

# 2013

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

**Office of Communicable  
Disease**



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## **COMMUNICABLE DISEASE REPORT**

**4TH 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.

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	Number of confirmed & probable cases	Number of confirmed & probable cases (2012)	Number of confirmed & probable cases (2013)
	2012	2013	10/1/12 to 12/31/12	10/1/13 to 12/31/13
Foodborne Disease	68	62	4	5
Infectious Diseases	396	105	76	20
Vaccine Preventable Diseases (Immunization)	124	99	32	17
Vector-Borne Illnesses <sup>1</sup>	164	113	19	17
Immediately Reportable	50	19	11	2
Zoonotic Disease <sup>2</sup>	71	69	4	7
STD**	577	595	121	151

\*This report only contains NJDOH Approved confirmed and probable cases. It reflects the NJDOH approved data for 1/21/14 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.

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

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

## Reports By Disease

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

	Number of confirmed & probable cases	Number of confirmed & probable cases	Number of confirmed & probable cases (2012)	Number of confirmed & probable cases (2013)
	2012	2013	October thru December	October thru December
Babesiosis ( <i>Babesia spp.</i> )	6	11	0	2
Campylobacteriosis ( <i>Campylobacter spp.</i> )	24	24	0	1
Chlamydia	449	432	90	103
Cryptosporidiosis	3	5	0	3
Cyclosporiasis	1	0	0	0
Ehrlichiosis/Anaplasmosis -Anaplasma Phagotophilum	3	2	0	0
Giardiasis	11	7	3	3
Gonorrhea	114	143	30	46
Haemophilus Influenzae	1	3	0	0
Hepatitis A	2	0	0	0
Hepatitis B- Acute	3	4	1	0
Hepatitis B- Chronic	26	28	5	7
Hepatitis C - Acute	1	2	1	1
Hepatitis C- Chronic	319	23	52	3
Legionellosis	1	8	3	1
Listeriosis ( <i>Listeria monocytogenes</i> )	1	0	0	0
Lyme Disease	138	93	19	15
Malaria ( <i>Plasmodium spp.</i> )	0	1	0	0
Mumps	0	1	0	0
Pertussis ( <i>Bordetella pertusis</i> )	46	16	11	2
Rocky Mountain Spotted Fever	14	6	0	0
Salmonellosis (non typhoid) ( <i>Salmonella spp.</i> )	37	34	3	4
Shigellosis	3	2	0	0
Streptococcus Agalactiae (GBS)	3	1	1	1
Streptococcus Pneumoniae	19	25	5	6
Streptococcus Pyogenes (GAS) - w/ Toxic Shock Syndrome	2	0	0	0
Streptococcus Pyogenes (GAS) - wo/ Toxic Shock Syndrome	7	4	1	0
Syphilis	13	11	1	0
Varicella	18	13	6	1
Vibrio Infections (Other than <i>V. Cholerae spp.</i> )	1	2	0	0
West Nile Virus	3	0	0	0

	<b>Tuberculosis Program Data</b>			
	<b>2012 Totals</b>	<b>2013 Totals</b>	<b>2012</b>	<b>2013</b>
	<b>Year to Date</b>	<b>Year to Date</b>	<b>10/1/12 to 12/31/12</b>	<b>10/1/13 to 12/31/13</b>
<b>New Suspected Cases</b>	7	5	0	1
<b>Confirmed Cases</b>	0	1	0	0
<b>New LTBI Cases</b>	36	46	1	11
<b>Immigration Investigations</b>	8	9	2	1

<b>Number EMS reports with ILI Presentations in Gloucester County, NJ</b>	<b>(10/1/13 to 12/31/13)</b>
Number reported during period	7

## Scabies

Scabies is an infestation of the skin by the human itch mite (*Sarcoptes scabieivar hominis*). The most common symptoms of scabies are intense itching and a pimple-like skin rash. The scabies mite usually is spread by direct, prolonged, skin-to-skin contact with a person who has scabies. Contact generally must be prolonged; a quick handshake or hug usually will not spread scabies. Scabies is spread easily to sexual partners and household members. Scabies in adults frequently is sexually acquired. Scabies sometimes is spread indirectly by sharing articles such as clothing, towels, or bedding used by an infected person; however, such indirect spread can occur much more easily when the infested person has crusted scabies.



Scabies can spread rapidly under crowded conditions where close body and skin contact is frequent. Institutions such as nursing homes, extended-care facilities, and prisons are often sites of scabies outbreaks. Child care facilities also are a common site of scabies infestations.

Diagnosis of a scabies infestation usually is made based on the customary appearance and distribution of the rash and the presence of burrows. Whenever possible, the diagnosis of scabies should be confirmed. This can be done by carefully removing a mite from the end of its burrow using the tip of a needle or by obtaining skin scraping. It is important to remember that a person can still be infested even if mites, eggs, or fecal matter cannot be found.

If a person has never had scabies before, symptoms may take as long as 4-6 weeks to begin. In a person who has had scabies before, symptoms usually appear much sooner (1-4 days) after exposure.

In a person, scabies mites can live for as long as 1-2 months. Scabies mites do not survive more than 2-3 days away from human skin. Scabies mites will die if exposed to a temperature of 50°C (122°F) for 10 minutes.

Items such as bedding, clothing, and towels used by a person with scabies can be decontaminated by machine-washing in hot water and drying using the hot cycle or by dry-cleaning. Items that cannot be washed or dry-cleaned can be decontaminated by removing from any body contact for at least 72 hours.

The rash and itching of scabies can persist for several weeks to a month after treatment, even if the treatment was successful and all the mites and eggs have been killed. Symptoms that persist for longer than 2 weeks after treatment can be due to a number of reasons, including:

- Incorrect diagnosis of scabies
- Reinfestation with scabies from a family member or other infested person
- Treatment failure caused by resistance to medication
- Re-infestation from items (fomites) such as clothing, bedding, or towels
- An allergic skin rash (dermatitis)
- Exposure to household mites
- Treatment failure of crusted scabies

If itching continues more than 2-4 weeks or if new burrows or rash continue to appear, seek the advice of a physician; retreatment with the same or a different scabicide may be necessary.

To determine when prophylactic treatment should be given to reduce the risk of transmission, health care providers should determine the following:

1. the type of scabies (i.e. non-crusted vs. crusted) to which a person has been exposed;
2. the degree and duration of skin exposure that a person has had to the infested patient;
3. whether the exposure occurred before or after the patient was treated for scabies; and,
4. whether the exposed person works in an environment with a high risk of infection.

Single cases of Scabies are not a reportable communicable disease in the State of New Jersey. However, facilities, such as a nursing home or hospital, experiencing multiple cases of scabies or an outbreak should report the event to the Gloucester County Health department at 218-4101. Outbreaks of any disease in the State of New Jersey are subject to an outbreak investigation and should be reported immediately.