



NJ Communi- CABLE

Fall 2014/Winter 2015

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/
Assistant Commissioner
Gary Ludwig, MS, Director
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Editor, Research Scientist

Addressing the Threat of Mosquito-borne Diseases

In spring 2014, the New Jersey Department of Health (NJDOH) Communicable Disease Service hired two temporary staff, a surveillance professional and a health educator, to implement enhanced mosquito-borne disease surveillance and education programs. These initiatives are funded through the Sandy Recovery Division of the Community Development Block Grant-Disaster Relief grant (CDBG) and address the potential increased threat of mosquito-borne diseases in NJ. The nine most impacted Housing and Urban Development (HUD) counties are the primary focus areas and include Atlantic, Bergen, Cape May, Essex, Hudson, Middlesex, Monmouth, Ocean and Union counties.

In order to collect baseline information, the CDBG staff

researched contact and location information for local health departments and mosquito-control agencies in the nine HUD counties to prepare for site visits. Rutgers Center for Vector Biology provided additional contact information for mosquito-control agencies and the NJDOH regional epidemiologists assisted with contact information for local health departments. Checklists for health education materials and surveillance protocols were created as well as a site visit agenda. Site visits included discussion of Superstorm Sandy-related damage, local concerns related to mosquitoes and mosquito-borne diseases, an overview of health education and surveillance protocols, resources available online and in print, and suggestions or needs for each agency related to the programs.

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Chikungunya virus is most often spread to people by *Aedes aegypti* and *Aedes albopictus* mosquitoes. These are the same mosquitoes that transmit dengue virus. They bite mostly during the daytime. These types of mosquitoes are found throughout much of the world.





Integrating Hepatitis, STD and HIV Messaging

The New Jersey Department of Human Services and the New Jersey Department of Health collaborated to offer an interactive workshop to educate substance abuse professionals about integrating hepatitis, STD and HIV prevention messages. A needs assessment was completed last year to determine what level of information addictions professionals wanted/needed in regard to hepatitis, STD and HIV prevention.

Two full-day trainings were held in July and August and more than 50 substance abuse professionals attended and earned addictions certificate credits. Another training is scheduled for September. 



Pictured is a "Risk Continuum" exercise where participants worked in small groups to determine what types of lifestyle activities were high/medium/low risk for hepatitis, STD and HIV transmission. Laura Taylor, PhD, MCHES from the Communicable Disease Service, and Amelia Hamarman, MEd, MS, from the Division of HIV, STD and TB Services, served as facilitators for the interactive workshop.


Effective Sexual Health Services for Transgender Clients

This summer, three unique workshops were held for public health and health professionals about working with transgender clients. The New Jersey Department of Health, Division of HIV, STD and HIV, and the Communicable Disease Service sponsored three regional workshops to educate professionals about working with transgender clients and best practices for providing effective sexual health (STD, HIV and hepatitis) services. Nearly 100 professionals attended the full-day sessions.

The workshops were facilitated by Eli Green, PhD. Dr. Green educated participants about appropriate terminology including the differences between biological sex, gender



Workshop for public health and health professionals about working with transgender clients.

identity, gender expression and sexual orientation and provided an overview of barriers that transgender people face when accessing health services. Participants identified areas of individual and organizational growth for creating a safe and respectful environment for transgender clients. 

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Safe Injection Ambassadors reach 1,000

In September 2010, New Jersey became one of three funded partner states to join the Safe Injection Practices Coalition, a national coalition led by the Centers for Disease Control & Prevention (CDC). One of the projects developed by the New Jersey Department of Health (NJDOH) was the Safe Injection Ambassador program, a program that trains health professionals to give presentations about injection safety to others. To become an “Ambassador,” you must be an infection preventionist, nurse or epidemiologist, attend a full-day training, successfully pass a qualifying exam, and agree to give at least two presentations within one year of being trained.

Since its early inception, the New Jersey Ambassador program provided a unique opportunity to promote safe injection practice messages using public health partners. These public health partners were able to access groups and sites that the state health department would never be able to reach as a government entity. New Jersey’s program is a national model and other partner and non-partner states have begun their own Ambassador programs and are seeing similar success. *Congratulations Ambassadors!* 



The first class of 25 Safe Injection Ambassadors was trained in January 2011. Later a second class of 18 Ambassadors was trained in February 2014. NJDOH is proud to announce that as of July 2014, Ambassadors have educated more than 1,000 health professionals as part of their outreach efforts.

NEW Videos! Two new videos for healthcare providers and office managers are now available on the One & Only Campaign website. These videos detail critical information to help all providers and facility managers keep patients safe from unnecessary harm.
<http://oneandonlycampaign.org/>

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Click on image to view videos





Drug Diversion: A Growing Concern in Injection Safety

When prescription medicines are obtained or used illegally, it is called drug diversion.

Addiction to prescription narcotics, called opioids, has reached epidemic proportions and is a major driver of drug diversion. The graphic below focuses on diversion involving healthcare providers who steal controlled substances, such as opioids, for their own use. This can result in several types of patient harm including:

- ❖ Substandard care delivered by an impaired healthcare provider
- ❖ Denial of essential pain medication or therapy (when the drug in the vial is replaced by another substance, such as saline, to avoid detection)
- ❖ Risks of infection (e.g., with hepatitis C virus or bacterial pathogens) if a provider tampers with injectable drugs

The CDC and state and local health departments have assisted in the investigation of infection outbreaks

stemming from drug diversion activities that involved healthcare providers who tampered with injectable drugs. A summary of recent outbreaks is depicted below.

These outbreaks revealed gaps in prevention, detection, or response to drug diversion in U.S. healthcare facilities. Healthcare facilities should have strong narcotics security measures and active monitoring systems to prevent and detect diversion activities. Appropriate response by healthcare facilities includes assessment of harm to patients, consultation with public health officials when tampering with injectable medication is suspected, and prompt reporting to law and other enforcement agencies.

Prevention resources specific to drug diversion may be found at the website below:

<http://www.oneandonlycampaign.org/content/risks-healthcare-associated-infections-drug-diversion>



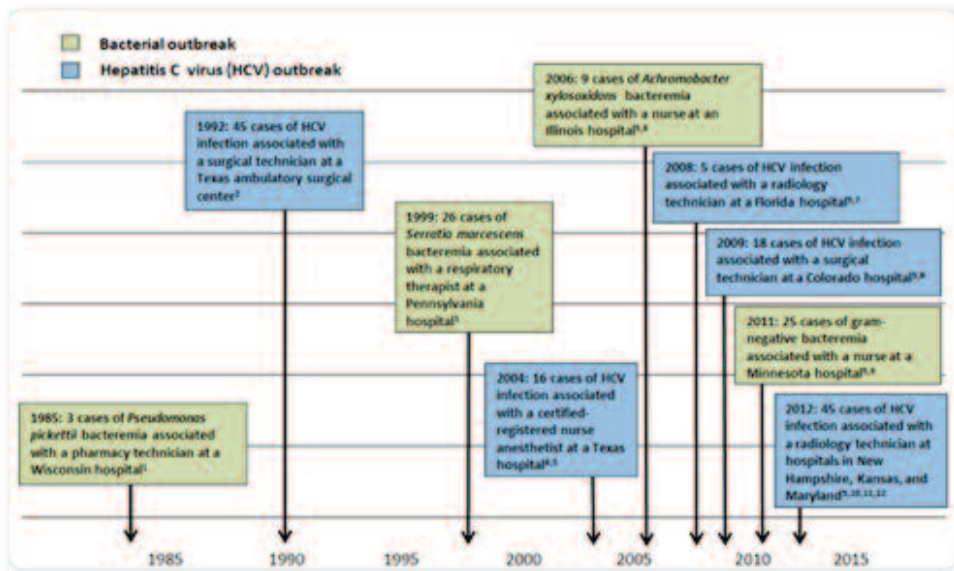
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U.S. Outbreaks Associated with Drug Diversion by Healthcare Providers, 1983-2013





CDS Welcomes New Staff!

Lindsay Hamilton – Lindsay Hamilton joins the Communicable Disease Service (CDS) as a Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) Applied Epidemiology Fellow, focusing on healthcare-associated infections. She comes to the CDS from the University of Pittsburgh Graduate School of Public Health. Lindsay completed an internship at the Allegheny Health Department and continued as a Research Assistant while completing her MPH in Epidemiology. She also received her Bachelor of Science degree in Microbiology.

Dr. Prathit Kulkarni – Dr. Kulkarni joins the CDS as the new CDC Epidemic Intelligence Service Officer. He received his Bachelor of Arts in Chemistry at Rice University, attended medical school at Baylor College of Medicine in Houston and subsequently completed a residency in Internal Medicine-Pediatrics at Baylor where he served as Chief Resident. He is a Board Certified in both Internal Medicine and Pediatrics.



Mosquitos, continued from page 1

The site visits were helpful for the new staff to be introduced to local health department and mosquito-control stakeholders and provided great insight and dialogue. Overall, representatives from both health departments and mosquito-control agencies expressed a concern and need for training regarding code enforcement (how to access abandoned properties to treat mosquito pools and remove habitats). Additionally, all agencies visited requested updated materials (print and online) for mosquitoes and mosquito-borne diseases, including brochures and fact sheets. Resources on chikungunya were also requested by many agencies, as was the need for interactive displays and models to take to community events in order to attract an audience and provide education and resources. Furthermore, many areas of the state represent diverse demographics and materials translated into multiple

languages were requested. As for surveillance, visual representation of the areas with positive mosquito pools and an updated surveillance system were suggested.

As a result of the site visits, the CDBG staff are working to create new materials for the general public and healthcare providers for chikungunya and dengue, and are developing updated mosquito-borne disease resources. These materials will be posted on the NJDOH website and will also be translated into multiple languages depending on the predominant languages in the nine priority HUD counties. Furthermore, the staff plan to create a code enforcement training for local health department and mosquito control agency staff in the near future. 🇺🇸

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From the CDS

EpiGram.....

Notes from the NJDOH/Communicable Disease Service Regional Epidemiology Program, August 21, 2014: vol. 2 <http://nj.gov/health/cd>

The Regional Epidemiology Program often receives questions from local health departments and other public health partners concerning communicable disease investigation and outbreaks, as well as the use of surveillance systems, including Communicable Disease Reporting and Surveillance System (CDRSS) and EpiCenter. Responses to some of these inquiries may be useful for others working in communicable disease and are contained here for your information. If you have questions or suggestions for communicable disease reporting and investigation, please contact your regional epidemiologist or e-mail kim.cervantes@doh.state.nj.us.

Who is responsible for investigating federal cases?

There are many types of federal facilities operating within New Jersey, including military installations, Veteran's Administration (VA) hospitals/clinics, and prisons that may identify reportable communicable diseases. Local health departments (LHDs) are encouraged to maintain collaborative relationships with healthcare staff at these facilities and share New Jersey's reporting requirements. Responsibilities for following up cases of communicable disease vary slightly by the type of facility and the person tested. When laboratory results are received with a federal facility address, the LHD should contact healthcare staff at the

facility to coordinate the investigation. In instances where a residential address is obtained (i.e. patient attending VA clinic, civilian working on a military base) and the patient address is in another jurisdiction, the LHD where the facility is located should update the patient address in CDRSS for follow-up by the LHD where the patient resides.

Federal Prisons: The Correction Officers Health and Safety Act of 1998 (codified at 18 U.S.C. § 4014), provides that relevant infectious disease data will be disclosed to state health departments and/or the Centers for Disease Control and Prevention (CDC), pursuant to state and/or federal laws requiring notice of cases of reportable infectious diseases. Additionally, prison staff report infectious disease outbreaks or infectious diseases with outbreak potential through federal channels. Source: http://www.bop.gov/policy/progstat/6190_004.pdf. When reportable diseases in federal inmates are reported, the LHD where the facility is located should work with prison healthcare staff to ensure the case has been investigated, ascertain any larger community impact, and document the findings in CDRSS. An incarcerated inmate in a federal prison is considered a resident of the jurisdiction where the facility is located.

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



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Did you know?

Effective January 30, 2013 NJDOH no longer requires hospitals to report data on pneumococcal and influenza immunizations given to persons 65 years and older.

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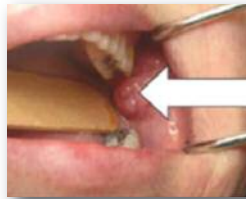


EpiGram.....

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Veteran's Administration (VA) hospitals/clinics: Local health departments are responsible for working with hospital/clinic staff to investigate communicable diseases identified in VA patients, just as they would do with patients seen at any other hospital.

Military Installations: If notifiable disease reports are received from a military installation, local health departments should contact the base to ascertain if the patient is active military personnel. If yes, the LHD should close the case in CDRSS as "not a case" and note "active military" in comments field. These cases are reported directly to the CDC, outside of the CDRSS. If the patient is a civilian who received care on the military base, the LHD where the patient resides is responsible for investigating the case and documenting findings in CDRSS.



Buccal cavity,
<http://www.cdc.gov/mumps/lab/detection-mumps.html>

What kind of testing is recommended for mumps?

For a clinically compatible case of suspected mumps, healthcare providers should collect a buccal/oral swab and blood specimen. Urine is not as desirable but is where the virus sheds last, so it can be collected later in the course of illness. Specimens can be tested at most commercial laboratories or at CDC. CDC testing requires prior approval of

NJDOH/CDS. Laboratory testing at CDC takes about two weeks and is used for public health surveillance purposes, not to guide clinical management decisions. For more detailed guidance and information on test result interpretation, please refer to the Mumps Laboratory Testing FAQs found at: <http://nj.gov/health/cd/mumps/techinfo.shtml>.

What information do I need when reporting an outbreak?

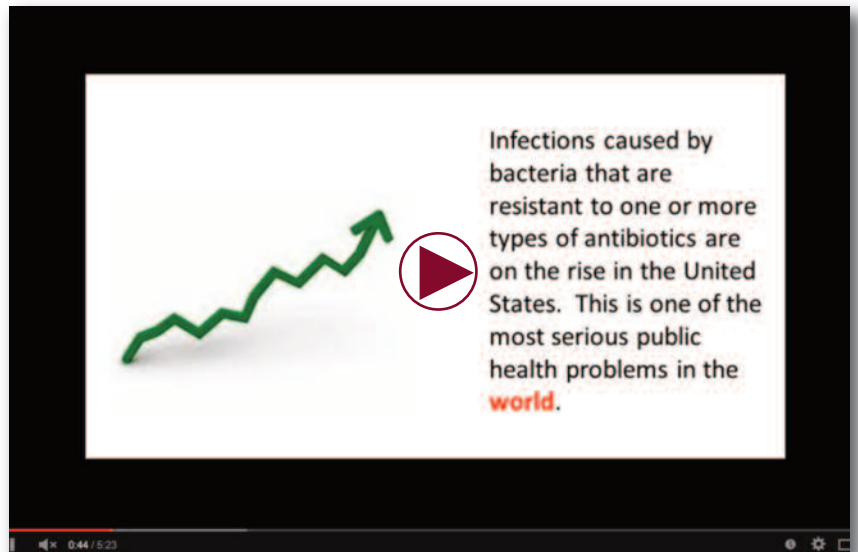
Local health departments are required to report all outbreaks immediately by telephone (not e-mail) to CDS at 609-826-5964 during business hours and to 609-392-2020 off-hours. While every outbreak is slightly different, a lot of the initial inquiries will be the same. CDS has posted a new Investigation/Outbreak Intake Record, form # CDS-36, located at <http://web.doh.state.nj.us/apps2/forms/>, which can help local disease investigators to collect initial information from reporting sources (e.g. schools, long-term care facilities, etc.) on a suspected or confirmed outbreak. Information on the Investigation/Outbreak Intake Record will be discussed with CDS when calling in the initial outbreak report. The Regional Epidemiologist will work with LHDs to determine the mechanism and frequency of outbreak updates and the date the outbreak is considered closed. The use of the Intake Record is optional; if it is used, it may be submitted as part of the final outbreak summary report. 📄



In The NEWS.....

CDS Antibiotic Resistance Education Receives National Recognition

In August 2014 the New Jersey Department of Health, Communicable Disease Service received the National Public Health Information Coalition's Silver Medal award in the Special AV Projects category for its submission entitled "Antibiotics: Will they work when you really need them?" This is an educational slide show that provides basic information about the growing threat of antibiotic resistance, how improper use contributes to the problem and three actionable steps that patients can take to help stop this problem to preserve the power of antibiotics for the future. Suzanne Miro, Sr. Health Communication Specialist, has been the program coordinator for NJDOH's antibiotic resistance projects since 2004 which are funded through the CDC's Get Smart Know When Antibiotics Work program. According to Suzanne, "We were thrilled to receive recognition from NPHIC this year for this slide show. We have been working hard to spread the word about antibiotic resistance and there actually are things that people can do to slow the progression of this problem. Responsible antibiotic use can make a big impact and make sure that we have these life-saving drugs available for future generations." This slide show is part of a larger antibiotic resistance community education program. To see the slide show please visit <http://www.nj.gov/health/cd/mrsa/index.shtml>



Click on the image to view the slide show.

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Love them...Protect them... Immunize them

In order to raise immunization awareness, the Vaccine Preventable Disease Program recently developed a magnet to encourage women to receive influenza and Tdap vaccines during pregnancy and for newborns to receive the hepatitis B birth dose prior to hospital discharge. These magnets contain health education messages coming from the perspective of an unborn baby. In addition, each magnet has a removable piece that can be used as place holder for the baby's first picture or ultrasound.

If you would like to order these free magnets, please contact Jennifer Smith at Jennifer.Smith@doh.state.nj.us.



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