



Navy and Marine Corps Public Health Center (NMCPHC) Surveillance Advisory: Seasonal Influenza 14 September 2016

Issue

- Injectable influenza vaccine for the upcoming flu season is becoming available throughout the Department of Defense (DoD) and immunization campaigns are underway.
- DoD policy requires influenza vaccination for all Active Duty and Reserve Component personnel.
- Navy Medicine influenza surveillance strategy includes central analysis of electronic clinical data, local ESSENCE monitoring, Fleet Disease and Injury (D&I) tracking, and reporting of hospitalizations associated with laboratory confirmed influenza via Disease Reporting System internet (DRSi).
- The topic of September's Tri-Service Disease Surveillance Training is 'Influenza Surveillance'. For information about how to join this online discussion on 29 September, contact the DRSi helpdesk as described below.

Background

Influenza, or the flu, is a viral illness characterized by the sudden onset of fever, respiratory symptoms and fatigue. Influenza season in the United States typically peaks in January and February and can begin as early as October. While most people infected with the influenza virus recover quickly, complications can lead to more severe disease presentation and extended illness. The military training and shipboard environments are particular areas of concern with regards to disease spread due to close living quarters.

Influenza policy and guidance resources can be found on NMCPHC's [Influenza webpage](#). Vaccination is the best way to prevent illness from influenza, and is required for all active duty and reserve component personnel. This year, The Advisory Committee on Immunization Practices has [recommended](#) against the use of FluMist (live attenuated Influenza vaccine or LAIV). Injectable vaccine, therefore, has been procured for the DoD this year. Navy Medicine influenza surveillance strategy includes MTF participation in the US Air Force School of Aerospace Medicine (USAFSAM) sentinel laboratory surveillance program, reporting of influenza hospitalizations, syndromic tracking of influenza-like-illness via ESSENCE or D&I, and NMCPHC's weekly influenza reports based on laboratory tests and results, pharmacy transactions, clinical encounters and vaccination records recorded in the direct care military system.

NMCPHC Surveillance and Reporting Guidance and Additional Resources

1. Navy Medicine's medical surveillance and medical event reporting is guided by Chapter 22 of the Navy's Manual of the Medical Department and BUMEDINST 6220.12C.
 - a. Navy and Marine Corps units providing patient care should report hospitalization associated with laboratory confirmed influenza in any patient under the age of 65 via DRSi as an "Influenza-associated Hospitalization".



- i. Patients seen in the outpatient clinic setting who are lab positive for influenza are NOT required to be reported unless they become hospitalized.
 - ii. Seasonal cases should not be reported as “Novel Influenza” in DRSi.
 - b. Further information on reporting medical events is available from the NMCPHC [DRSi webpage](#) or by contacting the DRSi helpdesk at usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-ndrs@mail.mil, COMM: 757-953-0954, DSN: 377-0954.
2. Syndromic surveillance activities play an integral part in Navy Medicine’s influenza surveillance and preparedness strategy.
 - a. Navy MTFs should review their surveillance protocols to ensure they include routine ESSENCE monitoring. Information on ESSENCE, including guidance on how to obtain an account, is available on the NMCPHC [ESSENCE webpage](#).
 - b. NMCPHC analysis suggests that surveillance using a pneumonia specific syndrome can identify severe illness that may be associated with influenza. More information about using a pneumonia specific syndrome for surveillance and how to create a user defined syndrome in ESSENCE is available on the NMCPHC [ESSENCE webpage](#).
 - c. Units not recording data in an electronic clinical encounter record or not using a tool like ESSENCE to track disease trends locally can implement disease D&I surveillance using the processes described [here](#).
3. For a comprehensive summary of influenza activity in the DON during influenza season, access the NMCPHC’s Weekly DON Influenza SITREP [here](#).
4. NMCPHC hosts monthly disease surveillance training on the last Tuesday of every month designed to provide refresher training to local public health staff. This month’s training, on September 27th, will be on the topic of influenza surveillance. After September 27th, a recording of the training can be found on NMCPHC’s Preventive Medicine [Training webpage](#) under the Archived Training section. For more information, contact the DRSi helpdesk at usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-ndrs@mail.mil, COMM: 757-953-0954, DSN: 377-0954.
5. Contact your cognizant NEPMU if you have any questions. NEPMU contact information can be found at the NMCPHC [field activities webpage](#). NEPMU staff can assist with investigation support, risk assessment and obtaining definitive laboratory testing.