



NJ Communi- CABLE

July 2011

Communicable Disease Service Mission Statement

Our mission is to prevent communicable disease among all citizens of New Jersey, and to promote the knowledge and use of healthy lifestyles to maximize the health and well-being of New Jerseyans.

We will accomplish our mission through our leadership, collaborative partnerships, and advocacy for communicable disease surveillance, research, education, treatment, prevention and control.

Chris Christie, Governor
Kim Guadagno, Lt. Governor
Mary E. O'Dowd, MPH
Commissioner

COMMUNICABLE DISEASE SERVICE

Christina Tan, MD, MPH
**State Epidemiologist/
Acting Deputy Commissioner**

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Editor, Research Scientist

Measles on the Rise

By: Elizabeth Handschur, Surveillance Coordinator

The United States (US) seems to be on track to have more measles cases than any year in more than a decade. The Centers for Disease Control and Prevention (CDC) reported 156 cases so far for 2011. Of the 156 reported cases, 85% were people who were unvaccinated or who had no documentation of vaccination. The US normally has only 50 cases of measles per year, thanks to vaccination.

Many of the cases are linked to other continents, including Europe where there has been an ongoing outbreak. Between January and April 2011, the World Health Organization received reports of more than 6,500 cases of measles from 33 European countries. France faces the largest outbreak, with 4,937 measles cases officially reported from January to March 2011, a figure almost equal to the total of 5,090 cases reported for the entire year of 2010.

Since April 13, 2011, the New Jersey Department of Health and Senior Services (NJDHSS) Vaccine Preventable Disease Program (VPDP) has received approximately 20 exposure/case notifications requiring intense follow-up. New Jersey residents have been exposed to cases of measles while traveling on airplanes, internationally and domestically; while visiting and working in New York, Massachusetts, and Rhode Island; and while out and

about in their communities running errands at local stores, eating at local restaurants, and receiving care at local hospitals. So far in 2011, four New Jersey residents with measles infection have been identified. Two cases occurred following exposure to imported cases from France and Italy. One traveled internationally to Pakistan.

NJDHSS VPDP has been busy working with local health agencies to track down New Jersey residents who have been in contact with measles cases. The number of known contacts has totaled about 800 people. This number does not include the hundreds, maybe thousands, of unidentified residents unknowingly exposed while out in their community. NJDHSS issued two separate press releases to inform the public when and where exposures to measles might have occurred, requesting exposed persons to seek medical guidance, and encouraging New Jersey residents to ensure they are vaccinated against measles.

“Measles is highly contagious and up to 90 percent of susceptible people exposed to an infected person get sick. The virus spreads easily through the air, and in closed rooms, infected droplets can linger for up to two hours after the sick person leaves,” stated Barbara Montana, MD, MPH, FACP, Medical Director, Communicable Dis-

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National Infant Immunization Week (NIIW) Provides an Opportunity to Promote Childhood Immunizations

By: Jennifer Smith, Health Educator

Vaccines are among the most successful, safest, and cost-effective public health tools available for preventing disease and death. They not only help protect vaccinated individuals, but also help protect entire communities by preventing and reducing the spread of infectious diseases.

Local health departments, Federally Qualified Health Centers (FQHCs), child care and preschool facilities, and community health organizations joined together to organize and participate in activities that promote timely, age-appropriate vaccination. Such activities included extended hours at immunization clinics, mayoral

While vaccines have decreased the morbidity and mortality associated with vaccine-preventable diseases, these diseases still circulate in the United States and around the world, so continued vaccination is necessary to protect everyone from potential outbreaks.

proclamations, leadership awards, public service announcements, provider education events, and community-wide immunization awareness walks.



The New Jersey Department of Health and Senior Services (NJDHSS) Vaccine Preventable Disease Program would like to congratulate those

organizations that promoted NIIW. Their continued efforts to reduce disease, disparity and morbidity through timely immunizations are acknowledged and greatly appreciated.

National Infant Immunization Week (NIIW) is an annual observance to highlight the importance of protecting infants from vaccine-preventable diseases and to celebrate the achievements of immunization programs in promoting healthy communities throughout the United States. This year, NIIW took place April 23-30, 2011.

For more information about NIIW, please visit <http://www.cdc.gov/vaccines/events/niiw/index.html>

The NJDHSS Communicable Disease Service includes:

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Vaccine Preventable Disease Program (VPDP): 609-826-4860

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ease Service at NJDHSS. The good news is that the vaccine is very effective. One dose is considered 95 percent effective, two doses are greater than 99 percent effective in preventing disease.

Measles is part of the measles, mumps and rubella vaccine (MMR). Anyone traveling outside the US should update their vaccines. The MMR is routinely recommended for children aged 12 months and older, with a second dose recommended at four – six years of age. However, the CDC recommends that children 6 – 12 months receive MMR prior to international travel. Traveling adults should discuss their immune status with a healthcare provider. Adults are considered immune to measles if they were

born before 1957, if they received two doses of a measles-containing vaccine or if they have a lab test documenting immunity. While the majority of cases thus far have been linked to international travel, once measles is introduced into the US it will spread among susceptible individuals so it is important that people update their vaccines even if they are not planning a trip. Vaccines protect not only the vaccinated individual, but also those who are too young to be vaccinated and those unable to receive it for medical reasons.

The disease’s most common symptoms include fever, runny nose, cough, eye inflammation and rash. People are contagious from four days before rash appears to four days after. After exposure, an individual can be contagious from day five through day 21. A small fraction of people with measles can get much sicker, developing pneumonia and encephalitis (inflammation of the brain). For every

1,000 children with measles in developed nations, one or two will die.

Suspected and confirmed measles cases must be immediately reported to local health agencies or NJDHSS in NJ (N.J.A.C. 8:57-1). Health care providers must immediately isolate individuals with fever and a rash to prevent spread of communicable diseases.

Public health authorities work with health care providers and the individuals diagnosed with measles to evaluate the vaccination status of all contacts, to provide vaccine to susceptible individuals and to ensure unvaccinated contacts remain at home.

“Measles has a way of finding those who have not been vaccinated. It is important to make sure all contacts are identified to prevent further spread of measles in NJ,” emphasized Dr. Montana.



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Keeping the Infection Out of the Injection

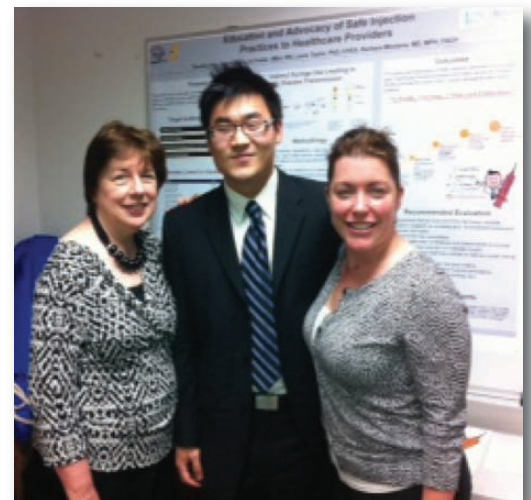
By: Laura Taylor, Health Educator

The New Jersey Department of Health and Senior Services (NJDHSS) Communicable Disease Service staff are busy promoting the New Jersey injection safety program, "Keeping the Infection Out of the Injection." Updated materials are available on the website, including a video that is a great teaching tool for patients, students and professionals. All materials are free. Go to: www.onean-donlycampaign.org to view updated information and to order campaign materials

Additionally, NJDHSS has teamed up with the New Jersey chapter of the American Association of Nurse Anesthetists to pilot an education/awareness program for students in New Jersey's two nurse anesthetist programs in Newark and Camden. The one-hour collaborative session will be piloted this summer and then rolled out to students in the fall.

Two fall provider conferences are planned: September 8 in Princeton and September 14 in Avalon. Guest speakers include a patient advocate, physician, malpractice insurer and representative from the New Jersey Attorney General's office. This multi-disciplinary conference will highlight the problem of unsafe injection practices, identify the means of empowering medical consumers to ask questions, identify provider barriers to safe injection practices and discuss the impact of unsafe injection practices on healthcare, insurer and legal systems. The conferences are geared toward providers who give injections/oversee injection practices and policy makers at healthcare organizations. Continuing education credits for physicians and nurses will be offered.

Recently, Timothy Kim, an undergraduate public health intern from Rutgers University, created a poster detailing the outreach efforts of the campaign in New Jersey. Tim highlighted the many venues for promotion and collaborations across the state to increase awareness about injection safety. The poster was presented at Rutgers University Intern Day on May 4, 2011.



Jo Foster, RN, MEd, Timothy Kim, Laura Taylor, PhD, MCHES

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By: Laura Taylor, Health Educator

Hepatitis B and C: Interpreting Lab Reports and the Public Health Response

This training was created as a result of requests from public health and healthcare professionals. Many disease investigators asked for a training to interpret serology tests and identify when public health follow-up is required.

A team of public health experts from the Communicable Disease Service developed a day-long workshop to provide disease investigators information about hepatitis, interpreting serology reports and what is expected during a public health investigation. Those who attend the training should be active users of the Communicable Disease Reporting and Surveillance System (CDRSS) and use the system to classify and close cases.

- The objectives of the training include:
- Describe the disease (hepatitis B and C)
 - Interpret the results of hepatitis laboratory reports
 - Determine the necessary public health designation (acute vs. chronic, investigation or no investigation)
 - Explain documentation needed to be entered in the Communicable Disease Reporting and Surveillance System (CDRSS)

The morning is complete with information that includes a disease overview of hepatitis B (HBV) and hepatitis C (HCV). It also includes a module called "Diagnosis 101" which looks at the disease from a provider standpoint, why certain tests are ordered and provider considerations when examining a patient. Participants thought that this provided insight into why providers order tests and what the tests measure.

The last module in the morning session revolves around case definition and case classification.

The afternoon session covers the public health response, case investigation and documentation. The afternoon concludes with an interactive small group case study session. The small group session allows participants to use the knowledge learned during the workshop to classify a case, determine what additional information is needed and asks them to identify how they would get the needed information to complete the investigation.

Evaluations from the May 16, 2011 training at Middlesex County were positive. There are two additional trainings planned for June in Paramus and Sewell. It is expected that the training will be offered again in the fall. Check the New Jersey Learning Management Network (NJLMN) for date/location. This program will also be converted to an on-line training once the in-person trainings are completed. Look for the on-line module in late fall/early winter on NJLMN.



Middlesex County Fire Academy, May 16, 2011

PHOTO BY: LAURA TAYLOR, HEALTH EDUCATOR

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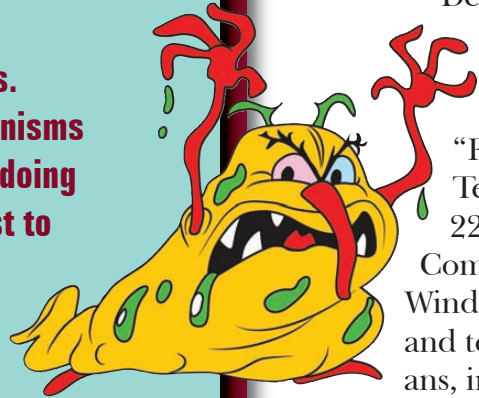




Fighting Bad Bugs: A Team Approach

By: Suzanne Miro, Health Educator

Resistance is a tremendous problem that requires solutions on all levels. Government and private sector groups are both seeking solutions. The organisms are only doing their best to survive.



Antibiotic resistant bacteria continue to be a growing problem, both within the health care setting as well as in the community. In an effort to increase awareness of the problem and to continue exploring best practices in controlling the rise in antibiotic resistant infections, the New Jersey Department of Health and Senior Services (NJDHSS) co-sponsored a conference entitled "Fighting Bad Bugs: A Team Approach" on June 22, 2011 at Mercer County Community College in West Windsor, NJ. One-hundred and ten hospital laboratorians, infection control professionals, clinicians, and pharmacists attended this excellent program.

The conference focused on a multidisciplinary approach to diagnosing and treating infections due to multidrug-resistant microorganisms (MDRs) as well as controlling the spread of these problematic bacteria. Concepts of antimicrobial stewardship were explored as a coordinated effort is essential to control improper use of antimicrobial agents and to minimize emergence and spread of resistance. Prevention is key since treating patients with infections due to MDRs is challenging, often relying on uncertain strategies.

In the afternoon a panel of experts presented state-of-the-art approaches to confronting MDRs in the laboratory, patient care settings,

pharmacy and beyond. Edwina Cariati, Supervisor of Microbiology, and Jamie Figueredo, Manager of Infection Control from Newton Medical Center, Newton, NJ presented "The Multidisciplinary Approach to a Predominantly Hospital-Wide MRSA Active Surveillance Program: What We Have Learned and Where We Need to Go Next." Afterward, Nancy Kerr Wagner, Manager, Infection Prevention at Ocean Medical Center in Brick, NJ presented "Fighting Bad Bugs: It Can't Be Done with an Army of One." Both presentations offered real-world views of the challenges faced by health care institutions with regard to MDRs as well as some of the successful approaches that can be replicated. To sum up the conference experience, Sue Mikorski, NJDHSS Laboratory Outreach Coordinator said "Resistance is a tremendous problem that requires solutions on all levels. Government and private sector groups are both seeking solutions. The organisms are only doing their best to survive. The people who come in contact with the organisms have to find the right balance in preventing infection, and when infection does occur, in taking an appropriately targeted approach. Hopefully some of the ideas presented today will be leveraged into best practices. The main thing is to keep the dialog going. Many thanks to the Association for Public Health Laboratories for coordinating this conference."

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MCHES Announcement

Congratulations

Congratulations to Andria Apostolou PhD, MPH on her award for "Outstanding Poster" by the Council of State and Territorial Epidemiologists (CSTE). Her poster is titled "Secondhand tobacco smoke: A source of lead exposure in US children and adolescents." Her win was announced at the CSTE annual conference, June 12-16, 2011 in Pittsburgh, PA. Dr. Apostolou is currently a CDC Epidemic Intelligence Service Officer.

Two of the Communicable Disease Service health educators, Suzanne Miro and Laura Taylor, are among the first group in the nation to earn certification as a Master Certified Health Education Specialist (MCHES).

The newly created advanced-level certification, MCHES, awarded by the National Commission for Health Education Credentialing, Inc., (NCHEC) signifies that health educators have met the national standards for individual health education practitioners. The MCHES certification attests to the individual's knowledge and understanding of the Health Education Areas of Responsibility at an advanced-level and assists employers in identifying qualified health education practitioners.

"NCHEC developed the advanced-level certification in response to recommendations from the profession that were supported by research indicating the presence of distinct levels of practice in the health education work setting," said William Chen, Chair of NCHEC's Board of Commissioners. "Congratulations to this very first class of MCHES."

"The MCHES certification indicates advanced-level knowledge and skills and is a commitment to the ad-

vancement of the health education profession and continued professional development," added Linda Lysoby, MS, CAE, MCHES, Executive Director of NCHEC. This has been a long awaited step in the field of health education, and it's so exciting.

The MCHES credential indicates that an individual has met three components: academic and experience requirements, passing of a certification assessment, and compliance with ongoing continuing education requirements. The certification is voluntary, meaning that one chooses to earn this credential which is national in scope. The MCHES certification is based on Responsibilities, Competencies, and Sub-competencies that have been verified as necessary for advanced-level practice in health education by a national job analysis process, the most recent being the 2010 National Health Educator Job Analysis Project.

This achievement is considered a milestone in an individual's professional development and a testament to the individual's commitment to continuous improvement in the health education profession. For further information about NCHEC certifications, visit www.nchec.org or contact NCHEC at 888-624-3248 or nchec@nchec.org.



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Vaccine Preventable Diseases:

Ensuring Immunity in Your Community

Monday, July 18, 2011

This conference will be held simultaneously at three locations:

- Montclair State University**
- Burlington County College**
- University at Albany, SUNY**

Join us for this informative conference which will:

- ❖ Promote optimal vaccine coverage in all communities
- ❖ Clarify challenges and solutions to vaccine exemptions in communities
- ❖ Define legal aspects of vaccine requirement and recommendations
- ❖ Incorporate practitioner public health preparedness core competencies to impact coverage of vaccine preventable disease in communities
- ❖ Highlight use of the New Jersey Immunization Information System and its rule rollout

Continuing education credits will be offered.

Register at the New Jersey Learning Management Network (<https://njlmn.rutgers.edu>)

For information contact Rebecca Baron at baronre@umdnj.edu or 732-235-9094.

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