

NEW JERSEY ADMINISTRATIVE CODE
TITLE 8. DEPARTMENT OF HEALTH AND SENIOR SERVICES
CHAPTER 57. COMMUNICABLE DISEASES

SUBCHAPTER 1. REPORTABLE COMMUNICABLE DISEASES

8:57-1.1 Purpose and scope

(a) The purpose of this subchapter is to expedite the reporting of certain diseases or outbreaks of disease so that appropriate action can be taken to protect the public health. The latest edition of the American Public Health Association's publication, "Control of Communicable Diseases Manual," should be used as a reference, providing guidelines for the characteristics and control of communicable diseases, unless other guidelines are issued by the Department.

(b) For purposes of research, surveillance, and/or in response to technological developments in disease detection or control, the Commissioner, or his or her designee, is empowered to amend the diseases specified in this subchapter for such periods of time as may be necessary to control disease, in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq.

8:57-1.2 Definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Bioterrorism" means premeditated use of biological agents (bacteria, viruses, etc.) to cause death or disease in humans, animals or crops.

"Child care center" means any home or facility required to be licensed by the Department of Human Services which is maintained for the care, development, or supervision of six or more children under six years of age who attend for less than 24 hours a day.

"Commissioner" means the New Jersey Commissioner of Health and Senior Services.

"Communicable disease" means an illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.

"Department" means the New Jersey Department of Health and Senior Services.

"Electronic reporting" means submission of disease/test reports on diskette, as an e-mail attachment, as an FTP (File Transfer Protocol) file, using a mailbox via an Intranet, or using

other technologies. Encryption is a prerequisite for electronic reporting, to protect the confidentiality of the data.

“Ethnicity” means cultural background, as in Hispanic or Latino.

“Health officer” means a holder of a license as health officer issued by the New Jersey Department of Health and Senior Services, pursuant to N.J.S.A. 26:1A-38 et seq., who is employed by a local board of health to function during all working hours of the regularly scheduled work week of the governmental unit to which the local health agency is attached and not regularly employed during the working hours of that scheduled work week in other activities for which he or she receives remuneration.

“Health care provider” means a person who is directly involved in the provision of health care services, such as the clinical diagnosis and prescribing of medications, and when required by State law, the individual has received professional training in the provision of such services and is licensed or certified for such provision. This includes physicians, physician assistants, and nurse practitioners.

“Hospital or other health care institution” means an institution, whether operated for profit or not, which maintains and operates facilities for the diagnosis, treatment, or care of two or more non-related individuals suffering from illness, injury or deformity and where emergency, outpatient, surgical, obstetrical, convalescent, or other medical and nursing care is rendered for periods exceeding 24 hours.

“Invasive disease” means an infection that has invaded body tissues and the causative bacterium has been isolated from blood, cerebrospinal fluid, pleural fluid or other normally sterile site.

“Local health department” means the board of health of a region or municipality or the boards, bodies, or officers in such region or municipality lawfully exercising any of the powers of a local board of health under the laws governing such region or municipality.

“N.J.A.C.” means the New Jersey Administrative Code.

“N.J.S.A.” means the New Jersey Statutes Annotated.

“Nosocomial infection” means an infection occurring in a patient in a hospital or other health care facility and in whom it was not present or incubating at the time of admission, or the residual of an infection acquired during a previous admission. This term includes infections acquired in the hospital but appearing after discharge, and also such infections among the staff of the facility.

“Outbreak” means any unusual occurrence of disease or any disease above background or endemic levels. Endemic level refers to the usual prevalence of a given disease within a geographic area. “Suspected outbreak” means an outbreak which appears to meet the definition of an outbreak, but has not yet been confirmed.

“School” means any building, structure, or part thereof used for purposes of the education of children between grades kindergarten through 12 whether publicly or privately owned.

“Sexually transmitted disease” means syphilis, gonorrhea, chancroid, lymphogranuloma venereum, granuloma inguinale and chlamydial genital infections.

8:57-1.3 Reportable diseases

(a) Cases due to the following diseases and/or infectious agents shall be reported. Diseases in List 1 shall include confirmed and suspect cases and shall be reported immediately by telephone. Diseases in List 2 shall include confirmed cases and shall be reported within 24 hours of diagnosis.

1. List of immediately reportable diseases

Anthrax (*Bacillus anthracis*);

Botulism (*Clostridium botulinum*);

Brucellosis (*Brucella* spp.);

Diphtheria (*Corynebacterium diphtheriae*);

Haemophilus influenzae, invasive disease;

Hantavirus infection;

Hepatitis A in institutional settings;

Measles (*Rubeola virus*);

Meningococcal invasive disease (*Neisseria meningitidis*);

Pertussis whooping cough, (*Bordetella pertussis*);

Plague (*Yersinia pestis*);

Rubella;

Poliomyelitis;

Rabies (human illness);

Smallpox;

Tularemia (*Francisella tularensis*);

Viral hemorrhagic fevers, including, but not limited to, Ebola, Lassa, and Marburg viruses;

Foodborne intoxications, including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning;

Any outbreak or suspected outbreak, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism;

2. List of diseases reportable within 24 hours of diagnosis

Amoebiasis (*Entamoeba histolytica*);

Animal bites treated for rabies;

Arboviral diseases;

Babesiosis (*Babesia* spp.);

Campylobacteriosis (*Campylobacter* spp.);

Chancroid (*Haemophilus ducreyi*);

Chlamydial infections, sexually transmitted (*Chlamydia trachomatis*);

Chlamydial conjunctivitis, neonatal (*Chlamydia trachomatis*);

Cholera (*Vibrio cholerae*);

Creutzfeld-Jakob disease;

Cryptosporidiosis (*Cryptosporidium* spp.);

Cyclosporiasis (*Cyclospora* spp.);

Dengue fever;

Diarrheal disease, either in a child who attends a day care center or in a foodhandler;

Ehrlichiosis (*Ehrlichia* spp.);

Enterohemorrhagic *Escherichia coli*;

Giardiasis (*Giardia lamblia*);

Gonorrhoea (*Neisseria gonorrhoeae*);

Granuloma inguinale (*Calymmatobacterium granulomatis*);

Guillain-Barre syndrome;

Hansen's disease (*Mycobacterium leprae*);

Hemolytic uremic syndrome;

Hepatitis A;

Hepatitis B, including Hepatitis B surface antigen test positive in a pregnant woman;

Hepatitis C;

Kawasaki disease (mucocutaneous lymph node syndrome);

Legionellosis (*Legionella pneumophila*);

Listeriosis (*Listeria monocytogenes*);

Lyme disease (*Borrelia burgdorferi*);

Lymphogranuloma venereum (*Chlamydia trachomatis*);

Malaria (*Plasmodium* spp.);

Mumps;

Psittacosis (*Chlamydia psittaci*);

Q fever (*Coxiella burnetti*);

Rocky Mountain Spotted Fever (*Rickettsia rickettsii*);

Rubella, congenital;

Salmonellosis (*Salmonella* spp.);

Shigellosis (*Shigella* spp.);

Streptococcal disease, invasive group A,
(*Streptococcus pyogenes* group A);

Streptococcal disease, invasive group B, neonatal;
Streptococcus pneumoniae, invasive disease;
Syphilis, primary, and secondary (*Treponema pallidum*);
Syphilis, congenital;
Tetanus (*Clostridium tetani*);
Toxic Shock syndrome;
Trichinosis (*Trichinella spiralis*);
Tuberculosis, confirmed or suspect (*Mycobacterium tuberculosis*);
Typhoid fever (*Salmonella typhi*);
Vibrio infections other than cholera (*Vibrio* spp.);
Viral encephalitis;
Yellow fever (*Flavivirus*);
Yersiniosis (*Yersinia* spp).

(b) Reporting of Acquired Immunodeficiency Syndrome (AIDS) and infection with Human Immunodeficiency Virus (HIV) shall be in the manner described in N.J.A.C. 8:57-2.

8:57-1.4 Persons and institutions required to report reportable diseases

(a) The following individuals and institutions are required to report any person who is ill or infected with any disease listed in N.J.A.C. 8:57-1.3 and shall make a report as set forth in N.J.A.C. 8:57-1.5:

1. Physician;
2. Advanced practice nurse;
3. Physician's assistant; or
4. A person having control or supervision over a hospital or other health care institution, correctional facility, school, summer camp, child care center, preschool, or institution of higher education.

(b) Duplicate reporting of the same case by health care providers in the same institution is not necessary.

(c) A physician, advanced practice nurse, physician's assistant, or a person having control or supervision over a hospital or other health care institution, correctional facility, school, summer camp, child care center, preschool, or institution of higher education who fails to report pursuant to the provisions of N.J.A.C. 8:57-1.3 and 1.5 may receive written notification of this failure and a warning. Responsible parties who, despite warning, continue to fail to comply with these reporting requirements, shall be subject to a fine, pursuant to the provisions of N.J.S.A. 26:4-129. If failure to report is determined by the Department to have significantly hindered public health control measures, the responsible parties shall be subject to other actions, including, but not limited to, notification of the violation to relevant licensing review organizations.

8:57-1.5 Content of report

(a) Any individual with a disease listed in N.J.A.C. 8:57-1.3 shall be reported as set forth in (c) and (d) below to the health officer of the jurisdiction where the individual lives, or if unknown, wherein the diagnosis is made, except that individuals with hepatitis C, sexually transmitted diseases and tuberculosis and all individuals in State institutions shall be reported directly to the Department. If the health officer is unavailable, the report shall be made to the Department by telephone (609-588-7500, during business hours; 609-392-2020, after business hours, on weekends and holidays).

(b) Any outbreak or suspected outbreak listed in N.J.A.C. 8:57-1.3 shall be reported as set forth in (e) and (f) below to the health officer of the jurisdiction where the outbreak occurred. If the health officer is unavailable, the report shall be made to the Department by telephone (609-588-7500, during business hours; 609-392-2020, after business hours, on weekends and holidays).

(c) Individuals with diseases in N.J.A.C. 8:57-1.3(a)1 shall be reported immediately by telephone. All individuals with diseases in N.J.A.C. 8:57- 1.3(a), including those reported immediately by telephone, shall be reported in writing or as an electronic report within 24 hours of diagnosis.

(d) The disease report shall include:

1. The name of the disease;
 2. The name, age, date of birth, gender, race, ethnicity, home address and telephone number of the person who is ill or infected with such disease;
 3. The date of onset of illness;
 4. The name, address, institution, and telephone number of the reporting official;
- and

5. Such other information as may be required by the Department concerning a specific disease.

(e) All outbreaks shall be reported immediately by telephone.

(f) Outbreak reports shall include:

1. The name, municipality and telephone number of the institution or school where the outbreak occurred;

2. The name of the disease or suspected disease;

3. The number ill;

4. The dates of onset;

5. A description of symptoms;

6. Pertinent medical history and available diagnostic confirmation; and

7. Such other information as may be requested by the health officer or the Department concerning a specific disease.

(g) The person having control or supervision of an institution may delegate these reporting activities to a member of the staff, but this delegation does not relieve that person of the ultimate reporting responsibility.

8:57-1.6 Reporting of positive laboratory results denoting diseases

(a) Any positive culture, test, or assay result specific for one of the following organisms shall be reported by a laboratory director to the local health department, except that positive results for hepatitis C, tuberculosis and sexually transmitted diseases shall be reported directly to the Department:

1. Acid fast bacilli;

2. Antibiotic-resistant organisms (hospital-based laboratories only);

3. *Arboviruses;

4. Babesia spp.;

5. *Bacillus anthracis;

6. *Bordetella pertussis;

7. *Borrelia burgdorferi*;
8. **Brucella* spp.;
9. *Campylobacter* spp.;
10. *Chlamydia psittaci*;
11. *Chlamydia trachomatis*;
12. **Clostridium botulinum*;
13. *Clostridium tetani*;
14. **Corynebacterium diphtheriae*;
15. *Coxiella burnetti*;
16. *Cryptosporidium* spp.;
17. *Cyclospora* spp.;
18. *Ebola virus;
19. *Entamoeba histolytica*;
20. *Ehrlichia* spp.;
21. *Escherichia coli* 0157: H7 and other hemorrhagic strains;
22. *Foodborne intoxications, including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning;
23. **Francisella tularensis*;
24. *Giardia lamblia*;
25. *Hantavirus;
26. *Haemophilus ducreyi*;
27. *Haemophilus influenzae* isolated from cerebrospinal fluid, blood, or any other normally sterile body site;
28. Hepatitis A;

29. Hepatitis B;
30. Hepatitis C;
31. *Lassa virus;
32. Legionella pneumophila;
33. Listeria monocytogenes;
34. *Marburg virus;
35. Mumps virus;
36. Mycobacterium, atypical;
37. Mycobacterium leprae;
38. Mycobacterium tuberculosis;
39. Neisseria gonorrhoeae;
40. Neisseria meningitidis isolated from cerebrospinal fluid, blood, or any other normally sterile site;
41. Plasmodium spp.;
42. Polio virus;
43. *Rabies virus;
44. Rickettsia rickettsii;
45. *Rubella virus;
46. Rubeola virus;
47. Salmonella spp.;
48. Shigella spp.;
49. Streptococcus pneumoniae isolated from cerebrospinal fluid, blood, or any other normally sterile site;
50. Streptococcus pyogenes, Group A, isolated from cerebrospinal fluid, blood, or other normally sterile site;

51. *Streptococcus agalactiae*, Group B, perinatal;
52. *Treponema pallidum* ;
53. *Trichinella spiralis*;
54. *Vibrio* spp.;
55. *Yersinia* spp;
56. **Yersinia pestis*; and
57. Antibiotic sensitivity for *M. tuberculosis*.

(b) A laboratory director shall report positive cultures or positive laboratory test results for the microorganisms listed in (a) above within 72 hours after obtaining a positive result, except that positive cultures or positive laboratory test results for the microorganisms noted by an asterisk (*) shall be reported immediately by telephone. All reports shall be submitted to the health officer having jurisdiction over the locality in which the patient lives, or, if unknown, to the health officer in whose jurisdiction the health care provider requesting the laboratory examination is located, except that reports of organisms for hepatitis C, tuberculosis and sexually transmitted diseases and all reports where the patient is a resident of a State institution shall be submitted directly to the Department. If the health officer is unavailable, the report shall be made to the Department by telephone (609-588-7500, during business hours; 609-392-2020, after business hours, on weekends and holidays).

(c) The report shall contain, at a minimum, the reporting laboratory's name, address, and telephone number; the name, age, date of birth, gender, race, ethnicity, home address and telephone number of the person tested; the test performed; the date of testing; the test results; and the health care provider's name and address.

(d) A laboratory director may delegate reporting and specimen submission activities, as delineated in (f) below, to a staff member, but this delegation does not relieve a laboratory director of the ultimate reporting responsibility.

(e) A laboratory director who fails to fulfill the reporting requirements and the specimen submission requirements of this section may receive written notification of this failure and a warning to comply. A laboratory director who, despite warning, continues to fail to comply with these reporting requirements, shall be subject to a fine pursuant to the provisions of N.J.S.A. 26:4-129. A laboratory director whose failure to report is determined by the Department to have significantly hindered public health control measures shall be subject to other actions, including, but not limited to, reporting such failure to the Department's Clinical Laboratory Improvement Services.

(f) A laboratory director shall submit within three days, to the New Jersey Department of Health and Senior Services, Division of Public Health and Environmental Laboratories, John

Fitch Plaza, Market and Warren Streets, Trenton, NJ 08625-0361, for further testing, all microbiologic cultures obtained from human or food specimens of the following organisms:

1. Escherichia coli 0157:H7;
2. Haemophilus influenzae isolated from cerebrospinal fluid or blood;
3. Legionella pneumophila;
4. Listeria monocytogenes;
5. Neisseria meningitidis;
6. Salmonella spp.;
7. Shigella spp.;
8. Streptococcus pyogenes isolated from cerebrospinal fluid, blood, or other normally sterile site;
9. Penicillin-resistant Streptococcus pneumoniae isolated from cerebrospinal fluid, blood, or other normally sterile site;
10. Vancomycin-resistant Enterococcus spp. isolated from cerebrospinal fluid, blood, or other normally sterile site;
11. Glycopeptide resistant Staphylococcus spp. and Streptococcus spp. isolated from any body site; and
12. Multiple antibiotic resistant bacteria (upon request).

(g) A hospital laboratory director shall, within 31 calendar days of the end of each month, submit data regarding specific microorganisms occurring during that month within the hospital to the Department, utilizing the Department's Epidemiology Surveillance Form.

8:57-1.7 Reporting of diseases by health officers

(a) A health officer who is notified of the existence of any disease outbreak, or of any single case of a disease listed in N.J.A.C. 8:57-1.3(a)1, shall immediately notify the Department by telephone (609-588-7500, during business hours; 609-392-2020, after business hours, on weekends and holidays).

(b) A health officer who is notified of the existence of diseases pursuant to the provisions of N.J.A.C. 8:57-1.3 and 1.6 shall, within 24 hours of receipt of the report, forward a written or electronic copy thereof to the Department. If the initial report is incomplete, a health officer

shall seek complete information and shall provide all available information to the Department within five working days of receiving the initial report.

(c) A health officer who is notified of any outbreak of disease, or of any single case of a disease listed in N.J.A.C. 8:57-1.3 and 1.6, which is not within that health officer's jurisdiction shall immediately notify the health officer where the disease was believed to have been contracted and the health officer of the local health agency wherein the home address of the ill or affected person is located, as the case may be. If either of the said health agencies are not located in New Jersey, the health officer shall forward this information to the Department by telephone (609-588-7500, during business hours; 609-392-2020, after business hours, on weekends, and holidays).

(d) A health officer may delegate reporting activities to a staff member, but this delegation shall not relieve the health officer of the ultimate reporting responsibility.

(e) A health officer who fails to report pursuant to the provisions of this section shall receive written notification of this failure and a warning. A health officer who, despite warning, fails to comply with these reporting requirements, shall be subject to a fine pursuant to the provisions of N.J.S.A. 26:4-129. A health officer whose failure to report is determined by the Department to have significantly hindered public health control measures shall be subject to other actions, including notification to the Department's Public Health Licensing and Examination Board and the Public Health Council.

8:57-1.8 Health officer investigations

(a) A health officer shall, upon receiving a report of an outbreak or suspected outbreak of any communicable disease, or of a case or suspected case of any communicable disease, investigate the facts contained in the report. A health officer shall follow such direction regarding the investigation as may be given by the Department.

(b) The health officer performing investigation set forth in (a) above shall, at a minimum:

1. Determine whether a single case or an outbreak of a reportable disease exists;
2. Ascertain the source and spread of the infection; and
3. Determine and implement appropriate control measures.

(c) Upon determining that a single case of an immediately reportable disease or an outbreak of a reportable disease exists, the health officer shall immediately relay all available information pertaining to the investigation to the Department by telephone (609-588-7500, during business hours; 609-392-2020, after business hours, on weekends, and holidays). Reports of investigations of other reportable diseases may be submitted electronically or in writing.

(d) The Department may require more than one health officer to participate in the investigation. The health officers may include those having jurisdiction over:

1. The location of suspected transmission of disease;
2. Areas of residence or occupation of person(s) believed to be ill or infected;
3. Sites of institutions where such persons may be located or receive care; and
4. Other jurisdictions which are determined to be appropriate and necessary by the Department.

(e) The health officer shall submit a summary report to the Department within 30 days of the completion of each outbreak investigation, and to all physicians who reported cases of illness connected with that outbreak. The report shall include, but not be limited to, a summary of findings, actions taken to control disease, and recommendations to affected parties.

8:57-1.9 Isolation and restriction for communicable disease

(a) A health officer or the Department, upon receiving a report of a communicable disease, shall, by written order, establish such isolation or other restrictive measures required by statute or rule to prevent or control disease. If, in the judgment of the health officer or the Department, it is necessary to provide adequate isolation, a health officer or the Department shall promptly remove, or cause to be removed, a person who is ill with a communicable disease to a hospital. Such order shall remain in force until terminated by the health officer or the Department.

(b) A health officer or the Department may restrict access of the individuals permitted to come in contact with or visit a person who is hospitalized or isolated under authority of this section.

(c) The Department or health officer, if authorized by local ordinance or by the Department, may, by written order, restrict any person who has been exposed to a communicable disease, under conditions he or she may specify; providing such period of restriction shall not exceed the period of incubation of the disease.

(d) A person who is responsible for the care, custody, or control of a person who is ill or infected with a communicable disease shall take all measures necessary to prevent transmission of the disease to other persons.

8:57-1.10 Medical examination and specimen submission

(a) The Department or a health officer may order a person who is suspected of being ill or infected with a reportable or communicable disease, or who has been exposed to a reportable or communicable disease, to submit to physical examination, X-ray studies, laboratory studies, and such other diagnostic procedures as deemed necessary to determine whether or not such person is communicable to others or is a carrier of disease.

(b) Any person who is ordered to submit to examination and/or to submit specimens under (a) above shall comply with the order.

(c) Specimens obtained under the authority of this chapter and under provisions of this rule shall be submitted to a laboratory which is approved by the Department for examination of such specimens.

8:57-1.11 Foodhandlers ill or infected with communicable diseases

(a) A person who is ill or infected with a communicable disease which may be transmitted through food may, based on the type of organism, job function of the person, and the virulence of the disease, be prohibited by a health officer or the Department from working in any occupation that manufactures, processes, stores, prepares, or serves food for public consumption. A person who resides in, boards at, lodges in, or visits a household where that person may come in contact with any person who is ill or infected with a communicable disease which may be transmitted through food may be prohibited by the health officer or the Department from working in any occupation that manufactures, processes, stores, prepares, or serves food for public consumption.

(b) A person who is employed in any establishment where food is manufactured, processed, stored, prepared, or served for public consumption may be required by a health officer or the Department, if a communicable disease is suspected, to submit to a physical examination and/or submit specimens of blood, bodily discharges, or other specimens for the purpose of ascertaining whether or not they are ill or infected with a communicable disease.

(c) A health officer or the Department may prohibit the sale or distribution of food which:

1. Has been prepared by a person who is ill or infected with a communicable disease which may be transmitted through food; or
2. Is considered to be a possible vehicle for spread of disease.

8:57-1.12 Confidentiality

(a) The reports made pursuant to this subchapter shall be used only by the local health department, the Department, and such other agencies as may be designated by the Commissioner to carry out mandated duties, including the duty to control and suppress infectious diseases.

(b) Medical and epidemiologic information which is gathered in connection with an investigation of a reportable disease or infectious agent and which identifies an individual is confidential and not open to public inspection without that individual's consent, except as may be necessary to carry out duties to protect the public health as determined by a health officer or the Department.

(c) Medical or epidemiologic information collected pursuant to this subchapter may be disclosed in statistical or other form which does not disclose the identity of any individual.