



# NJ Communi- CABLE

Fall 2012

## 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/  
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## Health Comes First on the 'Back-to-School' Checklist

By: Jennifer Smith, Health Educator

**H**ealthy children learn better so it is important to prevent diseases. Whenever children are brought into group settings, there is a potential for the spread of infections. To prevent some of the most serious infections, New Jersey requires that children receive a series of vaccines prior to school entry. Administrators should take this opportunity to ensure that students, parents, and staff understand the importance of vaccinations and are familiar with school vaccine requirements.

School immunization laws are one of the most effective tools for preventing outbreaks of contagious diseases. Prior to the availability of effective vaccines, diseases like diphtheria, polio, measles, rubella, and mumps were common occurrences in schools. School immunization laws were established to prevent these outbreaks and have been highly successful in not only protecting children, but also in protecting entire communities. All 50 states in the United States have school immunization requirements.

Administrators of all New Jersey public and private schools, including child care, preschool, Head Start, and K – 12, are responsible for ensuring that all students are in compliance with N.J.A.C. 8:57 – 4, Immunization of Pupils in School



regulations. In accordance with N.J.S.A. 26:1A-10, Violations of the Sanitary Code, local health departments may impose penalties on facilities for non-compliance.

Although immunization is touted as one of the most successful public health initiatives, cases and outbreaks of vaccine preventable diseases still occur. Diseases are often brought into this country by people who get infected abroad and can rapidly spread among susceptible individuals in our schools and communities. As an example, from June 2009 - June 2010, approximately 3,500 cases of mumps were reported in New York City, two upstate New York counties and Ocean County in New Jersey. There were 425 cases reported in Ocean County. The initial patient for this outbreak was an 11-year-old child who returned to the United States from the United

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# Proper Vaccine Storage and Handling

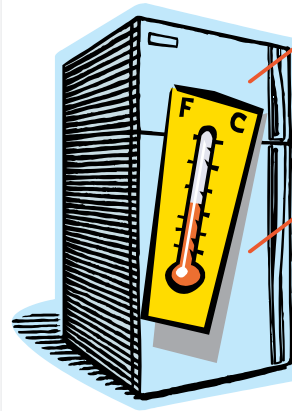
By: Jennifer Smith, Health Educator



The New Jersey Vaccine-Preventable Disease Program (VPDP) would like to remind all providers of the importance of proper vaccine storage and handling to ensure vaccines provide optimal protection against preventable diseases. A vaccine exposed to temperatures outside the recommended range, or a vaccine that is past the expiration date, can have reduced potency and protection. Storage and handling errors can cost thousands of dollars in wasted vaccine and revaccination campaigns. Errors can also result in the loss of patient confidence when repeat doses are required.

## THIS REFRIGERATOR/FREEZER IS FOR VACCINES ONLY!

ALL VACCINES must arrive in an insulated container and be stored immediately as follows:



### FREEZE 5° F (-15° C) or colder:

- MMR (may be stored in freezer or refrigerator)
- MMRV
- Varicella (chickenpox)
- Zoster (shingles)

### REFRIGERATE 35-46° F (2-8° C):

- DTaP/DT/Tdap/TT/Td
- Hepatitis A & B
- HIB
- HPV
- Influenza (TIV/LAIV)
- IPV
- Meningococcal
- MMR
- Pneumococcal
- Rotavirus

Do NOT freeze or expose to freezing temperatures

### VACCINE STORAGE TIPS!

- Store vaccines in the center of the compartment.
- Make sure the correct vaccine storage temperature range is maintained.
- Store vaccines with the earliest expiration date up front.
- Log temperatures twice a day using a NIST certified thermometer. IMMEDIATELY take corrective action to OUT OF RANGE temperatures.

Please contact the Vaccines for Children (VFC) Program at 609-826-4862 or VFC@doh.state.nj.us for more information.



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In June 2012, the Inspector General released a report based on a routine assessment of the Vaccines for Children program (VFC). VFC is a federally-funded vaccine program, managed by the Centers for Disease Control and Prevention (CDC), that provides free vaccines to an estimated 40 million uninsured and Medicaid-eligible children each year. The assessment, conducted in April and May of 2011, included 45 providers from the five largest city and state VFC grantees. The report highlights some areas for improvement and underscores the importance of maintaining a robust

public health system. The report recommended that VFC vaccines be stored according to requirements, that expired vaccines be identified and separated from nonexpired vaccines, that there be better management of provider inventories, and that there be better oversight of VFC providers. While this report focused on VFC vaccine, all providers should take this opportunity to ensure that their vaccine storage and handling policies and procedures are up to date.

Vaccines must be stored properly from the time they are manufactured until

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## The NJDOH Communicable Disease Service includes:

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

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*'Back to School' checklist, continued from page 1*

Kingdom, which was experiencing ongoing mumps activity. The child became ill while attending a summer camp exposing other campers—the campers then spread the infection within their communities when they returned home. This was the largest mumps outbreak in the United States since the 2006 outbreak among college-aged persons.

Illnesses and outbreaks can be very disruptive to educational programs and family life. School officials are responsible for reporting the diseases specified in N.J.A.C 8:57-1, Reportable Communicable Diseases regulations. School officials should work closely with local and state public health authorities to ensure appropriate and timely management of ill and exposed individuals to prevent further spread of disease.

It is important that schools consistently review the vaccination records of their students to ensure they are up-to-date. One way to easily keep track of student immunizations, is for schools to enroll in New Jersey's immunization registry—the New Jersey Immunization Information System (NJIIS). NJIIS is a free, confidential, population-based online system that collects and consolidates vaccination data for children and adults statewide. NJIIS provides an official record of a child's vaccination history for school attendance. The reporting features of NJIIS enable schools to assess immunization coverage by age groups, track and remind students about missing immunizations, add past immunization history to achieve a more accurate vaccination record



and to easily transfer students' records between schools.

The New Jersey Department of Health applauds schools for their commitment to ensuring that students are appropriately immunized. These continued efforts will help protect students, schools and communities from preventable diseases.

**For further information:**

N.J.A.C. 8:57-1, Reportable Communicable Disease Regulations, and N.J.A.C. 8:57-4, Immunization of Pupils in School are available on the Lexis Nexis website at <http://lexisnexis.com/njoal>.

Instructions on using the Lexis Nexis site can be accessed at [http://nj.gov/health/cd/documents/instructions\\_viewing\\_regulations.pdf](http://nj.gov/health/cd/documents/instructions_viewing_regulations.pdf)

**New Jersey Immunization Requirements:**  
<http://www.state.nj.us/health/cd/imm.shtml>

**New Jersey Immunization Information System (NJIIS)**  
<http://njiis.nj.gov>

**Centers for Disease Control and Prevention**  
<http://www.cdc.gov/vaccines/>



Get more information at <http://nj.gov/health/cd/handwashing.shtml>.

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## NJDOH Epidemiologist Provides International Consultation

By: Lisa McHugh, Epidemiologist

**T**hailand lies in the middle of mainland Southeast Asia and is bordered by Myanmar, Cambodia, Laos and Malaysia. Thailand has approximately 66 million residents with Bangkok, its capital and largest city, serving as home to nearly six million Thai people. The country has over 500 public and private hospitals and most Thai citizens have medical insurance allowing for free or low cost medical care.

The Thai National Institute of Health (NIH) in the Department of Medical Sciences in the Ministry of Public Health (MOPH) is the recipient of a Centers for Disease Control and Prevention (CDC) cooperative agreement provided to establish a sustainable influenza surveillance system within the country. Located within the NIH is a World Health Organization-recognized National Influenza Center (NIC) which has skilled staff and equipment to detect influenza viruses using current

methodologies. The NIH also works closely with the Department of Disease Control, Bureau of Epidemiology (BOE).

In May 2012, I traveled to Thailand, joined by Karen Siener, CDC Influenza Division Project Officer, and Sonja J. Olsen, International Emerging Infections Program, Thailand MOPH – U.S. CDC Collaboration, to conduct a review of the country's influenza surveillance system. The surveillance system set up by MOPH includes eleven

influenza-like illness (ILI) and five severe acute respiratory infection (SARI) surveillance sites. ILI sites have been in place since 2004 with SARI sites beginning in 2009. Cases of ILI are defined as those experiencing fever (>38°C) and cough and/or sore throat while SARI cases are clinically-defined pneumonia in patients admitted to a hospital facility. Cases are enrolled Monday through Friday



Lisa McHugh, Epidemiologist, in Thailand.

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Storage and Handling, continued from page 2

they are administered. Proper maintenance of vaccines during transport is known as the cold chain. To achieve the best possible results from vaccines, carefully follow the recommendations for storage, handling, and administration found in each vaccine's package insert. Here are other steps to help ensure vaccine safety:

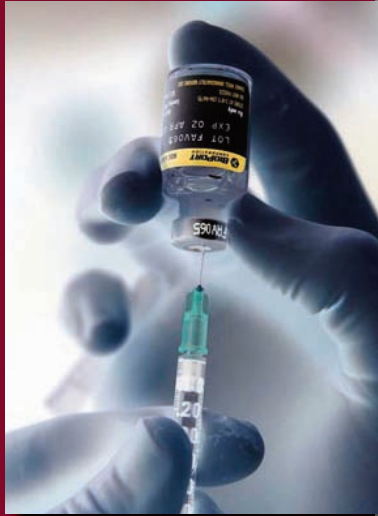
- Carefully select and use the proper vaccine storage units to store vaccines
- Have a properly calibrated thermometer or temperature recording device inside each storage compartment
- Evaluate your cold chain procedures to make sure that vaccine storage and handling guidelines are being followed
- Inspect vaccines upon delivery and monitor refrigerator and freezer temperatures to assure maintenance of the cold chain
- Rotate vaccine stock so the oldest vaccines are used first

If errors in vaccine storage and administration occur, take corrective action immediately to prevent them from happening again.

For additional information, please see the following resources available through the CDC and the Immunization Action Coalition.

**CDC Recommendations and Guidelines for Vaccine Storage and Handling**  
<http://www.cdc.gov/vaccines/recs/storage/default.htm>

**Immunization Action Coalition**  
**"Don't Be Guilty of These Errors in Vaccine Storage and Handling"**  
<http://www.immunize.org/catg.d/p3036.pdf>



Examples of poor vaccine storage practices.

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*Consultation, continued from page 4*

and sites select the first two ILI (one pediatric and one adult) and first SARI patient per day for inclusion in the surveillance project. Specimens from enrolled patients are collected and placed in liquid nitrogen each evening. Specimens are shipped to NIC and tested once per week. All data is housed in an online database where basic analysis is performed.

The assessment process also involved reviewing surveillance practices at two hospital sites in Nong Khai and Nonthaburi, Thailand. These site visits were followed by discussions with MOPH staff regarding the general set up and management of the ILI and SARI surveillance systems. During the final two days of the trip, I was invited to attend the Annual Workshop for the Improvement of Influenza Surveillance which brought together all surveillance sites for educational presentations and site recognition.

Overall, Thailand has established a strong influenza sentinel surveillance system with commitment from its many partners. A final report detailing key recommendations and opportunities for improvement will be provided back to the

country for further enhancement and improvement of their surveillance system.

My overall experience was educational and rewarding. I thoroughly enjoyed learning how an influenza surveillance system is built and managed in another country and was impressed by the extensive influenza work being done in Thailand. 🇹🇭



**Demon guards at the Grand Palace, Bangkok, Thailand.**



**Meeting with Thai epidemiologists regarding the influenza surveillance assessment.**

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The Communicable Disease Service continued its tradition of community service in July through its support of the New Jersey Battered Women Coalition. A clothing and household item drive was conducted for the organization and netted 687 lbs of clothes, shoes, toys and other items. A total of 101 bags were collected.



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## New Jersey Department of Health Creates Animal Rescue Registry

By: Alisha M. Patman, Office of Animal Welfare Intern and Renee T. Cirillo, Animal Facility Inspector/Senior Rabies Technician

On June 14, 2012, New Jersey Senate Bill 2923 went into effect broadening the role of the New Jersey Department of Health (NJDOH), Office of Animal Welfare (OAW) to include registering animal rescue organizations.



The NJDOH first established rules for the sanitary operation of animal shelters, kennels, pet shops and pounds in 1941 (N.J.A.C. 8:23A-1.1 through 1.13) and regularly updated them since. The OAW was created in 2004 primarily to improve the operation of licensed animal facilities by training and collaborating with local health officials, as well as conducting animal facility inspections, as warranted. Animal rescue groups typically do not operate as shelters and usually keep rescue animals in private homes. Increasingly, in-state rescue groups are relocating animals (primarily dogs) from out-of-state shelters for adoption in New Jersey. The homes of the rescue group organizations are not generally subject to sanitary regulation and inspection by health officials.

Provisions of Senate Bill 2923 define an animal rescue organization as “an individual or group of individuals who, with or without salary or compensation, house and care for homeless animals in the home of an individual or in other facilities, with the intent of placing the animals in responsible, more permanent homes as soon as possible” (N.J.S.A. 4:19-15.1) and require the NJDOH to establish a voluntary registry for animal rescue organizations and their facilities (N.J.S.A. 4:19-15.33).

Dogs imported into New Jersey are required to be accompanied by health certificates, signed by a licensed veterinarian, indicating

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*Animal Rescue Registry, continued from page 7*

that they have been examined and found to be free of signs of communicable diseases (N.J.A.C. 8:23-1.1). Enforcing this requirement has posed a challenge to local and state health officials. As noted by Dr. Gail Golab, Director of the American Veterinary Medical Association's Animal Welfare



Division, "...regulatory authorities are not at state lines looking into cars to see if animals have health certificates." The importation of dogs and other pets is therefore largely unregulated.

The registry provides an opportunity for the NJDOH to share information on a variety of animal health and welfare topics with rescue organizations and potentially help address issues associated with domestic companion animal importation into New Jersey. Rescue organizations can register with the NJDOH by completing a short registration form (VPH-2) available on the NJDOH website: <http://www.state.nj.us/health/cd/forms.shtml>. To encourage registration, OAW is collaborating with several

animal welfare groups about offering incentives to rescue groups that participate.

**Additional information about the Office of Animal Welfare is available at:**

<http://www.state.nj.us/health/animalwelfare/index.shtml>



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# Get Smart About Antibiotics Annual Awareness Week

By: Suzanne Miro, Health Educator

This year, the annual Get Smart About Antibiotics Week will be held November 12 – 18. Hosted by the Centers for Disease Control and Prevention (CDC), Get Smart About Antibiotics Week draws attention to its never-ending work to promote proper prescribing and use of antibiotics.

CDC launched the National Campaign for Appropriate Antibiotic Use in the Community in 1995. In 2003, this program was renamed Get Smart: Know When Antibiotics Work in conjunction with the launch of a national media campaign. This campaign aims to reduce the rate of antibiotic resistance by:

1. promoting adherence to appropriate prescribing guidelines among providers,
2. decreasing demand for antibiotics for viral upper respiratory infections among healthy adults and parents of young children, and
3. increasing adherence to prescribed antibiotics for upper respiratory infections.

The New Jersey Department of Health (NJDOH) has educational materials available upon request for this event. If you would like a supply of brochures, please contact Suzanne Miro at [Suzanne.miro@doh.state.nj.us](mailto:Suzanne.miro@doh.state.nj.us) to order a quantity.

Items available:

- **Colds or Flu, Antibiotics Don't Work for You** – A brochure regarding appropriate patient use of antibiotics.
- **Antibiotics – Good Reasons for Taking Your Pills Correctly** – A brochure designed to explain why it is important to follow all directions carefully when given a prescription for antibiotics. Also contains information about coping with side effects and the implications of antibiotic resistance.
- **Viral “Prescription” Pad** – For clinicians, this tool is used when a patient has a virus and does not require a prescription for antibiotics. Instead, it offers a brief explanation of why antibiotics are not needed and a checklist of self-care measures to improve patient comfort during the recovery period.
- **A Veces, el Remedio Es Peor Que La Enfermedad** – A Spanish-language brochure regarding appropriate patient use of antibiotics.
- **Fotonovela** – A Spanish-language picture story-board featuring a conversation about antibiotics between family members. (11x17” poster)

These and additional materials are available for download on the NJDOH website at <http://nj.gov/health/cd/mrsa/materials.shtml> and the CDC website at <http://www.cdc.gov/getsmart/>.



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# Spreading the Word About Antibiotics

By: Suzanne Miro, Health Educator

As part of the New Jersey Department of Health's ongoing efforts to provide information about antibiotic resistance, a traveling display is making its way across the state! The poster is available for display at conferences targeting

public health and health care professionals to emphasize the impact of antibiotic resistance and how health care providers can improve the way they communicate with their patients about inappropriate antibiotic use.



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## Free Continuing Medical Education Program!

Two new web-based, interactive modules for pediatric respiratory infection care are available for health care providers at <http://ccoe.umdj.edu/GetSmartNJ/>.







## New Jersey's WAVE Campaign

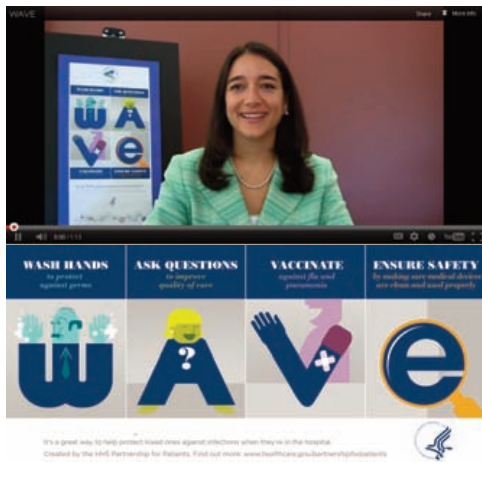
The United States Department of Health and Human Services has launched an initiative, the **Do the WAVE** campaign, designed to help save American lives and reduce healthcare costs. Healthcare-associated infections have resulted in nearly 100,000 preventable deaths in the United States drastically increasing healthcare costs. The campaign directs caregivers to protect themselves and loved ones from healthcare-associated infections by taking four steps: **W**ash hands, **A**sk questions, **V**accinate, and **E**nsure safety. The New Jersey Department of Health (NJDOH), Communicable Disease Service, in conjunction with Healthcare Quality Strategies, Inc. are promoting the message by organizing a contest for healthcare facilities across the state to implement the campaign.

Mary O'Dowd, NJDOH Commissioner, supports this important initiative and has appeared in a brief video promoting the campaign and the contest. Ms. O'Dowd encourages health care providers to enter the contest and show how they are using, or plan to use, the WAVE materials to reduce infections and improve patient safety. The best entries will be showcased at an infectious disease conference this fall. For more information, go to [www.hqsi.org](http://www.hqsi.org).



Suzanne Miro, Health Educator, and NJDOH Commissioner Mary E. O'Dowd, display the WAVE poster during the filming of a promotional video.

See Commissioner O'Dowd's video at <http://www.hqsi.org/index/providers/HAI/HAI-LAN/Do-the-Wave-NJ.html>.



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