Technical Notes for January 4, 2015 – January 2, 2016 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 - O1

CHOLERA - O139

**EBOLA** 

HANTAVIRUS PULMONARY SYNDROME

**HEPATITIS A** 

HEPATITIS B – ACUTE

HEPATITIS B - CHRONIC

**HEPATITIS B - PERINATAL** 

HEPATITIS C - ACUTE

HEPATITIS C – CHRONIC

LASSA FEVER

**LEGIONELLOSIS** 

LEPROSY (HANSEN DISEASE)

**LISTERIOSIS** 

**MALARIA** 

MEASLES

**MARBURG** 

**POLIOMYELITIS** 

**RABIES** 

**RUBELLA - NON-CONGENITAL** 

STREPTOCOCCUS AGALACTIAE (GBS)

STREPTOCOCCUS PNEUMONIAE

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)

Page 1 of 5

Prepared on 05/05/2016

**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** 

**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

JAMESTOWN CANYON VIRUS

LACROSSE ENCEPHALITIS(LSE)

**LEPTOSPIROSIS** 

LYME DISEASE

MENINGOCOCCAL DISEASE (NEISSERIA MENINGITIDIS)

**MUMPS** 

**PERTUSSIS** 

POWASSAN ENCEPHALITIS

**PSITTACOSIS** 

Q FEVER - ACUTE

O FEVER - CHRONIC

**ROCKY MOUNTAIN SPOTTED FEVER** 

**RUBELLA - CONGENITAL** 

SALMONELLOSIS - NON TYPHOID

SARS

SHIGA TOXIN-PRODUCING E.COLI (STEC) - NON 0157:H7

SHIGA TOXIN-PRODUCING E.COLI (STEC) - O157:H7

**SHIGELLOSIS** 

**SMALLPOX** 

ST LOUIS ENCEPHALITIS (SLE)

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

Page 2 of 5

Prepared on 05/05/2016

- 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.
  - o New Jersey reports confirmed, probable, and possible PLAGUE cases.
- CAMPYLOBACTERIOSIS Beginning in January 2015, Campylobacteriosis was added to the nationally notifiable disease list. For 2015, CDC recommended reporting case statuses of 'confirmed' and 'probable'. A case is defined as a 'confirmed' case when Campylobacter spp. has been isolated from a clinical specimen and a case is defined as a 'probable' case when Campylobacter spp. has been detected in a clinical specimen by (culture-independent diagnostic testing (CIDT). If a clinically compatible case is epidemiologically linked to a 'confirmed' or 'probable' case then it would also get classified as a 'probable' case. Prior to 2015, 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.
- 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 FEVER Cases are no longer included in the CDC MMWR notifiable disease statistics.
- 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.
- 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 103 perinatal hepatitis B cases that remain open in CDRSS for MMWR Year 2015 due to follow-up needed on infants to ensure correct prophylaxis is administered over 24-month timeframe.
- 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.
- 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.
- 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.
- VIBRIO INFECTIONS (OTHER THAN V.CHOLERAE SPP.) –In New Jersey, there was one confirmed cholera non O1/O139 not included in the CDC 2015 final transmission. After including this cholera non O1/O139 case, the total case counts for vibrio infections (other than V. cholerae spp.) in 2015 are 35.
- 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 2015 historical report (database created on April 29, 2016)

• 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.