

# 2013

**Gloucester County  
Department of  
Health, Senior &  
Disability Services**

**Office of Communicable  
Disease**



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## **COMMUNICABLE DISEASE REPORT**

***1ST QUARTER 2013***

The Gloucester County Department of Health, Senior and Disability Services conducts daily investigations of state mandated disease reports. The information contained in this summary is designed to update key stakeholders on the status of reportable diseases and influenza like illness in Gloucester County. Providers are reminded that all reportable diseases or outbreaks must be reported by phone within the required time period as indicated in NJAC 8:57-1.7. Should you or your agency have questions regarding the contents of this report please contact our Office of Communicable Disease at (856) 218-4102, or email Paul Watkins, Epidemiologist at [pwatkins@co.gloucester.nj.us](mailto:pwatkins@co.gloucester.nj.us).

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## Summary of Selected Reportable Diseases for Gloucester County

Disease Totals	Number of confirmed & probable cases (2013)		Number of confirmed & probable cases (2013)
		1/1/12 to 3/30/12	1/1/13 to 3/30/13
Foodborne Disease*	7	10	7
Infectious Diseases*	1	34	1
Vaccine Preventable Diseases (Immunization)*	4	35	4
Vector-Borne Illnesses <sup>1</sup> *	3	21	3
Immediately Reportable	0	1	0
Zoonotic Disease <sup>2</sup>	0	0	0
STD*	109	159	109

\*This report only contains NJDHSS Approved confirmed and probable cases. It reflects the NJDHSS approved data for 4/5/13 only. CDRSS is a fluid system and all data obtained from said system is subject to change.

<sup>1</sup>Vector-Borne Disease is spread by insects, like mosquitoes or ticks.

<sup>2</sup>Zoonotic Disease is defined as any disease that is transmitted by animal, like rabies.

\*In the 1st Quarter of 2013 there was a decrease in Foodborne, Infectious, Vaccine Preventable, Vector-Borne and STD's from the same reporting period in 2012. This is likely due to the number of cases that have not yet been NJDHSS approved.

## Reports By Disease

**Hand washing remains the number one defense against disease transmission.**

	Number of confirmed & probable cases	Number of confirmed & probable cases (2012)	Number of confirmed & probable cases (2013)
	2013	January thru March	January thru March
Campylobacteriosis ( <i>Campylobacter spp.</i> )	6	4	6
Chlamydia	82	119	82
Cryptosporidiosis	0	1	0
Ehrlichiosis/Anaplasmosis - Enrlichia Chaffeensis	0	0	0
Ehrlichiosis/Anaplasmosis -Anaplasma Phagotophilum	0	0	0
Giardiasis	0	2	0
Gonorrhea	26	38	26
Haemophilus Influenzae	0	0	0
Hepatitis A	0	1	0
Hepatitis B- Acute	0	2	0
Hepatitis B- Chronic	4	9	4
Hepatitis B- Perinatal	0	0	0
Hepatitis C- Acute	0	0	0
Hepatitis C- Chronic	1	12	1
Kawaski Disease	0	0	0
Legionellosis	0	0	0
Listeriosis ( <i>Listeria monocytogenes</i> )	0	0	0
Lyme Disease	3	21	3
Malaria ( <i>Plasmodium spp.</i> )	0	0	0
Measles	0	0	0
Meningococcal disease (Neisseria Meningitidis)	0	0	0
Mumps	0	0	0
Pertussis ( <i>Bordetella pertusis</i> )	0	7	0
Rocky Mountain Spotted Fever	0	0	0
Salmonellosis (non typhoid) ( <i>Salmonella spp.</i> )	1	6	1
Salmonellosis (Typhoid)	0	0	0
Streptococcus Agalactiae (GBS)	0	1	0
Streptococcus Pneumoniae	0	10	0
Streptococcus Pyogenes (GAS) - w/ Toxic Shock Syndrome	0	1	0
Streptococcus Pyogenes (GAS) - wo/ Toxic Shock Syndrome	0	1	0
Syphilis	1	2	1
Toxic Shock Syndrome- Staphylococcal	0	0	0
Varicella	0	6	0
West Nile Virus	0	0	0

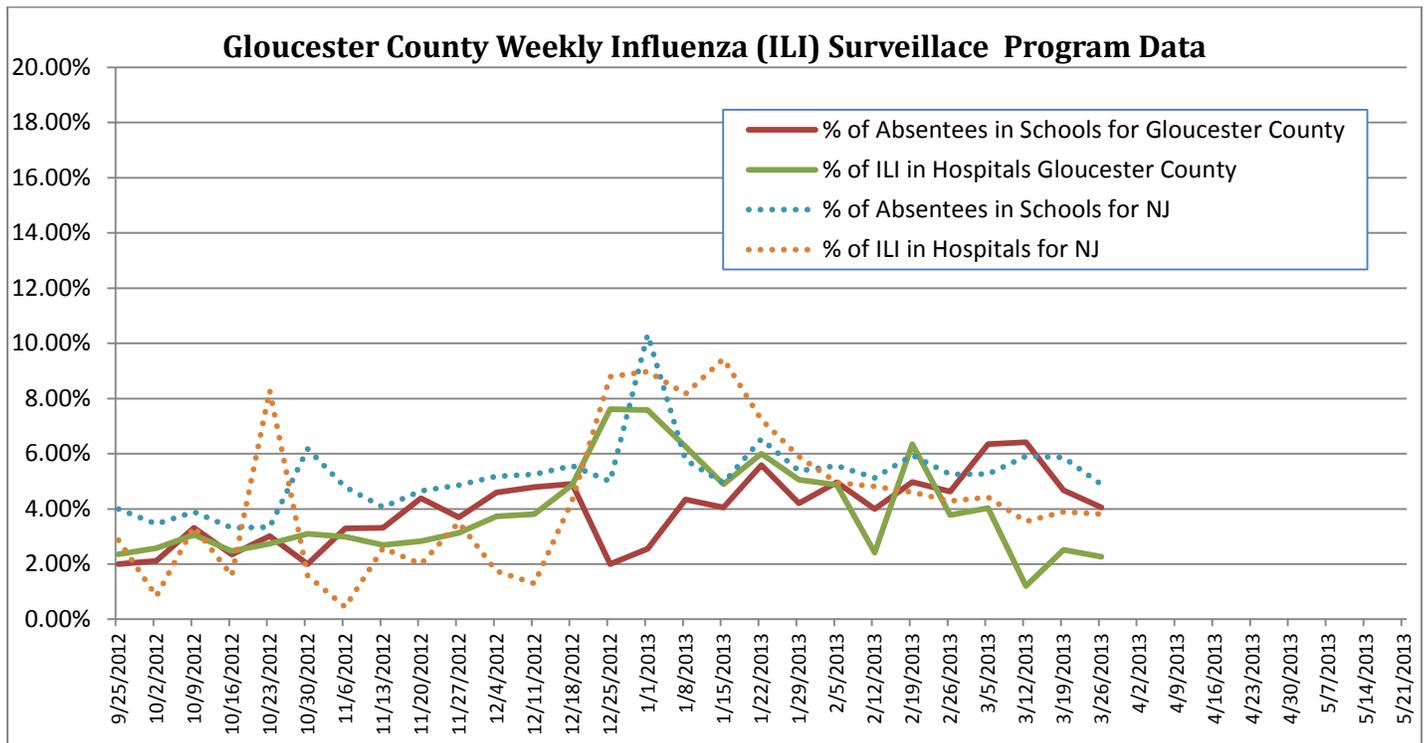
Tuberculosis Program Data			
	2013 Totals	2012	2013
	Year to Date	1/1/13 to 3/31/13	1/1/13 to 3/31/13
New Suspected Cases	1	3	1
Confirmed Cases	0	0	0
New LTBI Cases	6	10	6
Immigration Investigations	2	1	2

# Influenza in Gloucester County

NJDOH reports point to a **High Level of Influenza-like-Illness (ILI)** activity in Gloucester County. This indicates an increase in ILI activity and/or reported Influenza labs in the area over the last 3 months. The percentage of ILI activity in Gloucester County during the 1<sup>st</sup> quarter of 2013 is below the State average in long term care facilities (LTC) and of absentees in schools.

**Note:** Systems used to detect changes in ILI activity include: school absenteeism data, ED, ILI visits and admission collected via Hippocrates, CDRSS and Epicenter.

**Note:** A case of ILI is defined as an individual experiencing an illness that is characterized by fever and symptoms compatible with influenza (headache, change in mental status, lethargy, productive or non-productive cough, sore throat, runny or stuffy nose, or muscle aches).



Number EMS reports with ILI Presentations in Gloucester, NJ	(1/1/13 to 3/31/13)
Number reported during period	52

***For more information about our programs and services  
please visit our website at:***

**[www.gloucestercountynj.gov](http://www.gloucestercountynj.gov)**

## Gastrointestinal (GI) illness: The Myths and the Facts

A gastrointestinal (GI) illness is an infection that primarily affects the gastrointestinal system, most commonly the stomach, small intestine, and large intestine caused by bacteria or viruses, although sometimes toxins created by bacteria can also cause illness. Most gastrointestinal illnesses present with similar symptoms such as nausea, vomiting, and diarrhea. Occasionally, fever, abdominal cramps, and headache or body aches may also occur. Illnesses last for a variety of time, depending on the causative agent. Some gastrointestinal illnesses last as few as 24 hours, while others may last for several days. Gastrointestinal illnesses are spread when infectious microorganisms found in an ill person's stool are transferred to a healthy individual. It is possible to transfer these microorganisms through direct contact with an ill person (most frequently hand-to-hand contact) or via contaminated food, water, ice, or other objects that have been handled by an ill person. Improper preparation of food, including handling of raw items, and improper cooking, may also result in a gastrointestinal illness. Residents in Assisted Living facilities or Long term care facilities may be at an increased risk for gastrointestinal illness for a variety of reasons. Often, residents live in close quarters and have frequent contact with one another. This makes it easier for an illness to spread through the facility. The best way to prevent gastrointestinal illnesses is to practice good hand hygiene. Hands should be washed vigorously in soapy water for at least 15-20 seconds. Alcohol-based hand sanitizers may also be effective if soap and water are not available. Environmental cleaning and proper storage, handling, and preparation of food items are also important ways to prevent gastrointestinal illness.



In order to dispel some of the myths about Foodborne Illness please read following section:

### **Myth: Stomach flu and flu are the same thing.**

Fact: Gastrointestinal (GI) illness, often incorrectly referred to as the stomach flu, can be caused by viruses, bacteria, parasites, toxins or allergies. Symptoms of GI illness are typically nausea, vomiting and diarrhea. Flu refers to influenza, which is a respiratory illness caused by the influenza virus. Symptoms of the flu are typically fever, cough, respiratory congestion and sore throat.

### **Myth: Food poisoning means that I got ill from eating bacteria that was in my food.**

Fact: Food poisoning (although the correct term is food intoxication) is a gastrointestinal illness caused by eating foods contaminated with toxins produced by certain bacteria. Although your food may contain bacteria, it is not the bacteria making you ill, it is the toxin they are producing. As the bacteria multiplies in your food, it produces toxins that can cause illness. That's why it's very important to follow proper cooking, storage, refrigeration and reheating guidelines in order to prepare and serve safe food. For guidance on preparing safe food, visit <http://www.cdc.gov/ncezid/dfwed/factsheets.html#foodsafety>.

### **Myth: I became ill from the last thing I ate.**

Fact: While this sometimes may be true, your illness usually is not associated with the last foods you ate. Before it can make you sick, the virus, bacteria or parasite must have time to start multiplying. Some bacteria can take two to five days or more before symptoms begin to show, while parasitic infections can take three to 25 days. Viruses may take only one to two days before symptoms appear.

### **Myth: If I wear gloves to prepare food, I don't have to wash my hands.**

Fact: The reason you should wash your hands after wearing gloves is that gloves become ripped or torn, during use (sometimes without your knowledge) allowing bacteria to enter beneath the glove material and multiply rapidly. You also have to use your clean hands to remove the soiled gloves, contaminating your hands.

### **Myth: If my grandparents/parents used to do something a certain way, it must be safe.**

Fact: This is a common misperception. The food supply has become global, with many different countries supplying food products to the United States. Also, an increasing amount of food prepared away from the home is taken home for consumption, creating new opportunities for mishandling. While inspections of our food supply do occur, bacteria, viruses and parasites are often difficult to detect. This is why it is so important to wash all fruits and vegetables before eating them and to cook your food at proper temperatures.

### **Myth: I always follow the right cooking temperatures, so I know it wasn't my food that made me sick.**

Fact: What often happens is cross contamination, which spreads bacteria. Keep raw meat, poultry, seafood, eggs, and their juices away from ready-to-eat foods. Use one cutting board for fresh produce and a separate one for raw meat, poultry and seafood. Never place cooked food on a plate that previously held raw meat, poultry, seafood or eggs.

Contact Gloucester County Department of Health, Senior and Disability Services at (856) 218-4101 if you have additional questions about gastrointestinal illnesses.