

Children with Respiratory Illness Are Flooding Hospitals; Vaccination Offers Best Protection

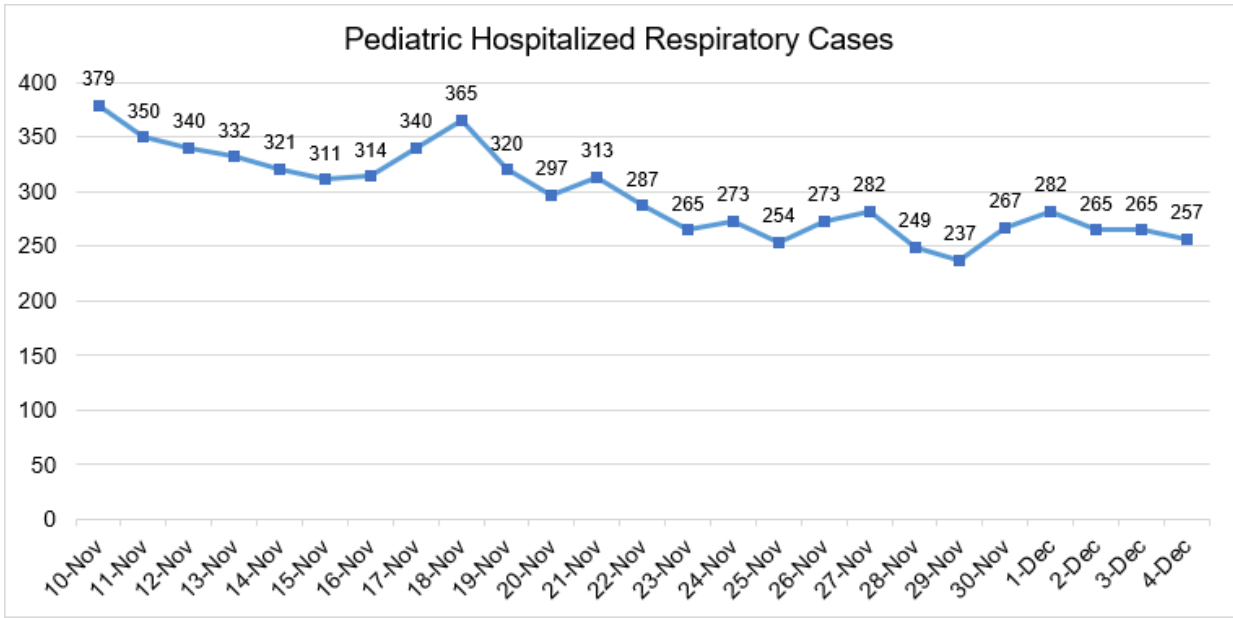
A “triple-demic” of respiratory illnesses is filling emergency departments and inpatient beds with sick children and adults. Seasonal influenza, respiratory syncytial virus (RSV) and COVID-19 remain very active in New Jersey and nationally, but these three viral illnesses are also joined by a variety of additional ailments, including rhinoviruses and enteroviruses. The resulting infections and hospitalizations mean that the winter of 2022-23 is shaping up to be another period of high intensity that will strain our healthcare system.

New Jerseyans can play a critical role to protect themselves by taking precautionary action including the seasonal flu shot and the updated bivalent COVID-19 booster shot. Both are proven to protect against serious illness that could lead to hospitalization.

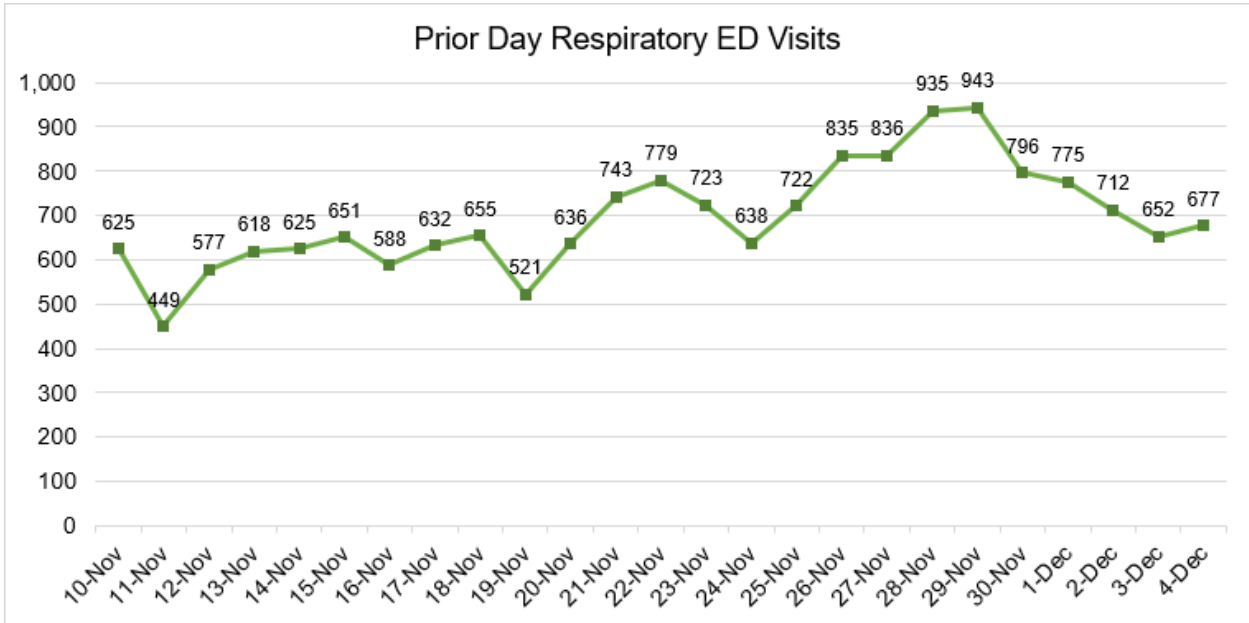
The New Jersey Hospital Association (NJHA) gathers data from the state’s hospitals daily to monitor COVID case counts, hospitalizations and capacity. This information supports hospitals and health systems in their preparedness and response, and is also reported daily to the N.J. Department of Health to inform its public health planning. When pediatric cases of respiratory illness started climbing in New Jersey in late September, NJHA began monitoring pediatric illness and hospitalizations, and in early November developed a daily dashboard report to support planning and response. This bulletin provides a view into that information and the trendlines in respiratory illness.

Tracking Pediatric Trends

As a confluence of illnesses impacts New Jersey simultaneously, data gathered from the state’s hospitals reveal elevated and sustained pediatric volume both in the emergency department and in admissions, driven by respiratory cases. In 2019 data (before the disruption of COVID-19), New Jersey hospitals cared for 224 pediatric patients in their general pediatric units on an average day, including conditions like pneumonia, chronic conditions including asthma, mental health, chemotherapy and trauma care, among others. NJHA’s dashboard shows that the current respiratory illnesses alone reached nearly 380 pediatric inpatient cases on Nov. 10 – filling roughly half of the state’s general pediatric beds. Despite some daily variation, that trendline remains elevated.

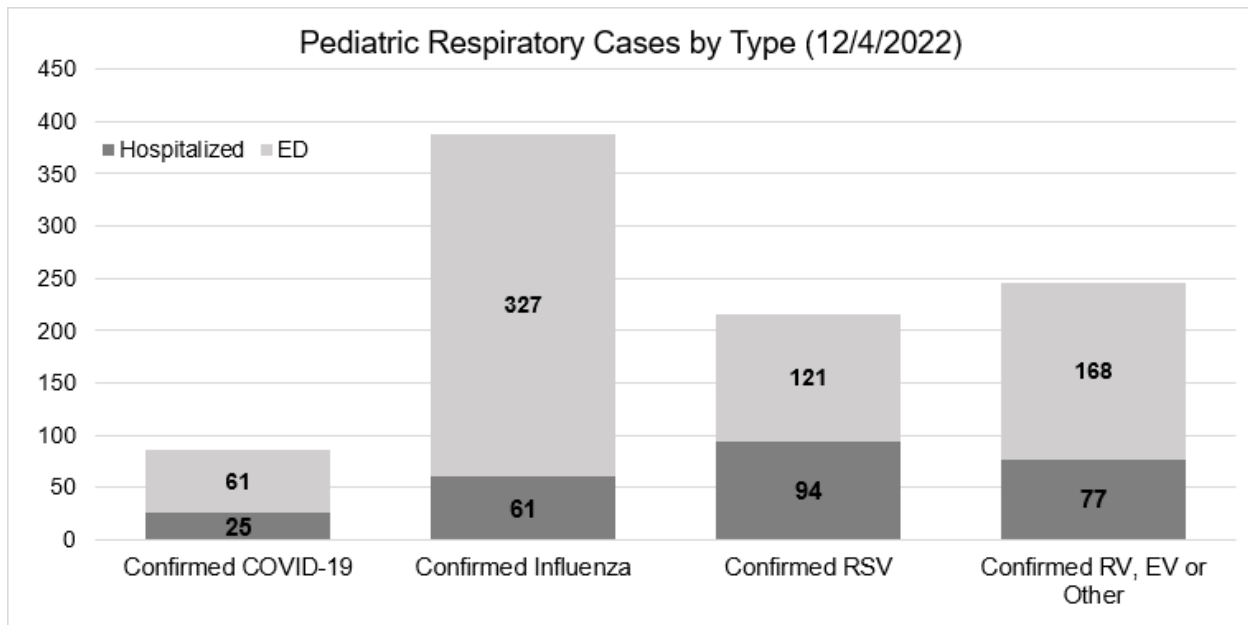


The heightened demand is also evident in high activity and potentially long waits in the emergency department as staff perform triage and testing and, when necessary, admit the most ill children. Pediatric respiratory cases in the state’s emergency departments jumped especially in the week following Thanksgiving, reaching nearly 950 on Nov. 28-29, roughly double the number of pediatric respiratory ED visits recorded in early November. With total ED visits reaching 13,000 on those days, pediatric cases represented about 3,000, and pediatric respiratory cases accounted for 943. That’s about one-in-three pediatric cases and about 7.5 percent of emergency room visits statewide.



For a snapshot look at current volumes, data as of Dec. 4 shows 677 pediatric emergency room visits and 257 hospitalized children related to respiratory illness. The daily data reporting reflects confirmed COVID-19, influenza and RSV, as well as other illnesses including rhinoviruses and enteroviruses.

Seasonal influenza is responsible for the majority of those cases overall (388), especially in the emergency department, where 327 visits were recorded. The highest number of pediatric admissions were attributable to RSV (94). The daily snapshot for Dec. 4, below, provides additional detail.



Surge planning is part of all hospitals' emergency preparedness and response. New Jersey witnessed that during the initial COVID-19 outbreak in the spring of 2020, when hospitals' ability to surge up and open additional beds ensured that the state had sufficient capacity to care for more than 8,000 patients at the peak of the pandemic. This fall, hospitals once again added beds – this time in pediatric units to care for the heightened volume of young patients.

NJHA's data-gathering monitors pediatric bed capacity on a daily basis. In general, about 70 percent of pediatric inpatient unit beds have been occupied on any given day since early November. It's important to note that the number of inpatient beds may rise and fall during the course of an outbreak, because of surge flexibility.

Influenza's Early Voracity

NJHA's data shows that seasonal influenza currently is the largest driver of pediatric hospital visits. New Jersey is classified as having "very high" levels of influenza-like illness, according to weekly tracking from the Centers for Disease Control and Prevention¹. In a flu season that spans October to April, the nation has already recorded 8.7 million illnesses, 78,000 hospitalizations and 4,500 deaths – including 14 pediatric deaths – related to the flu through Dec. 2. In just the last week, the number of influenza hospitalizations nationally nearly doubled, according to the CDC.

The early voracity of influenza in the opening weeks of the current flu season could portend a long winter of illness. In last year's flu season, estimated flu deaths in the United States were about 5,000 as many people continued to use COVID precautions like masking and limiting indoor activities in large groups. In comparison, there were about 28,000 flu deaths in the 2018-2019 flu season before COVID arrived in the United States. And in the very active 2017-2018 flu season, the United States experienced 52,000 deaths.

¹ <https://www.cdc.gov/flu/weekly/index.htm#ORIAM>

The CDC reports that the current cumulative hospitalization rate as reported in its FluServ-NET system is higher this flu season than the comparable time frame in previous seasons dating back to 2010-2011².

The Public's Pivotal Role

With so many viral illnesses making New Jerseyans sick, individuals' response can play a pivotal role in protecting themselves, supporting healthcare workers on the frontlines and preserving capacity in our healthcare system. Vaccines are available for two of the leading illnesses – seasonal influenza and COVID-19.

Flu shots are recommended for individuals ages 6 months and older, and are especially important for groups that could be more vulnerable to influenza, including young children, pregnant women, the elderly and those with chronic conditions. CDC data through Nov. 19 shows that flu vaccination coverage for ages 6 months to 17 years stands at about 40 percent nationally. That's comparable with flu vaccination levels last season but 5 percentage points less than 2020³.

For pregnant individuals ages 18-49 years, overall flu vaccination coverage through the end of October was 36.5 percent. That's 12.1 percentage points lower compared with the end of October 2021 (36.5% compared with 48.6%) and 21.7 percentage points lower than at the end of September 2020 (36.5% compared with 58.2%), according to the CDC⁴.

To protect against COVID-19, the new bivalent booster combines both the original formulation along with an update to protect against the latest omicron variants. The updated booster shot is recommended for individuals who have gone at least two months since their last COVID shot. Through Dec. 1, 39.7 million doses of the bivalent booster have been administered in the United States – but that reflects just 12.7 percent of the population⁵.

Getting the flu shot and the updated bivalent COVID-19 booster tops the list of personal protections individuals should take to protect themselves and others against illness this winter. Other recommendations should be well-known to individuals as the pandemic enters a fourth year, but bear repeating:

- Wash your hands frequently with soap and warm water or hand sanitizer that is at least 80 percent alcohol.
- Cover your coughs and sneezes.
- Stay home from work, school and gatherings if you're sick.
- Limit participation in large indoor gatherings.
- Wear a facemask to protect yourself and others.

And, if you or a family member, especially children or the elderly, experience symptoms like runny nose, coughing, sneezing, fever, wheezing, sore throat and body aches, contact your medical provider. Early medical care could prevent a more severe illness that could result in a hospital stay.

Visit www.njha.com/chart for additional resources.

² <https://www.cdc.gov/flu/weekly/>

³ <https://www.cdc.gov/flu/fluvaxview/dashboard/vaccination-dashboard.html>

⁴ <https://www.cdc.gov/flu/fluvaxview/dashboard/vaccination-dashboard.html>

⁵ <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>