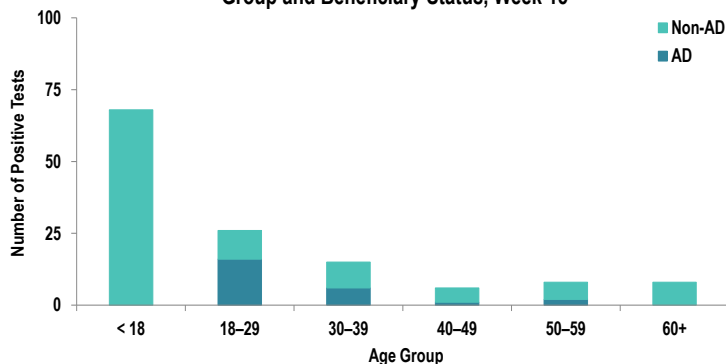


### SUMMARY

Influenza A activity is stable in the Army population. Twenty-nine positive influenza A and twenty-five influenza B specimens were reported during surveillance Week 15. No influenza-associated hospitalizations were reported during week 15; the season total thus far is 156 hospitalizations compared to an average of 199 influenza-associated hospitalizations during the same time period during 2017 – 2020. Nationwide, influenza activity remains stable, with 1.0% of specimens tested by clinical laboratories being positive for influenza A or B, according to the Centers for Disease Control and Prevention (CDC).

### DEMOGRAPHICS

Positive Respiratory Specimen Results from Army MTFs by Age Group and Beneficiary Status, Week 15



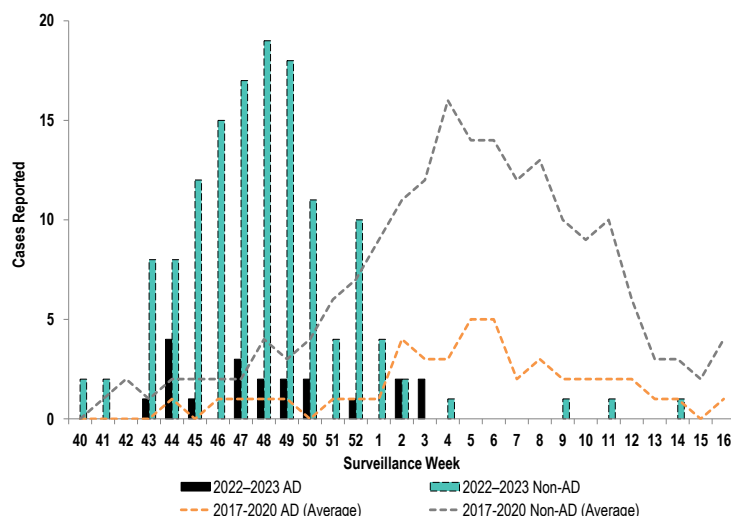
**AD:** Twenty-five positive respiratory specimens were collected from active duty (AD) Servicemembers (SMs) during Week 15; 64.0% (n=16) of the positive specimens were collected from SMs 18 – 29 years of age.

**Non-AD:** One hundred and six respiratory specimens were collected from non-AD individuals during Week 15; 64.2% (n=68) of the positive specimens were collected from individuals under 18 years of age.

*The age and beneficiary status of some cases were not available. Therefore, all calculations involving these variables were conducted using only available data. Differences in total results, and age- and beneficiary status-specific results may be noted throughout the report.*

### INFLUENZA-ASSOCIATED HOSPITALIZATIONS

Army Influenza-Associated Hospitalizations Reported in DRSi by Onset Week



No influenza-associated hospitalizations with an onset date in Week 15 were reported to the Disease Reporting System internet (DRSi). The season total thus far is 156 hospitalizations. The Week 15 average during the 2017–2020 seasons was 4 hospitalizations (with an average of 199 hospitalizations reported from the start of the season through Week 15).

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

Data are preliminary and subject to change.

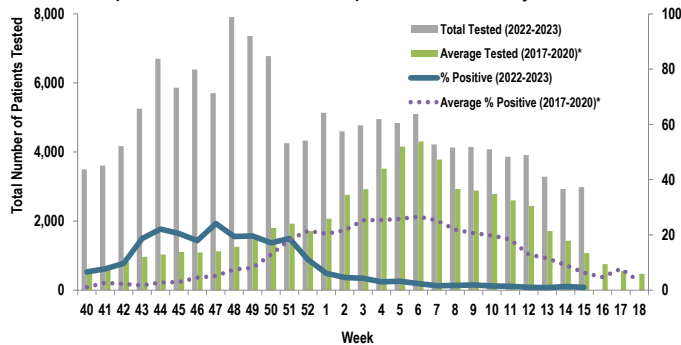
Disclaimer: The mention of any non-federal entity and/or its products is for informational purposes only, and not to be construed or interpreted, in any manner, as federal endorsement of that non-federal entity or its products.

Questions?  
[Email APHC DEP](mailto:APHC_DEP@hhs.gov)

## INFLUENZA A ACTIVITY - ARMY

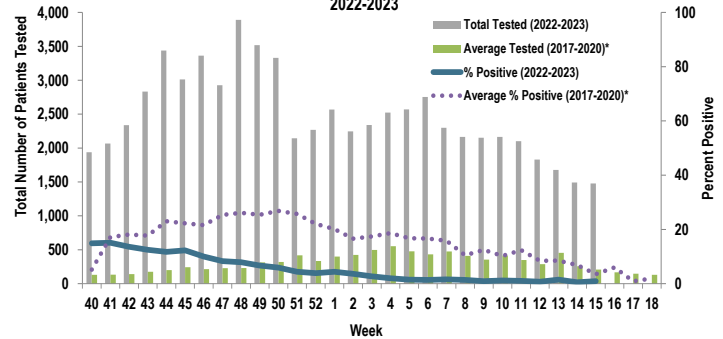
## RSV ACTIVITY - ARMY

Proportion of Positive Influenza A Specimens for U.S. Army, 2022-2023



Of the 2,984 specimens tested for influenza A during Week 15, 1.0% (n=29) were positive. This is a slight decrease from Week 14 (1.3%).

Proportion of Positive Respiratory Syncytial Virus Specimens for U.S. Army, 2022-2023



Of the 1,477 specimens tested for RSV during Week 15, 0.9% (n=14) were positive. This is a slight increase from Week 14 (0.5%).

Data from the 2020–2021 and 2021–2022 influenza seasons are not included in comparison calculations due to the unusually low incidence of influenza.

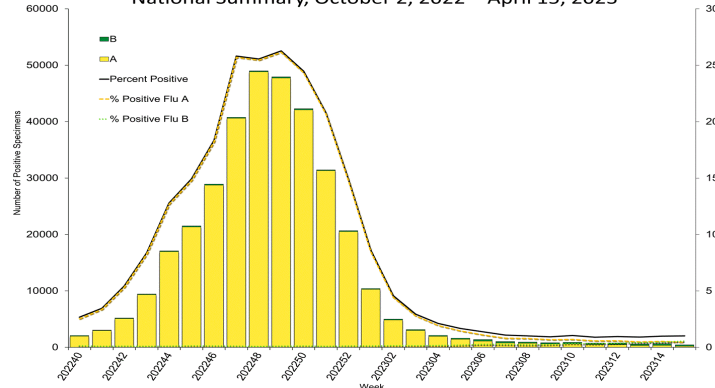
		Week 12	Week 13	Week 14	Week 15	Season Total
Army MTF Laboratory Results, 2022-23	Adenovirus	33	28	25	18	609
	Enterovirus	34	32	27	29	727
	Influenza A	39	31	38	29	14,121
	Influenza B	34	17	26	25	872
	Parainfluenza	25	21	19	16	650
	RSV	12	26	8	14	4,124
	Negative	3,820	3,211	2,864	2,933	115,757
	<b>Total</b>	<b>3,997</b>	<b>3,366</b>	<b>3,007</b>	<b>3,064</b>	<b>136,860</b>

Of the 3,064 specimens tested during Week 15, 4.3% (n=131) were positive for any type of respiratory illness. Influenza A and enterovirus each accounted for 22.1% (n=29) of the positive results, influenza B accounted for 19.1% (n=25), adenovirus accounted for 13.7% (n=18), parainfluenza accounted for 12.2% (n=16), and RSV accounted for 10.7% (n=14). Additionally, the reported number of specimens tested increased by 1.9% from Week 14 to Week 15.

Significantly more tests for influenza have been conducted this season compared to past seasons; 134,737 specimens have been tested for influenza A so far this season compared to the average of 57,034 specimens during the same time period in 2017-2020.

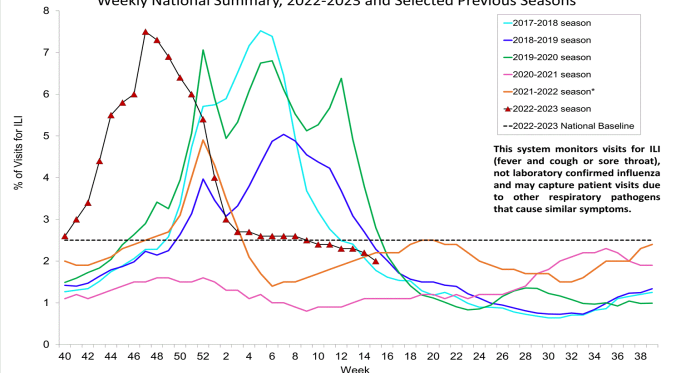
## INFLUENZA-LIKE ILLNESS (ILI) ACTIVITY - UNITED STATES

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, October 2, 2022 – April 15, 2023



Nationwide in Week 15, incident ILI activity was 2.0%; this is below the national baseline of 2.5%. Additionally, a total of 44,819 specimens were tested for influenza by select clinical laboratories and submitted to the CDC; 453 (1.0%) were positive. Influenza A accounted for 44.8% (n=203) of the total positive specimens.

Percentage of Outpatient Visits for Respiratory Illness Reported By The U.S. Outpatient Influenza-like Illness Surveillance Network (ILI) Network, Weekly National Summary, 2022-2023 and Selected Previous Seasons

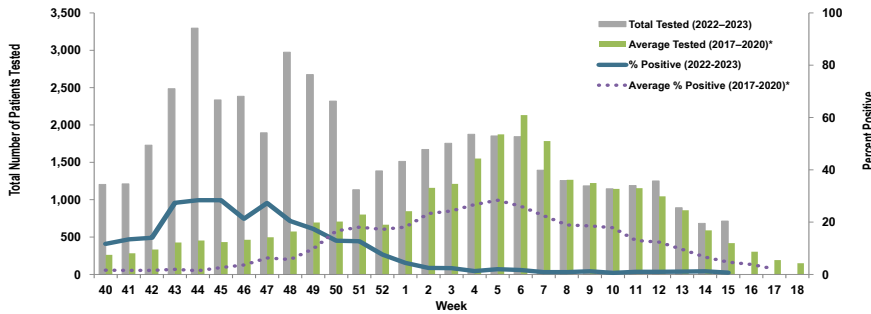


This system monitors visits for ILI (fever and cough or sore throat), not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

**Locations providing Week 15 laboratory data as of 19 April 2023:** Ft. Belvoir, Ft. Benning, Ft. Bliss, Ft. Bragg, Ft. Campbell, Camp Zama, Ft. Carson, Ft. Eustis, Ft. Gordon, Ft. Hood, Ft. Huachuca, 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, Korea, Landstuhl Regional Medical Center, Redstone Arsenal, Tripler Army Medical Center, and the U.S. Military Academy.

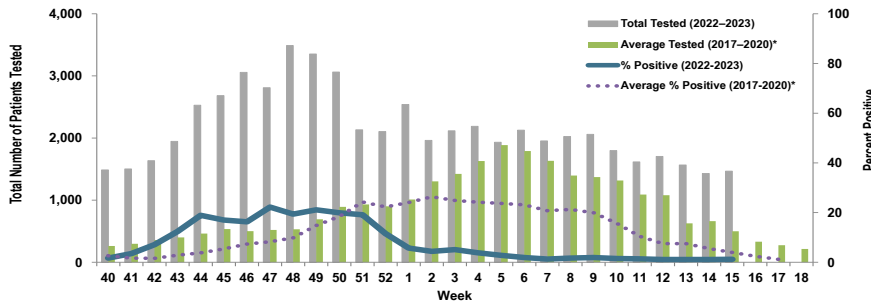
Proportion of Influenza A Positive Specimens by Week and Region, Army Medical Laboratories, 2022–2023 as Compared to 2017–2020\*

Medical Readiness Command - Atlantic (MRC-A)



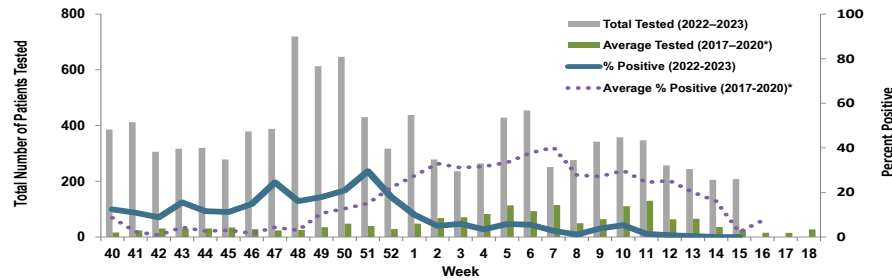
Week 15			
Age Group	AD	Non-AD	Season Total
< 18	0	1	2,940
18–29	1	0	1,245
30–39	0	1	739
40–49	0	1	361
50–59	0	0	241
60+	0	1	254
<b>Total</b>	<b>1</b>	<b>4</b>	<b>5,780</b>

Medical Readiness Command - Central (MRC-C)



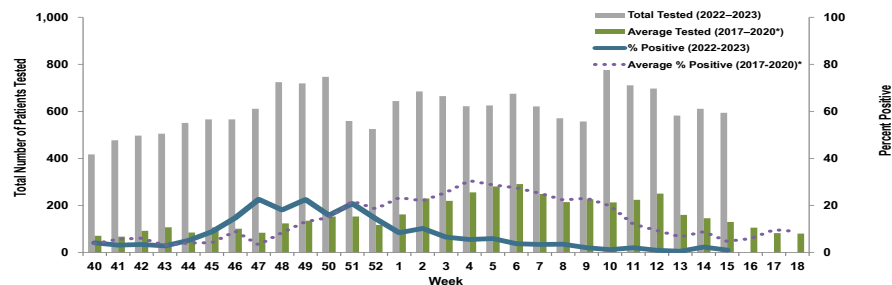
Week 15			
Age Group	AD	Non-AD	Season Total
< 18	0	4	2,825
18–29	2	5	1,364
30–39	0	0	734
40–49	1	1	362
50–59	1	3	218
60+	0	1	364
<b>Total</b>	<b>4</b>	<b>14</b>	<b>5,867</b>

Medical Readiness Command - Europe (MRC-E)



Week 15			
Age Group	AD	Non-AD	Season Total
< 18	0	0	613
18–29	0	0	209
30–39	0	0	161
40–49	0	0	81
50–59	0	0	25
60+	0	0	25
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1,114</b>

Medical Readiness Command - Pacific (MRC-P)



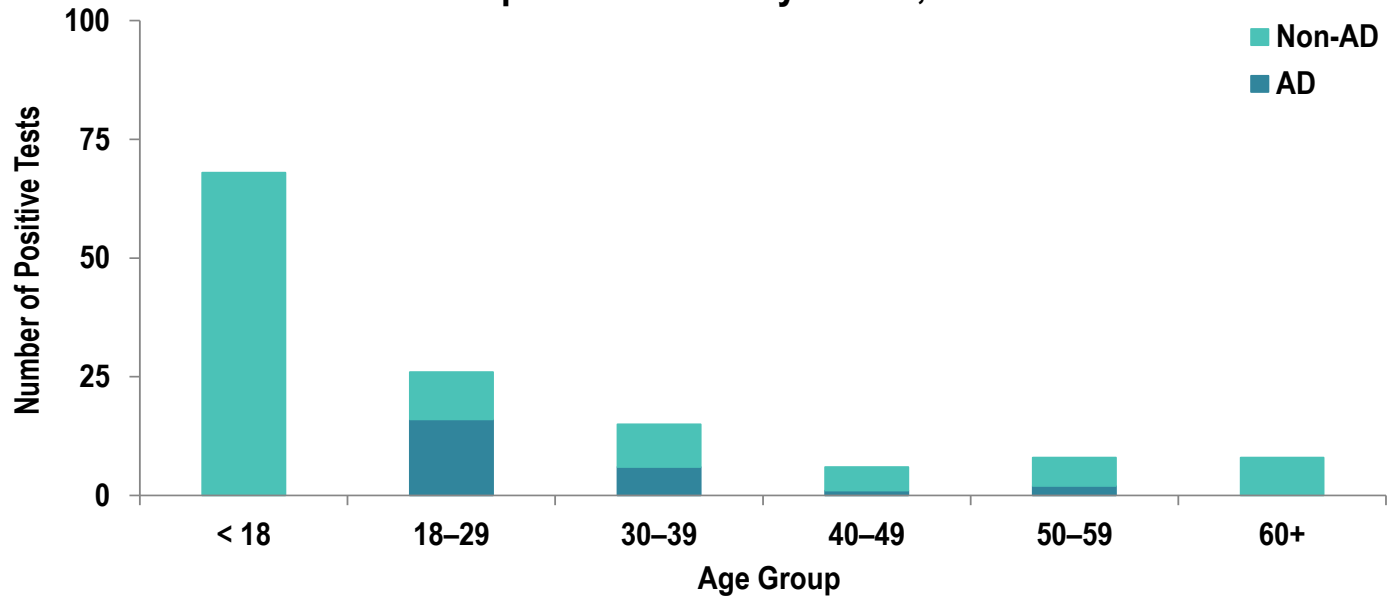
Week 15			
Age Group	AD	Non-AD	Season Total
< 18	0	0	529
18–29	2	1	348
30–39	1	1	224
40–49	0	1	91
50–59	0	0	43
60+	0	0	94
<b>Total</b>	<b>3</b>	<b>3</b>	<b>1,329</b>

\*2017–2018 influenza season - 2019–2020 influenza season. Data from the 2020–2021 and 2021–2022 influenza seasons are not included in comparison calculations due to the unusually low incidence of influenza.

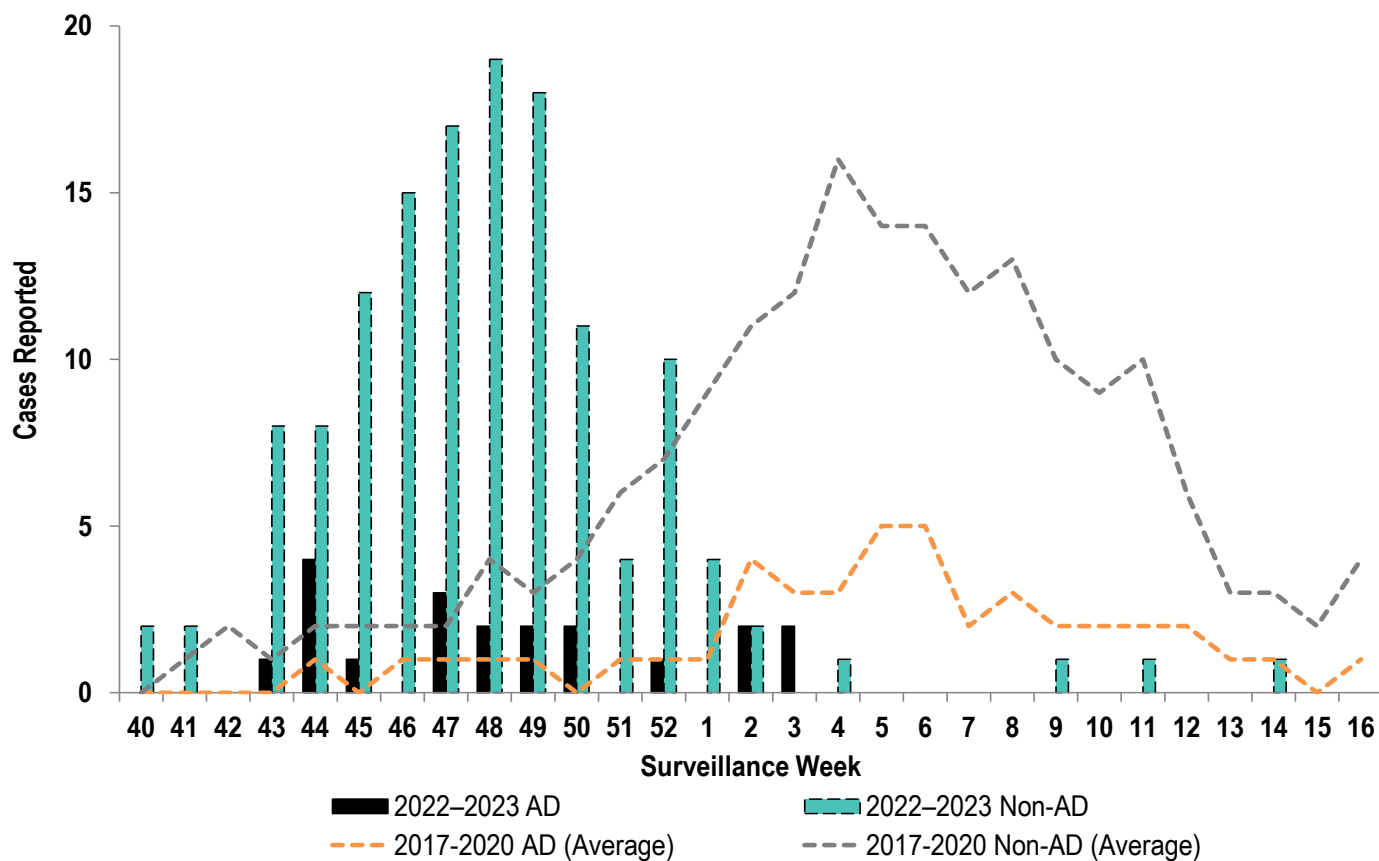
Number of Positive Influenza A Specimens by Region and Duty Status

Region	Week 12		Week 13		Week 14		Week 15	
	AD	Non-AD	AD	Non-AD	AD	Non-AD	AD	Non-AD
MRC-A	3	9	1	9	1	7	1	4
MRC-C	7	12	13	4	7	9	4	14
MRC-E	2	0	0	1	0	0	0	0
MRC-P	3	3	0	3	9	5	3	3

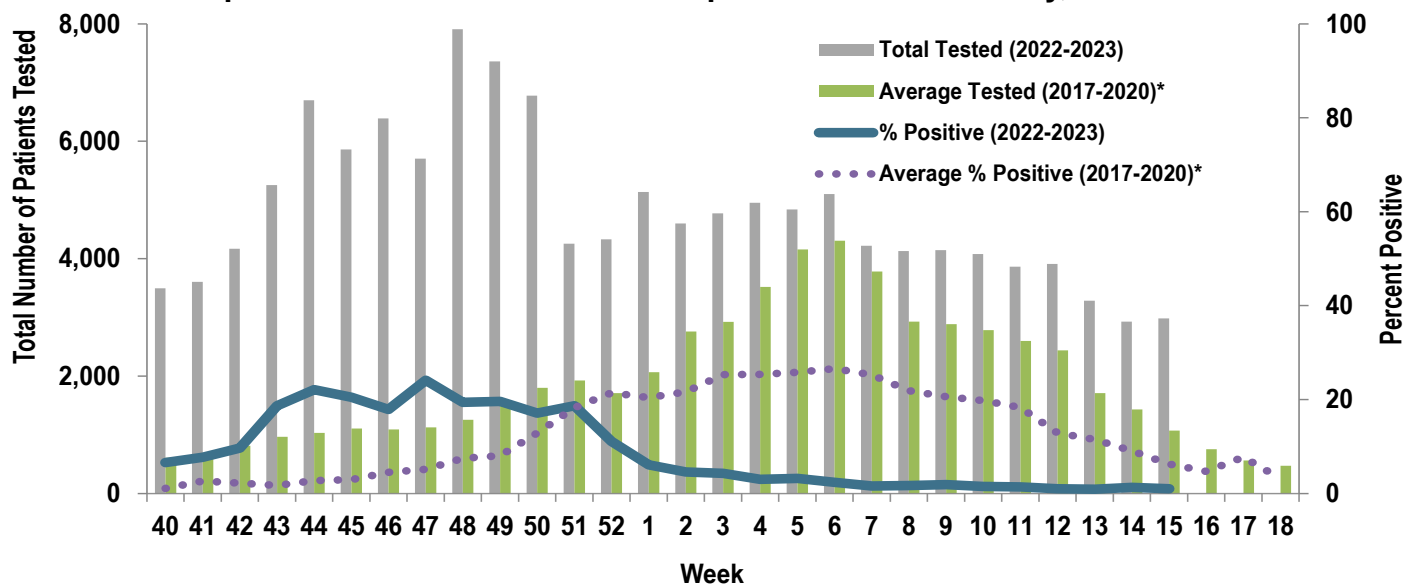
### Positive Respiratory Specimen Results from Army MTFs by Age Group and Beneficiary Status, Week 15



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

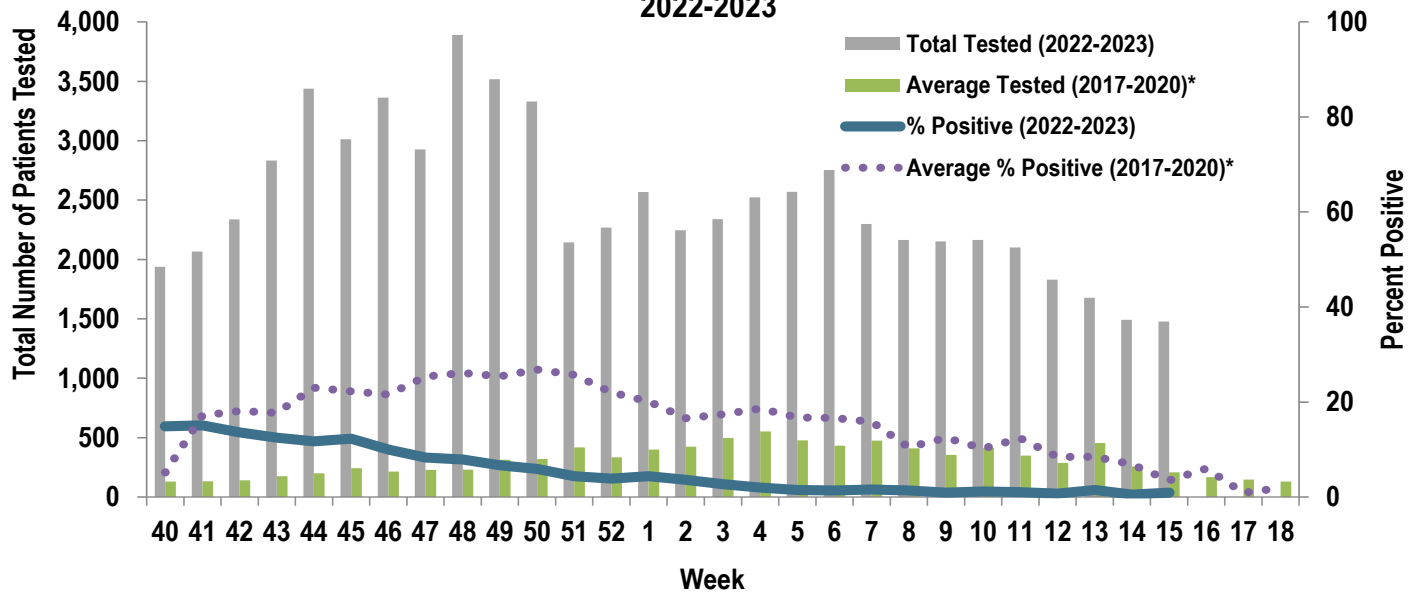


### Proportion of Positive Influenza A Specimens for U.S. Army, 2022-2023



\*2017–2018 influenza season - 2019–2020 influenza season. Data from the 2020–2021 and 2021–2022 influenza seasons are not included in comparison calculations due to the unusually low incidence of influenza.

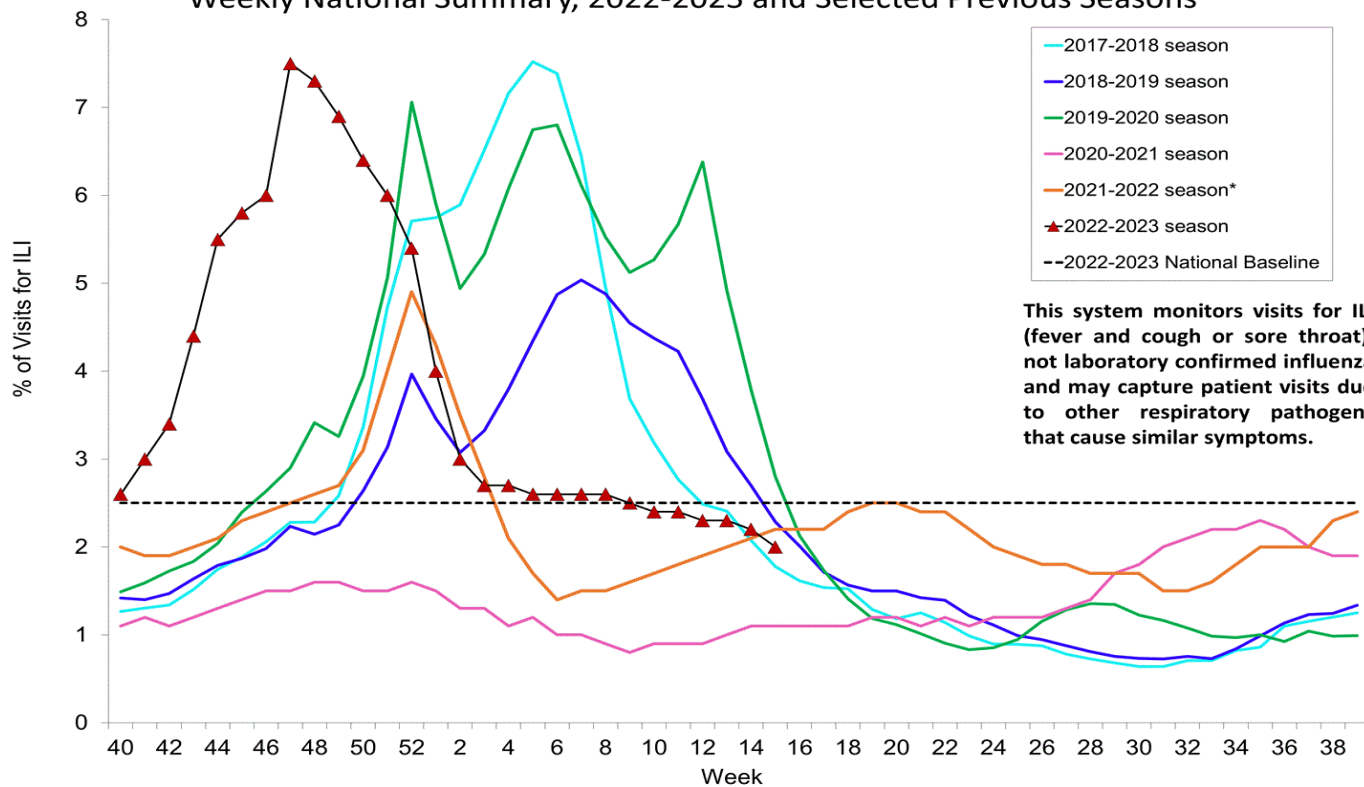
Proportion of Positive Respiratory Syncytial Virus Specimens for U.S. Army, 2022-2023



\*2017-2018 influenza season - 2019-2020 influenza season. Data from the 2020-2021 and 2021-2022 influenza seasons are not included in comparison calculations due to the unusually low incidence of influenza.



Percentage of Outpatient Visits for Respiratory Illness Reported By The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2022-2023 and Selected Previous Seasons





Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, October 2, 2022 – April 15, 2023

