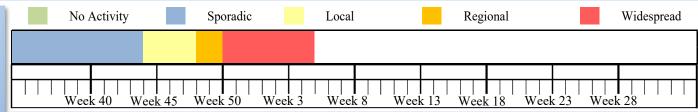
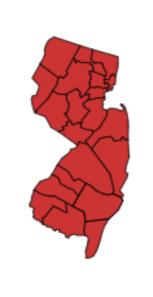




Respiratory Virus Surveillance Report¹

New Jersey Department of Health Communicable Disease Service Week ending February 1, 2020 (MMWR week 5²)





Regional⁴ Data **Northwest:** HIGH **Northeast:** HIGH Central HIGH West: Central HIGH East: South: **HIGH**

Moderate Low High State Activity Level Predominant Strain

ILI⁵ Activity

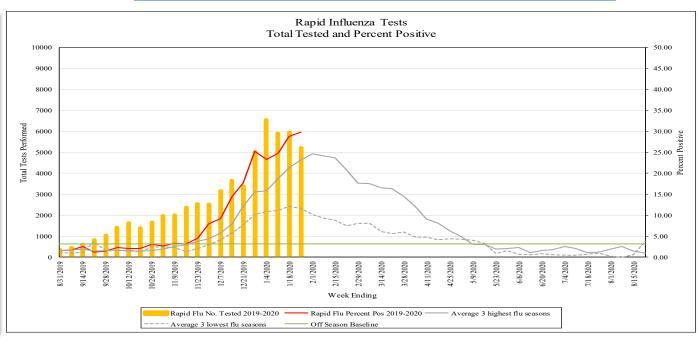
	Percent Influenza-like Il	ness/Absenteeism ⁵		Baselines
	Current Week (range by county)	Last week Current year	Current week Last year	Off Season ⁶ (Seasonal Average– low, high) ⁷
Long Term Care	0.74	0.47	0.56	0.47
Facilities	(0.00, 2.36)	0.47	0.30	(0.42, 0.76)
Schools	5.69	5.74	5.02	3.25
(absenteeism)	(3.71, 10.99)	3.74	3.02	(4.30, 4.94)
Emergency	8.44	8.04	5.14	1.96
Departments	(5.28, 11.71)	6.04	5.14	(3.16, 4.33)

Laboratory Testing⁸

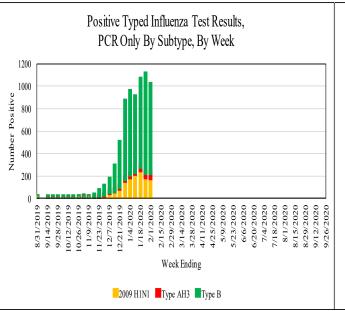
		Current Week	Past 3 Weeks	Cumulative Total
	Influenza A H1N1 (2009)	188	642	1479
PCR	Influenza A H3N2	42	104	226
	Influenza B	786	2437	5436
	Rapid Influenza Tests	1559	4745	9615

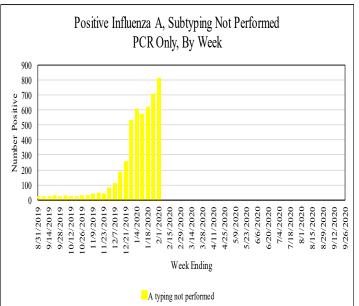
Virologic Surveillance⁸



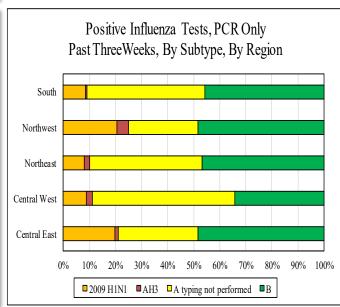


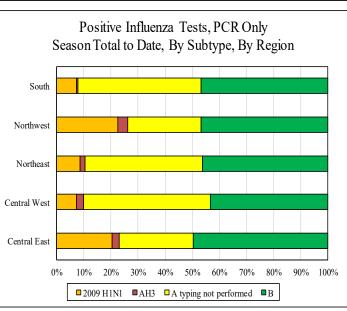
Influenza Positive Specimens (PCR)





Influenza Positive Specimens (PCR)
by Region⁴/Type



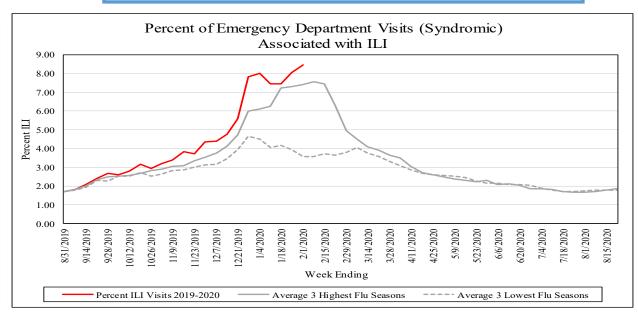


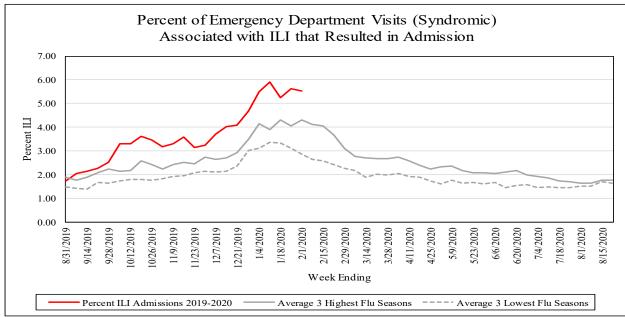
Influenza-Like Illness (ILI) Surveillance

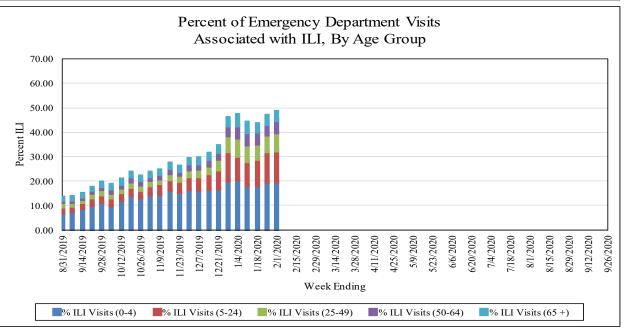
Emergency Department⁹ Visits Percent due to ILI

Emergency Department⁹ Percent of Admissions due to ILI

Emergency Department⁹ Visits Percent of ILI By Age Group





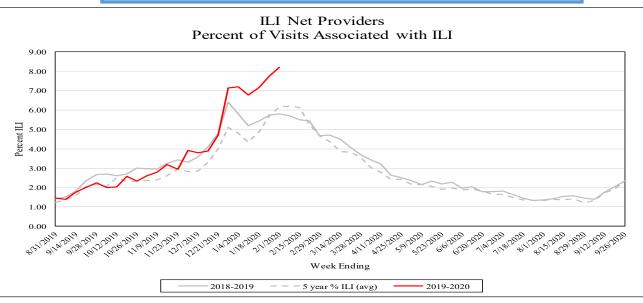


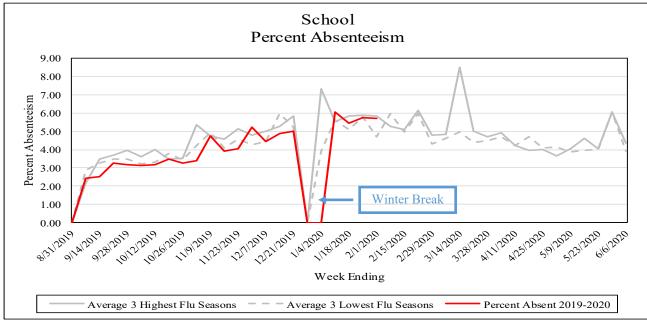
Influenza-Like Illness (ILI) Surveillance

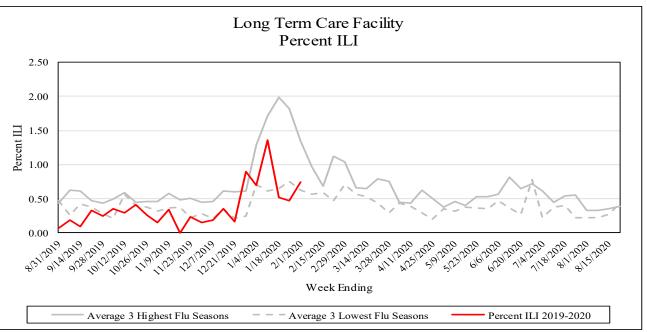


School Absenteeism³

Long Term Care Facilities⁵







Influenza-Like Illness (ILI) Surveillance

Long Term Care
Outbreaks

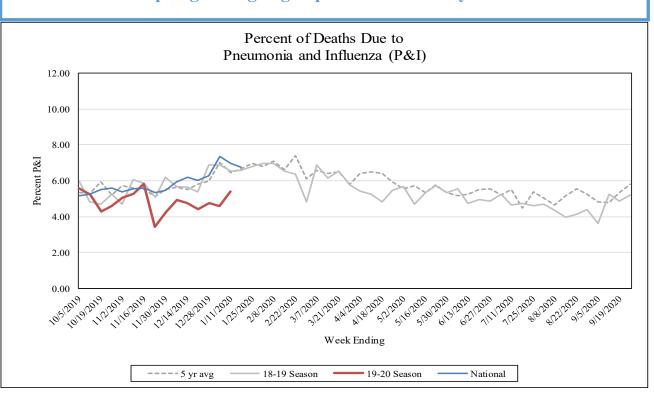
Pediatric Influenza Mortality 11

Respiratory Outbreaks in Long Term	Care Facilities ¹⁰
Cumulative Outbreaks 2019-2020 Season	74
No. outbreaks last 3 weeks	23
Regions with recent outbreaks	NW, NE, CW, CE, S

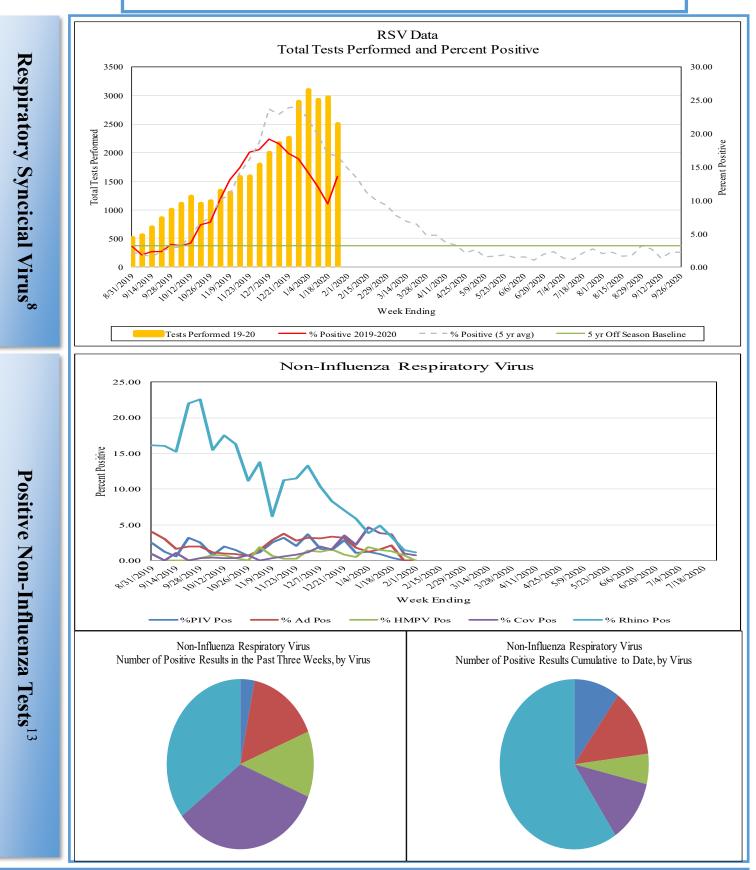
Influenza Season	US (fatal)	NJ (severe)	NJ (fatal)
2013-2014	108	54	6
2014-2015	146	33	1
2015-2016	85	47	1
2016-2017	109	39	0
2017-2018	180	61	5
2018-2019	106	51	6
2019-2020	68	40	2

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



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

http://nj.gov/health/flu/surveillance/shtml http://www.cdc.gov/flu/

Footnotes:

- 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 Saturday and end on a Sunday 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: http://www.nj.gov/health/cd/documents/flu/mmwr weeks.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; South: Atlantic, Burlington, Camden, Cape May, Salem, Cumberland, Gloucester.
- 5. Influenza-like illness (ILI) is defined as fever (> 100°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 (2009 through and including 2018) during months when influenza is less likely to be circulating (May-August).
- 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. 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 5, 2019. 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 (2009 through and including 2018) during the months when influenza is less likely to be circulating (May-August).
- 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.
- 10. Only LTCF outbreaks reported to NJDOH that receive an outbreak number are recorded in this report.
- 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 10-43 (March to October and the baseline is determined by averaging the percent positivity from the 5 year average during those weeks.

<u>Table 1</u> Influenza Activity Level—Definitions for State Activity

NJ Level	CSTE Level	<u>De</u>	<u>finition</u>	
		ILI Activity/Outbreaks		Lab Activity
	No Activity	ILI activity at or below baseline AND no detected outbreaks	AND	No lab confirmed cases
Low	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
Moderate	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

<u>Table 2</u> Influenza Activity Level—Definitions for Public Health Regions

NJ Level	<u>Defir</u>	nition	
	ILI Activity/Outbreaks		<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 $OR \ge 3$ 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: NJPHEL 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.

Communicable Disease Reporting and Surveillance System

NJ ACTIVE INFLUENZA-LIKE ILLNESS SURVEILLANCE STATISTICS SURVEILLANCE DATE: 01/28/2020



02/03/2020 10:33 AM

		_ong Term Ca	re		Schools		Hospi	tal Emergency	Dept
COUNTY	# Enrolled	# Reports Rec'd		# Enrolled	# Reports Rec'd	% Absent	# Enrolled	# Reports Rec'd	□ %
January 28, 2020 12:00 AM MI				,,		Ţ.			
ATLANTIC	1	0	0.00	37	10	7.62	4	4	6.85
BERGEN	14	3	0.61	37	15	4.88	6	6	7.41
BURLINGTON	6	3	2.36	102	45	5.77	4	4	5.32
CAMDEN	1	0	0.00	8	7	6.56	8	7	8.05
CAPE MAY	3	0	0.00	13	6	10.99	1	1	7.80
CUMBERLAND	5	4	0.54	11	10	7.89	3	3	6.35
ESSEX	8	1	0.00	4	1	5.17	8	7	11.71
GLOUCESTER	3	1	0.00	4	1	6.19	2	2	9.49
HUDSON	4	0	0.00	54	43	6.41	6	6	9.32
HUNTERDON	4	4	0.67	11	7	4.97	1	1	5.28
MERCER	1	0	0.00	33	13	4.02	5	4	7.94
MIDDLESEX	15	3	1.25	24	15	3.71	6	6	7.85
MONMOUTH	6	0	0.00	67	14	5.59	5	5	7.11
MORRIS	3	1	0.00	11	3	4.65	4	4	7.63
OCEAN	10	1	0.00	8	3	8.76	4	4	6.11
PASSAIC	10	2	0.00	30	6	4.20	3	3	10.95
SALEM	0	0	0.00	5	1	9.84	1	1	10.43
SOMERSET	5	0	0.00	22	11	4.69	1	1	9.16
SUSSEX	3	0	0.00	4	2	4.76	1	1	8.36
UNION	3	1	0.58	57	19	3.79	5	5	9.92
WARREN	6	0	0.00	17	7	5.70	2	2	6.30
NW Region	22	3	0.00	62	18	4.82	10	10	9.03
NE Region	26	4	0.51	95	59	6.15	20	19	9.82
CW Region	10	4	0.67	66	31	4.56	7	6	7.84
CE Region	34	5	0.95	156	51	4.48	20	20	7.76
South Region	19	8	0.96	180	80	6.71	23	22	7.37
State Total	111	24	0.74	559	239	5.69	80	77	8.44

User Name: ANNMARIE HALDEMAN Page 1 of 1

Communicable Disease Reporting and Surveillance System

NJ ACTIVE INFLUENZA-LIKE ILLNESS SURVEILLANCE STATISTICS SURVEILLANCE DATE: 01/28/2020



02/03/2020 10:33 AM

	RSV	Tests	Rapid F	lu Tests
County	# Positive	Total Tests Performed	# Positive	Total Tests Performed
January 28, 2020 12:00 AM MM	WR WEEK 5			<u> </u>
ATLANTIC	14	90	160	386
BERGEN	149	538	358	887
BURLINGTON	0	0	5	53
CAMDEN	3	10	29	151
CAPE MAY	4	14	34	152
CUMBERLAND	0	0	0	0
ESSEX	16	189	306	1011
GLOUCESTER	0	0	0	0
HUDSON	2	6	13	50
HUNTERDON	30	212	61	212
MERCER	12	54	116	406
MIDDLESEX	33	354	163	500
MONMOUTH	37	305	186	930
MORRIS	22	302	0	0
OCEAN	6	72	100	423
PASSAIC	0	0	0	0
SALEM	0	1	28	68
SOMERSET	0	0	0	0
SUSSEX	0	0	0	0
UNION	12	359	0	0
WARREN	0	0	0	0
NW Region	22	302	0	0
NE Region	167	733	677	1948
CW Region	42	266	177	618
CE Region	88	1090	449	1853
South Region	21	115	256	810
State Total	340	2506	1559	5229