

Technical Notes for December 31, 2017 – December 29, 2018 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
SALMONELLOSIS - PARATYPHOID FEVER
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.
- 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 297 perinatal hepatitis B cases that remain open for completion in CDRSS for MMWR Year 2018 due to follow-up needed on infants to ensure that correct prophylaxis, vaccination and testing is done. Follow up on these cases may take place over 24-month timeframe.
- HEPATITIS C – ACUTE and CHRONIC –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 – Confirmed Perinatal HCV cases are included in 2018 CDC Reporting. 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 ≥ 2 months and ≤ 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 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 - In 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.
- SALMONELLOSIS - PARATYPHOID FEVER – For 2018, as per CDC recommendations a new subgroup was added for S. Paratyphi Infection, classifying the isolation of S. Paratyphi A, B (tartrate negative), or C from a clinical specimen as a confirmed case and the detection of S. Paratyphi A, B (tartrate negative), or C in a clinical specimen using a CIDT or epidemiological linkage as a probable case.
- 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 - In 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.CHOLERAE SPP.)** – In 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 2018 historical report (database created on April 26, 2019)
- 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.