

***Reportable Communicable Diseases
in
New Jersey***

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N.J.A.C. 8:57

- In Accordance with the Administrative Procedure Act P.L.1968, c.410 (N.J.S.A 52:14B-5.1 et seq.) administrative rules “sunset” or expire every five years.
- The Reportable Communicable Disease Rules were re-adopted April 6, 2009 and are effective through March 10, 2014.

Who is Required to Report?

- Physicians
- Physician Assistants
- Advanced Practice Nurses
- Certified Nurse Midwives
- Administrators of health care facilities
- Laboratory Directors

Immediately Reportable Diseases

- Anthrax
- Botulism
- Brucellosis
- Diphtheria
- Foodborne intoxications
- *Haemophilus influenzae*
- Hantavirus Pulmonary Syndrome
- Hepatitis A
- Influenza, novel strains
- Measles
- Meningococcal disease
- Outbreaks of illness
- Pertussis
- Plague
- Rubella
- Poliomyelitis
- Rabies
- SARS-CoV Disease
- Smallpox
- Tularemia
- Viral Hemorrhagic Fevers

Diseases Reportable within 24 hours

- Amoebiasis
- Animal bites treated for Rabies
- Arboviral diseases
- Babesiosis
- Campylobacteriosis
- Chancroid
- Chlamydial infections, sexually transmitted
- Chlamydial conjunctivitis, neonatal
- Cholera
- Creutzfeld-Jakob Disease
- Cryptosporidiosis
- Cyclosporiasis
- Diarrheal disease, in a child or a foodhandler
- Ehrlichiosis
- E. coli, shiga-toxin producing strains
- Giardiasis
- Gonorrhoea
- Granuloma inguinale
- Hansen's Disease

Diseases Reportable within 24 hours (2)

- Hemolytic-uremic Syndrome, post-diarrheal
- Animal bites treated for Rabies
- Hepatitis B
- Hepatitis C
- HIV / AIDS
- Influenza-associated pediatric mortality
- Legionellosis
- Listeriosis
- Lyme Disease
- Lymphogranuloma venereum
- Malaria
- Mumps
- Psittacosis
- Q Fever
- Rocky Mountain Spotted Fever
- Rubella, congenital
- Salmonellosis
- Shigellosis
- Staphylococcus aureus, VISA / VRSA only

Diseases Reportable within 24 hours (3)

- Streptococcal Disease, Group A
- Streptococcal Disease, Group B, neonatal
- Streptococcal Toxic Shock
- *Streptococcus pneumoniae*, invasive disease
- Syphilis, all stages
- Syphilis, congenital
- Tetanus
- Toxic Shock
- Trichinellosis
- Tuberculosis, confirmed or suspect
- Typhoid Fever
- Varicella
- Vibriosis
- Viral encephalitis
- Yellow fever
- Yersiniosis

Content of a Communicable Disease Report

- Name of the disease
- Name, address, telephone number
- Age, race, sex, ethnicity
- Date of onset of illness
- Clinical laboratory data, which supports the diagnosis,
- Any treatment provided (STD only)

Reportable to whom?

- Most reportable diseases are reportable to the health officer in whose jurisdiction the patient lives
- Exceptions – TB and STDs are reportable to the state health department
- Hepatitis C is somewhere in between

What am I supposed to do with a Disease Report?

That depends upon the objective...

Objectives of Reporting

- Take actions to stop further spread of disease.
- Evaluate whether existing control measures are working, or if new control measures are needed.
- Learn more about the disease

How do we count “cases”?

- For comparability sake, we all need to agree what we count, and how we count it.
- For this, we use a “case definition”, which outlines or defines criteria for what gets counted.
- It is NOT the same as a “diagnosis”, and does NOT indicate who should, or should not be treated.

Example - Giardia

- **CONFIRMED**
- Demonstration of *G. lamblia* in stool; OR
- Demonstration of *G. lamblia* antigen in stool by a specific immunodiagnostic test
- **PROBABLE**
- A clinically compatible case that is epidemiologically linked to a confirmed case by NJDHSS.
- **POSSIBLE**
- Not used

Example - Giardia

- Evaluate risk factors
 - Drinking from unproven water sources
 - Family members / others with a similar illness
 - Child care
 - Travel
 - Anything else going on in the community (water main break, reservoir contamination, water treatment plant malfunction, etc)
- Is there any evidence for an “outbreak”?
- Is there any evidence that additional control measures are indicated?

Reporting by Health Officers

- All communicable disease reports will be required through CDRSS
- Immediately reportable diseases will continue to also require a report by telephone
- Paper reporting will only be accepted when approved by the Department

New Requirements for Laboratory Reporting

- Effective September 1, 2010
- All laboratories must use “Electronic Laboratory Reporting”
- Laboratories may substitute “Electronic Reporting” if “Electronic Laboratory Reporting” is not available
- Requesting lab responsible for reporting of results from “Reference Labs”

Zoonotic Diseases in Animals are now reportable

- Veterinarians, certified animal control officers and managers of animal facilities
- 14 zoonotic diseases are included
- Reportable to local health departments just like the human reportable diseases
- CDRSS is not currently set up to accept animal zoonotic disease reporting

Reportable Zoonotic Diseases

- Anthrax
- Avian Chlamydiosis
- *Brucella canis*
- Campylobacteriosis
- *E. coli* - shiga toxin producing strains
- *Giardia lamblia*
- Leishmaniasis
- Leptospirosis
- Lymphocytic choriomeningitis
- *Mycobacterium tuberculosis*
- Plague
- Q Fever
- Salmonellosis
- Tularemia

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Questions?

Call us at 609-826-5964