



NJ Communi- CABLE

Winter 2013

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.

Addressing Vaccine Hesitancy

An article by Commissioner of Health Mary E. O'Dowd, MPH, in the Fall 2012 issue of the journal MD Advisor. See page 11.

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
Suzanne Miro, MPH, MCHES
Editor, Research Scientist

NJ Communi-CABLE Honored for Excellence in Public Health Communication

The National Public Health Information Coalition (NPHIC) announced that the New Jersey Department of Health, Communicable Disease Service, has been recognized in a



national competition honoring excellence in public health communication. The *NJ Communi-CABLE* won the Gold Medal in the Newsletters/In-House Production category. Its quarterly production is a collaborative effort between the Communicable Disease

Service for content development and the Printing and Graphics department for layout and design elements.

“We are extremely proud that the premier nationwide voice of public health communication has recognized our work,” said Suzanne Miro, Editor, *NJ Communi-CABLE*. “This newsletter is an important mechanism for providing pertinent information regarding activities of the Communicable Disease Service to our public health and health care partners statewide.”

NPHIC is the leading national organization for public health communication professionals. NPHIC’s ranks include public information officers, risk communicators and health educators at state, tribal and local health departments across the nation. As the recognized voice of public health communication, NPHIC’s award program offers gold, silver and bronze awards in 17 public health communication categories.

The New Jersey Department of Health, Communicable Disease Service, has been designated by an independent panel of judges as among the year’s best in public health communication,” stated NPHIC President Larry Hill. Visit NPHIC’s website www.nphic.org for more information about NPHIC and to view all winning entries in this year’s awards program. 





Key Facts for the 2012-2013 Influenza Season

By: Jennifer Smith, Health Educator



Influenza seasons are unpredictable. The severity of influenza seasons can differ substantially from year to year. Over a period of 30 years, between 1976 and 2006, estimates of yearly flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people during the most severe season. Each year, in the United States, an estimated five – 20 percent of the population can be infected with the flu, and more than 200,000 people may be hospitalized during the flu season.

Much of the United States population is at increased risk from serious flu complications, either because of their age or because they have a medical condition like asthma, diabetes, heart conditions, or because they are pregnant. For example, more than 30 percent of people 50 through 64 years of age have one or more chronic medical conditions that put them at risk of serious flu-related complications. Vaccination remains the best protection against the flu and its complications. Vaccine should be administered as soon as it becomes available and should

continue throughout the influenza season.

Advice from a healthcare provider plays a critical role in a person's decision to get vaccinated against seasonal influenza. The Centers for Disease Control and Prevention (CDC) recommends universal flu vaccination for everyone six months of age and older.

It is especially important to urge pediatric patients and individuals with neurologic disorders and developmental disabilities to get vaccinated against influenza. A recent study published in *Pediatrics*, found that a large percentage of children dying from complications related to 2009 H1N1 virus infection had chronic neurologic disorders. Of

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

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Rabid Beaver Attacks Man Swimming in Delaware River

By: Colin Campbell
Deputy State Veterinarian

A Boy Scout leader from New York was attacked by a beaver while swimming in the Delaware River in Delaware Water Gap National Recreation Area, adjacent to Sussex County, New Jersey, on August 2, 2012. The beaver tested positive for rabies and the person bitten received rabies post-exposure prophylaxis.



The bite victim was swimming in the river when the beaver swam through his legs and bit him in the chest. The animal then bit him in the leg, buttocks, arm, hand and torso before he managed to grab it and hold its jaw closed. Boy Scouts assisted the victim to shore with the beaver, which was killed and then later retrieved for laboratory testing.

Rabies is a viral disease that can affect all mammals, including humans, who may become infected through bites or contact with saliva from an infected animal. People who are not treated after they are bitten, or otherwise exposed to the virus in saliva, are at risk for developing the disease.

There are two rabies virus variants present in New Jersey wildlife, one associated with raccoons and one with bats. Other mammals diagnosed with rabies have been infected through raccoon bites. The most commonly infected wildlife species found in New Jersey are raccoons, skunks, fox,

groundhogs and bats. The most commonly infected domestic animals are cats, accounting for 90% of the domestic animal rabies cases. Infected animals usually display abnormal, frequently aggressive, behavior. Although infrequently documented to be infected with rabies, two beavers prior to this case have been found to be infected: one from Sussex County in 1991 and another from Somerset County in 2007.

Residents are cautioned to stay away from wildlife or stray domestic animals acting aggressive or ill and notify the local health department where the animal was seen as soon as possible. Persons bitten by animals should immediately wash the wound and seek medical care. Pet owners should keep their pets currently vaccinated for rabies. Additional information on the prevention of rabies is posted on the New Jersey Department of Health website at

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

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CDS Welcomes New EIS Officer and Fellows!

By: Suzanne Miro, Health Educator

Alice Shumate, BA, PhD comes to the Communicable Disease Service (CDS) as the new Centers for Disease



Control and Prevention Epidemic Intelligence Service Officer. Alice has extensive experience in biology most recently as an Assistant Professor of Biology at Fairleigh Dickinson University and as a visiting instructor at Austin College. When asked why she selected the New Jersey Department of Health (NJDOH) she replied, "I was initially attracted to NJDOH because it has a great reputation as a state health department. When I interviewed for the position, I was very impressed with the NJDOH staff, and felt like it would be a great place to work. It was my first choice for EIS placement and I'm thrilled it worked out!"

Master of Public Health degree at Drexel University where he is comparing enteric pathogen susceptibility among HIV-positive versus HIV-negative people in Philadelphia from 2006-2010. According to Jason, "The thing I find most interesting here at NJDOH is the process involved when investigating outbreaks and how each involved party needs to work together to find a solution for the benefit of the public."

Fernando Mclean, BS joins the CDS as a Centers for Disease Control and Prevention Public Health Associate Program fellow.



Prior to coming to the NJDOH, Fernando worked as an intern in Global Operations for Pfizer, Inc. During his time at Pfizer, he researched and studied the company's public health involvement and shared perspective on innovative ways in which the company can implement programs to regulate health care issues. For the duration of Fernando's work here at NJDOH he is most looking forward to working on outbreaks and the Refugee Resettlement Pilot Project stating, "I plan to contribute all of my talent to make this project successful. I am very excited about working with the refugees and assisting them on their relocation to the United States." 

Jason Mehr, BA, MPH candidate joins the CDS for a two-year Centers for Disease Control and Prevention, Council of State and Territorial



Epidemiologists fellowship. His previous experience includes an internship as a vector-borne disease coordinator with the Philadelphia Department of Public Health and is currently working on his community-based practicum for his

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Influenza Season, continued from page 2

the 336 children reported to have died from 2009 H1N1-associated complications 227 (68 percent) had an underlying health condition. Among those children, 64 percent had a neurologic disorder including developmental disabilities like cerebral palsy, intellectual disability, or epilepsy.

Pregnant women should also be targeted to receive the influenza vaccine. Lack of awareness of the benefits of vaccination and concerns about vaccine safety are common barriers to influenza vaccination of pregnant and postpartum women. Pregnant women whose provider recommended and offered influenza vaccination were almost five times more likely to be vaccinated for influenza than patients who reported that their provider did not make a recommendation or offer influenza vaccination. Providers and pregnant women should be aware that influenza is five times more likely to cause severe illness in pregnant women than in women who are not pregnant. Changes in the immune system, heart, and lungs during pregnancy make pregnant women more prone to severe illness from the disease. Risk of premature labor and delivery is increased in pregnant women with influenza. Hospitalizations in infants less than six months of age are up to 10 times that of older children. However, no influenza vaccines are licensed for use in children less than six months of age. Vaccination during pregnancy has been shown to protect both the mother and her infant (up to six months of age) from influenza illness, influenza



hospitalizations, and influenza-related preterm births.

Influenza vaccines have been given to millions of pregnant woman over the last decade and have not been shown to cause harm to women or their infants. Women can be vaccinated at any point in the pregnancy with the inactivated flu vaccine. Postpartum women, even if they are breastfeeding, can receive either the inactivated or live-attenuated vaccine.

Despite CDC's recommendation for annual flu vaccination for all people six months of age and older, less than half (42 percent) of Americans were vaccinated during the 2011-2012

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Influenza Season, continued from page 5

season. This is considerably lower than the Healthy People 2020 target of 80 percent for people six months through 64 years of age and 90 percent for people 65 years of age and older. Highest coverage was among children six-23 months (74.6 percent) and adults 65 years and older (64.9 percent). Coverage among women who were pregnant during the influenza season was 47 percent for the 2011-2012 influenza season which is lower than the Healthy People 2020 target of 80 percent.

The viruses in the 2012-2013 United States seasonal influenza vaccine include: an A/California/7/2009 (H1N1)-like virus; an A/Victoria/361/2011 (H3N2)-like virus; and a B/Wisconsin/1/2010-like virus (Yamagata lineage). While the H1N1 virus used to make the 2012-2013 flu vaccine is the same virus that was included in the 2011-2012 vaccine, the recommended influenza H3N2 and the B vaccine virus are different from those in the 2011-2012 influenza vaccine.

Manufacturer's estimate 135 million doses of influenza vaccine will be produced for the United States market this season. During 2011-2012, 132.8 million doses were distributed in the United States. Manufacturers began shipping the vaccine for the 2012-2013 season in late July with distribution continuing through the fall. There are two types of flu vaccines available, the trivalent inactivated vaccine (TIV) and the live-attenuated influenza vaccine (LAIV). Formulations of TIV are available for all people six months of age and older including those with chronic medical illnesses. A high dose TIV is

approved for people 65 years of age and older and an intradermal vaccine is approved for people 18 through 64 years of age. LAIV is approved for use in most healthy people two through 49 years of age who are not pregnant. There is no preferential recommendation between any of the formulations of TIV or LAIV, but clinicians should note the recommended age groups and possible contraindications and precautions for each vaccine.

It is critical that all healthcare professionals lead by example and annually get vaccinated against influenza. Immunization of healthcare personnel is a critically important step to reduce the spread of influenza in healthcare settings and among the most vulnerable patient populations. Healthcare personnel coverage was estimated at 66.9 percent for the 2011-2012 influenza season, similar to the 2010-2011 season coverage (63.5 percent). However, there is room for improvement as the Healthy People 2020 target for health-care personnel is 90 percent.

For more information, please visit:

CDC Seasonal Flu Page:
www.cdc.gov/flu

NJ Department of Health:
<http://www.state.nj.us/health/flu/>

Source:
Neurologic Disorders among Pediatric Deaths Associated with the 2009 Pandemic Influenza **Pediatrics**. 2012 Sep;130(3):390-6. Epub 2012 Aug 29. 



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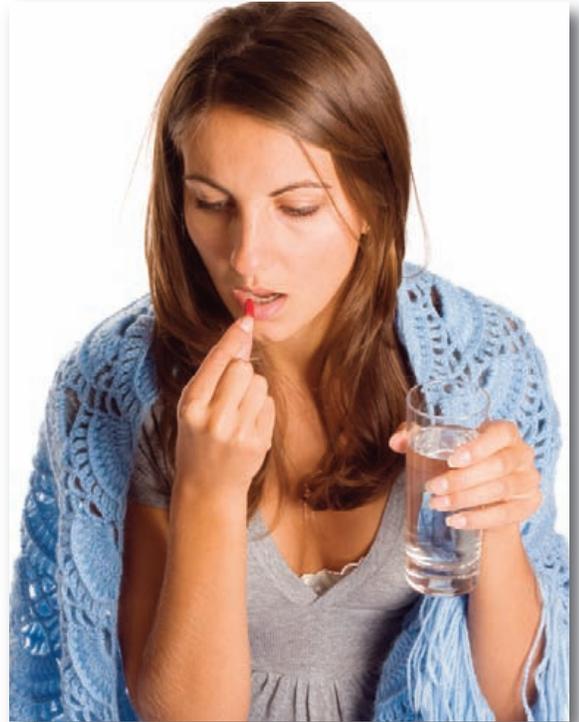




Meningococcal Infections: Chemoprophylaxis Update

By: Denise Garon, Epidemiologist

The newly revised and updated 2012 *Red Book*, 29th Edition, is now available. *Red Book* is developed by the American Academy of Pediatrics Committee on Infectious Diseases and its content is reviewed by the Centers for Disease Control and Prevention and the Food and Drug Administration. In the new edition, within the chapter on Meningococcal Infections, a clarification has been made to the section entitled "Control Measures: Care of Exposed People" (page 503). The guidance now states that "regardless of immunization status, close contacts of all people with invasive meningococcal disease, whether endemic or in an outbreak situation, are at high risk and should receive chemoprophylaxis." Please note the update from the previous version includes the statement "regardless of immunization status." It is important to provide



chemoprophylaxis to close contacts of all people with invasive meningococcal disease because currently licensed vaccines are not 100% effective and some cases will be caused by serogroup B.

Sorrowfully missed...

It is with great sadness that we say goodbye to our colleague, **Christine Armenti**, who passed away on October 13, 2012. Christine had been employed by the New Jersey Department of Health since 1993 and worked most recently as the Perinatal Hepatitis B Coordinator and liaison to the NJ Chapter of the Association for Professionals in Infection Control and Epidemiology. Not only was

Christine an important part of the public health system, she also gave of herself to volunteer efforts and her family. She will be greatly missed.



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Webinar on Perinatal Hepatitis B and Rubella Transmission

The New Jersey Department of Health, along with the New Jersey Immunization Network recently presented a FREE webinar featuring Kristina Feja, MD, MPH, Division of Pediatric Infectious Diseases at Saint Peter's University Hospital; Adjunct Professor of Epidemiology, UMDNJ School of Public Health; Clinical Assistant Professor of Pediatrics, Drexel University College of Medicine. The webinar titled, “Best Practices for Preventing Perinatal Hepatitis B Virus (HBV) and Rubella Transmission” took place on November 9, 2012. The good news is that although you may have missed the program on November 9, you may view the recorded version!



- 1. First, if you have not already done so, please go to the following link to take a brief (less than 5 minutes) pre-survey before viewing this webinar:

<http://www.surveymonkey.com/s/D8RDLRL>

If you previously registered and took the pre-survey, please do not take it again.

- 2. After the pre-survey, you may view the recorded webinar by going to the following link:

<https://www2.gotomeeting.com/register/394861346>

- 3. After viewing the webinar, please take the brief post-survey by visiting the following link:

<https://www.surveymonkey.com/s/VKVTLYR>

It is very important to complete the pre and post surveys since this information helps to evaluate if the learning objectives were met and will help to plan for future educational activities. 📌



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Hepatitis C Workshop in Atlantic City

On September 20, 2012 in Atlantic City, 54 professionals attended a day-long “Hepatitis C Training” workshop. The workshop was presented by Lucinda Porter, RN from the Hepatitis C Support Project in San Francisco. The day featured lively discussion about the disease, treatment and resources. 🇯🇵



New Jersey One & Only Injection Safety Update

- ❖ The Safe Injection Practices team has been busy presenting at various professional meetings across the state. Barbara Montana, MD, MPH, FACP conducted a workshop for infection preventionists about injection safety in the ambulatory care setting.
- ❖ On October 12 the team led a “Safe Injection Academic Ambassador” training for allied health instructors. Participants were from community colleges, vocational training schools and other allied health training facilities. Safe injection Ambassadors are trained to give injection safety trainings to health professionals. This group of “Ambassadors” will incorporate the safe injection messages into existing curricula at their institutions.
- ❖ Check out the One & Only website at: (www.oneandonlycampaign.org) for new materials. New video and glucometer safety materials now available! 🇯🇵



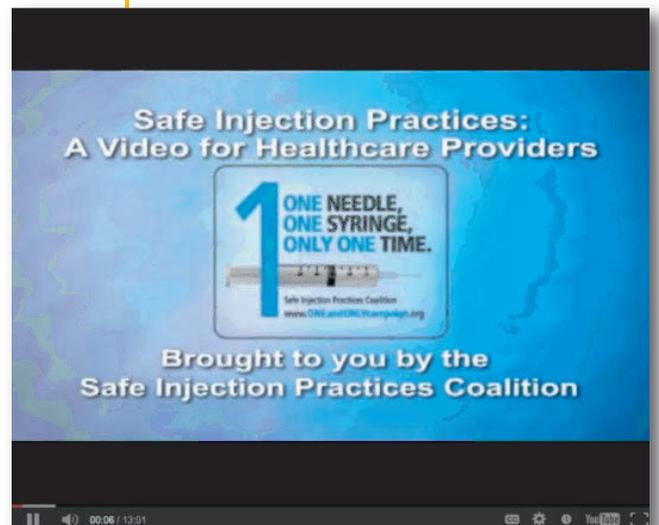
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Communicable Disease Investigation Program

The annual Communicable Disease Investigator training was held October 10 at the Ocean County Library, Jackson Branch. A total of 50 public health professionals attended the program presented by New Jersey Department of Health Communicable Disease Service staff. The program discussed the nuances of disease investigation, including disease surveillance and outbreak management.



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Perinatal Hepatitis B Prevention Survey – New Jersey 2012

The New Jersey Department of Health is conducting a survey to evaluate perinatal hepatitis B prevention practices in New Jersey delivery hospitals. In order to better understand these practices, we are seeking your assistance.



Completing the survey will take less than 20 minutes. All pediatricians, family health practitioners, obstetrician/ gynecologists, nurses and midwives who work in a New Jersey delivery hospital in a maternal/child health unit are invited to participate.

Please use the following link to access the electronic survey:

https://www.surveymonkey.com/s/NJ_Perinatal_Hepatitis_B_Prevention_Survey

If you have any questions about the survey, please contact Dr. Andria Apostolou, at the New Jersey Department of Health at **609-826-5964** or by email at andria.apostolou@doh.state.nj.us



Addressing Vaccine



Hesitancy



By Commissioner Mary E. O'Dowd, MPH

All of us in the medical and public health community have witnessed the lifesaving impact vaccination has made on overall public health. We know that vaccines are responsible for the control of many infectious diseases that were once common in this country and around the world, including polio, measles, diphtheria, rubella, mumps and *Haemophilus Influenzae* Type b. Vaccines eradicated smallpox, one of the most devastating diseases in history. Certainly, we are all aware that over the years, vaccines have prevented countless cases of infectious diseases and saved literally millions of lives.

However, because of the success of vaccines in preventing disease in the United States, parents are often unaware that their children are still at risk for many serious and life-threatening diseases. The recent outbreaks of pertussis around the country and in New Jersey are a reminder of ongoing risks. As medical and public health professionals, we need to address the concerns that some parents have about vaccines and adverse outcomes, particularly in infants and young children. These fears have led to vaccine hesitancy and pockets of unvaccinated children who are more susceptible to disease.

Nationally, approximately 30 percent of parents and guardians are vaccine hesitant.¹ One factor contributing to vaccine hesitancy is the fact that the success of vaccines in reducing disease has given parents the false impression that diseases like polio, mumps and measles have been completely eradicated and no longer pose a danger. Additionally, as new vaccines have been introduced over the years, parents, who are rightfully concerned about their babies' welfare, are questioning the number of shots their children are given—especially during one visit. Parents are also inundated with information about child health and vaccines from a variety of sources including the news, the Internet, social media, other parents and family members. Certain websites and social media display more information about possible risks of vaccines than information about the impact of vaccine-preventable diseases.



“[P]arents, who are rightfully concerned about their babies' welfare, are questioning the number of shots their children are given—especially during one visit.”

“Although measles is almost gone from the United States, it still kills nearly 200,000 people each year around the world, according to the Centers for Disease Control and Prevention”

The New Jersey Department of Health recognizes that vaccine hesitancy is a challenge for physicians working with and communicating with patients. Parents have many questions regarding the general health of their children, but vaccine safety is often a primary concern. Research shows that healthcare providers are still parents' most trusted and important source of information who help them make informed decisions about vaccines.²

As health providers and public health professionals, we have to focus our educational efforts on the 30 percent of vaccine-hesitant parents. We must convince them of the value of vaccinations and illustrate the ongoing dangers of vaccine-preventable diseases. In order to effectively reach parents and guardians, we need to provide statistics and compelling stories that demonstrate that, although most vaccine-preventable diseases, such as polio and measles, are not frequently seen in our state, these diseases still cause serious illness and death.

Diseases are often brought into this country by people who get infected abroad and can rapidly spread infection among susceptible individuals in our schools and communities. While measles is almost gone from the United States, it still kills nearly 200,000 people each year around the world, according to the Centers for Disease Control and Prevention (CDC).³ In 2011 alone, 70 individuals were hospitalized due to measles in the U.S.⁴

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Vaccinations for Preteens/Teens and Adults

Meg Fisher, MD

Vaccines are certainly not for babies only. Adolescents and adults, too, need professional medical guidance to protect themselves from a variety of infectious diseases.

Tdap Vaccine

The Tdap booster protects against tetanus, diphtheria and pertussis (whooping cough).

Preteens/Teens: Although the vaccines given to infants and young children protect them up until about age 11, the booster is needed for further protection into the teen years.

Adults: All adults should get the Tdap booster. At this time, a single dose is recommended.

HPV (Human Papilloma Virus) Vaccine

The HPV vaccine protects against warts, cervical cancer and cancers of the rectum and throat.

Preteens/Teens: This age group should receive three doses of the HPV vaccine.

Adults: The HPV vaccine is recommended for adults 19 to 26 years old.

Meningococcal Vaccine

The meningococcal vaccine protects against the bacterial illness that can cause meningitis.

Preteens/Teens: Two doses of the meningococcal vaccine are recommended.

Measles is periodically imported to the United States by international travelers returning or visiting from other countries. A recent example is the 2011 measles outbreak in the U.S. On average, 60 confirmed cases of measles are reported each year in the U.S. However, 222 cases were reported to the CDC in 2011. Of these cases, 90 percent were associated with foreign travel, and 86 percent of infected individuals were unvaccinated or had undocumented vaccination status.⁴ In 2011, New Jersey had four confirmed measles cases, compared to one to two cases each year between 2006 and 2010.⁵ In addition, more than 50 suspected cases of measles were investigated in 2011 compared with 12 suspected cases in 2010. Several investigations involved foreign travelers visiting the state as well as New Jersey residents visiting Europe or other foreign countries.⁶

Another example of increased disease activity due to exposure outside this country occurred from June 2009 through June 2010 in New York and New Jersey. During this period, approximately 3,500 cases of mumps were reported in New York City, in two upstate New York counties and in Ocean County, New Jersey. There were 425 cases reported in Ocean County. As part of this outbreak in New York and New Jersey, 41 patients were hospitalized.⁷ The initial

patient responsible for this outbreak was an 11-year-old child who returned to the U.S. from the United Kingdom, where an outbreak was ongoing. The child became ill while attending a summer camp and exposed other campers. The campers then spread the infection within their communities when they returned home.⁸ Because New Jersey is a transportation hub, the state is especially vulnerable to vaccine-preventable diseases—which are just a plane ride away.

In addition to sharing these statistics, healthcare providers can also help vaccine-hesitant parents understand the value of vaccinations with true stories—stories of families who never thought their children would be affected by vaccine-preventable diseases but whose children were disabled or died as a result of disease. Physicians may want to share the CDC's website that offers stories of parents who chose to space or skip vaccinations and the bad outcomes that resulted. Many of those who survived needed to relearn basic skills such as talking, eating and walking and required ongoing medical care. These stories serve as a reminder how important it is to have children vaccinated. To view the CDC's website, visit www.cdc.gov/VACCINES/vpd-vac/unprotected-stories.htm.

Influenza Vaccine

The influenza vaccine protects against the flu. This vaccine should be given to preteens, teens and adults every year to boost protective antibodies and to take advantage of the vaccine strains that often change from year to year. Pregnant women are at greater risk for complications of the flu; fortunately, if a pregnant woman gets the influenza vaccine and the Tdap booster, her antibodies will cross over to the baby, and the baby will be protected as well.

Pneumococcal Vaccine

The pneumococcal vaccine protects

against infections caused by *Streptococcus pneumoniae*, a type of bacteria that lives in the back of the nose and causes a variety of infections. Serious infections due to the pneumococcus include meningitis (infection of the covering of the brain), pneumonia (infection of the lungs), arthritis (infection of the joints), rarely endocarditis (infection of the lining of the heart), pericarditis (infection in the sac that surrounds the heart) and cellulitis (infection of the skin). These bacteria also cause infection in the middle ear (otitis media) and sinuses.

Adults: This vaccine is recommended for adults with risk factors such as chronic lung disease, heart disease,

kidney disease, asthma, diabetes, smoking, immune problems related to disease (immunodeficiency, HIV) or treatments (cancer therapy, steroids) and for all adults age 65 or older.

Herpes Zoster Vaccine

The herpes zoster vaccine protects against herpes zoster, also known as shingles.

Adults: This vaccine is recommended for adults age 60 and older.

Meg Fisher, MD, is the President of the NJ Chapter of the American Academy of Pediatrics and is the Medical Director of the Children's Hospital at Monmouth Medical Center.

To help healthcare professionals communicate the benefits and risks of vaccines and the risks of vaccine-preventable diseases, the CDC, the American Academy of Family Physicians (AAFP) and the American Academy of Pediatrics (AAP) have partnered to develop *Provider Resources for Vaccine Conversations with Parents*. These materials include current vaccine safety information, fact sheets on vaccines and vaccine-preventable diseases and strategies for successful vaccine conversations with parents. The materials are available online at www.cdc.gov/vaccines/specgrps/hcp/conversations.htm. This website can be a helpful resource for physicians in communicating with parents.

I hope that New Jersey physicians and all members of the healthcare community will partner with the Department of Health in communicating to our residents the importance of timely and full vaccination.

Mary E. O'Dowd, MPH, is the Commissioner of the New Jersey Department of Health. 

¹ Opel, D. J., Diekema, D. S., Lee, N. R., & Marcuse, E. K. (2009, May). Social marketing as a strategy to increase immunization rates. *Archives of Pediatrics and Adolescent Medicine*, 163(5), 432–437.

² Centers for Disease Control and Prevention. (2012, September 7). National, state, and local area vaccination coverage among children aged 19–35 months: United States, 2011. *Morbidity and Mortality Weekly Report*, 61(35), 689–696. www.cdc.gov/mmwr/preview/mmwrhtml/mm6135a1.htm?s_cid=mm6135a1_w.

³ Centers for Disease Control and Prevention. (2012). *Overview of measles disease*. www.cdc.gov/measles/about/overview.html.

⁴ Centers for Disease Control and Prevention. (2012, April 20). Measles—United States, 2011. *Morbidity and Mortality Weekly Report*, 61(15), 253–257. www.cdc.gov/mmwr/preview/mmwrhtml/mm6115a1.htm?s_cid=mm6115a1_w.

⁵ New Jersey Department of Health. (2012). *Reportable disease statistics*. www.state.nj.us/health/cd/reportable_disease_stats.shtml.

⁶ Note: Data on the investigations are not published.

⁷ Note: Pending publication in *New England Journal of Medicine*.

⁸ Centers for Disease Control and Prevention. (2010, February 12). Update: Mumps outbreak—New York and New Jersey, June 2009–January 2010. *Morbidity and Mortality Weekly Report*, 59(05), 125–129. www.cdc.gov/mmwr/preview/mmwrhtml/mm5905a1.htm.