



# NJ Communi-CABLE

JANUARY 2011

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## COMMUNICABLE DISEASE SERVICE

Christina Tan, MD, MPH,  
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Assistant Commissioner

Gary Ludwig, MS, Director

Suzanne Miro, MPH, CHES,  
Editor, Health Education  
Coordinator



## CDS Welcomes Medical Director

*By: Suzanne Miro, Health Educator*

The New Jersey Department of Health and Senior Services, Communicable Disease Service, is pleased to announce that Ed Lifshitz, MD has joined the department as Medical Director. Dr. Lifshitz comes to the NJHDSS from Rutgers University by way of private practice. At Rutgers, he had significant experience working with preventive medicine, health education, emergency management, and quality assurance in a diverse community of almost 50,000 students and professionals. He was particularly involved in pandemic flu planning as well as general medical surveillance of the community. He collaborated with a broad range of health care professionals, and maintained a medical practice. He is board certified in both Internal and Adolescent Medicine.



Asked why he had joined NJDHSS, Dr. Lifshitz replied, "Working in a small private practice for the last year, I realized that I missed the collaborative group dynamics. While I have enjoyed one-on-one interactions with patients, and hope that my clinical experience will provide a useful perspective, I was eager to return to a team and the creative dynamic that springs from interacting with talented and dedicated professionals."

"All the staff I have met have been very friendly and welcoming. I look forward to meeting many more people. Please feel free to contact me, I am interested in your ideas and experience." Welcome Dr. Lifshitz!

# Hospitals Receive MRSA Reporting Training

By: *Rebecca Greeley, Epidemiologist*

On October 14 and 15, 2010 the New Jersey Department of Health and Senior Services (NJDHSS) hosted training for all acute-care hospital Infection Preventionists (IP) on updated requirements for methicillin-resistant *Staphylococcus aureus* (MRSA) reporting. The new reporting requirements will be effective starting in January 2011. The training was facilitated by Dawn Sievert, PhD, MS, an expert from the Centers for Disease Control and Prevention (CDC) who provided training specifically on the National Healthcare Safety Network (NHSN). Over 93% of the hospitals in NJ were represented, with 96 IPs and one data analyst present.

New Jersey hospitals have been reporting MRSA data into NHSN since 2009, which includes reporting MRSA blood specimen laboratory-identified (LabID) events in at least one intensive care unit and were also required to start an active surveillance testing (AST) program for MRSA in at least one intensive care unit. At the time New Jersey passed legislation requiring MRSA reporting, the NHSN was the selected system used to collect the data, however New Jersey's requirements did not match CDC's reporting requirements. Through changes made to the NHSN system, along with updating New Jersey reporting requirements, hospitals in the state will now be reporting according to CDC data definitions. New Jersey will now be contributing to a national dataset along with several other states who are reporting the same information.

Starting in January 2011, hospitals statewide will now be reporting inpatient facility-wide MRSA blood specimen LabID event data, including both community-onset and hospital-onset cases. In reporting these data, New Jersey will now be comparable with other states that are entering the same data. The AST reporting requirements will remain mostly the same, with only small points of clarification made in the training. Although reporting LabID events remains a proxy for measuring true health care-associated infection, New Jersey hospitals will be able to capture a more accurate picture of the MRSA burden in their facilities and be able to target their efforts toward infection control.

For more information, please contact Rebecca Greeley at the NJDHSS at [Rebecca.greeley@doh.state.nj.us](mailto:Rebecca.greeley@doh.state.nj.us). Please look for various documents to be distributed via LINC message including the slide set from the training, a revised guidance document, and a clarification document of discussion points.



Dawn Sievert, PhD, MS presents reporting information to hospital IPs.



Caren Anuszewski and Nancy Szilagyi (NJ APIC Southern Chapter), Dawn Sievert (CDC), and Rebecca Greeley (NJDHSS).

## NJ Gets Smart...and Interactive!

Antibiotic resistance has been identified by the Centers for Disease Control and Prevention (CDC) as one of the key microbial threats to health in the United States. In response to this problem, the CDC has developed a national awareness campaign entitled “Get Smart: Know When Antibiotics Work,” to bring awareness and understanding of the global problem of antibiotic resistance, as well as the consequences of inappropriate antibiotic use.



As part of this initiative, the University of Medicine and Dentistry of New Jersey, Center for Continuing and Outreach Education (CCOE) and New Jersey Medical School have sponsored a new interactive program entitled, “Get Smart New Jersey About Antibiotic Resistance.” This online CME activity was developed in collaboration with the New Jersey Department of Health and Senior Services and is intended for primary care clinician audiences.

The program’s goal is to raise awareness and minimize the problem of antibiotic-resistant bacteria in New Jersey, by providing education about the appropriate use of antibiotics in patient diagnosis and treatment. This free CME program includes adult and pediatric versions with interactive case scenarios that illustrate common issues associated with treating respiratory infections. Clinicians are invited to take one or both – credit will be awarded for successful completion of each program individually. Visit [http://ccoe.umdj.edu/online/activities/11MN04/adult\\_accred.htm](http://ccoe.umdj.edu/online/activities/11MN04/adult_accred.htm) for the adult module and [http://ccoe.umdj.edu/online/activities/11MN04/peds\\_accred.htm](http://ccoe.umdj.edu/online/activities/11MN04/peds_accred.htm) for the pediatric module.

## NJDHSS Receives ARRA Funds

The New Jersey Department of Health and Senior Services (NJDHSS), Vaccine Preventable Disease Program, received more than \$7.4 million in American Recovery and Reinvestment Act (ARRA) funds for the purchase of vaccine. Six different vaccines were purchased: human papillomavirus (HPV), meningococcal conjugate, tetanus, diphtheria, acellular pertussis, Pneumovax, and Prevnar 13. A total of 150,000 doses were purchased.

The program was promoted to healthcare providers through three open-enrollment periods which yielded 313 applications. One hundred twenty six providers met the ARRA program criteria and were selected for participation. Providers who were already enrolled in the VFC program were eligible to apply, but had to be in full compliance before they could participate in the ARRA vaccine program. The program had no restrictions on who could receive vaccine other than the children must be eligible for the Vaccines for Children Program (VFC). Ultimately, 100 provider sites successfully received and administered the 150,000 doses of vaccine.

For the first time in New Jersey's vaccine program history, every participating site was 100% compliant with the program's criteria. To applaud their effort and cooperation, each location was recognized at the 6th Annual VFC Conference in November 2010.

# Hepatitis Updates

*By: Laura Taylor, Health Educator*

## Hepatitis Advisory Board

This fall, three new members were appointed to the New Jersey Viral Hepatitis Advisory Board. The Viral Hepatitis Advisory Board provides advice and recommendations to the New Jersey Department of Health and Senior Services (NJDHSS) Commissioner on, and monitors the implementation and operation of, the viral hepatitis education and prevention program and evaluates the effectiveness of the program in meeting its objectives. This advisory board is voluntary and serves as a forum to discuss issues regarding viral hepatitis.

In total, the hepatitis advisory board is comprised of physicians, clinical researchers, veterans, and representatives from various hepatitis non-profit organizations, the New Jersey Department of Corrections, the NJDHSS and the pharmaceutical industry.

Thank you to all of the members of the hepatitis advisory board for their commitment to improve the health of New Jersey residents.

## Hepatitis Resource Guide

Now available on the New Jersey Department of Health and Senior Services website, the updated “New Jersey Viral Hepatitis Resource Guide.” The guide was created to assist New Jersey residents to identify hepatitis resources. The document is divided into three sections: vaccination and screening sites, treatment resources and education, and advocacy resources. Each section offers information by county. Please note that some of the vaccination and screening sites have limitations on who may use their services.

The guide is available on-line at: [http://nj.gov/health/cd/hepatitis\\_viral/index.shtml](http://nj.gov/health/cd/hepatitis_viral/index.shtml) Click on “New Jersey Hepatitis Resource Guide.”

## Congratulations! NJDHSS Receives “Safe Injection Practices” Grant by the Centers for Disease Control and Prevention!

In September 2010, the New Jersey Department of Health and Senior Services (NJDHSS) Communicable Disease Service was funded by the Centers for Disease Control and Prevention (CDC) for the “Safe Injection Practices” grant. New Jersey joins New York and Nevada in a new CDC-funded initiative to decrease the incidence of health care-associated infections (HAI).



Jo Foster (NJDHSS) and Mary Pat Hastings (Cape May County Health Department) display an awareness building resource.

# Encouraging Health Care Worker Flu Vaccination

*By: Jennifer Smith, Health Educator*

Influenza vaccination is now recommended annually for all people six months of age and older. The recommendation is intended to protect as many people as possible against the dangers of flu by removing barriers to flu immunization, such as the need to determine whether each person has a specific indication for vaccination.

Flu vaccine has always been recommended annually for all health care professionals (HCP), but vaccination among this population remains abysmally low. It is important for HCPs to be vaccinated not only to protect themselves, but also to protect vulnerable patients with whom they interact. According to the Centers for Disease Control and Prevention (CDC), last winter, 37% of HCPs received an H1N1 shot and 62% received a seasonal flu shot; 64% received either an H1N1 shot or seasonal flu shot. While this represents a higher coverage rate than in any previous season, only 35% reported receiving both vaccines.

One strategy to increase flu vaccination among HCPs is to make it mandatory. Prominent health, patient safety and medical groups have issued position statements endorsing strong flu mandates for HCPs. These organizations include the American Academy of Pediatrics (AAP), American College of Physicians (ACP), Infectious Diseases Society of America (IDSA), National Foundation for Infectious Diseases (NFID), National Patient Safety Foundation (NPSF), and the Society for Healthcare Epidemiology of America (SHEA).

While many professional organizations advocate for mandatory vaccination, some may view such mandates as a violation of HCP autonomy. Therefore, a multi-component, integrative approach may be beneficial. The following strategies are recommended by the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP).

## *Education and Campaigns*

- Educational programs that emphasize the benefits of HCP vaccination for staff and patients; and,
- Organized campaigns that promote and make the vaccine accessible.

## *Role Models*

- Vaccination of senior medical staff, hospital executives, or opinion leaders.

## *Improved Access*

- Making vaccine readily available at congregate areas (e.g., clinics), during conferences, or use of mobile carts;
- Provision of incentives; and,
- Provision of vaccine at no charge.

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## Veterinary Public Health Magnet

The Communicable Disease Service is pleased to announce the availability of a new resource. The “*Reporting Requirements for Communicable Diseases in Domestic Companion Animals*” reference magnet is currently being distributed in limited quantities to LINC agencies. This magnet is an at-a-glance resource to assist those who are responsible for disease reporting. Zoonotic diseases have the potential to impact human health so reporting will improve the ability to identify outbreaks and implement public health measures.



### Reporting Requirements for Communicable Diseases in Domestic Companion Animals\*



To protect public health, certain diseases and conditions are required to be reported in a timely manner by specific individuals (see New Jersey Administrative Code Title 8, Chapter 57)

**People required to report:** veterinarians, certified animal control officers, and managers of animal facilities.

1. **Report to the local health department** in which the animal or animal facility is located. To find the local health department, go to:  
<http://nj.gov/health/lh/directory/lhdselectcounty.shtml>
2. If unable to reach the local health department, contact the NJ Department of Health and Senior Services at: **609-826-4872** (regular business hours). The emergency number is **609-392-2020** (holidays/off hours).

\* "Domestic companion animal" means any domestic dog, cat, ferret, bird, reptile, rodent, rabbit not raised for food or fur, or other animal kept primarily as a household pet for personal appreciation and companionship; excluding livestock, wildlife, and research animals.

#### Reportable Diseases

- Anthrax (*Bacillus anthracis*)
- Avian Chlamydiosis (*Chlamydia 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 burnetii*)
- Rabies, suspected or confirmed
- Salmonellosis (*Salmonella spp.*)
- Tularemia (*Francisella tularensis*)
- Any outbreak or suspected outbreak

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[www.nj.gov/health/cd](http://www.nj.gov/health/cd)

H5556

## Translated Flu Materials

A selection of influenza education materials are now available on the Communicable Disease Service website in several languages including Korean, Hindi, Russian, Polish, Gujarathi, Portuguese, French Creole, Hebrew, Spanish, Chinese, Arabic, and Tagalog!

Visit [http://www.nj.gov/health/cd/flu/other\\_lan.shtml](http://www.nj.gov/health/cd/flu/other_lan.shtml) to download and use in your communities!





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## *Measurement and Feedback*

- Posting of vaccination coverage levels in different areas of a health care facility;
- Monitoring vaccination coverage by facility area (e.g., ward or unit) or occupational group;
- Use of HCP influenza vaccination coverage as a health care quality measure in states that mandate public reporting of health care associated infections (HAIs); and,
- Use of signed declination statements from HCPs who refuse vaccination.

## *Legislation and Regulation*

- Legislative and regulatory efforts have favorably affected hepatitis B vaccination rates among HCPs and can be useful for increasing influenza vaccination rates among HCPs;
- Four states (Maine, South Carolina, Rhode Island, and Tennessee) have “offer” laws for influenza vaccination of HCPs, meaning that requirements for vaccine administration are optional;
- Three states (Alabama, California, and New Hampshire) have “ensure” laws for influenza vaccination administration of HCPs meaning that vaccination of non-immune persons is mandatory in the absence of a specified exemption or refusal; and,
- Additionally, numerous hospitals and other health care facilities have enacted mandatory influenza vaccination for their HCPs and several report a significant increase in influenza vaccination coverage rates.

For additional information, please visit the United States Department of Health and Human Services “Action Plan to Prevent Healthcare-Associated Infections: Influenza Vaccination of Healthcare Personnel” at [http://www.hhs.gov/ash/initiatives/hai/tier2\\_flu.html#\\_ftn8](http://www.hhs.gov/ash/initiatives/hai/tier2_flu.html#_ftn8).

The Immunization Action Coalition has an “honor roll” list of organizations that implement HCP flu vaccination mandates. Their website is <http://www.immunize.org/honor-roll/>.

For information about seasonal flu, visit the New Jersey Department of Health and Senior Services website at [www.nj.gov/health/flu](http://www.nj.gov/health/flu).

## What’s New in Vaccine Resources?

Please visit the newly updated Vaccine Preventable Disease Program website at [www.nj.gov/health/cd/imm.shtml](http://www.nj.gov/health/cd/imm.shtml).

Here you will find two new resources for schools and health care professionals titled “Childhood and Adolescent Recommended Vaccines” and “NJ Immunization Requirements-Frequently Asked Questions.”

Several updated human papillomavirus materials can be found at <http://nj.gov/health/cd/hpv/index.shtml>.

Additionally, a new brochure for adult immunizations is now available at [www.nj.gov/health/cd/vdp/edu.shtml](http://www.nj.gov/health/cd/vdp/edu.shtml).

Please feel free to download and use these materials in your communities and contact the Vaccine Preventable Disease Program at (609) 826-4860 if you need additional assistance.

## Important Update on Hib Vaccine Mandate

*By: Barbara Montana, MD, MPH, Medical Director*

In March 2009, in response to the shortage of *Haemophilus influenzae* type b (Hib) vaccine resulting from the voluntary recall of certain Hib-containing vaccines, the New Jersey Department of Health and Senior Services (NJDHSS) Vaccine Preventable Disease Program (VPDP) waived the N.J.A.C. 8:57– 4.15 requirement which mandates that children who have completed the primary Hib series and are attending any licensed child-care center receive the Hib booster dose on or after the first birthday. The waiver applied only to the booster dose. The requirement for children 2–11 months of age enrolling in or attending any child-care center to have received a minimum of two age-appropriate doses of a separate or combination Hib conjugate vaccine, or fewer as appropriate for the child's age, remained in effect. Information regarding NJ vaccine requirements for school attendance is available at <http://www.state.nj.us/health/cd/imm.shtml>.

**NJDHSS will be lifting the waiver and reinstating the Hib vaccine mandate effective September 2011.** This early notice will afford health care providers and guardians ample opportunity to ensure that children are immunized in accordance with N.J.A.C. 8:57 – 4.15 for the upcoming 2011—2012 school year.

This update is based upon CDC's assessment of the existing national Hib vaccine supply and will be reassessed if the supply changes. Updated information about the national Hib vaccine supply is available at <http://www.cdc.gov/vaccines/vac-gen/shortages/default.htm>.

Details about the routine Hib schedule are available at <http://www.cdc.gov/vaccines/recs/schedules/default.htm#child>.

Adverse events following receipt of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://vaers.hhs.gov>.

Information regarding the NJ Vaccine Preventable Disease Program is available at <http://www.state.nj.us/health/cd/vdpd> or calling (609) 826-4860.



The NJDHSS Communicable Disease Service includes:

- Infectious and Zoonotic Disease Program (IZDP)  
609-826-5964
- Vaccine Preventable Disease Program (VPDP)  
609-826-4860
- Sexually Transmitted Disease Program (STDP)  
609-826-4869
- Tuberculosis Control Program (TBCP)  
609-826-4878



Past issues of the NJ Communi-CABLE are available online at <http://www.nj.gov/health/cd/newsletter.htm>.

## **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.**