

Technical Notes for January 1, 2017 – December 30, 2017 New Jersey Reportable Communicable Disease Summary Report (excludes sexually transmitted diseases [chancroid, chlamydia, granuloma inguinale, gonorrhea, lymphogranuloma venereum, syphilis], HIV/AIDS and tuberculosis)

- The report includes **NJDOH-approved confirmed** cases for the following diseases.  
AMOEBIASIS  
BOTULISM – FOODBORNE  
BOTULISM – INFANT  
BOTULISM - OTHER, UNSPECIFIED  
BOTULISM - WOUND  
CHOLERA - NON O1/O139  
CHOLERA - O1  
CHOLERA - O139  
EBOLA  
HANTAVIRUS - INFECTION  
HANTAVIRUS - PULMONARY SYNDROME  
HEPATITIS A  
HEPATITIS B – ACUTE  
HEPATITIS B – CHRONIC  
HEPATITIS B – PERINATAL  
HEPATITIS C - PERINATAL  
LASSA FEVER  
LEGIONELLOSIS  
LEPROSY (HANSEN DISEASE)  
LISTERIOSIS  
MALARIA  
MEASLES  
MARBURG  
POLIOMYELITIS  
RABIES  
RUBELLA - NON-CONGENITAL  
STREPTOCOCCUS AGALACTIAE (GBS)  
STREPTOCOCCUS PYOGENES (GAS) - WITHOUT TOXIC SHOCK SYNDROME  
TETANUS  
TRICHINOSIS  
VANCOMYCIN-INTERMEDIATE STAPHYLOCOCCUS AUREUS (VISA)  
VANCOMYCIN-RESISTANT STAPHYLOCOCCUS AUREUS (VRSA)  
VIRAL HEMORRHAGIC FEVERS OTHER (NOT MARBURG, EBOLA, LASSA)  
YERSINIOSIS
- This report includes both **NJDOH-approved confirmed AND probable** cases for the following diseases.  
ANTHRAX  
ANTHRAX - CUTANEOUS  
ANTHRAX - INHALATION  
ANTHRAX - INTESTINAL  
ANTHRAX - OROPHARYNGEAL  
BABESIOSIS  
BRUCELLOSIS  
CALIFORNIA ENCEPHALITIS(CE)

CAMPYLOBACTERIOSIS  
CHIKUNGUNYA  
CREUTZFELDT-JAKOB DISEASE  
CREUTZFELDT-JAKOB DISEASE - FAMILIAL  
CREUTZFELDT-JAKOB DISEASE - IATROGENIC  
CREUTZFELDT-JAKOB DISEASE - NEW VARIANT  
CREUTZFELDT-JAKOB DISEASE - SPORADIC  
CREUTZFELDT-JAKOB DISEASE - UNKNOWN  
CRYPTOSPORIDIOSIS  
CYCLOSPORIASIS  
DENGUE FEVER - DENGUE  
DENGUE FEVER - DENGUE-LIKE ILLNESS  
DENGUE FEVER - SEVERE DENGUE  
DIPHThERIA  
EASTERN EQUINE ENCEPHALITIS(EEE)  
EHRlichIOSIS/ANAPLASMOSIS - ANAPLASMA PHAGOCYTOPHILUM  
(PREVIOUSLY HGE)  
EHRlichIOSIS/ANAPLASMOSIS - EHRlichIA CHAFFEENSIS (PREVIOUSLY  
HME)  
EHRlichIOSIS/ANAPLASMOSIS - EHRlichIA EWINGII  
EHRlichIOSIS/ANAPLASMOSIS - UNDETERMINED  
GIARDIASIS  
HAEMOPHILUS INFLUENZAE  
HEMOLYTIC UREMIC SYNDROME  
HEPATITIS C – ACUTE  
HEPATITIS C – CHRONIC  
JAMESTOWN CANYON VIRUS  
LACROSSE ENCEPHALITIS(LSE)  
LEPTOSPIROSIS  
LYME DISEASE  
MENINGOCOCCAL DISEASE (NEISSERIA MENINGITIDIS)  
MUMPS  
PERTUSSIS  
POWASSAN  
PSITTACOSIS  
Q FEVER – ACUTE  
Q FEVER – CHRONIC  
RUBELLA - CONGENITAL  
SALMONELLOSIS - NON TYPHOID  
SARS  
SHIGA TOXIN–PRODUCING E.COLI (STEC) - NON O157:H7  
SHIGA TOXIN–PRODUCING E.COLI (STEC) - O157:H7  
SHIGELLOSIS  
SMALLPOX  
SPOTTED FEVER GROUP RICKETTSIOSIS  
ST LOUIS ENCEPHALITIS (SLE)  
STREPTOCOCCUS PNEUMONIAE  
STREPTOCOCCUS PYOGENES (GAS) - WITH TOXIC SHOCK SYNDROME  
TOXIC SHOCK SYNDROME – STAPHYLOCOCCAL  
TULAREMIA  
TYPHOID FEVER

VARICELLA  
VIBRIO INFECTIONS (OTHER THAN V.CHOLERAE SPP.)  
WEST NILE VIRUS (WNV)  
WESTERN EQUINE ENCEPHALITIS(WEE)  
YELLOW FEVER  
ZIKA VIRUS - DISEASE, CONGENITAL  
ZIKA VIRUS - DISEASE, NON-CONGENITAL  
ZIKA VIRUS - INFECTION, CONGENITAL  
ZIKA VIRUS - INFECTION, NON-CONGENITAL

- This report includes **NJDOH-approved confirmed, probable AND possible** cases for the following diseases.

PLAGUE

- This report includes **NJDOH-approved confirmed** and **NJDOH-E-closed** cases for the following diseases.

INFLUENZA, HUMAN ISOLATES - NOVEL INFLUENZA A  
INFLUENZA, HUMAN ISOLATES - TYPE 2009 H1N1  
INFLUENZA, HUMAN ISOLATES - TYPE A (SUBTYPING NOT DONE)  
INFLUENZA, HUMAN ISOLATES - TYPE A H1  
INFLUENZA, HUMAN ISOLATES - TYPE A H3  
INFLUENZA, HUMAN ISOLATES - TYPE B

- Diseases listed above which are designated as nationally notifiable by the Centers for Disease Control are reported to CDC per MMWR print criteria. Some exceptions include:
  - DIPHTHERIA, HAEMOPHILUS INFLUENZAE, MUMPS, PERTUSSIS, ROCKY MOUNTAIN SPOTTED FEVER, RUBELLA – CONGENITAL, and VARICELLA should include confirmed, probable, and unknown cases for CDC reporting. However, New Jersey does not utilize “unknown” case status in disease reporting. New Jersey reports confirmed and probable cases only.
  - New Jersey reports confirmed MEASLES, RUBELLA - NON-CONGENITAL, and TETANUS cases only.
  - New Jersey reports confirmed, probable, and possible PLAGUE cases.
- CAMPYLOBACTERIOSIS – Beginning in January 2015, Campylobacteriosis was added to the nationally notifiable disease list.
- CHOLERA - O1- In 2017, 2 patients with toxigenic V. cholerae serogroup O1 infection were reported and both cases had traveled to cholera-affected countries.
- CHOLERA - NON O1/O139 - In 2017, 2 patients with non-toxigenic V. cholerae non-O1/O139 infection were reported.
- CREUTZFELDT-JAKOB DISEASE -- Cases are classified as confirmed or probable according to date of death. With Creutzfeldt-Jakob disease, date of death may be in the calendar year following identification of suspect cases. As such, the total number of cases in the CDRSS report is preliminary and may change when additional suspect cases are classified.

- CRYPTOSPORIDIOSIS – Confirmed and probable case classification will be distinguished from each other in the MMWR annual summary, not weekly tables.
- DENGUE VIRUS INFECTIONS – The case definition for DENGUE VIRUS INFECTIONS was changed in 2015 and implemented in NJ in 2016. DENGUE VIRUS INFECTIONS are classified as either DENGUE, DENGUE-LIKE ILLNESS, or SEVERE DENGUE. Prior to 2016, DENGUE VIRUS INFECTIONS were classified as DENGUE FEVER, DENGUE HEMORRHAGIC FEVER, or DENGUE SHOCK SYNDROME.
- FOODBORNE INTOXICATIONS – CIGUATERA, FOODBORNE INTOXICATIONS - MUSHROOM POISONING, FOODBORNE INTOXICATIONS - PARALYTIC SHELLFISH POISONING, and FOODBORNE INTOXICATIONS - SCOMBROID  
There are no formal case definitions for foodborne poisonings. These counts represent all reported cases of foodborne poisonings diagnosed by a healthcare provider and any clinically compatible cases epidemiologically linked to a diagnosed case.
- HANTAVIRUS has two subgroups from 2017: Infection and Pulmonary Syndrome.
- HEPATITIS A - The NJDOH case definition for a confirmed case of acute HEPATITIS A was revised as of 1/1/05. Thus, HEPATITIS A statistics cannot be compared to data prior to 2005.
- HEPATITIS B - PERINATAL– There are 248 perinatal hepatitis B cases that remain open for completion in CDRSS for MMWR Year 2017 due to follow-up needed on infants to ensure correct prophylaxis, vaccination and testing is done over 24-month timeframe
- HEPATITIS C – ACUTE and CHRONIC – Both confirmed and probable cases are included in 2017. The latest revised Council of State and Territorial Epidemiologists (CSTE) standard Hepatitis C case definitions took full effect in January 2018. These revisions include laboratory criteria change for Acute and Chronic Hepatitis C whereby all positive test for antibodies (Anti-HCV) to hepatitis C virus irrespective of signal-to-cut-off are used for diagnosis. Additionally, Case Classification now includes a Probable component for cases with only a positive Anti-HCV test and no positive Nucleic Acid Test (NAT) for HCV RNA reported. Full descriptions of the definitions can be found on the NJ DOH Website Hepatitis C page in the investigation guideline.
- HEPATITIS C – PERINATAL – As of 2018, confirmed Perinatal HCV cases will be included. The definition for a confirmed Perinatal HCV case is an infant who has a positive test for HCV RNA nucleic acid amplification test (NAAT), HCV antigen, or detectable HCV genotype at  $\geq 2$  months and  $\leq 36$  months of age and is not known to have been exposed to HCV via a mechanism other than perinatal. Test results prior to 2 months of age are not be used for classification. Test results after 36 months of age are reported under the 2015 Acute and Chronic HCV Infection case classification and not as perinatal HCV infection. Event date should be based on earliest relevant laboratory test date within the 2-36-month window.
- INFLUENZA - There are no formal case definitions for influenza. NJDOH accepts any positive influenza test (i.e., rapid antigen, PCR, culture) as a confirmed report of

influenza. Reports are received from commercial laboratories, acute care laboratories and the state public health laboratory. Reports received electronically from laboratories are entered into CDRSS as confirmed and E-closed. These counts represent only reported cases and do not represent all influenza positive influenza cases occurring in the state. Laboratories reporting Influenza, Human Isolates – Type A H1 are likely Influenza A 2009 H1N1 viruses but the tests conducted by the laboratories cannot subtype to that level.

- KAWASAKI DISEASE – No longer reportable in New Jersey.
- LYME – The case definition was changed in 2008 to report confirmed, probable and possible cases to NJDOH. Only confirmed cases were reported to NJDOH and CDC prior to 2008. Only confirmed and probable cases are currently reported to CDC.
- Q FEVER - ACUTE and Q FEVER - CHRONIC were added to the nationally notifiable disease list in 2008 to report confirmed and probable. Only Q FEVER, with no subcategory, was reported to NJDOH prior to 2008.
- SALMONELLOSIS - NON TYPHOID - For 2017, CDC recommended classifying the detection of Salmonella spp. in a clinical specimen using a positive culture-independent diagnostic testing (CIDT) result that is not culture-confirmed as a ‘probable’ case and these CIDT positive ‘probable’ cases were reported to NNDSS. Prior to 2017, only cases reported to NJDOH that were positive by culture were classified as ‘confirmed’ cases and reported to NNDSS.
- SHIGA TOXIN–PRODUCING E.COLI (STEC) - NON O157:H7 and SHIGA TOXIN–PRODUCING E.COLI (STEC) - O157:H7 were reported to CDC as Confirmed and Probable only from 2011. All cases were reported to CDC prior to 2011.
- SHIGELLOSIS - For 2017, CDC recommended classifying the detection of Shigella spp. or Shigella/EIEC in a clinical specimen using a positive culture-independent diagnostic testing (CIDT) result that is not culture-confirmed as a ‘probable’ case and these CIDT positive ‘probable’ cases were reported to NNDSS. If a clinically compatible case is epidemiologically linked to a ‘confirmed’ or laboratory-diagnosed ‘probable’ case it will be classified as a ‘probable’ epidemiologically-linked case. Prior to 2017, cases reported to NJDOH that were positive by culture were classified as ‘confirmed’ cases, cases that tested positive by CIDT were classified as ‘possible’ and cases that were epidemiologically-linked to a culture confirmed case were classified as ‘probable’ cases. Additionally, cases that tested positive for Shigella/EIEC were classified as ‘not a case’.
- SPOTTED FEVER GROUP RICKETTSIOSIS - Disease name “Rocky Mountain Spotted Fever” (RMSF) changed to “Spotted Fever Group Rickettsiosis” (SFGR) on 4/13/2018. SFGR is a broader classification of rickettsial disease that captures RMSF. The change reflects CDC’s promotion of this new terminology.
- STREPTOCOCCUS PNEUMONIAE – include both confirmed and probable cases reported since 2017. According to the 2017 changes to the NNDSS, it’s been recommended that a definition for a probable case be added to include a case that meets laboratory criteria for the identification of Streptococcus pneumoniae from a sterile body site by a CIDT without isolation of the bacteria.

- **VIBRIO INFECTIONS (OTHER THAN V.CHOLERAEE SPP.)** - For 2017, CDC recommended classifying the detection of *Vibrio* spp. in a clinical specimen using a positive culture-independent diagnostic testing (CIDT) result that is not culture-confirmed as a ‘probable’ case and these CIDT positive ‘probable’ cases were reported to NNDSS. Prior to 2017, only cases reported to NJDOH that were positive by culture were classified as ‘confirmed’ cases and reported to NNDSS.
- **ZIKA** - Due to the rapidly evolving epidemic of Zika virus infection, standardized case definitions for ZIKA were added to the Nationally Notifiable Diseases List in February 2016. The case definitions were updated in June 2016 and include four sub-groups: ZIKA VIRUS DISEASE, CONGENITAL; ZIKA VRUS DISEASE, NON-CONGENITAL; ZIKA VIRUS INFECTION, CONGENITAL; and ZIKA VIRUS INFECTION, NON-CONGENITAL. Prior to 2016, cases were classified as ZIKA.
- Please consult the Communicable Disease Service at 609-826-5964 or <http://nj.gov/health/cd/find.shtml> for case definitions of reportable diseases listed in the report.
- Data source: New Jersey DOH’s CDRSS 2017 historical report (database created on April 27, 2018)
- This report is for public health use only. **DATA WITH VALUES LESS THAN FIVE SHOULD NOT BE RELEASED TO THE PUBLIC WITHOUT ACCOMPANYING INTERPRETATION.** Rates calculated from these numbers are statistically unreliable for interpretation.