

U.S. Army Public Health Center

# Army Influenza Activity Report

Week ending 16 March 2019 (week 11)

## Influenza Vaccination Coverage\*

As of 21 March 2019

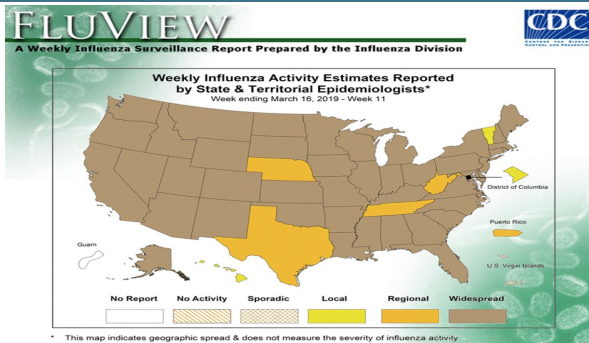
N/A	DoD
97%	Army Active Duty
90%	Army Guard
84 %	Army Reserve

\*Data Source: MEDPROS, ASIMS, MRRS

## SUMMARY

A three percent decrease in the overall number of positive respiratory specimens in week 11 was noted when compared to week 10; there were 1123 positive specimens in week 10 and 1091 in week 11. There was a 20% increase among positive influenza B specimens and a 6% increase among positive RSV specimens from week 10 to week 11. There were reductions in the number of positive specimens among all other respiratory pathogens. The majority of the influenza A-positive specimens continue to be reported from installations in RHC-C (469, 47%) and RHC-A (488, 49%). Seven influenza-associated hospitalizations with an onset date in week 11 were reported in the Disease Reporting System internet, one of which was an Active Duty Service Member.

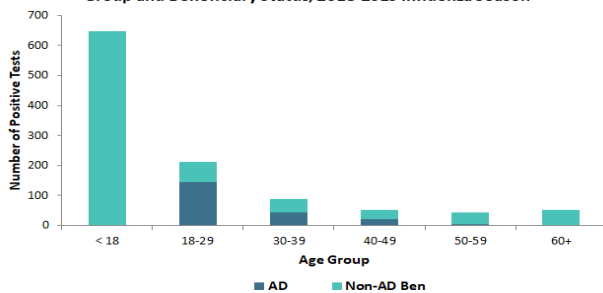
## GEOGRAPHIC SPREAD



In the general U.S. population, widespread influenza activity was reported by 44 states. Regional activity was reported by Puerto Rico, West Virginia, Tennessee, Texas, and Nebraska. Local activity was reported by the District of Columbia, Hawaii, and Vermont. Sporadic activity was reported by the U.S. Virgin Islands. Guam did not report to the Centers for Disease Control and Prevention (CDC) in week 11.

## DEMOGRAPHICS

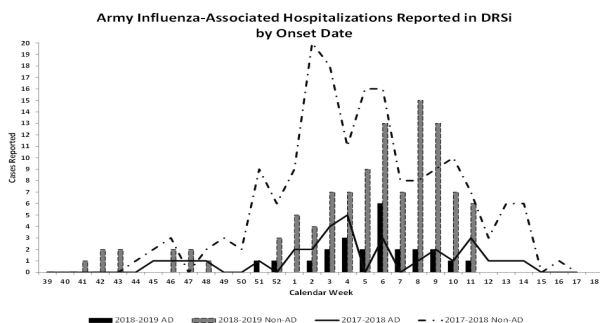
Positive Respiratory Specimen Results from Army MTFs by Age Group and Beneficiary Status, 2018-2019 Influenza Season



**Active Duty (AD):** In week 11, 20% (n=222) of the total positive specimens (n=1091) were among AD Service Members (SMs). Sixty-six percent (n=147) of the positive specimens among AD Service Members were from individuals in the 18-29 age group.

**Non-AD:** The majority of the positive specimens continue to result from the non-AD population. In week 11, this group accounted for 80% (n=869) of the total positives. Individuals younger than 18 years were disproportionately affected; they accounted for 74% (n=646) of the positive respiratory specimens among non-AD individuals in week 11.

## INFLUENZA-ASSOCIATED HOSPITALIZATIONS



Seven influenza-associated hospitalizations, with an onset date in week 11, were reported in DRSi, of which one was an AD SM. To date, there have been 130 reported hospitalizations this season: 24 AD SMs and 106 non-AD individuals.

\*DRSi does not capture cases older than 65 years old for influenza-associated hospitalizations.

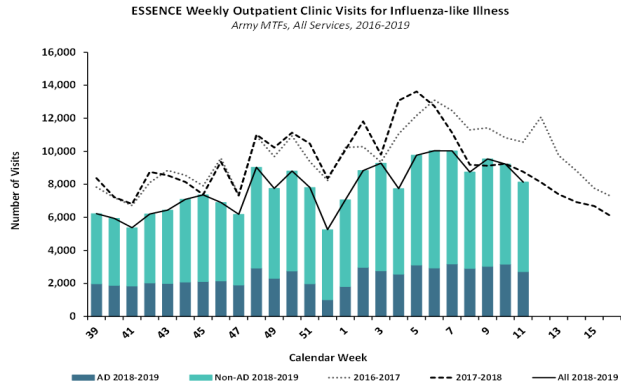
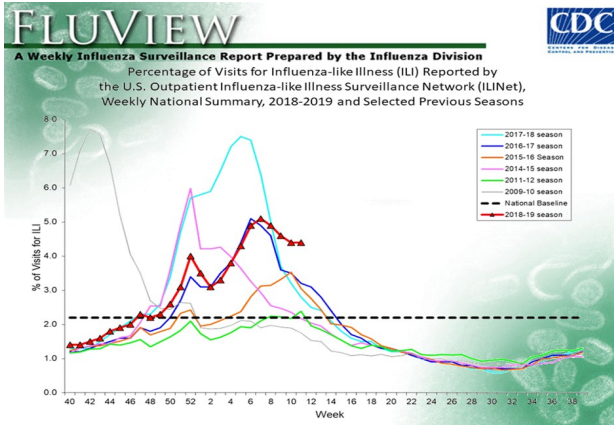
**Additional Resources:** [Army Influenza Reports](#); [ARD Reports](#); [AFHSB Influenza Reports](#); [NHRC FRI Reports](#); [DoD Pandemic Influenza Watchboard](#); [CDC](#)

**Key:** ILI- Influenza-Like Illness; DRSi- Disease Reporting System Internet; NHRC- Naval Health Research Center; RSV- Respiratory Syncytial Virus; DEP- Disease Epidemiology Program

**Questions?**  
[Email APHC DEP](#)  
410-436-7605

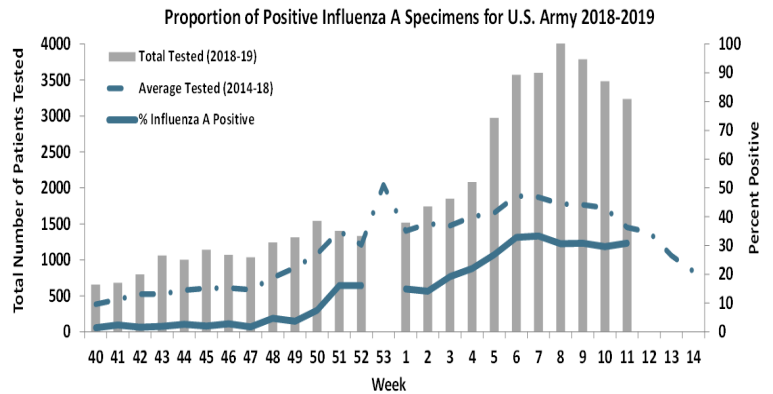
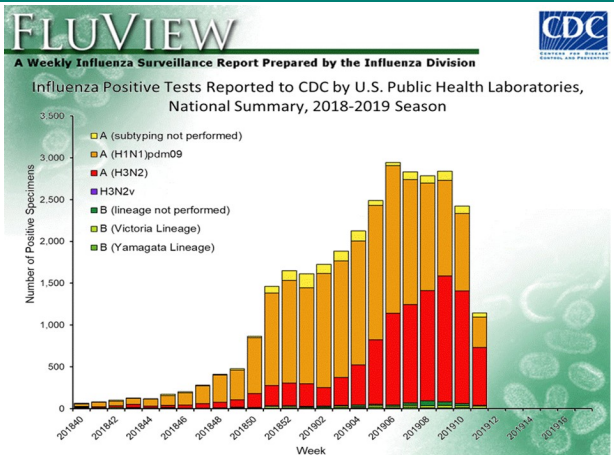
## ILI ACTIVITY - UNITED STATES

## ILI ACTIVITY - ARMY



Nationwide in week 11, incidence of ILI activity was 4.4%, which is above the national baseline of 2.2%. Regionally, the percentage of ILI outpatient visits reported to the CDC ranged from 3.1% to 7.7%. At Army medical treatment facilities, overall incidence of ILI activity decreased by 12% when compared to the previous week. ILI activity among the AD population decreased by 14% from week 10 to week 11. When compared to week 11 of the 2017-2018 season, there were 7% fewer ILI outpatient visits in week 11 of the current season.

## LABORATORY RESPIRATORY SPECIMEN TESTING



Nationwide, 1823 specimens were tested and submitted to the CDC during week 11, of which 1145 (63%) were positive for influenza. In the Army population, the majority of the influenza A-positive specimens continue to be reported from RHC-A and RHC-C, with 49% (n=488) and 47% (n=469) specimens, respectively. Influenza A activity was markedly lower in RHC-E and RHC-P, accounting for 4% (n=41) and 3% (n=31) of the positive influenza A specimens, respectively.

		Week 8	Week 9	Week 10	Week 11	Season Total
Test Types Among Positive Influenza A Specimens	RAT	590	708	712	706	5902
	Culture	20	38	27	5	375
	PCR	375	422	291	285	3172
Army MTF Laboratory Results, 2018-19	Influenza A	985	1168	1030	996	9449
	Influenza B	17	26	30	36	338
	Adenovirus	14	24	17	12	346
	Enterovirus	0	0	0	0	5
	Parainfluenza	9	8	10	9	299
	RSV	82	54	36	38	1725
	Negative	4757	5365	5136	4558	77045
<b>Total</b>	<b>5864</b>	<b>6645</b>	<b>6259</b>	<b>5649</b>	<b>89207</b>	

The number of positive respiratory specimens decreased by 3% from week 10 to week 11; there were 1123 positive specimens in week 10 and 1091 in week 11. While influenza A and adenovirus both decreased by 3%, and parainfluenza decreased by 10%, influenza B and respiratory syncytial virus increased by 20% and 6%, respectively.

**Locations providing week 11 laboratory data as of 21 March 2019:** Ft Belvoir, 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 Meade, Ft Polk, Ft Riley, Ft Rucker, Ft Sam Houston, Ft Sill, Ft Stewart, Ft. Wainwright, Landstuhl Regional Medical Center, Korea, Tripler Army Medical Center, Walter Reed National Military Medical Center, and the United States Military Academy.

## LABORATORY RESPIRATORY SPECIMEN TESTING

Region	Installation	Influenza A			Influenza B			Adenovirus		
		No. Tested	% Positive	Baseline % Positive	No. Tested	% Positive	Baseline % Positive	No. Tested	% Positive	Baseline % Positive
RHCA	Ft. Belvoir	448	36.8	9.4	220	4.1	100	88	5.7	100
	Ft. Benning	166	23.5	1.9	167	0.6	12			
	Ft. Bragg	189	38.6	10.9			100			
	Ft. Campbell	163	33.1	7.8	165	0	17.6			100
	Ft. Drum	8	25	9.5			100			
	Ft. Eustis	100	37	19.6	4	100	100			
	Ft. Gordon	80	23.8	2.1	79	1.3	12.5			100
	Ft. Jackson	117	24.8	0	118	0.8	11.9			
	Ft. Knox	25	8	0	25	4	2.5			
	Ft. Lee	84	29.8	3.4			100			
	Ft. Meade	6	33.3	0						
	Ft. Rucker	27	40.7	0	27	0	0			
	Ft. Sam Houston	367	30.2	18.1	370	1.1	14.1			100
	Ft. Stewart	96	16.7	3.4	98	0	6.5			
Redstone Arsenal			0			0				
West Point Military Academy	23	56.5	23.1	17	0	100			100	
RHCC	Ft. Bliss	366	30.1	1.6	242	0.8	23.8	15	0	15.8
	Ft. Carson	114	20.2	0			100			
	Ft. Hood	213	25.4	2.6	209	0.5	3.8	24	12.5	
	Ft. Huachuca	16	12.5	0	22	4.5	40			
	Ft. Irwin	62	30.6	0	64	0	4.3			
	Ft. Leavenworth	53	30.2	12.2	55	5.5	25.5			
	Ft. Leonard Wood	107	43	0	107	0	0			
	Ft. Polk	65	21.5	0			0			
Ft. Riley	94	40.4	4.5	81	0	13.3				
Ft. Sill	122	30.3	14.3	1	100	100				
RHCE	Landstuhl Regional Medical Center	44	18.2	28.8	36	0	22.3	36	8.3	0
RHCP	Ft. Wainwright	58	32.8	4.2	58	10.3	28.2			
	Korea	48	22.9	17	18	5.6	2.3	17	5.9	6.8
	Tripler Army Medical Center	88	1.1	1.1	58	0	4.8	58	0	3.2

Region	Installation	Enterovirus			Parainfluenza			RSV		
		No. Tested	% Positive	Baseline % Pos.	No. Tested	% Positive	Baseline % Pos.	No. Tested	% Positive	Baseline % Pos.
RHCA	Ft. Belvoir				90	3.3	100	232	1.3	14.3
	Ft. Campbell						100			100
	Ft. Drum			100						66.7
	Ft. Gordon						100			100
	Ft. Sam Houston						100			100
	Ft. Stewart						100	15	6.7	0
	West Point Military Academy									100
RHCC	Ft. Bliss							241	6.2	5
	Ft. Carson							24	12.5	50
	Ft. Hood				28	14.3		59	8.5	66.1
	Ft. Leavenworth							9	0	25
	Ft. Leonard Wood						100			
	Ft. Polk							3	0	14.3
Ft. Riley							23	17.4	11.8	
Ft. Sill									0	
RHCE	Landstuhl Regional Medical Center				36	0	1.3	42	11.9	6
RHCP	Ft. Wainwright							55	3.6	18.8
	Korea			0	18	0	0	17	0	6.8
	Tripler Army Medical Center	58	0	0	60	3.3	0			100

No.: Number of specimens tested during MMWR week 11 2019.

% Pos.: Percentage of positive specimens reported during MMWR week 11, 2019.

Baseline % Pos.: Percentage of positive specimens reported in MMWR week 11 during influenza seasons from September 2012 - May 2018.

Missing values indicate that specimens were not tested for the disease during the week of interest.

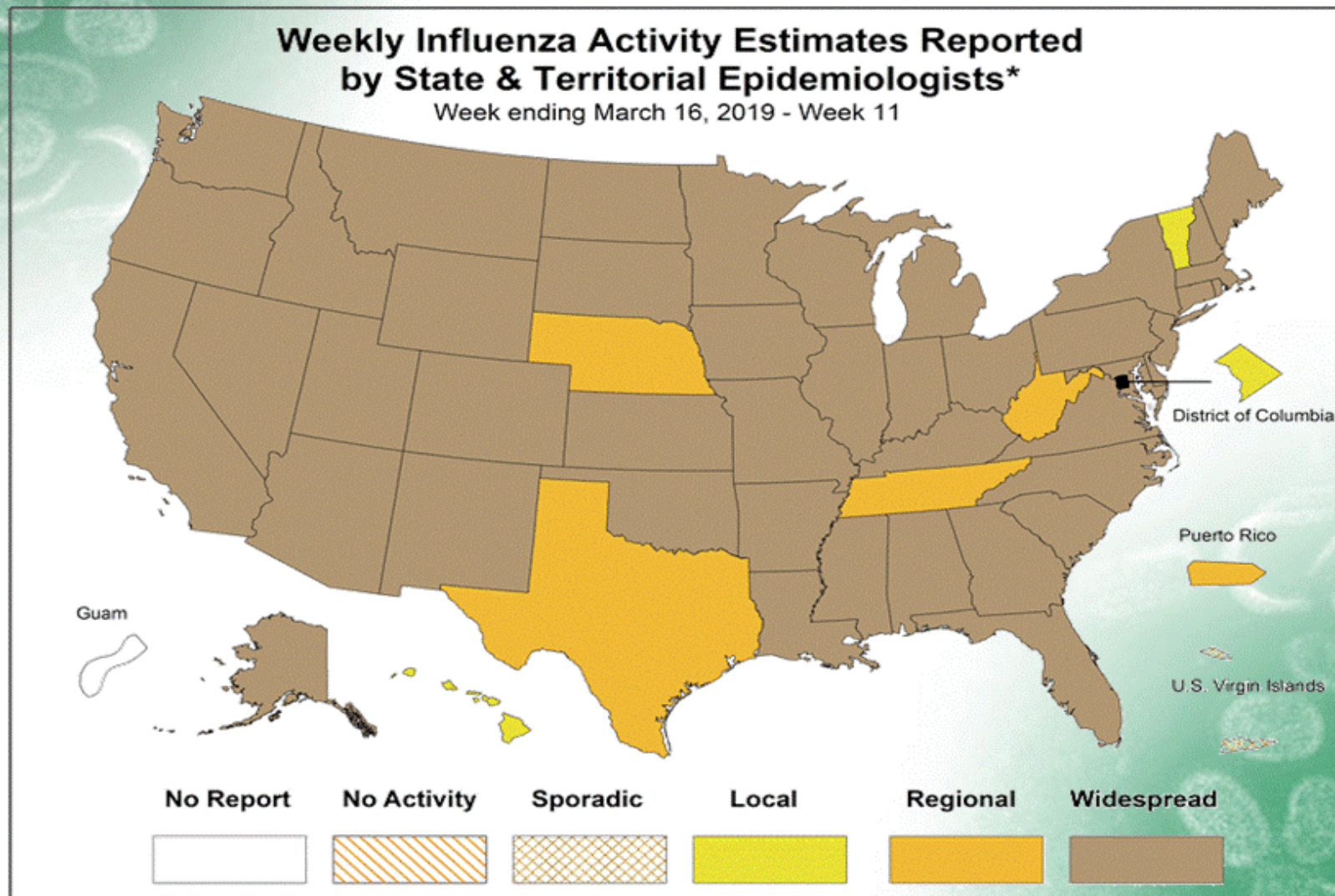
High baseline percent positive values may be due to low numbers of specimens tested.





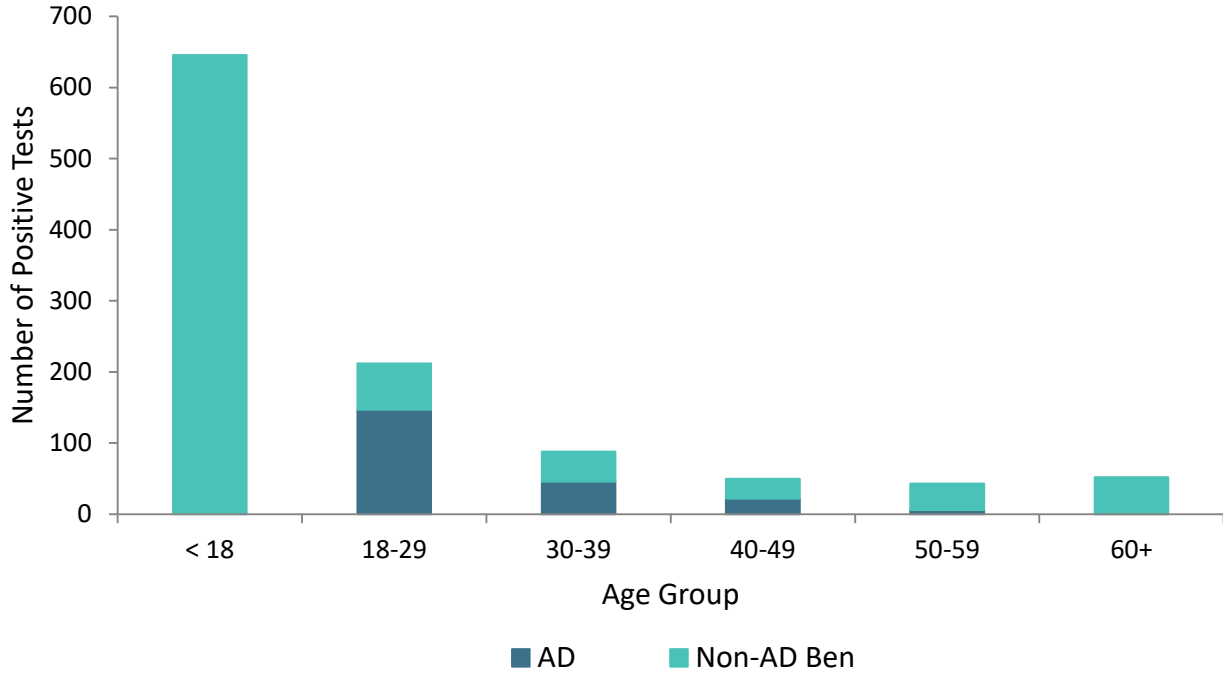
# FLUVIEW

A Weekly Influenza Surveillance Report Prepared by the Influenza Division



\* This map indicates geographic spread & does not measure the severity of influenza activity

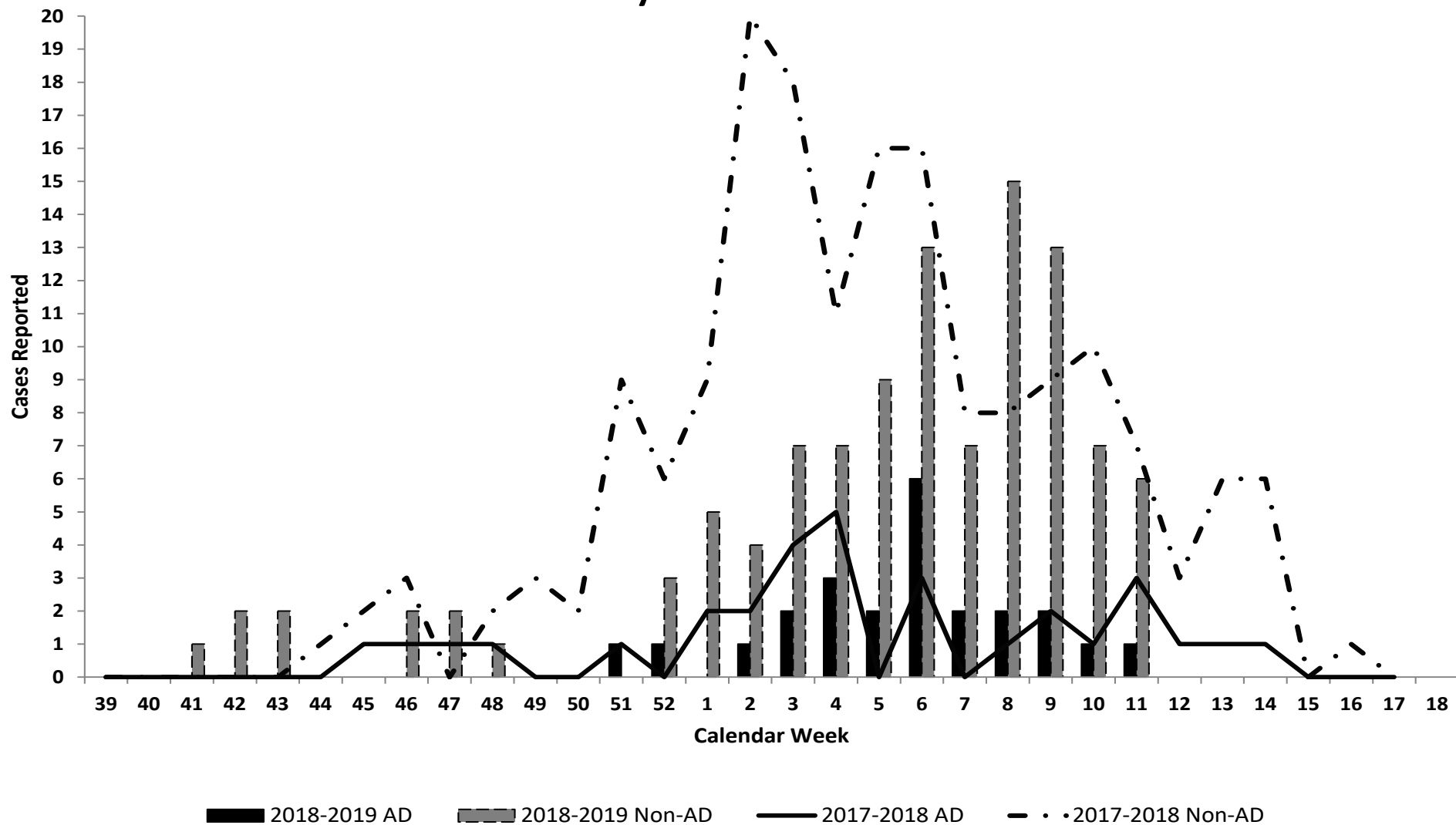
**Positive Respiratory Specimen Results from Army MTFs by Age Group and Beneficiary Status, 2018-2019 Influenza Season**



<b>Week 11</b>			
<b>Age Group</b>	<b>AD</b>	<b>Non-AD Ben</b>	<b>Season Total</b>
< 18	0	646	<b>5489</b>
18-29	147	65	<b>1400</b>
30-39	46	42	<b>965</b>
40-49	22	28	<b>640</b>
50-59	6	37	<b>439</b>
60+	1	51	<b>516</b>
<b>Total</b>	<b>222</b>	<b>869</b>	<b>9449</b>



## Army Influenza-Associated Hospitalizations Reported in DRSi by Onset Date



**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 20 March 2019.

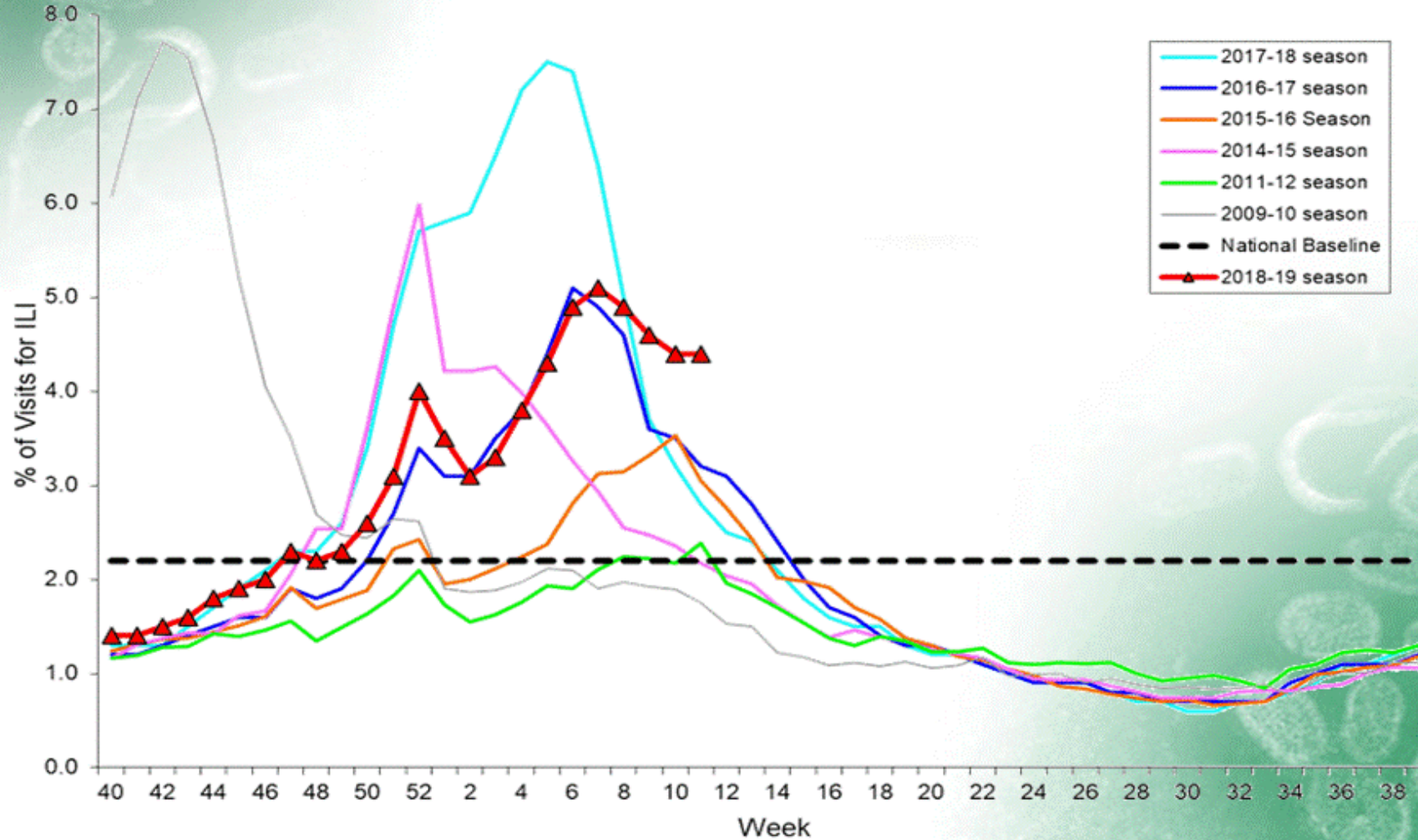


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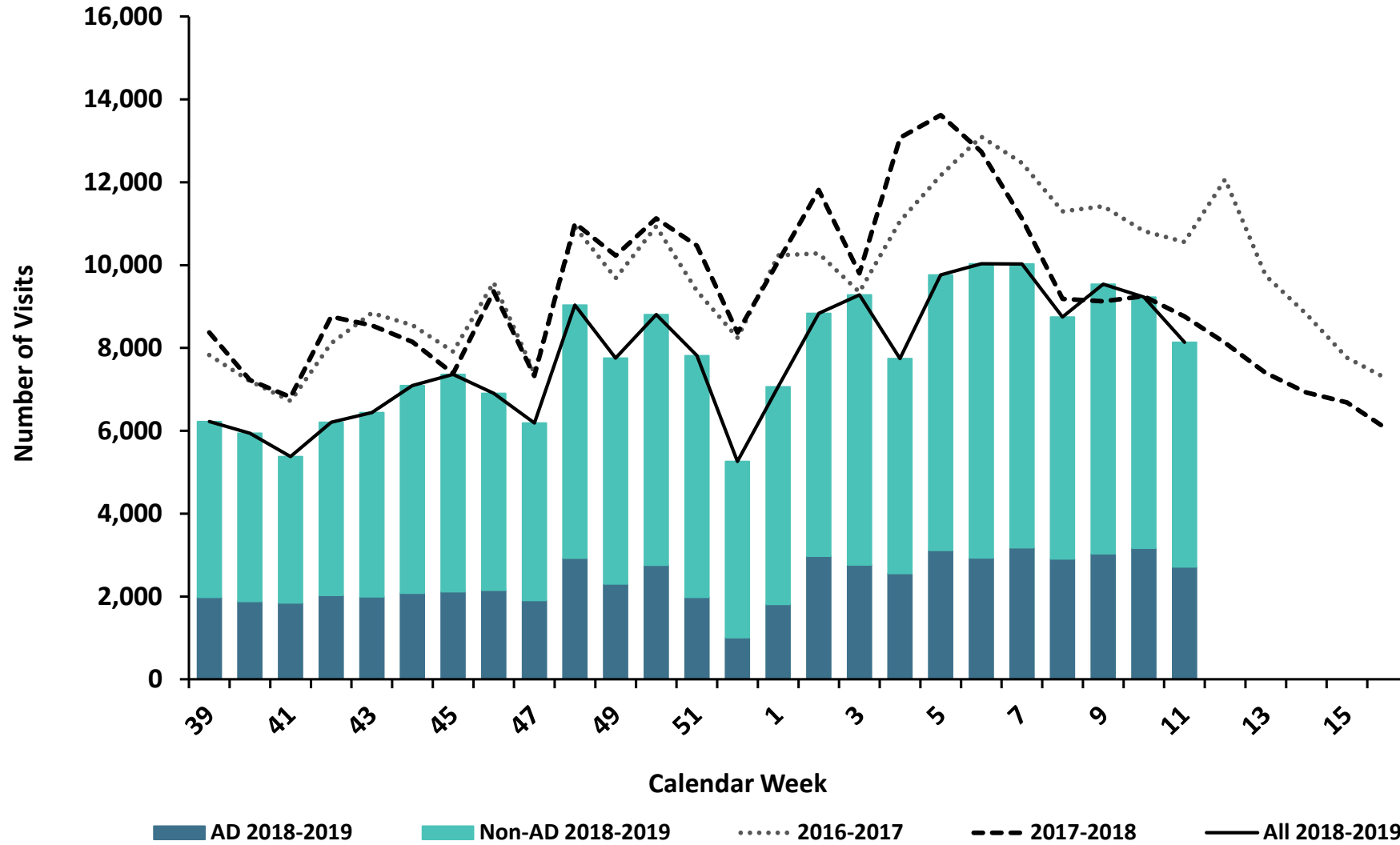
Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2018-2019 and Selected Previous Seasons





# ESSENCE Weekly Outpatient Clinic Visits for Influenza-like Illness

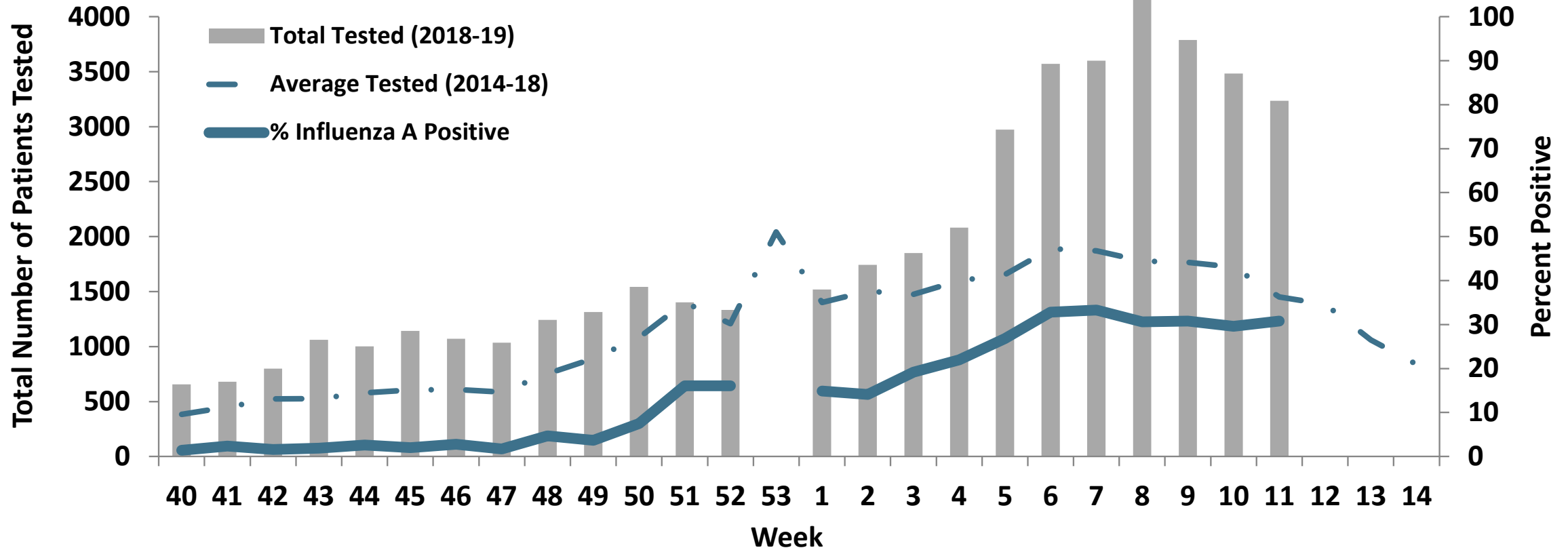
Army MTFs, All Services, 2016-2019



Clinic visits for ILI are obtained from ESSENCE. Data as of 20 March 2019.



# Proportion of Positive Influenza A Specimens for U.S. Army 2018-2019





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