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To: Health Officers, Disease Investigators, State and County Medical Examiners, Hospital Infection Preventionist, Pediatric Intensive Care Units, Pediatric Practitioners

From: Deepam Thomas, Foodborne and Respiratory Illness Unit Coordinator

Date: November 22, 2021

Subject: NJDOH Pediatric Influenza Surveillance

Surveillance for pediatric cases of influenza was initiated during the 2003-2004 influenza season when several influenza deaths were reported in children. These reports generated concern about children who were disproportionately affected by influenza during that season. In response, CDC requested that states increase their efforts to collect and report information on pediatric influenza cases. Influenza-associated pediatric mortality was added to New Jersey's reportable disease list in 2009. To further assess the burden of influenza-associated severe illness and death in the pediatric population and to gather data that might influence influenza-related policy, the New Jersey Department of Health (NJDOH) is requesting reports of cases of severe or fatal influenza in hospitalized pediatric patients. Health care providers and facilities should report cases of:

- Pediatric patients (i.e., less than 18 years of age) with laboratory confirmed influenza* **AND**
- Influenza-related deaths (in which there is no period of complete recovery between illness and death); **OR**
- Influenza encephalopathy (defined as altered mental status or personality changes in patients lasting more than 24 hours and occurring within 5 days of the onset of an acute febrile respiratory illness); **OR**
- Severe illness defined as admission to an intensive care unit for an influenza-related illness

NJDOH requests patients meeting the above criteria be entered into the Communicable Disease Reporting and Surveillance System (CDRSS) by the acute care facility or local health department where the patient resides within 24 hours of the case-patients' discharge or death. A supplemental survey form is requested on all cases reported to CDRSS. This survey can be accessed directly from CDRSS by selecting "**I-2021-19704**" from the **"Number"** drop down list located in the "**Outbreak Information" section**. The survey can be accessed by clicking "Edit Questionnaire Information" which appears at the bottom of this section. A quick entry guide is attached to this memo. Additional directions of the reporting process can be found at: http://www.nj.gov/health/cd/topics/flu.shtml.

Reporters are reminded that pediatric influenza reporting is a ***year-round initiative*** and should be reported even when influenza virus is not actively circulating. Arrangements can be made for additional testing on specimens from cases meeting the above definition. NJDOH appreciates your cooperation with this surveillance. If you have any additional questions, please contact the influenza team at InfluenzaAdvisoryGroup@doh.nj.gov. Thank you for your assistance.

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*Laboratory testing for influenza virus infection may be done on pre- or post-mortem clinical specimens, and includes identification of influenza A or B virus infections by a positive result by at least one of the following methods:
- Influenza virus isolation in tissue cell culture from respiratory specimens
- Reverse-transcriptase polymerase chain reaction (RT-PCR) testing of respiratory specimens
- Immunofluorescent antibody staining (direct or indirect) of respiratory specimens
- Rapid influenza diagnostic testing of respiratory specimens
- Immunohistochemical (IHC) staining for influenza viral antigens in respiratory tract tissue from autopsy specimens
- Four-fold rise in influenza hemagglutination inhibition (HI) antibody titer in paired acute and convalescent sera (single serum samples are not interpretable)