

Respiratory Virus Surveillance Report¹

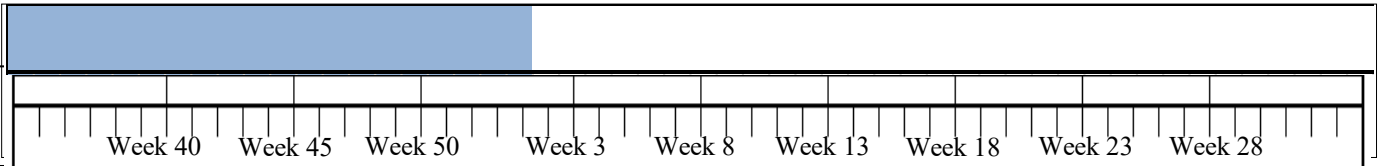
New Jersey Department of Health

Communicable Disease Service Week ending

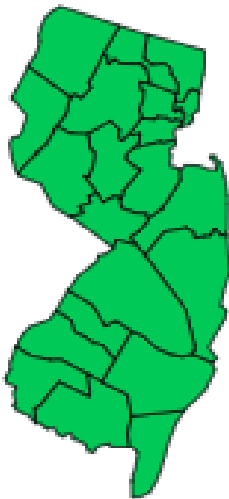
January 9, 2021 (MMWR week 1²)



No Activity
 Sporadic
 Local
 Regional
 Widespread

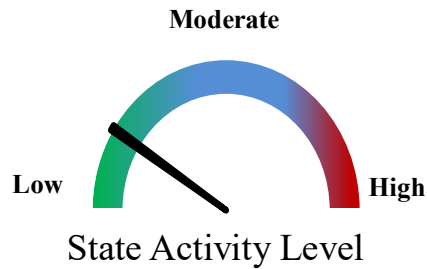


Influenza Activity Level³



Regional⁴ Data

Northwest:	LOW
Northeast:	LOW
Central West:	LOW
Central East:	LOW
Southwest	LOW
Southeast	LOW



Predominant Type/Subtype
in the past three weeks

Influenza B
(Lineage not performed)

ILI⁵ Activity

Percent Influenza-like Illness/Absenteeism ⁵				Baselines
	Current Week (range by county)	Last week Current year	Current week Last year	Off Season ⁶ (Seasonal Average— low, high) ⁷
Long Term Care Facilities	0.00 (0.00, 0.2800)	0.10	1.36	0.47 (0.42, 0.76)
Schools (absenteeism)	4.04 (1.73, 11.58)	CLOSED	6.06	3.25 (4.30, 4.94)
Emergency Departments	2.96 (1.72, 8.01)	3.09	7.45	1.96 (3.16, 4.33)

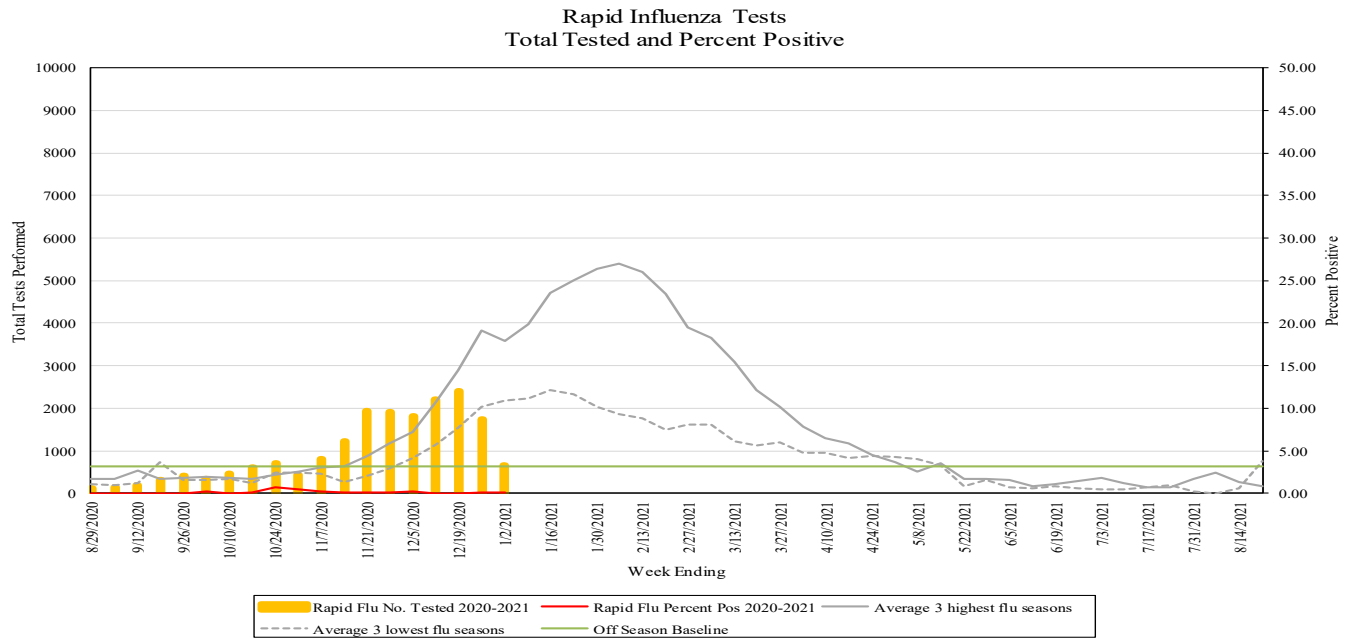
Laboratory
Testing⁸

		Current Week	Past 3 Weeks	Cumulative Total
PCR	Influenza A H1N1 (2009)	0	0	3
	Influenza A H3N2	0	0	3
	Influenza A (Subtyping Not Performed)	0	6	44
	Influenza B	2	7	35

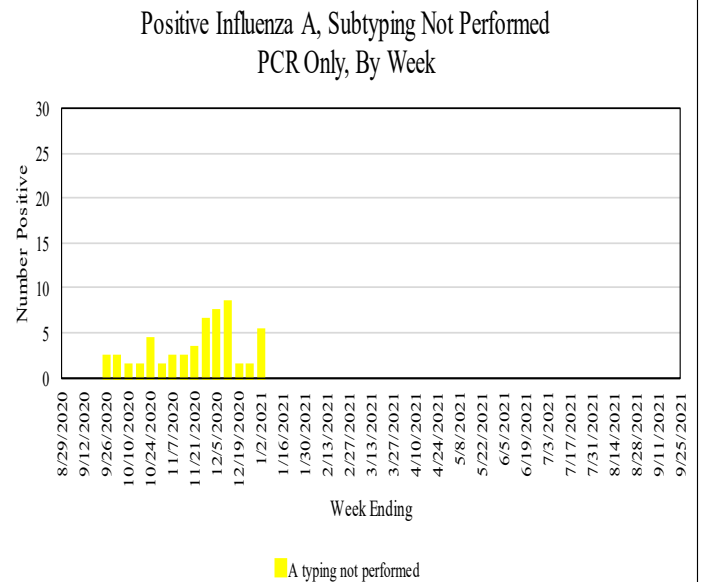
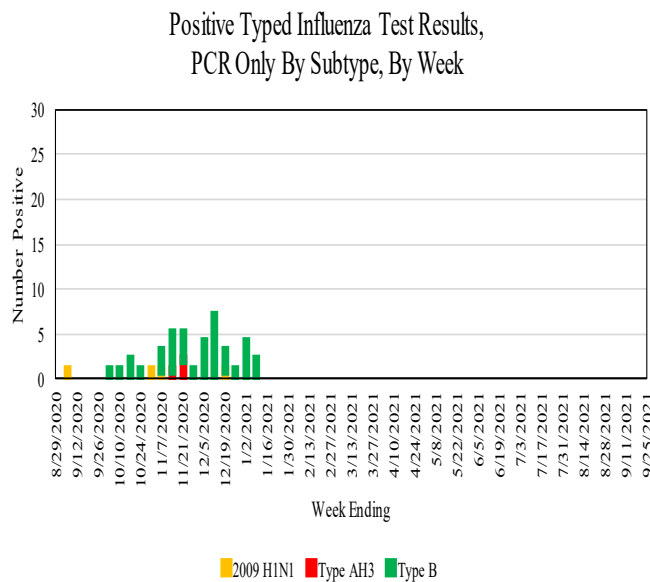
Report also available at <http://nj.gov/health/cd/statistics/flu-stats/>

Virologic Surveillance⁸

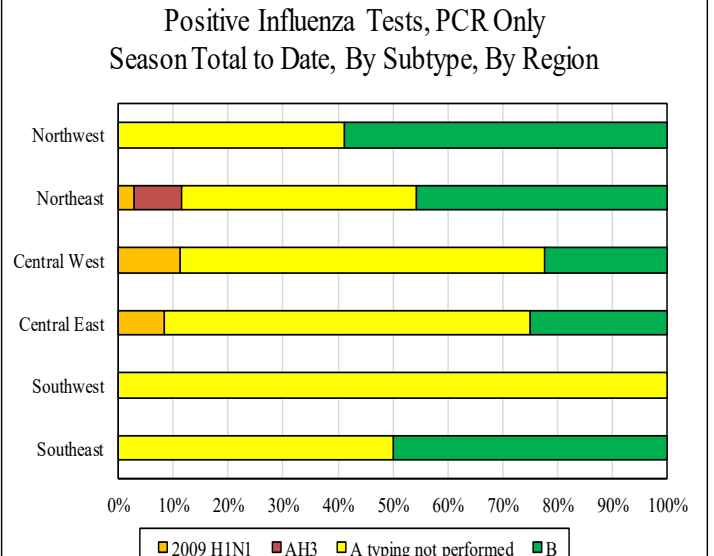
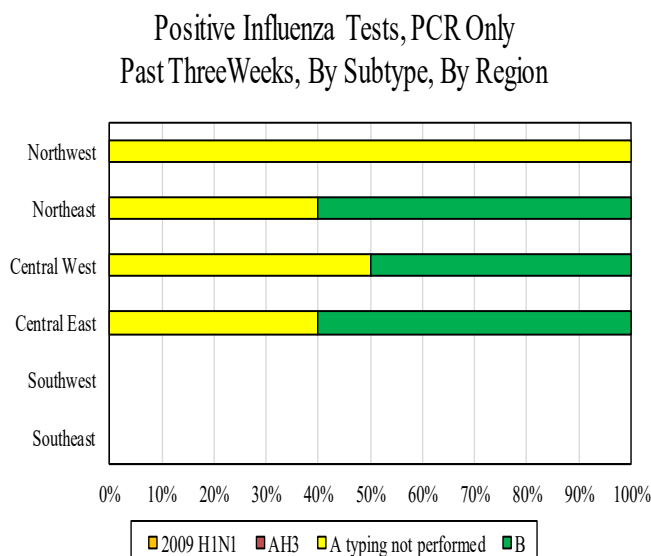
Rapid Influenza Tests Results by Week



Influenza Positive Specimens (PCR)

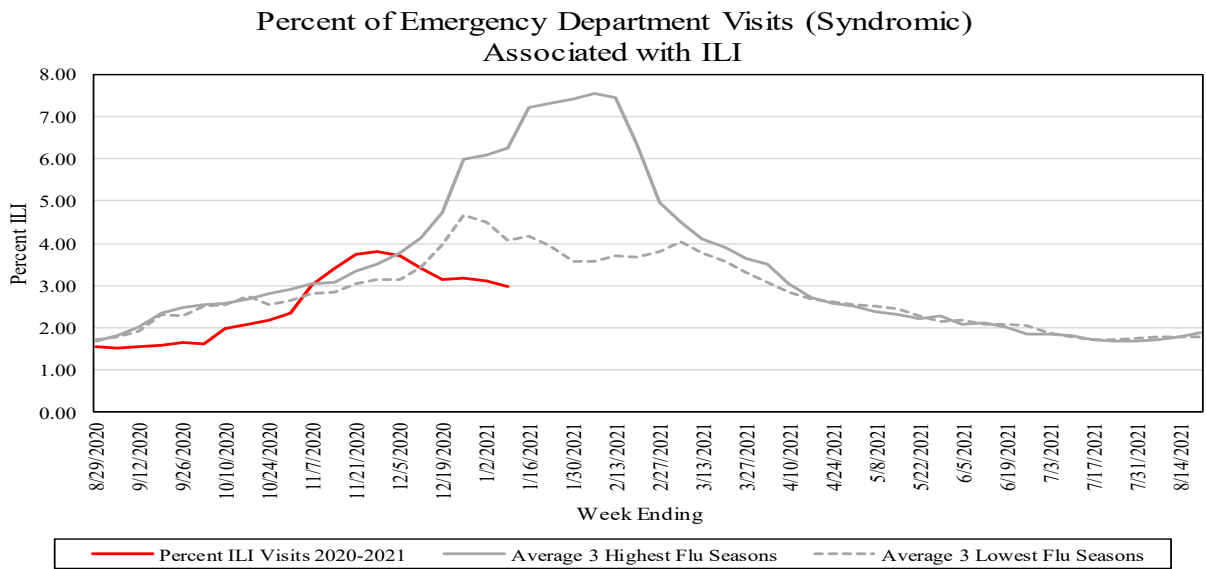


Influenza Positive Specimens (PCR) by Region⁴/Type

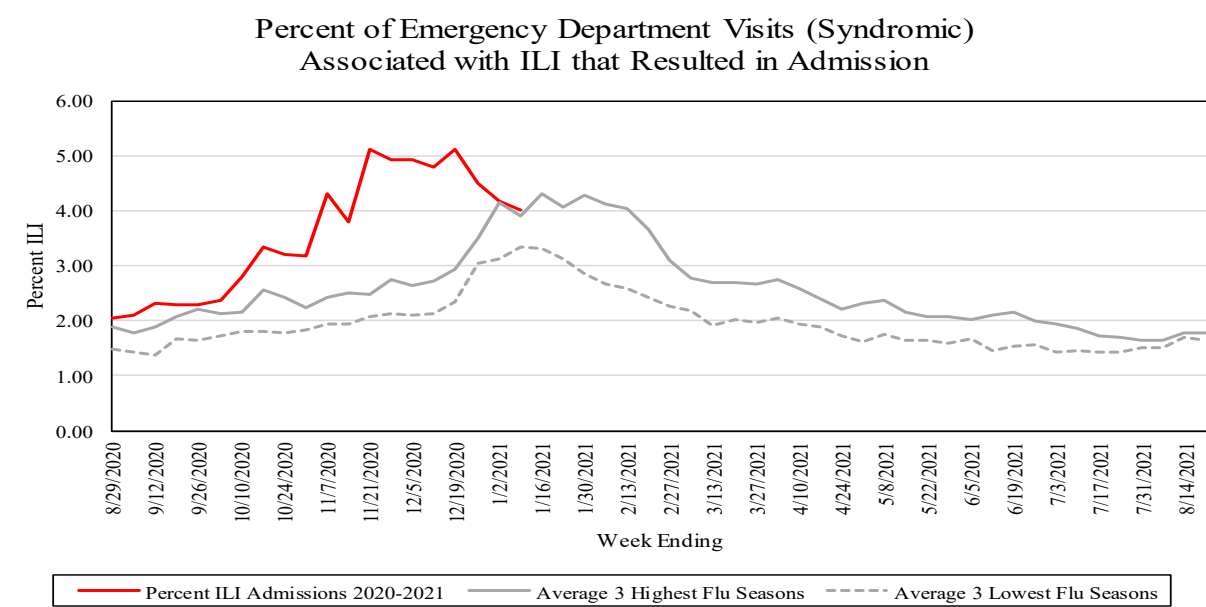


Influenza-Like Illness (ILI) Surveillance

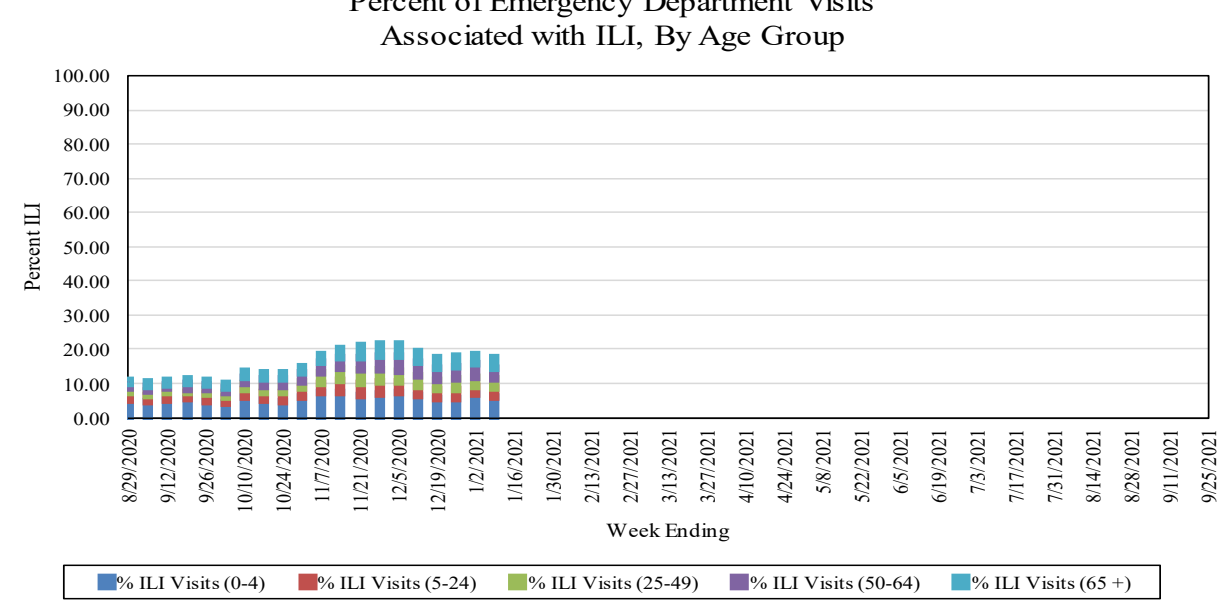
Emergency Department⁹ Visits
Percent due to ILI



Emergency Department⁹
Percent of Admissions due to ILI

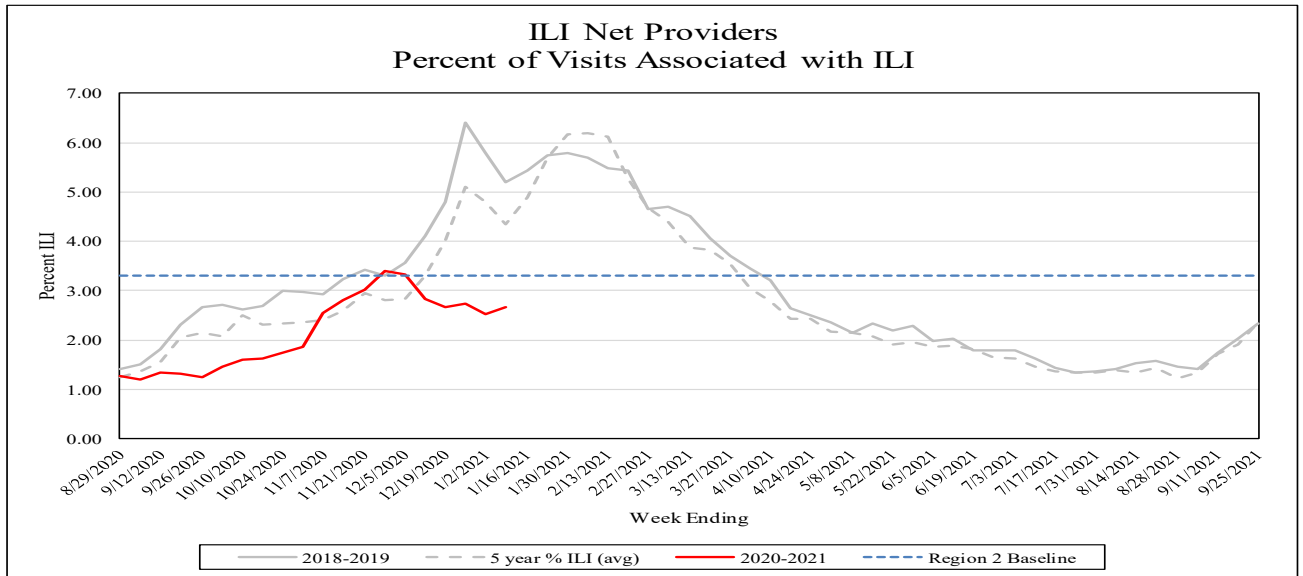


Emergency Department⁹ Visits
Percent of ILI By Age Group

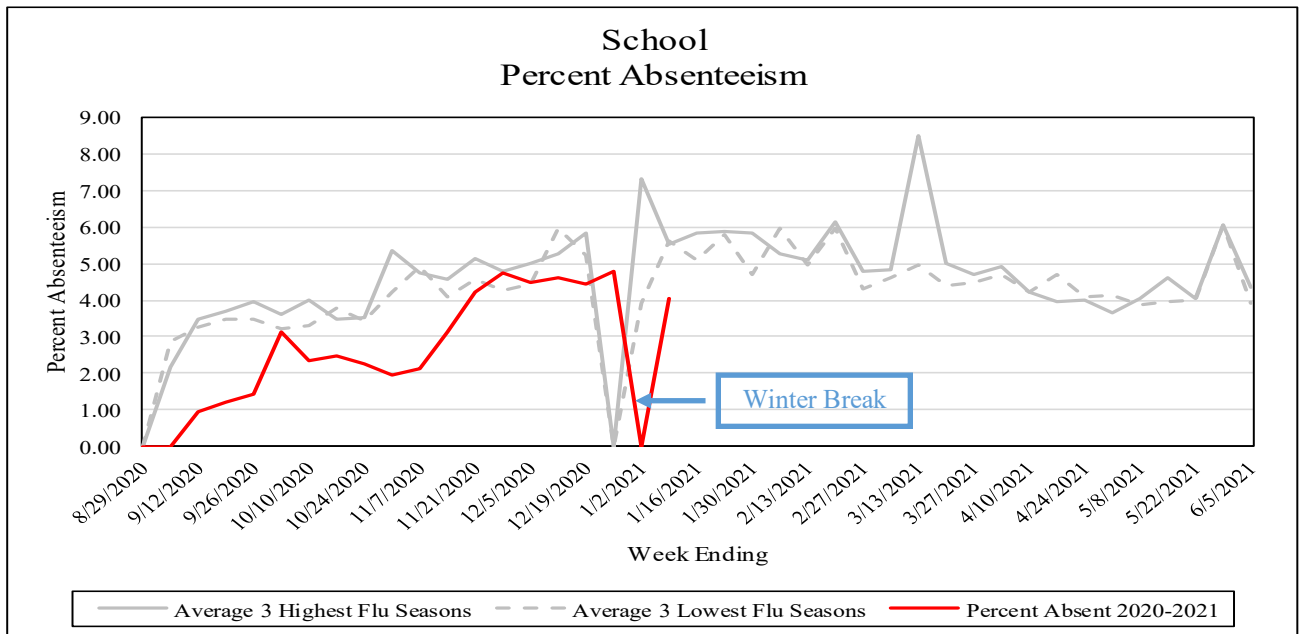


Influenza-Like Illness (ILI) Surveillance

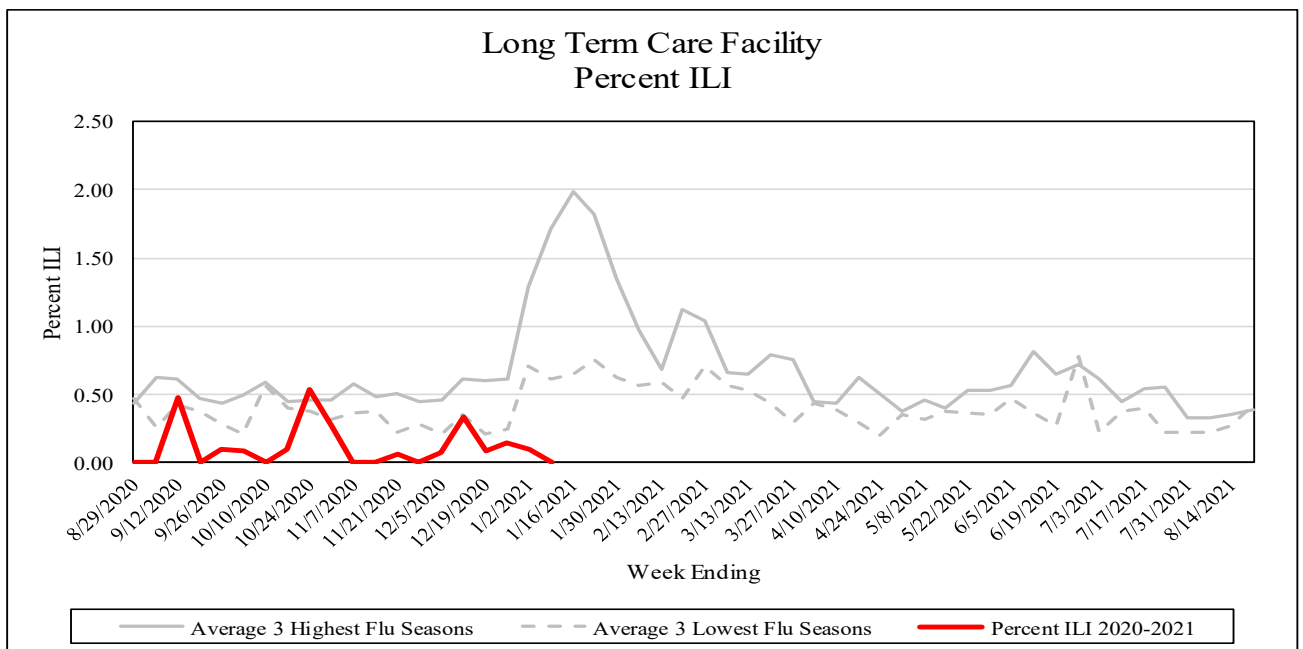
ILI Net Providers⁵



School Absenteeism⁵



Long Term Care Facilities⁵



Influenza-Like Illness (ILI) Surveillance

Long Term Care Outbreaks

Respiratory Outbreaks in Long Term Care Facilities¹⁰

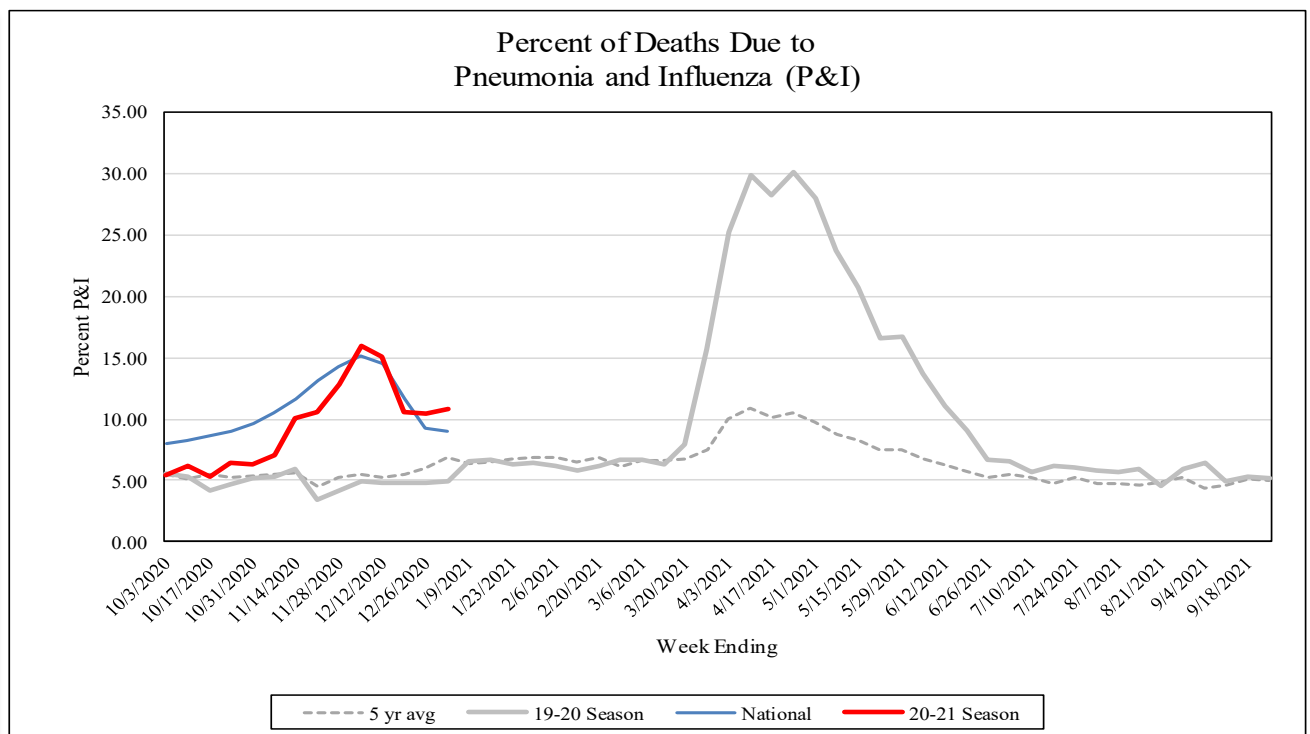
Cumulative Outbreaks 2020-2021 Season	2
No. outbreaks last 3 weeks	1
Regions with recent outbreaks	SW

Pediatric Influenza Mortality¹¹

Influenza Season	US (fatal)	NJ (severe)	NJ (fatal)
2014-2015	146	33	1
2015-2016	85	47	1
2016-2017	109	39	0
2017-2018	180	61	5
2018-2019	106	51	6
2019-2020	188	57	2
2020-2021	1	0	0

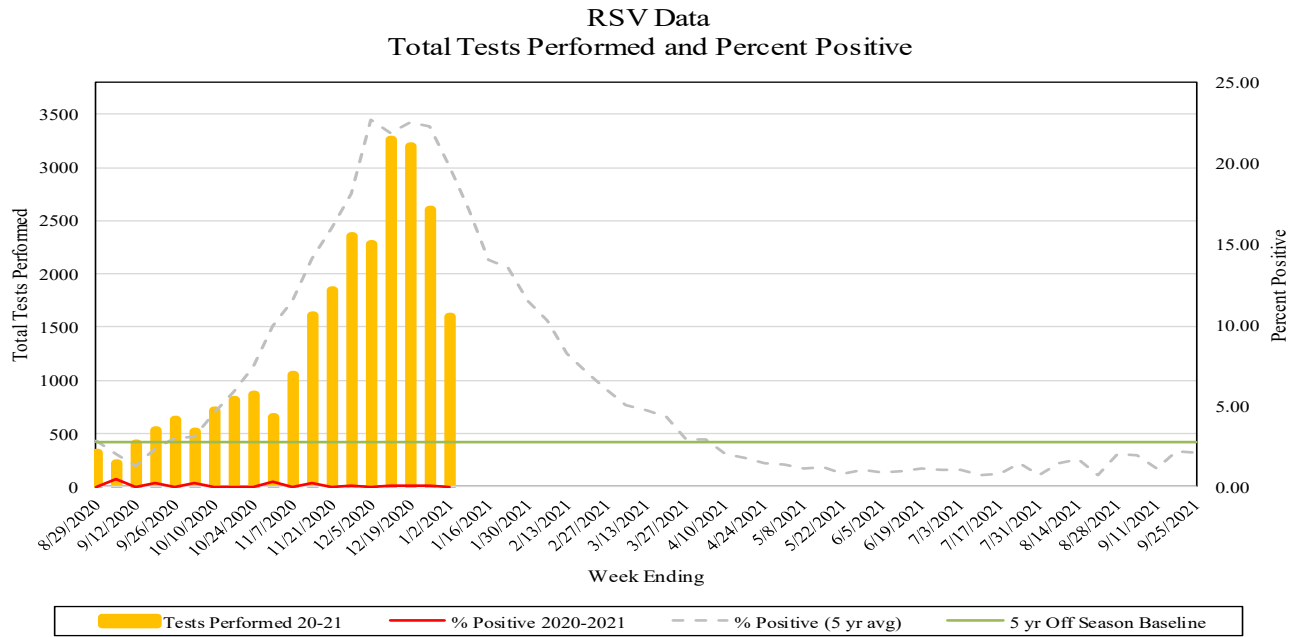
National Center for Health Statistics—Pneumonia and Influenza Mortality
<https://gis.cdc.gov/grasp/fluview/mortality.html>

Percent of Deaths Due to Pneumonia and Influenza¹²

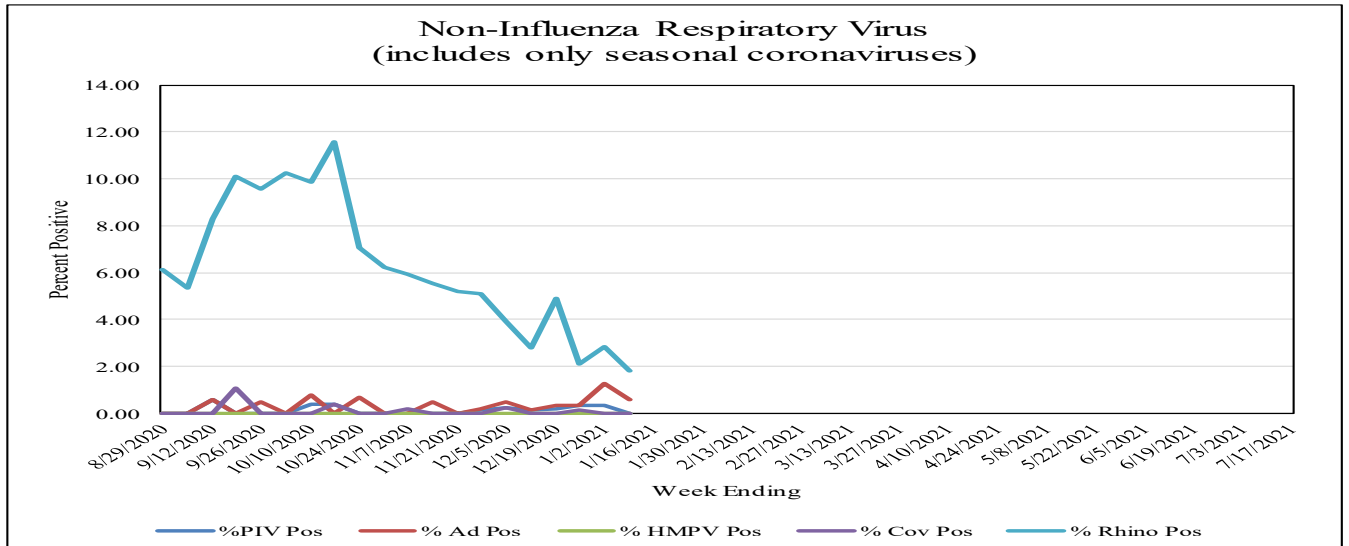


Viral Respiratory Surveillance Non-Influenza¹³

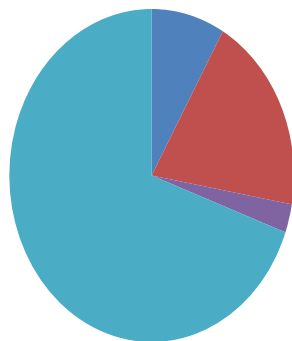
Respiratory Syncycial Virus⁸



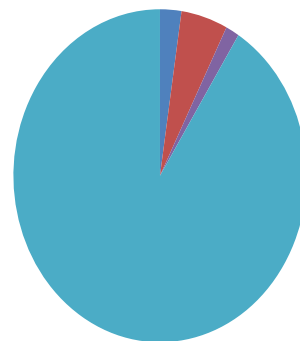
Positive Non-Influenza Tests¹³



Non-Influenza Respiratory Virus
Number of Positive Results in the Past Three Weeks, by Virus



Non-Influenza Respiratory Virus
Number of Positive Results Cumulative to Date, by Virus



For additional information regarding influenza surveillance please visit the following websites.

<http://nj.gov/health/flu/surveillance/shtml>

<http://www.cdc.gov/flu/>

Footnotes:

1. This report contains surveillance information about influenza and other viral respiratory illnesses collected by the New Jersey Department of Health, Communicable Disease Service.
2. The Morbidity and Mortality Weekly Report (MMWR) week is the week of the epidemiologic year used by the Centers for Disease Control and Prevention (CDC) for disease reporting. is assigned by the reporting local or state health department for the purposes of MMWR disease incidence reporting and publishing. MMWR weeks begin on a Sunday and end on a Saturday and are assigned a numeric value ranging from 1 to 53, although most years consist of 52 weeks. Week ending dates and associated MMWR weeks can be found at: https://www.state.nj.us/health/cd/documents/flu/MMWR_2020.pdf
3. Activity levels for the state and region are defined in Tables 1 and 2 at the end of this document.
4. The following is a breakdown of counties contained within each public health region: Northwest: Morris, Passaic, Sussex, Warren; Northeast: Bergen, Essex, Hudson; Central West: Hunterdon, Mercer, Somerset; Central East: Middlesex, Monmouth, Ocean, Union; Southwest: Burlington, Camden, Gloucester, Salem; Southeast: Atlantic, Cape May, Cumberland
5. Influenza-like illness (ILI) is defined as fever ($> 100^{\circ}\text{F}$ [37.8°C], oral or equivalent) and cough and/or sore throat (in the absence of a known cause other than influenza). For long term care facilities, fever is defined as 2°F above baseline temperature. ILI Activity from long term care (LTC) facilities and absenteeism data from schools is collected in the ILI Module of the Communicable Disease Reporting and Surveillance System (CDRSS). LTCs and schools report their total census and number ill with ILI or number absent, respectively. Emergency department (ED) data is aggregate weekly totals of syndromic ILI visits and total ED registrations as recorded in EpiCenter (e.g., NJDOH syndromic surveillance system).
6. Off season baseline is calculated by taking the average of statewide percentages of ILI for a 10 year period (2010 through and including 2019) during months when influenza is less likely to be circulating (May-August). Data from 2020 was excluded due to a non-influenza respiratory virus pandemic that occurred during this time period.
7. Three year seasonal averages are determined by calculating the average percent ILI/absenteeism for each influenza season (October to May) beginning with the 2010-2011 season. These averages are ranked and the three highest and lowest overall season averages were selected. Data from the 19-20 season was excluded due to a non-influenza respiratory virus pandemic that occurred during this time period. The three highest and lowest numbers were then averaged to obtain a single high and single low value. The season which contribute to the high and low value vary by entity type and are as follows: LTCF (High: 10-11, 12-13, 14-15; Low: 15-16, 16-17, 18-19), ED (High: 12-13, 17-18, 18-19; Low: 10-11, 11-12, 15-16) and schools (High: 10-11, 12-13, 16-17; Low: 13-14, 17-18, 18-19). A week by week average was also calculated using the average of the seasons listed above for each entity type.
8. Laboratory testing: Real-time polymerase chain reaction (PCR) results for influenza (AH1N1, AH3N2, and B) are obtained from electronic laboratory transmission submitted by acute care, commercial and public health laboratories to CDRSS. Rapid influenza test data and respiratory syncytial virus data are acquired from facilities reporting via the National Respiratory and Enteric Virus Surveillance System (NREVSS) or CDRSS ILI module. Counts for cumulative totals begin with week ending October 3, 2020. Three week count data includes current week and two prior weeks. Data presented for rapid influenza testing represents information for the week prior to the current report week. Three year seasonal averages for rapid influenza tests are determined by calculating the average percent positive for each influenza season (October to May) beginning with the 2010-2011 season. These averages are ranked and the three highest and lowest overall season averages were selected. The three highest and lowest numbers were then averaged to obtain a single high and single low value for each week. The season which contribute to the high and low value for rapid influenza chart are as follows: High: 16-17, 17-18, 18-19; Low: 10-11, 11-12, 14-15. Off season baseline is calculated by taking the average of percent positivity for a 10 year period (2010 through and including 2019) during the months when influenza is less likely to be circulating (May-August). Data from the 19-20 season was excluded due to a non-influenza respiratory virus pandemic that significantly impacted healthcare seeking behavior during this time period.
9. Daily visits and admissions associated with ILI from emergency department data is collected via EpiCenter (i.e., NJDOH syndromic surveillance). Prior to 2017-2018 season, data on ILI visits were only recorded on one day per week usually on Tuesday. Beginning in the 2017-2018 season, weekly aggregate data is being recorded for ILI visits and admissions. Three year seasonal averages for emergency department visits and admissions are determined by calculating the average percent positive for each influenza season (October to May) beginning with the 2011-2012 season. These averages are ranked and the three highest and lowest overall season averages were selected. The three highest and lowest numbers were then averaged to obtain a single high and single low value for each week. The season which contribute to the high and low value for Emergency Department Visits chart are as follows: High: 12-13, 17-18, 18-19; Low: 11-12, 14-15, 15-16. The season which contribute to the high and low value for Emergency Department Admissions chart are as follows: High: 13-14, 14-15, 17-18; Low: 11-12, 12-13, 16-17. Data from the 19-20 season was excluded due to a non-influenza respiratory virus pandemic that occurred during this time period.
10. Only LTCF respiratory virus outbreaks reported to NJDOH that receive an outbreak number are recorded in this report. This does not include outbreaks due to COVID-19.
11. Data presented for New Jersey are for cases confirmed as of the current reporting week. Data presented for the United States represent data reported for the prior MMWR week. This data can be viewed at <https://www.cdc.gov/flu/weekly/>
12. Records of all deaths in New Jersey are maintained by the New Jersey Department of Health, Office of Vital Statistics and Registry and are submitted to the National Center for Health Statistics (NCHS). Pneumonia and influenza (P&I) deaths are identified from these records and are compiled by the week of death occurrence and percent P&I deaths is calculated. There is also a 2-4 week lag period between the week the deaths have occurred and when the data for that week is reported.
13. Select laboratories in New Jersey report the total number of tests performed and the total positive for a number of non-influenza respiratory viruses through the National Respiratory and Enteric Virus Surveillance System (NREVSS). Information about the CDC NREVSS system can be found at: <https://www.cdc.gov/surveillance/nrevss/labs/index.html> NREVSS data is combined with non-influenza test data from the NJDOH State Public Health and Environmental Laboratory (PHEL) and aggregate total for the season as well as those found positive in the last three weeks are displayed. The RSV season is based upon the 5 year average of percent positivity and runs from the two consecutive weeks where percent positivity is at or above 10% through two consecutive weeks where it is below 10%. Off season for this report is determined to be week 7-45 (February through November) and the baseline is determined by averaging the percent positivity from the 5 year average during those weeks.

Table 1 Influenza Activity Level—Definitions for State Activity				
<u>NJ Level</u>	<u>CSTE Level</u>	<u>Definition</u>		
		<u>ILI Activity/Outbreaks</u>		<u>Lab Activity</u>
Low	No Activity	ILI activity at or below baseline AND no detected outbreaks	AND	No lab confirmed cases
	Sporadic	Low ILI activity detected OR one lab confirmed outbreak anywhere in the state	AND	Sporadic isolation of laboratory confirmed influenza
Moderate	Local	Increase in ILI activity OR ≥ 2 lab confirmed outbreaks in one public health region (Other regions not experiencing increased ILI activity)	AND	Recent (within 3 weeks) laboratory activity in the region with increased ILI
	Regional	Increase in ILI activity OR ≥ 2 lab confirmed outbreaks in at least 2 public health regions (Other regions not experiencing ILI activity)	AND	Recent (within 3 weeks) laboratory activity in the region with increased ILI
High	Widespread	Increase in ILI activity OR two or more lab confirmed outbreaks in > 2 public health regions	AND	Recent (within 3 weeks) laboratory activity in the region with increased ILI

Table 2 Influenza Activity Level—Definitions for Public Health Regions			
<u>NJ Level</u>	<u>Definition</u>		
	<u>ILI Activity/Outbreaks</u>		<u>Lab Activity</u>
Low	Low ILI activity detected OR one lab confirmed outbreak anywhere in the region	AND	Sporadic isolation of laboratory confirmed influenza anywhere in the region
Moderate	Increased ILI activity in less than half of the counties in the region OR two lab confirmed outbreaks in the public health region	AND	Recent (within 3 weeks) laboratory activity in the same counties of the region with increased ILI
High	Increased ILI activity in more than half of the counties in the region OR ≥ 3 lab confirmed outbreaks in the region	AND	Recent (within 3 weeks) laboratory activity in more than half of the counties in the region with increased ILI

Notes:

ILI activity: Systems used to detect increases in ILI activity include: ILINet (i.e., sentinel providers), school absenteeism data, ED ILI visits and admissions collected via EpiCenter, LTCF ILI data, respiratory outbreak data and information on influenza mortality (National Center for Health Statistics).

Lab Activity: NJPHL and commercial laboratories positive influenza tests identified by PCR and culture will be used as the primary data source for the above levels. However, rapid influenza test data will also be considered when determining the appropriate activity levels.