



State of New Jersey  
**DEPARTMENT OF HEALTH**  
OFFICE OF THE STATE EPIDEMIOLOGIST  
PO BOX 369  
TRENTON, N.J. 08625-0369

PHILIP D. MURPHY  
*Governor*

[www.nj.gov/health](http://www.nj.gov/health)

SHEILA Y. OLIVER  
*Lt. Governor*

JUDITH M. PERSICHILLI, RN, BSN, MA  
*Commissioner*

Date: October 2022  
To: Local Health Departments  
From: Deepam Thomas, MPH, Influenza and Respiratory Illness Unit Coordinator  
Subject: 2022-2023 Influenza-Like Illness (ILI) Surveillance

The New Jersey Department of Health (NJDOH), along with our public health partners, has been collecting information on influenza-like illness (ILI) for several years. All entities involved in this surveillance are encouraged to report information year-round. This system incorporates information from long-term care facilities, hospital emergency departments, and schools, and is one of the major components used to determine statewide influenza activity. Data from ILI surveillance can help local health departments plan vaccination and educational programs and can provide situational awareness on the progression of influenza throughout their local community. An overview of this surveillance process can be found below.

### **Influenza-like Illness Surveillance**

A description of each reporting entity and the type of data that is entered into the Communicable Disease Reporting and Surveillance Systems (CDRSS) Surveillance for Infectious conditions (SIC) Module is found below.

#### **Long-term care facilities**

- Enrolled facilities report the number of residents in the facility and the number ill with ILI on Tuesday of each week.
- The case definition that should be used to determine ILI is below.
  - Residents experiencing an illness that is characterized by fever and symptoms compatible with influenza (headache, change in mental status, lethargy, productive or non-productive cough, sore throat, runny or stuffy nose, or muscle aches). Please note that fever is often difficult to measure in elderly residents, therefore, the definition of fever to be used for ILI surveillance is a resident experiencing a temperature  $\geq 100^{\circ}$  F **OR** 2 degrees above established baseline for that resident.

#### **Hospital Emergency Departments**

- The total number of emergency department visits and the total number of visits due to ILI are currently being collected via data downloaded from the EpiCenter system.
- Data is extracted from EpiCenter and entered by NJDOH staff into the CDRSS SIC module.

## **Virologic Surveillance**

### **Respiratory Syncytial Virus (RSV)**

- Enrolled entities report total number of RSV tests performed and the total number of tests positive for the prior week (Sunday to Saturday). If there were no tests performed or no tests were positive, a zero value should be entered instead of not reporting.

### **Influenza Rapid Antigen Testing**

- Enrolled entities report the total number of rapid influenza tests performed and the total number of tests positive by influenza type for the prior week (Sunday to Saturday). If there were no tests performed or no tests were positive, a zero value should be entered instead of not reporting.

## **Reporting**

### **Data Collection**

As in the past, NJDOH will utilize the SIC module located within CDRSS to record the above data. NJDOH encourages all entities to report data **year-round**. Data will be reported based on the Morbidity and Mortality Weekly Report (MMWR) weeks set up by the Centers for Disease Control and Prevention (CDC). A list of MMWR weeks can be found at the following website:  
[https://www.state.nj.us/health/cd/documents/flu/MMWR\\_weeks.pdf](https://www.state.nj.us/health/cd/documents/flu/MMWR_weeks.pdf)

Each enrolled entity will be given a username and password to access the SIC module and enter data. Data entry into the CDRSS SIC module can begin each Monday at 12 am and will continue until Wednesday at 5pm. Individuals who would like to report and are new to the CDRSS reporting process can go to the following website:

<https://attendee.gototraining.com/8x06b/recording/6211628679731252481> and watch a short training video. Once the training has been completed, the user will be given a login to access the system directly. For existing CDRSS users having difficulty access the system (e.g., forgotten username, password), please contact the CDRSS help desk (<https://cdrs.doh.state.nj.us/cdrss/common/contactUs>).

While NJDOH prefers to have facilities enter data directly into the SIC module, we understand that some local health departments have alternate systems in place to collect this information. If an alternate system is established, please ensure ILI data is entered every week into the module by Wednesday at 5pm each week. Any individual from a local health department may request access to view and run reports on data entered into the module. Please email [InfluenzaAdvisoryGroup@doh.nj.gov](mailto:InfluenzaAdvisoryGroup@doh.nj.gov) if you do not have access to the module.

### **Influenza cases in CDRSS**

Per NJAC 8:57, laboratories are required to report positive influenza tests to NJDOH through CDRSS. Laboratories that participate in electronic laboratory reporting (ELR, a behind-the-scenes automatic data feed) submit all positive specimens, including those tested via rapid antigen test kits. CDRSS assigns ELR-received influenza tests (AH3, AH1, A, typing not performed, B and 2009 H1N1) a case

status of "CONFIRMED" and a report status of "E-CLOSED." Laboratory tests reporting a positive influenza AH5 or AH7 (novel influenza) are assigned a case status of "RUI" and a report status of "PENDING" (needs investigation). Laboratories that are manually entering test results (i.e., ELR is not available) into CDRSS are required to only enter influenza positive specimens which were tested using PCR or culture methodologies.

Local health departments **DO NOT** need to conduct investigations on individually reported influenza cases unless they meet one of the following criteria:

1. The positive test result is in a child less than 18 years of age who has been admitted to the ICU or who has died, the surveillance memo and instructions for investigating these cases can be found at: [https://www.nj.gov/health/cd/documents/flu/ped\\_flu\\_memo\\_2021.pdf](https://www.nj.gov/health/cd/documents/flu/ped_flu_memo_2021.pdf) and [https://www.nj.gov/health/cd/documents/flu/ped\\_flu\\_report.pdf](https://www.nj.gov/health/cd/documents/flu/ped_flu_report.pdf)
2. The laboratory report is indicative of a novel strain of influenza (e.g., AH5, AH7, A unsubtypeable). The LHD should obtain information about the case, including a clinical description, travel history, and other risk factors. Additional guidance on novel influenza investigations can be found at: [http://www.nj.gov/health/cd/topics/novel\\_flu.shtml](http://www.nj.gov/health/cd/topics/novel_flu.shtml)

Case reports in CDRSS which do not fall into one of the above criteria **DO NOT** need to be investigated by the LHD. If a test result was entered manually by a laboratory, the LHD should change the case status to "CONFIRMED" and the report status to "LHD CLOSED."

#### Reports:

A weekly influenza and respiratory report will be produced each week which details state and regional activity. The report will be distributed on Wednesday for the previous MMWR week. Reports will be sent via LINCIS and also be posted to the NJDOH website (<http://www.nj.gov/health/cd/statistics/flu-stats/>). This information can also be found on the CDC website (<http://www.cdc.gov/flu/weekly>).

Local health departments can easily access positive influenza tests from CDRSS by county and by region by running statistics report in CDRSS or by contacting their regional epidemiologist who can access this data or provide instructions on how to run the report in CDRSS.

Thank you for your continued cooperation in this surveillance project. Should there be any questions, please feel free to contact the Influenza and Respiratory Illness team at 609-826-5964 or [InfluenzaAdvisoryGroup@doh.nj.gov](mailto:InfluenzaAdvisoryGroup@doh.nj.gov).