NJHealth New Jersey Department of Health
Communicable Disease Service

Guidance for Prioritizing Communicable Disease Investigations

THIS GUIDANCE DOCUMENT IS FOR LOCAL HEALTH DEPARTMENT USE ONLY

Per regulation (N.J.A.C. 8:57), local health departments (LHD) are responsible for reporting and investigating designated communicable diseases. N.J.A.C. 8:57-2.8 provides reporting requirements and N.J.A.C. 8:57-2.9 provides requirements for investigation. NJDOH recognizes that not all reportable conditions have the same level of public health response and staffing resources at the LHD are often limited. This guidance document is meant as a guide to help LHDs further prioritize public health investigation and response should case volume exceed local resources[1]. It outlines best practices, but situations may occur that will alter these timeframes. Additionally, LHDs should consider these guidelines to be the maximum timeframe to conduct investigations/follow up, but that more timely investigation should be conducted whenever possible (Table 1: Priority Level Response Actions and Timeframes).

NJDOH has assigned each reportable condition[2] an investigation priority level (Table 2: Communicable Disease Investigation & Response Levels). Each priority level and timeframe for action is defined below. This is NOT the timeframe of when a disease is *reported* to LHDs/NJDOH as this is defined in N.J.A.C. 8:57, but rather the timeframe by which LHDs should initiate and complete communicable disease investigations.

Priority Level Response Actions and Timeframes

***** LHDS ARE EXPECTED TO RESPOND AS SOON AS POSSIBLE *****

Priority Level	Acknowledge notification in CDRSS	Enter initial case information	Respond after acknowledgment	Enter critical details[3] after acknowledgment
1	≤ 2 hours	≤ 2 hours	Immediately	≤ 6 hours
2	≤ 12 hours	≤ 12 hours	Immediately	≤ 12 hours
3	≤ 2 business days	≤ 2 business days	As appropriate	≤ 5 days
4	N/A	≤ 7 business days	As appropriate	≤ 2 weeks
5	N/A	≤ 2 weeks	As appropriate	≤ 3 months

Note: LHDs should respond as soon as possible, but within these maximum timeframes

[1] LHD should contact their CDS Regional Epidemiologist and/or the CDS Rapid Response Team for assistance with case investigations.

[2] Lyme disease is reportable, but surveillance is based on laboratory testing only and does not require LHD investigation. Sexually transmitted diseases and tuberculosis are excluded from this document. LHDs should contact the Division of HIV, STDs, and TB for investigation guidance.

[3] Critical details include the following variables: demographics, signs/symptoms, clinical status, laboratory information, patient location, and risk factors appropriate for disease investigation. If critical details cannot be obtained, the LHD should document the reason for the delay in CDRSS and the anticipated time when critical details will be available.

Updated 01/29/26

NJHealth
New Jersey Department of Health
Communicable Disease Service

General considerations

- Case investigation should not be limited to critical details. Collection of additional information as described in NJDOH guidance/investigation documents should also be considered. NJDOH may contact the LHD for additional information, depending on the disease and situation.
- Special circumstances may change a disease priority level unexpectedly (i.e., if associated with an outbreak or bioterrorism event). NJDOH will notify LHD and provide additional guidance when this occurs.
- For priority levels 3, 4, and 5, LHDs do not need to investigate over a weekend/holiday, but timely initiation of the investigation should begin on the next business day as defined by the priority level.
- N.J.A.C. 8:57-2.2-2.4 contains reporting requirements for healthcare professionals and administrators and N.J.A.C. 8:57-2.5-2.6 contains reporting requirements for clinical laboratories. Reporting entities must report certain communicable diseases and suspected outbreaks immediately, by telephone, to the health department where the patient resides. N.J.A.C. 8:57-2.8 provides health officer reporting requirements for notifying NJDOH.
- In cases where a LHD is notified of an immediately reportable disease electronically instead of by telephone, per NJ regulation, if that electronic notification is received after hours (e.g., overnight), LHDs are expected to initiate an investigation at 9 AM the next morning on weekends/holidays or with the start of regular business hours on weekdays.

Case Closure

- After completing an investigation, the LHD should review the case definition for that disease and assign the correct case status in CDRSS. The LHD should then select "**LHD CLOSED**" as the report status, indicating the investigation is complete and ready for review by NJDOH.
- NJDOH will re-open the case and contact the LHD for additional information if needed.
- If the case investigation is not completed by the LHD, NJDOH may designate the case as "NO FOLLOW-UP/INVESTIGATION" as part of the permanent CDRSS record.

NJHealth New Jersey Department of Health
Communicable Disease Service

Communicable Disease Investigation & Response Levels

Disease	Priority Level	Disease	Priority Level	Disease	Priority Level
Alpha-gal syndrome	5	Giardiasis	4	Q fever	3
Anaplasmosis	4	*Haemophilus influenzae*	3	**Rabies (human)**	**1**
Anthrax	**1**	Hansen's (leprosy)	5	RSV-associated pediatric mortality	3
Arboviral diseases	3	**Hantavirus**	**1**	**Rubella**	**2**
Babesiosis	3	**Hepatitis A**	**2**	Salmonellosis	4
Bacterial tickborne disease, incl *Borrelia* spp	5	Hepatitis B	5	Shigellosis	4
Biological intoxications	**1**	Hepatitis C	5	**Smallpox**	**1**
Botulism	**1**	**Influenza A virus, novel/unsubtypeable**	**1**	Spotted fever group rickettsiosis	4
Brucellosis	3	Influenza pediatric mortality	3	Streptococcal disease, invasive group A	4
Campylobacteriosis	4	Jamestown Canyon	3	Streptococcal disease, invasive group B	5
Candida auris	3	Legionellosis	3	*Streptococcus pneumoniae*	5
Carbapenemase-producing organism	3	Leptospirosis	3	Tetanus	5
Chikungunya	3	Listeriosis	3	Toxic shock syndrome	5
Coronavirus, novel (e.g., MERS)	**1**	Malaria	3	Trichinellosis	4
COVID-19 (identified priority cases)	3	**Measles**	**1**	Tularemia	3
Cronobacter infection	3	**Melioidosis (*B. pseudomallei*)**	**1**	Typhoid fever	3
Cryptosporidiosis	4	**Meningococcal disease**	**1**	*Varicella-zoster* (chickenpox)	3
Cyclosporiasis	3	**Mpox**	**2**	Vibriosis (including cholera)	3
Dengue	3	Mumps	3	**Viral hemorrhagic fevers (Ebola, Lassa)**	**1**
Diphtheria	**1**	**Outbreaks (ALL)**	**1**	VRSA	3
Eastern equine encephalitis	3	Pertussis	3	West Nile virus	3
Ehrlichiosis	4	**Plague**	**1**	Yersiniosis	4
Escherichia coli, (STEC)	3	**Poliomyelitis**	**1**	Zika virus	3
Foodborne intoxications	**1**	Powassan	4		
Free-living amebic infections	**1**	Psittacosis	3		

Note: according to the current Nationally Notifiable Infectious Condition List, coccidioidomycosis (valley fever) is reportable and would be a priority level 5 condition.

Updated 01/29/26