

# Respiratory Illness Surveillance Report

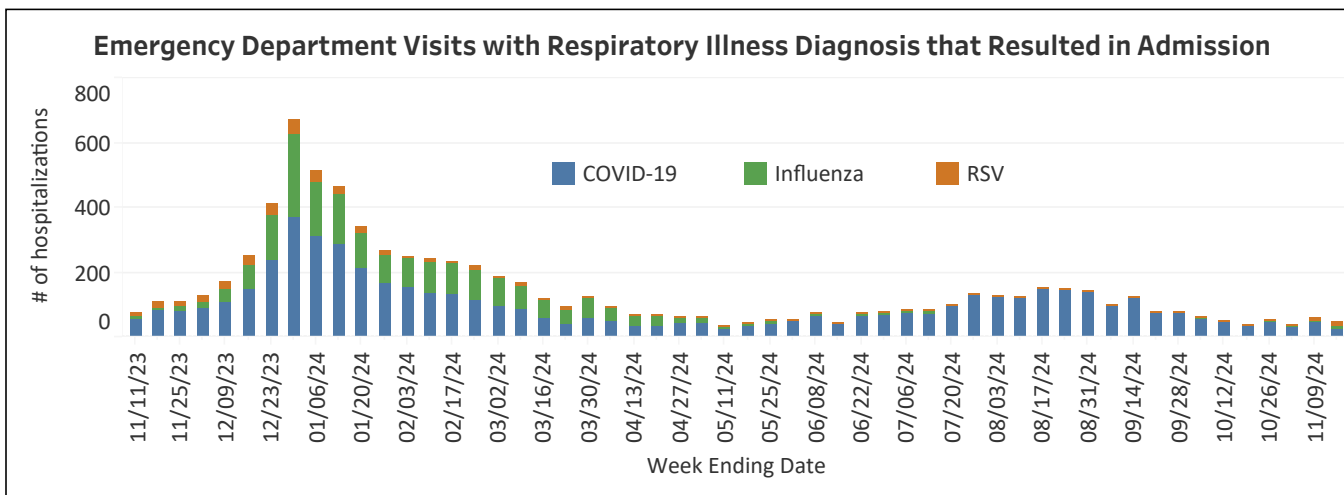
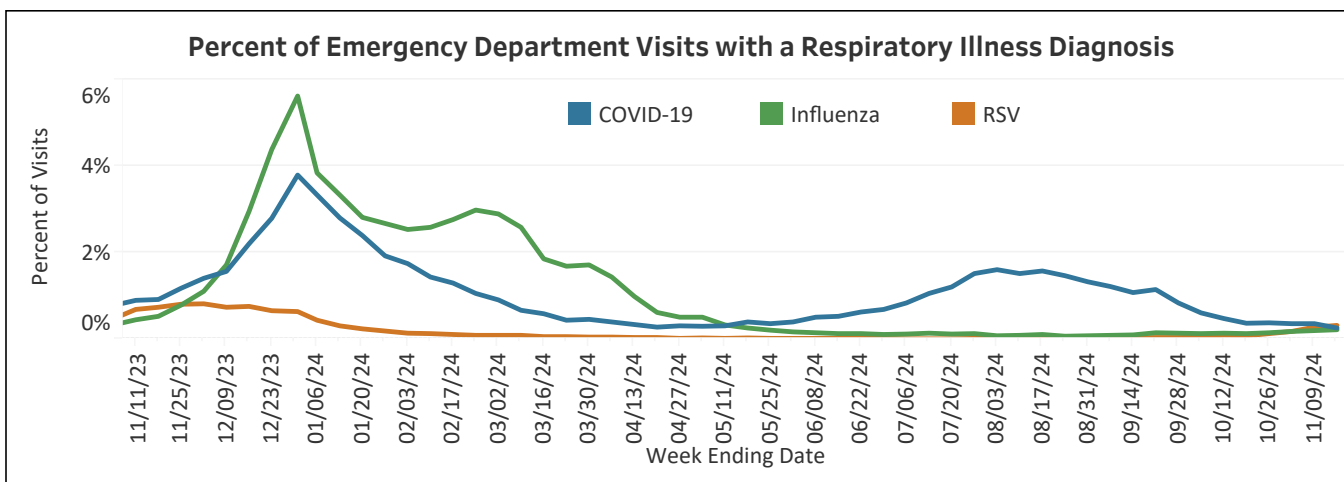
Week Ending November 16, 2024 (MMWR 46)

## Report Highlights

- COVID-19 activity is low. Since last week, there was a decrease in percent positivity and emergency department visits associated with COVID-19 that resulted in admission.
- The COVID-19 variant predominantly in circulation is KP.3.1.1. Circulating variants are closely related to fall vaccine formulations.
- Influenza activity level is low. There are slight increases in influenza associated with emergency department visits and influenza like illness among outpatient provider visits.
- Among the current circulating influenza viruses, the most frequently reported subtype is influenza A(H1N1).
- RSV percent positivity continues to increase. There has been an increase in emergency department visits with a diagnosis of RSV that resulted in admission, particularly among children 0-4 years of age.
- Percent positivity is elevated for parainfluenza and rhinovirus/enterovirus.

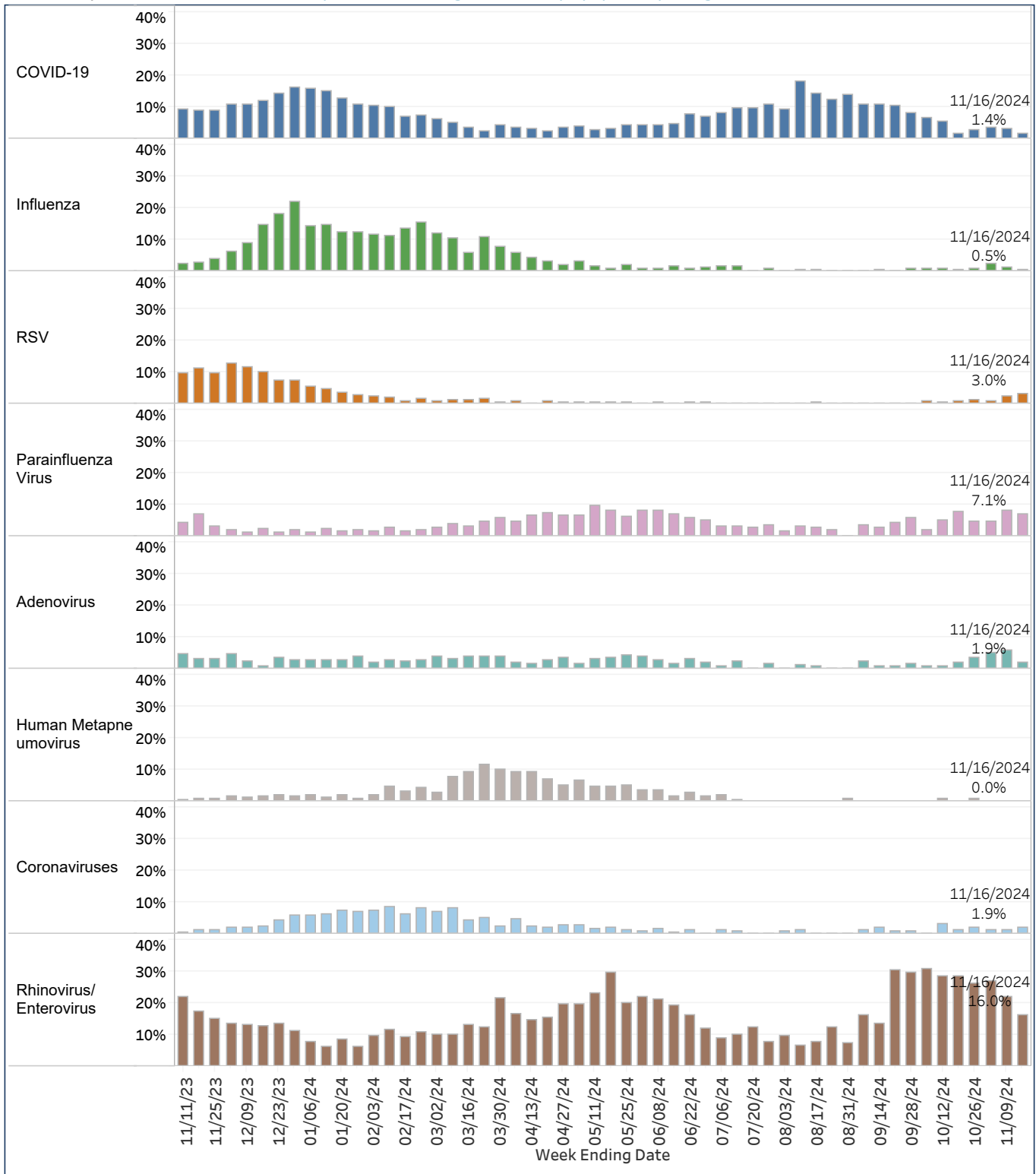
## Respiratory Trends

Data from the NJDOH Syndromic Surveillance System (EpiCenter) shows the weekly percent of emergency department visits and visits that resulted in hospitalizations associated with COVID-19, Influenza, and/or RSV diagnoses codes reported by 79 New Jersey emergency departments.



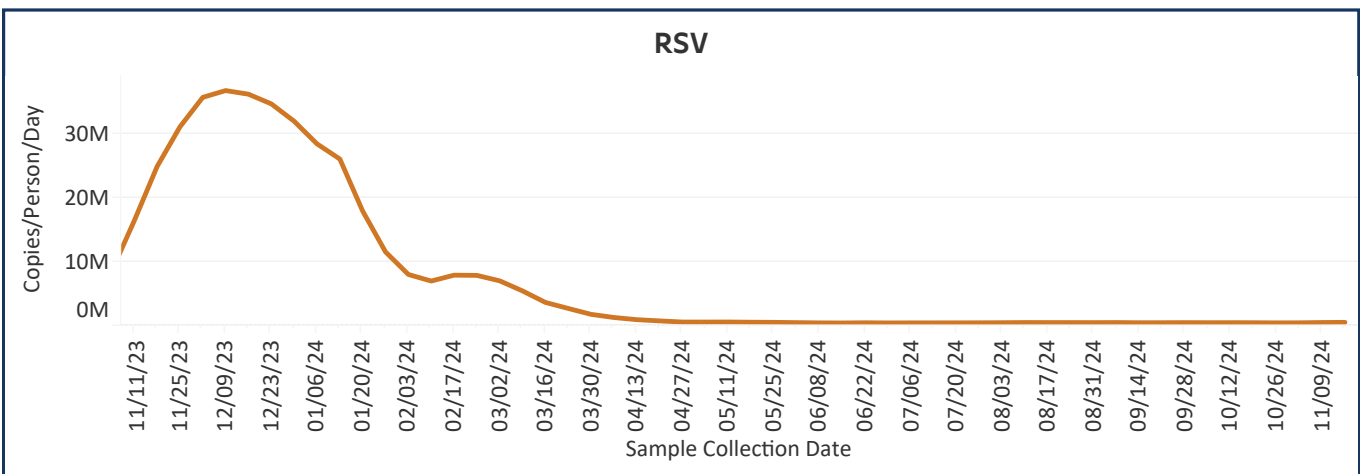
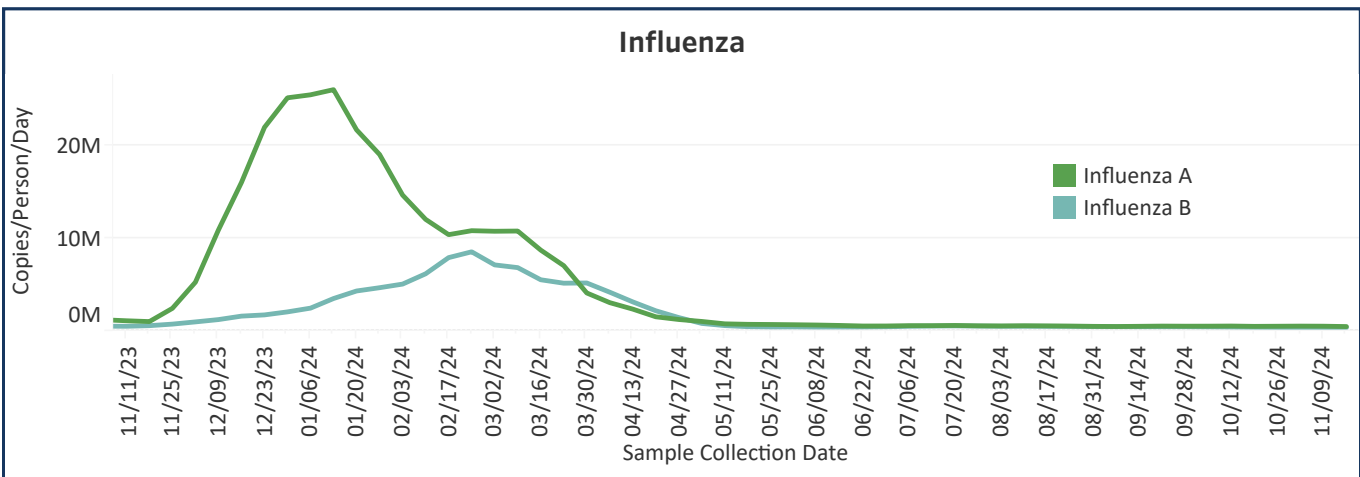
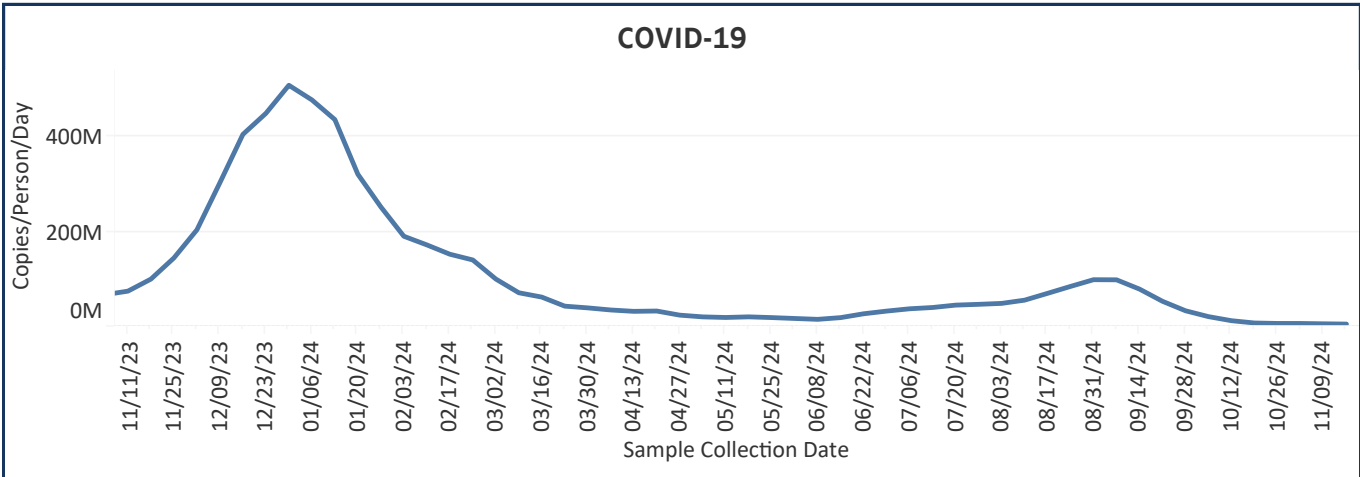
## Respiratory Virus Test Positivity

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 tests for respiratory viruses, including adenovirus, human metapneumovirus, and parainfluenza. Information about the CDC NREVSS system can be found at: <https://www.cdc.gov/nrevss/php/participating-labs/index.html>



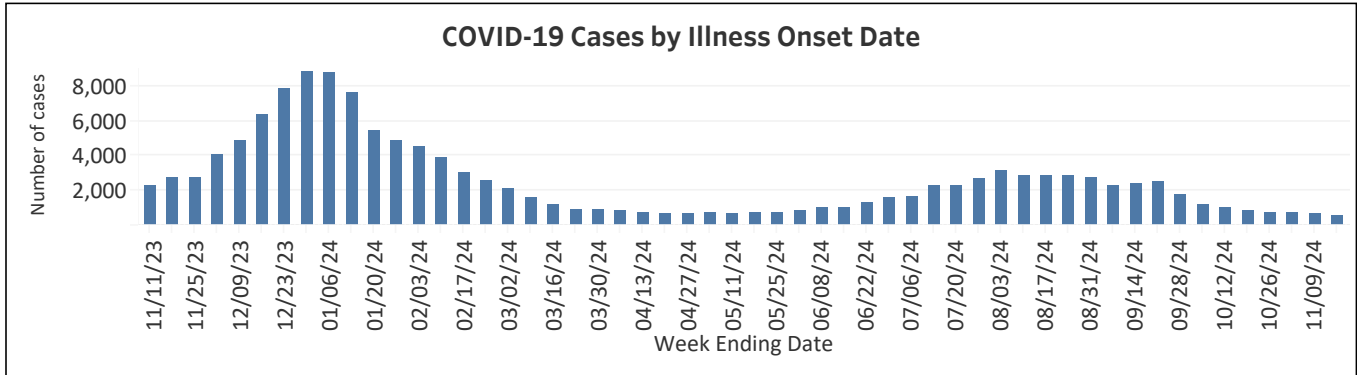
## Wastewater Surveillance

Aggregate, state-level, normalized concentrations of SARS-CoV-2, influenza, and RSV charted over time, based on testing from wastewater samples submitted twice weekly from participating sites, provide information on changing levels of disease circulation, and are used as a tool in monitoring respiratory virus trends.



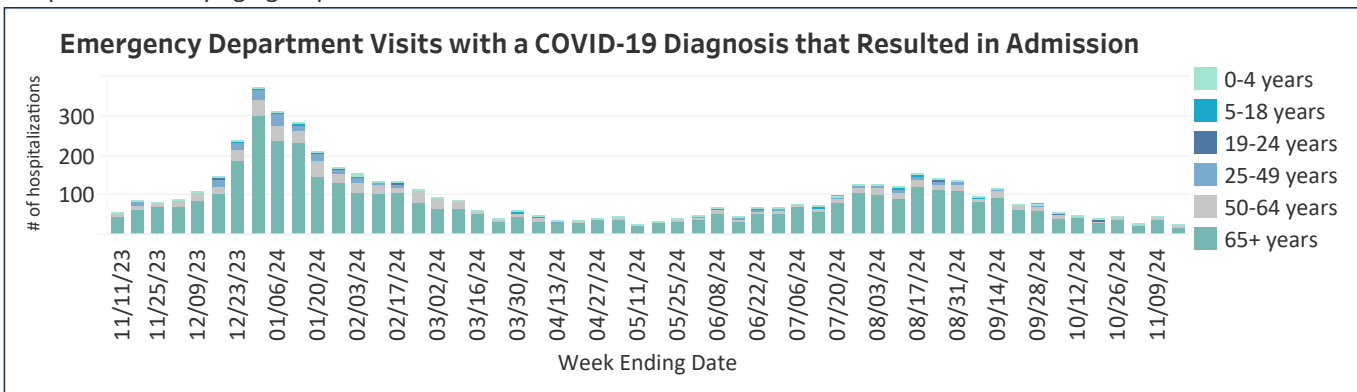
## COVID-19: Cases

Data from the NJDOH Communicable Disease Reporting and Surveillance System (CDRSS) is used to report weekly COVID-19 cases. COVID-19 case data is based on PCR and antigen tests.



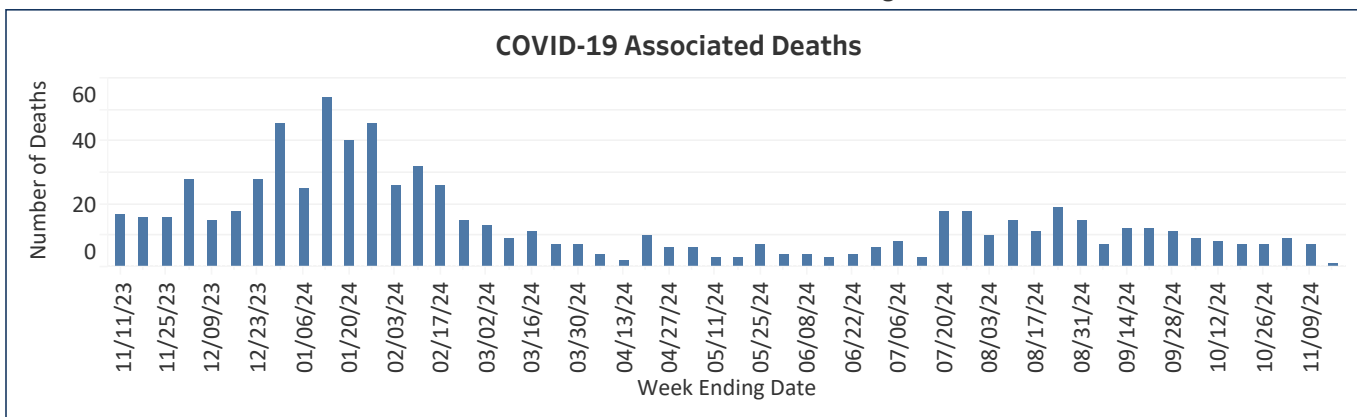
## COVID-19: Hospitalizations

NJDOH uses syndromic surveillance data to monitor trends associated with visits to emergency departments for COVID-19. Data shows the number of emergency department visits with a COVID-19 diagnosis that resulted in hospitalizations by age group.



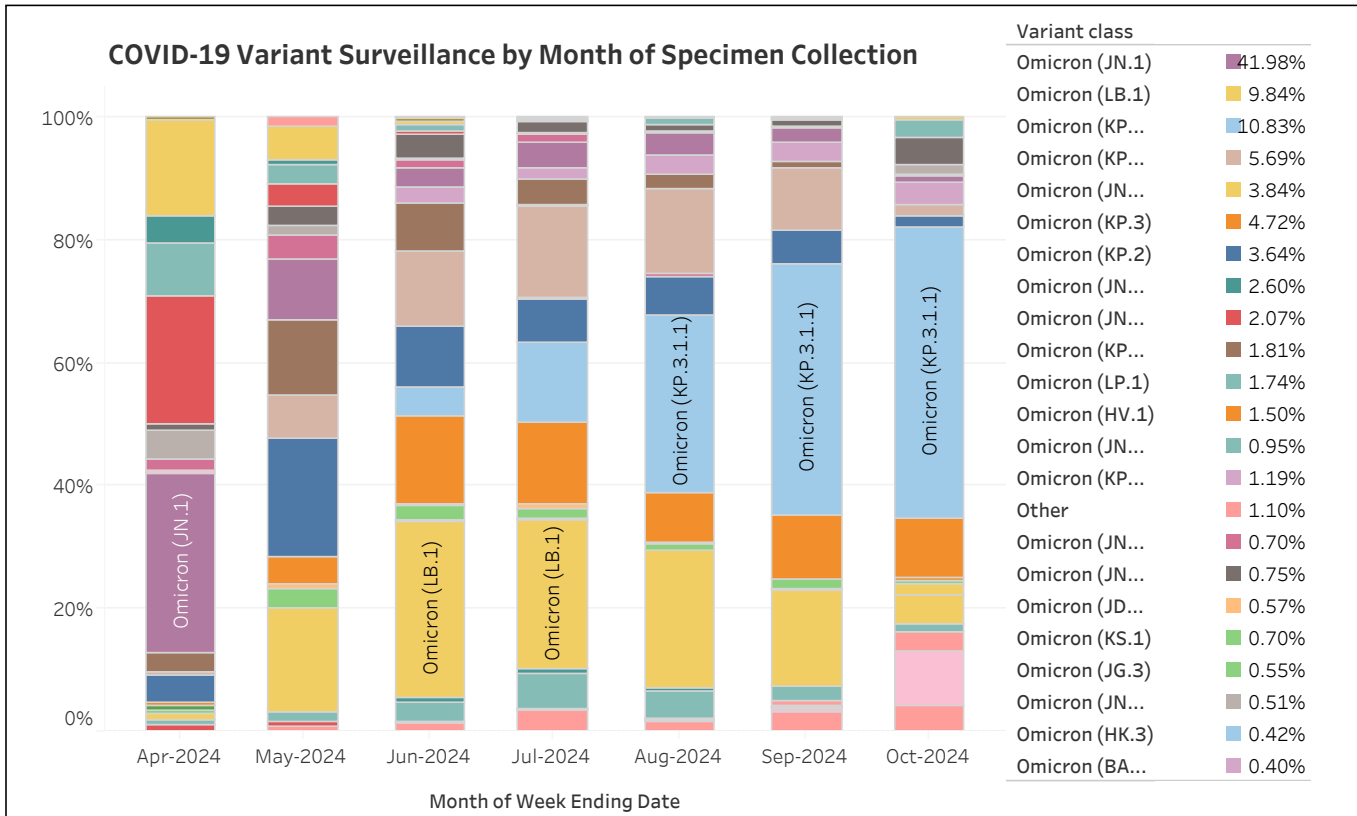
## COVID-19: Deaths

Data from CDRSS and the NJ Electronic Death Registration System (EDRS) are used to provide information on the number of COVID-19 associated deaths. COVID-19 associated deaths are based on the CSTE Revised COVID-19 associated Death Classification Guidance for Public Health Surveillance Programs.



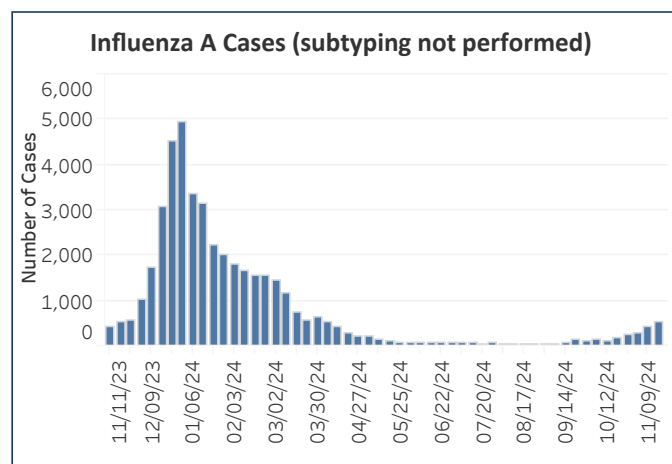
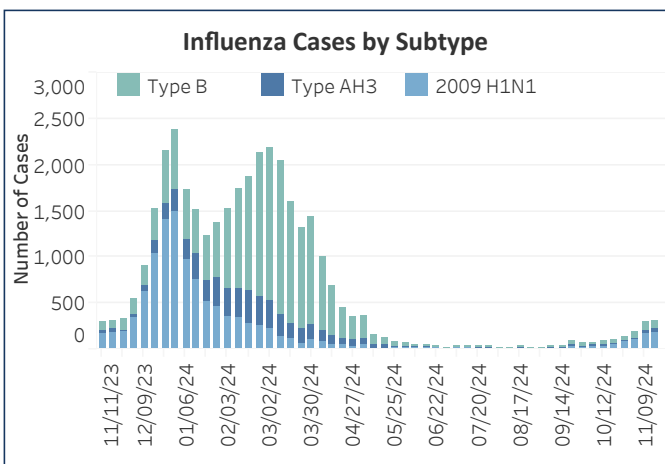
## COVID-19: Variants

The chart depicts a summary of COVID-19 variant surveillance by month of specimen collection. Data includes sequencing results reported by selected commercial Labs and the NJ Public Health and Environmental Laboratories 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 <https://covid.cdc.gov/covid-data-tracker/#variants-genomic-surveillance>



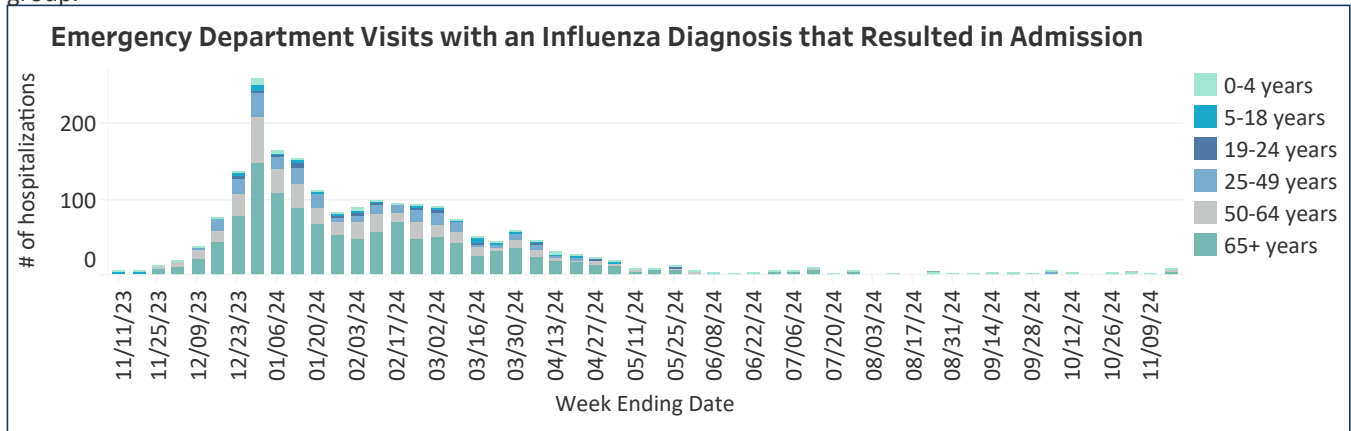
## Influenza: Cases

Data from CDRSS is used to report weekly influenza cases. Influenza case data is based on PCR tests.



## Influenza: Hospitalizations

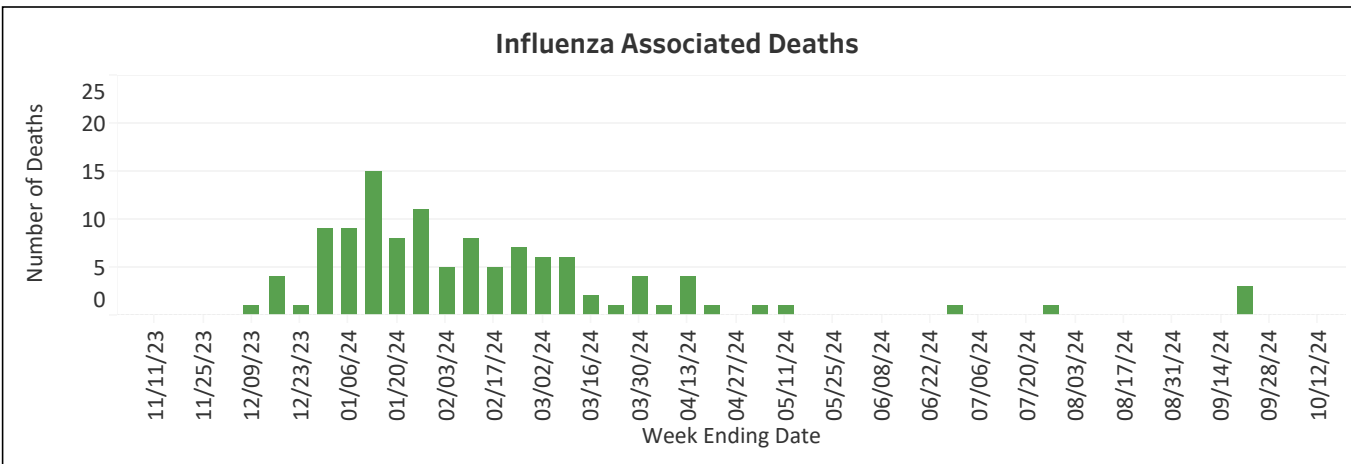
NJDOH uses syndromic surveillance data to monitor trends associated with visits to emergency departments for influenza. Data shows the number of emergency department visits with an influenza diagnosis that resulted in hospitalization by age group.



## Influenza: Deaths

Data from CDRSS and EDRS is used to determine the number of adult influenza-associated deaths reported weekly.

The table includes severe and fatal influenza-associated pediatric cases reported to NJDOH compared to national pediatric influenza deaths for a 5-year period. An influenza-associated pediatric death is defined as a death resulting from a clinically compatible illness with laboratory confirmed influenza. Severe illness is defined as admission to an intensive care unit for an influenza-related illness.

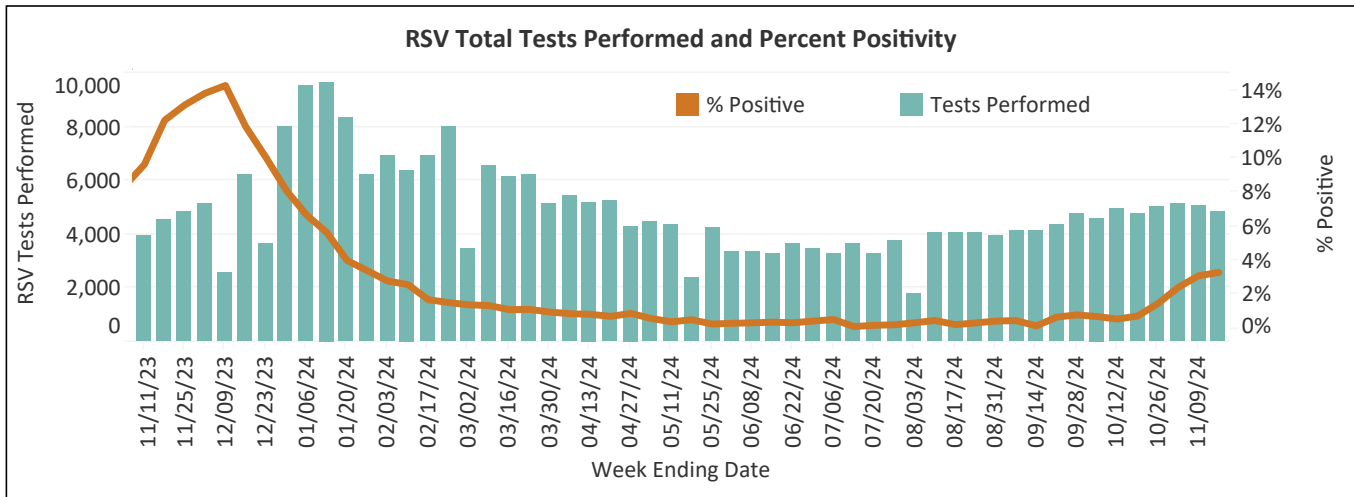


### Pediatric Influenza Deaths and Severe Cases

Influenza Season	US (fatal)	NJ (fatal)	NJ (severe cases)
2020-2021	1	0	1
2021-2022	49	0	19
2022-2023	187	4	95
2023-2024	204	2	99
2024-2025	0	0	1

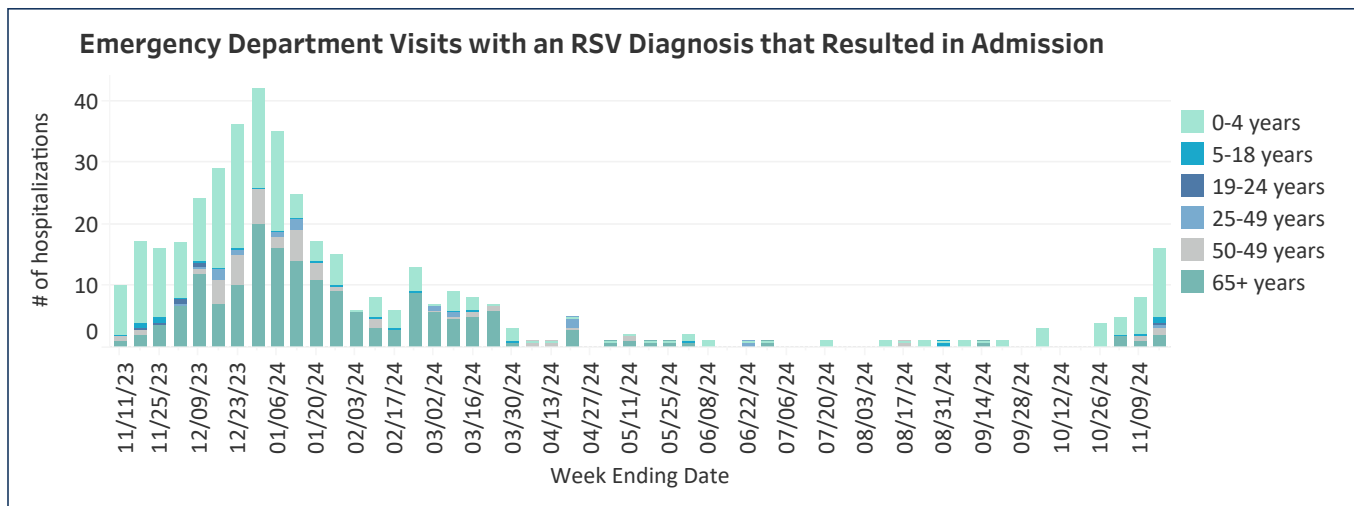
## RSV: Tests Positivity

Data from CDRSS submitted by select acute care facilities is used to report weekly number of respiratory syncytial virus (RSV) tests performed and the test positivity.



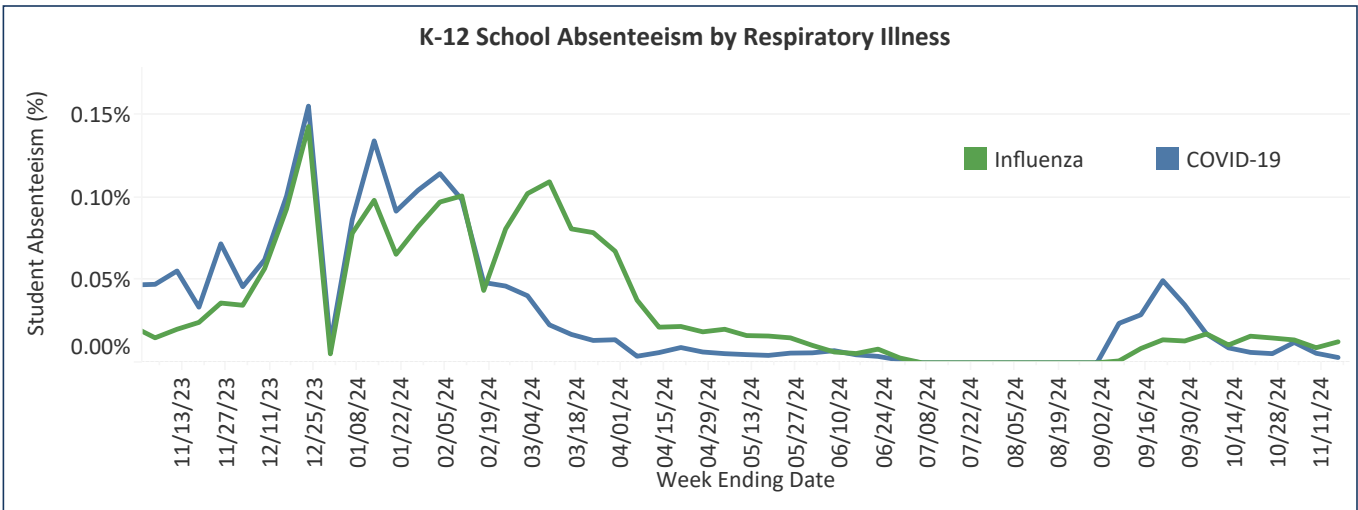
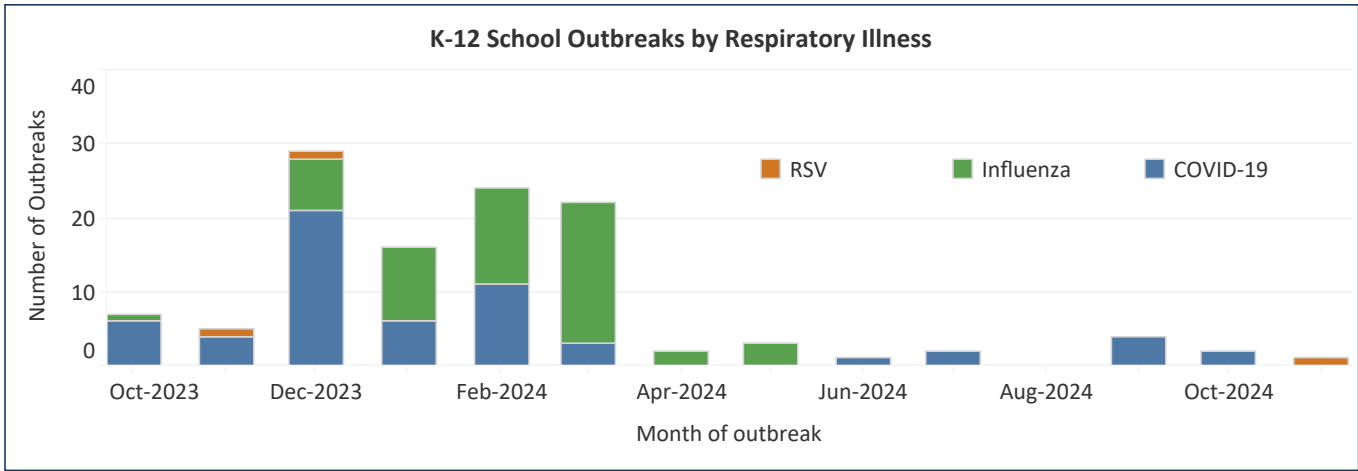
## RSV: Hospitalizations

NJDOH uses syndromic surveillance data to monitor trends associated with visits to emergency departments for RSV. Data shows the number of emergency department visits with an RSV diagnosis that resulted in hospitalization by age group.



## K-12 Schools

Data from CDRSS is used to provide information on COVID-19, influenza, and RSV outbreaks in school settings, including in childcare and early elementary care facilities and to provide information on school-related absenteeism due to COVID-19 and influenza.



## 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, influenza and RSV outbreaks.

