CDS Receives Funding to Expand Electronic Emergency Department Surveillance

In 2005, the NJ Communicable CABLE included an article about the implementation of a new surveillance stream in the northeastern part of the state. At that time, local hospitals in the LINCS jurisdictions included in the Department of Homeland Security’s “Urban Area Security Initiative” (UASI) were connected to an electronic surveillance system. About the same time, Atlantic county separately contracted as well to connect the county’s four facilities to the same system. Initially, the system’s developers were a part of the Real-Time Outbreak and Disease Surveillance (RODS) Laboratory housed at the University of Pittsburgh. In 2006, Health Monitoring Systems, Inc. (HMS) was launched as a private corporation to provide public health departments with professional service and software development for bi-surveillance needs. The new system, known as EpiCenter™, is an online surveillance application.

Thanks to new funding from the NJ Office of Homeland Security and Preparedness, the Communicable Disease Service (CDS) is expanding this capability for electronic emergency department (ED) chief complaint surveillance to ALL NJ acute care and satellite ED facilities. EpiCenter™ is currently in place for over half (41 of 78) of the state’s ED’s, but will be expanded to all facilities over the coming two funding years.

EpiCenter™ collects anonymous chief complaint and registration data from existing ED computer systems in clinical and other settings and displays them for hospital staff as well as public health departments. This surveillance application monitors EDs for abnormal incidences of select infectious disease syndromes by examining these data. In addition, EpiCenter™ provides downloadable reports that are utilized by CDS staff for submitting daily ED volume and influenza-like illness surveillance data, saving 24 facilities from the process of manual data entry into a survey each day. The system is flexible with anomaly detection, investigation logs, charting and mapping capabilities. By expanding this system to include all of the ED’s in New Jersey, NJDHSS will be able to follow, in near real-
Preventing Vaccine Waste

The Vaccines For Children (VFC) Program provides vaccines at no cost to children who might not otherwise be vaccinated due to an inability to pay. The VFC Program is funded by the Centers for Medicare and Medicaid Services and implemented by the Centers for Disease Control and Prevention (CDC). The New Jersey Department of Health and Senior Services (NJDHSS) enrolls providers in New Jersey who are willing to participate in the VFC Program.

Nationally the budget for funding VFC exceeds $3.4 billion annually. In NJ, $70 million is the funding level provided by the CDC in the Immunization grant to purchase vaccines for the VFC Program to distribute to its enrolled providers. Many providers who receive VFC-supplied vaccines are not compliant with the VFC requirements for vaccine storage and handling. Vaccines supplied by the program are not being stored and managed according to CDC requirements or according to the vaccine manufacturer guidance in the package inserts. In 2010, NJ reported more than $2.1 million in wasted vaccines.

Vaccine waste is considered as abuse of the VFC Program and providers who consistently waste VFC vaccines can be eliminated from the VFC Program. New Jersey’s VFC Public Health Representatives (PHR) are able to work with providers to help them reduce/eliminate vaccine waste. Managing inventory so that vaccines are used in the order they are received, and benchmarking vaccine administration to correctly reflect patients who are enrolled in the program, are two steps providers can take to greatly reduce or eliminate vaccine waste.

Vaccine accountability issues should be directed to the VFC Program at 609-826-4861. Valerie Kelly-Brown, is available to providers in the southern section of the state, Ramona Braddock serves those providers in the central region and Anwar Walker is the PHR who serves the northern region. You may also send an electronic message to the VFC Program at VFC@doh.state.nj.us explaining how we can assist your office.
“One Voice, One Message: Media & Spokesperson Training (Part 3)”

One of the strategies used by risk communicators is “one voice, one message.” This means that during a public health emergency, all agencies involved should communicate consistent messages about the event to the public. Risk communication research has shown that high stress events do not cause panic, but rather inconsistent messages during emergencies that unnerve and confuse the public. To teach public health professionals and partners to work with the media, New Jersey Department of Health and Senior Services (NJDHSS) has developed a third media and spokesperson training. The training uses a press conference and town meeting format, which is different from the first two media trainings. The trainings are for agency spokespersons to increase their skills to effectively relay messages and are scheduled from March through August (by invitation only). The Communicable Disease Service is providing technical assistance with the exercise scenario and the disease-specific education presentation. The third training focuses around a case of meningococcal disease in a school setting.

Since 2008, the NJDHSS has trained more than 300 public health professionals and local partners in the first two media and spokesperson trainings. Participants practiced risk communication strategies to get their messages across to the media. The NJDHSS’s earlier media and spokesperson training programs were recognized by the National Public Health Information Coalition for its work with training public health professionals, partners and other stakeholders to work with the media.

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time, disease patterns and trends to monitor for unusual activity.

In the coming months, NJDHSS will work with HMS staff and hospitals, as well as with the LINCS and local epidemiologists, to set up the connections, train staff in the use of the system, and to update surveillance protocols to include this new data resource.

For more information on this project or on emergency department surveillance in general, please feel free to contact either Teresa Hamby, MSPH, or Stella Tsai, PhD, CIH at (609) 826-5964 or via email (Teresa.Hamby@doh.state.nj.us or Stella.Tsai@doh.state.nj.us).
On March 2, 2011, three Centers for Disease Control and Prevention (CDC) staff presented a daylong training to the health educators/risk communicators (HERCS) and invited guests at the Mercer County Fire Training Academy. The one-day workshop entitled **Mass Antibiotic Dispensing: Public Information and Communication** is a collection of presentations, group exercises, discussions, and supporting materials used to provide technical assistance to health communicators who may be involved in a mass antibiotic dispensing operation.

The training focused on the roles and responsibilities of public information and communication in the event of SNS deployment. This interactive scenario-based workshop focused on the development of messages, methods, and materials necessary for disseminating information to specific audiences in the changing situations that occur before, during, and after a public health emergency.
Weighing in on Antibiotic Resistance: Community Pharmacists Tip the Scale

FREE 1.0 Hour CE

ACPE Accredited; developed by the Centers for Disease Control and Prevention (CDC)

Online, video-based CE experience discussing:
✓ The growing problem of antibiotic resistance
✓ Trends in antibiotic resistance among respiratory pathogens in the United States
✓ The most common reasons for inappropriate prescribing of antibiotics by health care providers
✓ How pharmacists can be involved in addressing antibiotic resistance in the community

To access the program, go to:
http://www.cdc.gov/getsmart/specific-groups/hcp/ce-course.html

For more information about the CDC’s Get Smart: Know When Antibiotics Work program, go to www.cdc.gov/getsmart, or e-mail cdcinfo@cdc.gov

Hepatitis C Virus (HCV) Training

In March, New Jersey welcomed Alan Franscicus from the Hepatitis C Support Project in San Francisco. Alan presented two intensive daylong hepatitis C trainings to more than 100 public health and healthcare professionals in northern and southern NJ. The trainings included education about the liver, transmission and prevention, diagnostic tools, hepatitis C symptoms, disease progression and management and treatment guidelines, including complementary medicine treatment options and co-infection with HIV. This type of training increases the knowledge of health professionals and allows for better understanding and response to the hepatitis epidemic.

The Hepatitis C Support Project (HCSP) is a non-profit organization based in California that promotes education, advocacy and support to professionals who work with and provide direct services to individuals who are hepatitis C-positive.

Due to the overwhelming interest in the March hepatitis C trainings, we hope to offer another series in the fall. Keep an eye on the New Jersey Learning Management Network (https://njlmn.rutgers.edu) for more information and to register.
“Taking the Infection out of the Injection”

The Safe Injection Practices Coalition (SIPC), a initiative funded by the Centers for Disease Control and Prevention (CDC), is pleased to announce that the New Jersey Department of Health & Senior Services (NJDHSS) has joined the SIPC to help disseminate the messages and materials of the One & Only Campaign. The Campaign’s goal is to raise awareness among patients and healthcare providers about safe injection practices.

Since 1999, more than 125,000 patients in the United States have been notified of potential exposure to hepatitis B virus (HBV), hepatitis C virus (HCV), and HIV due to lapses in basic infection control practices. Many of these lapses involved healthcare providers reusing syringes, resulting in contamination of medication vials or containers which were then used on subsequent patients. By practicing the Campaign’s slogan, “One Needle, One Syringe, Only One Time” for each and every injection, the risk of contracting hepatitis and other infections through medical injection will be greatly reduced.

"New Jersey has had a long-standing commitment to promoting patient safety and improving health care quality," said Barbara Montana, MD, MPH, FACP, Medical Director, Communicable Disease Service. "This important national initiative is one more way the NJDHSS can educate providers and patients on the importance of preventing healthcare-associated infections, particularly those caused by unsafe injection practices. We look forward to collaborating with our SIPC partners to raise awareness of this vital public health issue."

New Jersey will join the Nevada Department of Health and Human Services and the New York State Department of Health in disseminating key messages for the One & Only Campaign. This is the second year of state health department involvement in the Campaign. (www.oneandonlycampaign.org)
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.umdnj.edu/online/activities/11MN04/adult_accred.htm for the adult module and http://ccoe.umdnj.edu/online/activities/11MN04/peds_accred.htm for the pediatric module.