

Technical Notes for January 2, 2022 – December 31, 2022 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
DIPHThERIA
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
MULTISYSTEM INFLAMMATORY SYNDROME (MIS)
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.
ALPHA-GAL SYNDROME
ANTHRAX
ANTHRAX - CUTANEOUS
ANTHRAX - INHALATION
ANTHRAX - INTESTINAL
ANTHRAX - OROPHARYNGEAL

BABESIOSIS
BORRELIA MIYAMOTOI
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
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)
MPOX
MUMPS
NOVEL CORONAVIRUS-2019 NCOV
PERTUSSIS
PLAGUE
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
TULARE/MIA
TYPHOID FEVER
VARICELLA
VIBRIO INFECTIONS (OTHER THAN V.CHOLERAEE 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** 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 (<https://ndc.services.cdc.gov/event-codes-other-surveillance-resources/>).
- The following nationally notifiable diseases are not following CDC MMWR print criteria:
 - HAEMOPHILUS INFLUENZAE, MUMPS, PERTUSSIS, and RUBELLA – CONGENITAL 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.
- The following diseases, infections, or conditions are not currently covered in N.J.A.C. 8:57, but they are included in NJDOH public health surveillance efforts.
 - ALPHA-GAL SYNDROME (surveillance initiated in 2022);
 - BORRELIA MIYAMOTOI (surveillance initiated in 2017);
 - LEPTOSPIROSIS (surveillance initiated in 2014).
- ALPHA-GAL SYNDROME – In 2022, CDS requested voluntary reporting of Alpha-gal syndrome cases from laboratories and healthcare providers. The numbers in this report may not be a complete representation of volume of cases in New Jersey.

- **BORRELIA MIYAMOTOI** – In 2017, CDS requested voluntary reporting of *Borrelia miyamotoi* cases from laboratories and healthcare providers. The numbers in this report may not be a complete representation of volume of cases in New Jersey.
- **CAMPYLOBACTERIOSIS** – Beginning in January 2015, *Campylobacteriosis* was added to the nationally notifiable disease list. Two cases (12378783, 8809573) with unknown state information, not included.
- **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.
- **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. In February 2019, the New Jersey Department of Health, Communicable Disease Service, identified an outbreak of hepatitis A among people who use drugs and people experiencing homelessness. Case definition was updated again in May 2019.
- **HEPATITIS B - PERINATAL**– There are 139 perinatal hepatitis B cases that remain open for completion in CDRSS for MMWR Year 2021 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 2020. 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 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 2020 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.
- LEPTOSPIROSIS – In 2014, CDS requested voluntary reporting of leptospirosis cases from laboratories and healthcare providers. The numbers in this report may not be a complete representation of volume of cases in New Jersey.
- 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.
- SALMONELLOSIS - PARATYPHOID FEVER – In 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. As of 2022, SHIGA TOXIN-PRODUCING E. COLI (STEC) includes confirmed and probable cases that are under subgroup pending, where Shiga Toxin producing E. Coli was identified but no serogroup information was available.
- 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 (SFGR) - The case definition for SFGR was changed and implemented in NJ in 2020. This change removed previously acceptable laboratory tests from the case definition leading to a decrease in the number of cases.
- 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.CHOLERAEE 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.
- 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 2022 Historical Reports – Case Details (database created on May 1, 2023) for non-COVID19 diseases and CDRSS Standard Reports - COVID Report (PCR/AG) (pulled on July 5, 2023) for COVID19.
- 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.