



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
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NJ Communi-CABLE

Spring 2015

Taking a Shot At Cancer and Other Vaccine-Preventable Diseases in New Jersey

Preteens and teens are at risk for diseases and need the protection of vaccines to keep them healthy. The vaccines for preteens and teens are important because as kids get older, protection from some childhood vaccines begins to wear off and some vaccines work better when given during adolescence.

In addition to annual influenza vaccination, three additional vaccinations are recommended for boys and girls aged 11-12 years: human papillomavirus (HPV), tetanus, diphtheria, and acellular pertussis (Tdap), and meningococcal (MenACWY).

The Tdap vaccine is recommended for protection against tetanus, diphtheria and pertussis (whooping cough). MenACWY vaccine protects against some of the bacteria that can cause meningococcal disease including sepsis and meningitis. HPV vaccines help protect both boys and girls from HPV infection and cancers caused by HPV.

HPV vaccines are given as a series of three shots over six months to protect against HPV infection and the health problems that HPV infection can cause. There are two HPV vaccines (Cervarix and

Gardasil). Girls and young women should get either HPV vaccine to prevent cervical cancer.

One of the HPV vaccines, Gardasil, protects against four different types of HPV virus, and also protects against genital warts and anal cancer in both females and males. Boys should get this HPV vaccine to prevent anal cancer and genital warts. Girls can get this vaccine to prevent cancers of the cervix, vulva, vagina, and anus as well as genital warts. In December 2014, the U.S. Food and Drug

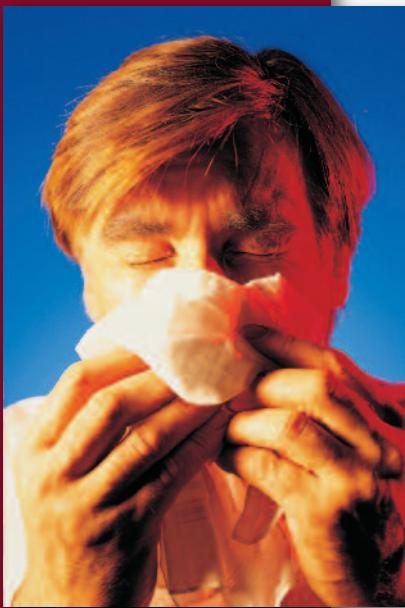
Continued on page 11

In 2013, there were an estimated **359,709** New Jersey teens aged 13 – 17 years who had not received any doses of HPV vaccination:
156,107
(about 5 in 10 girls)
203,602
(about 7 in 10 boys)



Your patients are depending on you—get your flu vaccine each year!

Influenza causes illness, hospitalizations, and deaths every year in the United States. The Centers for Disease Control and Prevention (CDC) estimates that from the 1976-1977 season to the 2006-2007 flu season, flu-associated deaths ranged from a low of about 3,000 to a high of about 49,000 people. For these reasons, the CDC recommends that everyone six months of age and older receive an annual flu vaccine as the first step in protecting yourself and others.



Although the flu vaccination is recommended for everyone six months of age and older, vaccination is especially important for those who are at higher risk for developing flu-related complications if they get sick. People at high risk include young children, pregnant women, people age 65 years and older, and people with certain chronic health conditions (such as asthma, diabetes, and heart and lung disease). Serious complications of flu infection include pneumonia, bronchitis, and the worsening of chronic health conditions.

It is especially important for health care personnel (HCP) to receive an annual flu vaccination since they may care for people at high risk for influenza-related complications. Vaccination is the single most

important tool available to prevent transmission of flu in health care settings and can reduce flu-related morbidity and mortality among HCP and their patients.

To estimate flu vaccination coverage among HCP during the 2013–14 flu season, the CDC analyzed results of an Internet survey of 1,882 HCP conducted in April 2014. Overall, 75.2% of HCP reported receiving a flu vaccination in the 2013–14 season, similar to the 72.0% coverage among HCP reported in the 2012–13 season.

By occupation, coverage was highest among physicians (92.2%), nurses (90.5%), nurse practitioners and physician assistants (89.6%), pharmacists (85.7%), and other clinical personnel (87.4%) compared with assistants and aides (57.7%) and nonclinical personnel (68.6%). This is the first time that coverage for nurses reached 90%, an increase from 85% in the 2012–13 season.

HCP working in settings where vaccination was required had higher coverage (97.8%) compared with HCP working in settings where flu vaccination was not required but promoted (72.4%) or settings where there was no requirement or promotion of vaccination (47.9%). Among HCP without an employer requirement for vaccination, coverage was higher for HCP

The NJDOH Communicable Disease Service includes:

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

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

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www.nj.gov/health/cd

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What is “Super” about Emergency Department Surveillance?

Superstorm Sandy and Super Bowl XLVIII may not seem to have anything in common, but these events have provided the New Jersey Department of Health (NJDOH), Communicable Disease Service (CDS) surveillance staff with important opportunities for using and improving the emergency department (ED) syndromic surveillance system that has been expanding statewide since 2011. The CDS has been collecting ED registration data for surveillance using EpiCenter™, a secure, online system that includes analysis and mapping tools that give a good surveillance picture of ED activity in the state. When unexpected increases above normal values are detected, the system generates email alerts to let users know that the increase occurred so an investigation can be initiated if needed. These capabilities are valuable for surveillance and epidemiology as it gives CDS, local public health agencies and facilities insight into issues of public health concern in the community. For example, an increase in respiratory visits could indicate the onset of the influenza season as a precursor to positive laboratory results. EpiCenter is now currently in place for 78 of the state's 80 acute care and satellite EDs, which means NJDOH staff, local health departments and hospitals have access to data and analysis tools that can help monitor ED visits for disease patterns, such as influenza-like illness and gastrointestinal disorders, as well as environmental issues such as heat-related illness and chemical exposures. EpiCenter uses

de-identified visit data, assessing the text patterns within the chief complaint field, and categorizes these visits into classifications of interest—e.g., respiratory, neurological, rash and gastrointestinal. With this system in place NJDOH has been able to follow, in near real-time, disease patterns and trends to monitor for unusual activity.

Superstorm Sandy

In October 2012, when Hurricane Sandy was predicted to hit New Jersey, NJDOH sent a request via the local epidemiologists to facilities asking ED staff to use the keywords “Sandy” and “storm” in chief complaints for storm-related visits. With the flexibility in the system, CDS surveillance staff and Health Monitoring Systems, Inc. (HMS, the vendor for EpiCenter), worked together to establish queries to pull out storm-related visits during the storm and in its aftermath to get a sense of the storm’s impact on the state’s communities. During the storm, EpiCenter captured respiratory and GI illnesses for CDS and local health department staff. Data also showed increases in carbon monoxide poisonings and injuries, and revealed that disrupted medical services such as dialysis and oxygen needs due to power outages impact ED usage patterns in such an event. In the time since the storm, EpiCenter has continued to provide insight into longer-term storm-related issues. Recovery funding has enabled NJDOH to establish and implement a Severe Weather Classifier with elements related to communicable disease

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Third 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, hosted the third annual Protect Me With 3+ adolescent contest. The contest raises awareness about the importance of adolescent immunizations among pre-teens, teens and parents in an effort to increase vaccination rates for adolescent

immunizations: tetanus, diphtheria, acellular pertussis (Tdap), human papillomavirus (HPV), meningococcal conjugate (MCV4). New this year, the contest also raised awareness about flu vaccination and expanded to include

a poster option along with the video contest.

This year, over 100 New Jersey adolescents, representing nine counties and 15 schools, were involved in the creation of the posters and videos. There was an increase in participation, especially among middle school students. There were also 16 teachers who supported and encouraged the students' efforts. The top five poster and video finalists received over 2,000 votes by the public to determine the top three winners in each category. The winners and the teachers from the classroom with the most eligible entries were honored at an award ceremony. The winning entries can be viewed at <http://protectmewith3.com>.



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VPDP & Partnership Staff with Protect Me With 3+ Contest Winners. Pictured Left to Right: Mr. James Gregg, Ms. Patricia Selby, Timothy Smith, Steve Bors (VPDP Program Manager), Liam Keller, Nayeon Park, Jenish Sudhakaran (VPDP staff), Samantha Tracy, Jane Sarwin (The Partnership, Director of Public Health Initiatives), Tiffany Humbert-Rico (VPDP Staff), Emily Churak, Jennifer Smith (VPDP staff), Gavriel Epstein.



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Rabies Guidance for Veterinarians

The New Jersey Department of Health (NJDOH) Communicable Disease Service often receives questions from veterinary practices and other public health partners concerning their responsibilities when treating domestic animals with suspected rabies exposures. As wildlife activity increases in the spring, rabies virus transmission also increases, which is a threat to both residents and their pets. Now is the time to strengthen preparedness efforts for handling domestic animal rabies exposures.

Rabies virus infection most commonly occurs when a rabid animal bites another animal. Rabies can also occur when infected saliva from a rabid animal contaminates an open wound (one that was bleeding within the past 24 hours), a scratch or skin abrasion, or a mucous membrane. The incubation varies greatly from 12 days to five or six months. Rabid domestic animals may expose people when they become ill and receive care at a veterinary facility.

Veterinarians and other people involved with animal care such as animal control officers shall report to their local health department all animals suspected to have rabies and those that are exposed to the rabies virus. Domestic animals potentially exposed to the rabies virus will undergo either a confinement or observation based on the animal's possible exposure to the rabies virus. The length of the confinement or observational period is based on the current vaccination status of the animal. If the animal is currently immunized for rabies, it will receive a booster rabies vaccination after exposure

and be confined or observed for signs of rabies over a 45-day period. This observation period is necessary because it is possible, but very unlikely, for a currently vaccinated animal that receives a booster rabies vaccination after exposure to still contract rabies. If the animal is not currently immunized, it will be confined or observed for signs of rabies over a six-month period. This situation is of greatest concern because of a significant chance that an unvaccinated domestic animal will develop rabies if exposed to the virus. The incubation period is usually less than 90 days, although there have been documented cases where clinical signs have not appeared until five to six months after exposure.

In order to better address questions about the management of domestic animal rabies exposures, the NJDOH Infectious and Zoonotic Disease Program and the Regional Epidemiology Program created a training to educate veterinarians and their staff on the NJDOH's current guidance. The training provides a review of current guidance on the management of potential domestic animal rabies exposures, instructions on contacting local health departments after-hours to assist with inquiries, an overview on pet licensing requirements, pre-exposure immunization guidelines, and a discussion of proper veterinary practices in regards to rabies. For more information on this training, please contact Kristin Innes at (609) 826-4872. Rabies guidance is posted on the NJDOH website:

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



Spring 2015

Antibiotic Resistance Solutions Initiative

Due to mounting concerns about the prevalence of antibiotic-resistant microorganisms, the federal government is calling for increased investment in Centers for Disease Control and Prevention (CDC) programs targeting this problem. The CDC's Antibiotic Resistance Solutions

Initiative is a comprehensive approach to implementing portions of the *National Action Plan for Combating Antibiotic Resistant Bacteria*. The national strategy identifies five core actions:

- Slow the Development of Resistant Bacteria and Prevent the Spread of Resistant Infections
- Strengthen National One-Health Surveillance Efforts to Combat Resistance
- Advance Development and Use of Rapid and Innovative Diagnostic tests for Identifica-

Estimated minimum number of illnesses and deaths caused by antibiotic resistance:

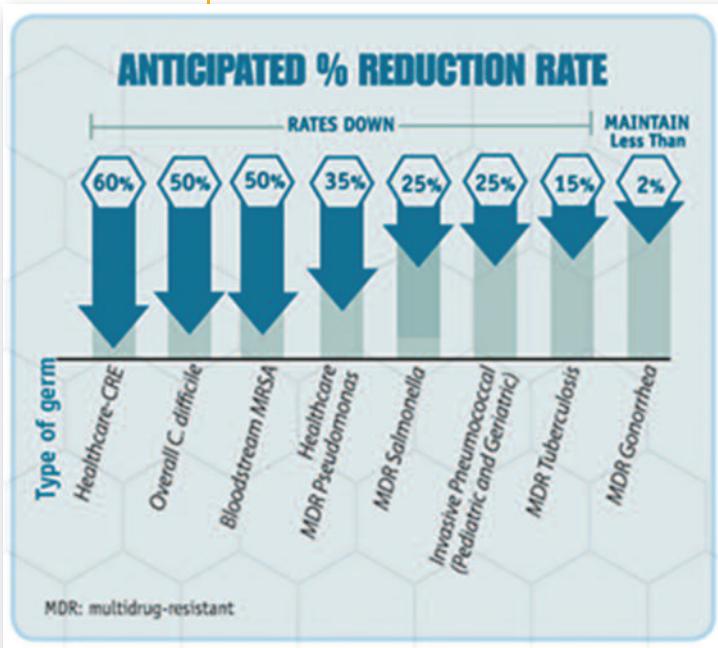
At least  **2,049,442** illnesses
 **23,000** deaths

tion and Characterization of Resistant Bacteria

- Accelerate Basic and Applied Research and Development for New Antibiotics, Other Therapeutics, and Vaccines
- Improve International Collaboration and Capacities for Antibiotic Resistance Prevention, Surveillance, Control and Antibiotic Research and Development

More information about the initiative can be found on the CDC website at

<http://www.cdc.gov/drugresistance/solutions-initiative/index.html> 



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"Safe Injection Ambassador" Training

On February 25, 2015, the NJDOH Safe Injection team held the third "Safe Injection Ambassador" training. Participants from various health care specialties, including infection prevention, dialysis, risk management and public health, attended this training to become Safe Injection Ambassadors. The training included lectures, interactive activities and a qualifying exam. Ambassadors are volunteers who assist the NJDOH with presentations about injection safety. Each Ambassador agrees to present two programs within one year of being trained. This new class brings the total number of NJ Ambassadors to 56. Since 2012, New Jersey's Ambassadors have presented more than 80 programs to over 1,100 health professionals.

New Jersey's Safe Injection Ambassador Program is recognized as a model program for other partner states associated with the Safe Injection Practices Coalition, a national coalition led by the Centers for Disease Control and Prevention. New Jersey is one of seven funded state partners and the Ambassador program is one of the injection safety initiatives in New Jersey.



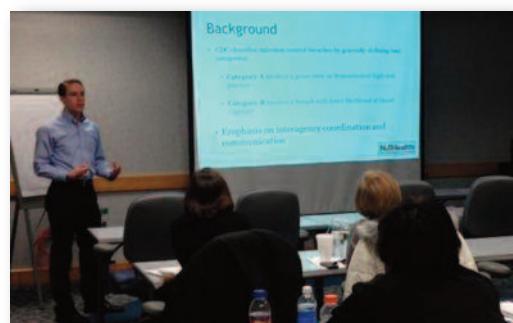
Dr. Barbara Montana, Communicable Disease Service Medical Director, provides lecture during training.



Participants during interactive activity.



Participants during interactive activity.



Jason Mehr, MPH, Healthcare Associated Infection Coordinator, provides information to the group.

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Flu vaccine, continued from page 2

working in settings where vaccination was offered on-site at no cost for one day (61.6%) or multiple days (80.4%) compared with HCP working in settings not offering free on-site vaccination (49.0%).

Coverage was highest among HCP working in hospitals (89.6%). Vaccination of HCP in long-term care (LTC) settings is extremely important, but consistent with the previous two seasons, coverage in the LTC setting was the lowest among the work settings examined (63.0%). Multiple studies have demonstrated health benefits to residents, including reduced flu-related complications and reduced risk of death, with vaccination of HCP in LTC settings. Residents of LTC settings who are 65 years of age and older are at greatest risk of serious complications from the flu. These elder residents may not respond as well to the flu vaccine, making vaccination of close contacts even more critical.

The CDC uses multiple systems to monitor HCP influenza vaccination. Beginning in January 1, 2013, the Centers for Medicare and Medicaid Services required acute care hospitals to report HCP flu vaccination data through the National Healthcare Safety Network (NHSN). Overall in the United

States, 81.8% of hospital-based HCP included in NHSN data reported receiving flu vaccination during the 2013–14 flu season, ranging from 62.4% in New Jersey to 96.4% in Maryland. Just over one quarter of states reached the Healthy People 2020 target of 90% influenza vaccination among HCP in their hospitals.

It is not too late for all health care facilities in New Jersey to promote flu vaccine among HCP. By getting vaccinated, HCP protect themselves, their families, their coworkers, and their patients. Comprehensive, work-site intervention strategies that include education, promotion, and easy access to vaccination at no cost for multiple days can increase HCP vaccination coverage. Educating HCP on the benefits of flu vaccination, providing vaccination in the workplace at convenient locations and times, and providing flu vaccination at no cost are effective strategies to increase coverage among HCP in all settings.

For more information, please see the CDC website at
<http://www.cdc.gov/flu/fluview/1314season.htm>

<http://www.cdc.gov/flu/healthcareworkers.htm> 



Spring 2015

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

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Super, continued from page 3

(e.g., respiratory, etc) and provides other information (e.g., carbon monoxide poisoning, disrupted medical needs, and lingering mental health concerns) that may be of assistance to emergency management and social services agencies.

Super Bowl XLVIII

On February 2, 2014, Super Bowl XLVIII took place at MetLife Stadium in Bergen County, NJ. Official game-related events began on Monday January 27th and took place in various locations in New Jersey and New York City. There were also many unofficial gatherings and events during the week prior to the game. Surveillance planning for these activities began in June of the previous year with CDS staff participating in the Department's multi-disciplinary planning committee. With EpiCenter already in place in most of the state, CDS staff felt confident that any unexpected ED increases or illness presentations would be captured with the existing analyses and tools in the system. Taking it a step further, HMS analysts helped develop special analyses to capture the unique elements of a large-scale, nationally televised event with attendees flooding in from all over the country and attending events in various locations in New Jersey and New York City. These analyses assessed:

- Out-of-town registrations
- Unexpected and “new” (words never or rarely seen) text in chief complaints
- Patient zip codes from the participating teams’ Metropolitan Statistical Areas

Reports summarizing the results of these enhanced analyses were sent at six-hour intervals beginning a week prior to the game, and continued for a week to monitor for any potential time-delayed impact. Summaries of these reports were shared with the duty officer in the Department’s Emergency Operations Center to inform the emergency preparedness team and leadership of any potential issues identified.

Increases in ED visits were observed as expected with an influx of population, but there were no unusual patterns of concern noted. With the enhanced analyses and reports, CDS staff had a good overview of activity and could alert partners if needed.

So, what is “Super” about emergency department surveillance? With EpiCenter in place, NJ’s public health system has an ongoing real-time picture of ED chief complaints. Syndromic surveillance using a system like EpiCenter with real-time data, multiple analysis and mapping options, and automatic alert emails, is a valuable resource for seasonal illness tracking and outbreak investigation/characterization, as well as for severe weather events and large-scale gatherings.

If you are interested in gaining access to EpiCenter or have any questions related to emergency department surveillance in general, please feel free to contact 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.**





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CDS Welcomes New Staff!

Hui Gu – Hui Gu is a PhD candidate at Rutgers School of Public Health in the Biostatistics Department. She will be working at CDS on projects for BioSense, Superstorm Sandy research, and the NJ Behavioral Risk Factor Survey.

Tzu-Hui (Suzie) Liu – Tzu-Hui (Suzie) Liu comes to CDS with extensive experience on programming and database development. She will be working on eBook management and assisting to incorporate it into the Communicable Disease Reporting and Surveillance System. 

SAVE THE DATE

Drug Diversion Defined: Steps to Prevent, Detect and Respond to Drug Diversion in Healthcare Facilities

- WHAT: A daylong conference to increase awareness among healthcare and law enforcement professionals about how to prevent, detect and respond to drug diversion, particularly injectable medications, in healthcare facilities
- WHEN/WHERE: June 2, 2015 from 9:30am-4pm at Rutgers University-Busch Campus, Piscataway
- WHO: Physicians, nurses, pharmacists, health system administrators, legal professionals, law enforcement and other health professionals
- FEE: \$50 (includes conference, breakfast/lunch and credits)
 - Continuing education for this activity is pending. See final announcement for details. The Centers for Disease Control and Prevention is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Application has been made to the NJ Continuing Legal Education.
- Speakers:
 - Jamie Pena, JD, US Attorney's Office, Criminal Division
 - Mitchell Sobel, BS Pharm, MAS FASHP, St. Joseph's Healthcare System
 - Bindu Merchant, JD, New Jersey Law & Public Safety, Division of Law
 - Stefanie Mozgai, BA, RN, CPM, New Jersey Department of Health-Health Facilities, Evaluation & Licensing
 - Barbara Montana, MD, MPH, FACP, New Jersey Department of Health-Communicable Disease Service
- Registration details coming soon




National Infant Immunization Week

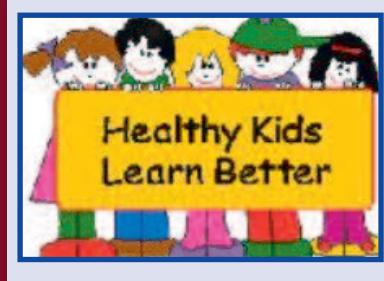
**IMMUNIZATION.
POWER TO PROTECT.**

National Infant Immunization Week (NIIW) is an annual observance to highlight the importance of protecting infants from vaccine-preventable

diseases and celebrate the achievements of immunization programs and their partners in promoting healthy communities. This year NIIW took place April 18-25. For more information, please visit <http://www.cdc.gov/vaccines/events/niiw/index.html> 



Spring 2015



Vaccine Preventable, continued from page 1

Administration approved Gardasil 9 that covers five more HPV types than Gardasil (previously approved by the FDA). Gardasil 9 has the potential to prevent approximately 90 percent of cervical, vulvar, vaginal and anal cancers.

Even though we have a safe and effective vaccine to protect against this cancer-causing virus, HPV vaccination coverage lags behind the other vaccinations for adolescents and remains far below the Healthy People 2020 target of 80% coverage by 2020. These lagging rates are seen nationally and in New Jersey. In 2013, there were an estimated 359,709 New Jersey teens aged 13 – 17 years who had not received any doses of HPV vaccination.

Missed vaccination opportunities play a significant role in lagging HPV vaccination rates. A missed opportunity is a health care encounter where a person does not receive a vaccination for which he or she is eligible.

Data show that many more adolescents are receiving their Tdap and MenACWY vaccines on time, but they are not receiving the HPV vaccine during the same visit. In New Jersey, 85.5% of adolescents are receiving their Tdap vaccination; 91.8% are receiving their MenACWY. In 2013, 90% of New Jersey girls who were unvaccinated against HPV had a missed opportunity for HPV vaccination. If missed opportunities were eliminated, 95% of New Jersey girls could have started the HPV vaccine series.

Evidence supports the importance of a strong recommendation for vaccination from a trusted clinician. A strong recommendation from a clinician is the best predictor of vaccination. In New Jersey, >1 dose HPV vaccine coverage was higher among girls who received a recommendation versus those who did not (54.1% vs. 30.1%). A higher proportion of girls received a recommendation for HPV vaccine than boys (67.4% vs. 47.7%).

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Nationwide and New Jersey-specific HPV Vaccination Coverage, Teens Aged 13–17 Years, NIS-Teen 2013 ^

	New Jersey	US National (range)	HP2020 Target
Girls	≥ 1 doses	45.8%	57.3% (39.9%-78.4%)
	3 doses	31.4%	37.6% (20.5%-56.5%)
Boys	≥ 1 doses	32.4%	34.6% (11.0%-69.3%)
	3 doses	14.2%	13.9% (7.3%-43.2%)

[^] CDC. National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years: United States, 2013. *Morbidity and Mortality Weekly Report (MMWR)*. July 24, 2014.

*In April 2014, the federal HP2020 workgroup approved a new HP2020 objective for males.



In 2013, 90% of New Jersey girls who were unvaccinated against HPV had a missed opportunity for HPV vaccination.

95% of New Jersey girls could have started the HPV vaccine series if missed opportunities were eliminated.

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Vaccine Preventable, continued from page 11

All health care providers should ensure that all patients receive timely, age-appropriate vaccinations. Ensuring timely vaccination with HPV vaccine can prevent the devastating effects of HPV-related diseases and cancers.

Clinicians can use the following methods to improve HPV vaccination rates:

- ❖ Check the vaccination status of each patient and offer all indicated vaccines at every visit. Every health care visit is an opportunity to review the immunization history and ensure every patient is fully vaccinated.
- ❖ Recommend HPV vaccine in the same way and during the same visit as other adolescent vaccines. Some evidence suggests that the best recommendation for HPV vaccination includes all indicated adolescent vaccinations.

- ❖ Use the “HPV vaccine is cancer prevention” message, because parents identify cancer prevention as important in their decision to vaccinate their children.
- ❖ Remind parents that HPV vaccine is safe and effective. If parents have questions, address questions directly and confidently.
- ❖ Schedule the next HPV vaccination dose appointment before the patient leaves the office and use recall/reminder strategies to ensure patients return for the remaining doses.

The Centers for Disease Control and Prevention (CDC) has the following educational resources for clinicians:

- ❖ A new continuing medical education (CME) activity that discusses communication strategies. “Communicating

Continued on page 13

Nationwide and New Jersey-specific Vaccination Coverage, Teens Aged 13-17 Years, NIS-Teen 2013

	\geq Tdap	\geq MenACWY
New Jersey	85.5%	91.8%
US National	86.0%	77.8%

CDC. National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years: United States, 2013. Morbidity and Mortality Weekly Report (MMWR). July 24, 2014.



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Vaccine Preventable, continued from page 12

Safety and Efficacy of HPV Vaccine to Parents and Pre-adolescents" can be found at: <http://www.medscape.org/viewarticle/834038>.

- ❖ Additional Medscape materials addressing the clinician recommendation for HPV vaccine can be found at the CDC HPV portal for clinicians under the tab "Tools for Your Practice": www.cdc.gov/vaccine/YouAreTheKey.

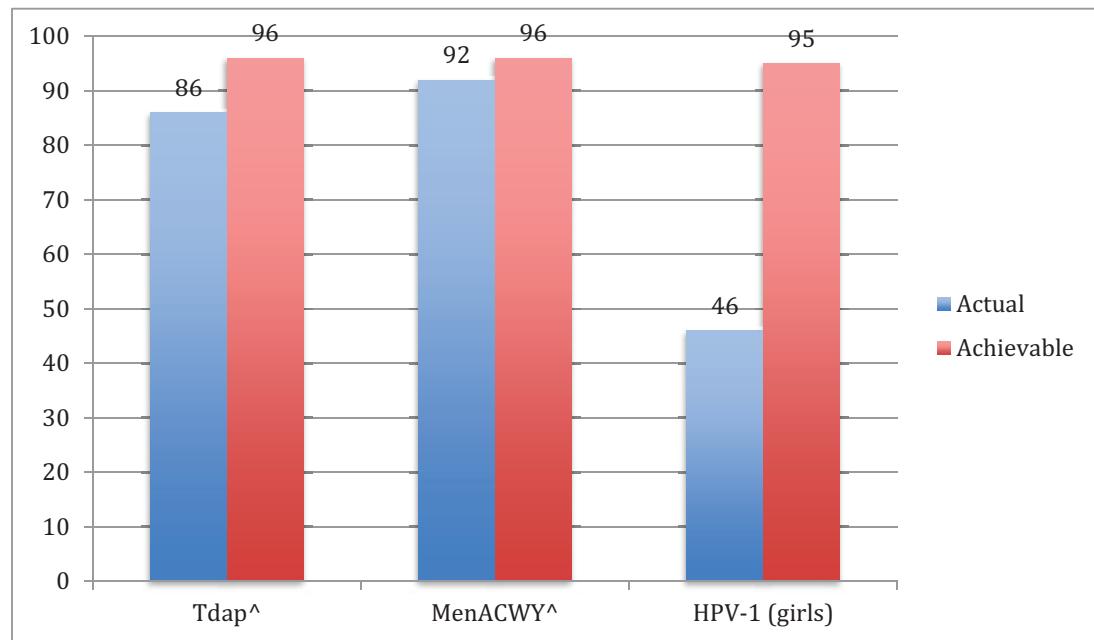
❖ View CDC's "Tips and Timesavers for Talking with Parents about HPV Vaccine" here:

<http://www.cdc.gov/vaccines/who/teens/for-hcp-tipsheet-hpv.pdf>

Additional resources are available at:

<http://protectmewith3.com/>
<http://www.nj.gov/health/cd/vpdp/>

**Actual and Achievable* Vaccination Coverage if Missed Opportunities Were Eliminated:
Teens 13-17 Years of Age, New Jersey, NIS-Teen 2013**



*Achievable: vaccination coverage that could have been achieved if all recommended vaccines were administered during the same healthcare encounter

[^] Tdap and MenACWY calculations include both girls and boys

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Spring 2015



In The NEWS.....

2015 Recommended Immunization Schedules for Children and Adults

The Centers for Disease Control and Prevention (CDC) published the "Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedules for Persons Aged 0 Through 18 Years and Adults 19 Years or Older—United States, 2015" in the February 6 issue of the *Morbidity and Mortality Weekly Report (MMWR)*. The 2015 recommended immunization schedules became effective January 1, 2015. You may access the complete MMWR at the following link, <http://www.cdc.gov/mmwr/pdf/wk/mm6404.pdf>. You may access all of the immunization schedules including easy-to-read formats for your patients on the CDC website, <http://www.cdc.gov/vaccines/schedules/index.html>.

Older Adults are Now Recommended to Receive Two Pneumococcal Vaccinations

Each year in the United States, pneumococcal disease kills thousands of adults, including 18,000 adults 65 years or older. Thousands more end up in the hospital because of pneumococcal disease.

In a recent *Morbidity and Mortality Weekly Report (MMWR)* the Centers for Disease Control and Prevention (CDC) released new pneumococcal vaccination recommendations. Adults 65 years of age or older are now recommended to get the pneumococcal conjugate vaccine (PCV13, Prevnar- 13®), followed by the pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23) 6-12 months later. PCV13 protects against 13 strains of pneumococcus bacteria and PPSV23 protects against 23 strains of pneumococcus bacteria. Both vaccines provide protection against illnesses like meningitis and bacteremia. PCV13 also provides protection against pneumonia.

As adults visit their health care professionals for their annual flu shot, it's also an opportunity to raise awareness for the importance of pneumococcal vaccination. To access the complete article in MMWR, please visit <http://www.cdc.gov/mmwr/pdf/wk/mm6337.pdf>

Hepatitis

Millions are at risk for hepatitis C and do not know it. Are you at risk? Take this free quiz to find out:

<http://www.cdc.gov/hepatitis/RiskAssessment/index.htm>

An updated version of the NJ Viral Hepatitis Resource Guide is now posted to the New Jersey Department of Health website! The public and health care providers can easily locate sites providing low-cost hepatitis A and B immunization, hepatitis support groups and other resources. Check it out today!

http://www.nj.gov/health/cd/hepatitis_viral/index.shtml



The NJDOH Communicable Disease Service includes:

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

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

We're on the Web!
www.nj.gov/health/cd

Past issues of the New Jersey Communi-CABLE are available online at:
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Infections caused by bacteria that are resistant to one or more types of antibiotics are on the rise in the United States. This is one of the most serious public health problems in the world.

View an automated slide show about antibiotic resistance, winner of the 2014 NJ Society for Public Health Education's "Health Material Award."

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Save the Date

Drug Diversion Defined: Steps to Prevent, Detect and Respond to Drug Diversion in Healthcare Facilities Conference.

June 2, 2015 at Rutgers University-Busch Campus.
\$50 fee includes conference, meals and continuing education credits.

This full-day conference, part of the NJ Safe Injection Practices Initiative, is designed to increase awareness among health care and law enforcement professionals about how to prevent, detect and respond to drug diversion, particularly injectable medications, in health care facilities.

