



# DoD Influenza Surveillance and Vaccine Effectiveness

Armed Forces Health Surveillance Center (AFHSC)

Naval Health Research Center (NHRC)

United States Air Force School of Aerospace Medicine (USAFSAM)

DoD Global Influenza Network Partners

**Presentation to the Vaccines and Related Biological Products Advisory  
Committee (VRBPAC) - 28 February 2014**

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**\*\*Representing the DoD CONUS and OCONUS lab-based influenza surveillance activities**



# Report Documentation Page

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# Disclaimer



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# Briefing Outline

**PURPOSE:** Provide a concise update to the VRBPAC on DoD influenza surveillance activities, 2013-2014

1. Strain Circulation
2. Molecular Analyses
3. Vaccine Effectiveness



# Breadth of DoD Influenza Surveillance

- **Global Virus Surveillance**

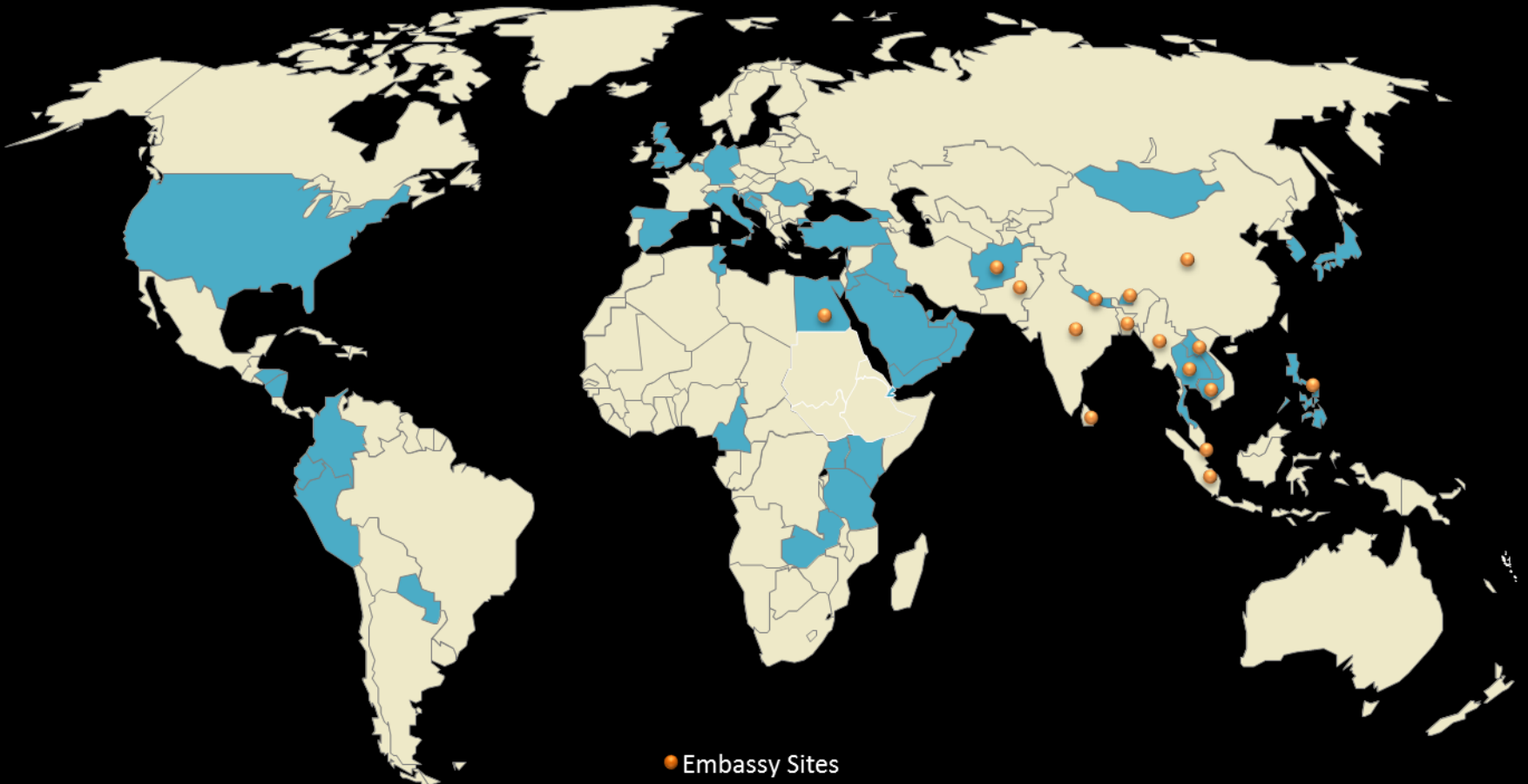
- Approximately 400 locations in over 30 countries
  - Military; Local government/academic
- Extensive characterization capabilities within the DoD
  - Culture, HAI, PCR (battery), Sequencing, Serology (HI, MN)
- Rapid sharing of results with CDC and/or regional WHO reference centers
  - ~30,000 samples collected and analyzed in fiscal year 2013
  - ~540 sequences submitted to GenBank in fiscal year 2013

- **Comprehensive Epidemiology and Analysis Capabilities**

- 1.4 Million Active Duty records (health care utilization, immunizations, deployment, reportable diseases, etc)
  - Medical Surveillance Monthly Reports, Ad-hoc requests, Studies/analyses, Routine reports/summaries
  - Weekly influenza reports
  - Vaccine safety and effectiveness studies



# GEIS-Supported Influenza Surveillance Footprint



In 2014:  
--Over 30 countries  
--Over 400 sites

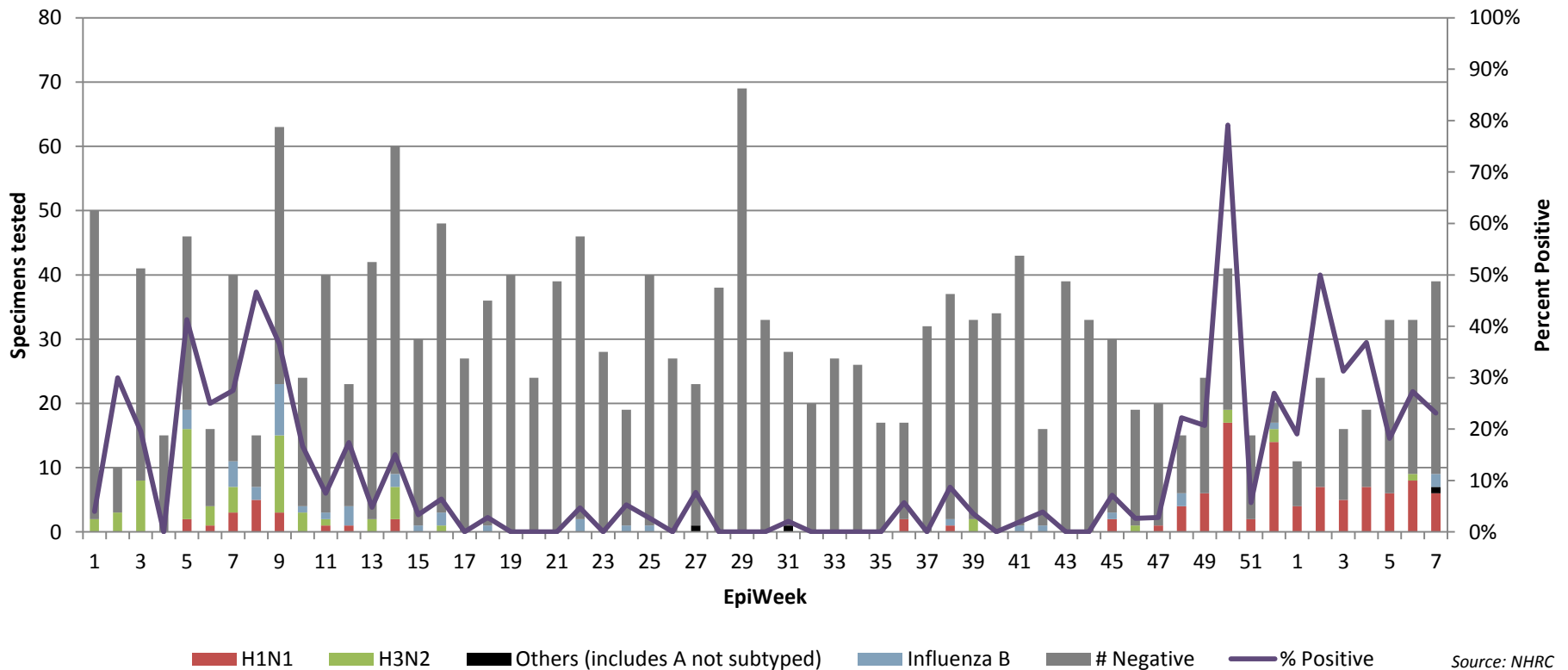
# Strain Circulation

## Military Recruits

### North America

#### Number and Proportion of Specimens Positive for Influenza by Subtype

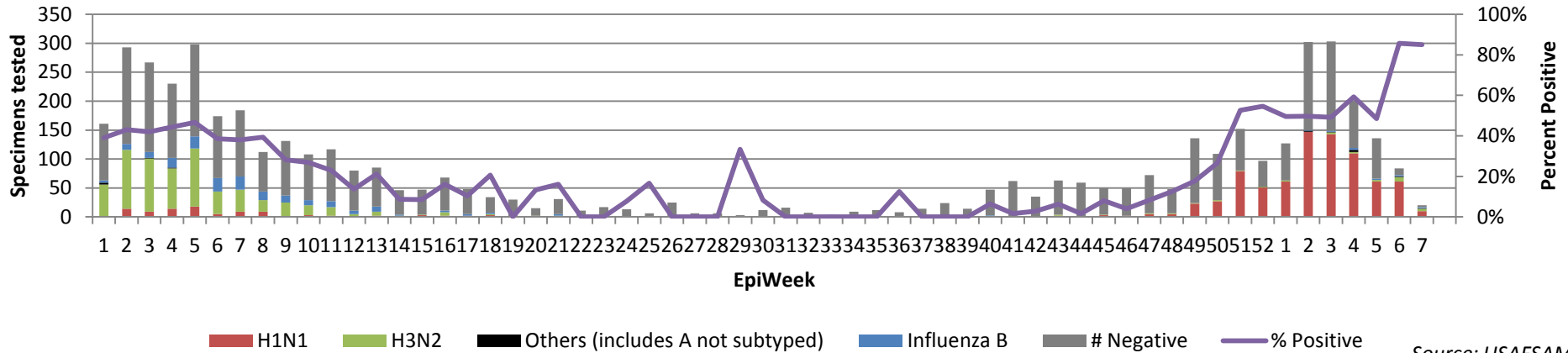
Week 1, 2013 - Week 7, 2014 (Feb 15, 2014)



Source: NHRC

# North America

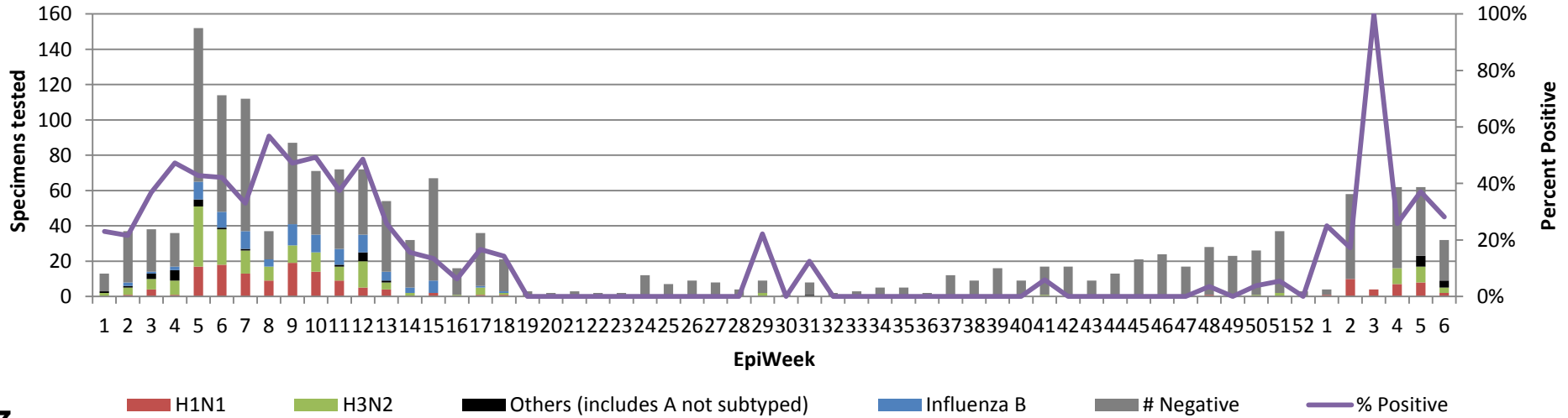
## Number and Proportion of Specimens Positive for Influenza by Subtype Week 1, 2013 - Week 7, 2014 (Feb 15, 2014)



Source: USAFSAM

# Europe

## Number and Proportion of Specimens Positive for Influenza by Subtype Week 1, 2013 - Week 7, 2014 (Feb 15, 2014)

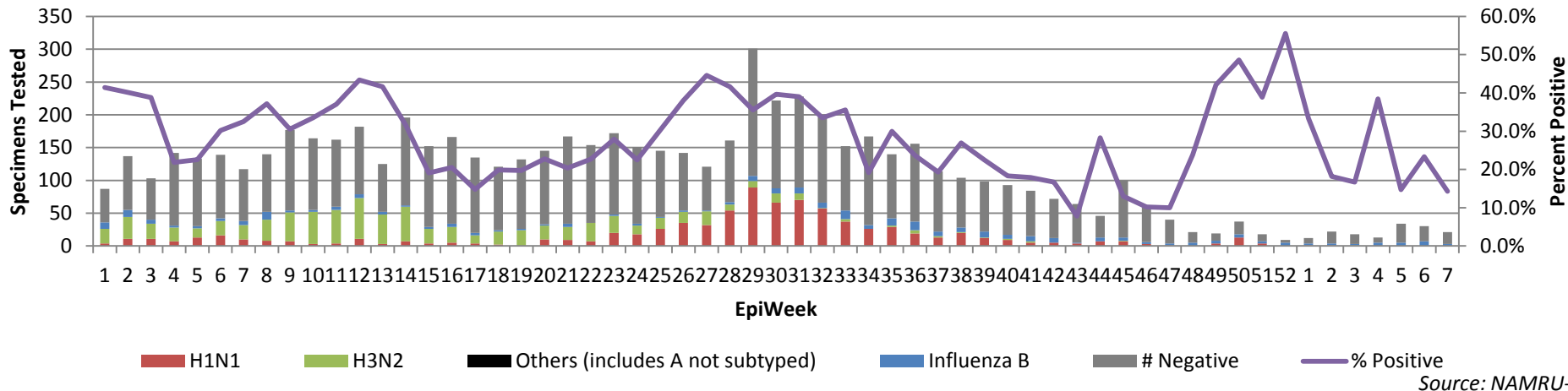


Source: LRMC/PHCR-Europe



# Latin America

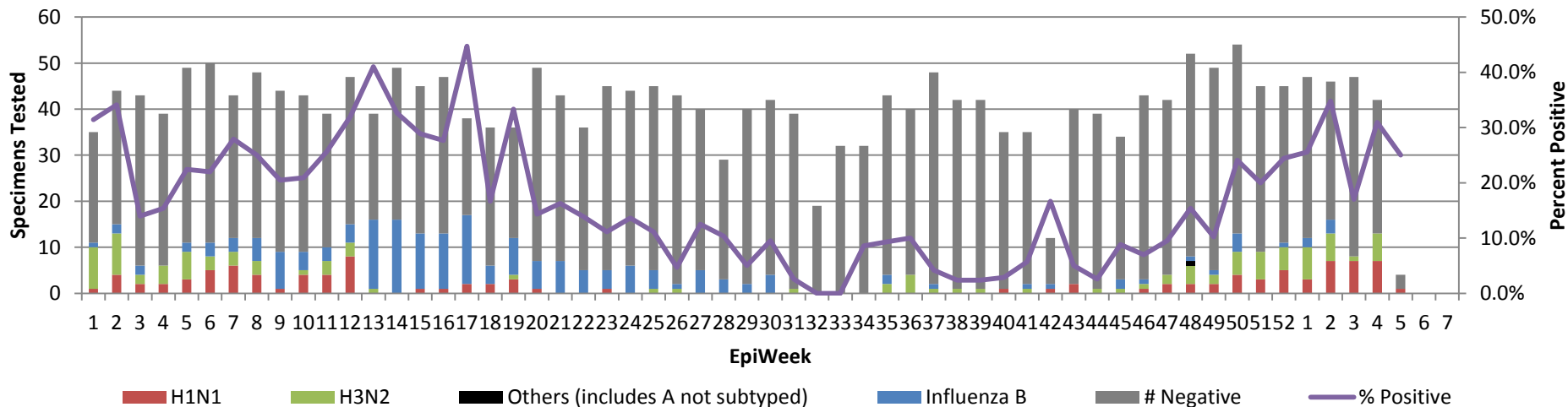
## Number and Proportion of Specimens Positive for Influenza by Subtype Week 1, 2013 - Week 7, 2014 (Feb 15, 2014)



Source: NAMRU-6

# North Africa (Egypt)

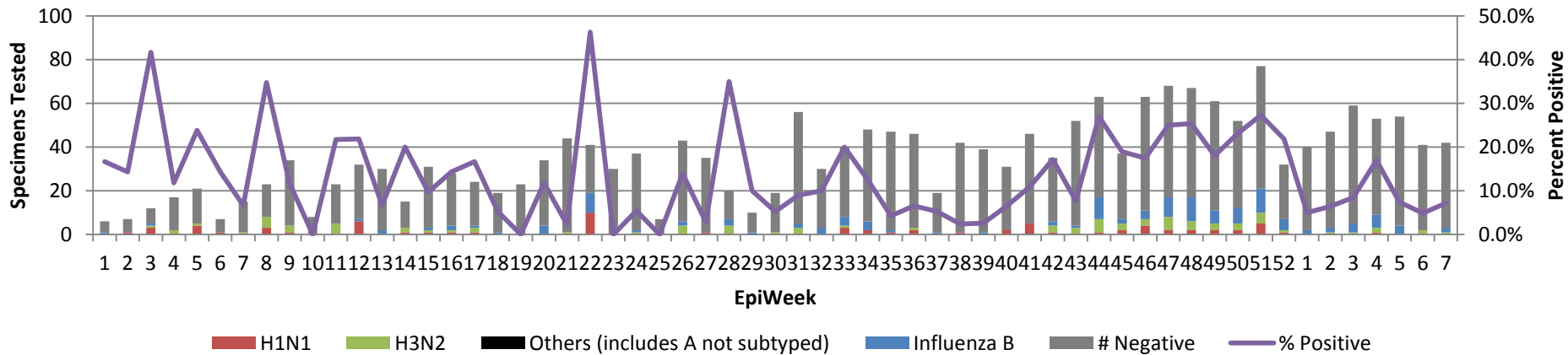
## Number and Proportion of Specimens Positive for Influenza by Subtype Week 1, 2013 - Week 7, 2014 (Feb 15, 2014)



Source: NAMRU-3

## Central and East Africa

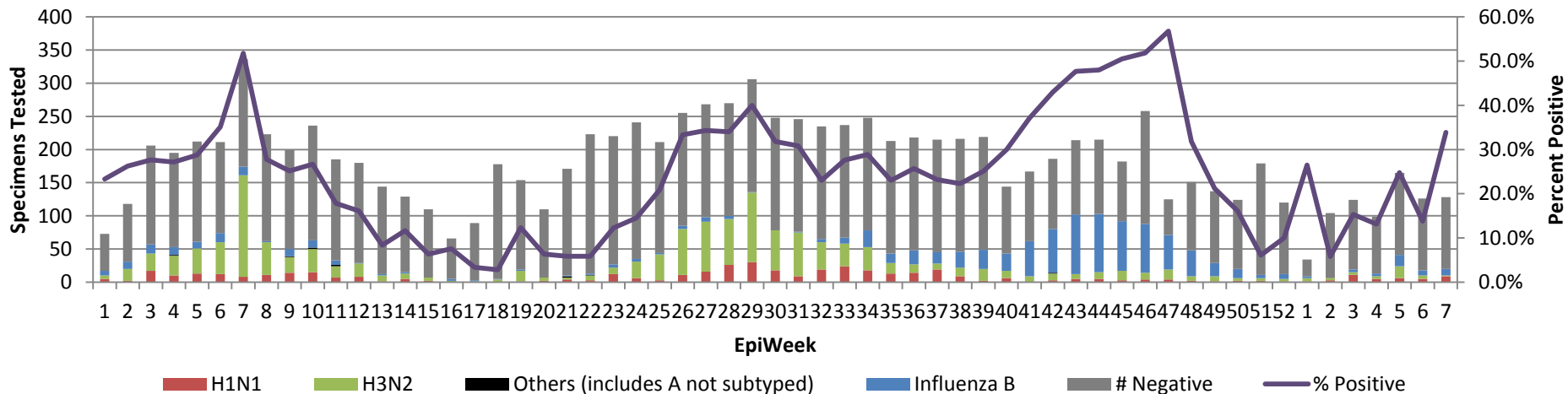
### Number and Proportion of Specimens Positive for Influenza by Subtype Week 1, 2013 - Week 7, 2014 (Feb 15, 2014)



Source: USAMRU-K

## East Asia

### Number and Proportion of Specimens Positive for Influenza by Subtype Week 1, 2013 - Week 7, 2014 (February 15, 2014)



Source: AFRIMS, NAMRU-2, 65th Med Brigade

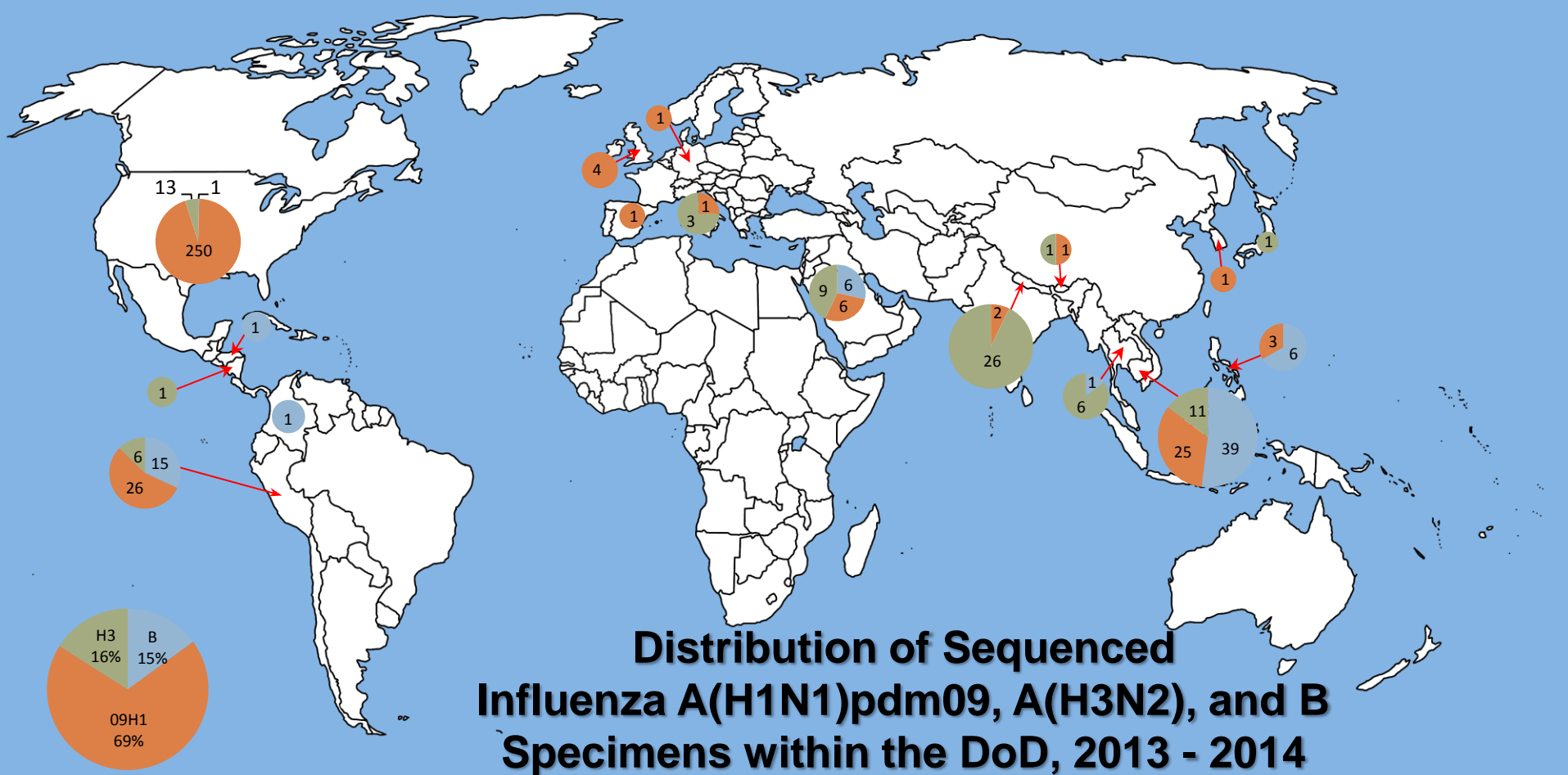
# Summary of Circulating Strain Activity to date

- In North America, military members and dependents have experienced moderate to low flu activity; mostly H1N1 (>90% of positive samples were H1)
- Globally, influenza activity has been low in recent weeks especially in tropical regions.
  - Overall : Mix of H1N1, H3N2 and B
  - Influenza A peaked in East Asia (H3) and Latin America (H1) during the summer months
- Recruits & Shipboard: activity has been low, primarily flu A/H1N1



# PHYLOGENETIC ANALYSIS





468 Total Sequences

### Contributors

- Armed Forces Research Institute of Medical Science – Bangkok, Thailand
- Brooke Army Medical Center – San Antonio, Texas
- Deployed Laboratories
- Landstuhl Regional Medical Center – Rheinland-Pfalz, Germany
- Navy Health Research Center – San Diego, California
- Naval Medical Research Unit 2 – Cambodia
- Naval Medical Research Unit 6 – Lima, Peru
- USAF School of Aerospace Medicine – Wright-Patterson AFB, Ohio
- Tripler Army Medical Center – Honolulu, Hawaii
- Walter Reid Army Institute of Research – Silver Spring, Maryland

Bhutan	Country 5	Korea	Spain
Cambodia	Germany	Nepal	Thailand
Columbia	Honduras	Nicaragua	United Kingdom
Country 1	Italy	Peru	United States
Country 2	Japan	Philippines	

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# Summary of Phylogenetic Analysis for A(H1N1)pdm09 HA 2013-2014

- Dominant subtype
- Due to size constraints, a representative analysis is displayed in the tree
- Similar to CDC analyses, the vast majority of sequences characterize into group 6B
- 92% of A(H1N1)pdm09 sequences possess changes at 163 and 256 (this distinguishes group 6B)
- Only one US sequence groups outside of 6B



# Influenza A(H1N1)pdm09 HA Phylogenetic Analysis 2013-2014

- A(H1N1)pdm09 was predominant subtype this season. Accordingly, a larger number of A(H1N1)pdm09 strains were sequenced.
- The HA gene of A(H1N1)pdm09 demonstrates that the vast majority (92%) of circulating viruses belong to subgroup 6B; possessing K163Q and A256T changes.
- Due to larger numbers and limited space, not all specimens are included in the phylogenetic tree. Specimens were selected to provide a condensed representation of the strains sequenced.

**N=321**

**A(H1N1)pdm09 Vaccine strain:**  
**A/California/07/2009**

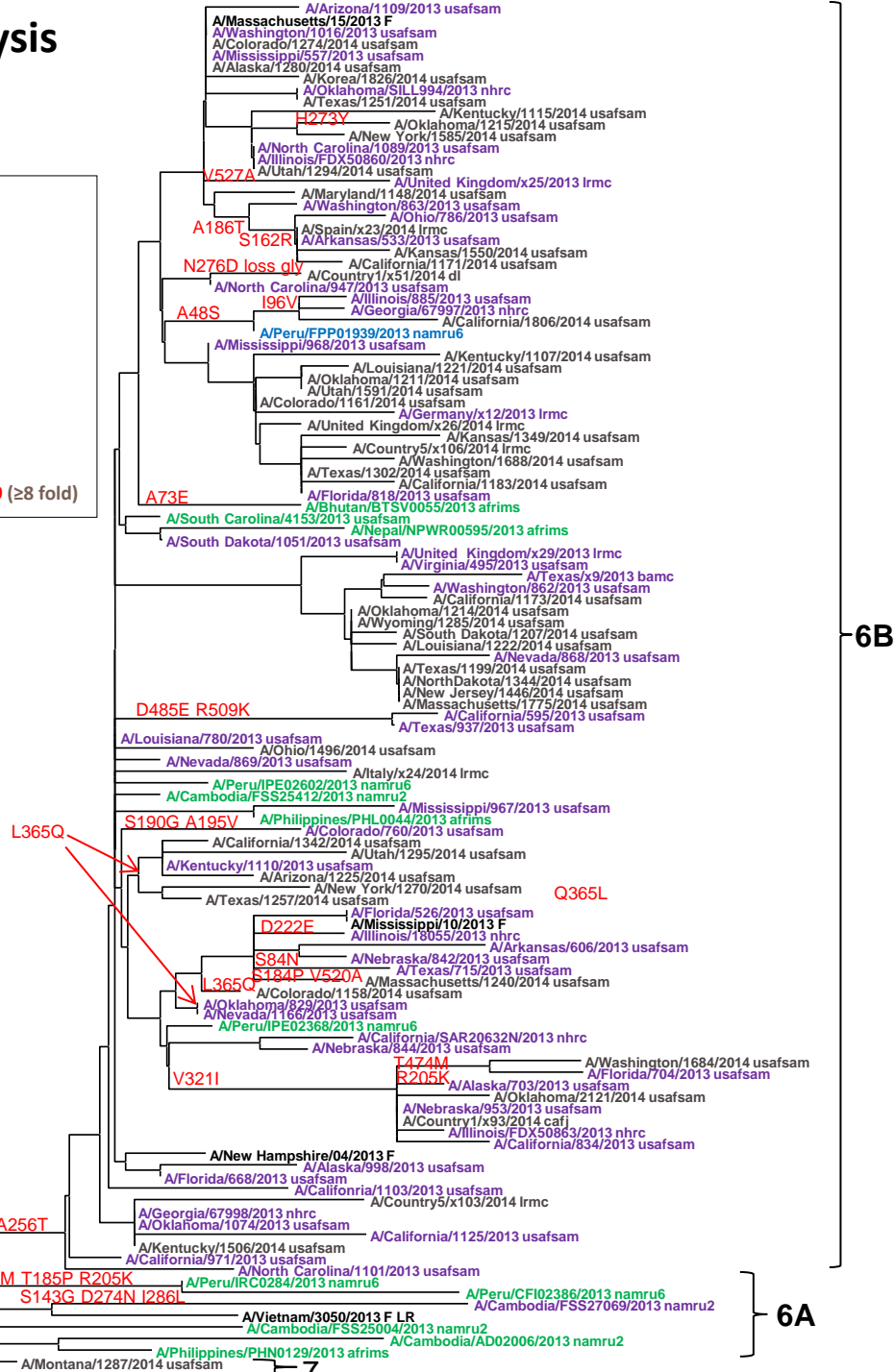
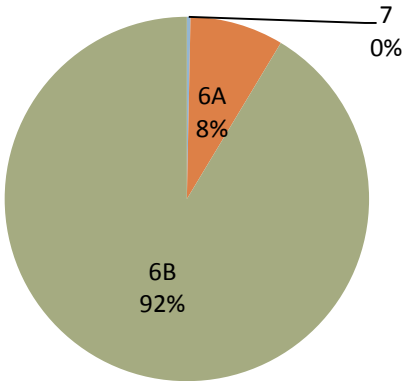
**Reference Strain**

**July-August 2013** 17%  
**September-October 2013** 3%  
**November-December** 57%  
**January-February** 23%

**add gly** Create Glycosylation Motif  
**loss gly** Loss of Glycosylation Motif

F CDC Reference Strain  
 e Egg Isolate  
 LR Low Reactor to : **A/California/07/2009** (≥8 fold)

**HA Genetic Groups**



# Summary of Phylogenetic Analysis for A(H3N2) HA 2013-2014

- Small number of specimens, most came from tropical or southern hemisphere June to Sept
- All influenza H3 sequences characterize into group 3C. Previous years' groups 5 and 6 have not been found in DoD surveillance to date.
- All H3 sequences possess a change at 145 and 70% possess two changes that characterize into subgroup 3C.3. This is a continuation of the direction from 2012-2013 season.
- Only 15% of H3 sequences were from US



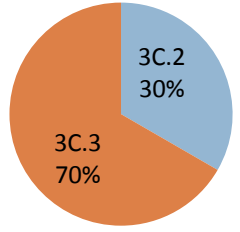


# Influenza A(H3N2) HA Phylogenetic Analysis

## 2013-2014

- Low numbers of H3N2 collected and sequenced from November 2013 to present. Also very few U.S. samples.
- The HA gene of H3N2 demonstrates that a majority (70%) of recently sequenced viruses belong to subgroup 3C.3 and share the following changes: T128A (loss of potential glycosylation site) and R142G.
- The other sequenced viruses (30%) characterize into group 3C.2 sharing a change at D489N.

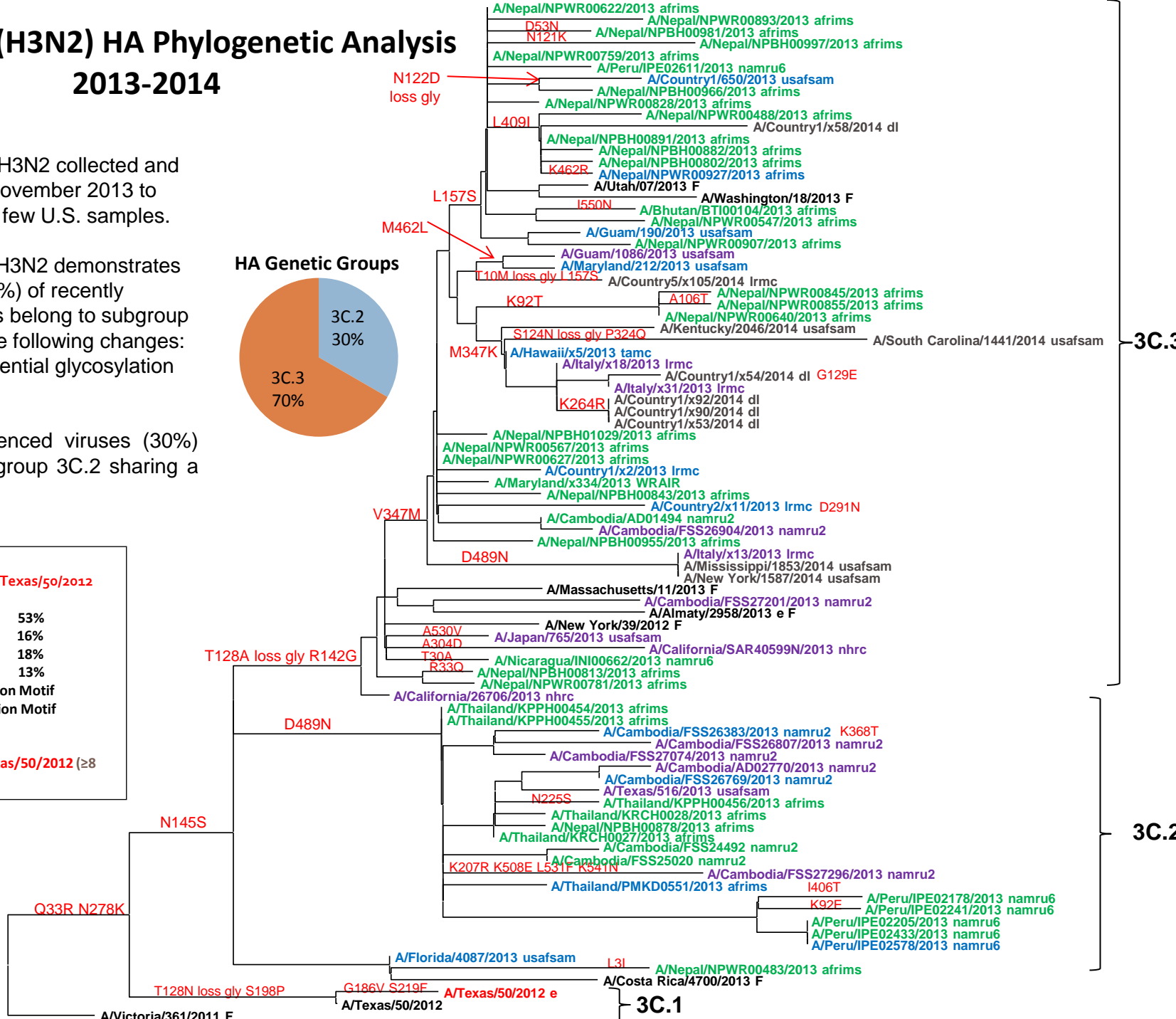
HA Genetic Groups



N=77  
**A/H3N2 Vaccine strain: A/Texas/50/2012**  
 Reference Strain

July-August 2013	53%
September-October 2013	16%
November-December	18%
January-February	13%

add gly Create Glycosylation Motif  
 loss gly Loss of Glycosylation Motif  
 F CDC Reference Strain  
 e Egg Isolate  
 LR Low Reactor to : A/Texas/50/2012 (≥8 fold)



# Summary of Phylogenetic Analysis for B HA 2013-2014

## Yamagata

- Overall in our network, 86% of our Bs were Yamagata
- Most characterize into group 2 with B Yamagata vaccine
- 37% reverted to group 3, like 2012-2013 vaccine, B/Wisconsin/1/2010, including a single US sequence and several sequences from deployed locations

## Victoria

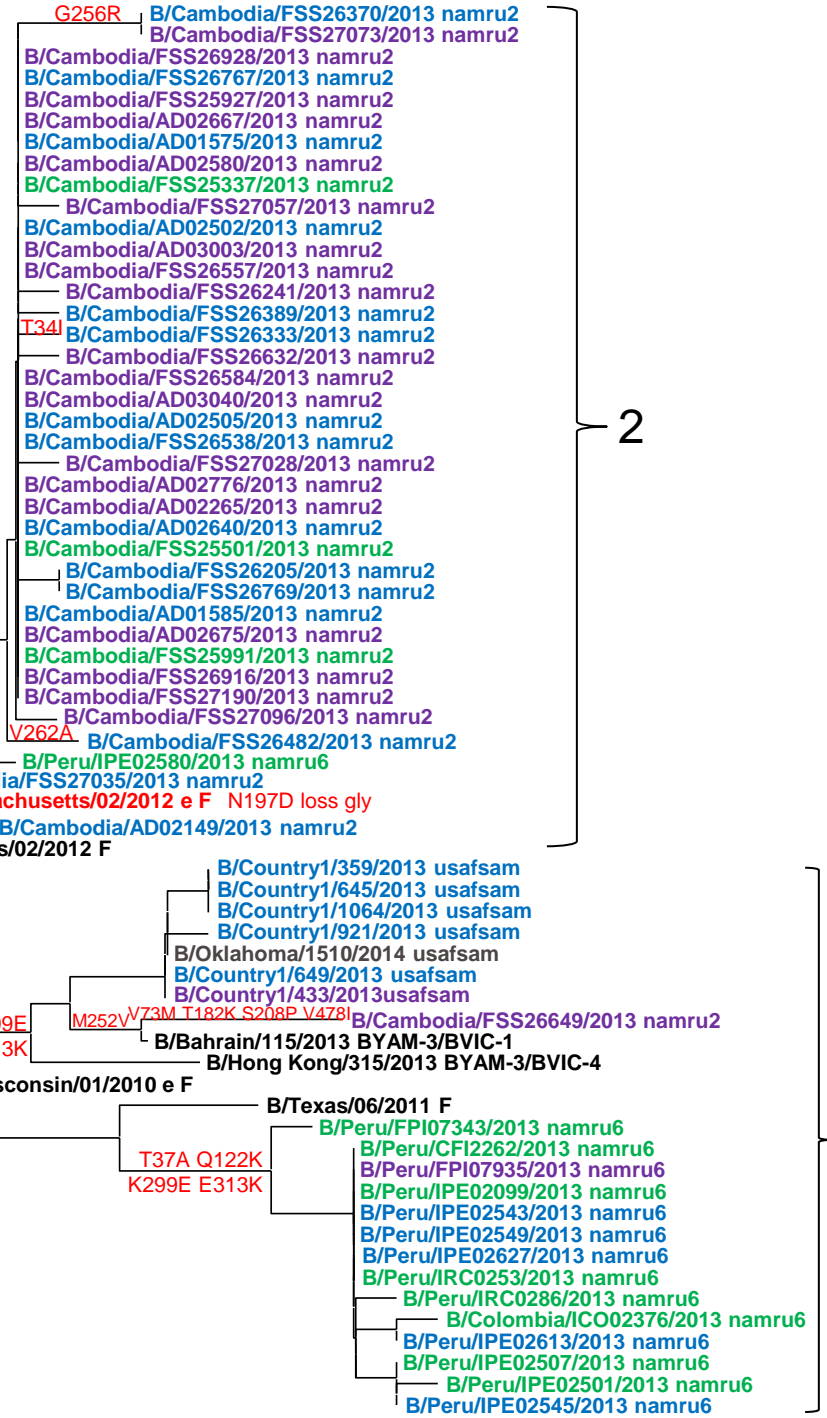
- Very small numbers (10 sequences) all from outside US; collected from July through August
- All specimens sequenced similarly to the dominant group from the previous season (group 1A)



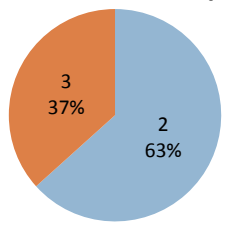
# Influenza B Yamagata HA Phylogenetic Analysis 2013-2014

- 86% of all Influenza B specimens sequenced from July 2013 to February 2014 are of Yamagata lineage.
- The HA gene of Influenza B Yamagata lineage demonstrates that recent viruses belong to genetic groups 2 and 3.
- 63% of the viruses belong to group 2 with the current vaccine strain.
- And 37% of the viruses belong to group 3 with the 2012-2013 vaccine strain.

N=60  
**B/Vaccine strain: B/Massachusetts/02/2012**  
**Reference Strains**  
 July-August 2013 20%  
 September-October 2013 42%  
 November-December 37%  
 January-February 2%  
 add gly Create Glycosylation Motif  
 loss gly Loss of Glycosylation Motif  
 F CDC Reference Strain  
 e Egg Isolate  
 LR Low Reactor to :  
**B/Massachusetts/02/2012** (≥8 fold)



HA Genetic Groups



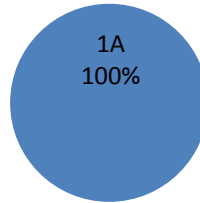
B/Florida/04/2006 e F

# Influenza B Victoria HA Phylogenetic Analysis 2013-2014

- Low numbers of viruses sequenced due to limited cases circulating in DoD populations.
- All Influenza B Victoria lineage sequences were collected in July and August 2013.
- All of the specimens collected came from areas that do not exhibit a northern hemisphere-like Influenza season.
- The HA gene of Influenza B Victoria lineage demonstrates recent viruses belong to genetic group 1A.
- Group 1A viruses share three amino acid changes at positions N75K, N165K and S172P of the HA gene similar to the vaccine recommendation.

N=10	
B/Vaccine strain: B/Brisbane/60/2008	
Reference Strains	
July-August 2013	100%
September-October 2013	0%
November-December 2013	0%
January-February 2014	0%
add gly	Create Glycosylation Motif
loss gly	Loss of Glycosylation Motif
F	CDC Reference Strain
e	Egg Isolate
LR	Low Reactor to : B/Brisbane/60/2008 (≥8 fold)

## HA Genetic Groups



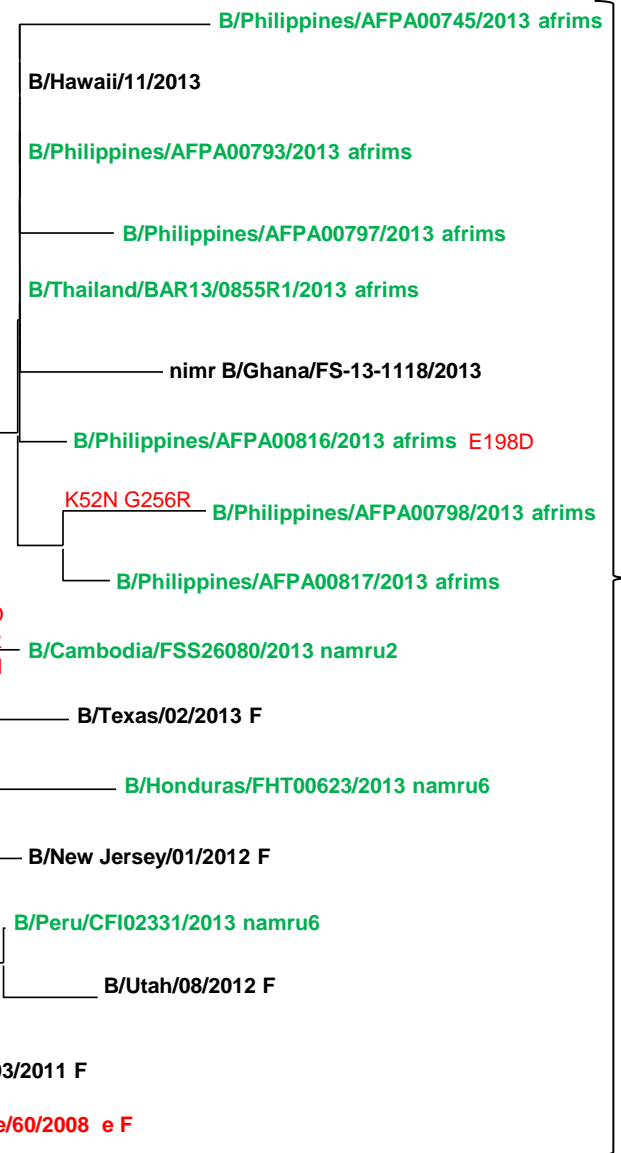
K48E N75K E80R K129N N165K S172P I190V A199T add gly I555V

V146I  
N197S loss gly B/Brisbane/60/2008 e F

B/Nevada/03/2011 F

cnic B/Jiangsu-Tianning/1795/2013 e

B/Ohio/01/2005 e LR F



1A

1B

# VACCINE EFFECTIVENESS (VE)



# Preview

- Mid-year estimates provided by:
  - US Air Force School of Aerospace Medicine (USAFSAM),
  - Naval Health Research Center (NHRC)
  - Armed Forces Health Surveillance Center (AFHSC)
- Case-Control studies, logistic regression used to estimate VE
  - Two studies used control-test negative method, one study used health controls
  - No analyses by flu subtype (over 90% of flu samples were H1N1)



# United States Air Force School of Aerospace Medicine (USAFSAM)

- Adjusted Estimates of Vaccine Effectiveness
  - Population: Service members and dependents (CONUS and OCONUS)
  - Separate analyses for service members & dependents
  - Analyses by vaccine type (LAIV & IIV)
  - No analyses by flu subtype (over 93% of flu samples were H1N1)
  - Models adjusted for age and collection period (4 quartiles)
  - Cases confirmed by RT-PCR, viral culture
    - Service members n=271, dependents n=339
  - Controls are test-negative for influenza
    - Service members n=485, dependents n=469
  - 56% of cases and 60% of controls were vaccinated





# DoD Mid-Season Vaccine Effectiveness: 2013-2014

Crude and adjusted influenza vaccine effectiveness (VE) estimates, mid-season  
(September 29, 2013 - January 25, 2014)

USAFSAM's DoD Global, Laboratory-based, Influenza Surveillance Program

Beneficiary Status <sup>a</sup>	Vaccine Type	Cases	Controls	Crude OR	VE Crude %	Adjusted OR	VE Adjusted %
Dependents	Overall	339	469	0.56	43.86 (23.84, 58.62)	0.34	65.81 (50.91, 76.19)
	LAIV	234	248	0.95	5.45 (-54.42, 42.11)	0.60	39.77 (-5.29, 65.54)
	IIV	302	425	0.43	56.74 (37.92, 69.86)	0.26	73.58 (59.59, 82.73)
Service Members	Overall	271	485	3.32	-232 (-455.83, -97.78)	0.84	15.73 (-69.94, 58.21)
	LAIV	201	332	5.19	-419 (-840.41, -186.98)	1.19	-19.5 (-164.36, 46.01)
	IIV	83	243	2.24	-124 (-296.84, -26.20)	0.60	39.68 (-33.88, 72.83)

Note: OR = odds ratio; VE = vaccine effectiveness; LAIV =live, attenuated influenza vaccine (LAIV4); IIV = inactivated influenza vaccine (IIV3, IIV4, cIIIV3)

<sup>a</sup> Dependents include any individual treated at a military treatment facility that is not a service member (i.e. child, spouse, retiree, etc.). Service members include any active duty, guard, or reserve member from any service branch.

## Notes:

- 1) For individuals <9 years of age, two vaccinations are recommended; for this study, this age group was handled the same as the older age groups with respect to vaccination (a subject was considered vaccinated if one influenza vaccination was received at least 14 days prior to specimen collection date).
- 2) Overall adjusted VE was calculated using multivariable logistic regression with adjustment for age and time period (collapsed into four equal quartiles).
- 3) All influenza subtypes (H1: n=569, H3: n=17, A/not subtyped: n=16, B: n=6) were included in this analysis. An H1 specific model is not presented due to the fact that H1 predominately (93.4%) drove this analysis and H1 specific VE results were very similar to those presented.
- 4) 341 (55.9%) cases (116 IIV, 223 LAIV, 2 unk) and 570 (59.8%) controls (284 IIV, 279 LAIV, 7 Unk) were vaccinated (n=911).





# Naval Health Research Center (NHRC)

- Adjusted Estimates of Vaccine Effectiveness
  - Population: Civilians only
    - Dependents Southern California and Illinois
    - Civilians at clinics and hospitals near US-Mex border
  - Small numbers: no analyses on vaccine type
  - Adjusted for: age, location of treatment, hospitalization status
  - Cases: n=106; confirmed by RT-PCR or viral culture
  - Controls: n=278; test-negative
  - Vaccination Rates: cases 19%, controls 33%
  - Overall, adjusted VE was 53%; 65% for pH1N1; both sig at 0.05



# NHRC- Vaccine Effectiveness (VE)

- 409 ILI cases enrolled between 11/25/13 and 1/16/2014
  - 384 with known vaccination status
  - Lab-confirmed influenza by CDC RT-PCR assay
  - $VE = 1 - \text{Odds ratio}$

Vaccine Effectiveness Estimates				
	Cases	Controls	VE (crude)	VE (adjusted)
Overall	106	278	52 (17, 72)	53 (17, 74)*
pH1N1	84	278	59 (23, 78)	65 (33, 81)**

\*Adjusted for hospitalization status (inpatient/outpatient), age, and study population (San Diego, Illinois, US-Mex border)

\*\*Adjusted for hospitalization status (inpatient/outpatient), and age



- Matched Case Healthy-Control Study of VE
  - Population: Active component service members
    - Army, Navy, Air Force, Marines, Coast Guard
    - CONUS and OCONUS
  - Lab-confirmed flu cases (n=575)
    - Rapid, RT-PCR, or culture
  - Healthy Controls (n=2267)
    - Medical encounter for musculoskeletal or mental health condition with no respiratory conditions reported
    - No medical encounters for influenza during season
    - Matched to cases by sex, age, date of encounter (+/- 3 days), and location
  - Models adjusted for 5-yr vaccination status (Y/N)
  - Overall and vaccine-type VE calculated



# AFHSC Mid-Season 2013-2014 Matched Case-Healthy Control VE Study (Active Component)

- 90% of cases were vaccinated; 91% of controls
- 94% had prior flu vaccination in previous 5 years
- Adjusted VE of 28 for those who received IIV (not significant)
- Adjusted VE for those who received LAIV was -17; not statistically significant



# AFHSC Mid-Season 2013-2014 VE Estimates Active Component

Vaccine Type	Cases n (%)	Controls n (%)	Crude OR (95% CI)	Adjusted OR (95% CI)*	Vaccine Effectiveness (95% CI)
Overall	518 (90)	2060 (91)	0.89 (0.63,1.27)	0.93 (0.65,1.32)	7 (-32,35)
LAIV	324 (56)	1086 (48)	1.13 (0.78,1.63)	1.17 (0.81,1.70)	-17 (-70,19)
IIV	183 (32)	910 (40)	0.69 (0.47,1.00)	0.72 (0.49,1.05)	28 ( - 5,51)
Unvaccinated	57 (10)	207 ( 9)		Ref	Ref

## Notes:

1. OR = Odds Ratio
2. IIV = inactivated influenza vaccine
3. LAIV = live, attenuated influenza vaccine
4. \*Adjusted for vaccination status in 5 years prior
5. \*\* Includes recombinant and unspecified vaccination types



# Summary of Results

- VE for civilians was significant and relatively high for those vaccinated with IIV
- For military members VE was not statistically significant



# Limitations

- Generalizability
  - Subjects were sick enough to seek medical attention, can't comment on vaccine impact for less severe cases
  - Active Duty mil pop is highly immunized, this could have a negative impact on VE (potential method issues and biological effects such as attenuated immune response with repeated exposures)
  - The military population is younger and healthier; cannot comment on vaccine impact in older, high-risk pops
  - Unable to compare flu subtypes
- Vaccination Data
  - Some vaccination data relied on patient recall



# Summary

- The DoD maintains a robust surveillance system with capacity to assess mid-season and end-of-season VE and molecular characterization of circulating viruses
- Analysis of our network's specimens supports continued use of the current A/H1N1, A/H3N2, B Victoria and B Yamagata vaccine strains





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# Questions



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# AFHSC Mid-Season 2013-2014 Matched Case-Health Control VE Study (Active Component)

Distribution by Select Factors	Cases n (%)	Controls n (%)
<b>Overall</b>	575 (100)	2267 (100)
<b><u>Sex*</u></b>		
M	458 (80)	1815 (80)
F	117 (20)	452 (20)
<b><u>Age*</u></b>		
18-24	133 (23)	522 (23)
25-29	109 (19)	427 (19)
30-39	224 (39)	890 (39)
40+	109 (19)	428 (19)
<b><u>Service</u></b>		
Army	217 (38)	914 (40)
Navy	85 (15)	299 (13)
Air Force	231 (40)	876 (39)
Marine Corps	35 (6)	149 (7)
Coast Guard	7 (1)	29 (1)

Note: \*Controls matched to cases on these factors; Controls also matched on date of encounter and location (distribution shown on next slide)



# AFHSC Mid-Season 2013-2014 Matched Case-Health Control VE Study (Active Component)

Distribution by Select Factors	Cases n (%)	Controls n (%)
<b>Overall</b>	575 (100)	2267 (100)
<b><u>Location of Diagnosis*</u></b>		
US	504 (88)	1990 (88)
Non-US	71 (12)	277 (12)
<b><u>Month of Diagnosis*</u></b>		
September	8 (1)	29 (1)
October	10 (2)	43 (2)
November	18 (3)	67 (3)
December	186 (32)	698 (31)
January	320 (56)	1316 (58)
February**	33 (6)	114 (5)
<b><u>Flu Vaccination in Prior 5 years***</u></b>		
No	51 (9)	129 (6)
Yes	524 (91)	2138 (94)

Note: \*Controls matched to cases on these factors (at finer granularity); Controls also matched on sex, age(distribution shown on previous slide)

\*\* Partial Month of data

\*\*\* Regression Model adjusted for this factor



# Active Component Distribution of Immunization Types by Service – 2013-2014 Midseason

Vaccine Type	Army	Navy	Air Force	Marines	Coast Guard
LAIV	31%	34%	50%	43%	49%
IIV	59%	64%	39%	55%	45%
Other**	10%	2%	11%	2%	6%

## Notes:

1. LAIV = live, attenuated influenza vaccine
2. IIV = inactivated influenza vaccine
3. \*\* Includes recombinant and unspecified vaccination types



# Collect 2 Swabs from Each Pt with “Influenza-Like Illness” (ILI)

Follow DoD case definition for ILI:

- **FEVER**  $\geq 100.5^{\circ}\text{F}$  ( $38^{\circ}\text{C}$ )  
*plus*
- **COUGH**  
*&/or*
- **SORE THROAT**
  - Symptom onset within 72 hours of presentation



Collect 2 swabs,  
1 from each nostril

