

2012

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

**Office of Communicable
Disease**



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COMMUNICABLE DISEASE REPORT

1ST 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

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



Disease Totals	Number of confirmed & probable cases this Year (2012)	Number of confirmed & probable cases (2011)	Number of confirmed & probable cases (2012)
		1/1/11 to 3/31/11	1/1/12 to 3/31/12
Foodborne Disease*	5	7	5
Infectious Diseases*	23	100	23
Vaccine Preventable Diseases (Immunization)*	30	31	30
Vector-Borne Illnesses*	1	5	1
Immediately Reportable*	0	1	0
Zoonotic Disease*	0	0	0

¹This report only contains NJDHSS Approved confirmed and probable cases. It reflects the NJDHSS approved data for 4/11/12.

²Vector-Borne Disease is spread by insects, like mosquitoes or ticks.

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

*In the 1st Quarter of 2012 there was a decrease in Foodborne, Infectious, Vaccine Preventable, Vector-Borne, Immediately reportable and Zoonoses diseases from the same reporting period in 2011.

The number of Infectious Diseases reported in the 1st quarter of 2012 appears to be lower than the 1st quarter of the 2011. However, this is an indication of when infectious disease cases were closed as NJDHSS approved and not an indication of a 5 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

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

	Number of confirmed & probable cases this Year (2012)	Number of confirmed & probable cases (2011)	Number of confirmed & probable cases (2012)
	2012	January thru March 2011	January thru March 2012
Amoebiasis	0	1	0
Babesiosis (<i>Babesia spp.</i>)	0	0	0
Botulism - Foodborne	0	0	0
Campylobacteriosis (<i>Campylobacter spp.</i>)	4	4	4
Cryptosporidiosis	0	2	0
Cyclosporiasis	0	0	0
Giardiasis	0	4	0
Haemophilus Influenzae	0	1	0
Hemolytic Uremic Syndrome	0	0	0
Hepatitis A	0	0	0
Hepatitis B- Acute	2	1	2
Hepatitis B- Chronic	7	7	7
Hepatitis B- Perinatal	0	0	0
Hepatitis C- Acute	0	0	0
Hepatitis C- Chronic	7	68	7
Kawaski Disease	0	0	0
Legionellosis	0	2	0
Lyme Disease	1	5	1
Measles	0	0	0
Mumps	0	0	0
Pertussis (<i>Bordetella pertusis</i>)	6	5	6
Rocky Mountain Spotted Fever	0	0	0
Salmonellosis (non typhoid) (<i>Salmonella spp.</i>)	1	2	1
Shiga Toxin-producing <i>E. Coli</i> Non 0157:H7	0	0	0
Shigellosis	0	0	0
Streptococcus Agalactiae (GBS)	1	0	1
Streptococcus Pneumoniae	10	13	10
Streptococcus Pyogenes (GAS) - wo/ Toxic Shock Syndrome	0	4	0
Tuberculosis (active pulmonary infection)	0	2	0
Tularemia	0	0	0
Varicella	5	4	5
Vibrio Infections (Other than <i>V. Cholerae spp.</i>)	0	1	0
West Nile Encephalitis	0	0	0

- This report only contains NJDHSS Approved confirmed and probable cases. It reflects the NJDHSS approved data for 4/11/2012.
- For more information on all reportable diseases visit the NJ Department of Health and Senior Services Communicable Disease website at <http://www.state.nj.us/health/cd>
- GCDHSDS receives between 1,000 and 1,600 laboratory reports every year. The data listed above only reflects cases that meet specific criteria and case definitions.

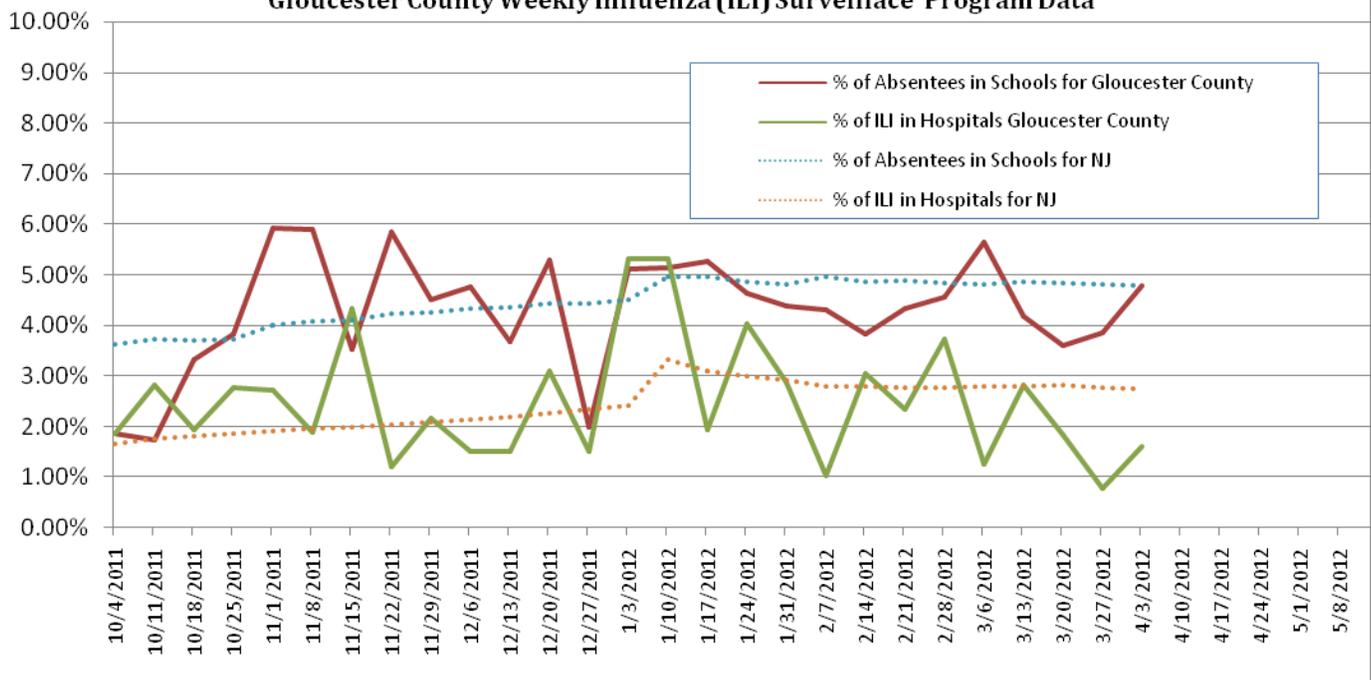
Influenza in Gloucester County

NJDHSS reports point to a moderate spread 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 1st 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 and LTCF ILI data.

Note: A case of ILI is defined as individuals 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)

Gloucester County Weekly Influenza (ILI) Surveillance Program Data



EMS reports with ILI Presentations in Gloucester, NJ	(1/1/12 to 3/31/12)
Number reported during period	21

The Gloucester County Department of Health offers free STI Clinics

The Gloucester County Department of Health
 204 East Holly Avenue
 Sewell, NJ
 Every Wednesday 3 PM to 4:30 PM
 No Appointment Necessary

At:

Paulsboro Health Center
 1000 Delaware Street, Paulsboro
 1st Tuesday of the Month 4 PM to 5:30 PM
 No Appointment Necessary

&

To find out more information go to: www.gloucestercountynj.gov

Or

Call (856) 218-4127

Antibiotic-Resistant Gonorrhea (ARG)



The development of antibiotic resistance in *Neisseria gonorrhoeae* is a growing public health concern, in particular because the United States gonorrhea control strategy relies on effective antibiotic therapy. Since antibiotics were first used for treatment of gonorrhea, *N. gonorrhoeae* has progressively developed resistance to the antibiotic drugs prescribed to treat it: sulfonilamides, penicillin, tetracycline, and ciprofloxacin. Currently, CDC STD treatment guidelines recommend dual therapy with a cephalosporin antibiotic (ceftriaxone is preferred) and either azithromycin or doxycycline to treat all uncomplicated gonococcal infections among adults and adolescents in the United States. Dual therapy is recommended to address the potential emergence of gonococcal cephalosporin resistance. Given the ability of *N. gonorrhoeae* to develop antibiotic resistance, it is critical to continuously monitor gonococcal antibiotic resistance and encourage research and development of new treatment regimens for gonorrhea.

Surveillance

Surveillance for antimicrobial resistance in *N. gonorrhoeae* in the United States is conducted through the Gonococcal Isolate Surveillance Project (GISP), which was established in 1986. Approximately 25-30 sites and 4-5 regional laboratories across the United States participate in GISP. Data from this project have been reported and have directly contributed to CDC's STD Treatment Guidelines in 1989, 1993, 1998, 2002, 2006, and 2010.

Clinicians are asked to report any *N. gonorrhoeae* specimen with decreased cephalosporin susceptibility and any gonorrhea cephalosporin treatment failure to CDC through their state/local public health authorities.

Trends

Overall in 2009, 23.5% of isolates collected from 29 GISP sites were resistant to penicillin, tetracycline, ciprofloxacin, or some combination of these antibiotics. In 1993, ciprofloxacin (a fluoroquinolone) and cephalosporins (ceftriaxone and cefixime) were the recommended treatments for gonorrhea. However, in the late 1990s and early 2000s, ciprofloxacin resistance was detected in Hawaii and the West Coast, and by 2004, ciprofloxacin resistance was detected among men who have sex with men (MSM) with gonorrhea. By 2006, 13.8% of isolates exhibited resistance to ciprofloxacin, and ciprofloxacin resistance was present in all regions of the country, including the heterosexual population. On April 13, 2007, CDC stopped recommending fluoroquinolones as treatment for gonococcal infections for all persons in the United States.

Susceptibility testing for the cephalosporin antibiotics is being conducted in GISP on ceftriaxone, cefixime, and cefpodoxime. CDC has observed recent worrisome trends in decreasing cephalosporin susceptibility, especially to oral cephalosporins such as cefixime. So far, none of the *N. gonorrhoeae* isolates tested in GISP have exhibited resistance, and CDC has not received any reports of clinical treatment failures to any cephalosporin in the United States.

Challenges

A major challenge to monitoring emerging antimicrobial resistance of *N. gonorrhoeae* is the substantial decline in capability of laboratories to perform essential gonorrhea culture techniques required for antibiotic susceptibility testing. This decline results from an increased use of newer non-culture-based laboratory technology, such as a diagnostic test called the Nucleic Acid Amplification Test (NAAT). Currently, there is no reliable technology that allows for antibiotic susceptibility testing from non-culture specimens. Increased laboratory culture capacity is needed.

Laboratory Issues

CDC recommends that all state and local health department labs maintain or develop the capacity to perform gonorrhea culture, or form partnerships with experienced laboratories that can perform this type of testing.