COVID-19 and Respiratory Illness Activity Report

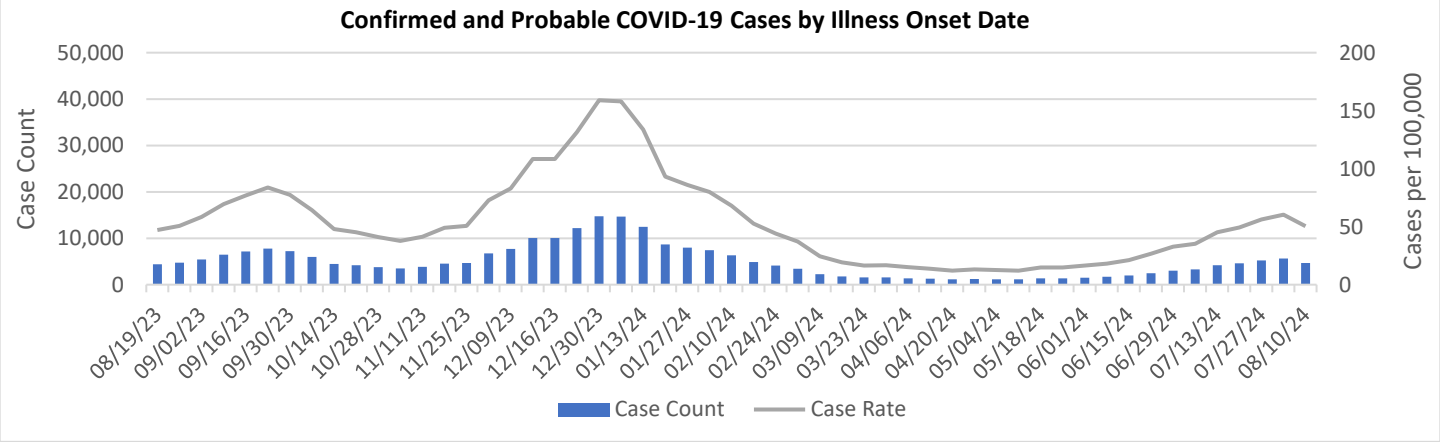
MMWR Week Ending August 10, 2024

Highlights

- For the week ending August 10, 2024, the weekly average percentage of inpatient beds occupied by COVID-19 patients in NJ was 2.5% (CDC COVID Data Tracker).
- The weekly average percentage of ICU beds occupied by COVID-19 patients was 1.3% (CDC COVID Data Tracker).
- In the four weeks leading up to August 10th, LB.1 accounted for 23.7% of sequenced variants. KP.3.1.1 and KP.2.3 accounted for 17.8% and 15.8% of sequenced variants, respectively.
- RSV percent positivity & percentage of emergency department visits with a diagnosis of RSV are low and stable.

1. COVID-19 Cases

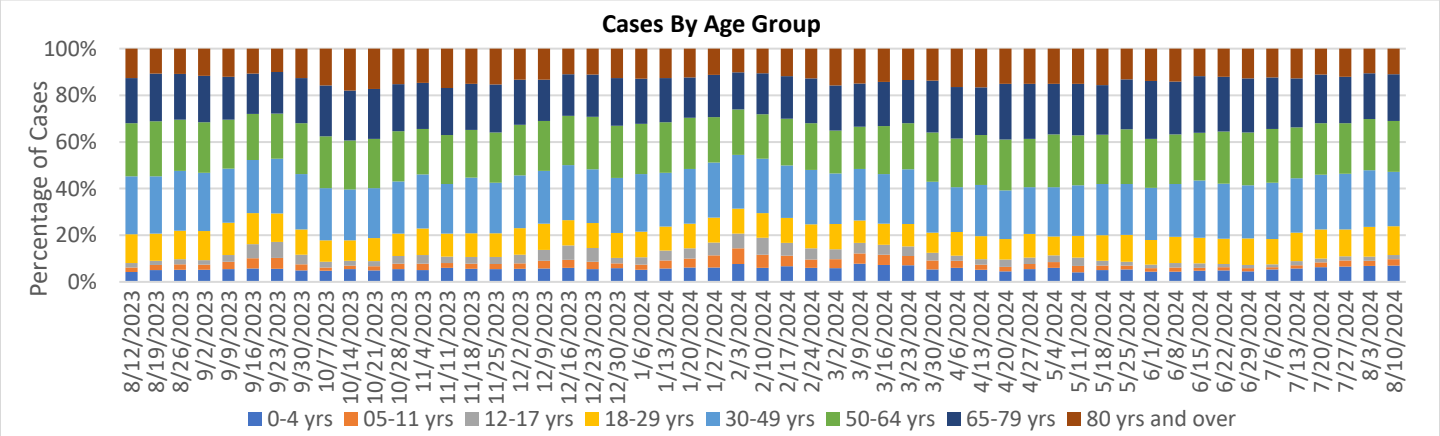
NJDOH uses CSTE Case Definition criteria to define COVID-19 cases for public health surveillance. Confirmed and probable COVID-19 cases by illness onset date are plotted below. When the illness onset date is unknown, the date of earliest positive specimen collection or the date of NJDOH notification is used, whichever is earlier.



Source: NJDOH Communicable Disease Reporting and Surveillance System (CDRSS)

2. COVID-19 Cases by Age

The percentage of confirmed and probable COVID-19 cases by age group as reported to the NJDOH Communicable Disease Reporting and Surveillance System are plotted below.



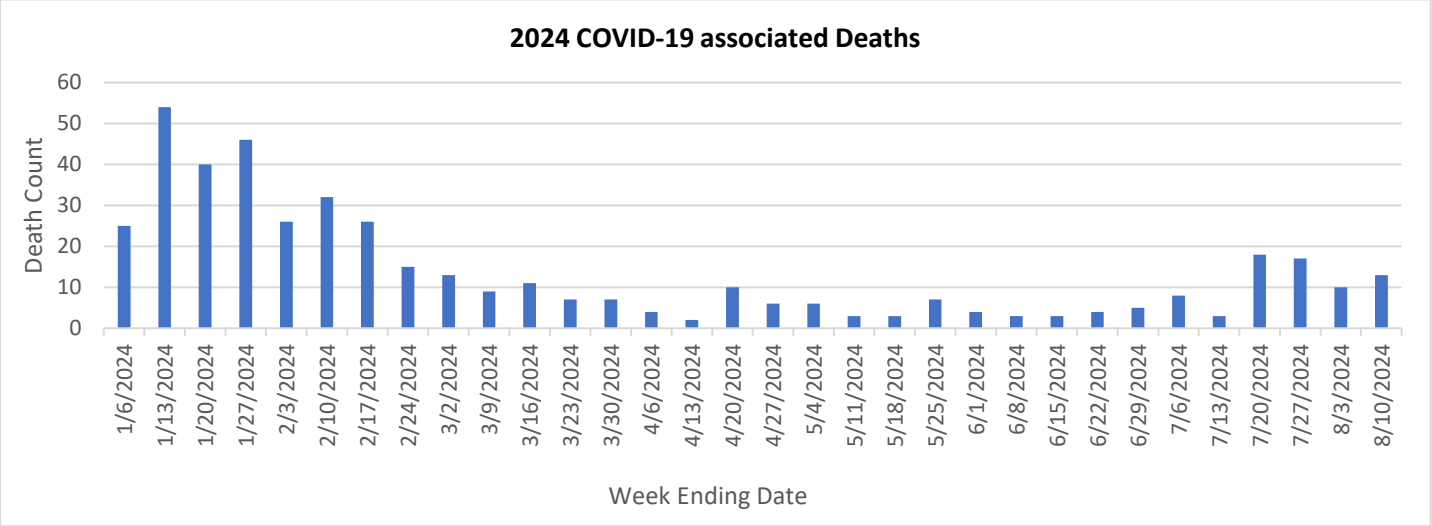
Source: NJDOH Communicable Disease Reporting and Surveillance System (CDRSS)

3. COVID-19 Deaths

The percentage of deaths due to COVID-19 in the past week is a timely disease severity indicator. The percentage of deaths due to COVID-19 in the past week as indicated by National Vital Statistics Surveillance (NVSS) data is included on the CDC COVID Data Tracker. COVID-19-associated deaths by age group and date of death are shown below. COVID-19 associated deaths are classified according to CSTE Revised COVID-19-associated Death Classification Guidance for Public Health Surveillance Programs. For information on historical COVID-19 death data, see the Mortality dashboard on the NJ COVID-19 Information Hub.

2024 COVID-19 associated Deaths by Age Group

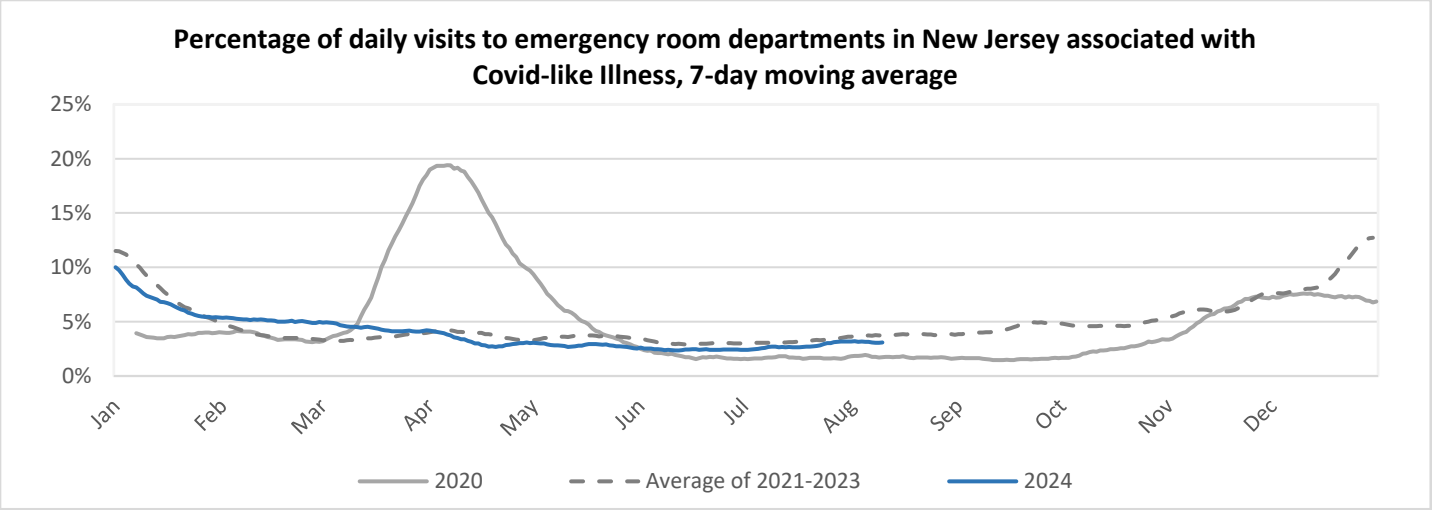
Total	0-4 yrs	5-17 yrs	18-29 yrs	30-49 yrs	50-64 yrs	65-79 yrs	80+
439	0	0	1	4	29	138	267



Source: NJDOH Communicable Disease Service, NJ Electronic Death Registration System (EDRS)

4. COVID-19 Syndromic Surveillance

NJDOH uses syndromic surveillance data to monitor trends associated with visits to emergency departments for COVID-like illness (CLI). CLI is defined as fever and cough or dyspnea (shortness of breath, difficulty breathing, etc.) or the presence of coronavirus diagnosis codes. The diagnosis of another respiratory pathogen (such as influenza, parainfluenza, and RSV) is excluded. Percent daily visits associated with CLI from emergency department data is collected via EpiCenter (i.e. NJDOH syndromic surveillance). CLI is monitored as a 7-day weekly average.



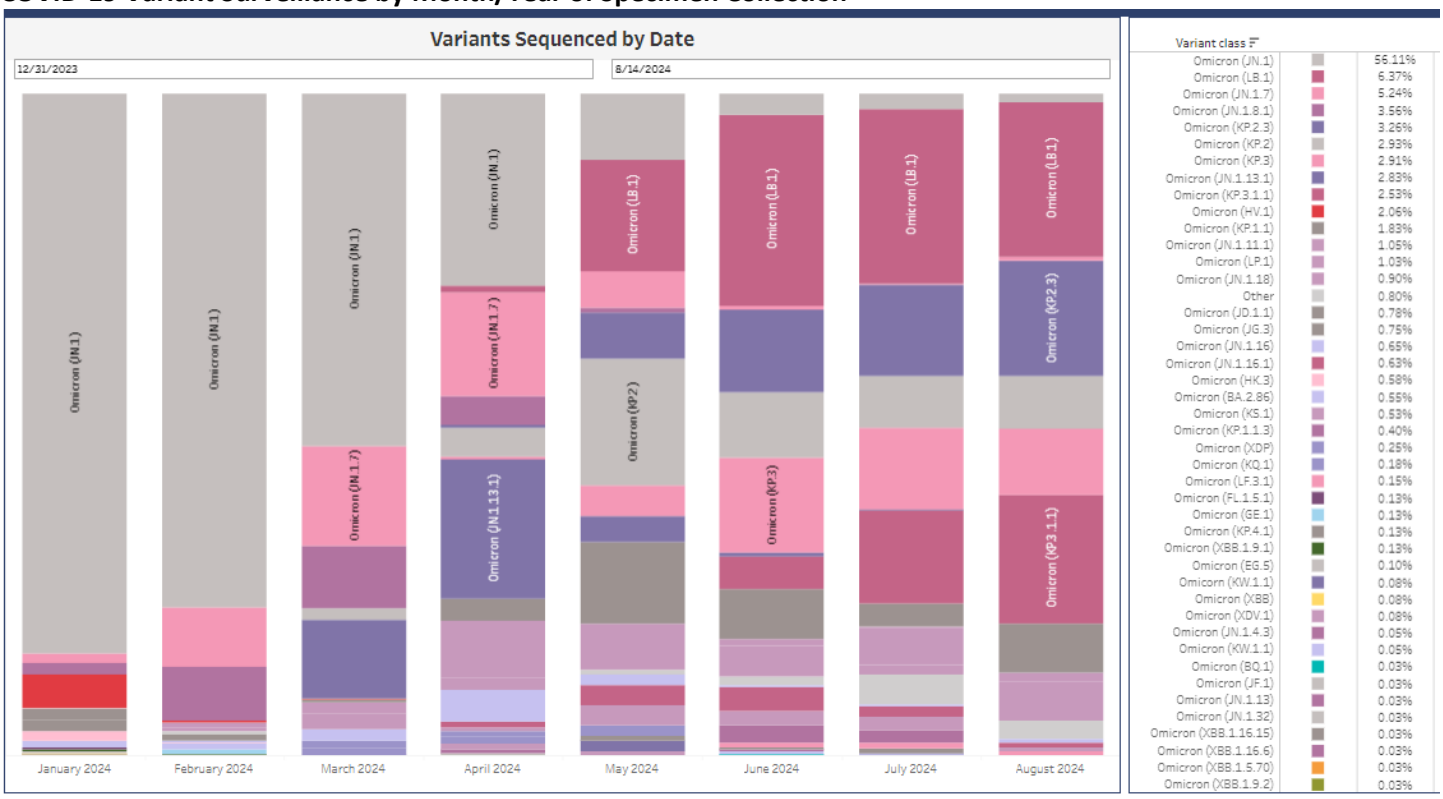
Source: EpiCenter, NJDOH syndromic surveillance data

5. COVID-19 Variant Surveillance

The table below shows the proportion of variants sequenced in the last 4 weeks as of the week ending August 10, 2024. The chart depicts a cumulative summary of COVID-19 variant surveillance by week of specimen collection. Data includes sequencing results reported by Commercial Labs (LabCorp, Aegis Sciences Corporation, Helix, Infinity Biologix, and Quest Diagnostics) and the NJDOH State Public Health Lab that have been submitted for surveillance purposes. Percentages represent the proportion of specimens sequenced with the specified variant lineage. For additional information on variant classification, see CDC SARS-CoV-2 Variant Classifications and Definitions.

Variant of Concern Lineage (WHO Classification)	Proportion of Variants Sequenced in the last 4 weeks, as of week ending August 10, 2024
LB.1 (Omicron)	23.7%
KP.3.1.1 (Omicron)	17.8%
KP.2.3 (Omicron)	15.8%
KP.3 (Omicron)	10.7%
KP.2 (Omicron)	8.5%
KP.1.1 (Omicron)	5.7%
LP.1 (Omicron)	5.4%
Other	4.5%
JN.1 (Omicron)	2.0%
KS.1 (Omicron)	1.1%
LF.3.1 (Omicron)	1.1%

COVID-19 Variant Surveillance by Month/Year of Specimen Collection

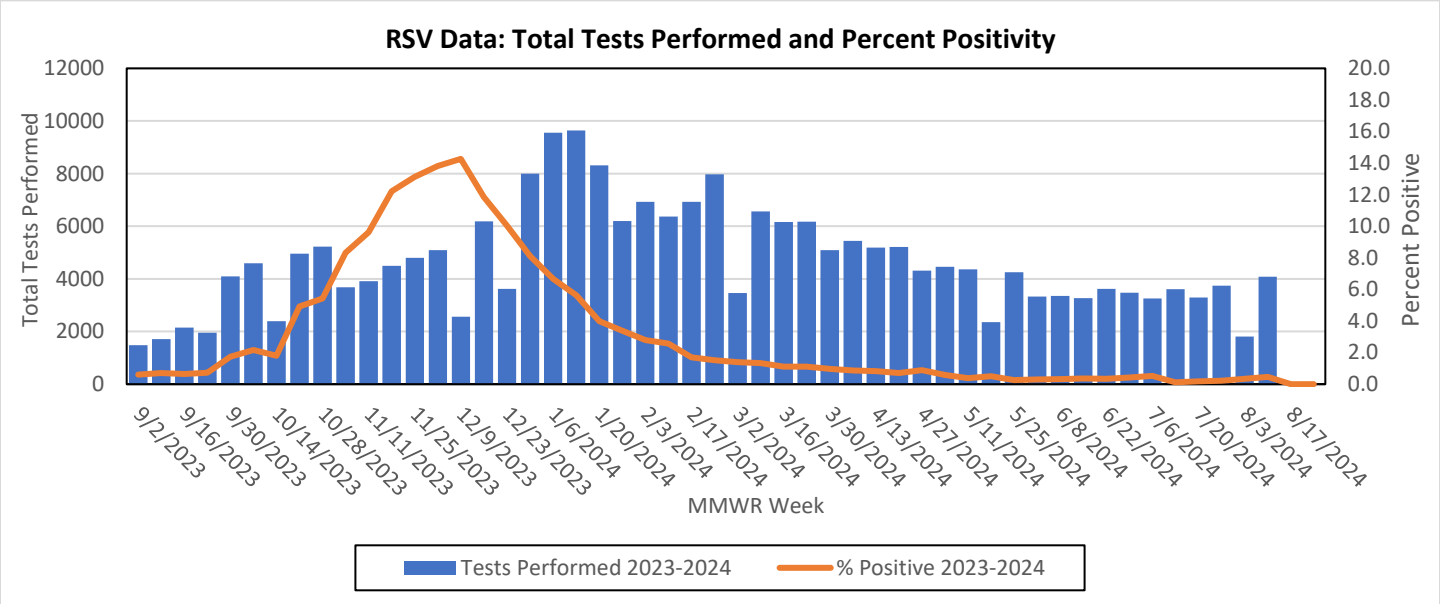


Notes:
Omicron B.1.1.529 includes BA.1, BA.3 and all sublineages (except BA.1.1 and its sublineages).
Omicron BA.2 includes all sublineages except BA.2.12.1, BA.2.75, BA.2.86, JN.1, XBB and their sublineages.
Omicron BA.2.75 includes all sublineages except BA.2.75.2, CH.1.1, BN.1 and their sublineages.
Omicron BA.4 includes all sublineages except BA.4.6.
Omicron BA.5 includes all sublineages, (including BE.x and BF.x), except BF.7, BF.11, BA.5.2.6, BQ.1, BQ.1.1 and their sublineages.
Omicron XBB includes all XBB sublineages except XBB.1.16, XBB1.5, XBB1.5.1, FD.2 and all their sublineages.
Delta includes B.1.617.2 and all AY sublineages.
Other represents additional and unassigned lineages not classified as variants of concern or variants of interest.

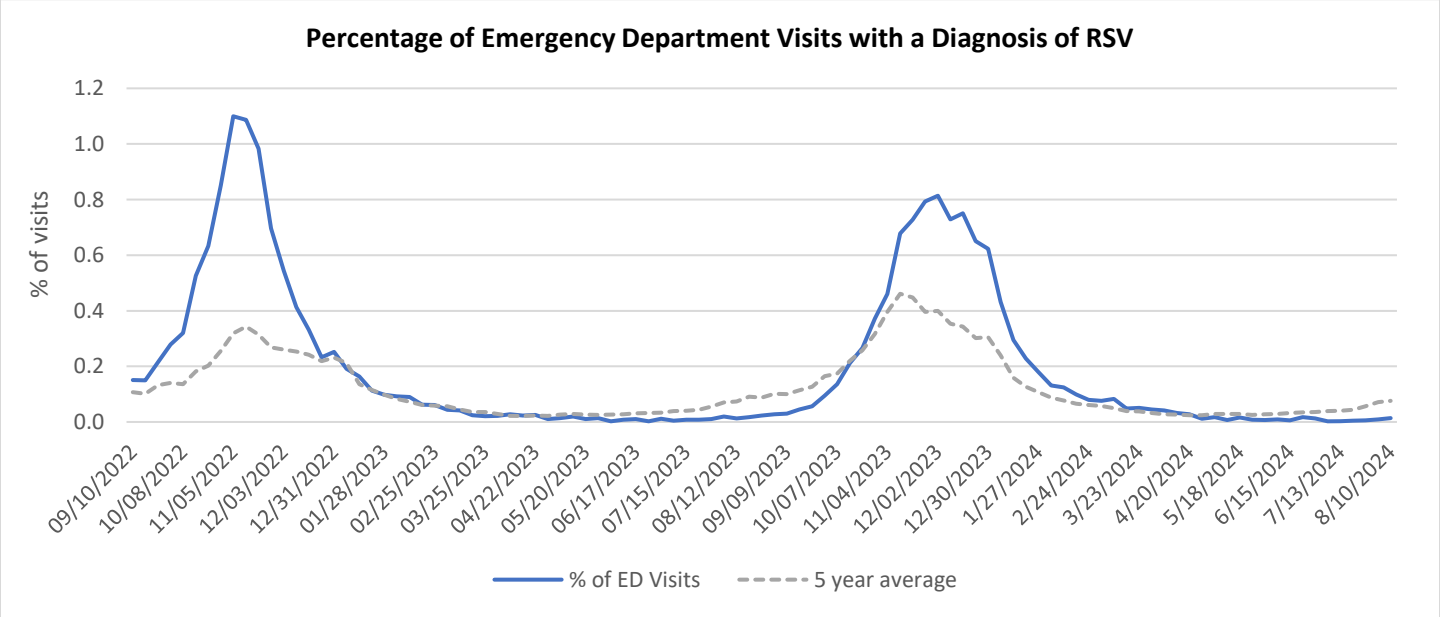
6. Non-COVID-19 Viral Respiratory Surveillance

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based surveillance system and participating laboratories report the total number of tests performed and the total positive for a number of non-influenza respiratory viruses, including adenovirus, human metapneumovirus, and parainfluenza. Information about the CDC NREVSS system can be found at: https://www.cdc.gov/surveillance/nrevss/labs/index.html.

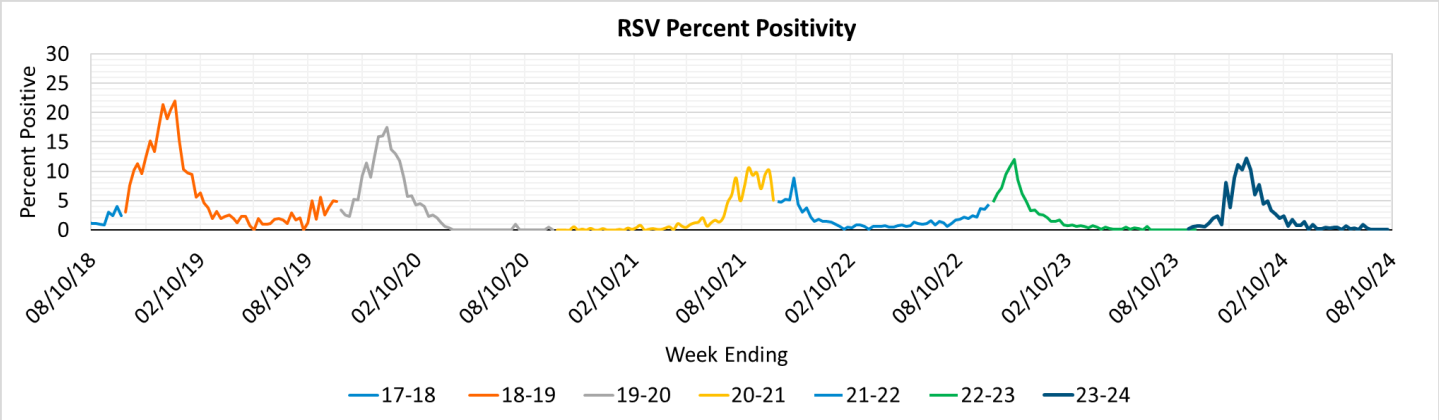
Respiratory syncytial virus (RSV) data are acquired from facilities reporting via NREVSS, EpiCenter, or into the CDRSS SIC module. The RSV season is based upon the 5-year average of percent positivity and runs from the two consecutive weeks where percent positivity is at or above 10% through two consecutive weeks where it is below 10%. The charts below show data on the percentage of emergency department visits for RSV, as well as data on total tests performed and percent positivity for RSV and other non-influenza respiratory viruses for the 2023-24 season.



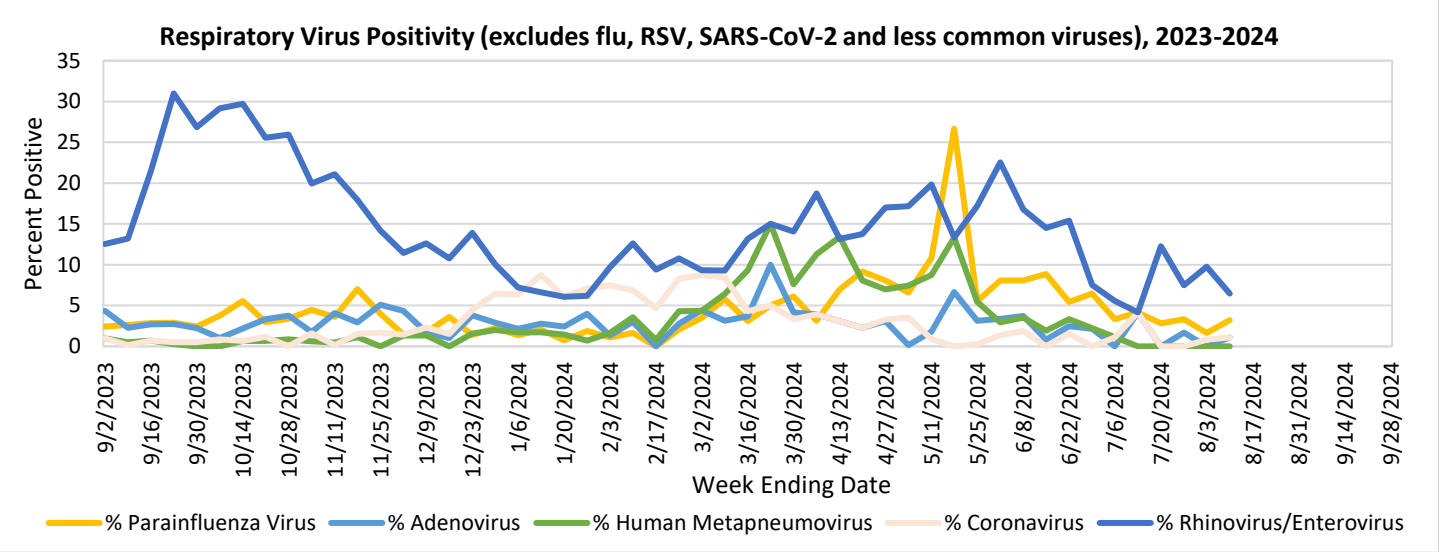
Source: NJDOH Communicable Disease Reporting and Surveillance System (CDRSS), Surveillance for Infectious Conditions (SIC) module



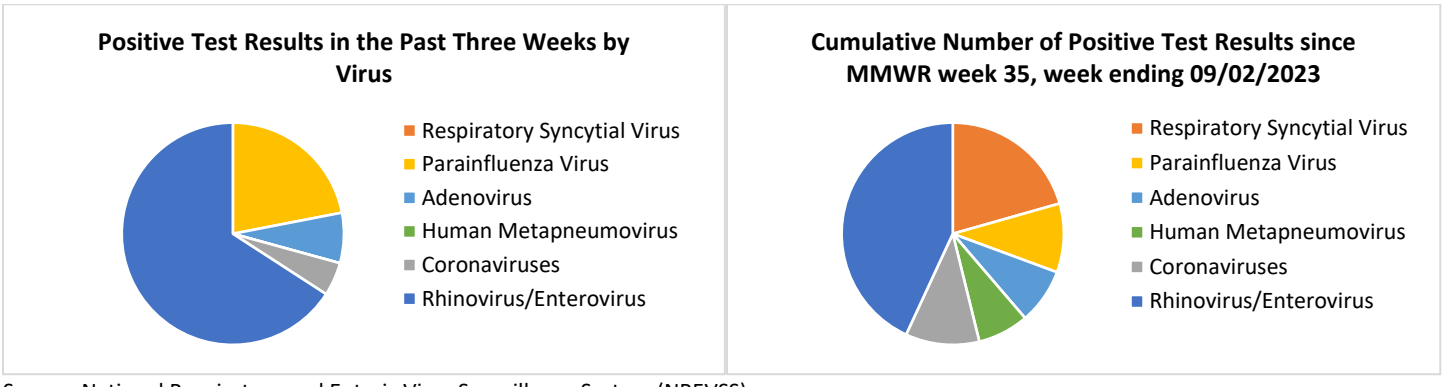
Source: EpiCenter



Source: National Respiratory and Enteric Virus Surveillance System (NREVSS)



Source: National Respiratory and Enteric Virus Surveillance System (NREVSS)

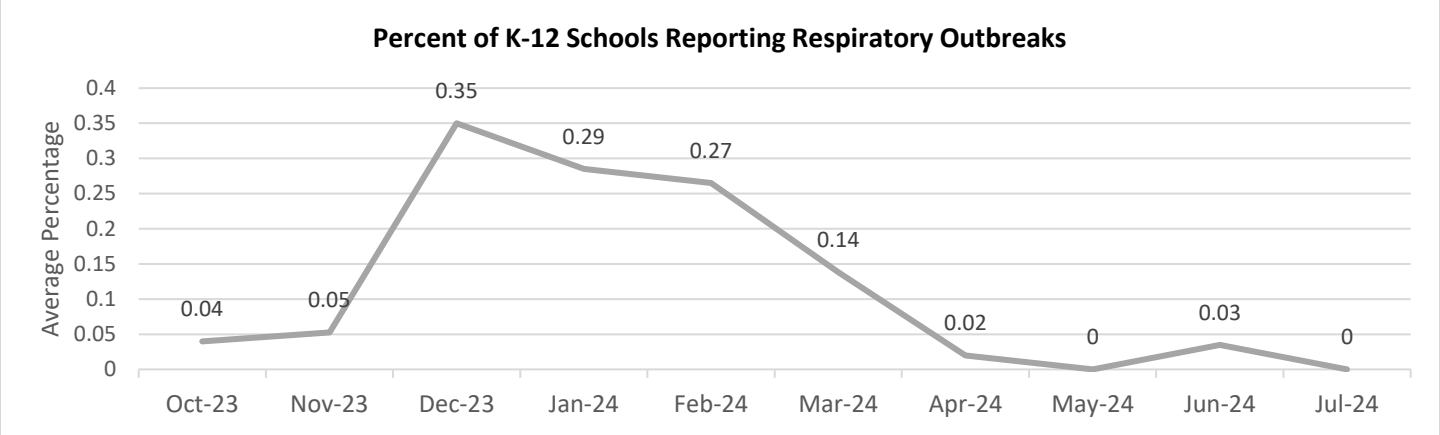


Source: National Respiratory and Enteric Virus Surveillance System (NREVSS)

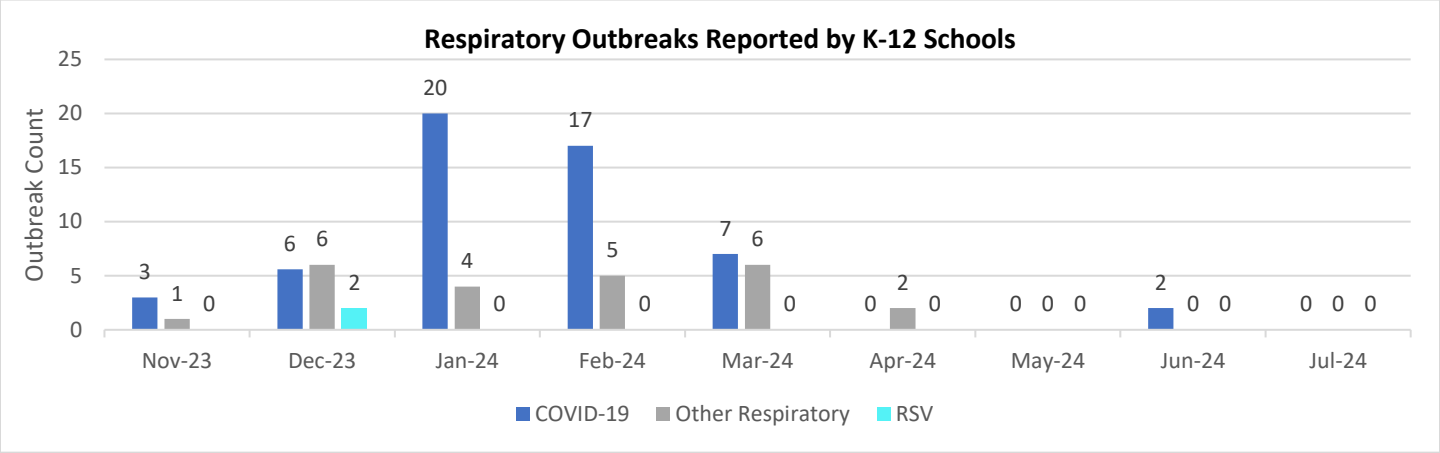
7. K-12 Schools

For the school year 2023-2024, as many as 2,231 K-12 schools reported their surveillance data into the Surveillance for Infectious Conditions (SIC) module at least once. The percent of schools reporting non-flu respiratory outbreaks was highest at 1.19% for the week of December 16, 2023. This percentage is calculated as the number of schools reporting respiratory outbreaks/clusters divided by the total number of schools reporting multiplied by 100.

Respiratory outbreaks in K-12 schools by month (to-date) of outbreak as reported to NJDOH in the Surveillance for Infectious Conditions (SIC) module are plotted below. The month with the highest count of respiratory outbreaks was January 2024. Twenty-four (24) non-flu viral respiratory outbreaks were reported, twenty (20) of which were COVID-19, and four (4) of other respiratory illness. See the Schools Tab of the COVID-19 information hub for more information.



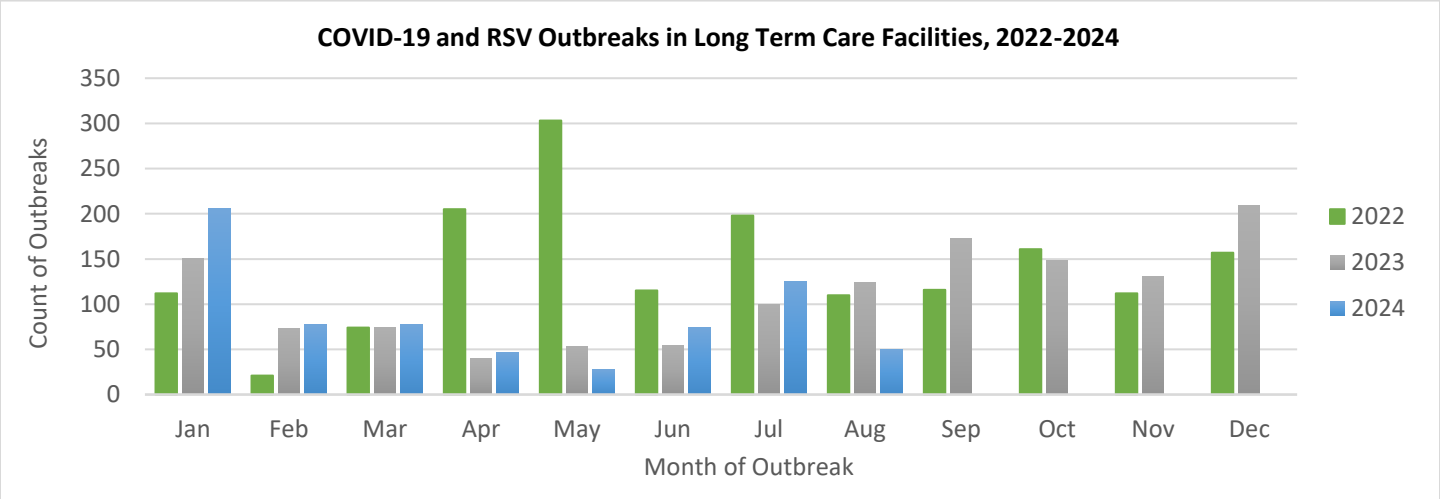
Source: NJDOH Communicable Disease Reporting and Surveillance System (CDRSS), Surveillance for Infectious Conditions (SIC) module



Source: NJDOH CDRSS, Surveillance for Infectious Conditions (SIC) module

8. Outbreaks in Long Term Care

Respiratory outbreaks in long-term care facilities by month of outbreak as reported to NJDOH in the Communicable Disease Surveillance and Reporting System (CDRSS) are plotted below. Counts include COVID-19 and RSV outbreaks.



Source: NJDOH Communicable Disease Reporting and Surveillance System (CDRSS)

This report will be updated weekly and posted at: https://www.nj.gov/health/cd/statistics/covid/index.shtml.
For additional information visit:
NJDOH Communicable Disease Service: COVID-19
NJDOH Communicable Disease Service: Influenza Illness Surveillance Reports