



THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

JUL 24 2014

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)
DIRECTOR, HEALTH AND SAFETY, U.S. COAST GUARD
DIRECTOR OF THE JOINT CHIEFS OF STAFF
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Sentinel Sites for the 2014–2015 Influenza Surveillance Program

The Armed Forces Health Surveillance Center, Division of Global Emerging Infections Surveillance and Response Systems (AFHSC/GEIS) Operations provides central coordination for the Department of Defense (DoD) Influenza Surveillance Program. With AFHSC/GEIS support and coordination, the United States (U.S.) Air Force School of Aerospace Medicine (USAFSAM) performs global, laboratory-based, influenza surveillance through a sentinel system. Surveillance is coordinated with the Military Departments, Joint Staff, the Centers for Disease Control and Prevention, and the World Health Organization influenza surveillance programs.

The DoD Global, Laboratory-Based, Influenza Surveillance Program at USAFSAM selects military installations from worldwide locations to participate as sentinel sites. The AFHSC/GEIS Respiratory Pathogens Surveillance Steering Committee coordinates the review and approval of the sentinel site list annually. Installations are selected based on criteria such as: mission, population, deployment/operations tempo, and location. The 2014–2015 Sentinel Site listing (Attachment 1) was approved in May 2014.

Sentinel sites are expected to participate starting September 28, 2014, for a period of 1 year. USAFSAM requests sentinel sites submit 6 to 10 respiratory specimens per week obtained from patients meeting the influenza-like-illness (ILI) case definition. The ILI case definition and key points about the program are included in Attachment 2.

The Military Departments are expected to notify each of the military medical treatment facilities listed in Attachment 1 of this requirement. USAFSAM will cover the shipping costs for each specimen and will contact sentinel sites to provide necessary program management information and laboratory supplies, such as nasal wash kits for collecting specimens.

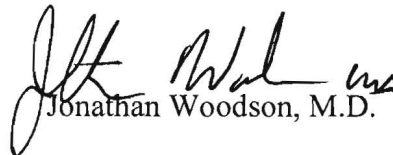
All sentinel sites, with some exceptions discussed below, will submit respiratory specimens directly to USAFSAM. All other installations not mentioned in Attachment 1 may submit respiratory specimens to USAFSAM and will be considered participating sites.

The U.S. Central Command (USCENTCOM) and USAFSAM will coordinate directly concerning the shipment of specimens from the USCENTCOM Area of Responsibility to USAFSAM. All sentinel sites within the country of Kuwait will submit respiratory specimens to Camp Arifjan. The laboratory officer-in-charge at Camp Arifjan will coordinate the shipment of specimens directly to USAFSAM. Camp Lemonnier may submit samples through the existing surveillance programs run through the Naval Medical Research Unit Number 3.

All sentinel sites within the U.S. European Command Area of Responsibility will submit respiratory specimens to the Landstuhl Regional Medical Center (LRMC) laboratory in Landstuhl, Germany for testing. LRMC will coordinate the shipment of specimens and data exchange with USAFSAM. USAFSAM will conduct further laboratory testing as needed.

Sentinel sites within the state of Hawaii may submit respiratory specimens to Tripler Army Medical Center (TAMC). TAMC will coordinate the shipment of specimens with the USAFSAM. The USAFSAM will conduct further laboratory testing as needed.

The point of contact (POC) for this guidance is Lieutenant Colonel (LTC) Jennifer Cummings. LTC Cummings may be reached at (703) 681-8257, or Jennifer.I.Cummings.mil@mail.mil. The contact for questions regarding the AFHSC/GEIS Influenza Surveillance Program should be directed to Captain (CAPT) Michael Cooper. CAPT Cooper may be reached at Michael.J.Cooper119.mil@mail.mil. The POC for the USAFSAM Influenza Surveillance is Major (Maj) Shauna Zorich. Maj Zorich may be reached at Shauna.Zorich.2@us.af.mil. Routine communications with the USAFSAM program through e-mail should be directed to USAFSAM.PHRFlu@us.af.mil. Laboratory-specific questions should be directed to usafsam.phecussv@us.af.mil.


Jonathan Woodson, M.D.

Attachments:
As stated

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force

Attachment 1

CONUS Installations					
Installation	State	Service	Installation	State	Service
Andrews AFB	MD	USAF	Tyndall AFB	FL	USAF
Cannon AFB	NM	USAF	USAF Academy	CO	USAF
Davis-Monthan AFB	AZ	USAF	Wright-Patterson AFB	OH	USAF
Dover AFB	DE	USAF	Ft Benning	GA	Army
Eglin AFB	FL	USAF	Ft Bliss	TX	Army
Ellsworth AFB	SD	USAF	Ft Bragg	NC	Army
Fairchild AFB	WA	USAF	Ft Campbell	KY	Army
FE Warren AFB	WY	USAF	Ft Drum	NY	Army
Hanscom AFB	MA	USAF	Ft Hood	TX	Army
Hill AFB	UT	USAF	Ft Leavenworth	KS	Army
Hurlburt Field	FL	USAF	Ft Polk	LA	Army
JB Langley-Eustis	VA	USAF	JB Lewis-McChord	WA	Army
JB McGuire-Dix-Lakehurst	NJ	USAF	SAMMC	TX	Army
Keesler AFB	MS	USAF	USMA – West Point	NY	Army
Laughlin AFB	TX	USAF	NH Bremerton	WA	Navy
Luke AFB	AZ	USAF	NH Camp Lejeune	NC	Navy
Malmstrom AFB	MT	USAF	NH Jacksonville	FL	Navy
Maxwell AFB	AL	USAF	NH Twentynine Palms	CA	Navy
Minot AFB	ND	USAF	NHC New England	RI	Navy
Mt Home AFB	ID	USAF	NMC Portsmouth	VA	Navy
McConnell AFB	KS	USAF	US Naval Academy	MD	Navy
Nellis AFB	NV	USAF	CG Base Portsmouth	VA	USCG
Offutt AFB	NE	USAF	CGS Mobile	AL	USCG
Peterson AFB	CO	USAF	CGS North Bend	OR	USCG
Scott AFB	IL	USAF	USCG Academy	CT	USCG
Seymour Johnson AFB	NC	USAF	CGS Base Miami ISC	FL	USCG
Shaw AFB	SC	USAF	CGS Miami Air Station	FL	USCG
Sheppard AFB	TX	USAF	NCRM-Ft. Belvoir CH	VA	DHA
Tinker AFB	OK	USAF	NCRM-Walter Reed NMMC	MD	DHA
Travis AFB	CA	USAF			

OCONUS Installations						
Installation	State/ Country	Service		Installation	State/ Country	Service
Ali Al Salem AB	Kuwait	USAF		Brian Allgood ACH	South Korea	Army
Al Dhafra AB	UAE	USAF		Camp Arifjan	Kuwait	Army
Al Udeid AB	Qatar	USAF		Camp Buehring	Kuwait	Army
Aviano AB	Italy	USAF		Camp Zama	Japan	Army
Bagram AB	Afghanistan	USAF		Landstuhl RMC	Germany	Army
Eielson AFB	AK	USAF		Stuttgart AHC	Germany	Army
Incirlik AB	Turkey	USAF		Tripler AMC	HI	Army
JB Elmendorf-Richardson	AK	USAF		Vicenza Health Center	Italy	Army
JR Marianas-Andersen AFB	Guam	USAF		Vilseck AHC	Germany	Army
Kadena AB	Japan	USAF		BMC Bahrain	Bahrain	Navy
Kandahar AB	Afghanistan	USAF		JB Pearl Harbor-Hickam	HI	Navy
Kunsan AB	South Korea	USAF		Camp Lemonnier	Djibouti	Navy
Misawa AB	Japan	USAF		NSA Naples	Italy	Navy
Osan AB	South Korea	USAF		NAS Sigonella	Italy	Navy
RAF Lakenheath	England	USAF		CFA Okinawa	Japan	Navy
Ramstein AB	Germany	USAF		NAVSTA Rota	Spain	Navy
Spangdahlem AB	Germany	USAF		CGAS Borinquen	Puerto Rico	USCG
Yokota AB	Japan	USAF		USCG Sector San Juan	Puerto Rico	USCG

**DoD-Global, Laboratory-Based, Influenza Surveillance Program: 2014-2015
Program Guidance Overview**

- DoD-wide and global program; active surveillance at sentinel sites and overseas DoD research laboratories
- Partnered with the Centers for Disease Control and Prevention, and the World Health Organization
- Surveillance is year-round due to the mobility of our population and the unpredictability of the emergence of novel respiratory pathogens
- In-depth guidance and information is provided annually to Public Health/Preventive Medicine offices/departments, laboratory personnel, and physician/clinic staff
- Nasal wash collection kits are provided initially and upon request
 - Kits include:
 - Sterile saline
 - Collection cup & bib
 - Viral Transport Media (VTM)
 - Biohazard bag
 - Surveillance Questionnaire
- Nasopharyngeal swabs may also be used as a secondary option to nasal washes
- USAFSAM also:
 - Provides shipping containers
 - Pays for shipment to USAFSAM via commercial carrier
- Target: 6-10 specimens per week per sentinel site
 - Current season's Surveillance Questionnaire is provided with each kit and is also available on the program's website (see link below)
 - Hard copy questionnaire must accompany each patient specimen
- Specimens are processed at the USAFSAM laboratory
- Results are reported in CHCS/AHLTA; a summary of results is provided in weekly surveillance reports which are available on the program's website (see link below) and sent by email upon request
- Program Website: <https://gumbo2.wpafb.af.mil/epi-consult/influenza/>

Case definition for influenza-like illness (ILI)

- Fever $\geq 100.5^{\circ}\text{F}$ & cough or sore throat
- Specimens should be collected within 3 days of onset of symptoms
- If less than six patients are seen meeting the ILI case definition in a given week, sites may send fewer than six specimens
- If there is an increase in ILI patients, sites are to continue submitting up to 10 specimens per week, giving priority to the sickest or hospitalized patients