
- 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)
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 - EHRLICHA 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
Q FEVER – CHRONIC
ROCKY MOUNTAIN SPOTTED FEVER
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
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
ZIKA VIRUS

- 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. 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.