

Surveillance - Appendix 2

Reporting of Cases of Severe Respiratory Illness of Unusual Presentation or Unknown Cause

Overview

NJ Department of Health and Senior Services (NJDHSS) conducts both disease and virologic surveillance for influenza year-round. This surveillance allows NJDHSS to determine when and where influenza viruses are circulating, detect circulating strains, identify changes in the virus, and monitor influenza-related illness. Individual cases of influenza are not reportable. In addition, NJDHSS also conducts surveillance on individual cases and outbreaks diagnosed with specific respiratory illness (e.g., legionellosis, invasive pneumococcal disease).

While these surveillance systems capture a large number of respiratory illnesses, severe or unusual cases of unknown respiratory illness may not be reported. It is important to quickly identify severe cases of unknown respiratory illness so that public health control measures can be enacted in a timely manner.

Objective

The objective of the heightened respiratory surveillance is to detect unusual occurrences of severe respiratory infections that have the potential for large-scale epidemics and to facilitate rapid implementation of infection control and public health measures.

Surveillance Criteria

A person admitted to hospital with respiratory symptoms, i.e.:

- Fever (over 38 degrees Celsius) AND new onset of (or exacerbation of chronic) cough or breathing difficulty

AND

Evidence of severe illness progression, i.e.:

- Radiographic evidence of infiltrates consistent with pneumonia or acute respiratory distress syndrome (ARDS) **OR**
- Severe ILI, which may also include complications such as encephalitis or other severe and life threatening complications

AND

No alternate diagnosis within the first 72 hours of hospitalization, i.e.:

- Results of preliminary clinical and/or laboratory investigations, within the first 72 hours of hospitalization with no response to treatment, cannot ascertain a diagnosis that reasonably explains the illness.

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A deceased person with a history of respiratory symptoms, i.e.:

- History of unexplained acute respiratory illness (including fever, and new onset of [or exacerbation of chronic] cough or breathing difficulty) resulting in death

AND

Autopsy performed with findings consistent with severe respiratory illness, i.e.:

- Autopsy findings consistent with the pathology of ARDS without an identifiable cause

AND

No alternate diagnosis that explains the illness.

Reporting

Cases meeting the above surveillance criteria should be reported **IMMEDIATELY** to the local health department (LHD) where the patient resides. If LHD personnel are unavailable, health care providers should report the case to the New Jersey Department of Health and Senior Services Communicable Disease Service (NJDHSS CDS) at 609-588-7500, Monday through Friday 8:00 AM - 5:00 PM. On weekends, evenings and holidays, NJDHSS CDS can be reached at (609) 392-2020.

Resources

1. Early Detection of Severe or Emerging Respiratory Infections through Severe Respiratory Illness (SRI) Surveillance. Health Canada, February 4, 2004. Available at: http://www.phac-aspc.gc.ca/sars-sras/pdf/hc-ri-enhanced-surveillance-pop_e.pdf
2. Enhanced Severe Respiratory Illness Surveillance Plan (Phase 0: no known circulating SARS). Capital Health, Public Health Division, December 11, 2003. Available at: http://www.capitalhealth.ca/nr/rdonlyres/e3r4e56c7dngjrk6tbgmywtevwjgofmkbbm6ugq74vajx2gxfkohesa4c4kyihbtazqj5v575ouxifmybtvnj3fzwcb/sars_surveillance_plan_phase0.pdf