${\bf Respiratory\ Virus\ Surveillance\ Report}^1$

New Jersey Department of Health Communicable Disease Service





	Week 40 Week 45 Week 50 Week	Week 8 Week 13 Week	18 Week 23 Week 28
Infl			
luenza	No Activity Sporadic	Local Region	nal Widespread
		New Jersey Activ	rity Level: LOW
Activity		Current week la	ast year: LOW
tivi	分 党	Regiona	l ⁴ Data
ity		Northwest:	LOW
Le		Northeast:	LOW
Level ³		Central West:	LOW
- 3		Central East:	LOW
		South:	LOW

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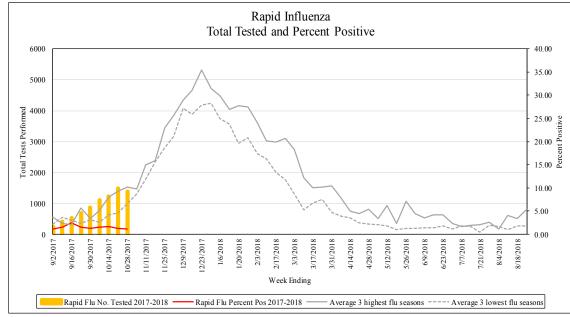
	Percent ILI/Ab	senteeism ⁵		Baselines
	Current Week (range by county)	Last week Current year	Current week Last year	Non-season ⁶ (Seasonal Average– low, high) ⁷
Long Term Care	0.22	0.39	0.24	0.48
Facilities	(0.00, 0.80)	0.39	0.24	(0.45, 0.76)
Schools	3.45	3.29	4.84	3.36
(absenteeism)	(1.47, 6.48)	3.29	4.04	(4.49, 4.86)
Emergency	2.60	2.47	2.00	2.21
Departments	(0.26, 5.09)	2.47	3.00	(3.17, 3.92)

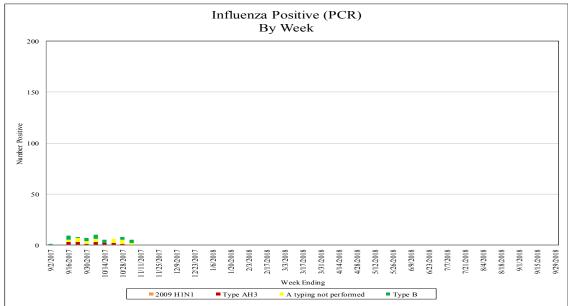
	Current Week	Past 3 Weeks	Cumulative Total
Influenza A H1N1 (2009)	0	0	0
Influenza A H3N2	0	3	8
Influenza B	3	6	13
Rapid Influenza Tests	16	55	72

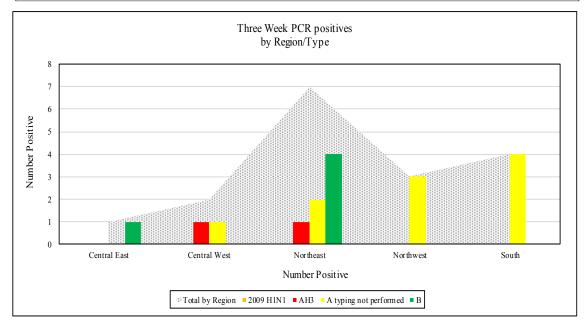
Influenza Rapid Antigen
Result by Week

Influenza Positive Specimens (PCR)

Virologic Surveillance⁸





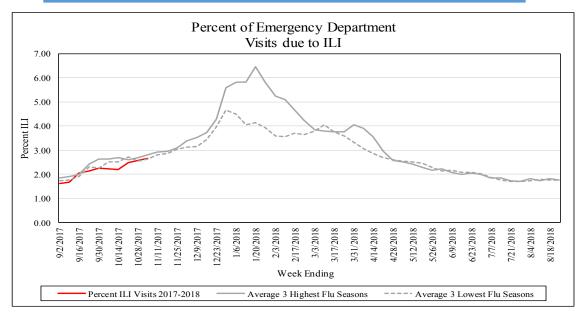


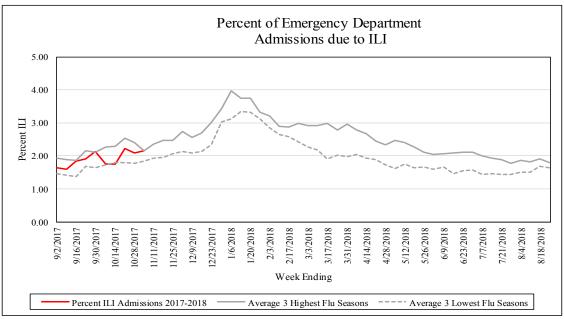
Emergency Department' Visits Percent due to ILI

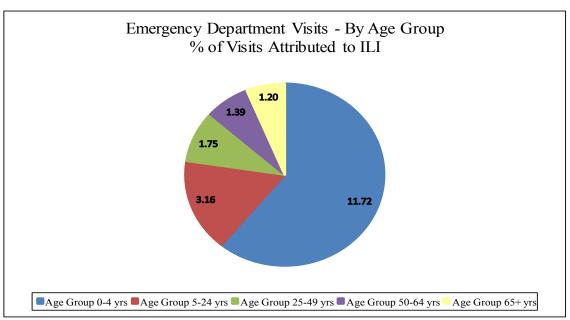
Emergency Department⁹ Percent of Admissions due to IL

Emergency Department⁹ Visits Percent of ILI By Age Group

Influenza-Like Illness (ILI) Surveillance





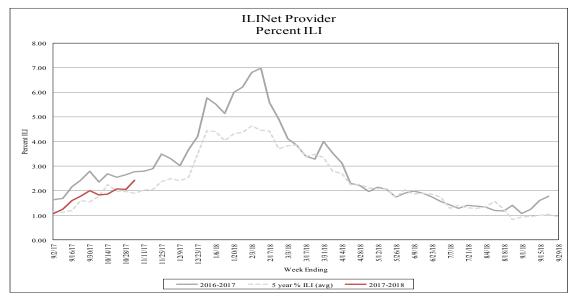


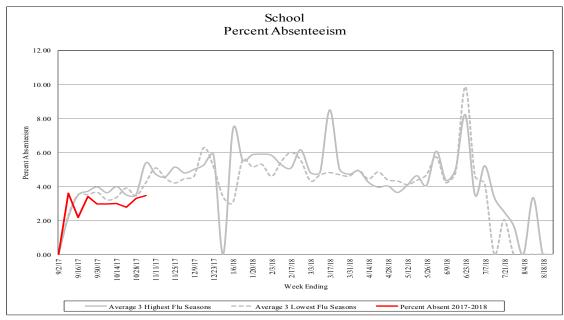
ILI Net Providers⁵

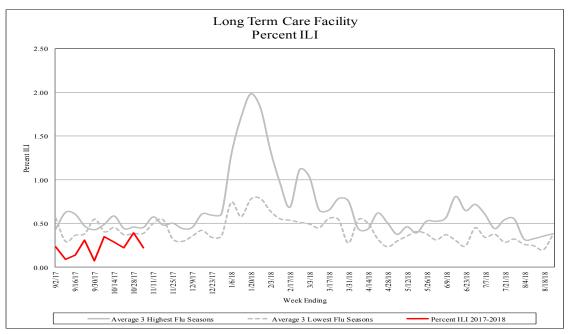
School Absenteeism⁵

Long Term Care Facilities⁵

Influenza-Like Illness (ILI) Surveillance







Influenza-Like Illness (ILI) Surveillance

Long Term Care
Outbreaks

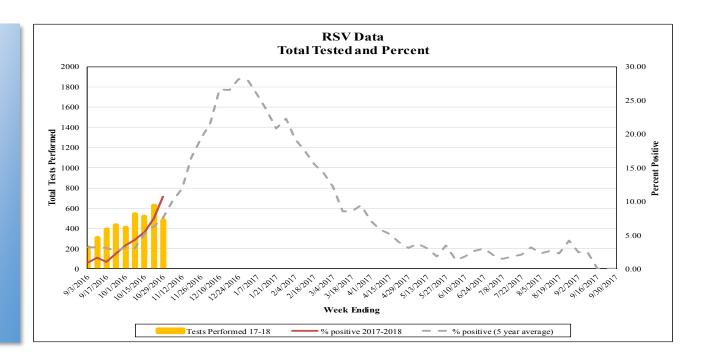
Pediatric Influenza Mortality¹¹

Respiratory Outbreaks in Long Term	Care Facilities ¹⁰
Cumulative Outbreaks 2017-2018 Season	2
No. outbreaks last 3 weeks	0
Regions with recent outbreaks	N/A

Influenza Season US (fatal) NJ (severe) NJ (fatal) 2012-2013 171 89 7 2013-2014 108 54 6 2014-2015 146 33 1 2015-2016 85 47 1 2016-2017 109 39 0 1 1 0 2017-2018

Viral Respiratory Surveillance Non-Influenza

Respiratory Syncytial Virus
Percent Positive



Respiratory Syncytial Virus

Parainfluenza

Viral Respiratory Surveillance Non-Influenza

Total Tests Positive for a Respiratory Virus Other than Influenza Respiratory Human Corona **Syncytial** Parainfluenza Adenovirus **Rhinovirus** Metapneumovirus Viruses Virus **Past** 7 **Three** 24 18 3 8 88 Weeks 17-18 28 21 7 4 8 126 Season Count of Positive Results by Type in the Count of Positive Result by Type in the Past Three Weeks 17-18 Season

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

Adenovirus

Human Metapneumovirus

Corona Viruses

Rhinovirus

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 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. Non-season baseline is calculated by taking the average of statewide percentages of ILI for a 10 year (2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016 and 2017) period 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: 11-12, 15-16, 16-17), ED (High: 12-13, 14-15, 16-17; Low: 10-11, 11-12, 15-16) and schools (High: 10-11, 12-13, 16-17; Low: 11-12, 13-14, 14-15). 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 7, 2017. 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: 10-11, 11-12, 12-13; Low: 13-14, 15-16, 16-17.
- 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. Data presented represents the week prior to the current report week.
- 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. 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.

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

NJ Level	CSTE Level	<u>De</u>	efinition	
		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
M. I.	Local	Increase in ILI activity $OR \ge 2$ 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 $OR \ge 2$ 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.

INFLUENZA LABORATORY REPORTS BY COUNTY

Counts represent total positive specimens from week ending October 7, 2017 to current MMWR week

Source: CDRSS

Frequency

		RESUL	.T	
COUNTY(COUNTY)	Influenza A - Typing not performed	Influenza AH3	Influenza B	Total
ATLANTIC	2	0	2	4
BERGEN	9	5	9	23
BURLINGTON	5	0	5	10
CAMDEN	4	0	5	9
CAPE MAY	1	0	1	2
ESSEX	2	1	7	10
GLOUCESTER	3	0	0	3
HUDSON	3	2	2	7
HUNTERDON	0	1	0	1
MERCER	1	1	1	3
MIDDLESEX	4	0	0	4
MONMOUTH	18	1	8	27
MORRIS	3	1	1	5
OCEAN	5	0	3	8
PASSAIC	3	0	3	6
SOMERSET	1	2	0	3
UNION	3	0	2	5
Total	67	14	49	130

INFLUENZA LABORATORY REPORTS BY REGION

Counts represent total positive specimens from week ending October 7, 2017 to current MMWR week

Source: CDRSS

Frequency

T	able of REG	ION by RE	SULT	
		RESUL	_T	
REGION	Influenza A - Typing not performed	Influenza AH3	Influenza B	Total
Central East	30	1	13	44
Central West	2	4	1	7
Northeast	14	8	18	40
Northwest	6	1	4	11
South	15	0	13	28
Total	67	14	49	130

Communicable Disease Reporting and Surveillance System

NJ ACTIVE INFLUENZA-LIKE ILLNESS SURVEILLANCE STATISTICS SURVEILLANCE DATE: 10/31/2017



11/06/2017 8:56 AM

		Long Term Ca	re		Schools		Hospi	tal Emergency	Dept
COUNTY	# Enrolled	# Reports Rec'd	I %	# Enrolled	# Reports Rec'd	% Absent	# Enrolled	# Reports Rec'd	
October 31, 2017 MMWR WEE					–				
ATLANTIC	2	0	0.00	43	15	5.24	4	1	1.22
BERGEN	9	4	0.80	33	11	3.55	6	6	2.02
BURLINGTON	7	6	0.00	97	65	3.79	4	4	2.22
CAMDEN	1	0	0.00	8	7	3.34	7	7	3.52
CAPE MAY	3	0	0.00	14	7	3.58	1	1	1.27
CUMBERLAND	5	5	0.44	12	10	5.49	3	3	2.23
ESSEX	9	3	0.00	4	1	2.17	8	7	3.27
GLOUCESTER	3	0	0.00	4	1	1.47	2	2	1.40
HUDSON	4	2	0.27	15	8	6.48	6	6	2.14
HUNTERDON	4	4	0.45	11	11	1.93	1	1	1.17
MERCER	1	0	0.00	30	21	2.33	5	4	4.77
MIDDLESEX	13	5	0.00	21	18	3.28	6	6	2.51
MONMOUTH	5	1	0.00	9	8	2.70	5	5	2.26
MORRIS	3	1	0.00	10	6	1.77	4	4	1.19
OCEAN	10	6	0.00	6	3	6.10	4	4	2.38
PASSAIC	10	3	0.00	22	6	3.73	3	3	3.57
SALEM	0	0	0.00	4	4	4.34	1	1	3.87
SOMERSET	5	1	0.00	22	14	2.50	1	1	2.26
SUSSEX	3	1	0.00	4	2	3.16	2	2	0.26
UNION	2	1	0.00	46	23	2.25	5	5	1.92
WARREN	6	3	0.00	18	12	2.22	2	2	5.09
NW Region	22	8	0.00	54	26	2.60	11	11	2.56
NE Region	22	9	0.50	52	20	5.03	20	19	2.61
CW Region	10	5	0.36	63	46	2.30	7	6	3.87
CE Region	30	13	0.00	82	52	2.99	20	20	2.30
South Region	21	11	0.29	182	109	4.14	22	19	2.60
State Total	105	46	0.22	433	253	3.45	80	75	2.60

User Name: HALDEMAN, ANNMARIE Page 1 of 1

Communicable Disease Reporting and Surveillance System

NJ ACTIVE INFLUENZA-LIKE ILLNESS SURVEILLANCE STATISTICS SURVEILLANCE DATE: 10/31/2017



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	RSV	Tests	Rapid F	lu Tests
County	# Positive	Total Tests Performed	# Positive	Total Tests Performed
October 31, 2017 MMWR WEEK	# 44	F F &	#	
ATLANTIC	3	16	1	89
BERGEN	2	25	1	134
BURLINGTON	0	0	0	0
CAMDEN	1	7	0	122
CAPE MAY	0	5	0	11
CUMBERLAND	0	0	0	0
ESSEX	16	128	7	322
GLOUCESTER	0	0	0	68
HUDSON	1	5	1	17
HUNTERDON	0	42	0	42
MERCER	10	27	0	78
MIDDLESEX	1	15	0	46
MONMOUTH	11	105	3	266
MORRIS	0	15	0	54
OCEAN	2	9	3	126
PASSAIC	0	0	0	0
SALEM	0	0	0	0
SOMERSET	0	0	0	0
SUSSEX	0	0	0	0
UNION	4	80	0	11
WARREN	0	0	0	0
NW Region	0	15	0	54
NE Region	19	158	9	473
CW Region	10	69	0	120
CE Region	18	209	6	449
South Region	4	28	1	290
State Total	51	479	16	1386