

Respiratory Virus Surveillance Report¹

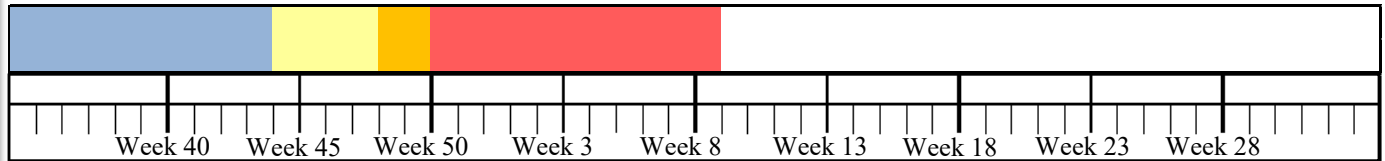
New Jersey Department of Health

Communicable Disease Service

Week ending February 29 , 2020 (MMWR week 9²)

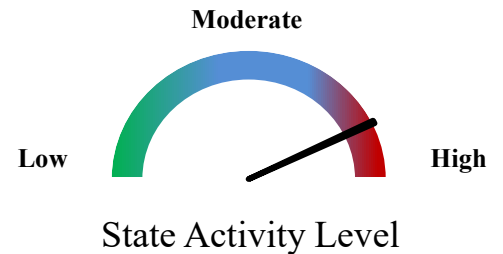
Influenza Activity Level³

No Activity
 Sporadic
 Local
 Regional
 Widespread



Regional⁴ Data

Northwest:	HIGH
Northeast:	HIGH
Central West:	HIGH
Central East:	HIGH
South:	HIGH



Predominant Strain

B

ILI⁵ Activity

Percent Influenza-like Illness/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 Facilities	0.84 (0.00, 5.13)	0.30	1.23	0.47 (0.42, 0.76)
Schools (absenteeism)	4.60 (2.42, 9.25)	5.74	4.40	3.25 (4.30, 4.94)
Emergency Departments	5.78 (3.35, 7.21)	6.38	4.54	1.96 (3.16, 4.33)

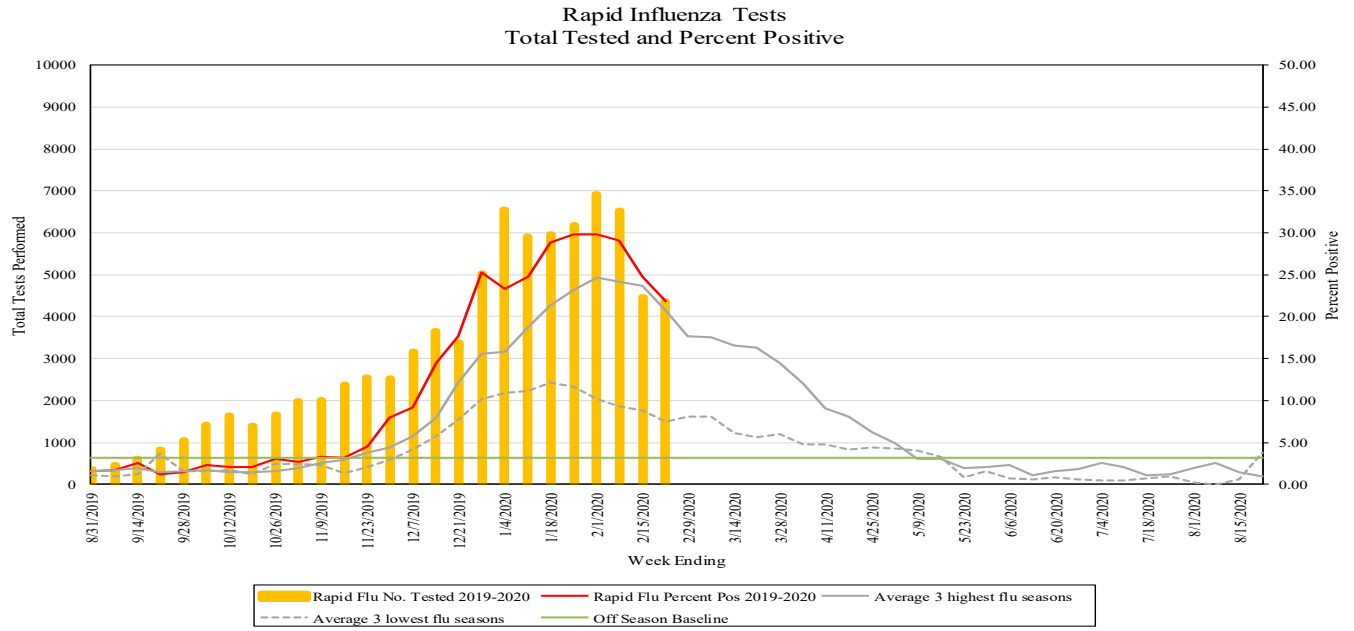
Laboratory Testing⁸

		Current Week	Past 3 Weeks	Cumulative Total
PCR	Influenza A H1N1 (2009)	103	460	2363
	Influenza A H3N2	21	84	369
	Influenza B	320	1499	8091
	Rapid Influenza Tests	953	3950	15915

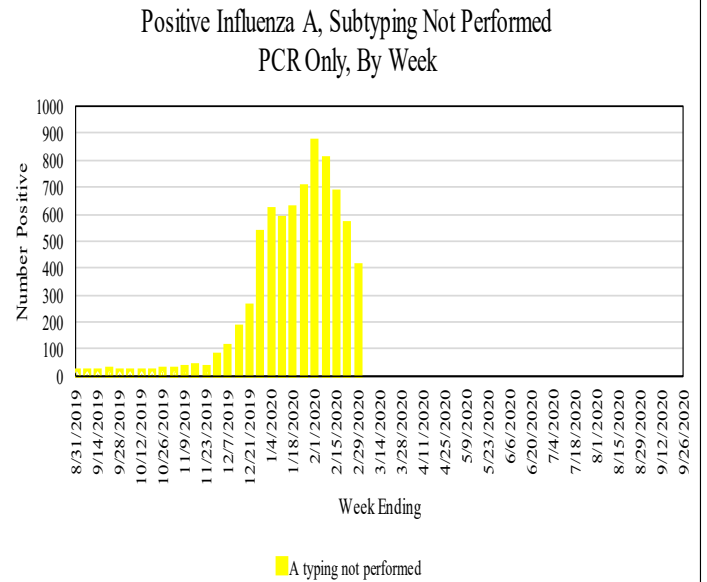
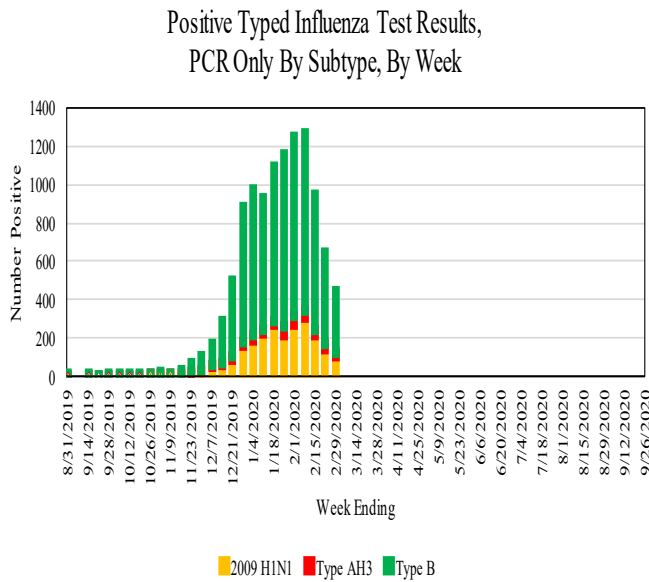
Report also available at <http://nj.gov/health/cd/statistics/flu-stats/>

Virologic Surveillance⁸

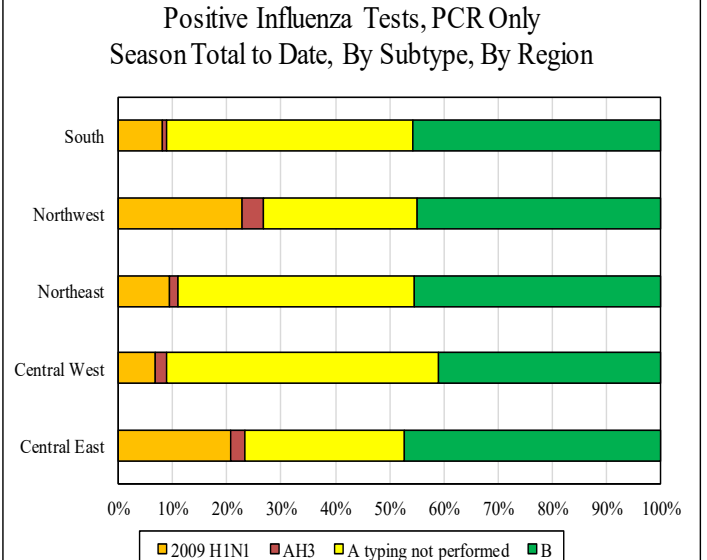
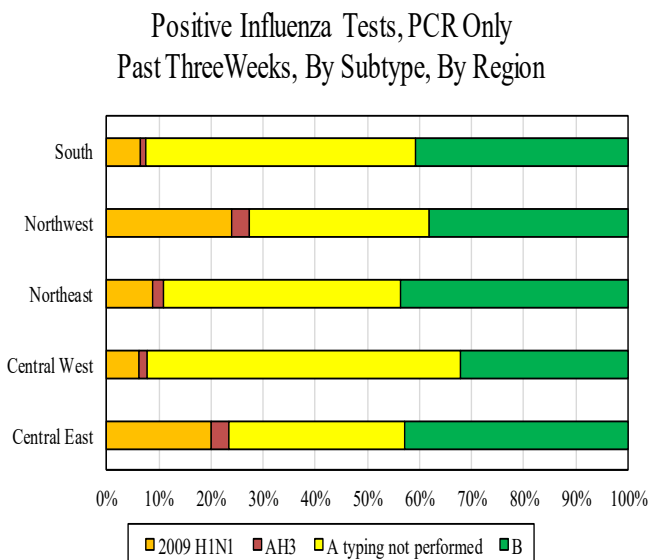
Rapid Influenza Tests Results by Week



Influenza Positive Specimens (PCR)

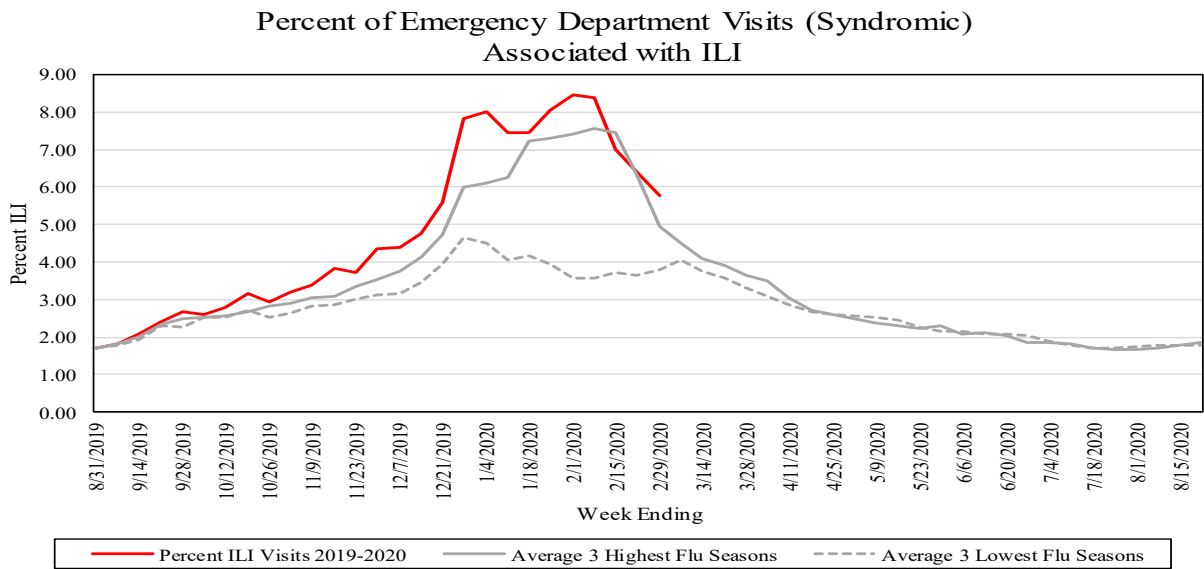


Influenza Positive Specimens (PCR) by Region⁴/Type

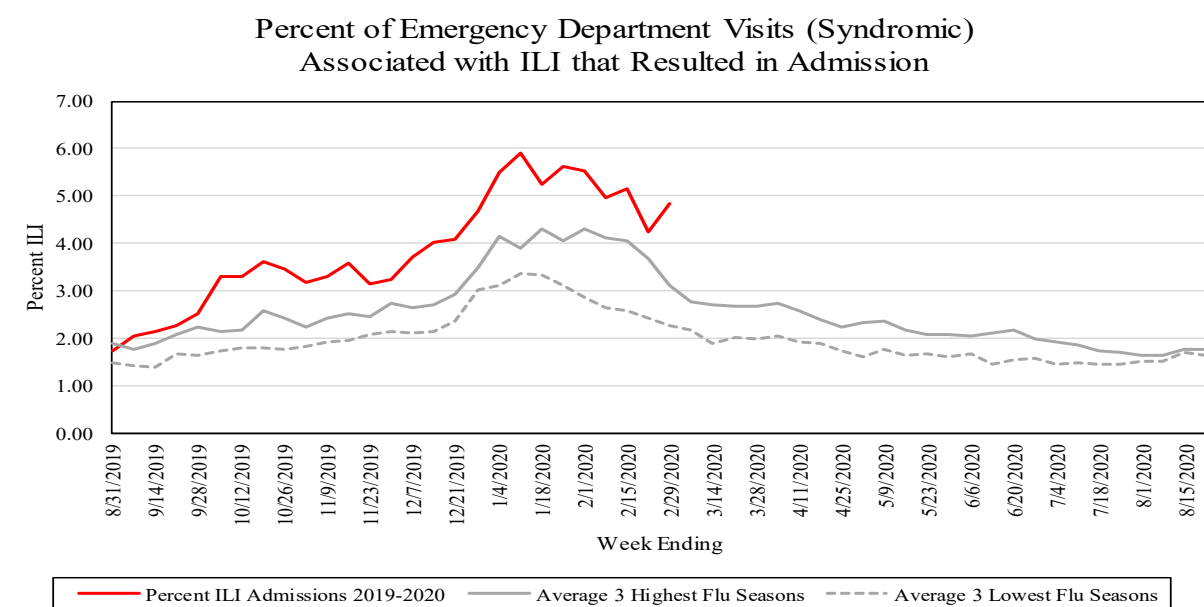


Influenza-Like Illness (ILI) Surveillance

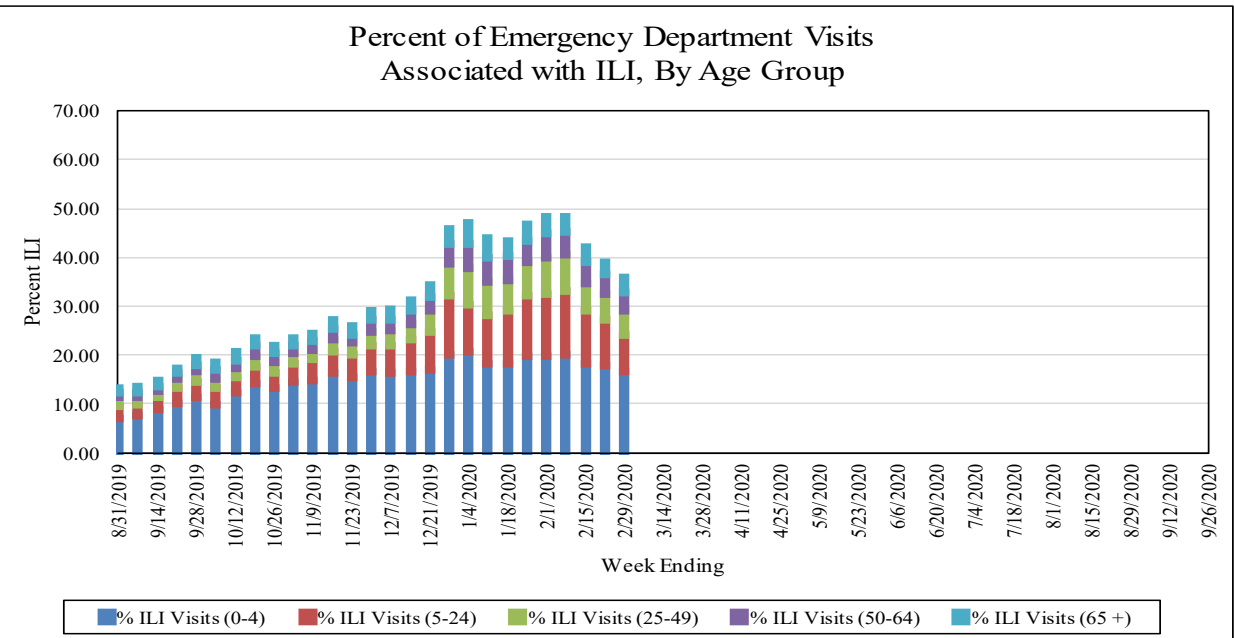
Emergency Department⁹ Visits
Percent due to ILI



Emergency Department⁹
Percent of Admissions due to ILI

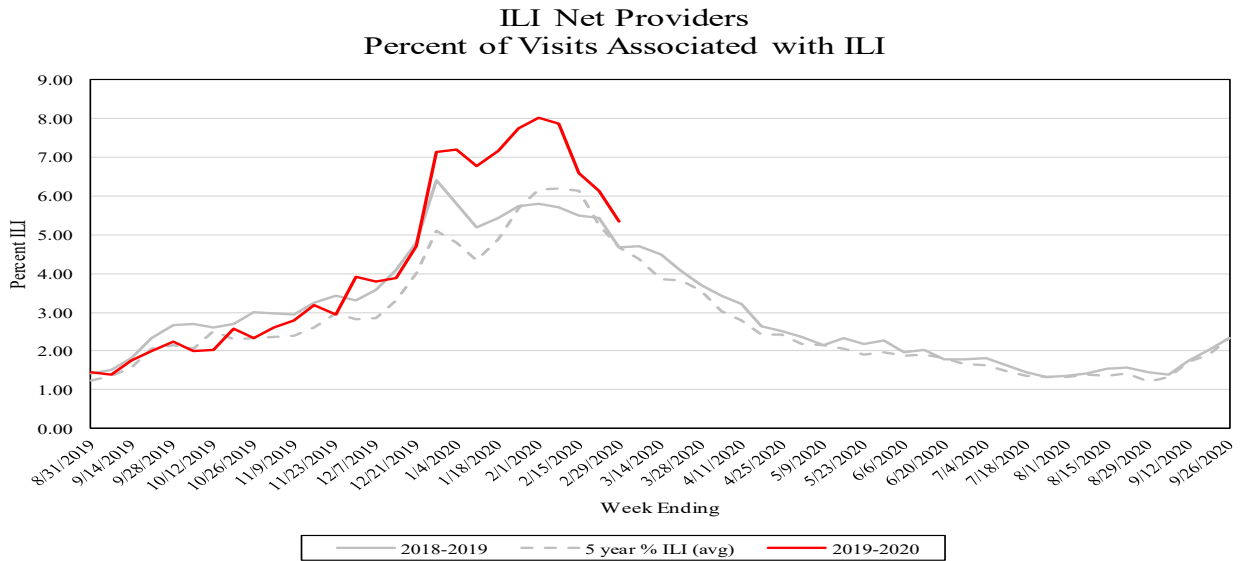


Emergency Department⁹ Visits
Percent of ILI By Age Group

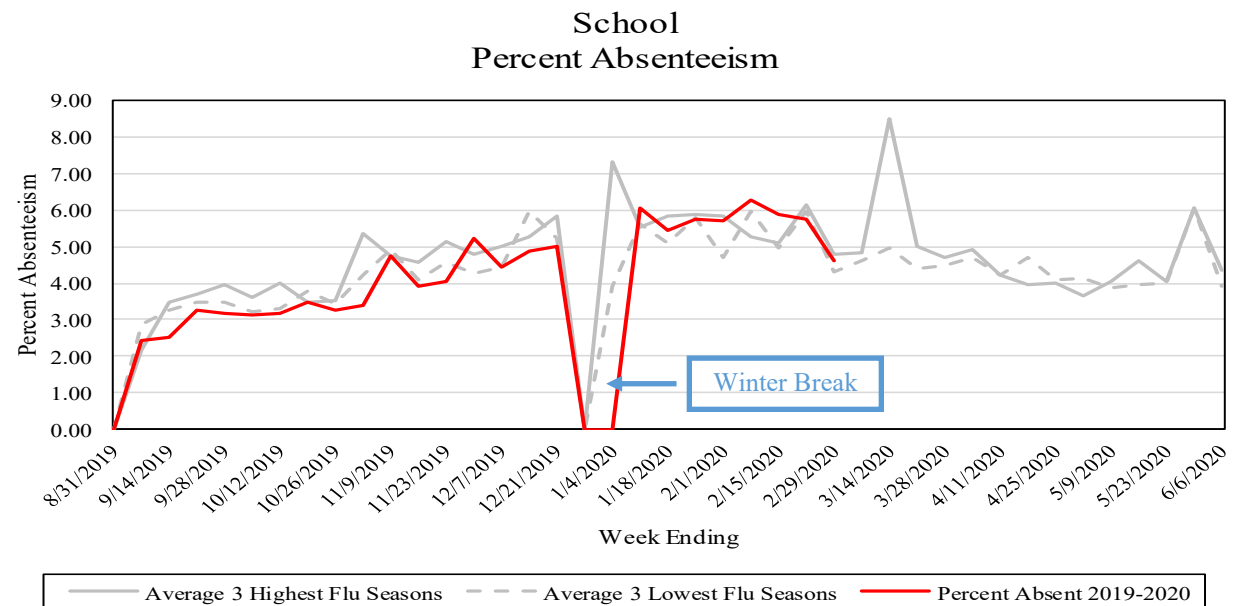


Influenza-Like Illness (ILI) Surveillance

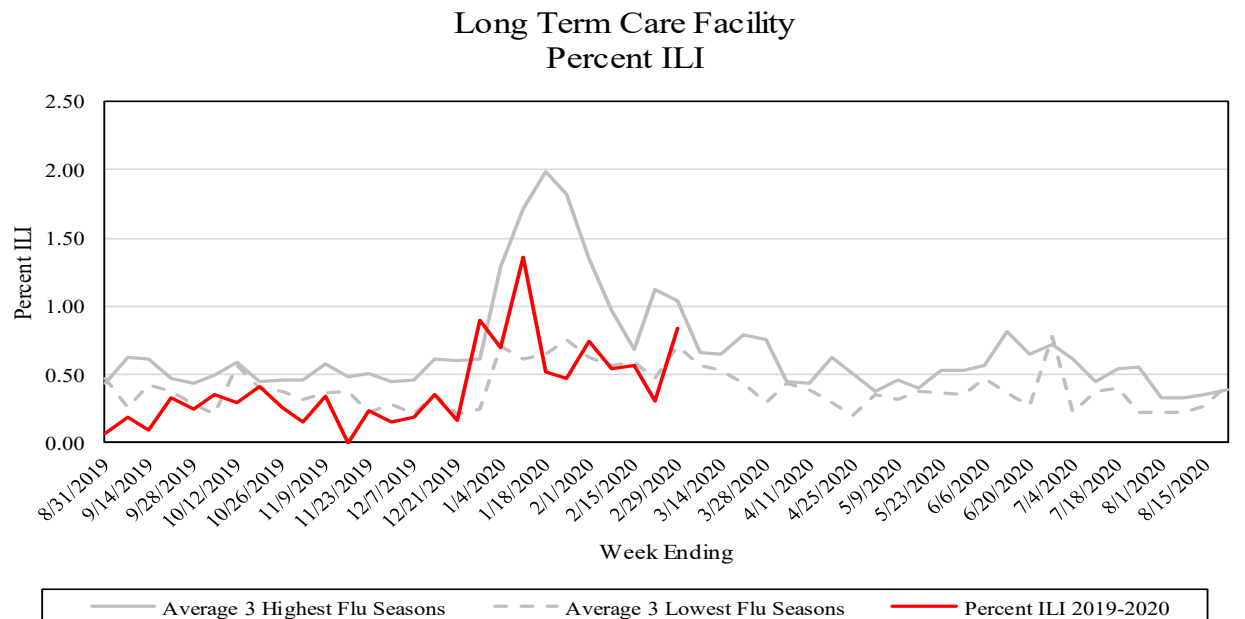
ILI Net Providers⁵



School Absenteeism⁵



Long Term Care Facilities⁵



Influenza-Like Illness (ILI) Surveillance

Long Term Care Outbreaks

Respiratory Outbreaks in Long Term Care Facilities¹⁰

Cumulative Outbreaks 2019-2020 Season

110

No. outbreaks last 3 weeks

20

Regions with recent outbreaks

NW, NE, CW, CE, S

Pediatric Influenza Mortality¹¹

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

125

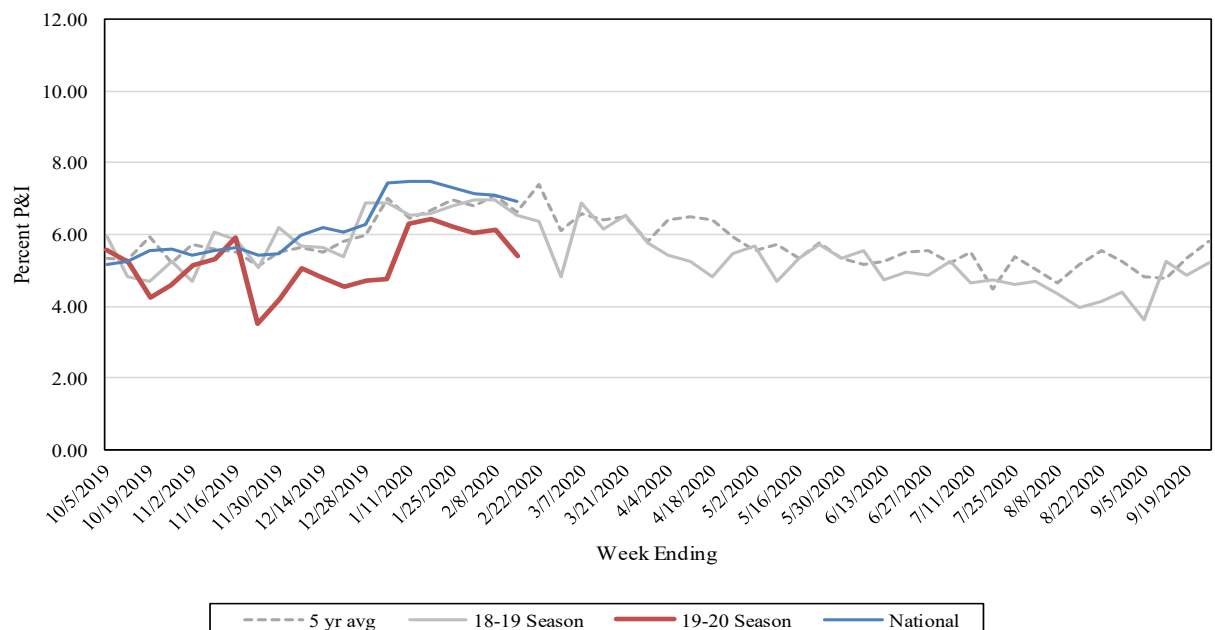
52

2

National Center for Health Statistics—Pneumonia and Influenza Mortality
<https://gis.cdc.gov/grasp/fluview/mortality.html>

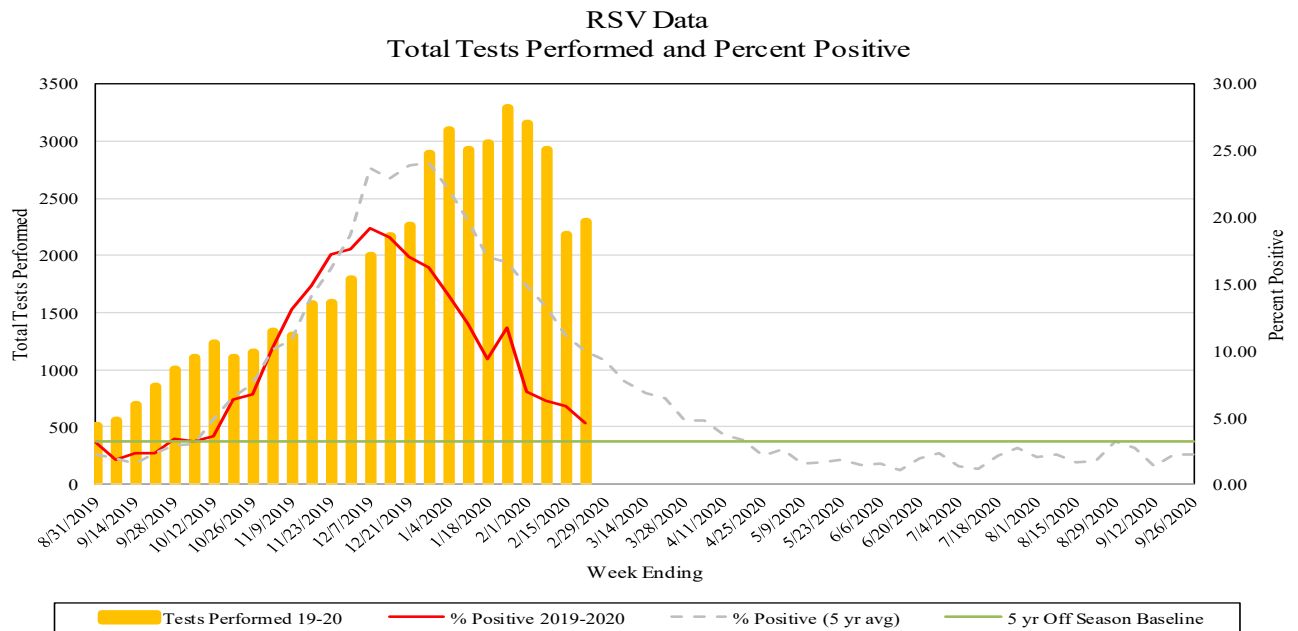
Percent of Deaths Due to Pneumonia and Influenza¹²

Percent of Deaths Due to
Pneumonia and Influenza (P&I)

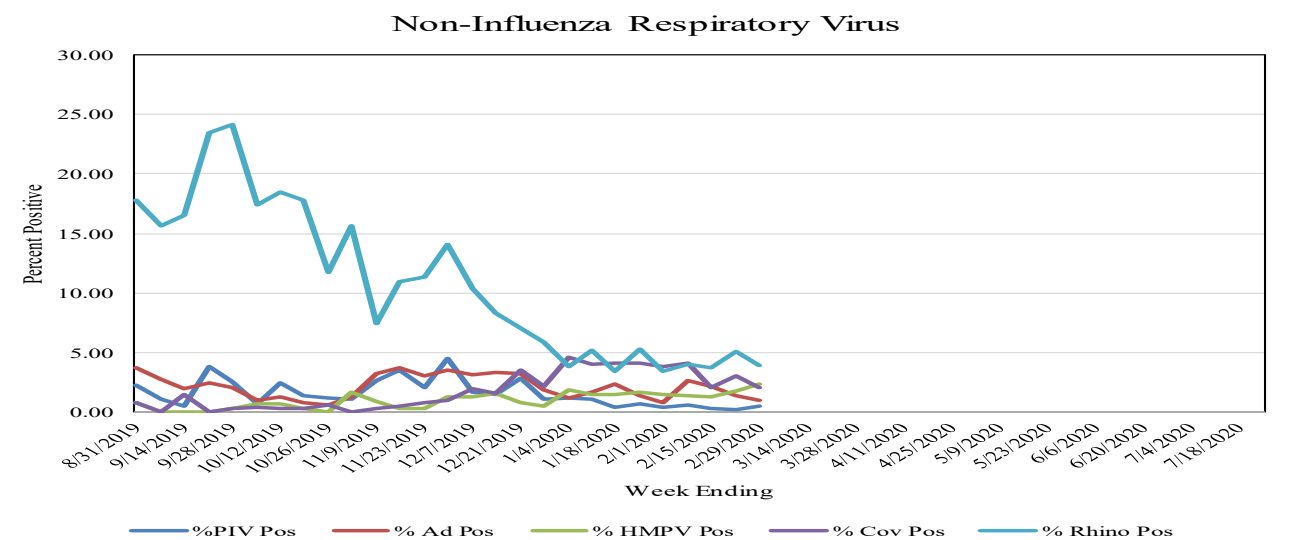


Viral Respiratory Surveillance Non-Influenza¹³

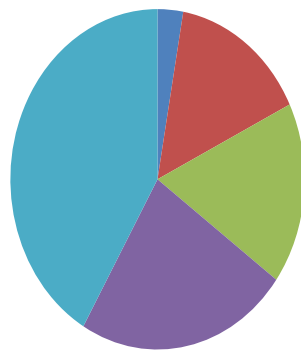
Respiratory Syncycial Virus⁸



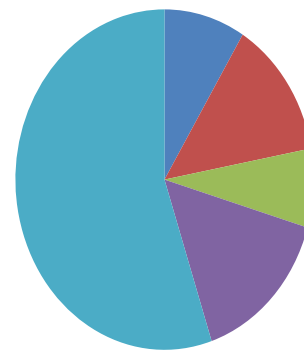
Positive Non-Influenza Tests¹³



Non-Influenza Respiratory Virus
Number of Positive Results in the Past Three Weeks, by Virus



Non-Influenza Respiratory Virus
Number of Positive Results Cumulative to Date, by Virus



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

<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 ($> 100^{\circ}\text{F}$ [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).
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.
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).

Table 1 Influenza Activity Level—Definitions for State Activity				
<u>NJ Level</u>	<u>CSTE Level</u>	<u>Definition</u>		
		<u>ILI Activity/Outbreaks</u>		<u>Lab Activity</u>
Low	No Activity	ILI activity at or below baseline AND no detected outbreaks	AND	No lab confirmed cases
	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
	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

Table 2 Influenza Activity Level—Definitions for Public Health Regions			
<u>NJ Level</u>	<u>Definition</u>		
	<u>ILI Activity/Outbreaks</u>		<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 ≥ 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: NJPHL 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.

NJ ACTIVE INFLUENZA-LIKE ILLNESS SURVEILLANCE STATISTICS

SURVEILLANCE DATE: 02/25/2020



COUNTY	Long Term Care			Schools			Hospital Emergency Dept		
	# Enrolled	# Reports Rec'd	% ILI	# Enrolled	# Reports Rec'd	% Absent	# Enrolled	# Reports Rec'd	% ILI
February 25, 2020 12:00 AM MMWR WEEK 9									
ATLANTIC	1	0	0.00	37	11	6.21	4	4	3.35
BERGEN	14	1	0.00	37	9	2.42	6	6	5.60
BURLINGTON	6	2	0.00	102	41	4.64	4	4	5.08
CAMDEN	1	0	0.00	8	7	5.44	8	7	6.93
CAPE MAY	3	0	0.00	13	7	5.51	1	1	4.98
CUMBERLAND	5	4	0.41	11	10	7.35	3	3	6.30
ESSEX	8	1	0.75	4	1	6.87	8	7	6.31
GLOUCESTER	3	0	0.00	4	1	9.25	2	2	7.19
HUDSON	4	1	0.75	61	16	4.75	6	6	4.35
HUNTERDON	4	4	5.13	11	7	4.74	1	1	3.43
MERCER	1	0	0.00	33	13	3.75	5	4	6.34
MIDDLESEX	15	3	0.00	24	14	3.14	6	6	5.94
MONMOUTH	6	0	0.00	67	10	4.04	5	5	5.51
MORRIS	3	0	0.00	11	2	3.71	4	4	5.14
OCEAN	10	1	0.00	8	3	7.01	4	4	4.66
PASSAIC	10	3	0.26	30	7	4.86	3	3	7.01
SALEM	0	0	0.00	5	1	9.05	1	1	5.73
SOMERSET	5	0	0.00	22	11	3.69	1	1	5.43
SUSSEX	3	0	0.00	4	2	7.67	1	1	4.20
UNION	3	1	0.00	57	16	3.68	5	5	7.21
WARREN	6	1	0.00	18	6	5.78	2	2	6.06
NW Region	22	4	0.21	63	17	5.38	10	10	5.96
NE Region	26	3	0.33	102	26	4.25	20	19	5.60
CW Region	10	4	5.13	66	31	3.93	7	6	5.84
CE Region	34	5	0.00	156	43	3.78	20	20	5.83
South Region	19	6	0.37	180	78	5.41	23	22	5.81
State Total	111	22	0.84	567	195	4.60	80	77	5.78

NJ ACTIVE INFLUENZA-LIKE ILLNESS SURVEILLANCE STATISTICS

SURVEILLANCE DATE: 02/25/2020



County	RSV Tests		Rapid Flu Tests		
	# Positive	Total Tests Performed	# Positive	Total Tests Performed	
February 25, 2020 12:00 AM MMWR WEEK 9					
ATLANTIC	10	74	116	433	
BERGEN	17	211	88	387	
BURLINGTON	9	490	0	0	
CAMDEN	1	8	16	115	
CAPE MAY	0	6	27	131	
CUMBERLAND	0	0	0	0	
ESSEX	0	0	56	398	
GLOUCESTER	0	0	0	0	
HUDSON	0	6	8	36	
HUNTERDON	7	213	68	213	
MERCER	4	32	92	396	
MIDDLESEX	15	302	132	583	
MONMOUTH	20	294	166	935	
MORRIS	11	294	29	112	
OCEAN	1	36	23	114	
PASSAIC	0	0	95	392	
SALEM	0	1	15	50	
SOMERSET	0	0	0	0	
SUSSEX	0	0	0	0	
UNION	11	328	22	70	
WARREN	0	0	0	0	
NW Region	11	294	124	504	
NE Region	17	217	152	821	
CW Region	11	245	160	609	
CE Region	47	960	343	1702	
South Region	20	579	174	729	
State Total	106	2295	953	4365	