

Protecting yourself and your clients from the tripledemic (COVID-19, Influenza, and RSV)

January 2023

PRELIMINARY, PRE-DECISIONAL, AND DELIBERATIVE. BASED ON INPUT PROVIDED BY STATE AGENCY LEADERS AND STAFF, TO DATE, AND SUBJECT TO CHANGE. CONTENT IS DESCRIPTIVE ONLY AND IS NOT MEANT TO CONSTITUTE LEGAL, CLINICAL, OR POLICY ADVICE.

Respiratory Viruses Overview

- **The U.S. and N.J. are experiencing the circulation of non-COVID-19 respiratory viruses, including influenza, rhinovirus/enteroviruses, and RSV, in addition to ongoing levels of COVID-19.**
- Some infections are responsible for severe disease and hospitalization, especially in pediatric populations.
- High rates of co-circulating respiratory viruses may result in increased severe illness and hospitalizations as we progress into the holiday season and the time of year when respiratory illnesses typically peak.

Respiratory Viruses Vaccination and Guidance

- **Vaccines are the most effective way to prevent COVID-19 and influenza hospitalization and death and all eligible residents should be encouraged to be up-to-date with these vaccines.**
- Healthcare providers should be aware of treatment options that can reduce severe disease and hospitalization among high-risk patients with COVID-19 and influenza and that can prevent RSV-associated hospitalizations in eligible high-risk children.
- NJDOH has guidance and respiratory virus activity reports posted online at <https://www.nj.gov/health/cd/> and <https://www.nj.gov/health/cd/statistics/flu-stats/>

COVID-19 disease progression US and New Jersey (as of January 27th)

Cases, mortality, and hospitalizations

102,171,644

Total reported confirmed cases
in United States

2,993,603

Total PCR and antigen confirmed cases
in New Jersey

149,486

Total New Jersey confirmed case hospitalizations

35,804

Total New Jersey confirmed and probable* deaths

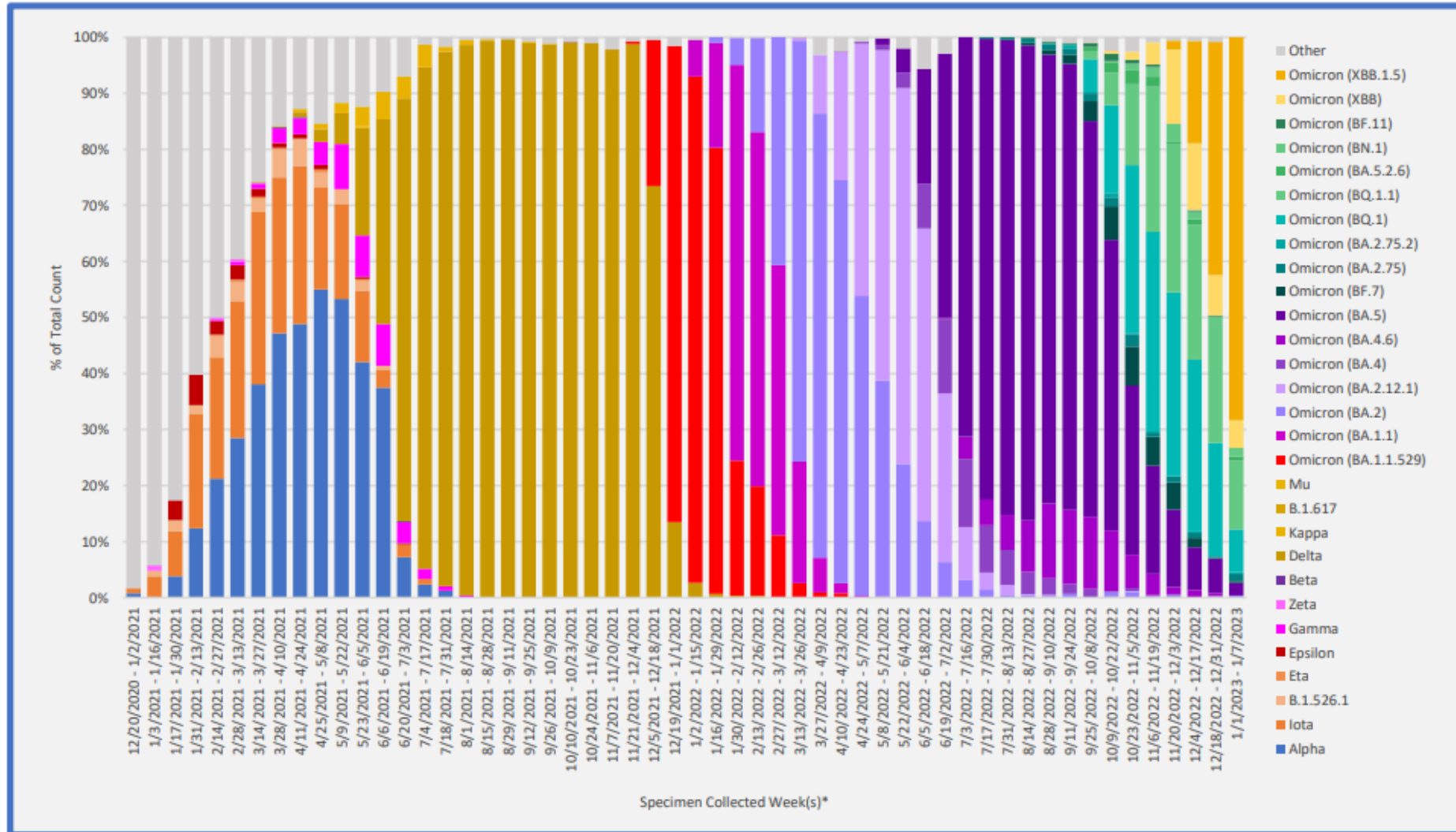
CDC Case Classification for “Probable”

- Meets clinical criteria AND epidemiologic linkage with no confirmatory or presumptive laboratory evidence for SARS-CoV-2, OR
- Meets presumptive laboratory evidence, OR
- Meets vital records criteria with no confirmatory laboratory evidence for SARS-CoV-2

2,511,162 **PCR** cases, 482,441 **antigen** cases in New Jersey

32,655 **confirmed** COVID-19 deaths, 3,149 **probable** COVID-19 deaths in New Jersey

COVID-19 variant surveillance by specimen collected, week-cumulative summary as of 1/7/2023, %



Percentages represent the proportion found in the specified variant lineage. "Other" represents 173 additional and unassigned lineages not classified as variants of concern or variants of interest.

* Specimens collected 1/1/2023 – 1/7/2023 reflects data for 1 week with a total of 262 specimens.

Source: CDS

Preliminary, pre-decisional, and deliberative. Based on input provided by State agency leaders and staff, to date, and subject to change. Content is descriptive only and is not meant to constitute legal, clinical, or policy advice.





Daily Overview: Covid-19 status of Hospitalized individuals

Latest data: 1/26/2023

Patient Categories	Total patient #
Adults- Hospitalized; confirmed COVID-19	1,254
Adults- Hospitalized; of confirmed COVID-19 with principal diagnosis COVID-19	358
Adults- Hospitalized; PUI	18
Adults- ED visits in last 24 hrs related to COVID-19	737
Peds- Hospitalized; confirmed COVID-19	18
Peds- Hospitalized; confirmed COVID-19 with principal diagnosis COVID-19	0
Peds- Hospitalized; PUI	12
Peds- ED visits in last 24 hrs related to COVID-19	253

70 of 70 hospitals reporting, only includes active acute care sites as per NJHA

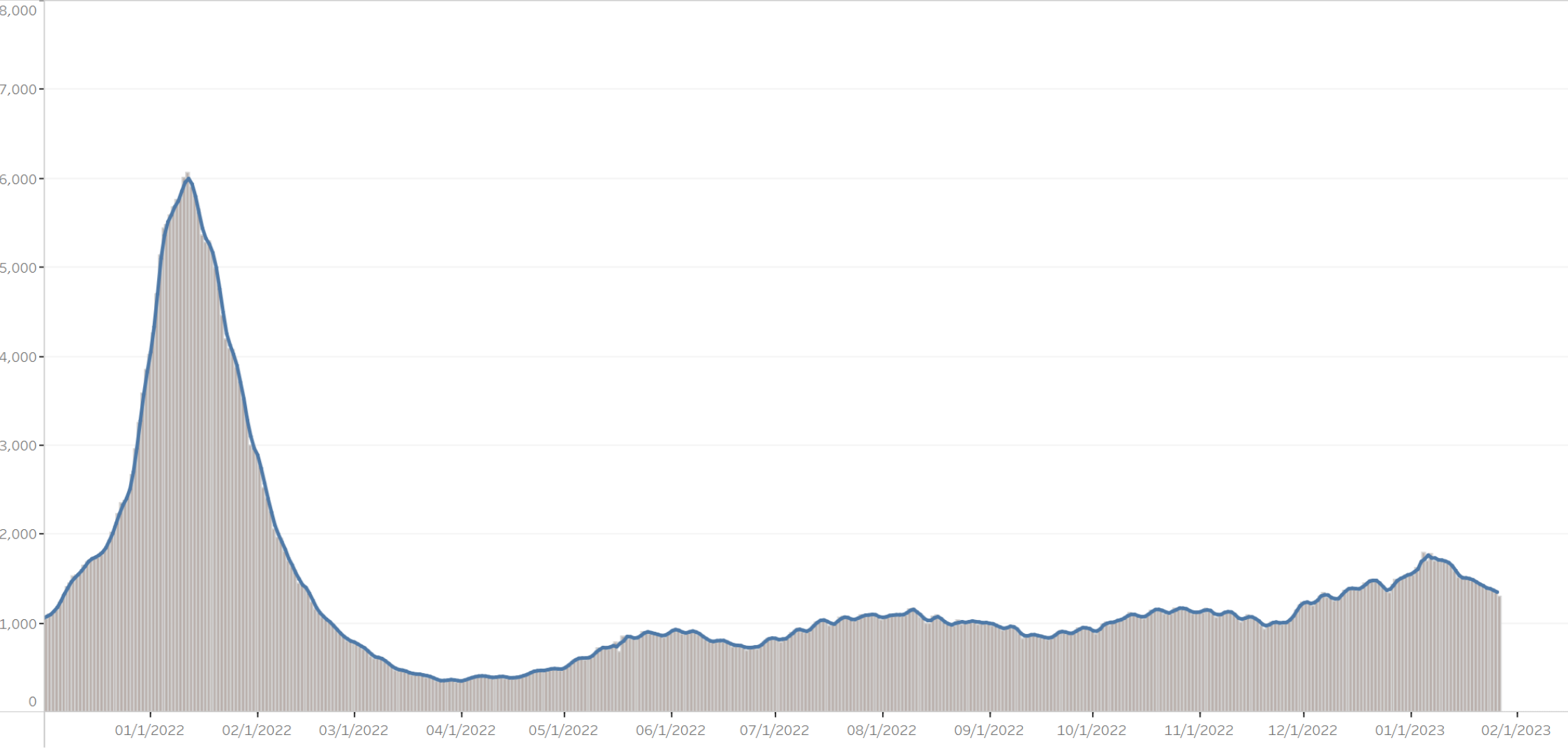
Only hospital reported data and any view on breakthrough cases needs to be verified by the CDS. CDS releases breakthrough data, using a standardized surveillance case definition with set time periods, exclusions, verified testing and vaccination records, etc., that aren't captured here with the NJHA data

Source: NJHA survey

Preliminary, pre-decisional, and deliberative. Based on input provided by State agency leaders and staff, to date, and subject to change. Content is descriptive only and is not meant to constitute legal, clinical, or policy advice.

Statewide daily census for COVID-19 positive and PUI inpatients since 1st December 2021

3 Day Avg Confirmed Puis Hospital Census Confirmed Puis Hospital Census



Peak Date:
2022-01-11

Peak Value:
6,059

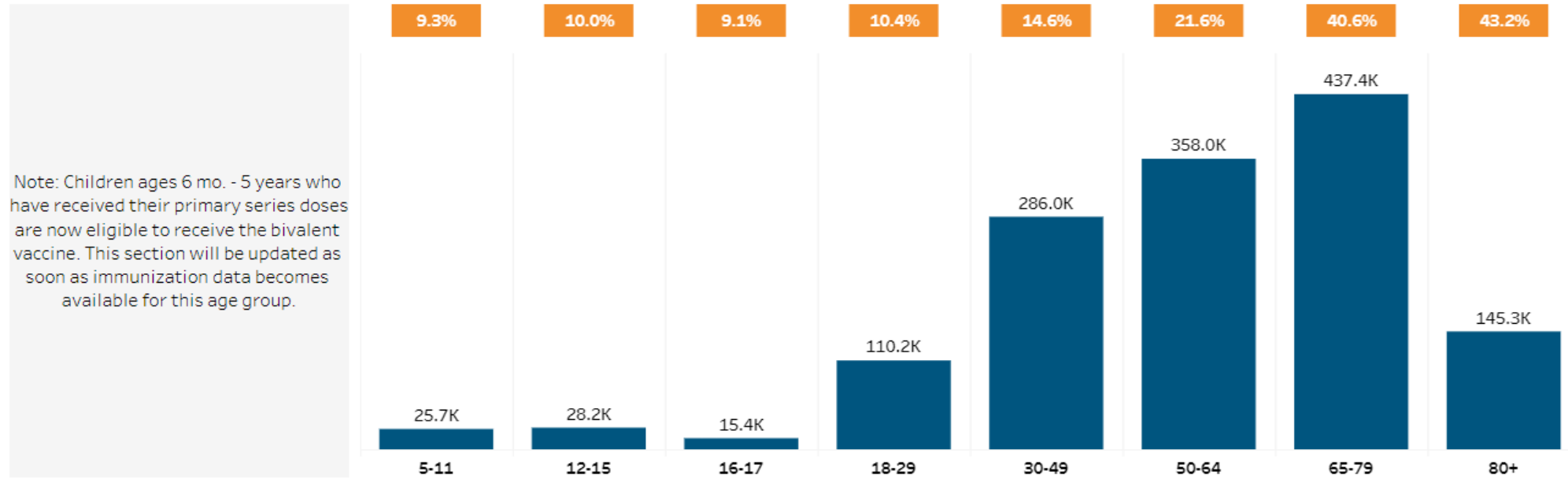
SOURCE: New Jersey Hospital Association



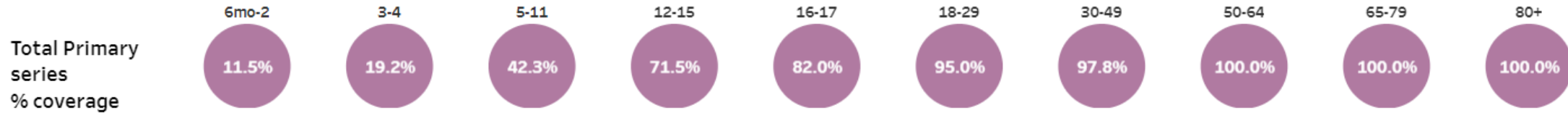
Daily report on vaccination

Data available as of 1/26/2023

Bivalent doses administered in NJ by age cohorts



Primary vaccine courses (NJ & non-NJ residents vaccinated in NJ) by age category, % of total population



1. Eligible population represents value two weekdays prior (e.g., if Monday, represents the previous Thursday). The data may increase as more sites report 2. Value over 100% due to numerator including NJ and non-NJ residents while eligible population includes NJ residents only 3. Current primary series vaccinations are mostly administered to these age cohorts while other age cohorts' primary series % coverage have passed 70%. 4. There are currently less than 100 bivalent administrations for age groups 5-11.

Note: Includes all individuals who were vaccinated within New Jersey (those who live work or study within New Jersey). Excludes vaccines administered through select federal programs (e.g., Bureau of Prisons, Veterans Health, Indian Health Service, and Department of Defense) as well as NJ residents vaccinated in other states

Source: NJIIS, Vtrcks



Who is eligible for the updated (bivalent) COVID-19 booster today?

- **Everyone 5 years and older who completed a primary series**
- **Children 6 months through 4 years who completed the Moderna primary series**

Children 6 months through 4 years of age who receive 2 doses of Pfizer are eligible for a bivalent Pfizer vaccine as part of the three-dose primary series. Boosters are currently not recommended for these children who completed the Pfizer primary series.

- People should receive one dose of the updated (bivalent) vaccine at least two months after completing their primary series or last monovalent booster dose.
- Make sure you are up to date with COVID-19 vaccinations.

For full vaccine schedules, scan the QR code for latest CDC guidance



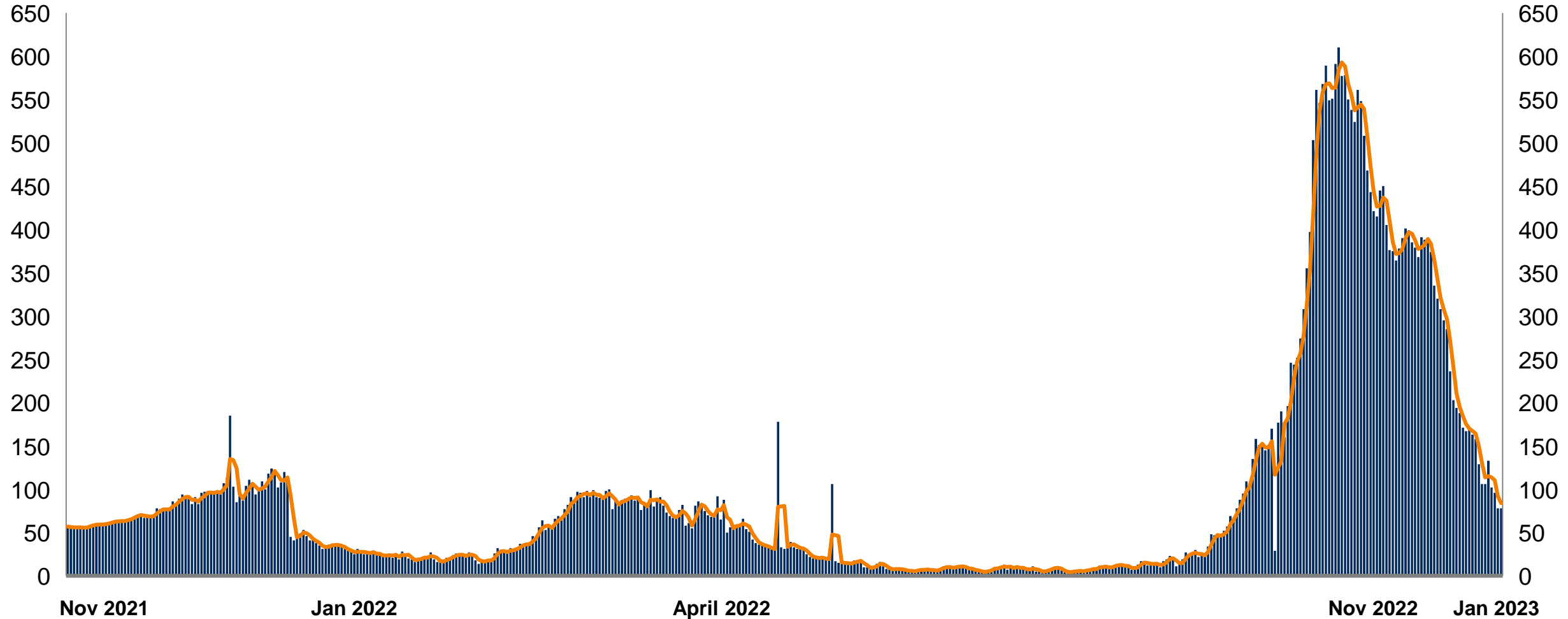
For more information, visit covid19.nj.gov/vaccine or call **855-568-0545**



Total (adult and pediatric) patients hospitalized with confirmed Influenza (Nov 2021 – Jan 2023)

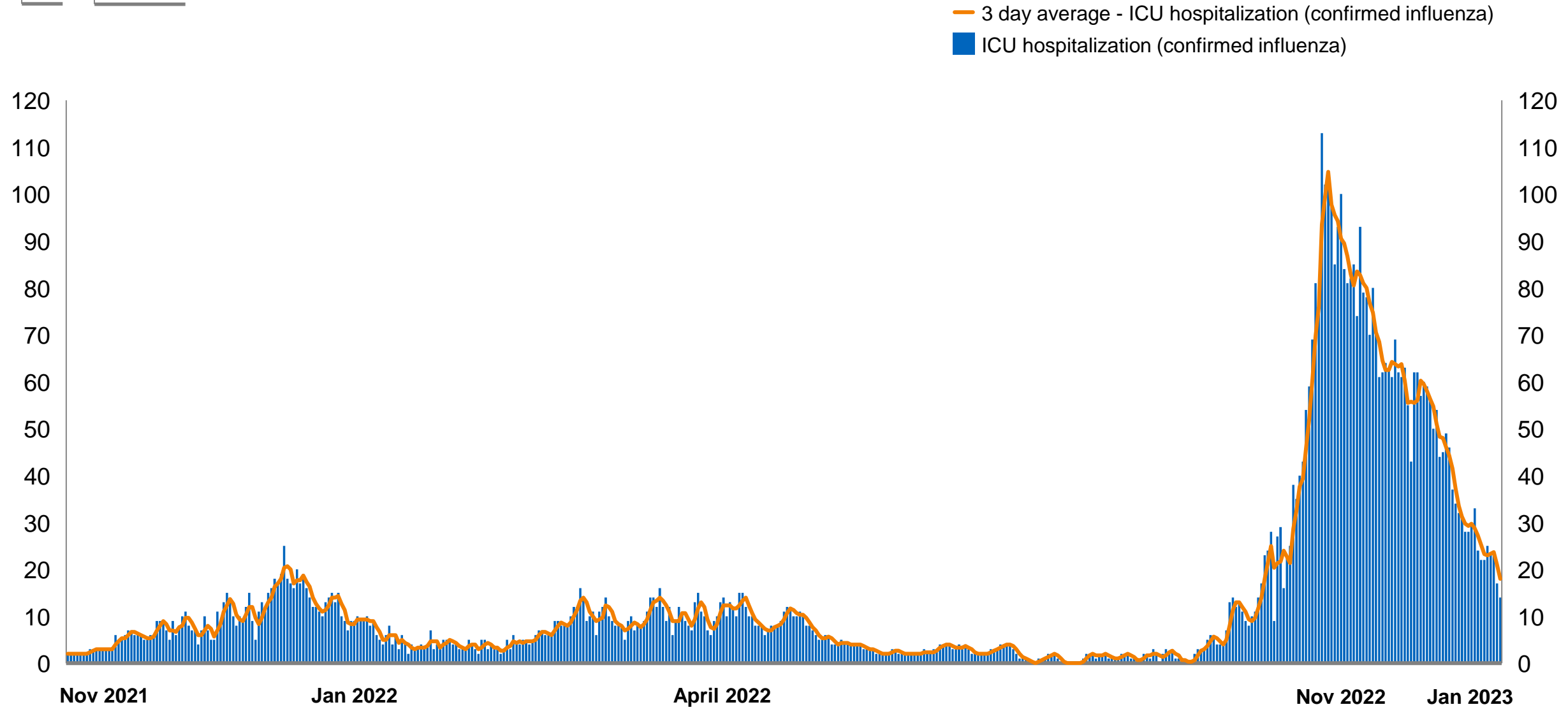
Draft Preliminary

- 3 day average (Patients hospitalized (confirmed influenza))
- Patients hospitalized (confirmed influenza)



Total (adult and pediatric) ICU hospitalizations with confirmed Influenza (Nov 2021 – Jan 2023)

Draft Preliminary





Influenza related hospitalizations by region

Reported on 1/20/2023

Region	Total patients hospitalized confirmed influenza*	ICU patients confirmed influenza**	Previous day admits influenza	Previous day deaths influenza
North Region	46	8	7	1
Central Region	38	10	4	0
South Region	22	4	2	0
Statewide total	106	22	13	1

Reported on 1/25/2023

Region	Total patients hospitalized confirmed influenza*	ICU patients confirmed influenza**	Previous day admits influenza	Previous day deaths influenza
North Region	36	6	3	0
Central Region	28	8	2	1
South Region	14	3	1	0
Statewide total	78	17	6	1

*Total number of patients (adult and pediatric) currently hospitalized in an inpatient bed who have laboratory confirmed influenza virus infection. Include inpatient, overflow, observation, ED, ED awaiting orders for an inpatient bed, active surge/expansion, ICU, NICU, PICU, newborn and nursery

**Total number of patients (adult and pediatric) currently hospitalized in a designated ICU bed with laboratory confirmed influenza virus infection. This is a subset of Total patients hospitalized confirmed influenza.

Preliminary and Confidential

CDC: Flu Vaccine Get the Facts

The Centers for Disease Control and Prevention (CDC), public health professionals, and our practice recommend that **everyone 6 months of age and older should get a flu vaccine every year**. Flu vaccination can reduce flu illnesses, doctors' visits, and missed work and school due to flu, as well as prevent serious flu complications that can result in hospitalization and even death. **A flu vaccine is the best way to help prevent flu and its potentially serious complications.**



CDC estimates that flu has resulted in **9 million – 41 million illnesses, 140,000 – 710,000 hospitalizations and 12,000 – 52,000 deaths annually between 2010 and 2020.**



Recent studies show that **flu vaccination reduces the risk of flu illness by between 40% and 60%** among the overall population during seasons when most circulating flu viruses are well-matched to the flu vaccine.



Since 2004, when pediatric flu deaths became nationally notifiable, the **number of pediatric flu deaths reported to CDC each year** prior to the COVID-19 pandemic **ranged from 37 (2011-2012 season) to 199 deaths (2019-2020 season.)**

Flu vaccination is especially important for people who are at higher risk of developing serious complications from flu, including children younger than 5, pregnant people, adults 65 and older, and people with certain chronic health conditions, such as diabetes, heart disease, and asthma.

For more than 50 years, hundreds of millions of Americans have safely received seasonal flu vaccines and there has been extensive research supporting its safety. **Side effects from flu vaccination are generally mild, especially when compared to symptoms of flu.**

Respiratory Syncytial Virus Infection (RSV)

Respiratory syncytial virus, or RSV, is a **common respiratory virus that usually causes mild, cold-like symptoms**. Most people recover in a week or two, but RSV can be serious, especially for infants and older adults. RSV is the most common cause of bronchiolitis (inflammation of the small airways in the lung) and pneumonia (infection of the lungs) in children younger than 1 year of age in the United States.

People at High Risk for Severe RSV Infection

Infants and Young Children

RSV can be dangerous for some infants and young children. Each year in the United States, an estimated 58,000-80,000 children younger than 5 years old are hospitalized due to RSV infection. Those at greatest risk for severe illness from RSV include:

- Premature infants
- Infants, especially those 6 months and younger
- Children younger than 2 years old with chronic lung disease or congenital (present from birth) heart disease
- Children with weakened immune systems
- Children who have neuromuscular disorders, including those who have difficulty swallowing or clearing mucus secretions

Older Adults and Adults with Chronic Medical Conditions

RSV infections can be dangerous for certain adults. Each year, it is estimated that between 60,000-120,000 older adults in the United States are hospitalized and 6,000-10,000 of them die due to RSV infection. Adults at highest risk for severe RSV infection include:

- Older adults, especially those 65 years and older
- Adults with chronic heart or lung disease
- Adults with weakened immune systems

Protecting children from RSV

**Avoid close contact
with sick people**

**Wash your hands
often**

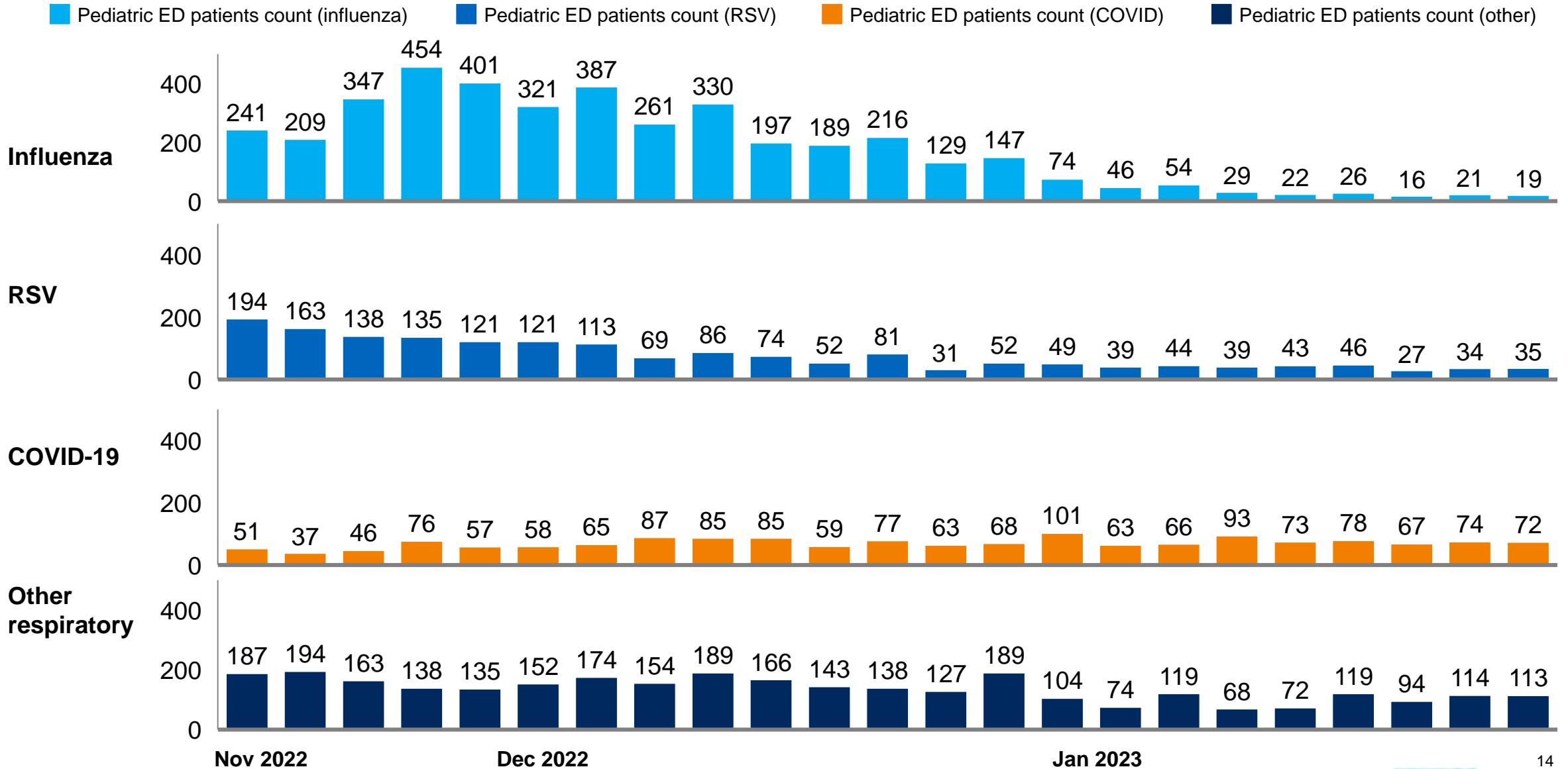
**Cover your coughs
and sneezes**

**Clean & disinfect
surfaces**

**Avoid touching
your face with
unwashed hands**

**Stay home when
you're sick**

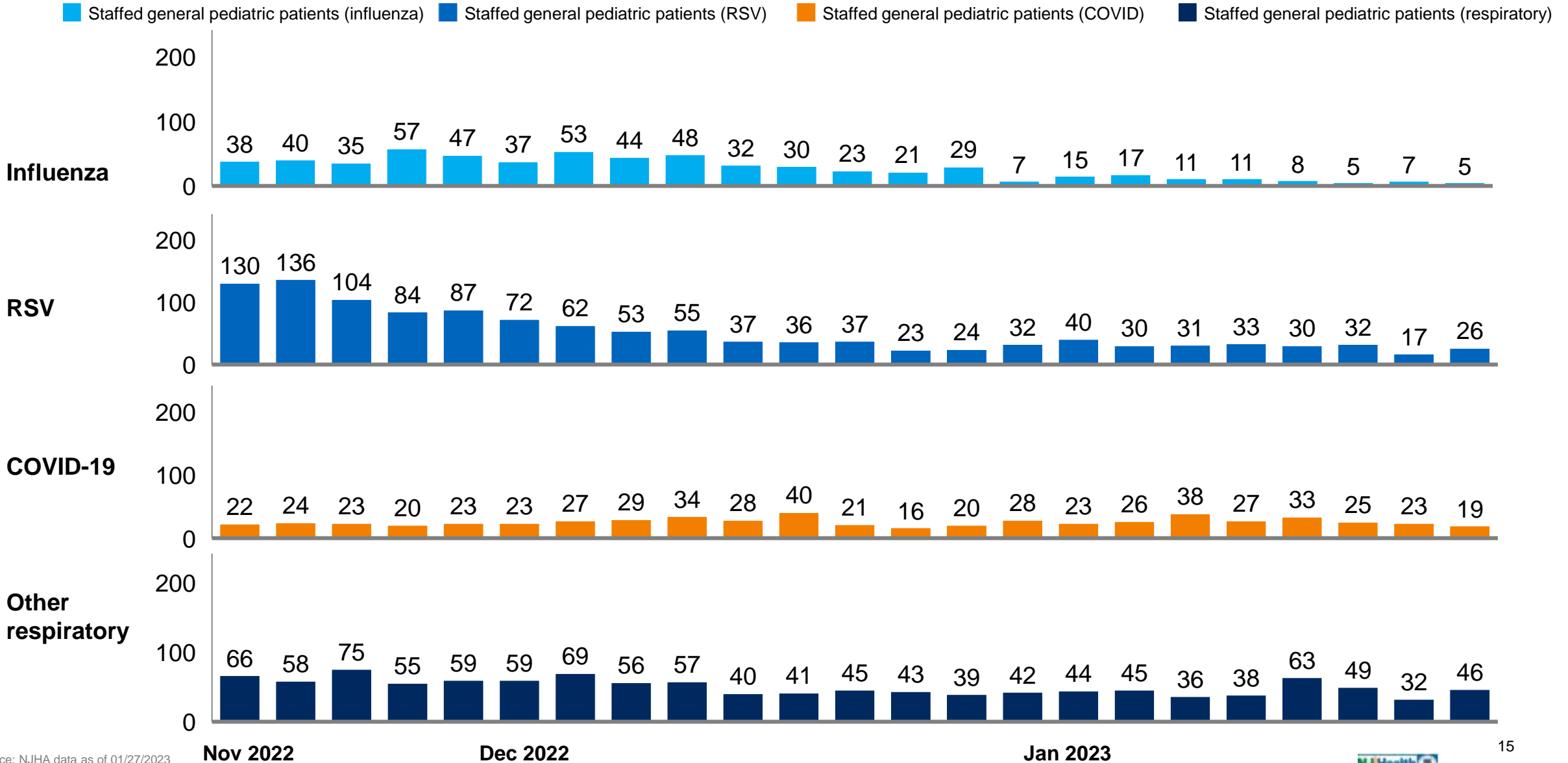
Pediatric ED patients with confirmed influenza, RSV, COVID 19, and other respiratory illness (11/14-01/26)



Source: NJHA data as of 01/27/2023

Preliminary, pre-decisional, and deliberative. Based on input provided by State agency leaders and staff, to date, and subject to change. Content is descriptive only and is not meant to constitute legal, clinical, or policy advice.

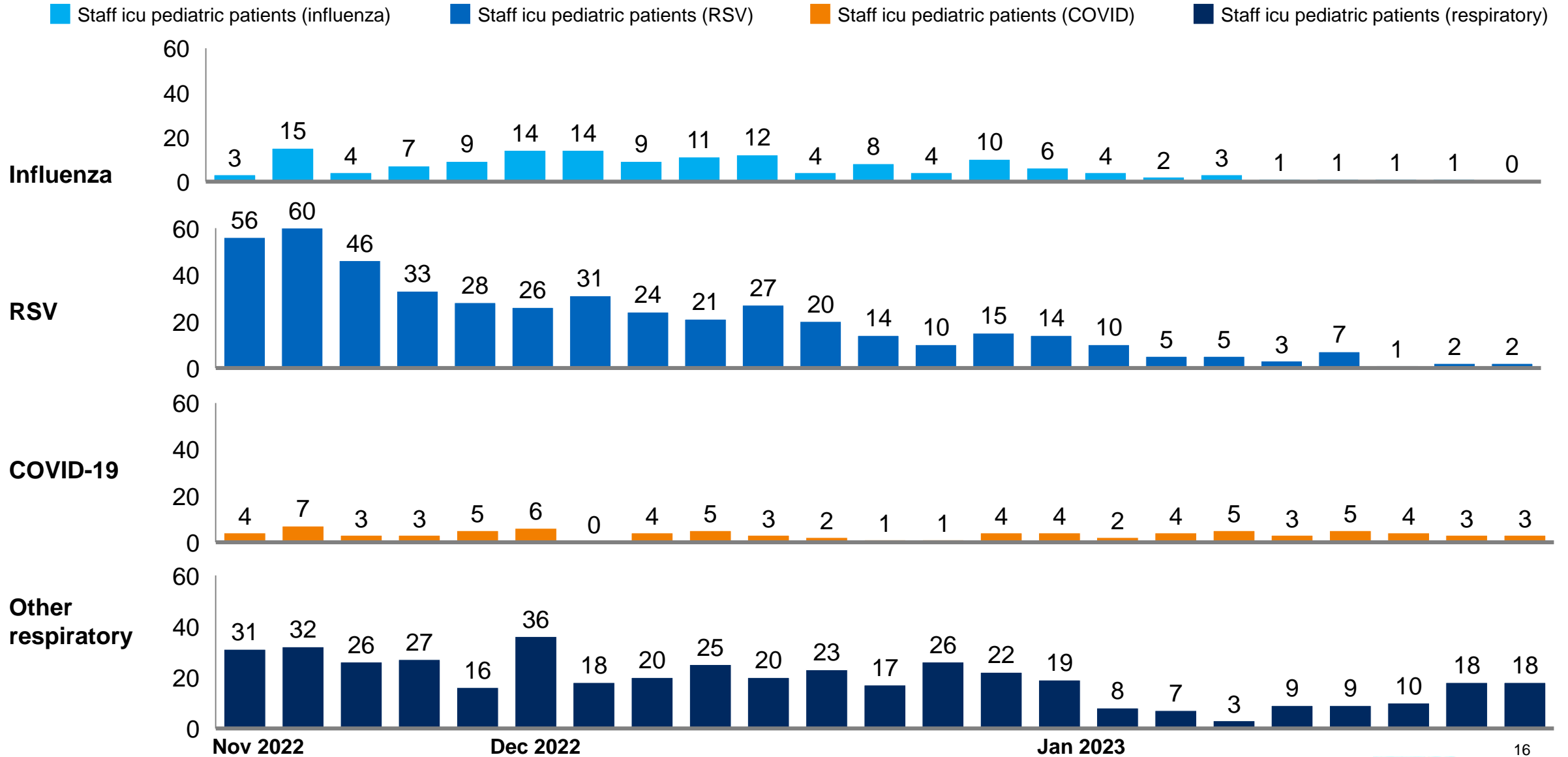
General pediatric patients with confirmed influenza, RSV, COVID and other respiratory illness (11/14-01/26)



Source: NJHA data as of 01/27/2023

Preliminary, pre-decisional, and deliberative. Based on input provided by State agency leaders and staff, to date, and subject to change. Content is descriptive only and is not meant to constitute legal, clinical, or policy advice.

ICU pediatric patients with confirmed influenza, RSV, COVID and other respiratory illness (11/14-01/26)



Source: NJHA data as of 01/27/2023

Preliminary, pre-decisional, and deliberative. Based on input provided by State agency leaders and staff, to date, and subject to change. Content is descriptive only and is not meant to constitute legal, clinical, or policy advice.

Health Alert Network (HAN) Health Advisory on Respiratory Illnesses (RSV, Influenza and COVID-19)



Increased Respiratory Virus Activity, Especially Among Children, Early in the 2022-2023 Fall and Winter (11/04/22)

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory **about early, elevated respiratory disease incidence caused by multiple viruses occurring especially among children and placing strain on healthcare systems.** Co-circulation of respiratory syncytial virus (RSV), influenza viruses, SARS-CoV-2, and others could place stress on healthcare systems this fall and winter

Many respiratory viruses with similar clinical presentations circulate year-round in the United States and at higher levels in fall and winter. In the past 2 years, respiratory disease activity has been dominated by SARS-CoV-2, and seasonal circulation of other respiratory viruses has been atypical or lower than pre-COVID-19 pandemic years. Currently, **the U.S. is experiencing a surge and co-circulation of respiratory viruses other than SARS-CoV-2. CDC is tracking levels of respiratory syncytial virus (RSV), influenza, and rhinovirus/enterovirus (RV/EV) that are higher than usual for this time of year, especially among children,** though RV/EV levels may have plateaued in recent weeks. SARS-CoV-2 also continues to circulate in all U.S. states.

RSV: [CDC surveillance](#) has shown an **increase in RSV detections and RSV-associated emergency department visits and hospitalizations** in all but two U.S. Department of Health and Human Services (HHS) regions (regions 4 and 6), with some regions already near the seasonal peak levels typically observed in December or January.

Influenza: The most common viruses identified to date have been influenza A(H3N2) viruses, with **most infections occurring in children and young adults.** Cumulative influenza-associated hospitalization rates for children (age 0–4 years and 5–17 years) and all ages combined are notably higher compared to the same time periods during previous seasons since 2010–2011.

SARS-CoV-2: **SARS-CoV-2 activity is expected to increase in the winter as has been observed in previous years.**

Recommendations for Healthcare Providers

- Recommend and offer vaccinations against influenza and COVID-19 for all eligible persons aged 6 months or older.
- Use diagnostic testing to guide treatment and clinical management
- Treat patients with suspected or confirmed influenza who meet clinical criteria with influenza antivirals
- Treat outpatients and hospitalized patients with confirmed SARS-CoV-2 infection who are at increased risk for severe illness and meet age- and weight-eligibility requirements

How behavioral health agencies can prepare clients and staff



Help your clients and staff get **vaccinated** (e.g., **COVID-19 bivalent vaccines**, influenza vaccines)



Wear a mask whenever possible



Avoid poorly ventilated spaces and crowds



Wash your hands often and ensure respiratory hygiene



Follow CDC guidelines on isolation and stay home if you are feeling sick