Technical Notes for January 3, 2016 – December 31, 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 7/1/2017

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

JAMESTOWN CANYON VIRUS

LACROSSE ENCEPHALITIS(LSE)

LEPTOSPIROSIS

LYME DISEASE

MENINGOCOCCAL DISEASE (NEISSERIA MENINGITIDIS)

MUMPS

PERTUSSIS

POWASSAN

PSITTACOSIS

Q FEVER – ACUTE

Q 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)

Page 2 of 5

Prepared on 7/1/2017

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.
 - o New Jersey reports confirmed, probable, and possible PLAGUE cases.
- CAMPYLOBACTERIOSIS Beginning in January 2015, Campylobacteriosis was added to the nationally notifiable disease list.
- 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.
- 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 175 perinatal hepatitis B cases that remain LHD open in CDRSS for MMWR Year 2016 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. 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.
- PERTUSSIS One additional case from Atlantic County was reported after final CDC transmission was completed. In 2016, a total of 567 cases were reported in NJ.
- 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 0157:H7 and SHIGA TOXIN-PRODUCING E.COLI (STEC) - 0157:H7 were reported to CDC as Confirmed and Probable only from 2011. All cases were reported to CDC prior to 2011.
- 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, NONCONGENITAL. 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 2016 historical report (database created on May 1, 2017)
- 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.