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To: Health Officers, Disease Investigators, State and County Medical Examiners, Hospital Infection Preventionists, Pediatric Intensive Care Units, Pediatric Practitioners

From: Deepam Thomas; Foodborne, Waterborne, and Influenza Illness Unit Coordinator

Subject: NJDOH Pediatric Influenza Surveillance

Surveillance for pediatric cases of influenza was initiated during the 2003-2004 influenza season. Influenza-associated pediatric mortality was added to New Jersey's reportable disease list in 2009. To further assess the burden of influenza-associated severe illness and death in the pediatric population, the New Jersey Department of Health (NJDOH) is requesting reports of cases of severe or fatal influenza in pediatric patients. Health care providers and facilities should report cases of:

- Pediatric patients (i.e., less than 18 years of age) with laboratory confirmed influenza* **AND**
- Influenza-related deaths (in which there is no period of complete recovery between illness and death); **OR**
- Influenza encephalopathy (defined as altered mental status or personality changes in patients lasting more than 24 hours and occurring within 5 days of the onset of an acute febrile respiratory illness); **OR**
- Severe illness defined as admission to an intensive care unit for an influenza-related illness.

NJDOH requests that cases meeting the above criteria be investigated and entered into the Communicable Disease Reporting and Surveillance System (CDRSS) by the acute care facility or local health department where the patient resides within 24 hours of the case-patients' discharge or death. Steps are outlined within Pediatric Influenza Reporting and Investigation. Reporters are reminded that pediatric influenza surveillance is a year-round initiative. If you have any additional questions, please contact the influenza team at cdsfluteam@doh.nj.gov.

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*Laboratory testing for influenza virus infection may be done on pre- or post-mortem clinical specimens, and includes identification of influenza A or B viruses by a positive result via at least one of the following methods:

- Influenza virus isolation in tissue cell culture from respiratory specimens
- Reverse-transcriptase polymerase chain reaction (RT-PCR) testing of respiratory specimens
- Immunofluorescent antibody staining (direct or indirect) of respiratory specimens
- Rapid influenza diagnostic testing of respiratory specimens
- Immunohistochemical (IHC) staining for influenza viral antigens in respiratory tract tissue from autopsy specimens
- Four-fold rise in influenza hemagglutination inhibition (HI) antibody titer in paired acute and convalescent sera (single serum samples are not interpretable)