

Respiratory Virus Surveillance Report¹

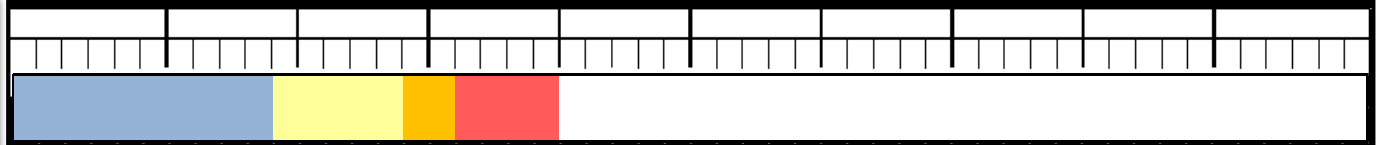
New Jersey Department of Health

Communicable Disease Service

Week ending January 19, 2019 (MMWR week 03²)

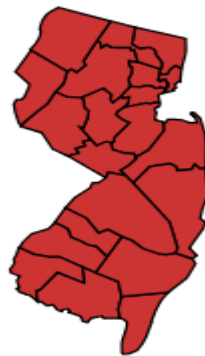


Week 40 Week 45 Week 50 Week 3 Week 8 Week 13 Week 18 Week 23 Week 28



■ No Activity
 ■ Sporadic
 ■ Local
 ■ Regional
 ■ Widespread

Influenza Activity Level³



New Jersey Activity Level: HIGH

Current week last year: **HIGH**

Regional⁴ Data

Northwest: HIGH

Northeast: HIGH

Central West: HIGH

Central East: HIGH

South: HIGH

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	0.61 (0.00, 1.12)	0.61	1.05	0.48 (0.45, 0.76)
Schools (absenteeism)	4.80 (2.65, 7.58)	4.43	5.07	3.36 (4.37, 4.86)
Emergency Departments	5.92 (3.14, 9.26)	5.70	4.92	2.21 (3.17, 4.26)

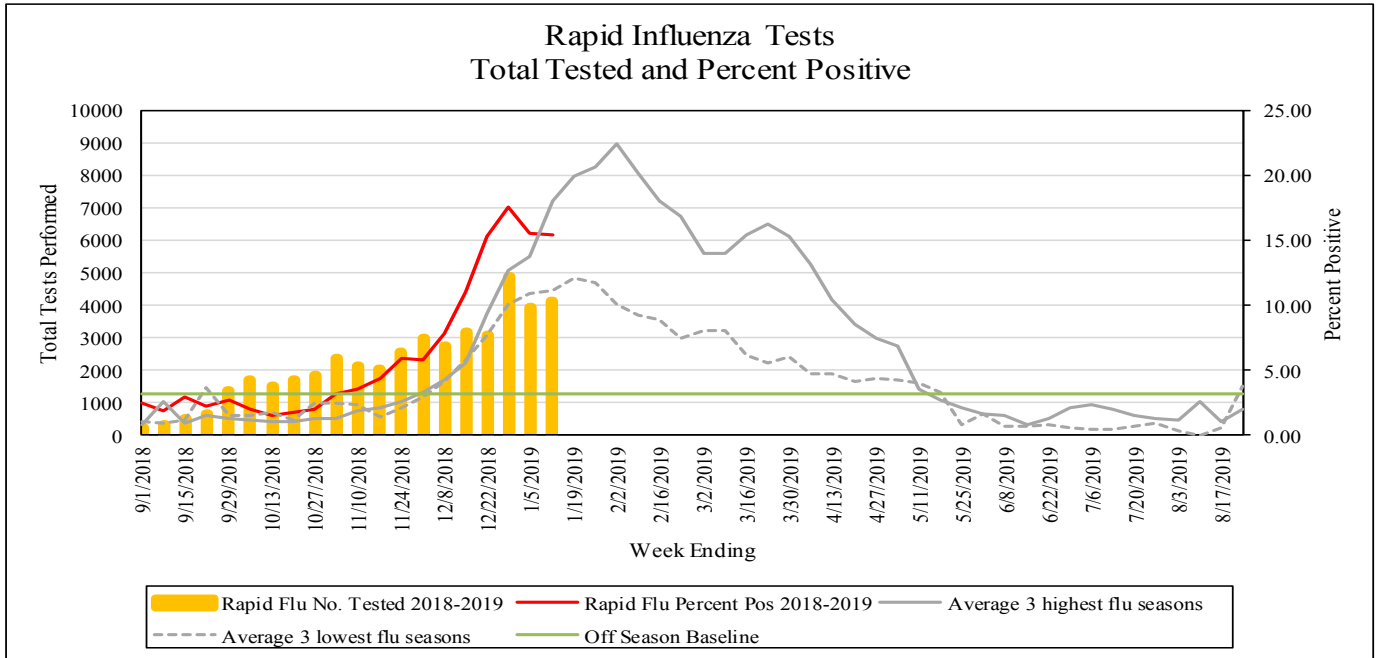
Laboratory
Testing⁸

		Current Week	Past 3 Weeks	Cumulative Total
PCR	Influenza A H1N1 (2009)	121	453	900
	Influenza A H3N2	62	150	244
	Influenza B	8	23	86
	Rapid Influenza Tests	638	2117	3848

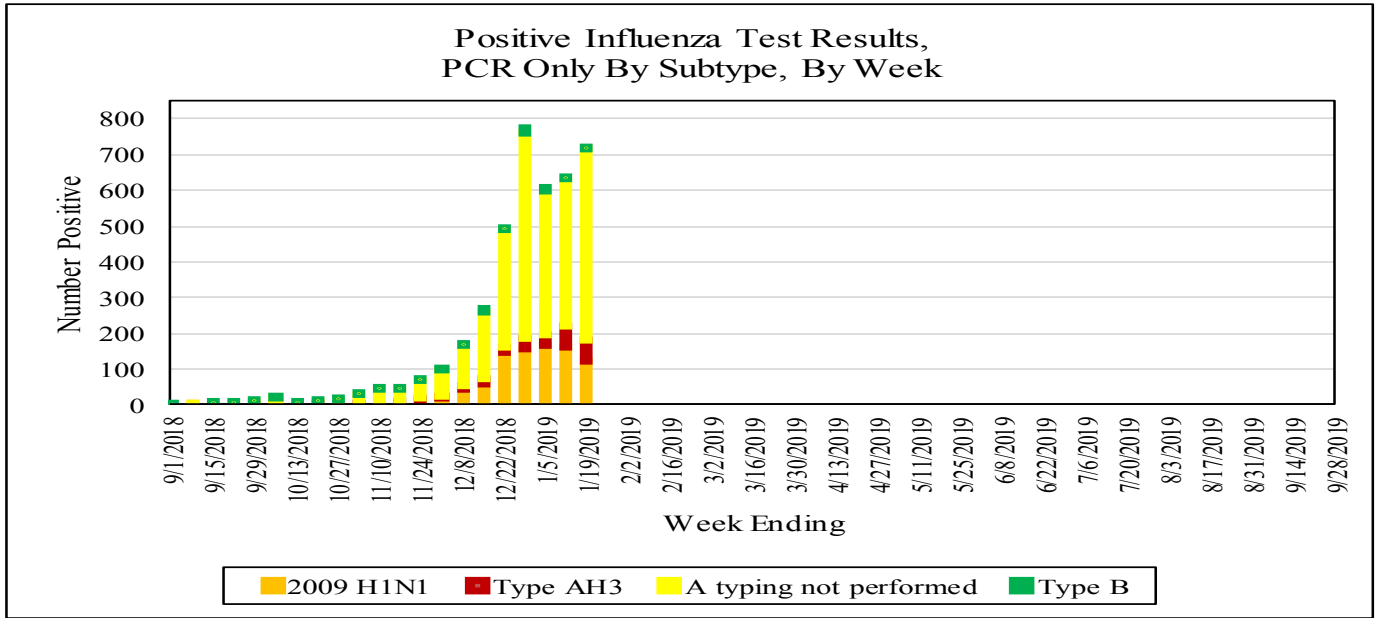
Report also available at <http://nj.gov/health/cd/statistics/flu-stats/>

Virologic Surveillance⁸

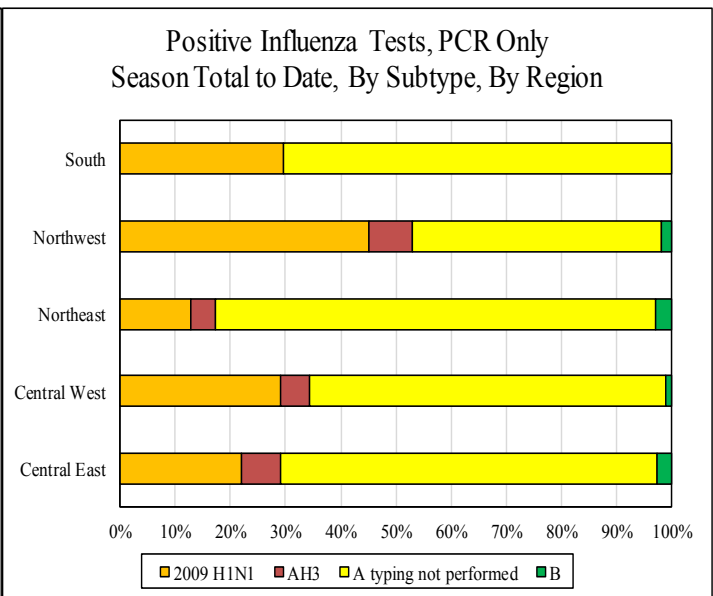
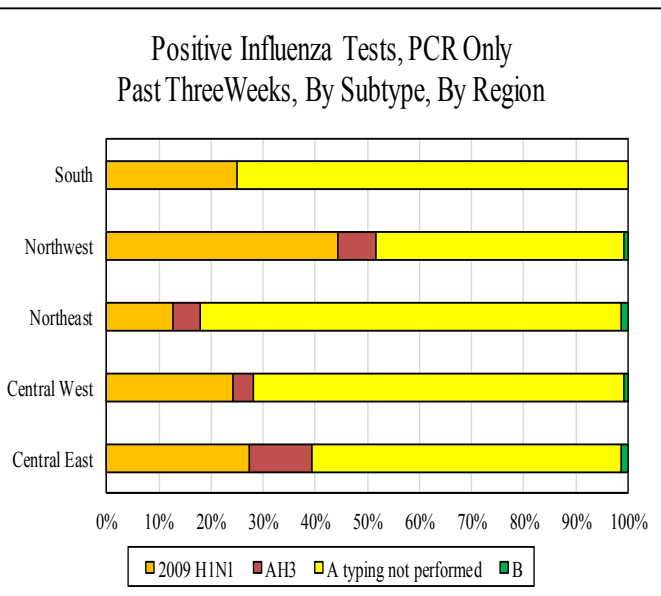
Rapid Influenza Tests Results by Week



Influenza Positive Specimens (PCR)

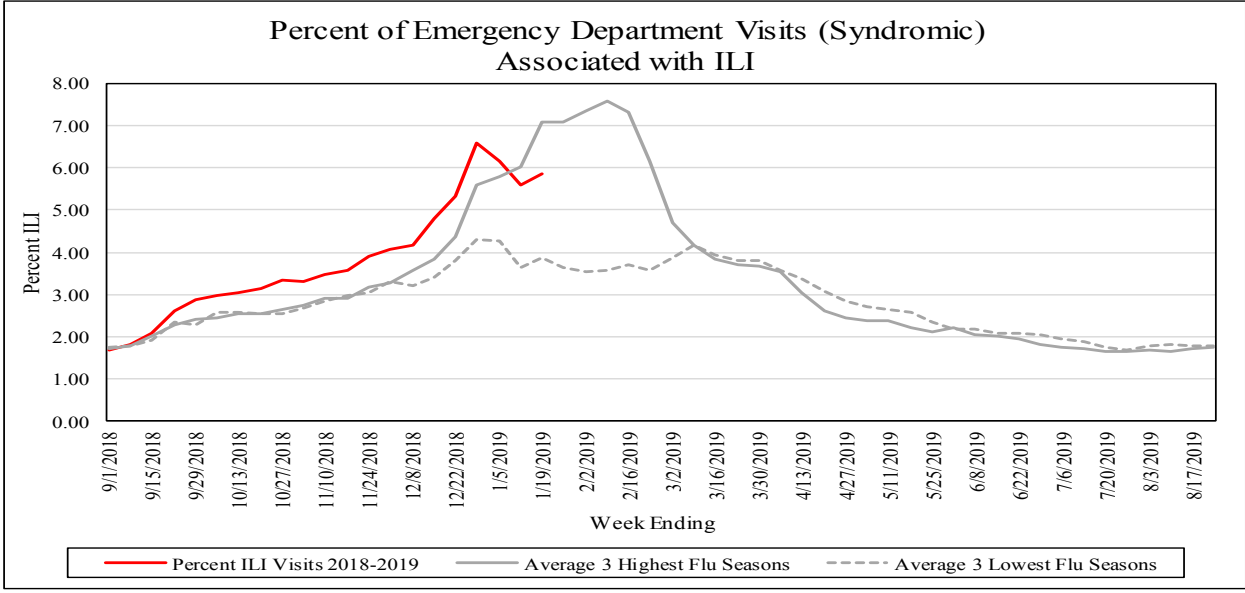


Influenza Positive Specimens (PCR) by Region⁴/Type

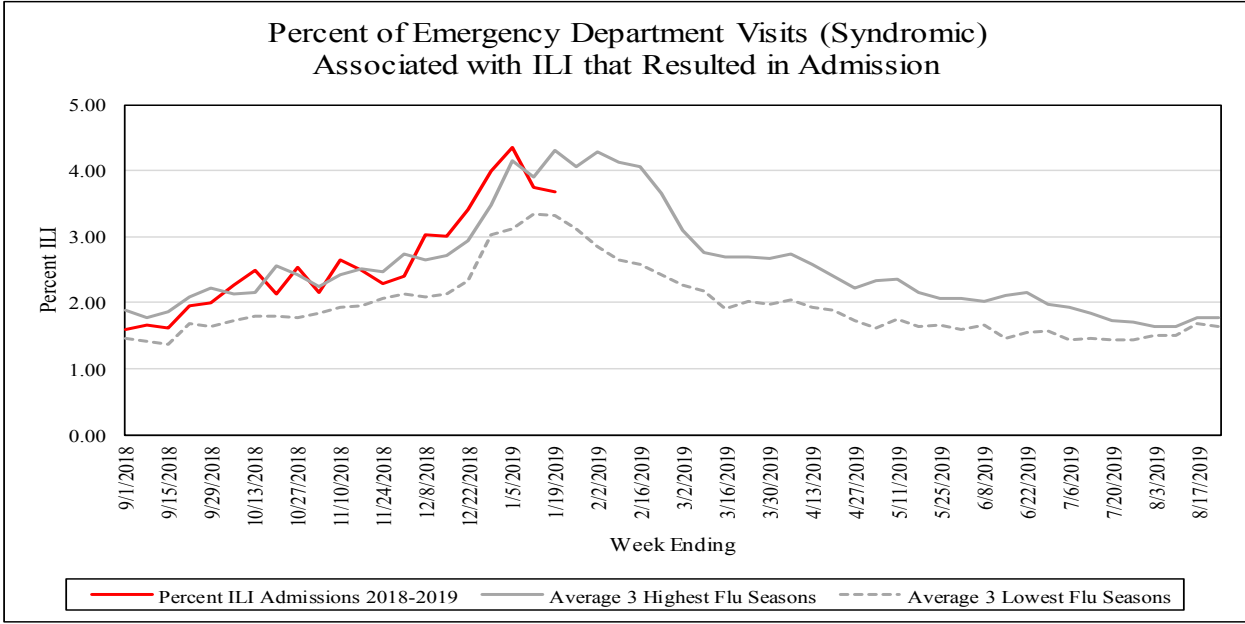


Influenza-Like Illness (ILI) Surveillance

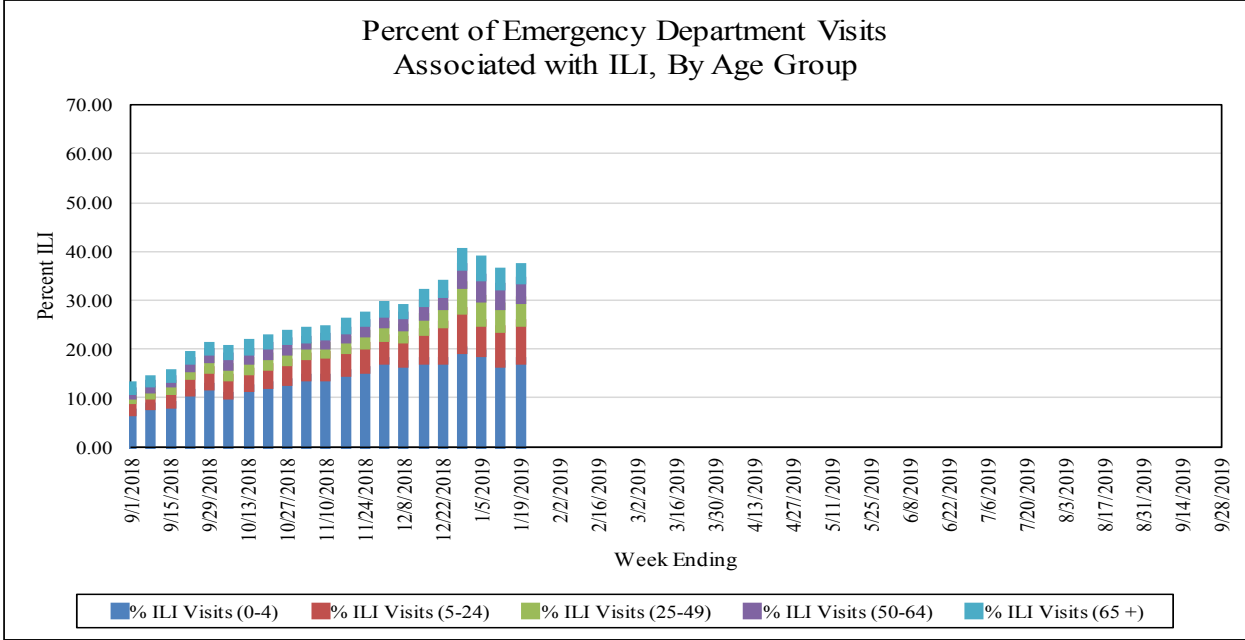
**Emergency Department⁹ Visits
Percent due to ILI**



**Emergency Department⁹
Percent of Admissions due to ILI**

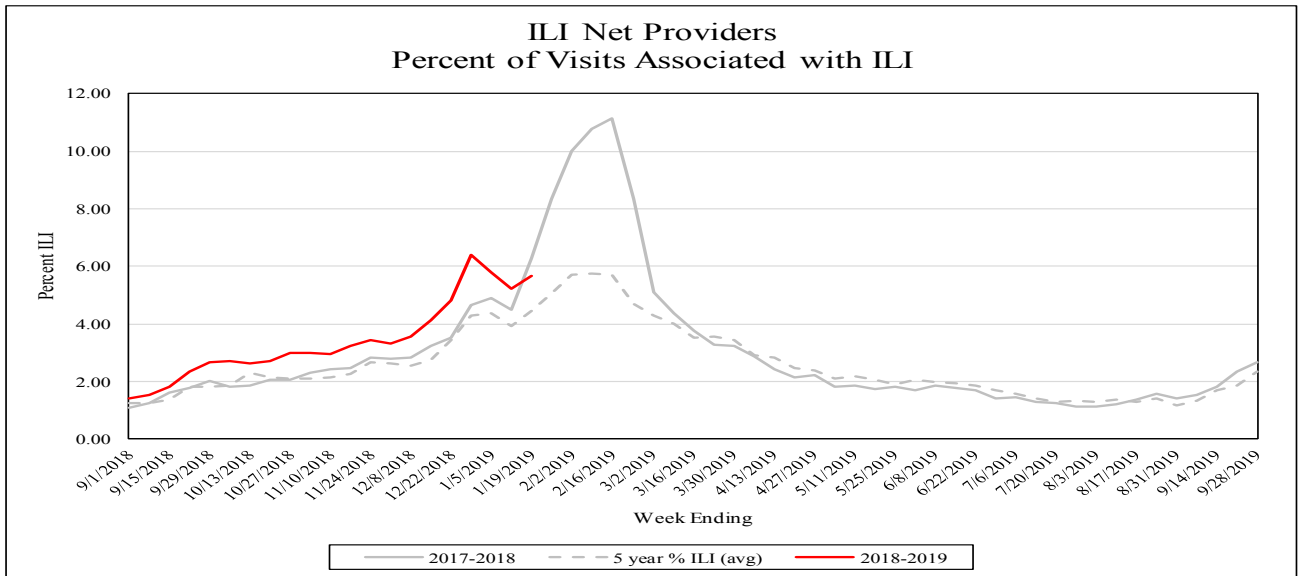


**Emergency Department⁹ Visits
Percent of ILI By Age Group**

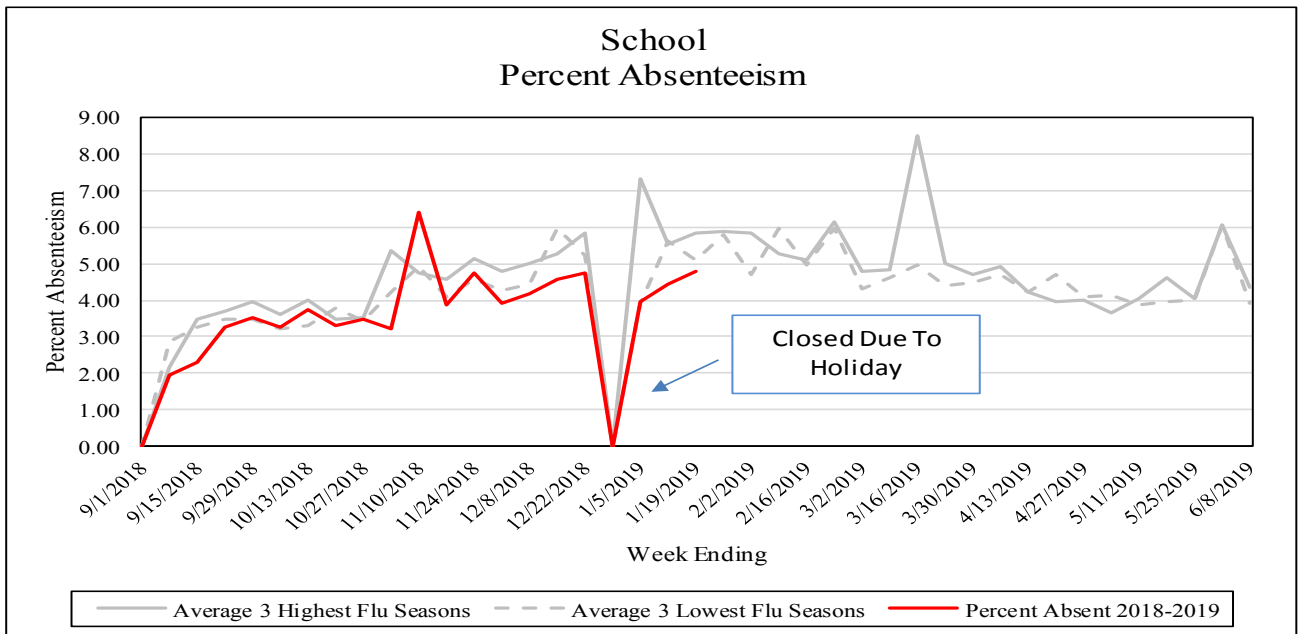


Influenza-Like Illness (ILI) Surveillance

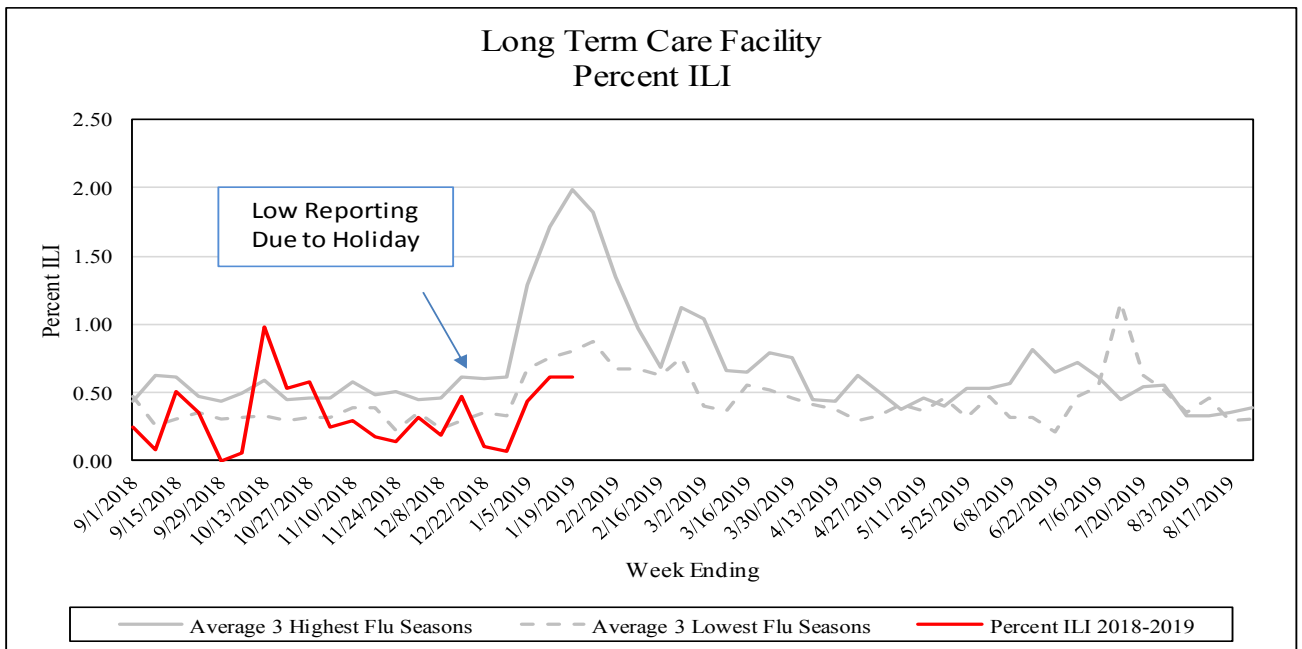
ILI Net Providers



School Absenteeism



Long Term Care Facilities



Influenza-Like Illness (ILI) Surveillance

Long Term Care Outbreaks

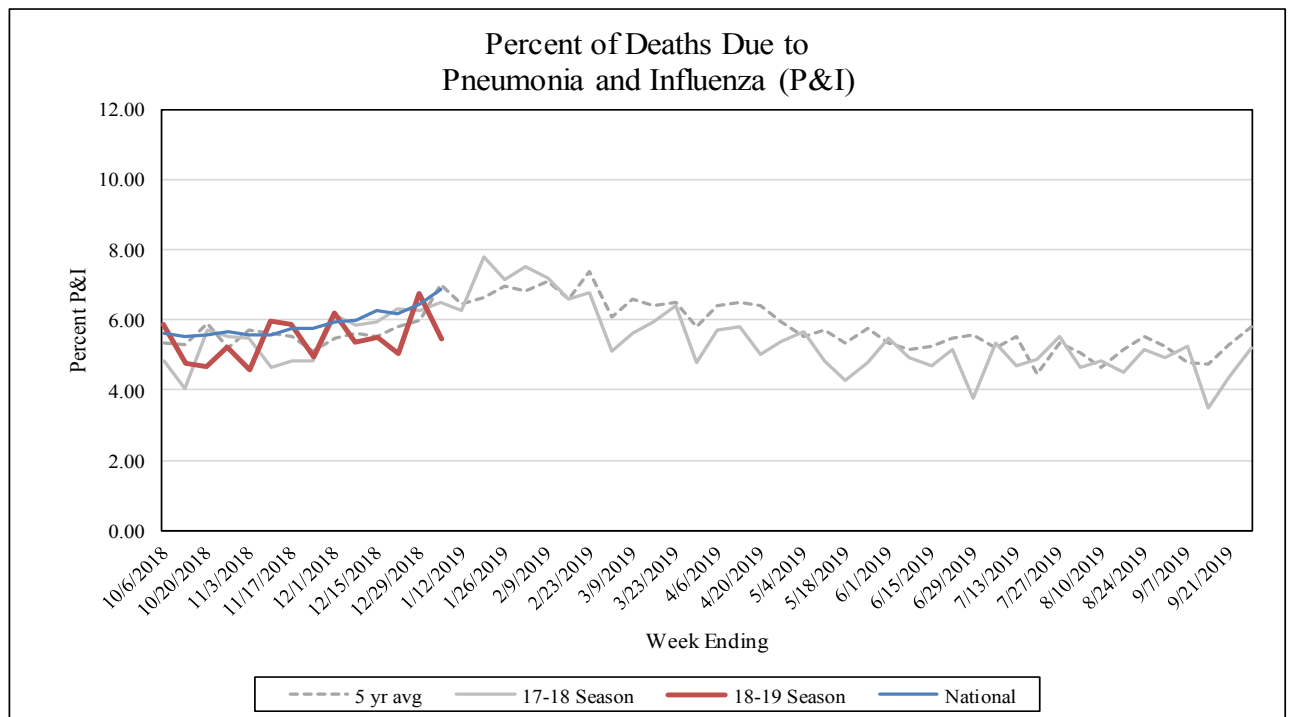
Respiratory Outbreaks in Long Term Care Facilities ¹⁰	
Cumulative Outbreaks 2018-2019 Season	35
No. outbreaks last 3 weeks	13
Regions with recent outbreaks	NW, NE, CW, CE

Pediatric Influenza Mortality¹¹

Influenza Season	US (fatal)	NJ (severe)	NJ (fatal)
2012-2013	171	89	7
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	19	14	1

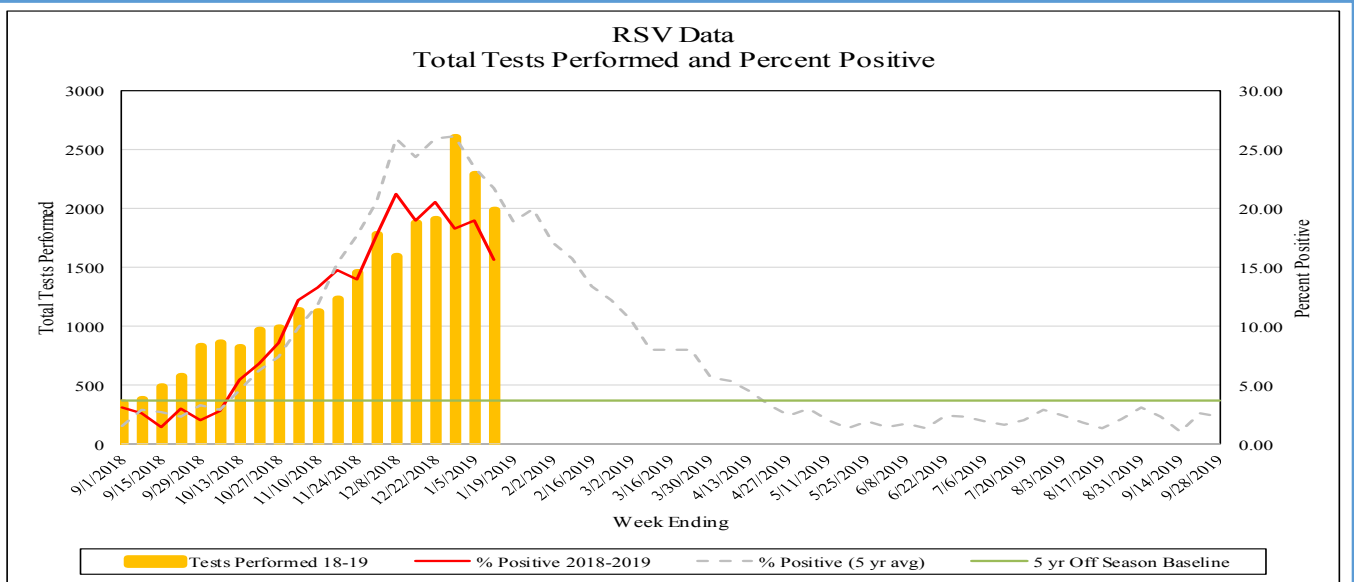
National Center for Health Statistics—Pneumonia and Influenza Mortality
<https://gis.cdc.gov/grasp/fluview/mortality.html>

Percent of Deaths Due to Pneumonia and Influenza¹²



Viral Respiratory Surveillance Non-Influenza¹³

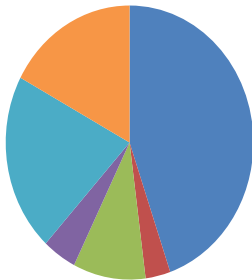
Respiratory Syncytial Virus⁸



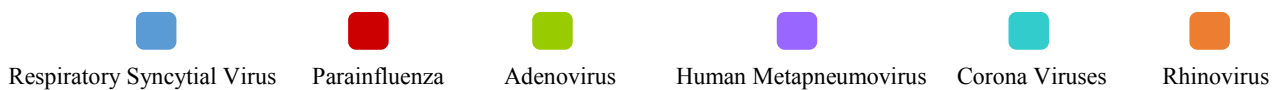
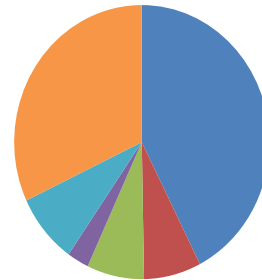
Total Tests Positive for a Respiratory Virus Other than Influenza

	Respiratory Syncytial Virus	Parainfluenza	Adenovirus	Human Metapneumovirus	Corona Viruses	Rhinovirus
Past Three Weeks	151	11	32	15	71	58
18-19 Season	832	142	142	54	162	627

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



Positive Non-Influenza Tests¹²

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, 17-18), ED (High: 12-13, 16-17, 17-18; Low: 10-11, 11-12, 15-16) and schools (High: 10-11, 12-13, 16-17; Low: 11-12, 13-14, 17-18). 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 6, 2018. 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: 13-14, 16-17, 17-18; 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.

SURVEILLANCE DATE: 01/15/2019



COUNTY	Long Term Care			Schools			Hospital Emergency Dept		
	# Enrolled	# Reports Rec'd	% ILI	# Enrolled	# Reports Rec'd	% Absent	# Enrolled	# Reports Rec'd	% ILI
January 15, 2019 12:00 AM MMWR WEEK 3									
ATLANTIC	1	0	0.00	38	13	5.88	4	4	3.14
BERGEN	12	1	0.00	37	10	4.54	6	6	5.54
BURLINGTON	6	4	0.36	101	49	4.76	4	4	5.59
CAMDEN	1	0	0.00	8	7	6.00	8	7	4.59
CAPE MAY	3	0	0.00	13	6	5.03	1	1	3.14
CUMBERLAND	5	4	1.05	12	9	7.58	3	3	9.26
ESSEX	9	2	0.00	4	1	4.26	8	7	7.41
GLOUCESTER	3	0	0.00	4	1	3.68	2	2	5.03
HUDSON	4	1	1.12	15	5	4.26	6	6	4.85
HUNTERDON	4	4	0.68	11	8	3.99	1	1	4.16
MERCER	1	1	0.99	31	15	4.24	5	4	6.69
MIDDLESEX	15	2	0.00	21	14	3.93	6	6	5.25
MONMOUTH	6	0	0.00	67	36	4.54	5	5	5.71
MORRIS	3	2	0.63	11	5	2.65	4	4	5.98
OCEAN	10	0	0.00	8	3	7.07	4	4	5.21
PASSAIC	10	4	0.87	30	14	4.52	3	3	6.61
SALEM	0	0	0.00	5	2	6.39	1	1	5.09
SOMERSET	5	0	0.00	22	14	4.48	1	1	6.15
SUSSEX	3	0	0.00	4	2	6.81	1	1	4.38
UNION	2	0	0.00	56	23	4.88	5	5	8.95
WARREN	6	1	0.00	18	9	5.25	2	2	8.74
NW Region	22	7	0.73	63	30	4.54	10	10	6.42
NE Region	25	4	0.31	56	16	4.39	20	19	6.20
CW Region	10	5	0.74	64	37	4.30	7	6	6.29
CE Region	33	2	0.00	152	76	4.60	20	20	6.08
South Region	19	8	0.87	181	87	5.34	23	22	5.05
State Total	109	26	0.61	516	246	4.80	80	77	5.92

SURVEILLANCE DATE: 01/15/2019



County	RSV Tests		Rapid Flu Tests	
	# Positive	Total Tests Performed	# Positive	Total Tests Performed
January 15, 2019 12:00 AM MMWR WEEK 3				
ATLANTIC	5	34	25	240
BERGEN	10	40	67	370
BURLINGTON	21	284	4	52
CAMDEN	3	14	13	274
CAPE MAY	6	20	18	120
CUMBERLAND	0	0	0	0
ESSEX	38	163	147	828
GLOUCESTER	4	8	6	161
HUDSON	2	8	11	48
HUNTERDON	15	167	32	167
MERCER	15	53	57	284
MIDDLESEX	62	247	63	340
MONMOUTH	46	204	78	528
MORRIS	24	256	38	174
OCEAN	14	58	41	287
PASSAIC	0	0	0	0
SALEM	1	2	2	30
SOMERSET	0	0	0	0
SUSSEX	14	121	18	121
UNION	25	270	15	55
WARREN	7	39	3	39
NW Region	45	416	59	334
NE Region	50	211	225	1246
CW Region	30	220	89	451
CE Region	147	779	197	1210
South Region	40	362	68	877
State Total	312	1988	638	4118