COVID-19 and Respiratory Illness Activity Report

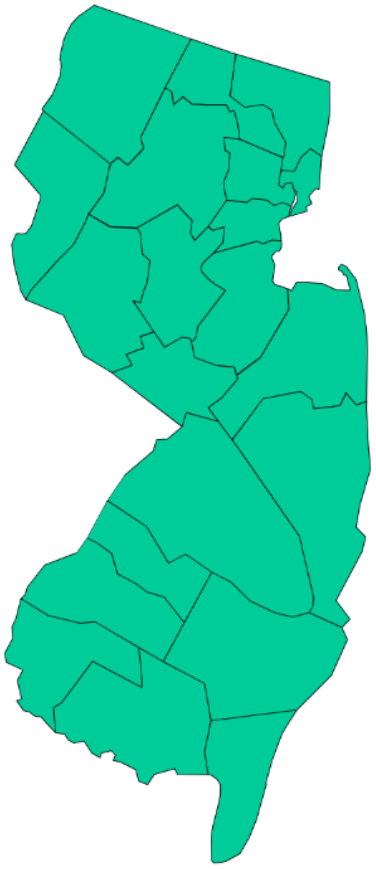
MMWR Week Ending March 2, 2024

Highlights

- CDC COVID-19 Hospital Admission Levels for the MMWR week ending March 2, 2024 are low all counties.
- The percentage of deaths due to COVID-19 in the past week is a timely measure of mortality trends. For the week ending March 2, 2024, 1.3% of deaths were due to COVID-19 (CDC COVID Data Tracker).
- In the past week, 1.0% of emergency department visits were diagnosed as COVID-19 (CDC COVID Data Tracker).
- In the four weeks leading up to March 2nd, JN.1 accounted for 97.9% of sequenced variants.
- For the week ending March 2, 2024, one COVID-19 outbreak and one non-flu viral respiratory disease outbreak was reported into the SIC module by K-12 schools.
- RSV percent positivity and the percentage of emergency department visits with a diagnosis of RSV have been decreasing since mid-December.

1. COVID-19 Hospitalizations

This report summarizes surveillance information for COVID-19, RSV, and other non-influenza viral respiratory illnesses. For information on influenza, please refer to the weekly Influenza Surveillance Reports.



CDC COVID-19 hospital admission levels are a primary surveillance indicator to monitor COVID-19 activity. The number of new COVID-19 hospital admissions for every 100,000 persons in the past week is used to classify county risk levels as low, medium, or high as follows:

New COVID-19 Hospital Admissions per 100,000 population	
Low	<10
Medium	10.0 – 19.9
High	≥ 20.0

In addition to new hospital admissions, the percentage of inpatient beds and ICU beds occupied by COVID-19 patients are important metrics for monitoring COVID-19 activity. Table 1 includes current values for these metrics and a comparison from the previous week.

Many individuals have immunity against COVID-19 due to vaccination and/or prior infection. Immunity, in addition to treatments, have greatly reduced the risk of severe outcomes from COVID-19. In the meantime, immunocompromised individuals and persons with certain underlying health conditions continue to be at higher risk for severe illness. CDC's respiratory virus guidance provides recommendations to help lower risks posed by a range of respiratory viral illness, including COVID-19 and RSV.

Table 1. COVID-19 hospital admission levels and percentage of inpatient and ICU beds occupied based on data for MMWR week ending March 2, 2024.

County	New Hospital Admissions per 100,000				Percentage of Inpatient Beds Occupied by COVID-19 patients		Percentage of ICU Beds Occupied by COVID-19 patients	
	Current Value	Current Level	Previous Week Level	Change since previous week	Current Value	Change since Previous Week	Current Value	Change since Previous Week
Atlantic	3.1	Low	Low	(–)	1.4	(–)	0	(–)
Bergen	3.6	Low	Low	(–)	2.7	(–)	2.1	(–)
Burlington	5.1	Low	Low	(–)	2.5	(–)	2.2	(–)
Camden	5.1	Low	Low	(–)	2.5	(–)	2.2	(–)
Cape May	3.1	Low	Low	(–)	1.4	(–)	0	(–)
Cumberland	1.3	Low	Low	(–)	2.5	(–)	3.1	(↓)
Essex	3.6	Low	Low	(–)	2.2	(–)	1.9	(–)
Gloucester	5.1	Low	Low	(–)	2.5	(–)	2.2	(–)
Hudson	3.6	Low	Low	(–)	2.7	(–)	2.1	(–)
Hunterdon	3.5	Low	Low	(–)	2.6	(–)	0	(–)
Mercer	4.1	Low	Low	(–)	2.2	(–)	4.6	(↑)
Middlesex	3.6	Low	Low	(–)	2.2	(–)	1.9	(–)
Monmouth	6	Low	Medium	(↓)	4.7	(–)	3.3	(–)
Morris	3.5	Low	Low	(–)	1.8	(–)	1.3	(–)
Ocean	6	Low	Medium	(↓)	4.7	(–)	3.3	(–)
Passaic	3.6	Low	Low	(–)	2.7	(–)	2.1	(–)
Salem	5.1	Low	Low	(–)	2.5	(–)	2.2	(–)
Somerset	3.6	Low	Low	(–)	2.2	(–)	1.9	(–)
Sussex	3.5	Low	Low	(–)	1.8	(–)	1.3	(–)
Union	3.6	Low	Low	(–)	2.2	(–)	1.9	(–)
Warren	3.5	Low	Low	(–)	2.6	(–)	0	(–)

Source: Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: US Department of Health and Human Services, CDC; 2024, MMWR week ending March 2. https://covid.cdc.gov/covid-data-tracker

2. Healthcare Infection Prevention & Control

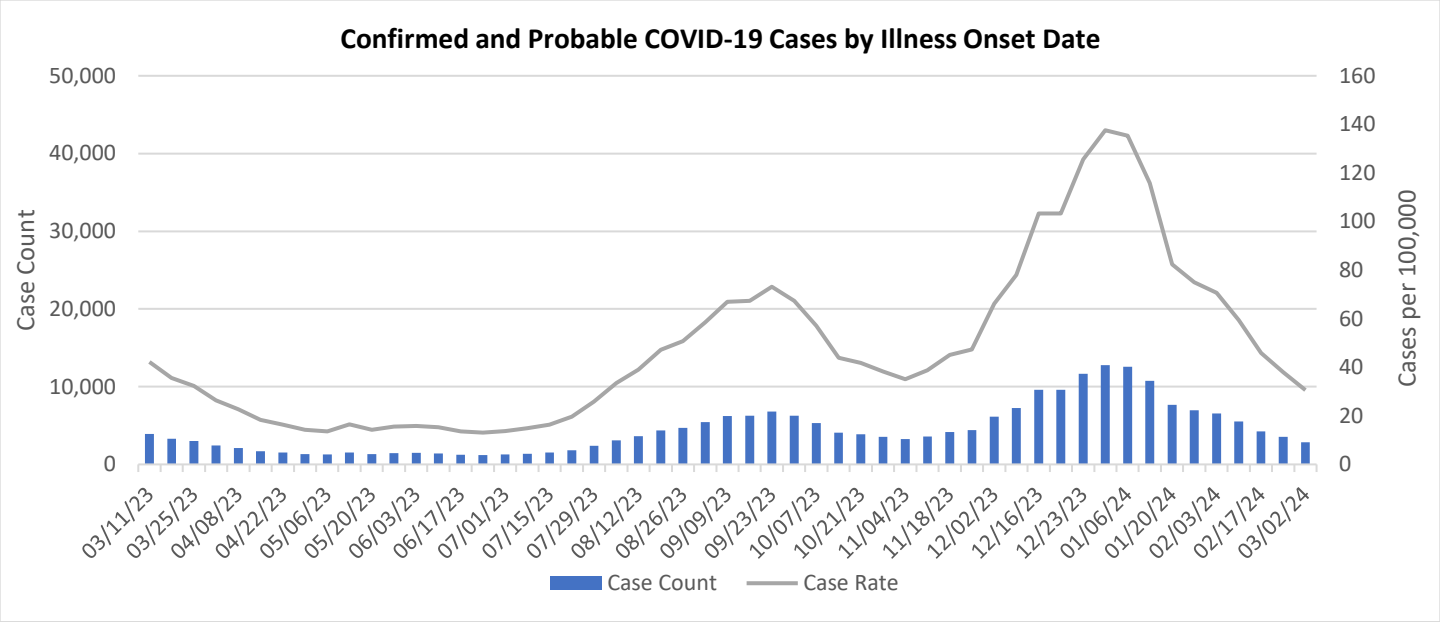
CDC healthcare guidance no longer uses COVID-19 Transmission Levels to guide facility COVID-19 infection prevention and control interventions. Healthcare facilities each have unique strengths and challenges which often require facility-specific infection prevention and control practices. Healthcare facilities should consider several factors when determining when and how to implement COVID-19 infection prevention and control practices (e.g., patients/residents with highest risk of severe outcomes, input from stakeholders, outbreak status). In addition, state and national data on COVID-19 and trends of other respiratory viruses can help inform facility-specific practices:

- NJDOH Influenza and Respiratory Illness Surveillance Reports
- National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus

Source control remains an important intervention during periods of higher respiratory virus transmission. **Healthcare facilities should institute facility-wide masking when COVID-19 hospital admission levels are high.**
New admission testing in nursing homes has been updated to align with other healthcare settings and is at the discretion of the nursing home. Refer to CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2.

3. COVID-19 Cases

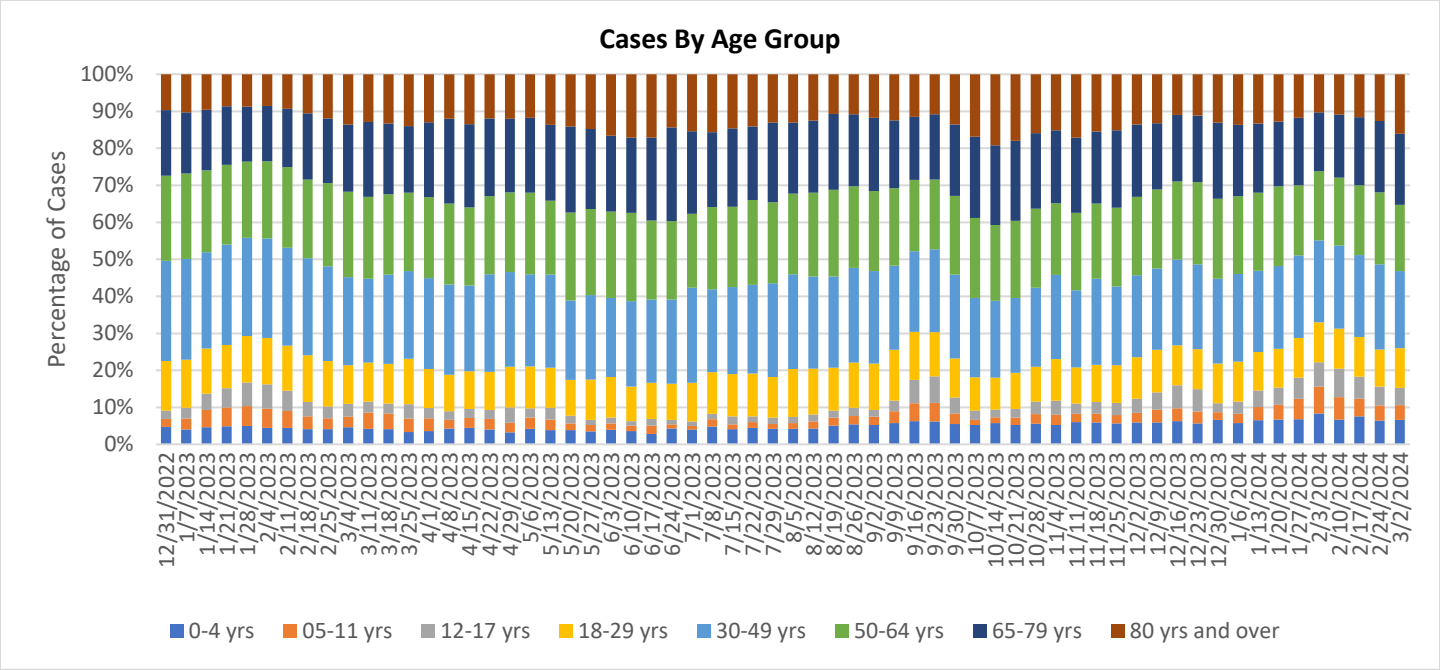
NJDOH uses CSTE Case Definition criteria to define COVID-19 cases for public health surveillance. Confirmed and probable COVID-19 cases by illness onset date are plotted below. When the illness onset date is unknown, the date of earliest positive specimen collection or the date of NJDOH notification is used, whichever is earlier.



Source: NJDOH Communicable Disease Reporting and Surveillance System (CDRSS)

4. COVID-19 Cases by Age

The percentage of confirmed and probable COVID-19 cases by age group as reported to the NJDOH Communicable Disease Reporting and Surveillance System are plotted below.



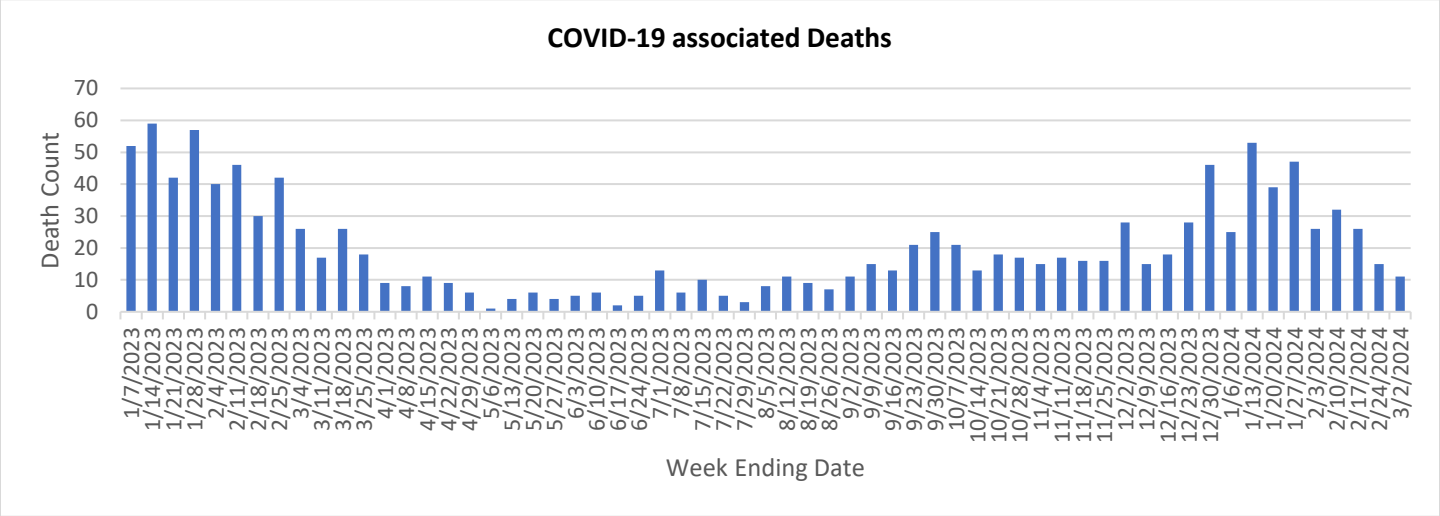
Source: NJDOH Communicable Disease Reporting and Surveillance System (CDRSS)

5. COVID-19 Deaths

The percentage of deaths due to COVID-19 in the past week is a timely disease severity indicator. The percentage of deaths due to COVID-19 in the past week as indicated by National Vital Statistics Surveillance (NVSS) data is included on the CDC COVID Data Tracker. COVID-19-associated deaths by age group and date of death are shown below. COVID-19 associated deaths are classified according to CSTE Revised COVID-19-associated Death Classification Guidance for Public Health Surveillance Programs. For information on historical COVID-19 death data, see the Mortality dashboard on the NJ COVID-19 Information Hub.

2024 COVID-19-associated Deaths by Age group

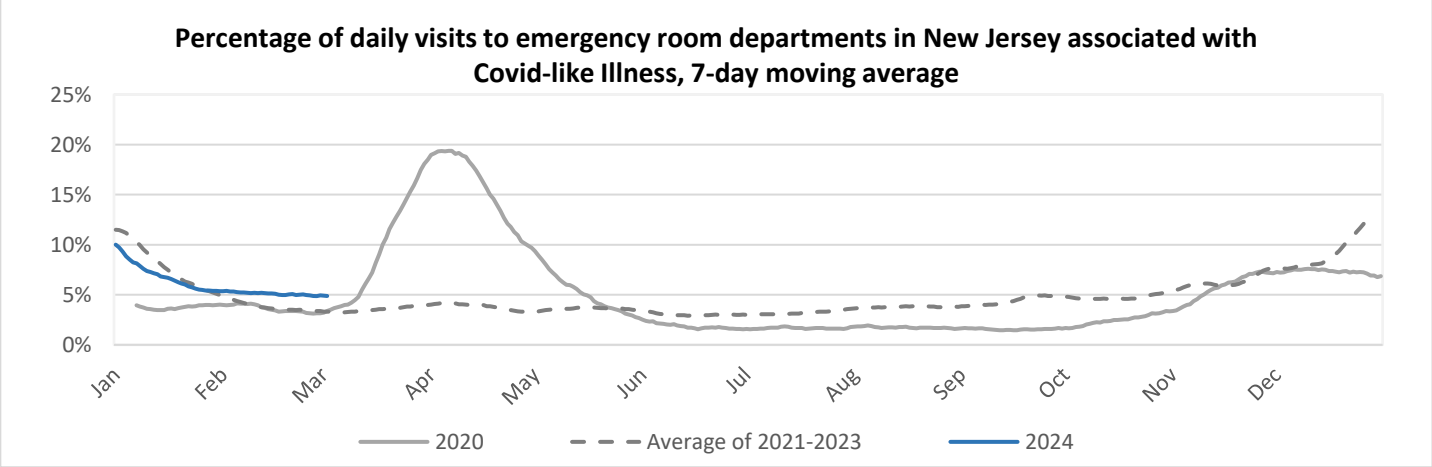
Total	0-4 yrs	5-17 yrs	18-29 yrs	30-49 yrs	50-64 yrs	65-79 yrs	80+
273	0	0	1	2	22	86	162



Source: NJDOH Communicable Disease Service, NJ Electronic Death Registration System (EDRS)

6. COVID-19 Syndromic Surveillance

NJDOH uses syndromic surveillance data to monitor trends associated with visits to emergency departments for COVID-like illness (CLI). CLI is defined as fever and cough or dyspnea (shortness of breath, difficulty breathing, etc.) or the presence of coronavirus diagnosis codes. The diagnosis of another respiratory pathogen (such as influenza, parainfluenza, and RSV) is excluded. Percent daily visits associated with CLI from emergency department data is collected via EpiCenter (i.e. NJDOH syndromic surveillance). CLI is monitored as a 7-day weekly average.



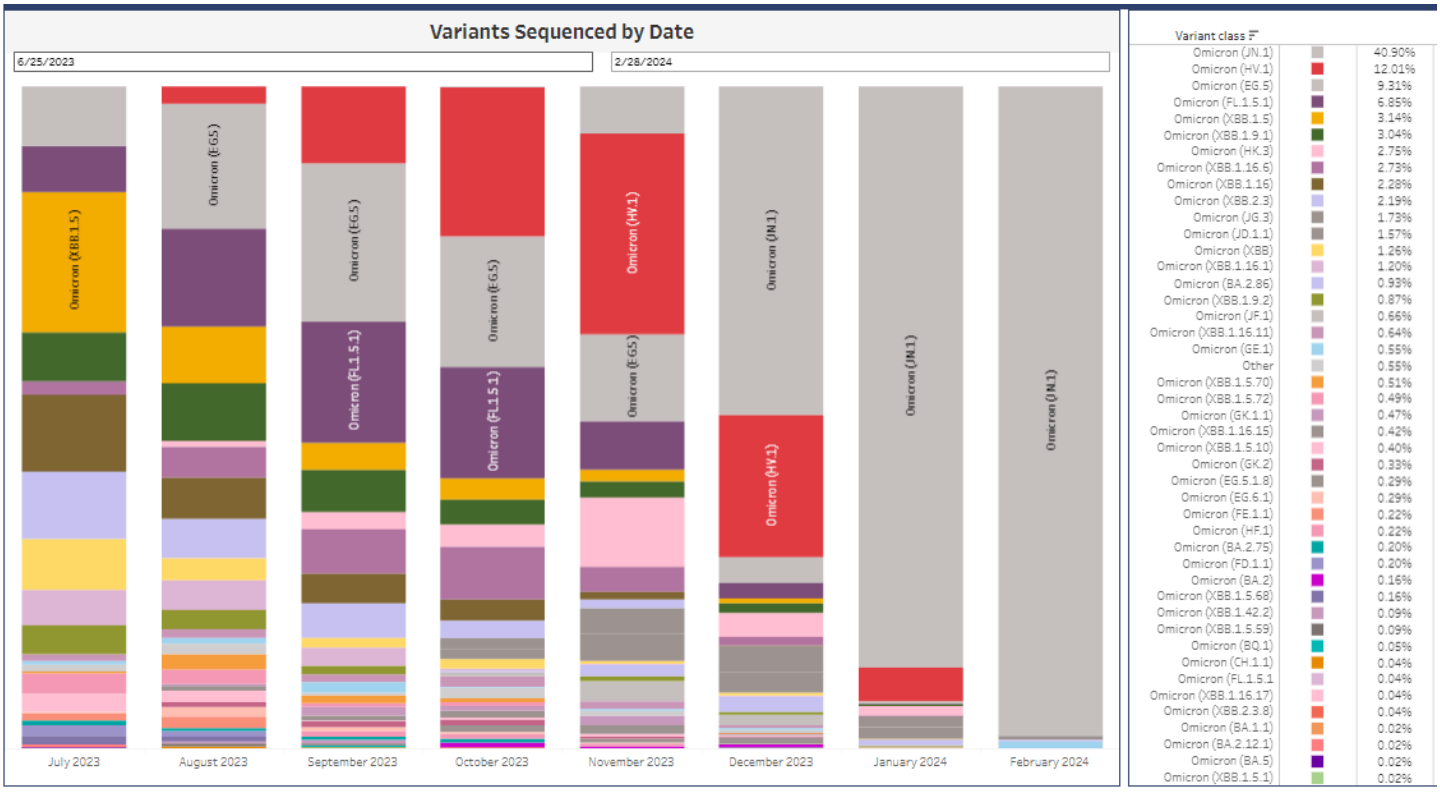
Source: EpiCenter, NJDOH syndromic surveillance data

7. COVID-19 Variant Surveillance

The table below shows the proportion of variants sequenced in the last 4 weeks as of the week ending February 24, 2024. The chart depicts a cumulative summary of COVID-19 variant surveillance by week of specimen collection. Data includes sequencing results reported by Commercial Labs (LabCorp, Aegis Sciences Corporation, Helix, Infinity Biologix, and Quest Diagnostics) and the NJDOH State Public Health Lab that have been submitted for surveillance purposes. Percentages represent the proportion of specimens sequenced with the specified variant lineage. For additional information on variant classification, see CDC SARS-CoV-2 Variant Classifications and Definitions.

Variant of Concern Lineage (WHO Classification)	Proportion of Variants Sequenced in the last 4 weeks, as of week ending March 2, 2024
JN.1 (Omicron)	97.9%
GE.1 (Omicron)	1.2%
JD.1.1 (Omicron)	0.6%
BA.2.86 (Omicron)	0.3%

COVID-19 Variant Surveillance by Month/Year of Specimen Collection

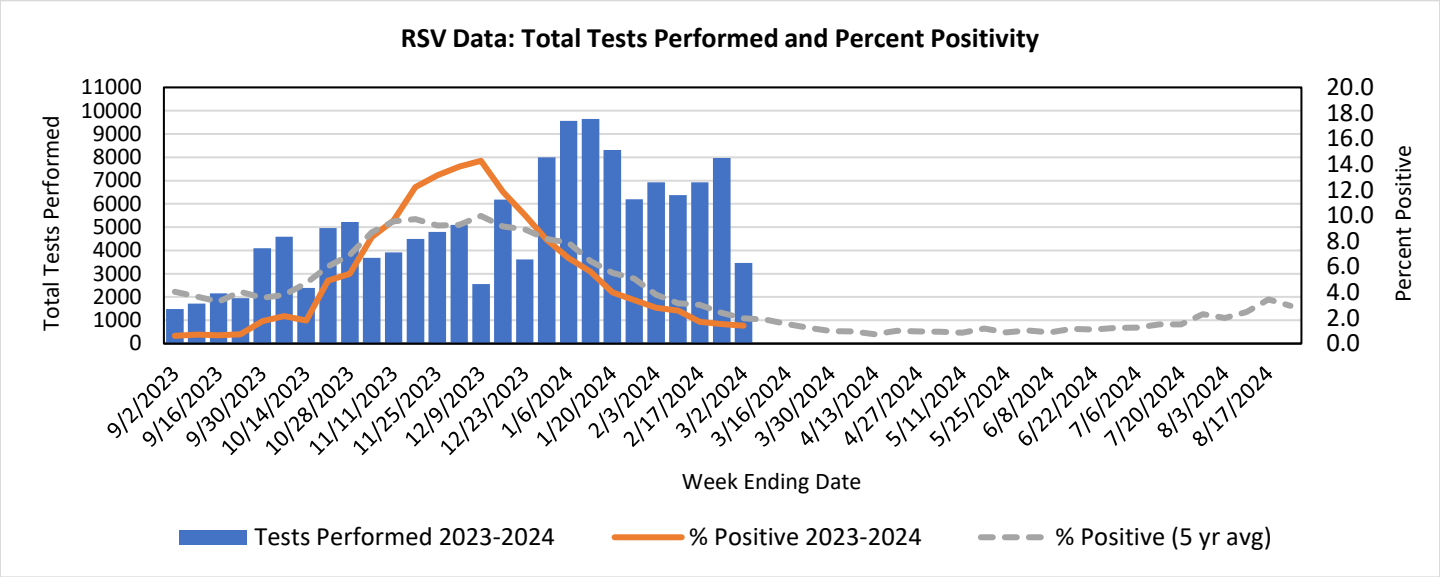


Notes:
Omicron B.1.1.529 includes BA.1, BA.3 and all sublineages (except BA.1.1 and its sublineages).
Omicron BA.2 includes all sublineages except BA.2.12.1, BA.2.75, BA.2.86, JN.1, XBB and their sublineages.
Omicron BA.2.75 includes all sublineages except BA.2.75.2, CH.1.1, BN.1 and their sublineages.
Omicron BA.4 includes all sublineages except BA.4.6.
Omicron BA.5 includes all sublineages, (including BE.x and BF.x), except BF.7, BF.11, BA.5.2.6, BQ.1, BQ.1.1 and their sublineages.
Omicron XBB includes all XBB sublineages except XBB.1.16, XBB1.5, XBB1.5.1, FD.2 and all their sublineages.
Delta includes B.1.617.2 and all AY sublineages.
Other represents additional and unassigned lineages not classified as variants of concern or variants of interest.

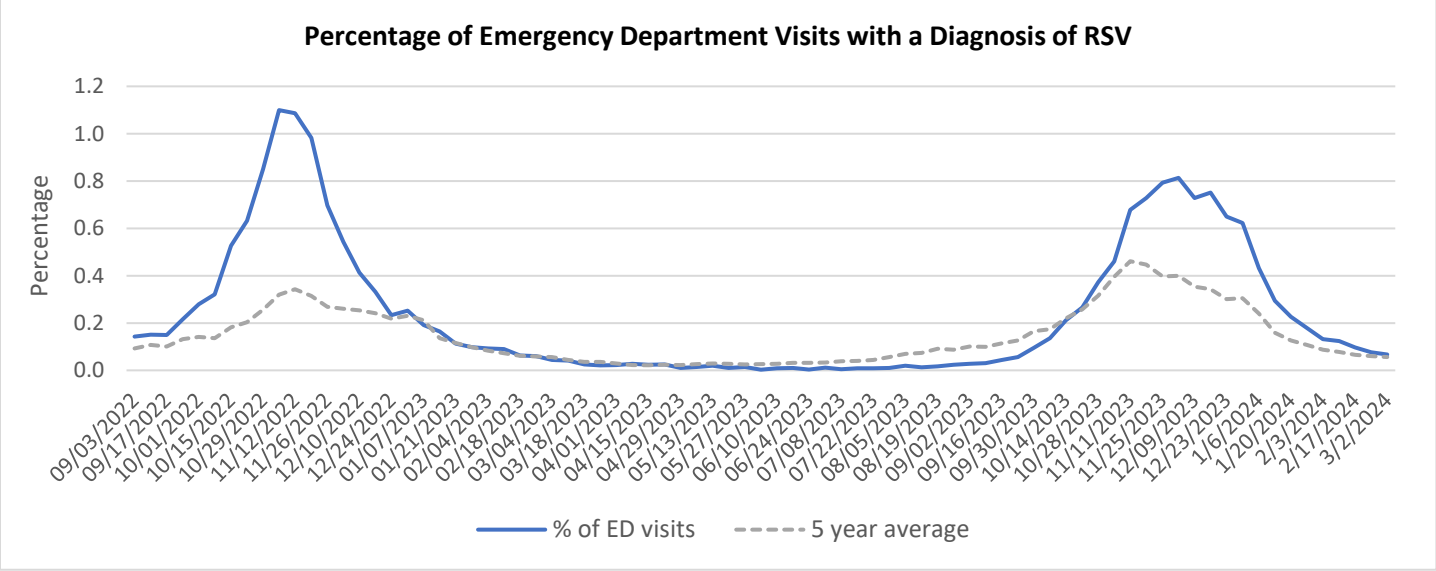
8. Non-COVID-19 Viral Respiratory Surveillance

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based surveillance system and participating laboratories report the total number of tests performed and the total positive for a number of non-influenza respiratory viruses, including adenovirus, human metapneumovirus, and parainfluenza. Information about the CDC NREVSS system can be found at: https://www.cdc.gov/surveillance/nrevss/labs/index.html.

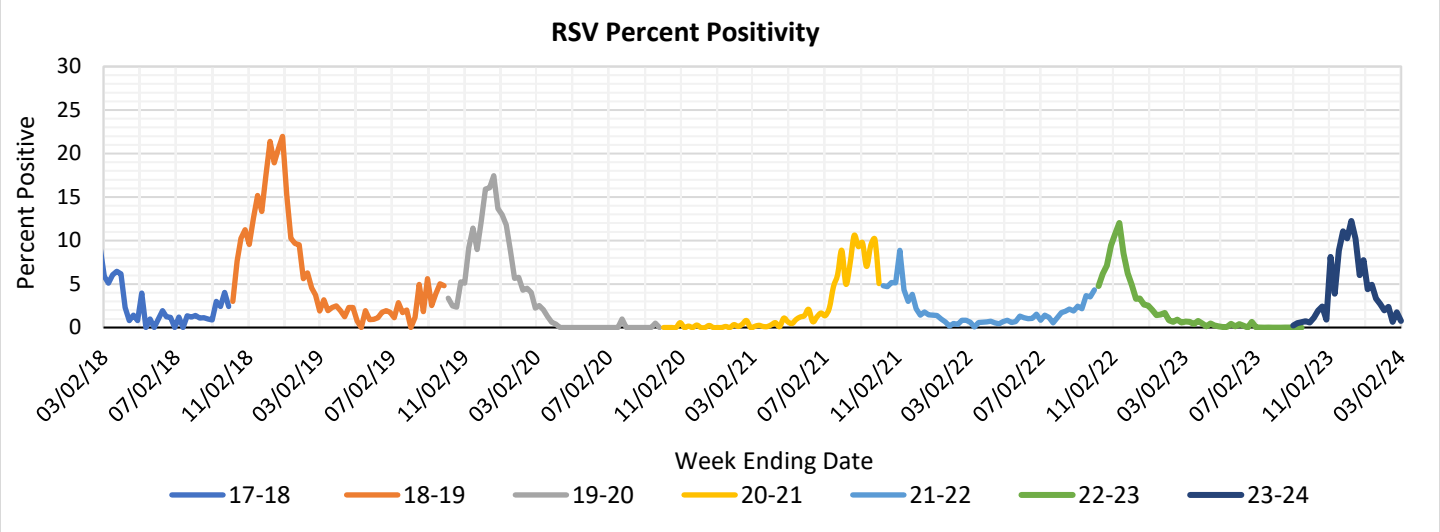
Respiratory syncytial virus (RSV) data are acquired from facilities reporting via NREVSS, EpiCenter, or into the CDRSS SIC module. The RSV season is based upon the 5-year average of percent positivity and runs from the two consecutive weeks where percent positivity is at or above 10% through two consecutive weeks where it is below 10%. The charts below show data on the percentage of emergency department visits for RSV, as well as data on total tests performed and percent positivity for RSV and other non-influenza respiratory viruses for the 2023-24 season.



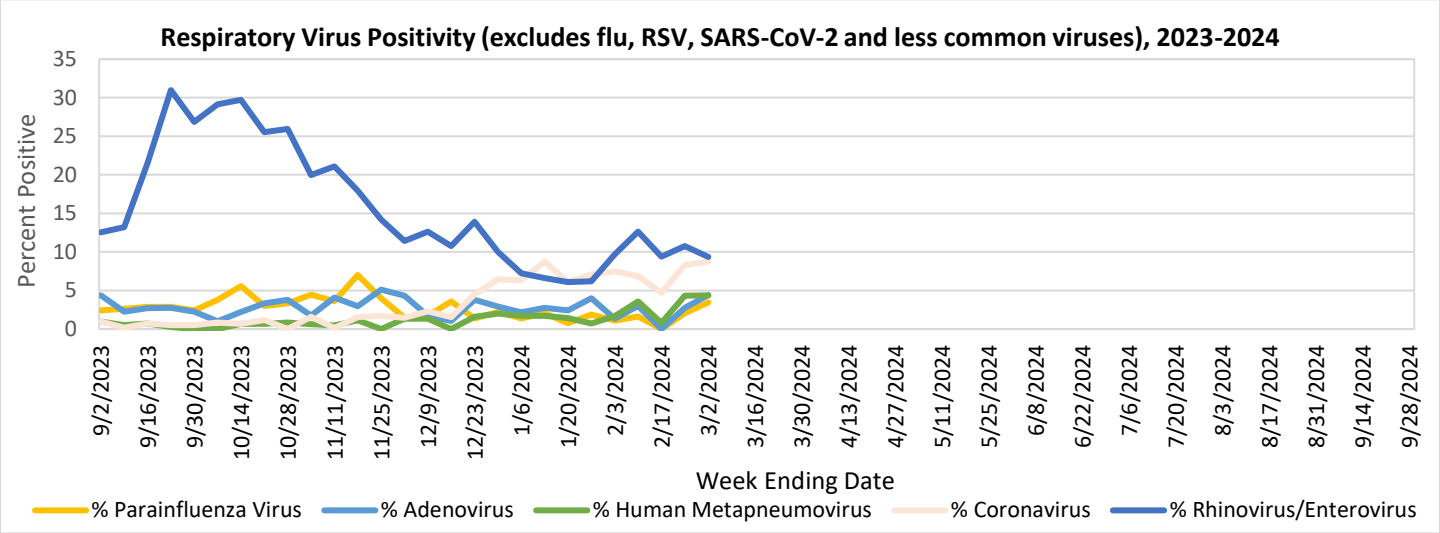
Source: NJDOH Communicable Disease Reporting and Surveillance System (CDRSS), Surveillance for Infectious Conditions (SIC) module



Source: EpiCenter



Source: National Respiratory and Enteric Virus Surveillance System (NREVSS)



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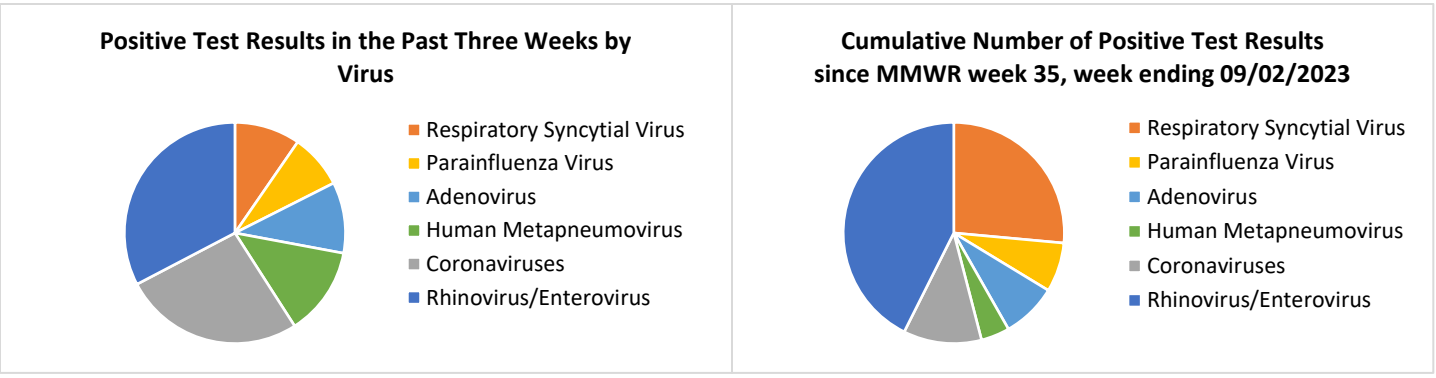
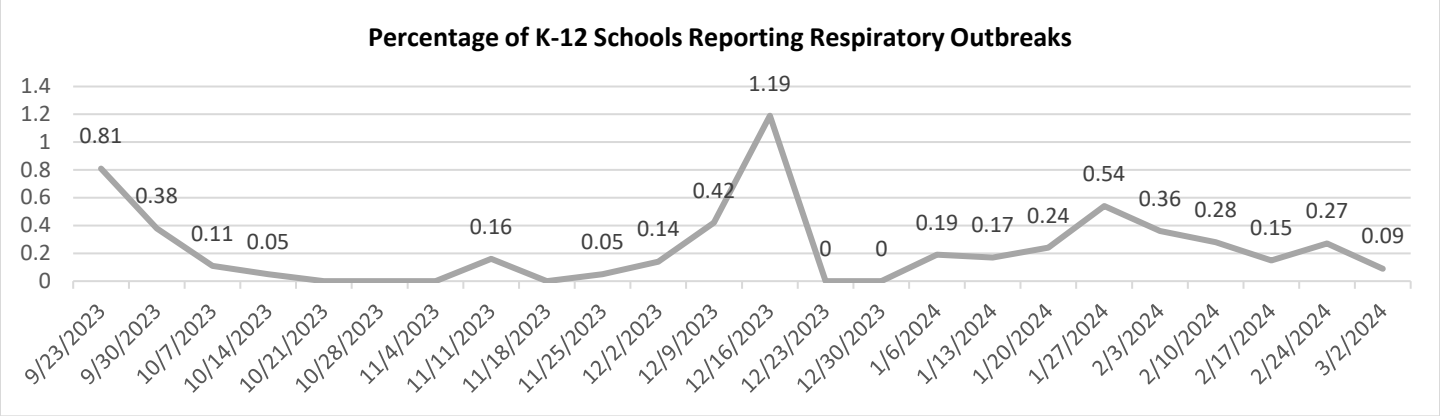


Source: National Respiratory and Enteric Virus Surveillance System (NREVSS)

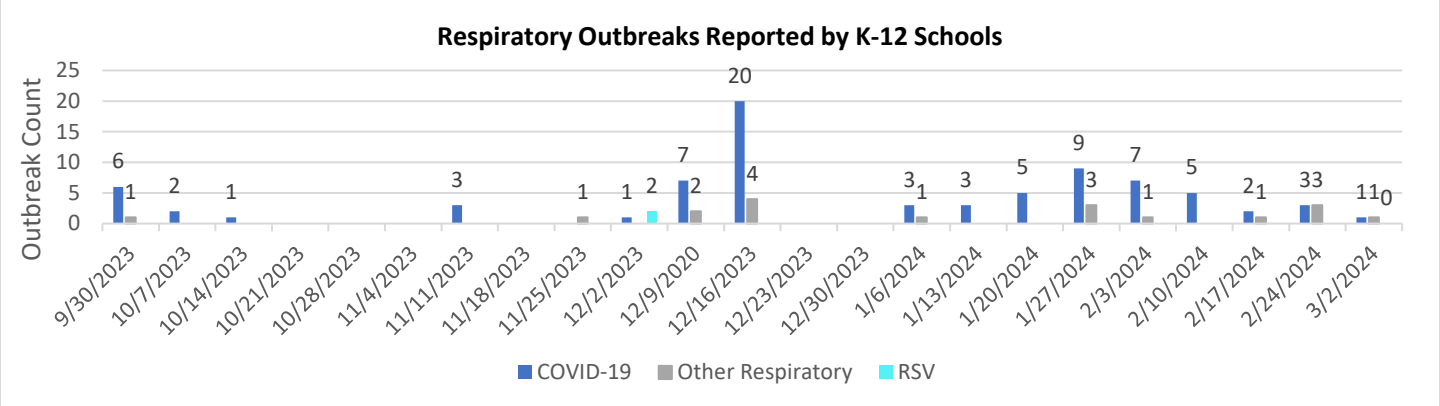
9. K-12 Schools

For the week ending March 2, 2024, 2171 schools reported their outbreak data into the Surveillance for Infectious Conditions (SIC) module. The percent of schools reporting non-flu respiratory outbreaks from COVID-19 and other respiratory pathogens decreased from 0.27% to 0.09 % this week. This percentage is calculated as the number of schools reporting respiratory outbreaks/clusters divided by the total number of schools reporting multiplied by 100.



Source: NJDOH Communicable Disease Reporting and Surveillance System (CDRSS), Surveillance for Infectious Conditions (SIC) module

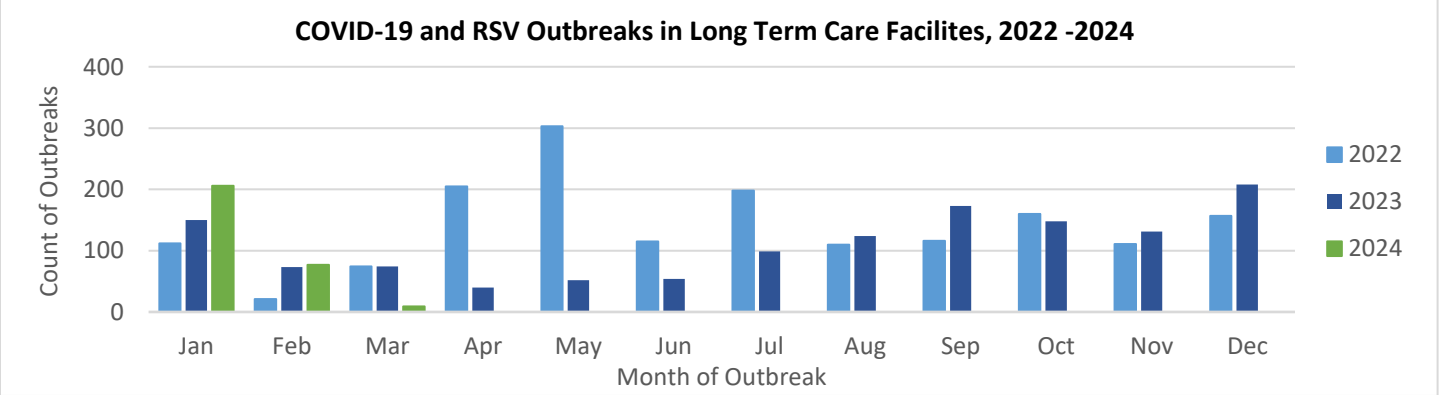
Three COVID-19 outbreaks and three non-flu viral respiratory disease outbreaks were reported by twenty-four K-12 Schools located in Bergen, Burlington, Camden, Cape May, Cumberland, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Passaic, and Sussex counties. See the Schools Tab of the COVID-19 information hub for more information.



Source: NJDOH CDRSS, Surveillance for Infectious Conditions (SIC) module

10. Outbreaks in Long Term Care

Respiratory outbreaks in long-term care facilities by month of outbreak as reported to NJDOH in the Communicable Disease Surveillance and Reporting System (CDRSS) are plotted below. Counts include COVID-19 and RSV outbreaks.



Source: NJDOH Communicable Disease Reporting and Surveillance System (CDRSS)

This report will be updated weekly and posted at: https://www.nj.gov/health/cd/statistics/covid/index.shtml.
For additional information visit:
NJDOH Communicable Disease Service: COVID-19
NJDOH Communicable Disease Service: Influenza Illness Surveillance Reports
NJ COVID-19 Information Hub