



**Cumulative Results**

Locations	25
Collected	55
Tested	52

**Influenza A** **2**

A(H1N1)pdm09	0
A(H3N2)	2
A/not subtyped	0

**Influenza B\*** **0**

B	0
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**Other Respiratory Pathogens** **26**

Adenovirus	1
<i>Bordetella pertussis</i>	0
<i>Chlamydomphila pneumoniae</i>	0
Coronavirus	1
Human Metapneumovirus	0
<i>Mycoplasma pneumoniae</i>	2
Parainfluenza	4
RSV	1
Rhino/Enterovirus	12
Non-influenza Viral Coinfections	3
Non-influenza Bacterial Coinfections	2
- <i>M. pneumo</i> coinfections (2)	

Lab data are current as of 17 October 2016. Results are preliminary and may change as more results are received.  
\*Influenza B lineages will be reported in the periodic molecular sequencing reports.

**Respiratory Highlights**

2 - 15 October 2016 (Surveillance Weeks 40 & 41)

- During 2 - 15 October 2016, a total of 55 specimens were collected from 25 locations. Results were finalized for 52 specimens from 24 locations. During Week 40, one influenza A(H3N2) was identified. One influenza A(H3N2) was also identified during Week 41. Approximately 3% of specimens tested positive for influenza during Week 40. The percent positive for Week 41 increased to approximately 4%. The influenza percent positive for the season is currently 4%.

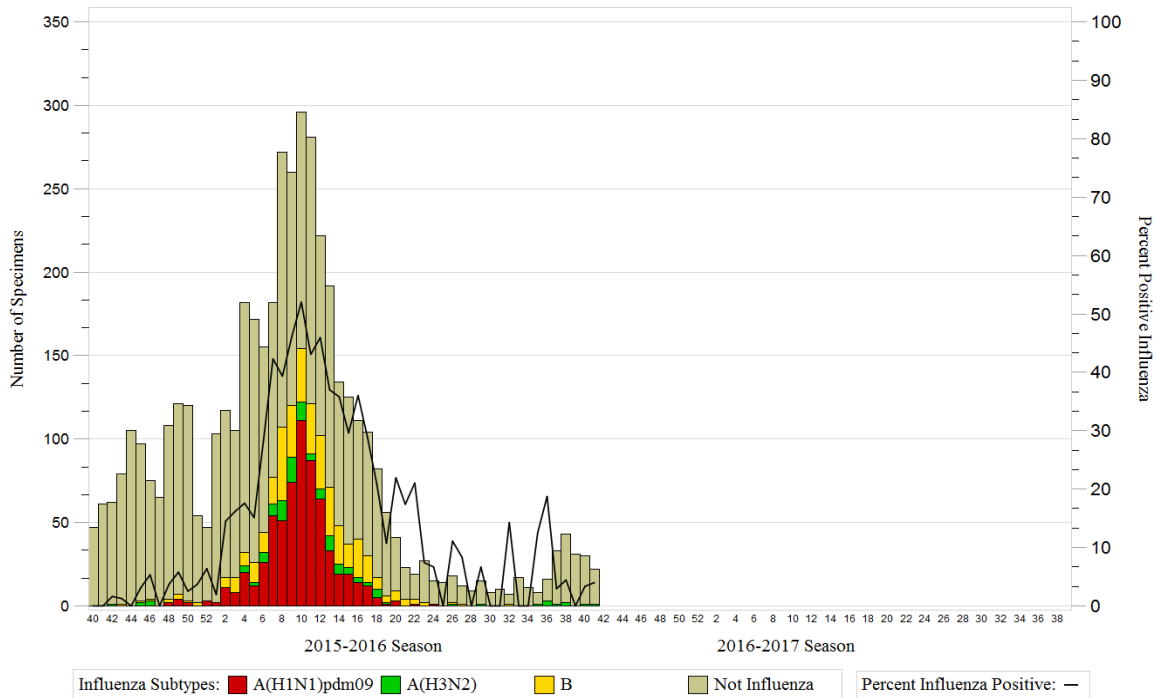
**Table 1.** Results by region and location for specimens collected during Weeks 40 & 41

Region*		A(H3N2)	Adenovirus	Coronavirus	<i>M. pneumoniae</i>	Parainfluenza	RSV	Rhinovirus/Enterovirus	Adeno & Rhino/Enterovirus	Corona & Rhino/Enterovirus	<i>M. pneumo</i> & Rhino/Enterovirus	RSV & Rhino/Enterovirus	No Pathogen	Total
PACOM	JR Marianas - Andersen AFB, Guam	-	-	-	1	-	-	-	-	-	-	-	-	1
	Kadena AB, Japan	-	-	-	-	-	-	-	-	-	-	-	1	1
	Yokota AB, Japan	-	-	-	-	-	-	-	1	-	-	1	1	3
Region 1	USCG Academy, CT	-	-	-	-	-	1	-	-	-	2	-	-	3
Region 2	USMA - West Point, NY	-	1	-	-	-	-	1	-	-	-	-	3	5
Region 3	JB Langley-Eustis, VA	-	-	-	-	1	1	2	-	-	-	-	2	6
	NMC Portsmouth, VA	-	-	-	-	-	-	-	-	-	-	-	1	1
Region 4	Columbus AFB, MS	-	-	-	-	-	-	1	-	-	-	-	-	1
	Eglin AFB, FL	-	-	-	-	-	-	-	-	-	-	-	1	1
	Hurlburt Field, FL	-	-	-	-	1	-	-	-	-	-	-	1	2
	Moody AFB, GA	-	-	-	-	1	-	1	-	1	-	-	1	4
	NH Jacksonville, FL	-	-	-	-	-	-	-	-	-	-	-	1	1
	Shaw AFB, SC	-	-	-	1	-	-	-	-	-	-	-	-	1
Region 6	Altus AFB, OK	-	-	-	-	-	-	-	-	-	-	-	1	1
	Tinker AFB, OK	-	-	-	-	-	-	-	-	-	-	-	1	1
	Vance AFB, OK	-	-	-	-	-	-	-	-	-	-	-	1	1
Region 7	Offutt AFB, NE	-	-	-	-	-	-	-	-	-	-	-	1	1
Region 8	FE Warren AFB, WY	-	-	-	-	-	-	-	-	-	-	-	2	2
	Hill AFB, UT	-	-	-	-	-	-	1	-	-	-	-	-	1
	Malmstrom AFB, MT	-	-	-	-	-	-	1	-	-	-	-	-	1
	Peterson AFB, CO	-	-	-	-	1	-	1	-	-	-	-	-	2
Region 9	Davis-Monthan AFB, AZ	-	-	-	-	-	-	1	-	-	-	-	-	1
	Travis AFB, CA	2	-	-	-	-	-	1	-	-	-	-	2	5
Region 10	Fairchild AFB, WA	-	-	1	-	-	-	1	-	-	-	-	4	6
<b>Total</b>		<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>12</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>24</b>	<b>52</b>

\*CONUS locations are based on Health & Human Services regions. Other locations are defined by COCOM.

## Laboratory Results - Cumulative for Season

**Graph 1.** Percent influenza positive by week: 2015-2016 surveillance year and through Week 41 of the 2016-2017 surveillance year



Note: Dual influenza coinfections are excluded from this graph. Specimens with pending results are used in the denominator to calculate percent positive, but are not displayed in the graph.

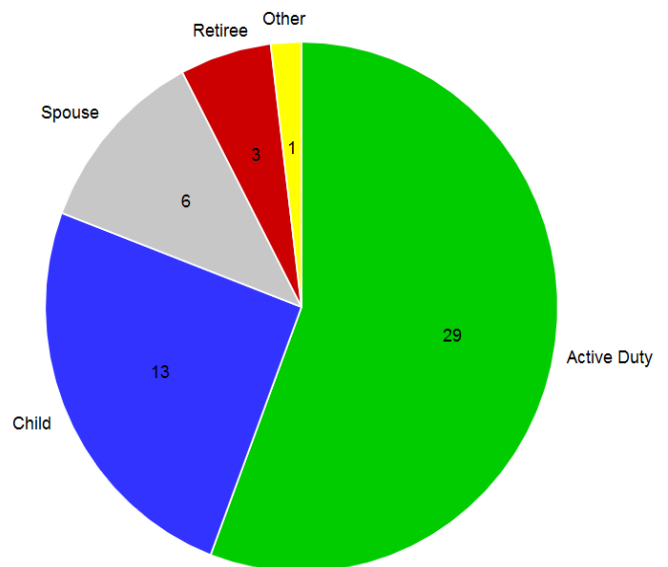
**Table 2.** ILI by age group for the 2016-2017 surveillance year through Week 41

Age Group	Frequency	Percent
0-5	8	15.38
6-9	2	3.85
10-17	3	5.77
18-24	12	23.08
25-44	24	46.15
45-64	1	1.92
65+	2	3.85

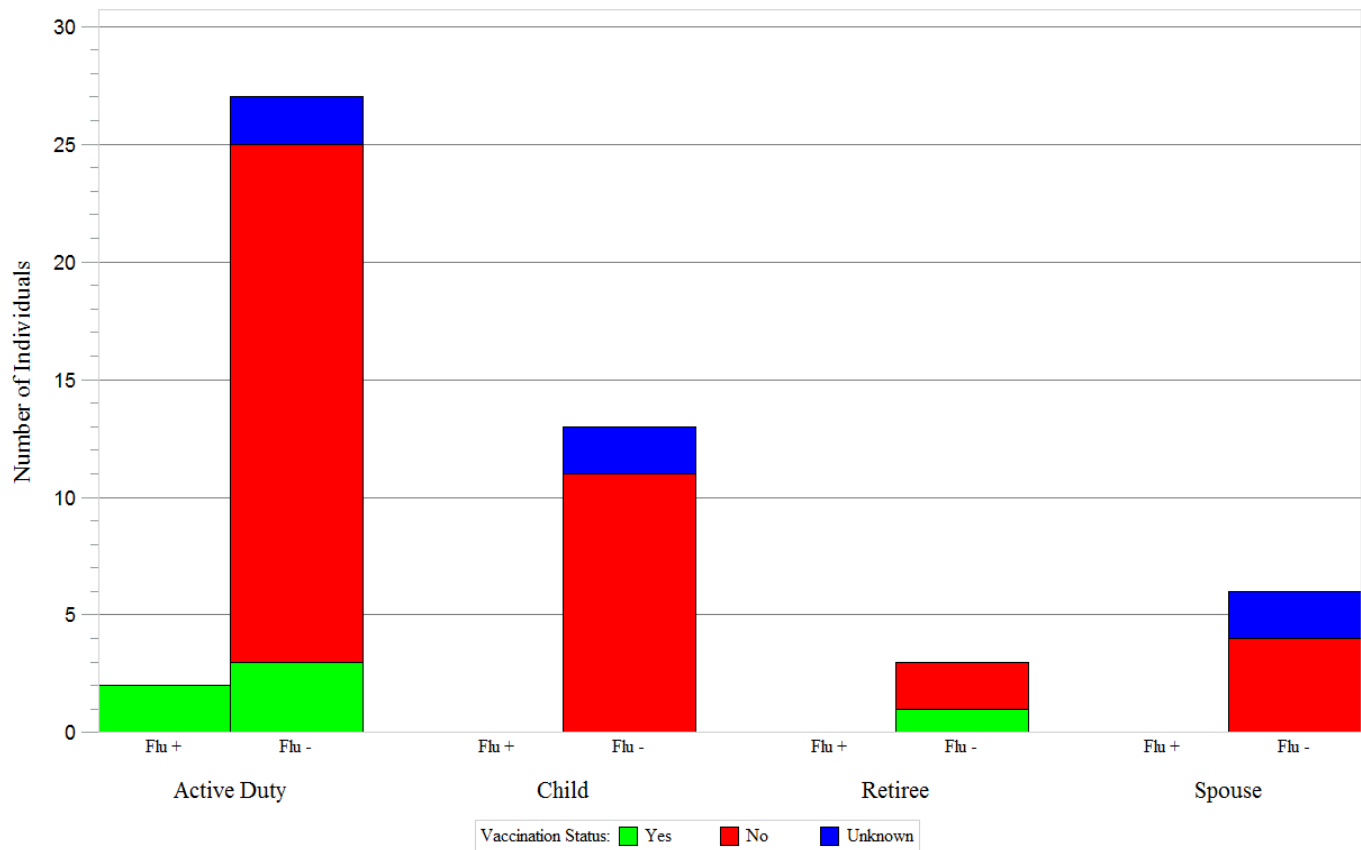
### Demographic Summary

Of 52 ILI cases, 29 (55.8%) are service members, 13 (25%) are children, six (11.5%) are spouses, and four (7.7%) are retirees and other beneficiaries. The median age of ILI cases with known age (n=52) is 25 (range 0, 86).

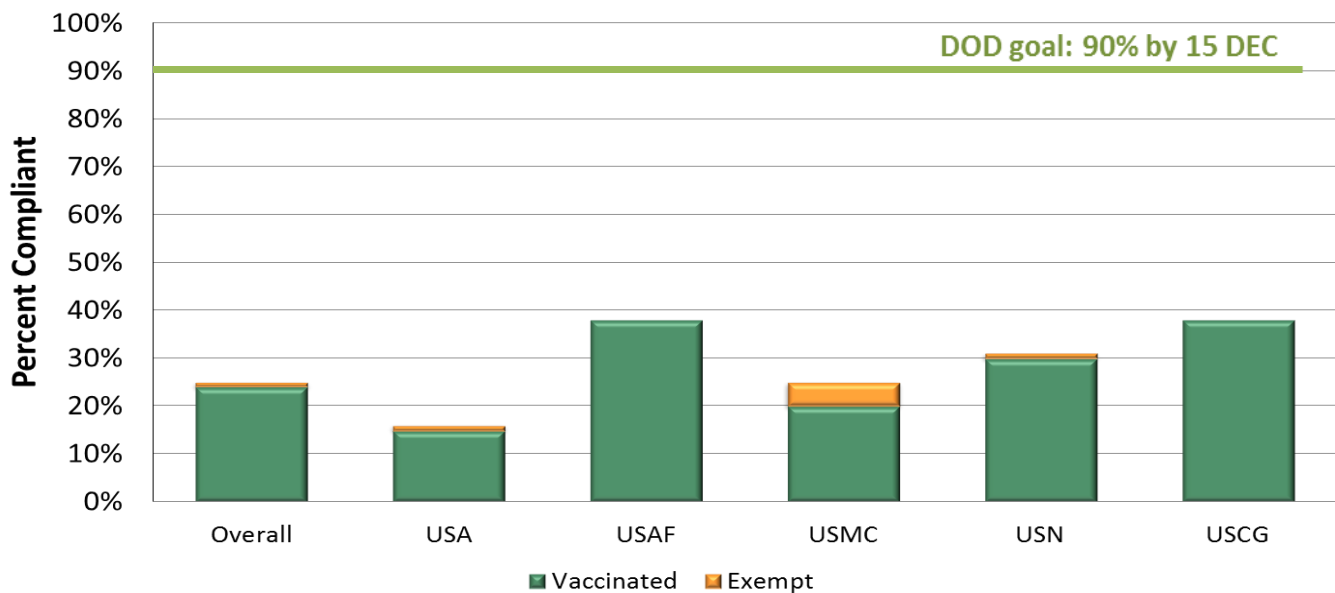
**Graph 2.** ILI by beneficiary status for the 2016-2017 surveillance year through Week 41



**Graph 3. Vaccination status by beneficiary type for the 2016-2017 surveillance year through Week 41**



**Graph 4. Influenza Immunization Status by Service**



As of 13 Oct 16

No exemptions reflect less than 1% exempted

Data Sources: Army - MEDPROS, Air Force - ASIMS, Navy, Marine Corps & Coast Guard - MRRS

## Background

The DoD-wide program was established by the Global Emerging Infections Surveillance and Response System (GEIS) in 1997. The surveillance network includes the Defense Health Agency/Armed Forces Health Surveillance Branch—Air Force Satellite Cell (DHA/AHFSB-AF) and U.S. Air Force School of Aerospace Medicine (USAFSAM) (sentinel site respiratory surveillance), the Naval Health Research Center (recruit and shipboard population-based respiratory surveillance), the Naval Medical Research Unit (NAMRU-3) in Cairo, Egypt, the Naval Medical Research Unit (NAMRU-2) in Phnom Penh, Cambodia, the Armed Forces Research Institute of Medical Sciences (AFRIMS) in Bangkok, Thailand, the Naval Medical Research Unit (NAMRU-6) in Lima, Peru, and the United States Army Medical Research Unit-Kenya (USAMRU-K) located in Nairobi, Kenya. This work is supported by the Air Force and GEIS Operations, a Division of the Armed Forces Health Surveillance Branch (AFHSB).

## Sentinel Site Surveillance

In 1976, the U.S. Air Force Medical Service began conducting routine, global, laboratory-based influenza surveillance. Air Force efforts expanded to DoD-wide in 1997. DHA/AFHSB-AF and USAFSAM manages the surveillance program that includes global surveillance among DoD beneficiaries at over 95 sentinel sites (including deployed locations) and many non-sentinel sites (please see map below). Collaborating partner laboratories include five DoD overseas medical research laboratories (AFRIMS, NAMRU-2, NAMRU-3, NAMRU-6, USAMRU-K) who collect specimens from local residents in surrounding countries that may not otherwise be covered in existing surveillance efforts. Additionally, the Naval Health Research Center (NHRC) in San Diego, CA collects specimens from DoD recruit training centers and conducts surveillance along the Mexico border.

Landstuhl Regional Medical Center (LRMC) and Tripler Army Medical Center (TAMC) assist the program by processing DoD specimens for the EUCOM region and the State of Hawaii, respectively. This process seeks to provide more timely results and efficient transport of specimens.

Available on our website (listed below) is a list of previous weekly surveillance reports, program information (including an educational briefing and instruction pamphlets for clinic staff), and a dashboard containing respiratory data for our sentinel sites.

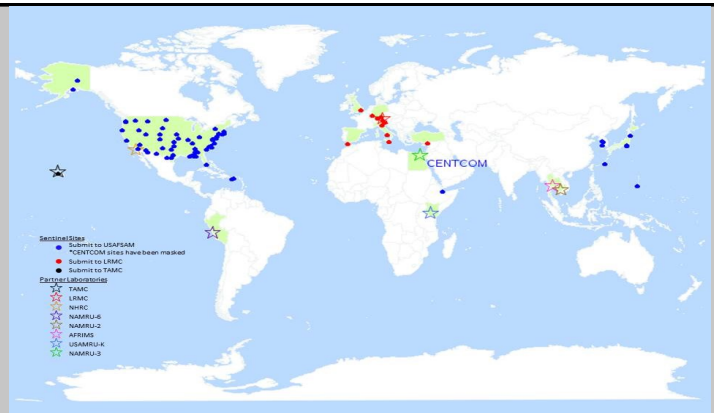
*Errata:*



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## Collaborating Partners

In addition to all participating DoD military sentinel sites, collaborating laboratories and medical centers (described above) may be further understood by reviewing the sites' website. Click on the sites' icon to be directed to their webpage.

