

## Surveillance – Appendix 8

### Epidemiologic Studies

#### Overview

At the start of the pandemic in NJ, NJ Department of Health and Senior Services (NJDHSS) and local health departments will conduct case-based surveillance and obtain detailed clinical and epidemiologic data on the initial cases. As the pandemic progresses and there is evidence of sustained community transmission in the state, tracking clinical and epidemiologic data on individual cases will no longer be feasible. However, clinical and epidemiologic data will still be needed to ensure NJDHSS can develop accurate guidelines regarding clinical care, produce information regarding outcomes, and track changes in the virus. NJDHSS will utilize information collected from acute care facilities during a pandemic as well as conduct epidemiologic studies in between pandemic waves to capture these data.

#### Methods

The following describes two methodologies which will be used to gather necessary clinical and epidemiologic data.

##### Electronic reporting

NJDHSS will rely on acute care facilities to provide basic data on individuals seen at their facility. Data will be gathered at least once every 24 hours. Data such as the following will be collected: number of patients seen, number clinically ill with influenza, number of antivirals given, number vaccinated, number hospitalized, and number died.

Currently, the Communicable Disease Reporting and Surveillance System (CDRSS) has been set up to capture weekly seasonal Influenza-like Illness (ILI) data. This system could be used to collect this data. Facilities can perform direct entry or use local health agencies to assist in this function. A new module for CDRSS is being proposed which would expand the current system and allow for greater flexibility for this type of reporting.

##### Medical Chart review

During the height of the initial wave of a pandemic, resources will likely not allow for local health departments or hospital personnel to conduct medical chart review on individual cases. However, this data can be valuable for determining the best clinical care and tracking changes in the virus. Medical chart reviews will be conducted retrospectively on a subset of influenza patients between the waves of the pandemic to obtain this information. Data obtained from these medical chart reviews will allow for more accurate clinical guidance to be produced for subsequent waves. It is expected that local health agencies will work with the acute care facilities in their jurisdiction to conduct these chart reviews. Guidance documents on the number of charts which need to be reviewed and type of information which needs to be collected will be produced to assist in this process.