \textsuperscript{4}LRMC, \textsuperscript{5}PHCR-E, \textsuperscript{6}AFRIMS, \textsuperscript{7}NMRC-A, \textsuperscript{8}USAMRU-K, \textsuperscript{9}NAMRU-3, \textsuperscript{10}NAMRU-6

For inquiries or comments please contact dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil
Description:
Maps, figures and tables are stratified by Combatant Commands (CCMD). The map provides a measure of influenza activity by state or country within each CCMD for the past two weeks for service members. Influenza activity is defined by the percentage of outpatient visits associated with an Influenza-like Illness (ILI) for each week compared to baseline levels of influenza activity. Additionally, a pie graph by US region or country is generated to display the distribution of influenza types and subtype identified from positive laboratory tests for the past two weeks combined.

Influenza activity: Percentage of Outpatient Visits Associated with ILI:
The percentage of all outpatient visits for ILI is calculated each week for all service members, regardless of component. These data are presented as a map of the past two weeks’ activity and a figure to display the entire season’s data compared to the two prior seasons and baseline. For the map, the activity level compares the mean reported percent of visits due to ILI for the past two weeks to the mean reported percent of visits due to ILI during baseline weeks. Baseline weeks are defined as non-influenza weeks (weeks 22-39) over the past 3 years.

There are four activity levels reported on each map. The activity level corresponds to the number of standard deviations (SD) below, at or above the mean for the current week compared to the mean of the baseline weeks. Activity levels are classified as minimal, low, moderate, and high. Minimal activity corresponds to an influenza percentage that is less than 2 SD above the mean. Low activity corresponds to an influenza percentage that is equal to or greater than 2 SD above the mean, but less than 4 SD above the mean. Moderate activity corresponds to an influenza percentage that is equal to or greater than 4 SD above the mean, but less than 6 SD above the mean. High activity corresponds to an influenza percentage that is equal to or greater than 6 SD above the mean.

Influenza Positive Specimens:
Lab results from PCR, viral culture, and rapid influenza assays are reported. Although the inclusion of rapid tests may underestimate the weekly and cumulative percent positive estimates due to false negatives, visibility of the positive rapid results provides valuable information for this surveillance report. Influenza types/subtypes are categorized as influenza A not subtyped (A subtype na), influenza A/H1 (A H1), influenza A/H3 (A H3), influenza A and B co-infection (A B), and influenza B (B).

Map: Each US region or country with available data contains a pie chart that displays the distribution of influenza types and subtypes for that area for the past two weeks combined. Two weeks of data are combined instead of using just the current week’s data due to delays in reporting of laboratory results.

Figure and Table: Each week, using the total number of influenza laboratory tests performed and the positive test results, the proportions positive for each serotype of influenza are calculated for service members and dependents separately.

Data Sources and Case Definitions:
Medical encounter and demographic data from the Armed Forces Health Surveillance Branch’s (AFHSB) Defense Medical Surveillance System (DMSS) are used to generate this report. In addition, health-level 7 (HL-7) format laboratory data is provided by the Navy and Marine Corps Public Health Center (NMCPHC) EpiData Center Division. For the past seasons and baseline calculations, ICD-9 codes from outpatient encounters are used to identify influenza activity. The outcome of influenza activity based on ICD-9 codes is defined using the combined codes for ILI (79.99, 382.9, 460, 461.9, 465.8, 465.9, 466.0, 486, 487.0, 487.1, 487.8, 488, 490, 780.6, or 786.2). For the current season, ICD-10 codes from outpatient encounters are used to identify influenza activity. The outcome of influenza activity based on ICD-10 codes is defined using the combined codes for ILI (B97.89, H66.9, H66.90, H66.91, H66.92, H66.93, J00, J01.9, J01.90, J06.9, J09, J09.X, J09.X1, J09.X2, J09.X3, J09.X9, J10, J10.0, J10.00, J10.01, J10.08, J10.1, J10.2, J10.8, J10.81, J10.82, J10.83, J10.8, J11.00, J11.08, J11.1, J11.12, J11.18, J11.81, J11.82, J11.83, J11.89, J12.89, J12.9, J18, J18.1, J18.8, J18.9, J20.9, J40, R05, R50.9). An individual can only be counted as a case once per week.

NORTHCOM Regions:

1AFHSB, 2USAFSAM, 3NHRC, 4LRMC, 5PHCR-E, 6AFRIMS, 7NMRC-A, 8USAMRU-K, 9NAMRU-3, 10NAMRU-6
For inquiries or comments please contact dha.ncr.health-surv.list.afhs-ib-alert-response@mail.mil