



# NJ Communi- CABLE

Winter 2017

## 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  
Cathleen D. Bennett  
Commissioner

## COMMUNICABLE DISEASE SERVICE

Christina Tan, MD, MPH  
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## Infection Prevention Has No Walls! Time to Share Our Knowledge!

The New Jersey Department of Health (NJDOH) Communicable Disease Service was granted funds through a cooperative agreement with the Centers for Disease Control and Prevention to form an **Infection Control Assessment and Response (ICAR)** team to perform infection prevention assessments across the state in multiple healthcare setting types, which include acute care, long-term care, hemodialysis, and other outpatient settings.

The goal of each infection control assessment is to identify best practices and improve gaps through onsite discussions of recommended best practices and ongoing education. As of November 1, 2016, the team has assessed 58 healthcare facilities and continues to partner with facilities throughout the state. Overall reception has been positive and collaborative, with appreciation for best practices

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### Facilities work together to protect patients.

#### Common Approach (Not enough)

- Patients can be transferred back and forth from facilities for treatment without all the communication and necessary infection control actions in place.

#### Independent Efforts (Still not enough)

- Some facilities work independently to enhance infection control but are not often alerted to antibiotic-resistant or *C. difficile* germs coming from other facilities or outbreaks in the area.
- Lack of shared information from other facilities means that necessary infection control actions are not always taken and germs are spread to other patients.

#### Coordinated Approach (Needed)

- Public health departments track and alert health care facilities to antibiotic-resistant or *C. difficile* germs coming from other facilities and outbreaks in the area.
- Facilities and public health authorities share information and implement shared infection control actions to stop spread of germs from facility to facility.





## New Jersey Initiates Acute Flaccid Myelitis Surveillance Joining National Effort

**B**eginning in August 2014, the Centers for Disease Control and Prevention (CDC) received an increase in reports of people across the United States with acute limb weakness and distinctive abnormalities of the spinal cord gray matter on magnetic resonance imaging (MRI) for which no cause could be found. Since then, CDC has been investigating this illness, called acute flaccid myelitis (AFM), to better understand the cause and risk factors of this syndrome.

AFM is a condition that affects the nervous system which can result from a variety of causes, including viral infections. Patients with AFM typically present with rapid onset of weakness or paralysis of one or more limbs and loss of muscle tone and reflexes. Some patients will also experience cranial nerve involvement which may manifest as facial weakness, paralysis of the eye muscles, and difficulty swallowing or speaking. Symptoms are similar to those caused by certain viruses, including poliovirus, non-polio enteroviruses, adenoviruses, and West Nile virus. MRIs can be very helpful in diagnosing cases of AFM, as lesions are largely restricted to the gray matter of the cord, distinguishing AFM from other central nervous system disorders.

The apparent increase in AFM cases in 2014 coincided with a national outbreak of enterovirus-D68 (EV-D68) causing primarily respiratory illness in children. However, despite the proximity in timing of the EV-D68 outbreak and the increase in AFM reports, CDC did not consistently detect EV-D68 in the specimens collected from AFM cases. Since 2014, CDC has been continuing to conduct surveillance for AFM, but to date no single pathogen has been consistently identified despite extensive testing of clinical specimens.

The CDC has received an increased number of reports of AFM in 2016 compared to 2015. From January 1 to September 30, 2016, 89 confirmed cases of AFM have been reported to CDC from 33 states. Of these, five cases have been identified as New Jersey residents.

Due to the observed increase in cases, the CDC is intensifying efforts to monitor the occurrence of AFM and better understand factors possibly associated with this illness, and encouraging clinicians to be alert for cases of AFM among all age groups.

New Jersey Department of Health (NJDOH) is partnering with CDC and requesting that healthcare providers report suspect cases of

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### The NJDOH Communicable Disease Service includes:

Infectious and Zoonotic Disease Program (IZDP): 609-826-5964

Regional Epidemiology Program (REP): 609-826-5964

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

We're on the Web!  
[www.nj.gov/health/cd](http://www.nj.gov/health/cd)

Past issues of the New Jersey Communi-CABLE are available online at:  
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# Fifth Annual Protect Me With 3+ Adolescent Immunization Awareness Contest

The Partnership for Maternal and Child Health of Northern New Jersey, in collaboration with the New Jersey Department of Health, is hosting the fifth annual Protect Me With 3+ adolescent contest. The contest raises awareness about the importance of adolescent immunizations among preteens, teens and parents in an effort to increase vaccination rates for adolescent immunizations: tetanus, diphtheria, acellular pertussis (Tdap), human papillomavirus (HPV), meningococcal conjugate (MCV4), and flu vaccination.

New Jersey middle school and high school students, in grades five through 12, are encouraged to create informational posters and videos about key vaccinations. Last year's contest re-

ceived over 200 entries. The winning entries can be viewed at [www.protect-mewith3.com](http://www.protect-mewith3.com).

Entries for this year's contest will be accepted through January 27, 2017. Following the final submission deadline, the top five submissions in each category will be posted on the Protect Me With 3+ website for public voting. Make sure to check out the website in March 2017 to participate in the voting process and help select the winning submissions! The top three winners in each category and the classroom with the most eligible entries will receive awards and will be honored at a ceremony in April 2017.

Please visit the website [www.protect-mewith3.com](http://www.protect-mewith3.com), or email [info@protect-mewith3.com](mailto:info@protect-mewith3.com) for additional details!

**Protect Me With 3+**  
YOUR HEALTH IS WORTH A SHOT!

## The NJDOH Communicable Disease Service includes:

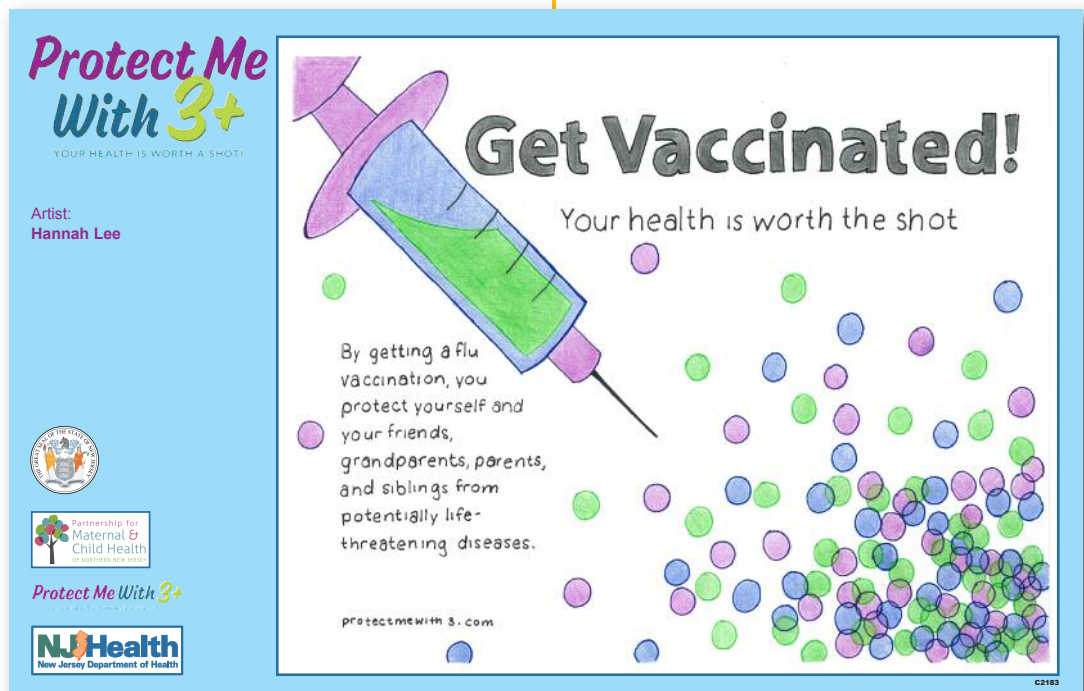
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One of the winning poster submissions from the 2015-16 Protect Me With 3+ contest - Hannah Lee of Marlboro High School.



*Infection Prevention, continued from page 1*

identified and shared, as well as onsite suggestions provided to improve current practice. The team has continued collaborating with participating facilities after the site visits by holding follow-up conference calls and distributing updated infection control resources.

The upcoming year is off to a bright start with plans to offer webinars, skills videos, and a healthcare associated infections (HAI) conference for May 2017. The HAI conference will offer numerous educational opportunities targeting all healthcare settings and include nationally recognized leaders, as well as local ICAR participants

sharing their great ideas and practices with everyone!

Facilities interested in assessing their infection prevention programs and partnering with the ICAR team can **contact ICAR Infection Preventionist, Jessica Felix, BSN, RN at 609-826-5964** or [jessica.felix@doh.nj.gov](mailto:jessica.felix@doh.nj.gov) for more information. The greater the participation, the greater the opportunity for New Jersey infection prevention professionals to share knowledge, and impact the future of patient health. Let's make working together to protect patients a New Jersey goal! Please visit [www.nj.gov/health/cd/hai/index.shtml](http://www.nj.gov/health/cd/hai/index.shtml) for additional information on this initiative.

**Save the Date!**

**Healthcare Associated Infections: Learning from Our Past to Protect Our Future**  
**Wednesday, May 10, 2017**

**8:30 am – 3:30 pm**

**The Conference Center at Mercer (Mercer County Community College)**

*Myelitis Surveillance, continued from page 2*

AFM to NJDOH during regular business hours at (609) 826-5964. When reporting suspect cases, providers will be requested to collect specimens and to complete the CDC AFM Patient Summary Form. This form and additional information about AFM can be found at:

<http://www.nj.gov/health/cd/afm/techinfo.shtml>

For more information, please visit:

<http://www.cdc.gov/acute-flaccid-myelitis/index.html>

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## CDS Welcomes New Staff!

**Lisa DiFedele** – Lisa joins the CDS as the new regional coordinator for the Regional Epidemiology Program covering the Central East and South regions. Having worked as a field epidemiologist at the Maine Center for Disease Control, she provided infectious disease consultation and investigated reportable diseases. Her Master of Public Health degree in microbial disease epidemiology is from Yale School of Public Health.

**Corinna Kelley** – Corinna joins the CDS as a new public health representative with 10 years of experience in public health, most of which while serving the United States Air Force managing community health programs. She

earned a Bachelor of Public Health degree from the American Military University.

**Tara Fulton** – Tara joins the CDS as the new epidemiology/laboratory liaison with five years of experience in commercial laboratory work. She earned a Master of Public Health degree from the University of Pennsylvania.

**Rini Jose** – Rini joins the CDS as an epidemiologist with the Infection Control Assessment and Response team with experience working in international public health research. Rini has her Master of Public Health in epidemiology from Emory University.



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

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## Infectious Disease Fact

### Wash your hands...and your hair???

CDC studies show that the number of bacteria per square centimeter on the human body are as follows:


- Forearm:** 10,000
- Abdomen:** 40,000
- Arm Pit:** 500,000
- Hands of Medical Personnel:** 40,000 to 500,000
- Scalp:** 1,000,000





## CDS Rolls Out the Red Carpet

**G** On November 16, 2016, as part of the Get Smart about Antibiotics Week activities, the New Jersey Department of Health’s Communicable Disease Service conducted a screening of the documentary film “Resistance.” Hosted by Rutgers School of Public Health, Region 2 Public Health Training Center, the screening was held at the Robert Wood Johnson Medical School for medical, pharmacy, and public health students and faculty. After viewing the film, Suzanne Miro, Sr. Health Communication Specialist, led a group discussion to explore the aspects of the film that most impacted the audience. Ms. Miro explained, “I recently viewed the

film for the first time and even though I have been working on antibiotic resistance communication issues for over 10 years, there were some very eye opening moments in the film. Instead of a typical question and answer session following the film, I wanted to have a group conversation to gauge the reactions of the viewers and have them think more deeply about the ways that their work can be impacted by what we had heard in the documentary.” If you have a group that would be interested in viewing the film, please send an email to [suzanne.miro@doh.nj.gov](mailto:suzanne.miro@doh.nj.gov) or call 609-826-5964. 



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# Avoid Drug Diversion

## DRUG DIVERSION\* SPREADS INFECTION FROM HEALTHCARE PROVIDERS TO PATIENTS



**HEALTHCARE PROVIDER**  
with Hepatitis C or other  
bloodborne infection  
tamper with injectable drug



**CONTAMINATED  
INJECTION EQUIPMENT  
AND SUPPLIES**  
present in the  
patient care environment



**EXPOSURE OF PATIENT**  
results from use of contaminated  
drug or equipment for patient  
injection or infusion

\*Drug diversion occurs when prescription medicines are obtained or used illegally by healthcare providers.

FOR MORE INFORMATION, VISIT [CDC.GOV/INJECTIONSAFETY/DRUGDIVERSION](http://CDC.GOV/INJECTIONSAFETY/DRUGDIVERSION)



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