

# 2012

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

**Office of Communicable  
Disease**



Freeholder Director  
**Robert M. Damminger**

Deputy Freeholder Director  
**Giuseppe (Joe) Chila**

Director of Health, Senior &  
Disability Services  
**Tamarisk Jones**

Freeholder Liaison  
**Lyman Barnes**

## **COMMUNICABLE DISEASE REPORT**

**4TH QUARTER 2012**

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).

Offices at East Holly  
 204 E. Holly Ave.  
 Sewell, NJ 08080  
 Telephone: (856) 218-4101  
 Fax: (856) 218-4109



## Summary of Selected Reportable Diseases for Gloucester County

Disease Totals	Number of confirmed & probable cases			
	2011	2012	10/1/11 to 12/31/11	10/1/12 to 12/31/12
Foodborne Disease*	78	60	12	1
Infectious Diseases*	393	62	81	9
Vaccine Preventable Diseases (Immunization)*	107	85	24	9
Vector-Borne Illnesses	177	138	42	18
Immediately Reportable	9	3	3	0
Zoonotic Disease	15	5	2	0
STD**	477	556	137	105

**Numbers with a Zero (0) will produce an inaccurate percentage or #DIV/0!**

\*This report only contains NJDHSS Approved confirmed and probable cases. It reflects the NJDHSS approved data for 1/4/13 only. CDRSS is a fluid system and all data obtained from said system is subject to change.

<sup>1</sup>This report only contains NJDHSS Approved confirmed and probable cases. It reflects the NJDHSS approved data for 1/4/13.

<sup>2</sup>Vector-Borne Disease is spread by insects, like mosquitoes or ticks.

<sup>3</sup>Zoonotic Disease is defined as any disease that is transmitted by animal, like rabies.

\*In the 4rd Quarter of 2012 there was a decrease in Foodborne, Infectious, Vaccine Preventable, Vector-Borne, Zoonotic diseases and STD's from the same reporting period in 2011. This is likely due to the number of cases that have not yet been NJDHSS approved.

\*In 2012 there was a decrease in Foodborne, Infectious, Vaccine Preventable, Vector-Borne and Zoonotic diseases from 2011. However, there was an increase in the number of reported Sexually transmitted diseases (STDs).

The number of Infectious Diseases reported in 2012 appears to be lower than 2011. However, this is an indication of when infectious disease cases were closed as NJDHSS approved and not an indication of a 5 to 10 fold decrease in the number of cases. CDRSS is a fluid system and all data obtained from said system is subject to change.

# Reports By Disease

	Number of confirmed & probable cases	Number of confirmed & probable cases	Number of confirmed & probable cases (2011)	Number of confirmed & probable cases (2012)
	2011	2012	October thru December	October thru December
Amoebiasis	2	0	1	0
Babesiosis ( <i>Babesia spp.</i> )	10	5	1	0
Botulism- Infant	1	0	0	0
Campylobacteriosis ( <i>Campylobacter spp.</i> )	30	20	6	0
Chlamydia	357	431	100	76
Cryptosporidiosis	5	3	0	0
Cyclosporiasis	0	1	0	0
Dengue Fever	1	0	0	0
Ehrlichiosis/Anaplasmosis - Enrlichia Chaffeensis	7	0	1	0
Ehrlichiosis/Anaplasmosis -Anaplasma Phagotophilum	2	0	1	0
Giardiasis	10	3	2	0
Gonorrhea	96	114	34	29
Haemophilus Influenzae	4	1	1	0
Hepatitis A	2	2	1	0
Hepatitis B- Acute	6	2	0	0
Hepatitis B- Chronic	33	23	8	2
Hepatitis C- Acute	7	0	2	0
Hepatitis C- Chronic	287	13	52	3
Legionellosis	13	6	7	2
Listeriosis ( <i>Listeria monocytogenes</i> )	1	1	0	0
Lyme Disease	135	132	33	18
Malaria ( <i>Plasmodium spp.</i> )	2	0	1	0
Meningococcal disease (Neisseria Meningitidis)	1	0	1	0
*Pertussis ( <i>Bordetella pertusis</i> )	10	27	1	3
Rocky Mountain Spotted Fever	20	0	5	0
Salmonellosis (non typhoid) ( <i>Salmonella spp.</i> )	37	35	5	1
Salmonellosis (Typhoid)	2	0	0	0
Shiga Toxin-producing <i>E. Coli</i> 0157:H7	1	0	1	0
Shiga Toxin-producing <i>E. Coli</i> Non 0157:H7	1	0	0	0
Shigellosis	4	2	0	0
Streptococcus Agalactiae (GBS)	0	2	0	0
Streptococcus Pneumoniae	31	14	10	0
Streptococcus Pyogenes (GAS) - w/ Toxic Shock Syndrome	2	0	2	0
Streptococcus Pyogenes (GAS) - wo/ Toxic Shock Syndrome	7	1	2	0
Syphilis	24	11	3	0
Tuberculosis	4	0	2	0
Tularemia	1	0	0	0
Varicella	18	16	2	4
Vibrio Infections (Other than <i>V. Cholerae</i> spp.)	2	1	0	0
West Nile Virus	0	1	0	0

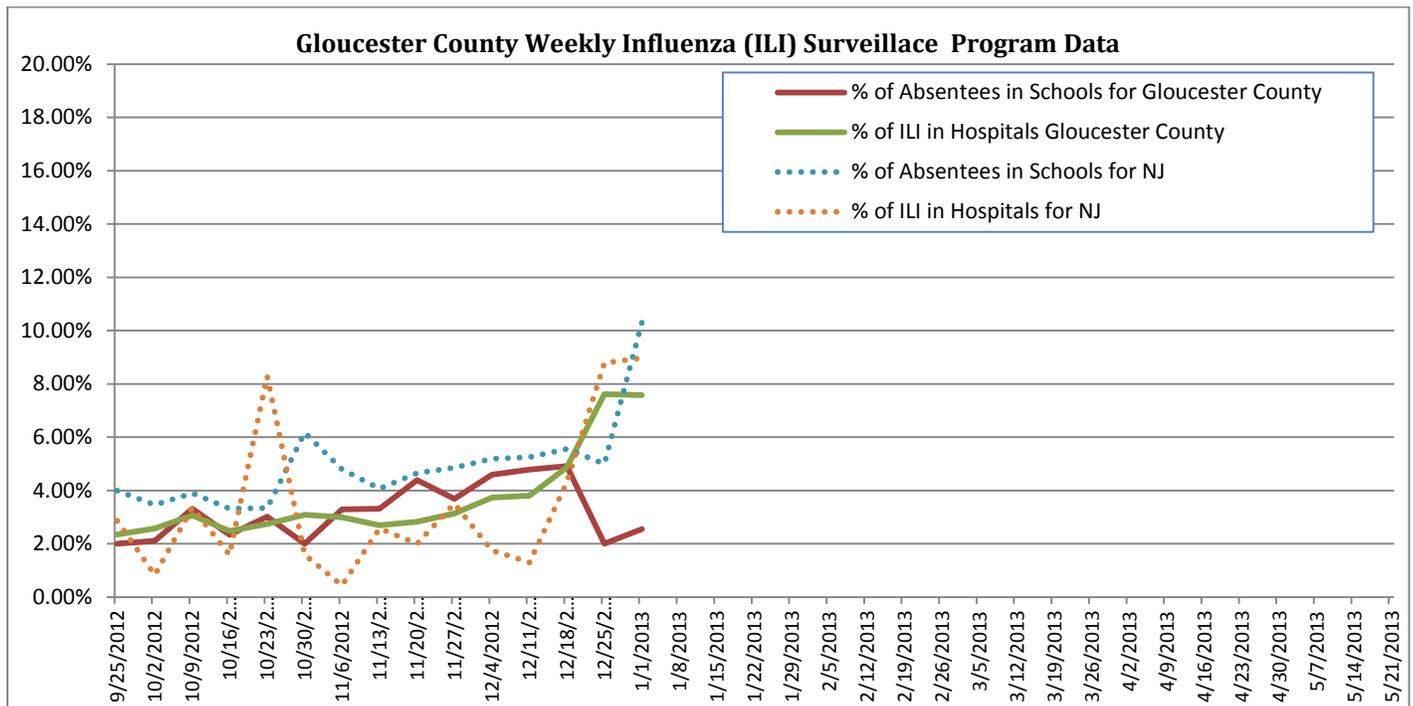
\*There is a 2.7 fold increase the number of confirmed and probable pertussis cases. The entire state of NJ is seeing an increase. From 2011 to 2012, 24 states have experienced a  $\geq 3$  fold increase in cases.

# Influenza in Gloucester County

NJDOH reports point to a Moderate of Influenza-like-Illness (ILI) 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 4<sup>th</sup> quarter of 2012 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	(10/1/12 to 12/31/12)
Number reported during period	27

**The Gloucester County Department of Health offers free vaccines.**

***For more information about our Adult Vaccination Program for the uninsured, Influenza Program or Child Wellness program visit our website***

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

***To find out if you are eligible, need more information or to make an appointment call (856) 218-4127***

## Recommendations for the Identification of Chronic Hepatitis C Virus

Due to the rising HCV-associated morbidity and mortality and advances in HCV care and treatment the CDC has evaluated public health strategies to increase the proportion of infected persons who know their HCV infection status and are linked to care. Several analyses of nationally representative data have found a disproportionately high prevalence of HCV infection among persons who were born during the mid-1940s through the mid-1960s. As a result the CDC now recommends that “Baby Boomers” or anyone born from 1945 through 1965 get tested for Hepatitis C.



The following Q&A briefly explains the recent CDC recommendations.

### Why should baby boomers get tested for Hepatitis C?

More than 75% of adults with Hepatitis C are baby boomers. Baby boomers are people born from 1945 through 1965. Most of them don't know they are infected.

- *Baby boomers are five times more likely to be infected with Hepatitis C.*
- *Liver disease, liver cancer, and deaths from Hepatitis C are on the rise.*
- *As baby boomers age, there is a greater chance that they will develop serious, life-threatening liver disease from Hepatitis C.*
- *Testing people in this generation will help them learn if they are infected and get them into lifesaving care and treatment.*
- *Early diagnosis and treatment can help prevent liver damage, cirrhosis, and even liver cancer.*

### Why do baby boomers have such high rates of Hepatitis C?

The reason that baby boomers have the highest rates of Hepatitis C is not completely understood. Most boomers are believed to have become infected in the 1970s and 1980s when rates of Hepatitis C were the highest. Since chronic Hepatitis C can go unnoticed for up to several decades, baby boomers could be living with an infection that occurred many years ago.

Hepatitis C is primarily spread through contact with blood from an infected person. Many baby boomers could have gotten infected from contaminated blood and blood

products before widespread screening of the blood supply began in 1992 and universal precautions were adopted. Others may have become infected from injecting drugs, even if only once in the past. Still, many baby boomers do not know how or when they were infected.

### What should baby boomers know about Hepatitis C?

Hepatitis C is a liver disease that results from infection with the Hepatitis C virus. The disease can cause serious health problems including liver damage, cirrhosis, liver cancer and even death. In fact, Hepatitis C is a leading cause of liver cancer and the leading cause of liver transplants.

People with Hepatitis C:

- *Often have no symptoms*
- *Can live with an infection for decades without feeling sick*
- *Can be successfully treated with medications*

### Is there a test for Hepatitis C?

Yes.

- *Anti-HCV positive (repeat reactive) by EIA, verified by an additional more specific assay (e.g. RIBA for anti-HCV or nucleic acid testing for HCV RNA) or*
- *HCV RIBA positive, or*
- *Nucleic acid test for HCV RNA positive, or*
- *Report of HCV genotype, or*
- *Anti-HCV screening-test-positive with a signal to cut-off ratio predictive of a true positive as determined for the particular assay as determined and posted by CDC (e.g., >3.8 for the enzyme immunoassays).*

### For more information:

Talk to your health professional, call your health department, or visit [www.cdc.gov/knowmorehepatitis](http://www.cdc.gov/knowmorehepatitis)