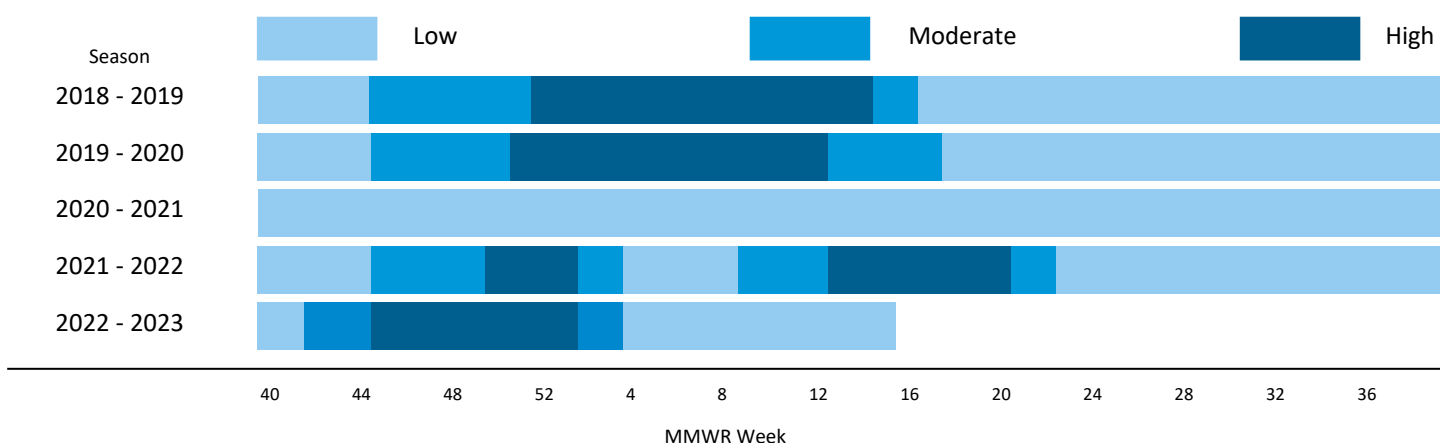


## Highlights

- **Influenza activity level is low statewide**
- **Emergency Department and Outpatient provider visits associated with influenza-like illness are lower than last week & lower than this week last year**
- **There have been four confirmed influenza-associated pediatric deaths reported this season**
- **Positive results continue to be reported; influenza A (subtyping not performed) is at 70.34%, followed by A(H3N2) 21.39%, A(H1N1)pdm09 4.58%, and B 3.70%**
- **While the most frequently reported and subtyped influenza virus this season is A(H3N2), the predominant type for the past three weeks has been Influenza B**

## Influenza Activity Level Comparison



## 1. Current Influenza Activity Level

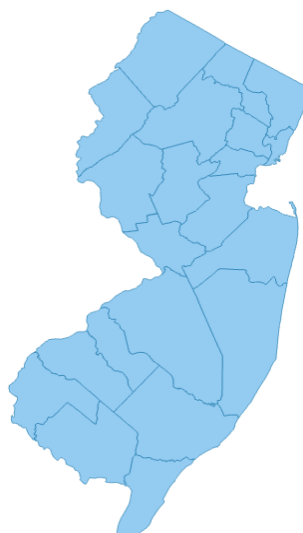
This report summarizes surveillance information for influenza and other viral respiratory illnesses reported to the New Jersey Department of Health (NJDOH) Communicable Disease Service. As per regulation, influenza is a laboratory reportable condition but it is not possible to count every case that occurs since some individuals will not seek medical care or may never get tested. Surveillance is conducted year round and this report is published from October to May. The [Morbidity and Mortality Weekly Report \(MMWR\) week](#) is the time frame used by the Centers for Disease Control and Prevention (CDC) for disease reporting and activity levels are defined in the table on page 7 of this report. **Counts displayed below are the cumulative totals reported for the season beginning with MMWR week 40, week ending October 8, 2022.**

### State Activity Level

LOW

### Regional Data

<b>Northwest</b> Morris, Passaic, Sussex, Warren	LOW
<b>Northeast</b> Bergen, Essex, Hudson	LOW
<b>Central West</b> Hunterdon, Mercer, Somerset	LOW
<b>Central East</b> Middlesex, Monmouth, Ocean, Union	LOW
<b>Southwest</b> Burlington, Camden, Gloucester, Salem	LOW
<b>Southeast</b> Atlantic, Cape May, Cumberland	LOW



**86,403**

Cases reported (PCR & Rapid)

**80**

Outbreaks (Long Term Care)

**4**

Pediatric flu deaths (confirmed)

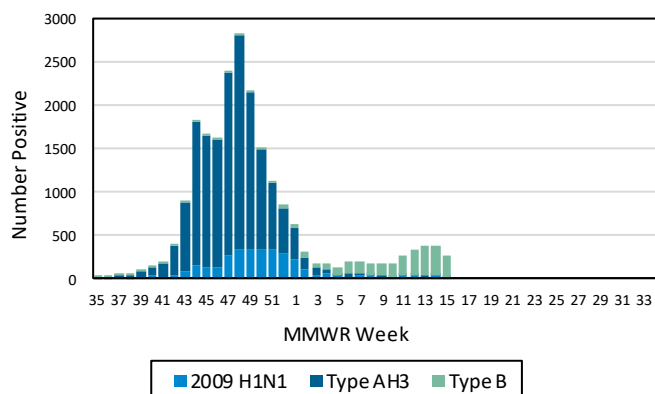
## 2. Laboratory Testing

Real-time polymerase chain reaction (PCR) results for influenza (AH1N1, AH3N2, A subtyping not performed, and B) are obtained from electronic laboratory transmission submitted by acute care, commercial and public health laboratories. Rapid influenza test data are acquired from facilities reporting via the CDRSS Surveillance for Infectious Conditions (SIC) module. While the cumulative totals begin with MMWR week 40, week ending October 8, 2022, the data represented in charts begin with MMWR week 35, week ending September 3, 2022. Past 3 weeks data includes the current week and two prior weeks starting with MMWR week 40, week ending October 8, 2022.

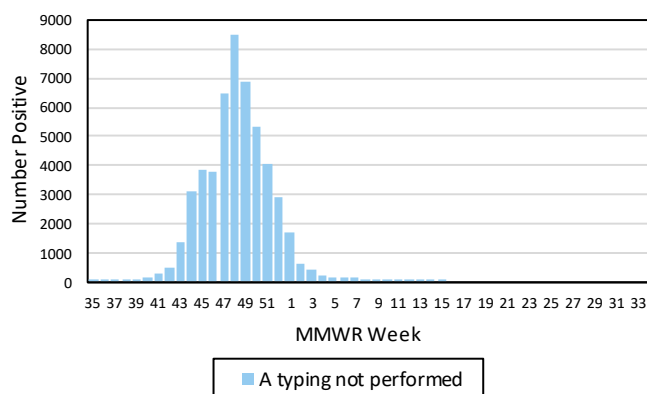
	Test Type	Current Week	Past 3 Weeks	Cumulative Total
PCR	Influenza A (H1N1)pdm09	15	83	3354 (4.58%)
	Influenza A H3N2	2	14	15667 (21.39%)
	Influenza A (Subtyping Not Performed)	67	236	51531 (70.34%)
	Influenza B	266	960	2709 (3.70%)
Rapid	Rapid Influenza	84	250	13142

## 3. Virologic Surveillance

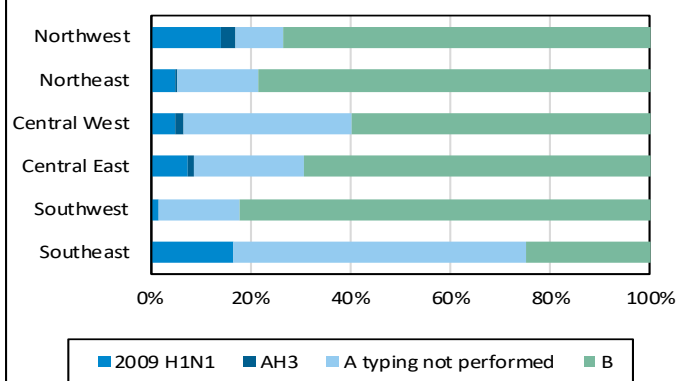
Positive Subtyped Influenza Test Results, PCR Only, By Week



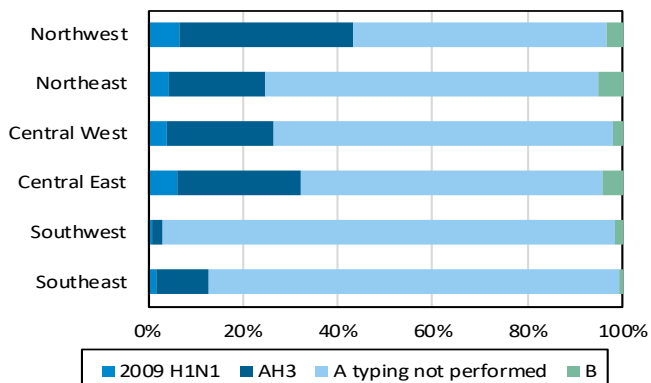
Positive Influenza A, Subtyping Not Performed PCR Only, By Week



Positive Influenza Tests, PCR Only Past Three Weeks, By Subtype, By Region

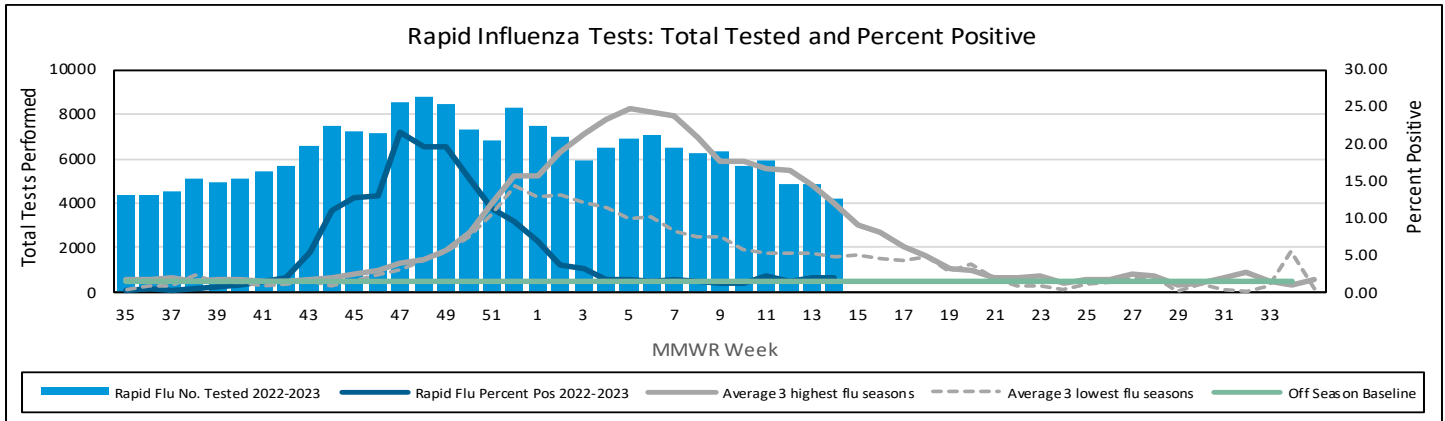


Positive Influenza Tests, PCR Only Total to Date, By Subtype, By Region



### 3. Virologic Surveillance, *continued*

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 2012-2013 season. These averages were 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 seasons which contribute to the high and low value for the rapid influenza chart are as follows: High: 16-17, 17-18, 18-19; Low: 12-13, 14-15, 21-22. Off season baseline is calculated by taking the average of percent positivity for a 10 year period (2012 through and including 2022) during the months when influenza is less likely to be circulating (May to September). Data from the 19-20 and 20-21 seasons were excluded due to the COVID-19 pandemic.



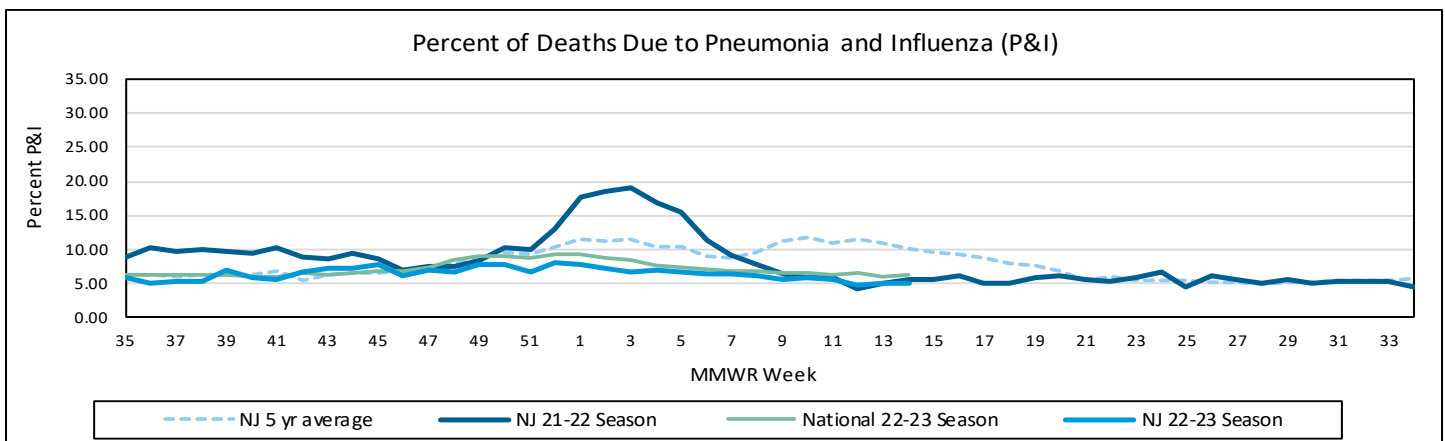
### 4. Pediatric Influenza Mortality

Influenza-associated pediatric mortality was added to New Jersey's reportable disease list in 2009. The below table includes severe and fatal influenza associated pediatric cases reported to NJDOH. Severe illness is defined as admission to an intensive care unit for an influenza-related illness. An influenza associated pediatric death is defined as a death resulting from a clinically compatible illness with lab confirmed influenza.

Influenza Season	US (fatal)	NJ (severe)	NJ (fatal)
<b>2018-2019</b>	106	51	6
<b>2019-2020</b>	188	57	2
<b>2020-2021</b>	1	1	0
<b>2021-2022</b>	43	19	0
<b>2022-2023</b>	141	89	4

### 5. Percent of Deaths due to Pneumonia and Influenza

Records of all deaths in New Jersey are maintained by NJDOH, 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, compiled by the week of death and percentages are calculated. There is a 2-4 week lag period between the week the deaths have occurred and when the data for that week is reported. Because many influenza and COVID-19 deaths have pneumonia included on the death certificate, P&I no longer measures the impact of influenza in the same way as in the past. Additional information is also available at <https://gis.cdc.gov/grasp/fluview/mortality.html>.

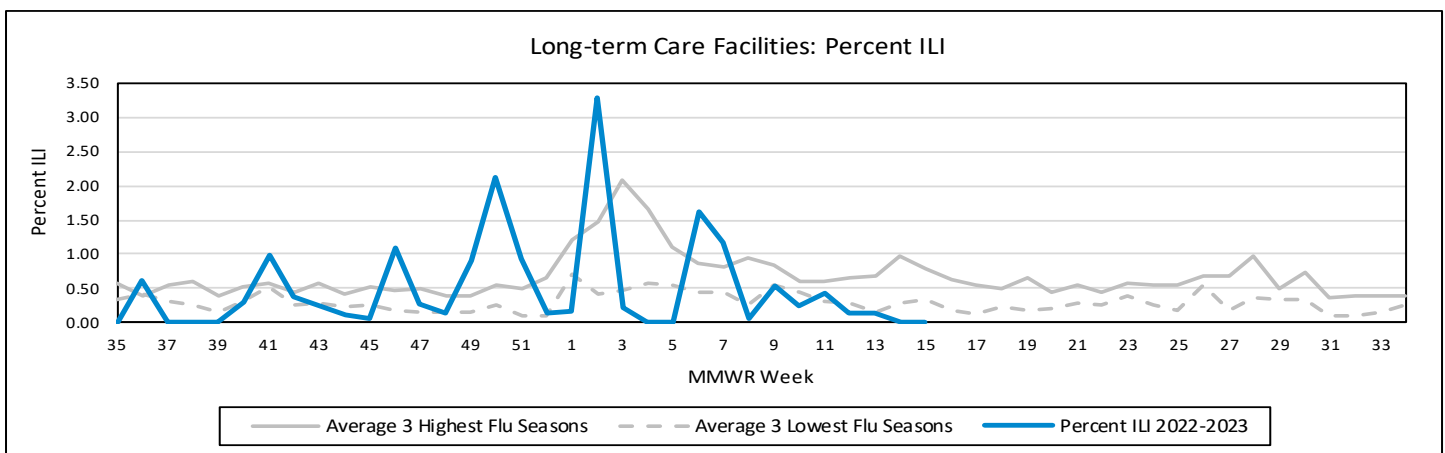


## 6. ILI Activity

Influenza-like illness (ILI) is defined as fever ( $> 100^{\circ}\text{F}$  [ $37.8^{\circ}\text{C}$ ], oral or equivalent) and cough and/or sore throat. For Long-term Care Facilities (LTCFs), fever is defined as  $2^{\circ}\text{F}$  above baseline temperature. ILI Activity from LTCFs and absenteeism data from schools is collected in the SIC Module of the Communicable Disease Reporting and Surveillance System (CDRSS). LTCFs and schools report their total census and number ill with ILI or number absent, respectively. Emergency department (ED) data is the aggregate weekly total of syndromic ILI visits and total ED registrations as recorded in EpiCenter (e.g., NJDOH syndromic surveillance system). Off season baseline is calculated by taking the average of statewide percentages of ILI for a 10 year period (2012 through and including 2022) during months when influenza is less likely to be circulating (May to September). Data from the 19-20 and 20-21 seasons were excluded due to the COVID-19 pandemic.

Percent Influenza-like Illness/Absenteeism				Baselines
	Current Week (range by county)	Last week Current year	Current week Last year	Off Season (Seasonal Average— low, high)
Long-term Care Facilities	0.00 (0.00, 0.00)	0.00	0.14	0.42 (0.30, 0.75)
Emergency Departments	3.26 (1.53, 4.76)	3.72	3.82	2.09 (3.52, 4.30)
Schools (Absenteeism)	3.14 (0.00, 6.43)	5.21	4.96	3.98 (4.33, 4.93)

### 6a. Long-term Care Facility ILI Activity



### 6b. Long-term Care Facility Outbreaks

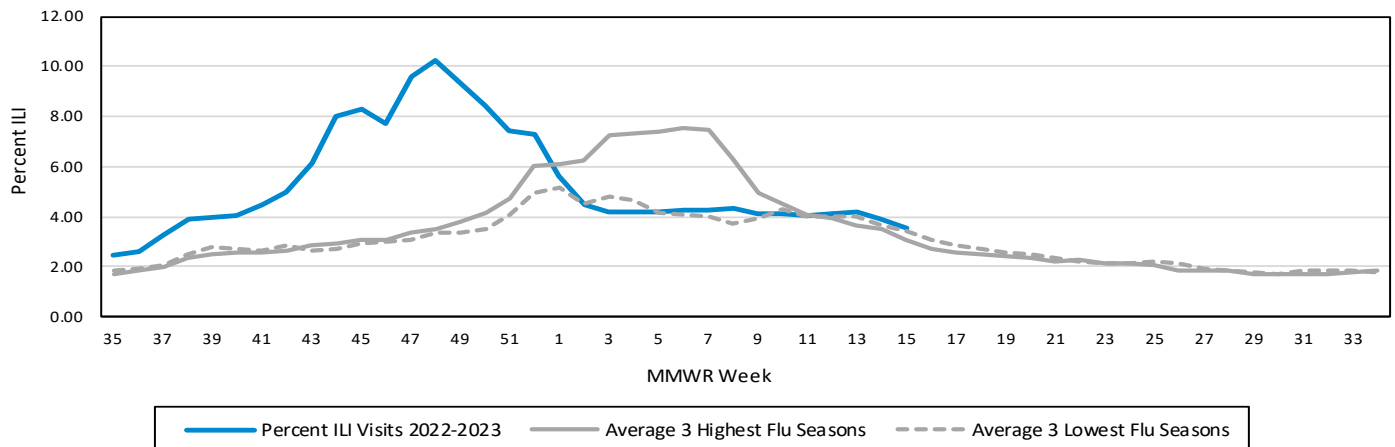
Only LTCF respiratory virus outbreaks reported to NJDOH that receive an outbreak number are recorded in this report. This does not include outbreaks due to COVID-19.

Respiratory Outbreaks in Long-term Care Facilities	
Cumulative Outbreaks 2022-2023 Season	80
No. outbreaks last 3 weeks	3
Regions with recent outbreaks	CW, CE

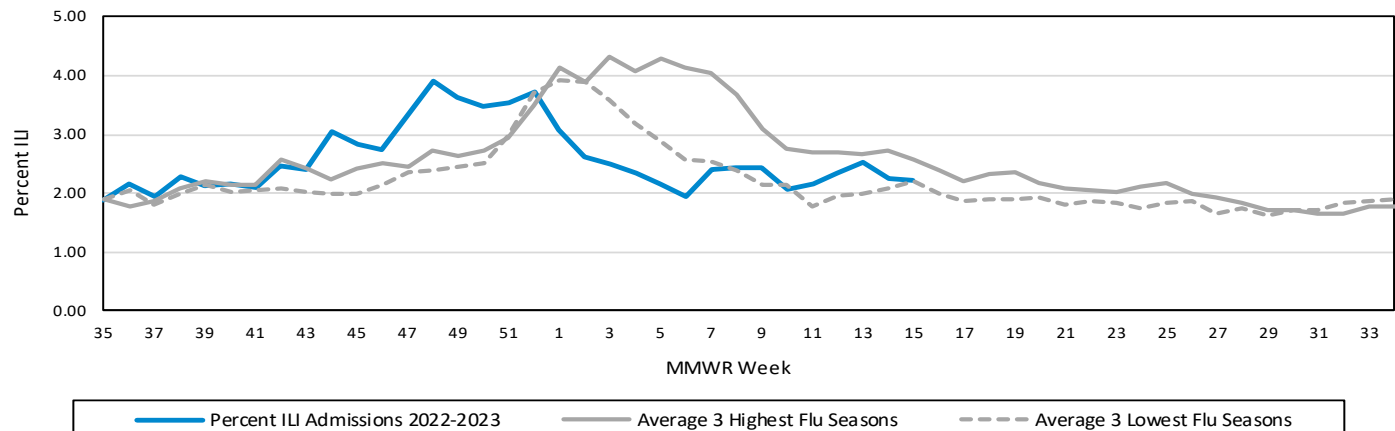
## 6c. Emergency Department ILI Activity (Syndromic Surveillance)

Daily visits and admissions associated with ILI from emergency department data are collected via EpiCenter (NJDOH syndromic surveillance). Prior to the 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. Three year seasonal averages for emergency department visits and admissions are determined by calculating the average percent positivity for each influenza season (October to May) beginning with the 2012-2013 season. These averages were 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 seasons which contribute to the high and low value for emergency department visits chart are as follows: High: 12-13, 17-18, 18-19; Low: 13-14, 14-15, 15-16. The seasons which contribute to the high and low value for emergency department admissions chart are as follows: High: 13-14, 14-15, 17-18; Low: 12-13, 16-17, 21-22. Data from the 19-20 and 20-21 seasons were excluded due to the COVID-19 pandemic. Syndromic surveillance may capture other respiratory pathogens, such as SARS-CoV-2, that present with similar symptoms.

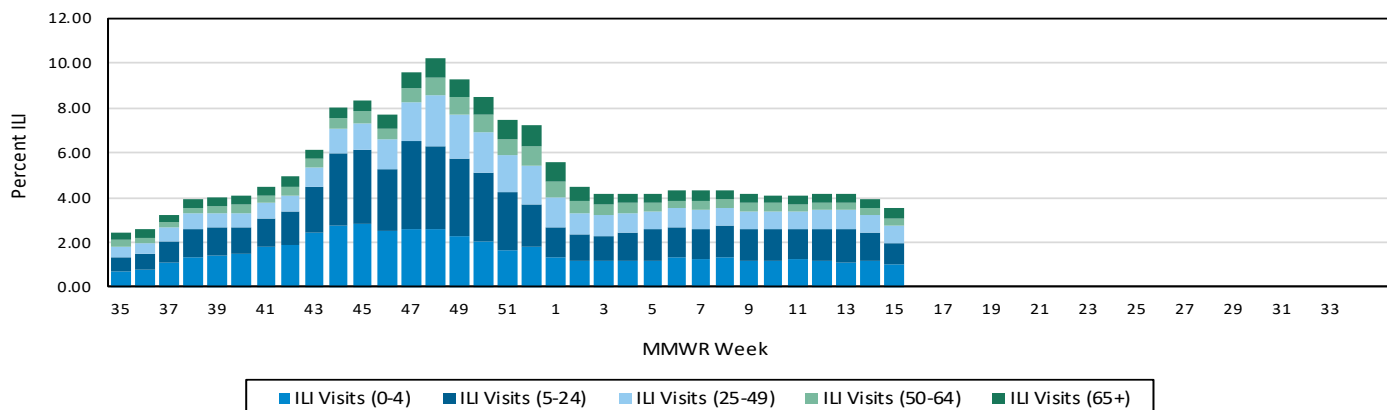
Percent of Emergency Department Visits (Syndromic) Associated with ILI



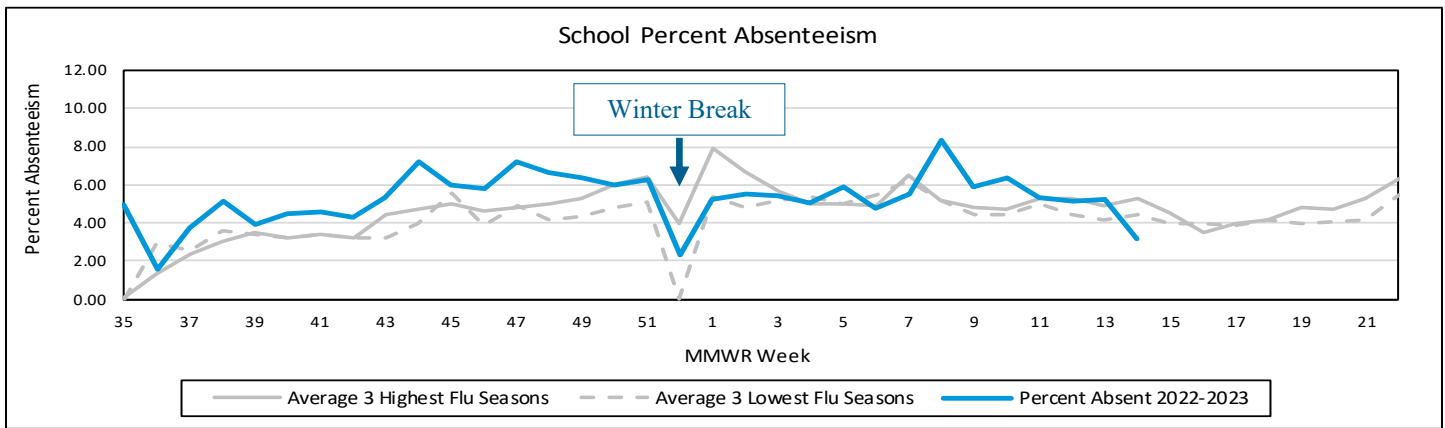
Percent of Emergency Department Visits (Syndromic) Associated with ILI that Resulted in Admission



Percent of Emergency Department Visits Associated with ILI by Age Group

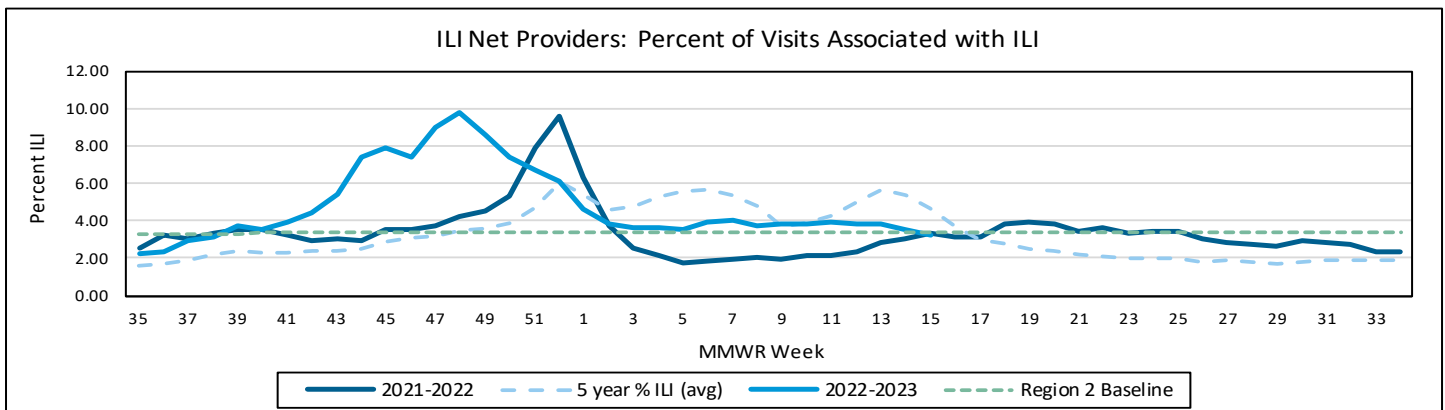


## 6d. School Absenteeism



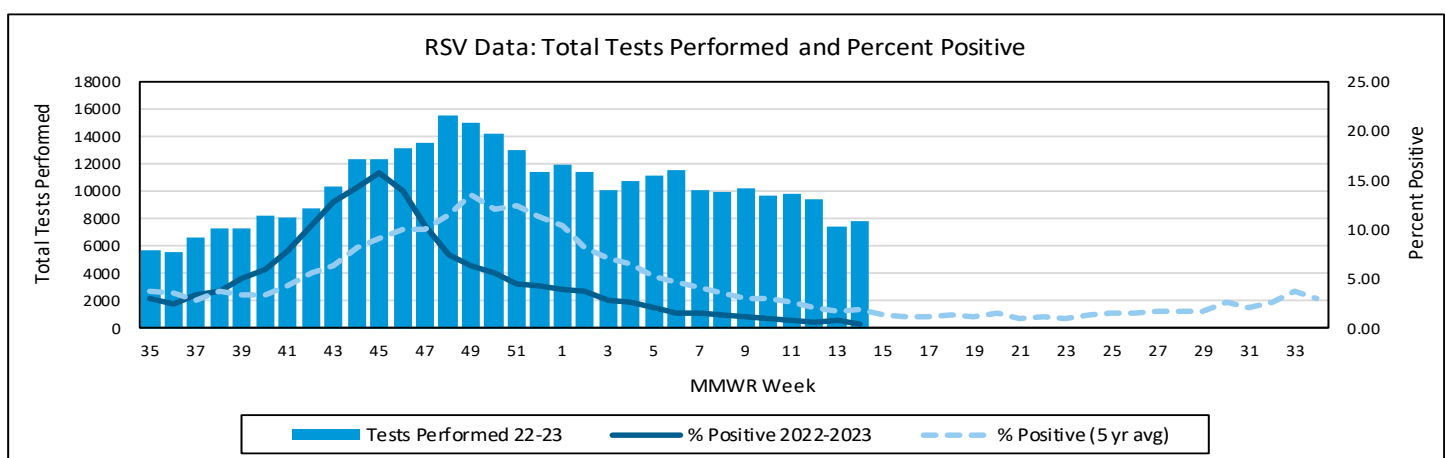
## 7. ILI Net Providers

The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) monitors outpatient visits for influenza-like illness (ILI), not laboratory-confirmed influenza, and may capture visits due to other respiratory pathogens, such as SARS-CoV-2, that present with similar symptoms.

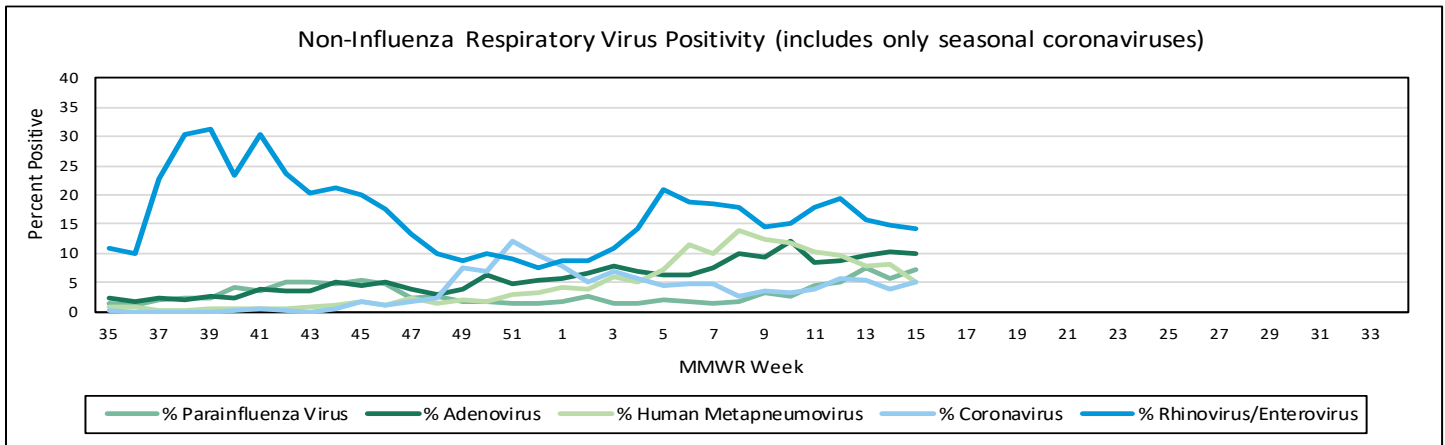
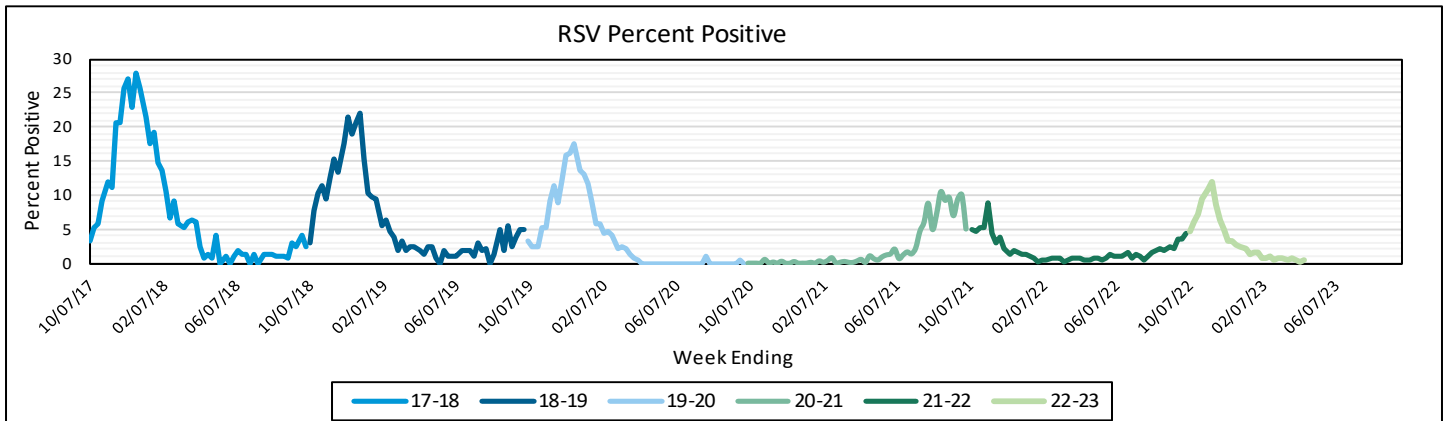


## 8. Non-Influenza Viral Respiratory Surveillance

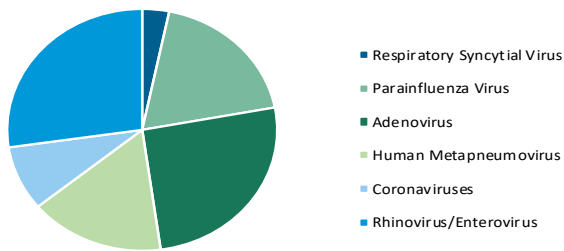
The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based surveillance system and participating laboratories report the total number of tests performed and the total positive for a number of non-influenza respiratory viruses. Information about the CDC NREVSS system 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 or 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%.



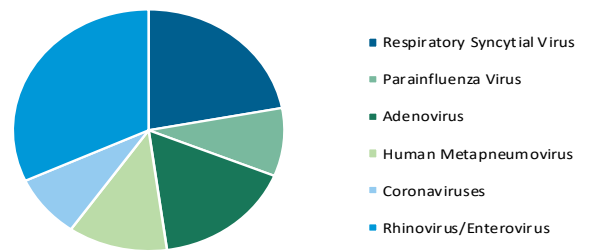
## 8. Non-Influenza Viral Respiratory Surveillance (*continued*)



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



## Influenza Activity Level—Definitions for Public Health Regions

NJ Level	Definition		
	ILI Activity/Outbreaks		Lab Activity
<b>Low</b>	Low ILI activity detected OR one lab confirmed outbreak anywhere in the region	AND	Sporadic isolation of laboratory confirmed influenza anywhere in the region
<b>Moderate</b>	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
<b>High</b>	Increased ILI activity in more than half of the counties in the region OR $\geq 3$ 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

For additional information, visit the following websites: <http://nj.gov/health/flu/surveillance/shtml> and <http://www.cdc.gov/flu/>

# NJ ACTIVE INFLUENZA-LIKE ILLNESS SURVEILLANCE STATISTICS

## SURVEILLANCE DATE: 04/11/2023



COUNTY	Long Term Care			Schools			Hospital Emergency Dept		
	# Enrolled	# Reports Rec'd	% ILI	# Enrolled	# Reports Rec'd	% Absent	# Enrolled	# Reports Rec'd	% ILI
April 11, 2023 12:00 AM MMWR WEEK 15									
ATLANTIC	2	0	0.00	136	7	2.72	4	4	2.00
BERGEN	13	0	0.00	471	154	4.29	6	6	2.54
BURLINGTON	6	0	0.00	265	18	3.87	4	4	3.09
CAMDEN	1	0	0.00	238	52	3.44	7	7	3.12
CAPE MAY	3	0	0.00	50	2	0.00	1	1	1.98
CUMBERLAND	5	4	0.00	69	7	0.23	3	3	2.09
ESSEX	9	1	0.00	355	126	1.33	7	7	4.17
GLOUCESTER	3	0	0.00	117	27	2.61	3	3	3.99
HUDSON	4	0	0.00	259	86	1.54	6	6	4.76
HUNTERDON	4	2	0.00	68	10	0.35	1	1	1.55
MERCER	1	0	0.00	193	64	1.78	4	4	3.86
MIDDLESEX	14	0	0.00	337	82	3.79	6	6	4.32
MONMOUTH	6	0	0.00	342	46	2.34	5	5	2.77
MORRIS	3	0	0.00	239	63	4.01	4	4	1.77
OCEAN	9	1	0.00	316	9	0.00	4	4	1.79
PASSAIC	9	0	0.00	254	73	5.76	3	3	3.18
SALEM	0	0	0.00	41	23	5.26	1	1	1.53
SOMERSET	5	0	0.00	165	48	3.92	1	1	2.21
SUSSEX	3	0	0.00	64	3	0.56	1	1	2.33
UNION	3	0	0.00	312	56	4.93	5	5	3.86
WARREN	6	1	0.00	65	9	6.43	2	2	2.93
NW Region	21	1	0.00	622	148	5.08	10	10	4.70
NE Region	26	1	0.00	1085	366	2.41	19	19	3.79
CW Region	10	2	0.00	426	122	2.66	6	6	3.25
CE Region	32	1	0.00	1307	193	3.59	20	20	3.35
SW Region	10	0	0.00	661	120	3.31	15	15	4.12
SE Region	10	4	0.00	255	16	2.37	8	8	2.03
State Total	109	9	0.00	4356	965	3.14	78	78	3.26



# NJ ACTIVE INFLUENZA-LIKE ILLNESS SURVEILLANCE STATISTICS

## SURVEILLANCE DATE: 04/11/2023



County	RSV Tests		Rapid Flu Tests		
	# Positive	Total Tests Performed	# Positive	Total Tests Performed	
April 11, 2023 12:00 AM MMWR WEEK 15					
ATLANTIC	3	729	7	848	
BERGEN	3	702	14	233	
BURLINGTON	0	0	0	0	
CAMDEN	0	128	0	0	
CAPE MAY	0	0	0	0	
CUMBERLAND	0	721	0	0	
ESSEX	1	196	27	908	
GLOUCESTER	0	0	0	0	
HUDSON	2	9	3	37	
HUNTERDON	2	401	1	401	
MERCER	0	31	0	31	
MIDDLESEX	0	0	0	0	
MONMOUTH	4	990	31	1593	
MORRIS	6	780	0	0	
OCEAN	0	2	1	135	
PASSAIC	2	753	0	0	
SALEM	0	0	0	0	
SOMERSET	12	1608	0	0	
SUSSEX	0	0	0	0	
UNION	2	762	0	0	
WARREN	0	0	0	0	
NW Region	8	1533	0	0	
NE Region	6	907	44	1178	
CW Region	14	2040	1	432	
CE Region	6	1754	32	1728	
SW Region	0	128	0	0	
SE Region	3	1450	7	848	
State Total	37	7812	84	4186	