



State of New Jersey
DEPARTMENT OF HEALTH
COMMUNICABLE DISEASE SERVICE

PO BOX 369
TRENTON, N.J. 08625-0369

www.nj.gov/health

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

KAITLAN BASTON, MD, MSc, DFASAM
Acting Commissioner

Date: October 2023
To: Local Health Departments
From: Deepam Thomas; Foodborne, Waterborne, and Influenza Illness Unit Coordinator
Subject: 2023-2024 Influenza Surveillance

The Communicable Disease Service (CDS) within the New Jersey Department of Health (NJDOH) in partnership with the Centers for Disease Control and Prevention (CDC) and our public health partners have been collecting information on influenza and influenza-like illness (ILI) for several years.

Per NJAC 8:57, laboratories are required to report positive influenza tests to NJDOH through Communicable Disease Reporting and Surveillance Systems (CDRSS). Laboratories that participate in electronic laboratory reporting (ELR, behind-the-scenes automatic data feed) submit all positive specimens, including those tested via rapid antigen test kits. CDRSS assigns ELR-received influenza tests (AH3, AH1, A typing not performed, B and 2009 H1N1) a case status of *CONFIRMED* and a report status of *E-CLOSED*. Laboratory tests reporting a positive influenza AH5 or AH7 (suspect novel influenza) are assigned a case status of *REPORT UNDER INVESTIGATION* and a report status of *PENDING* (needs investigation). Laboratories that are manually entering test results (i.e., ELR is not available) are required to only enter influenza positive specimens which were tested using PCR or culture methodologies.

Local health departments **DO NOT** need to conduct investigations on individually reported influenza cases unless they meet one of the following criteria:

- The positive test result is in a child less than 18 years of age who has been admitted to the ICU or who has died, the surveillance memo and instructions for investigating these cases can be found at: [Pediatric Influenza Surveillance Memo](#) and [Pediatric Influenza Reporting and Investigation](#)
- The laboratory report is indicative of a novel strain of influenza (e.g., AH5, AH7, A unsubtypeable). The LHD should obtain information about the case, including clinical description, travel history, and other risk factors as outlined here: [Novel Influenza](#)

If a test result was entered manually by a laboratory, the LHD should change the case status to *CONFIRMED* and the report status to *LHD CLOSED*.

Surveillance partners are encouraged to report information into the Surveillance for Infectious Conditions (SIC) Module within CDRSS. This module is open for reporting all day on Tuesday through Wednesday at 5 p.m. and incorporates information from schools, hospital emergency departments, and long-term care facilities (LTCFs).

Student Absenteeism

Schools are required to report data as outlined in the K-12 SIC Module User Guide for Schools, which can be found under the Training Tab of the CDRSS website. As part of influenza surveillance, student census, total absenteeism, and absenteeism due to influenza on Tuesday of each week will continue to be summarized within the weekly influenza surveillance report.

Rapid Antigen Testing

Enrolled facilities are encouraged to report the total number of rapid influenza tests performed and the total number of tests positive for the prior week (Sunday to Saturday). If no tests were performed or no tests were positive, a zero value should be entered.

LTCF ILI Reporting

Enrolled LTCFs are encouraged to report the number of residents in the facility and the number ill with ILI on Tuesday of each week. The ILI case definition to be used is as follows: residents experiencing an illness that is characterized by fever and symptoms compatible with influenza (headache, change in mental status, lethargy, productive or non-productive cough, sore throat, runny or stuffy nose, or muscle aches). Please note that fever is often difficult to measure in elderly residents, therefore, the definition of fever to be used for ILI surveillance is a resident experiencing a temperature $\geq 100^{\circ}$ F **OR** 2 degrees above established baseline for that resident.

Facilities who would like to report and are new to the CDRSS reporting process can go to the following website and watch a short [training video](#). Once the training has been completed, the user will be given a login to access the system directly. Existing CDRSS users having difficulty to access the system (e.g., forgotten username, password), should contact the [CDRSS Help Desk](#)

While NJDOH prefers to have facilities enter data directly into the SIC module, we understand that some local health departments have alternate systems in place to collect this information. If an alternate system is established, please ensure data is entered every week into the module by Wednesday at 5pm each week. Local health departments can easily access positive influenza tests from CDRSS by county and by region by running statistics report in CDRSS or by contacting their regional epidemiologist who can access this data or provide instructions on how to run the report in CDRSS.

CDS compiles all surveillance data outlined above into a weekly report which details state and regional activity based on [Morbidity and Mortality Weekly Report weeks](#). Weekly reports are sent via LINC and posted at: [Influenza Illness Surveillance Report](#). National Influenza Surveillance Reports are available at: [Weekly U.S. Influenza Surveillance Report](#)

Please contact the CDS influenza surveillance team at cdsfluteam@doh.nj.gov with any questions.