



## OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

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MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)  
ASSISTANT SECRETARY OF THE NAVY (M&RA)  
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)  
DIRECTOR OF THE JOINT CHIEFS OF STAFF  
DIRECTOR, HEALTH AND SAFETY, U.S. COAST GUARD

SUBJECT: Enhanced Influenza Surveillance for 2010-2011 Season

The 2009-2010 Influenza A (H1N1) pandemic has ended, but continued surveillance for severe influenza infections and complications remains. This memo provides updated surveillance guidance and should be implemented immediately upon receipt.

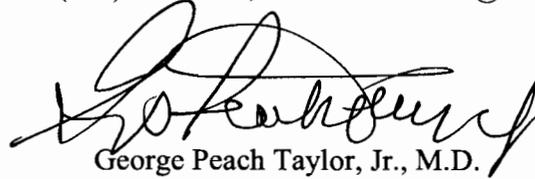
Using their respective electronic medical event reporting tools, the Services will report hospitalizations for (or with) influenza, influenza-associated pneumonia, or an influenza-like illness for any person admitted to a Military Treatment Facility (MTF), as well as for any Active Duty Service member in a civilian facility. Route reports through your normal medical event reporting process and submit them within 48 hours of a suspected diagnosis.

This surveillance strategy enhances (but does not replace) the existing requirement to report confirmed influenza cases in accordance with the Tri-Service Reportable Events Guidelines and Case Definitions (June 2009). Report admissions to a medical facility solely for the purposes of social distancing (such as a special isolation facility operated by the MTF) if meeting the influenza case definition in the Reportable Events Guidelines.

Influenza hospitalization reporting should not be delayed by a lack of laboratory confirmation. Clinical indicators of influenza or influenza-associated pneumonia during the influenza season are sufficient to report a hospitalization that is pending confirmation. Laboratory testing for influenza should continue to follow existing public health, clinical, and laboratory-based surveillance guidelines. These hospitalization reports should be updated if a diagnosis is confirmed or refuted. In addition to the minimum data elements described in the Tri-Service Guidelines, hospitalization reports should include the date of admission, the influenza sub-type (when available), and clinical complications (e.g., respiratory failure, death) related to the infection.

Each Service will forward reports to the Armed Forces Health Surveillance Center (AFHSC) through current existing procedures. AFHSC will analyze and report findings from global influenza surveillance programs, including hospitalization reports, in collaboration with the U.S. Army Public Health Command (Provisional), the Navy and Marine Corps Public Health Center, and the U.S. Air Force School of Aerospace Medicine.

This memo remains in effect until July 31, 2011. Assistance is available from AFHSC at (301) 319-3240, or [afhsc.commcen@amedd.army.mil](mailto:afhsc.commcen@amedd.army.mil). The point of contact for this guidance is Col Michael Butel, who may be reached at (703) 578-8524, or [Michael.Butel@tma.osd.mil](mailto:Michael.Butel@tma.osd.mil).



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cc:

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