

DEPARTMENT OF HEALTH AND SENIOR SERVICES

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To: Health Officers, Regional Epidemiologists, Pathologists, and Medical

Examiners

From: Lisa McHugh, MPH

Influenza Surveillance Coordinator

Date: October 7, 2010

Subject: Influenza-associated Death Surveillance

Surveillance for influenza-associated deaths in New Jersey are monitored using the 122 City Mortality Reporting system and passive provider reports. Information from these mechanism provide valuable information on the severity of influenza, however, a formal system for capturing these data was not previously established. During the 2009 H1N1 pandemic, the Center for Disease Control and Prevention (CDC) asked states to monitor the impact of influenza-associated deaths. From April 2009 to May 2010, the New Jersey Department of Health and Senior Services (NJDHSS) received 42 reports of fatal cases. These reports were captured in the Communicable Disease Reporting and Surveillance System (CDRSS) and allowed NJ to monitor the clinical and epidemiologic features of fatal influenza cases. NJDHSS is again requesting your assistance in capturing reports of fatal cases of influenza. Health care providers and facilities should report:

- Laboratory confirmed* influenza-related deaths (in which there is no period of complete recovery between illness and death); **OR**
- A fatal case of severe respiratory disease for which an alternative diagnosis cannot be made regardless of influenza laboratory confirmation.

Pre- or post-mortem specimens from cases meeting the above criteria can be referred to the state public health laboratories for additional testing. Reporters with access to CDRSS should enter epidemiologic and clinical information into CDRSS. Reporters who do not have access to CDRSS should report within 72 hours any deaths meeting the above criteria to the local health department where the patient resides. A directory of local health departments can be found at the following link http://nj.gov/health/lh/directory/lhdselectcounty.shtml. If the local health department is unavailable, reports can be made to NJDHSS at 609-826-5964.

Please contact Lisa McHugh at 609-826-5964 if you have any questions or concerns. Thank you for your continued assistance.

*Laboratory testing for influenza virus infection may be done on pre- or post-mortem clinical specimens, and includes identification of influenza A or B virus infections by a positive result by at least one of the following methods:

- Influenza virus isolation in tissue cell culture from respiratory specimens
- Reverse-transcriptase polymerase chain reaction (RT-PCR) testing of respiratory specimens
- Immunofluorescent antibody staining (direct or indirect) of respiratory specimens
- Rapid influenza diagnostic testing of respiratory specimens
- Immunohistochemical (IHC) staining for influenza viral antigens in respiratory tract tissue from autopsy specimens
- Four-fold rise in influenza hemagglutination inhibition (HI) antibody titer in paired acute and convalescent sera (single serum samples are not interpretable)