# Respiratory Virus Surveillance Report

New Jersey Department of Health  
Communicable Disease Service  
Week ending April 20, 2019 (MMWR week 16)

## New Jersey Activity Level: MODERATE
Current week last year: MODERATE

### Regional Data
- Northwest: LOW  
- Northeast: LOW  
- Central West: LOW  
- Central East: LOW  
- South: MODERATE

## Percent Influenza-like Illness/Absenteeism

<table>
<thead>
<tr>
<th></th>
<th>Current Week (range by county)</th>
<th>Last week Current year</th>
<th>Current week Last year</th>
<th>Off Season (Seasonal Average–low, high)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Term Care Facilities</td>
<td>0.20 (0.00, 0.53)</td>
<td>0.36</td>
<td>0.19</td>
<td>0.48 (0.45, 0.76)</td>
</tr>
<tr>
<td>Schools (absenteeism)</td>
<td>4.21 (1.73, 5.57)</td>
<td>3.53</td>
<td>3.51</td>
<td>3.36 (4.37, 4.86)</td>
</tr>
<tr>
<td>Emergency Departments</td>
<td>2.96 (1.51, 4.39)</td>
<td>3.40</td>
<td>2.75</td>
<td>2.21 (3.17, 4.26)</td>
</tr>
</tbody>
</table>

## Laboratory Testing

<table>
<thead>
<tr>
<th></th>
<th>Current Week</th>
<th>Past 3 Weeks</th>
<th>Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza A H1N1 (2009)</td>
<td>2</td>
<td>35</td>
<td>2387</td>
</tr>
<tr>
<td>Influenza A H3N2</td>
<td>18</td>
<td>132</td>
<td>2328</td>
</tr>
<tr>
<td>Influenza B</td>
<td>26</td>
<td>72</td>
<td>314</td>
</tr>
<tr>
<td>Rapid Influenza Tests</td>
<td>224</td>
<td>1020</td>
<td>14941</td>
</tr>
</tbody>
</table>

Virologic Surveillance

Rapid Influenza Tests
Total Tested and Percent Positive

Positive Influenza Test Results, PCR Only By Subtype, By Week

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

Positive Influenza Tests, PCR Only Season Total to Date, By Subtype, By Region
Influenza-Like Illness (ILI) Surveillance

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

Emergency Department Visits Percent due to ILI

Emergency Department Visits Percent of Admissions due to ILI

Emergency Department Visits Percent of ILI By Age Group

Emergency Department Visits Average 3 Highest Flu Seasons

Emergency Department Visits Average 3 Lowest Flu Seasons

Weekly Ending

Percent of ILI Visits 2018-2019 Average 3 Highest Flu Seasons

Percent of ILI Visits 2018-2019 Average 3 Lowest Flu Seasons

% ILI Visits (0-4) % ILI Visits (5-24) % ILI Visits (25-49) % ILI Visits (50-64) % ILI Visits (65 +)
Influenza Season

<table>
<thead>
<tr>
<th>Year</th>
<th>US (fatal)</th>
<th>NJ (severe)</th>
<th>NJ (fatal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>171</td>
<td>89</td>
<td>7</td>
</tr>
<tr>
<td>2013-2014</td>
<td>108</td>
<td>54</td>
<td>6</td>
</tr>
<tr>
<td>2014-2015</td>
<td>146</td>
<td>33</td>
<td>1</td>
</tr>
<tr>
<td>2015-2016</td>
<td>85</td>
<td>47</td>
<td>1</td>
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<tr>
<td>2016-2017</td>
<td>109</td>
<td>39</td>
<td>0</td>
</tr>
<tr>
<td>2017-2018</td>
<td>180</td>
<td>61</td>
<td>5</td>
</tr>
<tr>
<td>2018-2019</td>
<td>91</td>
<td>49</td>
<td>4</td>
</tr>
</tbody>
</table>

Respiratory Outbreaks in Long Term Care Facilities

Cumulative Outbreaks 2018-2019 Season: 145

No. outbreaks last 3 weeks: 12

Regions with recent outbreaks: NE, NW, CE, CW, S

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

Percent of Deaths Due to Pneumonia and Influenza (P&I)
Total Tests Positive for a Respiratory Virus Other than Influenza

<table>
<thead>
<tr>
<th></th>
<th>Respiratory Syncytial Virus</th>
<th>Parainfluenza</th>
<th>Adenovirus</th>
<th>Human Metapneumovirus</th>
<th>Corona Viruses</th>
<th>Rhinovirus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Three Weeks</td>
<td>26</td>
<td>42</td>
<td>33</td>
<td>38</td>
<td>11</td>
<td>90</td>
</tr>
<tr>
<td>18-19 Season</td>
<td>1381</td>
<td>220</td>
<td>260</td>
<td>185</td>
<td>383</td>
<td>967</td>
</tr>
</tbody>
</table>

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°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>
<thead>
<tr>
<th>NJ Level</th>
<th>CSTE Level</th>
<th>Definition</th>
<th>Lab Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>No Activity</td>
<td>ILL activity at or below baseline AND no detected outbreaks</td>
<td>AND No lab confirmed cases</td>
</tr>
<tr>
<td>Sporadic</td>
<td>Low ILI activity detected OR one lab confirmed outbreak anywhere in the state</td>
<td>AND Sporadic isolation of laboratory confirmed influenza</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>Local</td>
<td>Increase in ILI activity OR ≥ 2 lab confirmed outbreaks in one public health region (Other regions not experiencing increased ILI activity)</td>
<td>AND Recent (within 3 weeks) laboratory activity in the region with increased ILI</td>
</tr>
<tr>
<td></td>
<td>Regional</td>
<td>Increase in ILI activity OR ≥ 2 lab confirmed outbreaks in at least 2 public health regions (Other regions not experiencing ILI activity)</td>
<td>AND Recent (within 3 weeks) laboratory activity in the region with increased ILI</td>
</tr>
<tr>
<td>High</td>
<td>Widespread</td>
<td>Increase in ILI activity OR two or more lab confirmed outbreaks in &gt; 2 public health regions</td>
<td>AND Recent (within 3 weeks) laboratory activity in the region with increased ILI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NJ Level</th>
<th>Definition</th>
<th>Lab Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Low ILI activity detected OR one lab confirmed outbreak anywhere in the region</td>
<td>AND Sporadic isolation of laboratory confirmed influenza anywhere in the region</td>
</tr>
<tr>
<td>Moderate</td>
<td>Increased ILI activity in less than half of the counties in the region OR two lab confirmed outbreaks in the public health region</td>
<td>AND Recent (within 3 weeks) laboratory activity in the same counties of the region with increased ILI</td>
</tr>
<tr>
<td>High</td>
<td>Increased ILI activity in more than half of the counties in the region OR ≥ 3 lab confirmed outbreaks in the region</td>
<td>AND Recent (within 3 weeks) laboratory activity in more than half of the counties in the region with increased ILI</td>
</tr>
</tbody>
</table>

**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: NJPHEL 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.
## NJ ACTIVE INFLUENZA-LIKE ILLNESS SURVEILLANCE STATISTICS

**SURVEILLANCE DATE: 04/16/2019**

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>Long Term Care</th>
<th>Schools</th>
<th>Hospital Emergency Dept</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Enrolled</td>
<td># Reports Rec'd</td>
<td>% ILI</td>
</tr>
<tr>
<td>ATLANTIC</td>
<td>1</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>BERGEN</td>
<td>12</td>
<td>1</td>
<td>0.00</td>
</tr>
<tr>
<td>BURLINGTON</td>
<td>6</td>
<td>4</td>
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<tr>
<td>CAMDEN</td>
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<tr>
<td>CAPE MAY</td>
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<tr>
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<tr>
<td>South Region</td>
<td>19</td>
<td>8</td>
<td>0.38</td>
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<tr>
<td><strong>State Total</strong></td>
<td><strong>109</strong></td>
<td><strong>19</strong></td>
<td><strong>0.20</strong></td>
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</tbody>
</table>
### NJ ACTIVE INFLUENZA-LIKE ILLNESS SURVEILLANCE STATISTICS
#### SURVEILLANCE DATE: 04/16/2019

<table>
<thead>
<tr>
<th>County</th>
<th>RSV Tests</th>
<th>Rapid Flu Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Positive</td>
<td>Total Tests Performed</td>
</tr>
<tr>
<td>April 16, 2019 12:00 AM MMWR WEEK 16</td>
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<tr>
<td>ATLANTIC</td>
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<td>31</td>
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<td>167</td>
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<td>CAPE MAY</td>
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<td>7</td>
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<td>State Total</td>
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