Public Health Emergency Response Capability

Requirements as stated in Chapter 52 “Public Health Practice Standards of Performance for Local Boards of Health in New Jersey”

NJAC 8:52-12.2 Emergency response capability

(a) Each local health agency shall ensure its capacity to immediately respond to a public health emergency in accordance with applicable State and Federal requirements. Each local health agency shall also:

1. Maintain a mechanism which allows for emergency communication 24 hours per day, seven days per week, including weekends and holidays;

2. Develop a preparedness plan with the local public health system to address public health emergencies. The plan shall be consistent with and be integrated with the Health Alert Network; and

3. Orient and train their staff (through exercises) to their roles and responsibilities under the plan at least annually.
Communicable Disease Reporting

Requirements as stated in Chapter 57 “Communicable Diseases”

§ 8:57-1.9 Reporting of diseases by health officers

(a) A health officer who is notified of the existence of any disease or illness listed in N.J.A.C. 8:57-1.5(a) or laboratory report listed in N.J.A.C. 8:57-1.7(a) shall immediately notify the Department by telephone to 609-588-7500, 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.

(b) A health officer who is notified of the existence of any disease or illness listed in N.J.A.C. 8:57-1.5 or laboratory report listed in N.J.A.C. 8:57-1.7 shall, within 24 hours of receipt of the report, forward the information to the Department via electronic reporting.

1. If the initial report is incomplete, the health officer shall seek complete information and shall provide all available information to the Department within five working days of receiving the initial report.

2. The health officer may substitute reporting by mail upon approval of the Department for equipment failure or other circumstances, which prevent electronic communications with the Department.

(c) A health officer who is notified of the existence of any disease or illness listed in N.J.A.C. 8:57-1.5 or laboratory report listed in N.J.A.C. 8:57-1.7, which is not within that health officer's jurisdiction shall immediately notify the health officer in whose jurisdiction the disease or illness is believed to have been contracted and the health officer in whose jurisdiction the home address of the ill or affected person is located.

1. If either of the above health jurisdictions are not located in New Jersey, the health officer shall forward this information to the Department by telephone to 609-588-7500, 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.

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

§ 8:57-1.10 Health officer investigations

(a) A health officer, upon receiving a report of a reportable communicable disease or outbreak, shall investigate the facts contained in the report.

1. The health officer may use the Control of Communicable Diseases Manual, 18th Edition, which provides guidelines for the characteristics and control of communicable diseases.


(b) A health officer shall follow direction given by the Department regarding the investigation set forth in (a) above.

(c) The health officer performing the investigation set forth in (a) above shall:

1. Determine whether a single case or an outbreak of a reportable communicable disease exists;

2. Ascertain the source and spread of the illness; and

3. Determine and implement appropriate control measures.

(d) Upon determining that a single case of an immediately reportable communicable disease or an outbreak of a reportable communicable disease exists, the health officer shall immediately relay all available information pertaining to the investigation to the Department by telephone to 609-588-7500 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.

1. The health officer shall follow telephone reports of immediately reportable communicable diseases and outbreaks with electronic reporting within 24 hours.

2. Reports of investigations of other reportable communicable diseases shall be submitted via electronic reporting, except that sexually transmitted diseases and tuberculosis reports shall be submitted in writing.

(e) The Department may require more than one health officer to participate in the investigation, including the health officers who have 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 where such persons may be located or receiving care; and

4. Other jurisdictions, which the Department determines are appropriate and necessary.

(f) If the Department determines that an outbreak is occurring in more than one jurisdiction, the Department shall coordinate the investigation, in conjunction with the affected health departments, and the Centers for Disease Control and Prevention, as needed.

(g) 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.

1. The report shall include, but not be limited to, a summary of findings, actions taken to control disease, and recommendations to affected parties.

(h) Health officers shall establish quarantine, test and transport procedures for pet birds infected with, or exposed to, avian chlamydiosis in the manner set forth at N.J.A.C. 8:23-1.4.

(i) The Commissioner shall exercise his or her jurisdiction, responsibility and authority during a public health emergency pursuant to N.J.S.A. 26:13-3(c).

List of Reportable Diseases

§ 8:57-1.5 Reportable communicable diseases

(a) Health care providers and administrators shall immediately report by telephone as set forth at N.J.A.C. 8:57-1.6 confirmed and suspected cases of the following reportable communicable diseases:

1. List of immediately reportable diseases
   
   Anthrax (Bacillus anthracis);
   
   Botulism (Clostridium botulinum);
   
   Brucellosis (Brucella spp.);
   
   Diphtheria (Corynebacterium diphtheriae);
Foodborne intoxications, including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning; Haemophilus influenzae, invasive disease; Hantavirus pulmonary syndrome; Hepatitis A, acute; Influenza, novel strains only; Measles (Rubeola virus); Meningococcal invasive disease (Neisseria meningitidis); Outbreak or suspected outbreak of illness, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism; Pertussis, (Bordetella pertussis); Rabies (human illness); SARS-CoV Disease (SARS); Smallpox; Tularemia (Francisella tularensis); and Viral hemorrhagic fevers, including, but not limited to, Ebola, Lassa, and Marburg viruses.

(b) Health care providers and administrators shall report within 24 hours of diagnosis as set forth at N.J.A.C. 8:57-1.6 confirmed cases of the following reportable communicable diseases:

- 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);
- Creutzfeldt-Jakob disease;
- Cryptosporidiosis (Cryptosporidium spp.);
- Cyclosporiasis (Cyclospora spp.);
- Diarrheal disease, either in a child who attends a day care center or in a foodhandler; Ehrlichiosis (Ehrlichia spp.);
Escherichia coli, shiga toxin producing strains (STEC) only;
Giardiasis (Giardia lamblia);
Gonorrhea (Neisseria gonorrhoeae);
Granuloma inguinale (Klebsiella granulomatis);
Hansen’s disease (Mycobacterium leprae);
Hemolytic uremic syndrome, post-diarrheal;
Hepatitis B, newly diagnosed acute, perinatal and chronic infections, and pregnant women who have tested positive for Hepatitis B surface antigen;
Hepatitis C, acute and chronic, newly diagnosed cases only;
Influenza-associated pediatric mortality;
Legionellosis (Legionella spp.);
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 syndrome;
Salmonellosis (Salmonella spp.);
Shigellosis (Shigella spp.);
Staphylococcus aureus, with intermediate- (VISA) or high-level-resistance (VRSA) to vancomycin only;
Streptococcal disease, invasive group A, (Streptococcus pyogenes group A);
Streptococcal disease, invasive group B, neonatal;
Streptococcal toxic-shock syndrome;
Streptococcus pneumoniae, invasive disease;
Syphilis, all stages (Treponema pallidum);
Syphilis, congenital;
Tetanus (Clostridium tetani);
Toxic Shock syndrome (other than Streptococcal);
Trichinellosis (Trichinella spiralis);
Tuberculosis, confirmed or suspect (Mycobacterium tuberculosis) (additional reporting requirements set forth at N.J.A.C. 8:57-5.3);
Typhoid fever (Salmonella typhi);
Varicella (chickenpox);
Vibriosis;
Viral encephalitis;
Yellow fever (Flavivirus); and
Yersiniosis (Yersinia spp.).

**Reporting of Positive Lab Results**

§ 8:57-1.7 Reporting of positive laboratory results denoting diseases

(a) A clinical laboratory director shall immediately report by telephone the information set forth at (c) below on any positive culture, test or assay result specific for the following organisms to the local health officer of the jurisdiction where the person lives, or if unknown, to the local health officer in whose jurisdiction the health care provider or health care facility requesting the laboratory examination is located:

- Arboviruses;
- *Bacillus anthracis*;
- *Bordetella pertussis*;
- *Brucella spp.*;
- *Clostridium botulinum*;
- *Corynebacterium diphtheriae*;
- Ebola virus;
- Foodborne intoxications, including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning;
- *Francisella tularensis*;
- *Haemophilus influenzae* isolated from cerebrospinal fluid, blood, or any other normally sterile body site;
- Hantavirus;
- Hepatitis A, (IgM tests only);
- Influenza virus, novel strains only;
- Lassa virus;
- Marburg virus;
Neisseria meningitidis isolated from cerebrospinal fluid, blood, or any other normally sterile site;
Polio virus;
Rabies virus;
Rubella virus;
SARS-CoV; and
Yersinia pestis.

(b) A clinical laboratory director shall report by electronic laboratory reporting, by electronic reporting, or by mail within 72 hours of obtaining the result the information set forth at (c) below on any positive culture, test, or assay result specific for one of the following organisms to the local health officer of the jurisdiction where the person lives, or if unknown, to the local health officer in whose jurisdiction the health care provider or health care facility requesting the laboratory examination is located, except that the clinical laboratory director shall report positive results for hepatitis C, tuberculosis and sexually transmitted diseases directly to the Department:

Acid fast bacilli;
Antibiotic-resistant organisms (hospital-based laboratories only);
Babesia spp.;
Borrelia burgdorferi;
Campylobacter spp.;
Chlamydia psittaci;
Chlamydia trachomatis;
Clostridium tetani;
Coxiella burnetti;
Cryptosporidium spp.;
Cyclospora spp;
Entamoeba histolytica;
Ehrlichia spp.;
Escherichia coli, shiga toxin producing strains (STEC) only;
Giardia lamblia;
Haemophilus ducreyi;
Hepatitis B;
Hepatitis C;
Influenza, all isolates (only for laboratories reporting electronically, or by electronic laboratory reporting);
Klebsiella granulomatis;
Legionella spp.;
Listeria monocytogenes;
Mumps virus;
Mycobacterium, atypical;
Mycobacterium leprae;
Mycobacterium tuberculosis, including antibiotic sensitivity tests for M. tuberculosis;
Neisseria gonorrhoeae;
Plasmodium spp.;
Rickettsia rickettsii;
Rubeola virus;
Salmonella spp.;
Shigella spp.;
Staphylococcus aureus, with intermediate- (VISA) or high-level-resistance (VRSA) to vancomycin only;
Streptococcus agalactiae, Group B, neonatal;
Streptococcus pneumoniae isolated from cerebrospinal fluid, blood, or any other normally sterile site, and antimicrobial susceptibility test results, if performed;
Streptococcus pyogenes, Group A, isolated from cerebrospinal fluid, blood, or other normally sterile site;
Treponema pallidum;
Trichinella spiralis;
Varicella virus (except IgG tests);
Vibrio spp.; and
Yersinia spp.

(e) A clinical laboratory director shall submit within three days of identification, 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, all microbiologic culture isolates obtained from human or food specimens of the following organisms:

Escherichia coli 0157: H7 and enrichment broths containing shiga-toxin producing E. coli;
Haemophilus influenzae isolated from cerebrospinal fluid or blood;
Legionella pneumophila;
Listeria monocytogenes;
Multidrug-resistant organisms upon the request of the Department;
Neisseria meningitidis;
Salmonella spp.;
Shigella spp.; and
Vancomycin-intermediate Staphylococcus aureus (VISA) and vancomycin-resistant Staphylococcus aureus (VRSA) from any body site.

Reporting of Zoonotic and Domestic Animal Diseases

§ 8:57-1.8 Reporting of zoonotic diseases and any disease outbreaks in domestic companion animals by veterinarians, certified animal control officers, and animal facility management

(a) A veterinarian, certified animal control officer or manager of an animal facility shall report any case of a domestic companion animal that is ill or infected with the following zoonotic diseases, as set forth in (d) and (e) below:

Anthrax (Bacillus anthracis);
Avian Chlamydiosis (Chlamyphila psittaci);
Brucella canis;
Campylobacteriosis (Campylobacter spp.);
Escherichia coli shiga toxin producing strains (STEC) only;
Leishmaniasis;
Leptospirosis;
Lymphocytic choriomeningitis;
Mycobacterium tuberculosis;
Plague (Yersinia pestis);
Q Fever (Coxiella burnetti);
Salmonellosis (Salmonella spp.); and
Tularemia (Francisella tularensis).

(f) Animal facility staff shall immediately report any suspected zoonotic disease or suspected outbreak of any illness in animals currently or recently housed at that animal facility to the veterinarian responsible for disease control at that animal facility.