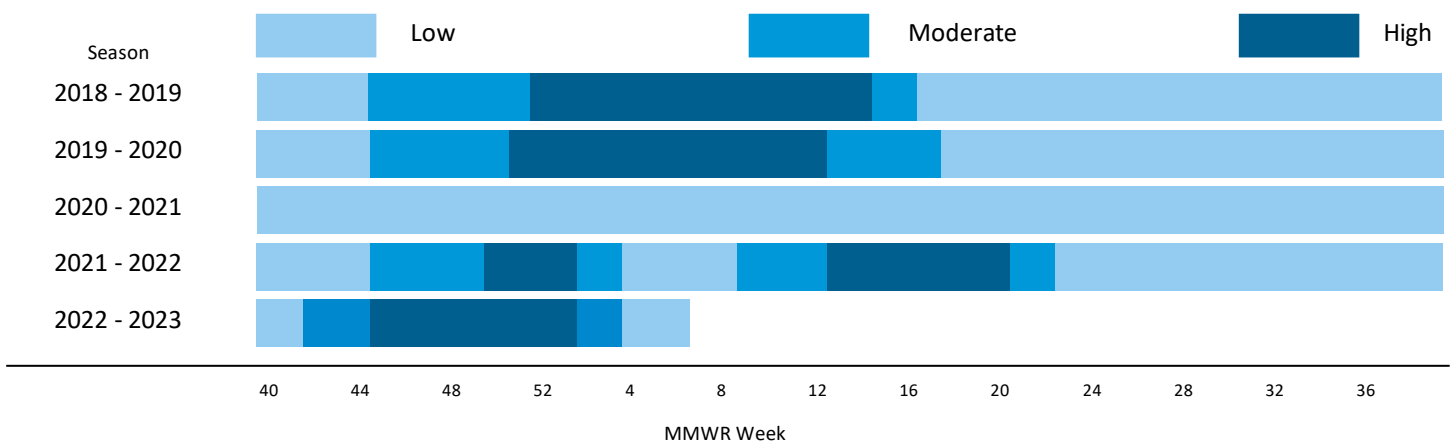


Highlights

- **Influenza activity level is low statewide**
- **Emergency Department visits and outpatient provider visits associated with influenza-like illness are higher than last week & higher than this week last year**
- **There have been four confirmed influenza-associated pediatric deaths reported this season**
- **Respiratory outbreaks continue to be reported in all settings**
- **Positive results continue to be reported; influenza A (subtyping not performed) is at 72.47%, followed by A(H3N2) 22.24%, A (H1N1)pdm09 4.36%, and B 0.93%**

Influenza Activity Level Comparison



1. Current Influenza Activity Level

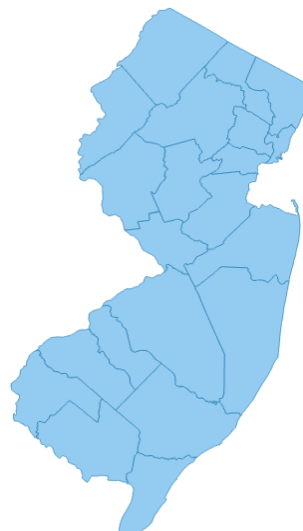
This report summarizes surveillance information for influenza and other viral respiratory illnesses reported to the New Jersey Department of Health (NJDOH) Communicable Disease Service. As per regulation, influenza is a laboratory reportable condition but it is not possible to count every case that occurs since some individuals will not seek medical care or may never get tested. Surveillance is conducted year round and this report is published from October to May. The [Morbidity and Mortality Weekly Report \(MMWR\) week](#) is the time frame used by the Centers for Disease Control and Prevention (CDC) for disease reporting and activity levels are defined in the table on page 7 of this report. **Counts displayed below are the cumulative totals reported for the season beginning with MMWR week 40, week ending October 8, 2022.**

State Activity Level

LOW

Regional Data

Northwest Morris, Passaic, Sussex, Warren	LOW
Northeast Bergen, Essex, Hudson	LOW
Central West Hunterdon, Mercer, Somerset	LOW
Central East Middlesex, Monmouth, Ocean, Union	LOW
Southwest Burlington, Camden, Gloucester, Salem	LOW
Southeast Atlantic, Cape May, Cumberland	LOW



82,317

Cases reported (PCR & Rapid)

71

Outbreaks (Long Term Care)

4

Pediatric flu deaths (confirmed)

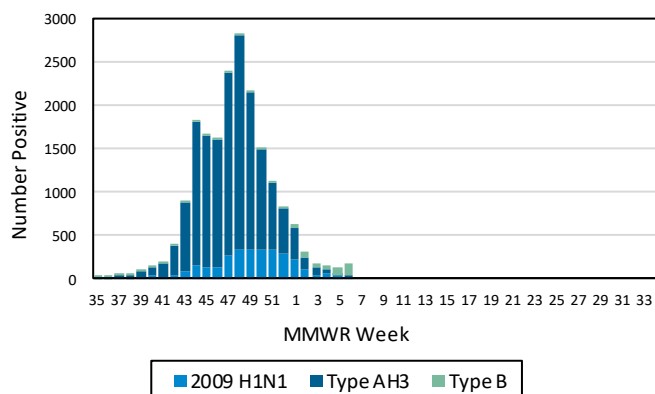
2. Laboratory Testing

Real-time polymerase chain reaction (PCR) results for influenza (AH1N1, AH3N2, A subtyping not performed, and B) are obtained from electronic laboratory transmission submitted by acute care, commercial and public health laboratories. Rapid influenza test data are acquired from facilities reporting via the CDRSS Surveillance for Infectious Conditions (SIC) module. While the cumulative totals begin with MMWR week 40, week ending October 8, 2022, the data represented in charts begin with MMWR week 35, week ending September 3, 2022. Past 3 weeks data includes the current week and two prior weeks starting with MMWR week 40, week ending October 8, 2022.

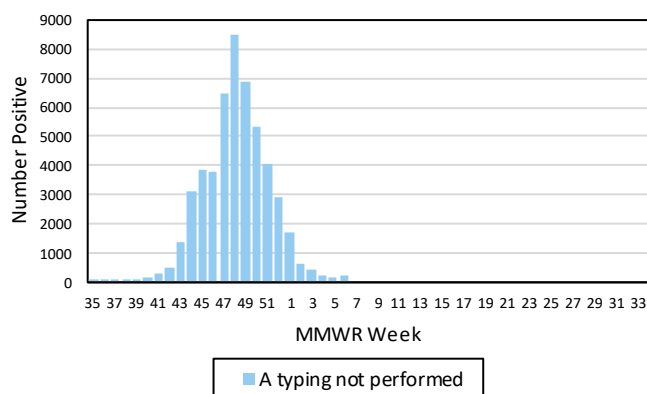
	Test Type	Current Week	Past 3 Weeks	Cumulative Total
PCR	Influenza A (H1N1)pdm09	21	116	3048 (4.36%)
	Influenza A H3N2	21	79	15566 (22.24%)
	Influenza A (Subtyping Not Performed)	193	591	50711 (72.47%)
	Influenza B	131	284	653 (0.93%)
Rapid	Rapid Influenza	109	399	12339

3. Virologic Surveillance

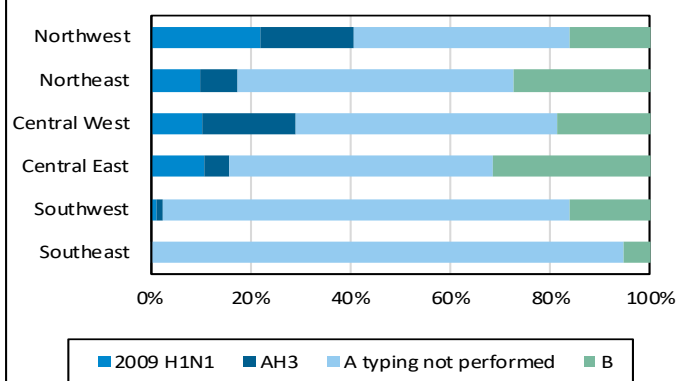
Positive Subtyped Influenza Test Results, PCR Only, By Week



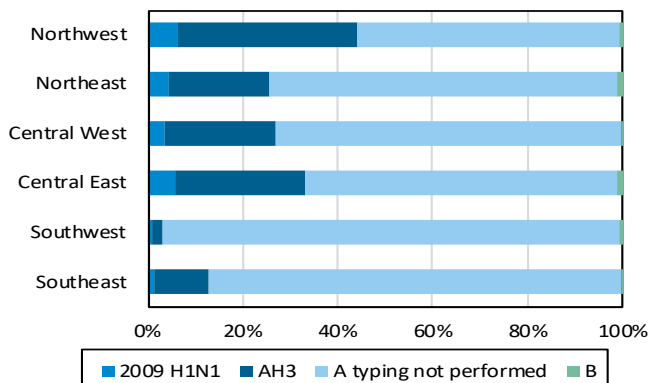
Positive Influenza A, Subtyping Not Performed PCR Only, By Week



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

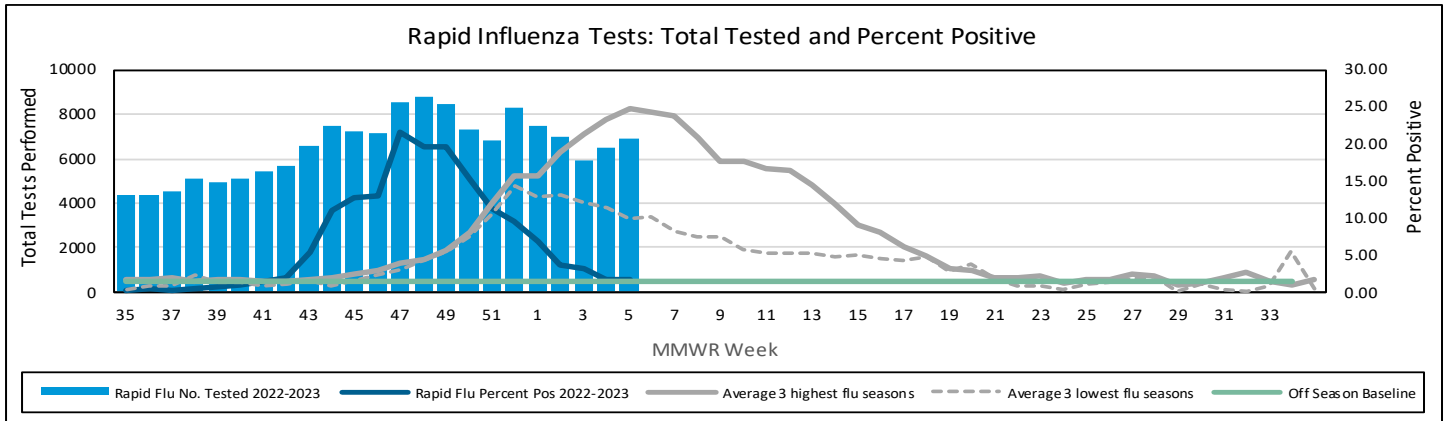


Positive Influenza Tests, PCR Only Total to Date, By Subtype, By Region



3. Virologic Surveillance, *continued*

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 2012-2013 season. These averages were 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 seasons which contribute to the high and low value for the rapid influenza chart are as follows: High: 16-17, 17-18, 18-19; Low: 12-13, 14-15, 21-22. Off season baseline is calculated by taking the average of percent positivity for a 10 year period (2012 through and including 2022) during the months when influenza is less likely to be circulating (May to September). Data from the 19-20 and 20-21 seasons were excluded due to the COVID-19 pandemic.



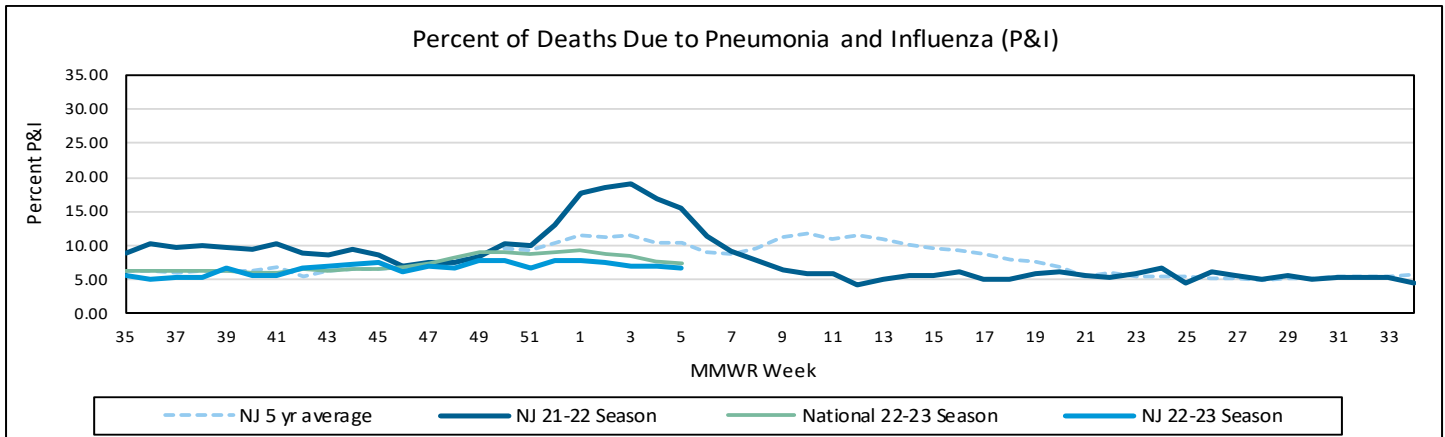
4. Pediatric Influenza Mortality

Influenza-associated pediatric mortality was added to New Jersey's reportable disease list in 2009. The below table includes severe and fatal influenza associated pediatric cases reported to NJDOH. Severe illness is defined as admission to an intensive care unit for an influenza-related illness. An influenza associated pediatric death is defined as a death resulting from a clinically compatible illness with lab confirmed influenza.

Influenza Season	US (fatal)	NJ (severe)	NJ (fatal)
2018-2019	106	51	6
2019-2020	188	57	2
2020-2021	1	1	0
2021-2022	43	19	0
2022-2023	106	78	4

5. Percent of Deaths due to Pneumonia and Influenza

Records of all deaths in New Jersey are maintained by NJDOH, 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, compiled by the week of death and percentages are calculated. There is a 2-4 week lag period between the week the deaths have occurred and when the data for that week is reported. Because many influenza and COVID-19 deaths have pneumonia included on the death certificate, P&I no longer measures the impact of influenza in the same way as in the past. Additional information is also available at <https://gis.cdc.gov/grasp/fluview/mortality.html>.

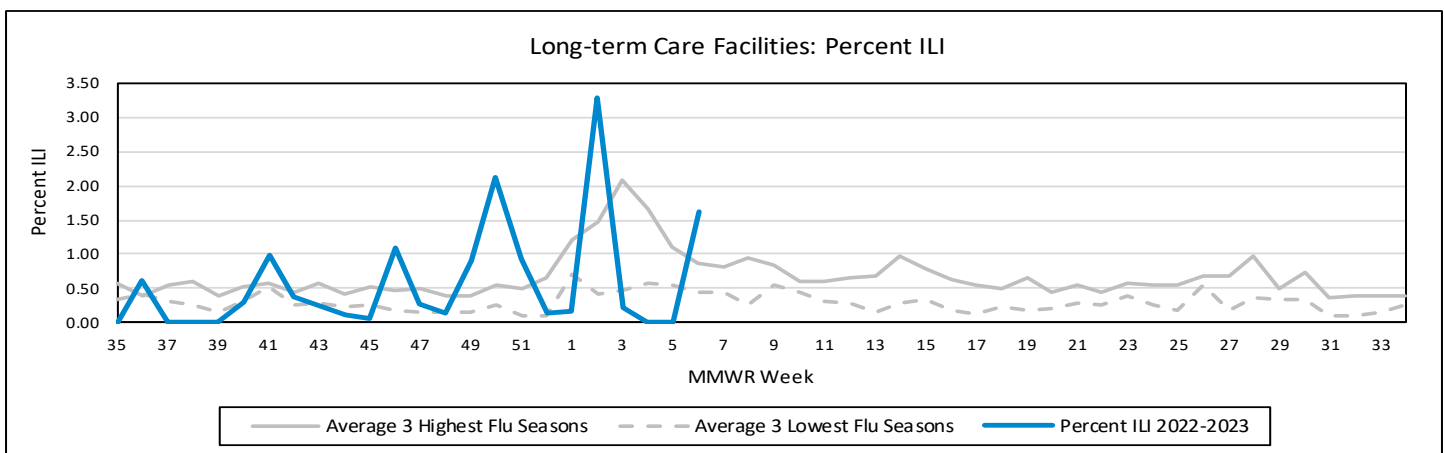


6. ILI Activity

Influenza-like illness (ILI) is defined as fever ($> 100^{\circ}\text{F}$ [37.8°C], oral or equivalent) and cough and/or sore throat. For Long-term Care Facilities (LTCFs), fever is defined as 2°F above baseline temperature. ILI Activity from LTCFs and absenteeism data from schools is collected in the SIC Module of the Communicable Disease Reporting and Surveillance System (CDRSS). LTCFs and schools report their total census and number ill with ILI or number absent, respectively. Emergency department (ED) data is the aggregate weekly total of syndromic ILI visits and total ED registrations as recorded in EpiCenter (e.g., NJDOH syndromic surveillance system). Off season baseline is calculated by taking the average of statewide percentages of ILI for a 10 year period (2012 through and including 2022) during months when influenza is less likely to be circulating (May to September). Data from the 19-20 and 20-21 seasons were excluded due to the COVID-19 pandemic.

Percent Influenza-like Illness/Absenteeism				Baselines
	Current Week (range by county)	Last week Current year	Current week Last year	Off Season (Seasonal Average— low, high)
Long-term Care Facilities	1.61 (0.00, 5.53)	0.00	0.00	0.42 (0.30, 0.75)
Emergency Departments	4.05 (1.32, 5.72)	3.89	1.97	2.09 (3.52, 4.30)
Schools (Absenteeism)	5.91 (3.52, 7.80)	5.04	4.46	3.98 (4.33, 4.93)

6a. Long-term Care Facility ILI Activity



6b. Long-term Care Facility Outbreaks

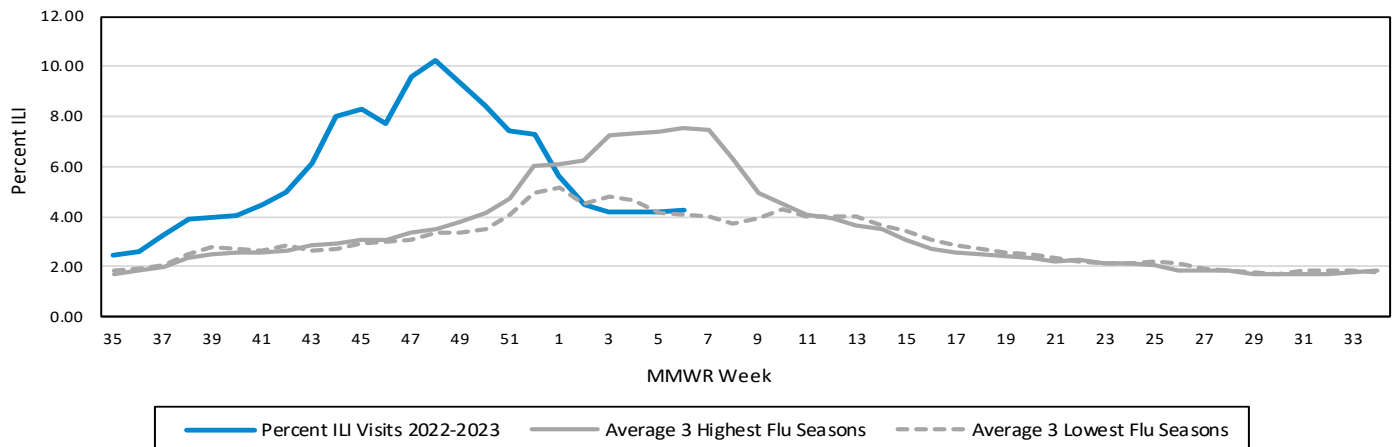
Only LTCF respiratory virus outbreaks reported to NJDOH that receive an outbreak number are recorded in this report. This does not include outbreaks due to COVID-19.

Respiratory Outbreaks in Long-term Care Facilities	
Cumulative Outbreaks 2022-2023 Season	71
No. outbreaks last 3 weeks	4
Regions with recent outbreaks	NE, CW, CE, SW

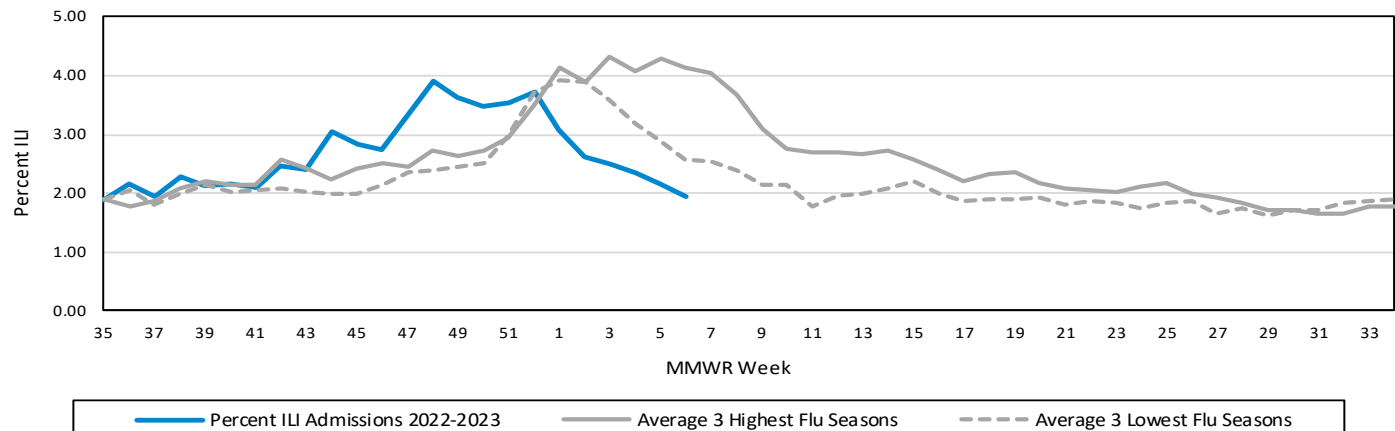
6c. Emergency Department ILI Activity (Syndromic Surveillance)

Daily visits and admissions associated with ILI from emergency department data are collected via EpiCenter (NJDOH syndromic surveillance). Prior to the 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. Three year seasonal averages for emergency department visits and admissions are determined by calculating the average percent positivity for each influenza season (October to May) beginning with the 2012-2013 season. These averages were 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 seasons which contribute to the high and low value for emergency department visits chart are as follows: High: 12-13, 17-18, 18-19; Low: 13-14, 14-15, 15-16. The seasons which contribute to the high and low value for emergency department admissions chart are as follows: High: 13-14, 14-15, 17-18; Low: 12-13, 16-17, 21-22. Data from the 19-20 and 20-21 seasons were excluded due to the COVID-19 pandemic. Syndromic surveillance may capture other respiratory pathogens, such as SARS-CoV-2, that present with similar symptoms.

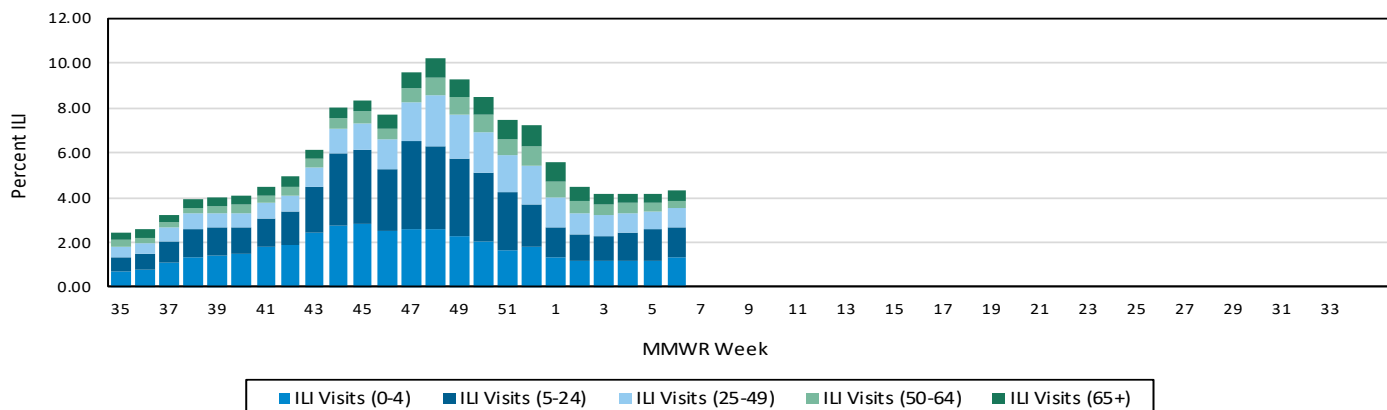
Percent of Emergency Department Visits (Syndromic) Associated with ILI



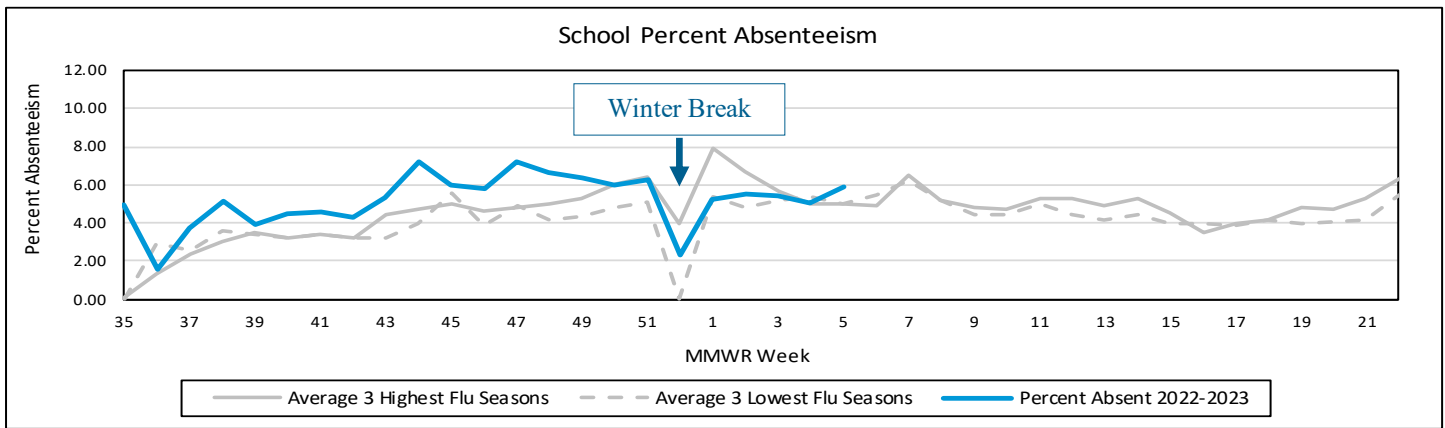
Percent of Emergency Department Visits (Syndromic) Associated with ILI that Resulted in Admission



Percent of Emergency Department Visits Associated with ILI by Age Group

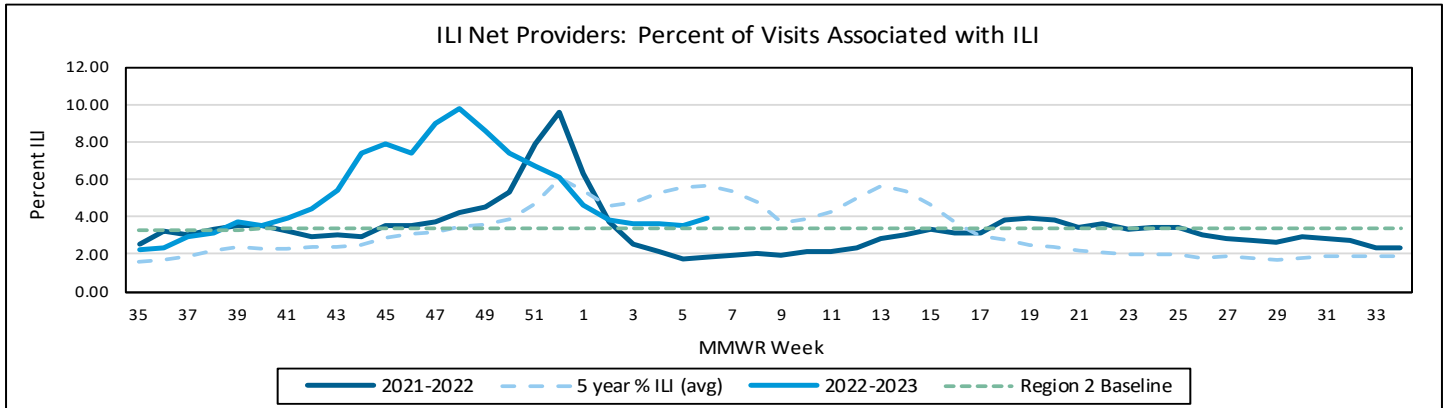


6d. School Absenteeism



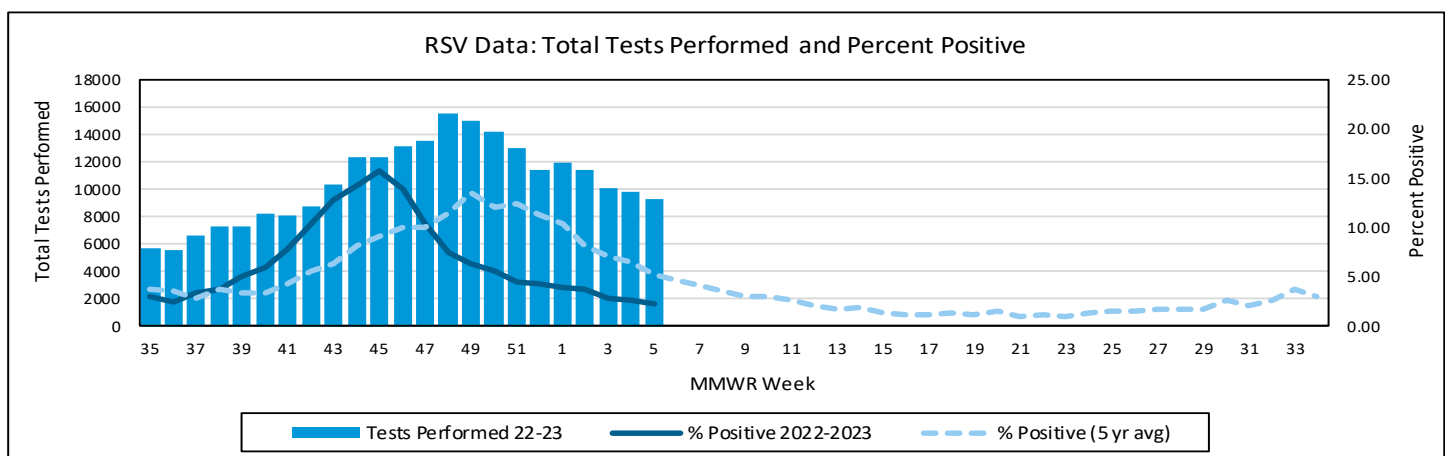
7. ILI Net Providers

The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) monitors outpatient visits for influenza-like illness (ILI), not laboratory-confirmed influenza, and may capture visits due to other respiratory pathogens, such as SARS-CoV-2, that present with similar symptoms.

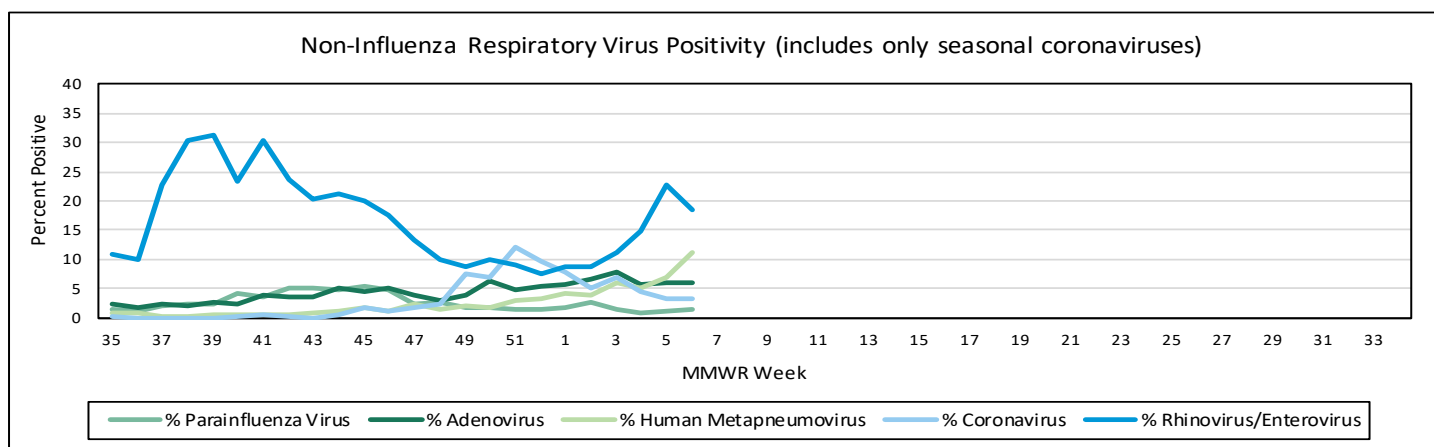
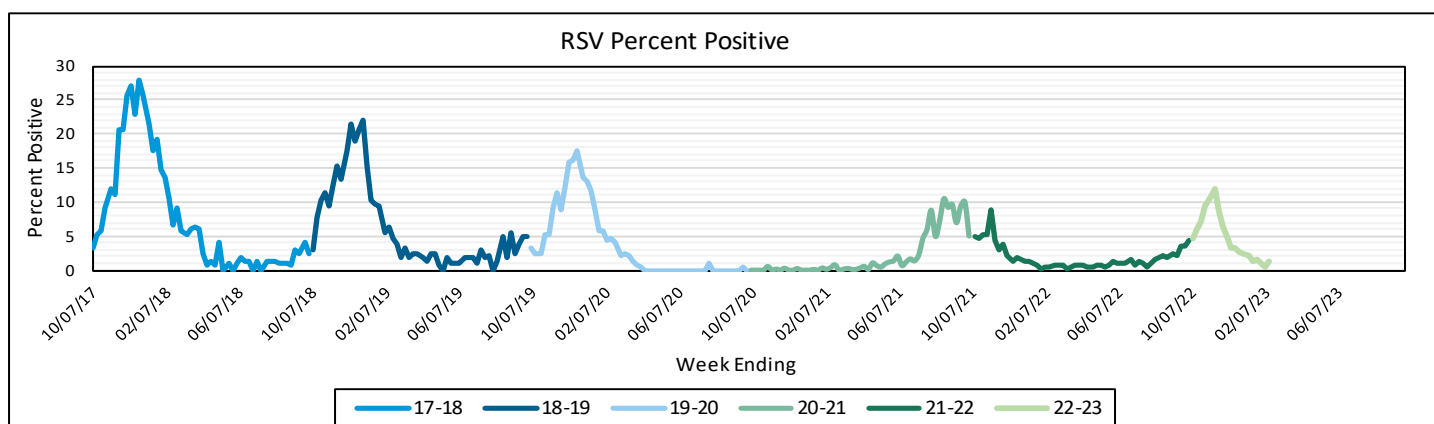


8. Non-Influenza Viral Respiratory Surveillance

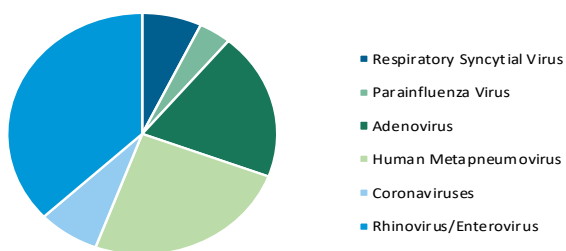
The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based surveillance system and participating laboratories report the total number of tests performed and the total positive for a number of non-influenza respiratory viruses. Information about the CDC NREVSS system 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 or 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%.



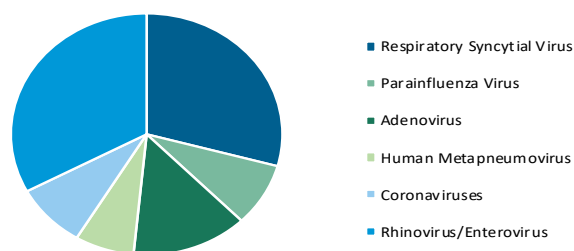
8. Non-Influenza Viral Respiratory Surveillance (continued)



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



Influenza Activity Level—Definitions for Public Health Regions

NJ Level	Definition		
	ILI Activity/Outbreaks		Lab Activity
Low	LowILI activity detected OR one lab confirmed outbreak anywhere in the region	AND	Sporadic isolation of laboratory confirmed influenza anywhere in the region
Moderate	IncreasedILI 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 increasedILI
High	IncreasedILI 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 increasedILI

For additional information, visit the following websites: <http://nj.gov/health/flu/surveillance/shtml> and <http://www.cdc.gov/flu/>

NJ ACTIVE INFLUENZA-LIKE ILLNESS SURVEILLANCE STATISTICS

SURVEILLANCE DATE: 02/07/2023



COUNTY	Long Term Care			Schools			Hospital Emergency Dept		
	# Enrolled	# Reports Rec'd	% ILI	# Enrolled	# Reports Rec'd	% Absent	# Enrolled	# Reports Rec'd	% ILI
February 7, 2023 12:00 AM MMWR WEEK 6									
ATLANTIC	2	0	0.00	136	64	6.32	4	4	3.03
BERGEN	13	0	0.00	471	282	5.64	6	6	3.27
BURLINGTON	6	1	0.00	265	116	6.43	4	4	3.30
CAMDEN	1	0	0.00	238	108	5.95	7	7	4.26
CAPE MAY	3	0	0.00	50	26	7.77	1	1	2.57
CUMBERLAND	5	4	0.00	69	41	7.80	3	3	3.52
ESSEX	9	1	0.00	355	184	7.33	8	7	4.84
GLOUCESTER	3	0	0.00	117	70	4.34	3	3	4.67
HUDSON	4	0	0.00	259	119	5.23	6	6	4.88
HUNTERDON	4	3	5.53	68	38	5.84	1	1	1.32
MERCER	1	0	0.00	193	99	3.52	4	4	3.80
MIDDLESEX	14	0	0.00	337	161	5.99	6	6	5.72
MONMOUTH	6	0	0.00	342	127	6.42	5	5	3.91
MORRIS	3	0	0.00	239	133	6.29	4	4	2.19
OCEAN	9	1	0.00	316	66	6.57	4	4	1.77
PASSAIC	9	0	0.00	253	140	6.84	3	3	3.56
SALEM	0	0	0.00	41	23	7.38	1	1	4.59
SOMERSET	5	0	0.00	164	84	4.68	1	1	3.89
SUSSEX	3	0	0.00	63	42	7.44	1	1	4.58
UNION	3	0	0.00	312	132	5.27	5	5	5.33
WARREN	6	1	0.00	65	34	5.66	2	2	4.18
NW Region	21	1	0.00	620	349	6.62	10	10	6.03
NE Region	26	1	0.00	1085	585	6.05	20	19	4.35
CW Region	10	3	5.53	425	221	4.22	6	6	3.52
CE Region	32	1	0.00	1307	486	5.98	20	20	4.43
SW Region	10	1	0.00	661	317	5.66	15	15	5.54
SE Region	10	4	0.00	255	131	6.94	8	8	3.17
State Total	109	11	1.61	4353	2089	5.91	79	78	4.05

NJ ACTIVE INFLUENZA-LIKE ILLNESS SURVEILLANCE STATISTICS

SURVEILLANCE DATE: 02/07/2023



County	RSV Tests		Rapid Flu Tests		
	# Positive	Total Tests Performed	# Positive	Total Tests Performed	
February 7, 2023 12:00 AM MMWR WEEK 6					
ATLANTIC	3	850	14	1049	
BERGEN	6	67	13	286	
BURLINGTON	0	0	0	38	
CAMDEN	0	83	0	0	
CAPE MAY	0	0	0	0	
CUMBERLAND	0	0	0	0	
ESSEX	9	283	9	1233	
GLOUCESTER	0	0	0	0	
HUDSON	0	8	4	57	
HUNTERDON	10	459	2	459	
MERCER	2	20	2	20	
MIDDLESEX	1	847	6	847	
MONMOUTH	18	876	46	2014	
MORRIS	4	920	0	0	
OCEAN	0	4	6	240	
PASSAIC	5	552	4	60	
SALEM	0	0	0	0	
SOMERSET	132	2889	0	0	
SUSSEX	3	370	1	370	
UNION	13	911	0	0	
WARREN	1	214	2	214	
NW Region	13	2056	7	644	
NE Region	15	358	26	1576	
CW Region	144	3368	4	479	
CE Region	32	2638	58	3101	
SW Region	0	83	0	38	
SE Region	3	850	14	1049	
State Total	207	9353	109	6887	