2012

Gloucester County Department of Health, Senior & Disability Services

Office of Communicable Disease

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COMMUNICABLE DISEASE REPORT

2ND 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 [1]	Number of confirmed & probable cases this Year (2012)	Number of confirmed & probable cases (2011)	Number of confirmed & probable cases (2012)
		4/1/11 to 6/31/11	4/1/12 to 6/31/12
Foodborne Disease	26	29	17
Infectious Diseases	32	114	4
Vaccine Preventable Diseases (Immunization)	42	30	7
Vector-Borne Illnesses[2]	34	67	18
Immediately Reportable	2	4	1
Zoonotic Disease[3]	0	11	0
Sexual Transmitted Disease	276	165	119

[1]This report only contains NJDHSS Approved confirmed and probable cases. It reflects the NJDHSS approved data for 7/10/12.

[2]Vector-Borne Disease is spread by insects, like mosquitoes or ticks.
[3]Zoonotic Disease is defined as any disease that is transmitted by animal, like rabies.

***In the 2nd Quarter of 2012 there was a decrease in Foodborne, Infectious, Vaccine Preventable, Vector-Borne, Immediately reportable, Zoonoses and Sexually Transmitted diseases from the same reporting period in 2011.**

The number of Infectious Diseases reported in the 2nd quarter of 2012 appears to be lower than the 2ndt 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 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

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	April thru June	April thru June
Babesiosis *(Babesia spp.)*	**0**	**8**	**0**
Botulism- Infant	**0**	**1**	**0**
Campylobacteriosis *(Campylobacter spp.)*	**13**	**13**	**9**
Chlamydia	**218**	**130**	**102**
Cryptosporidiosis	**1**	**2**	**0**
Ehrlichiosis/Anaplasmosis - Enrlichia Chaffeensis)	**0**	**1**	**0**
Giardiasis	**3**	**0**	**1**
Gonorrhea	**57**	**26**	**17**
Haemophilus Influenzea	**0**	**2**	**0**
Hepatitis A	**2**	**0**	**1**
Hepatitis B- Acute	**2**	**3**	**0**
Hepatitis B- Chronic	**12**	**9**	**3**
Hepatitis C- Acute	**0**	**2**	**0**
Hepatitis C- Chronic	**7**	**88**	**0**
Legionellosis	**0**	**1**	**0**
Listeriosis *(Listeria monocytogenes)*	**0**	**0**	**0**
Lyme Disease	**34**	**53**	**18**
Malaria *(Plasmodium spp.)*	**0**	**1**	**0**
Pertussis *(Bordetella pertusis)*	**9**	**0**	**2**
Rocky Mountain Spotted Fever	**0**	**4**	**0**
Salmonellosis (Typhoid)	**0**	**2**	**0**
Shiga Toxin-producing *E. Coli*	**0**	**0**	**0**
Shigellosis	**1**	**4**	**1**
Streptococcus Agalactiae (GBS)	**2**	**0**	**1**
Streptococcus Pneumoniae	**10**	**7**	**0**
Streptococcus Pyogenes (GAS) - w/ Toxic Shock Syndrome	**0**	**0**	**0**
Streptococcus Pyogenes (GAS) - wo/ Toxic Shock Syndrome	**1**	**0**	**0**
Syphilis	**1**	**9**	**0**
Toxic Shock Syndrome- Staphylococcal	**0**	**0**	**0**
Tuberculosis (active pulmonary infection)	**3**	**1**	**1**
Tularemia	**0**	**1**	**0**
Varicella	**7**	**7**	**1**
Vibrio Infections (Other than V. Cholerae spp.)	**0**	**0**	**0**
West Nile Encephalitis	**0**	**0**	**0**
Western Equine Encephalitis (WEE)	**0**	**0**	**0**
Yersiniosis	**0**	**0**	**0**

EMS reports with ILI Presentations in Gloucester, NJ	4/1/12 to 6/31/12)
Number reported during period	12

Vaccine Storage and Handling Best Practices

There are few immunization issues more important than the appropriate storage and handling of vaccines. The success of efforts against vaccine-preventable diseases is attributable in part to proper storage and handling of vaccines. Vaccines exposed to temperatures outside the recommended ranges can have reduced potency and protection. Storage and handling errors can cost thousands of dollars in wasted vaccine and revaccination. Errors can also result in the loss of patient confidence when repeat doses are required. It is better to not vaccinate than to administer a dose of vaccine that has been mishandled. Vaccine management, including proper storage and handling procedures, is the basis on which good immunization practices are built.

Vaccines must be stored properly from the time they are manufactured until they are administered. Proper maintenance of vaccines during transport is known as the cold chain. A proper cold chain is a temperature-controlled supply chain that includes all equipment and procedures used in the transport and storage and handling of vaccines from the time of manufacturer to administration of the vaccine. By following a few simple steps and implementing best storage and handling practices, providers can ensure that patients will get the full benefit of vaccines they receive.

Vaccine Storage Temperatures

- *Live vaccines*
  - most tolerate freezing
  - deteriorate rapidly after removal from storage
- *Inactivated vaccines*
  - damaged by exposure to temperature fluctuations (extreme heat or freezing temperatures)
- Potency negatively affected by extended or multiple temperature excursions

Recommended Temperatures

- **Freezer:** Between -58°F and +5°F (-50°C to -15°C)
  +5°F (-15°C) or colder if only Varicella and Zoster vaccines in freezer
- **Refrigerator:** Between 35°F and 46°F (2°C to 8°C)
- **Average:** 40°F (5°C)

Use these tips to improve vaccine storage and handling.

TIP 1: Have more than one person responsible for storage and handling of vaccines.

TIP 2: Have certified calibrated thermometers in the refrigerator and freezer compartments.

TIP 3: Record temperatures twice per day.

TIP 4: Record temperatures for both the refrigerator and freezer.

TIP 5: Document out-of-range temperatures on vaccine temperature logs and take action right away.

TIP 6: Keep a historical file of monthly temperature logs.

TIP 7: Refrigerate vaccine in a manner that does not jeopardize its quality.

TIP 8: Use a VFC Program approved storage unit for frozen vaccines.

TIP 9: Make sure refrigerator or freezer door is closed properly and has adequate seals.

TIP 10: Keep multi-dose vials until expiration date, even after they are opened.

TIP 11: Have emergency plans for a power outage or natural disaster.

TIP 12: Have a separate unit to store food and drinks rather than in the vaccine refrigerator.

Sources: [1]**Florida Department of Health, *"Top 12 Tips for Proper Vaccine Storage and Handling"* www.doh.state.fl.us/Disease_ctrl/immune/files/12_tips_web.pdf. Retrieved 16 April 2012**
[2]**Centers for Disease Control and Prevention, *"Vaccine Storage & Handling Guide"* www.cdc.gov/vaccines/recs/storage/guide/vaccine-storage-handling.pdf. Retrieved: 16 April 2012**
[3]**Centers for Disease Control and Prevention, *"Vaccines and Immunizations"* http://www.cdc.gov/vaccines/pubs/pinkbook/vac-storage.html. Retrieved: 16 April 2012**

Reporting of Suspected and Confirmed Human and Animal Rabies Cases

Rabies (also known as a rhabdovirus of the genus Lyssavirus) is an Immediately Reportable Disease in the State of New Jersey. All suspected or confirmed animal and human cases must be reported in accordance with the N.J. A.C 8:57 and N.J.R.S. 26:4-79

> "Per N.J.A.C. 8:57, healthcare providers and administrators shall immediately report **by telephone** confirmed and suspected cases of rabies to the health officer of the jurisdiction where the ill or infected person lives, or if unknown, wherein the diagnosis is made. The health officer (or designee) **must immediately institute the control measures listed below in section 6, "Controlling Further Spread,"** regardless of weekend, holiday, or evening schedules"

> "Per N.J.R.S. 26:4-79, every physician is legally required to report all animal bites and all administrations of human post-exposure rabies prophylaxis to the **local health agencies** with jurisdiction where the person resides within 12 hours of initial medical treatment. The local health agency with jurisdiction over the exposed person will work with other agencies as required to oversee administration of post-exposure prophylaxis and test or confine suspect animals, if indicated."

To report a suspected or confirmed human case of Rabies, please contact the Gloucester County Department of Health, Senior and Disability Services at (856) 218-4101 between 8:30 A.M and 4:00 P.M. If the health officer (or designee) is unavailable, the healthcare provider or administrator shall make the report to the New Jersey Department of Health by telephone to (609) 826-5964, between 8:00 A.M. and 5:00 P.M. on non-holiday weekdays or to (609) 392-2020 during all other days and hours.

To report an animal bite exposure, administration of human post-exposure prophylaxis or request a rabies examination, please fill out the appropriate form and fax to (856) 218-4144. If you have any questions or inquiries, please contact James Cromley, the Rabies program coordinator, at (856) 218-4103.

Note: *The testing of specimens for Rabies requires the submission of a VIR-16 form and notifying the Rabies program coordinator of the request for a pickup.*

A form to report a biting incident is available on-line at:
http://www.co.gloucester.nj.us/documents/animalexposurebitereport2012.pdf

A form to report rabies post-exposure prophylaxis is available on-line at:
http://www.state.nj.us/health/forms/cdc-2.pdf.

A form to request a rabies examination is available on-line at:
http://www.state.nj.us/health/forms/vir-16.pdf

Sources: [1]New Jersey Department of Health and Senior Services. "Rabies" Communicable Disease Manual Chapter. Available at: http://www.state.nj.us/health/cd/documents/chapters/rabies_ch.pdf
[2]New Jersey Department of Health and Senior Services. "Rabies". Available at: http://www.state.nj.us/health/cd/rabies/techinfo.shtml