



Vaping Epidemic Among Youth, Childhood Lead Exposure Among Biggest Public Health Challenges Facing NJDOH

By Judith Persichilli, Acting Commissioner, New Jersey Department of Health

Addressing the vaping epidemic among our youth and reducing lead exposure are two urgent public health challenges confronting health care professionals and public health officials this fall.

Our nation is struggling with an unprecedented increase in serious lung injury associated with the use of electronic cigarette and vaping devices. There are nearly 1,300 confirmed and probable cases across 49 states and 26 people have died in 21 states. Physicians at the Mayo Clinic reported recently that the lung damage in tissues from 17 patients they examined resembled chemical burns from industrial accidents.

The CDC and the FDA have not linked one single product or substance to all lung injury cases. However, last week the FDA recommended that people stop using vaping products with THC and not purchase products off the street.

New Jersey has 24 confirmed and probable cases—including one death—and 43 reports are under investigation. The median age of the New Jersey cases is 20.

According to newly-released data from the 2019 National Youth Tobacco Survey, the youth e-cigarette epidemic has gotten even worse in the last year. E-cigarette use among high school students nationwide increased to 27.5% in 2019 compared to 11.7% in 2017 and 20.8% in 2018. Altogether, 5 million middle and high school students now use e-cigarettes.

The growth in use is in part driven by appealing e-cigarette flavors targeted to young people with names like “strawberry cheesecake” and “cotton candy.”

In response to the rapid increase in illnesses and the youth vaping epidemic, Governor Phil Murphy signed Executive Order No. 84 creating the Electronic Smoking Device Task Force, which I chaired, to recommend a comprehensive strategy to protect New Jersey residents—particularly our youth—from the dangers associated with vaping.

After three weeks of intense discussion—including public and written testimony from more than 200 people—the task force recommended that the Legislature impose a ban on the sale of flavored electronic smoking devices and products. The task force also called for increasing civil penalties for retailers and employees who sell electronic smoking devices, vaping-related products, or other tobacco products to individuals under 21 years of age.

In addition, the Task Force recommended prohibiting the advertising and sale to New Jersey consumers of products intended to conceal or disguise vaping devices within other products such as clothing, accessories, utensils, or as other electronic devices (such as watches).

Another recommendation calls for the Legislature to require electronic smoking device retailers to not only post signs that describe the prohibition of underage sales but also to implement point-of-sale protections such as locking up or otherwise securing electronic smoking devices and products out of reach of consumers.

Continued on Page 5



Anti-tobacco youth leaders joined Gov. Murphy as he announced recommendations of the Electronic Smoking Device Task Force.

Inside this issue

- Fight the Flu!..... 2
- Back to School Vaccination 2
- Population Health Summit..... 3
- Harm Reduction Workshop..... 4
- New State Dental Director 5
- Hospital Violence Prevention 6
- Hepatitis A 6
- Congratulations to NJ FQHCs 7
- National Health Center Week 7
- NJSCR Honored 8
- New Arrivals..... 8
- Mozgai Takes AHFSA Helm..... 9
- Cancer Matters 9

Top: The Electronic Smoking Device Task Force listens to testimony during a public hearing in Trenton on September 24.

Flu Season Is Here: Get A Flu Shot!

The New Jersey Department of Health is reminding residents to get vaccinated against influenza to protect themselves and their loved ones.



Acting Commissioner Judith Persichilli received her flu shot on October 7.

“Flu vaccination is the single most important step we can take to protect ourselves and our families against infection,” said Acting Commissioner Judith Persichilli during a recent visit to Morris Hall, a long term care facility in Lawrenceville. “Given the vulnerable population in our long-term care facilities, I appreciate the commitment of Morris Hall to ensure high vaccination rates among staff to protect residents and healthcare personnel.”

Flu vaccine is mandatory on the Morris Hall campus with the exception of a religious or medical exemption. The vaccination rate for staff at the facility was at 96 percent December 2018 and reached 99 percent January 2019. More than 96 percent of residents at the facility were vaccinated against the flu as January 2019.

The Department is continuing its #FightTheFluNJ campaign to encourage residents to get vaccinated and take steps to protect themselves, which included posters, social media, and public events. Flu vaccination clinics were held on October 3 and 4 to give Department employees convenient access to get immunized.

Seasonal flu activity often begins as early as October and November and can continue to occur as late as May. Flu activity most commonly peaks in the United States between December and February.

During the 2018-2019 flu season, New Jersey experienced a lengthy influenza season with widespread activity occurring for 15 weeks between December and April. The circulation of two different influenza A viruses (i.e., A 2009 H1N1 and A H3) occurring in two different waves contributed to the extended period of activity, which resulted in above average increases in outpatient visits as well as hospitalization. New Jersey also received reports of six flu-associated deaths and 51 severe influenza-associated hospitalizations among children less than 18 years.

“The Department continues to recommend that individuals also take necessary precautions like washing their hands frequently, covering coughs and sneezes, and staying home when sick,” said Persichilli. “If you do get sick, ask your healthcare provider if antiviral medications are right for you. These medications can shorten the length of time you are sick.”

The symptoms of flu include fever, chills, cough, sore throat, runny or stuffy nose, body aches, headaches, and fatigue.

The New Jersey Department of Health works closely with the healthcare and public health community to conduct surveillance for seasonal and novel influenza and collects information on influenza-like illness weekly from hospital emergency departments and long-term care facilities, and also collects absenteeism information from schools. Information about these surveillance systems along with weekly reports describing influenza activity are available at <https://www.nj.gov/health/cd/statistics/flu-stats/>.

For more information about influenza, including where to find the vaccine, visit the Department’s flu website at <http://nj.gov/health/cd/topics/flu.shtml>. Many local health departments hold free flu clinics for residents of their municipalities, their contact information can be found on this site: www.localhealth.nj.gov.

Make Childhood Vaccines a Priority!

With the school year well underway, it is important for parents to remember to get the age appropriate back-to-school vaccinations for their children.

Childhood vaccines protect against 16 serious diseases such as diphtheria, tetanus, pertussis (whooping cough), polio, measles, mumps, rubella, Haemophilus influenzae type b (Hib), hepatitis B, varicella (chickenpox) and pneumococcal disease, thereby reducing the spread of disease to others in classrooms, child care centers and communities.

In August, NJDOH announced the awardees of the second annual New Jersey Hot Shots for Tots Immunization Campaign as part of National Immunization Awareness Month.

Child care facilities are especially vulnerable to outbreaks of infectious diseases. Children in these settings can easily spread illnesses to one another due to poor hand washing, not covering their coughs and sneezes, and other factors such as interacting in crowded environments.

As children get older, they are more likely to get certain diseases like meningococcal disease and infections that can lead to human papillomavirus (HPV) cancers. Preteens can be protected long before their risk of infection increases by getting recommended vaccines. Additionally, some childhood vaccines wear off over time, so booster shots are needed to help stay protected from serious diseases like tetanus, diphtheria and pertussis. Individuals should talk to their healthcare providers routinely to assess vaccination needs.

Getting a flu shot is the best way to protect yourself and your family against seasonal flu.

Most at risk: Kids under 5, seniors, pregnant women & those with chronic conditions such as asthma, diabetes and heart disease

For more information, including where to find the vaccine, visit the Department’s website at nj.gov/health

Prevent the spread of flu, New Jersey!

Cover coughs and sneezes

Wash your hands

Stay home if you’re sick

Follow @NJDeptofHealth on Twitter for updates

Get a flu shot!! #FightTheFluNJ

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First Lady Tammy Murphy, NJDOH Host Population Health Summit Focused on Improving Maternal and Child Health

The main takeaway from the Department's 4th Annual Population Health summit held Monday, September 23 in Princeton – New Jersey mothers are dying from pregnancy-related complications at alarming rates, and that needs to change.

New Jersey's maternal outcomes are among the worst in the United States. While, the state's infant mortality rates are among the lowest in the country, the rate for black infants is more than three times that of white infants.

The most pressing disparity is black maternal mortality which is five times that of white women.

This year's summit, entitled *Maternal Outcomes Matter*, First Lady Tammy Murphy and NJDOH convened more than 400 people including national experts, Murphy Administration Cabinet officers, legislators, policy makers, advocates, health care professionals, and public health officials to take a closer look at the many factors that influence maternal and child health outcomes, such as implicit bias, the opioid epidemic, and exposure to lead and other toxins.

As part of their opening remarks, First Lady and Acting Commissioner Judith Persichilli discussed the efforts the Murphy Administration have already made to address maternal and infant mortality.

"To improve birth outcomes for women and infants of color, we launched the Nurture NJ initiative—which is the Murphy Administration's pledge to promote maternal and infant health in our state," said Murphy.

Acting Commissioner Persichilli highlighted the Department's efforts to engage state leaders and national expertise to streamline maternal data processing and connect maternal quality experts to develop a Maternal Mortality & Morbidity Blueprint.

Keynote speaker and President of the National Birth Equity Collaborative Joia Crear-Perry, MD focused her hour-long presentation on the importance of achieving birth and healthy equity, deconstructing implicit biases, and examining institutional racism when looking at the root causes of disparities in health.

"The places that have better maternal health outcomes are built on a human rights framework," said Crear-Perry. "Until we work on the root causes all we are going to do is make new systems of social determinants."

Breakout sessions and panel discussions throughout the day featured details about best practices and factors related to maternal health outcomes— such as

equitable maternal health access, the work of community doulas, and the use of data to avert maternal mortality. Department experts outlined how they are enhancing data collection and analysis and releasing it through the [Maternal Data Center](#) to drive improvements in maternity care.

Experts in lead and heavy metals exposure spoke about the impact lead can have on a pregnant mother and her unborn baby. Lead can pass from a mother to her unborn baby, which harms the fetus' development and increases the risk of miscarriage. Presenters emphasized that it is important that healthcare providers screen pregnant women for lead so appropriate interventions can be made to end exposure for the health of the mom-to-be and baby.

A session on *Eliminating Infant Health Disparities* highlighted research on programs and resources to end inequities facing New Jersey's youngest residents. Presenters talked about how social determinants of health impact the care and attention mothers receive, which in turn contributes to the health outcomes of her baby.

Acting Commissioner Persichilli joined Senator M. Teresa Ruiz, Assemblywoman Shavonda Sumter, and New Jersey Department of Human Services Commissioner Carole Johnson for a roundtable discussion moderated by First Lady Murphy, which focused on policy changes and strategies needed to make New Jersey the safest place to give birth.



NJDOH Hosts Workshop to Promote Harm Reduction

Over 300 people gathered at the Trenton War Memorial on August 21 for a Harm Reduction Workshop to learn about New Jersey's harm reduction programs – what they do, why they exist, and what they need to expand and deepen their critical work.

NJDOH hosted *Fighting Stigma to End the Overdose Epidemic: A Harm Reduction Workshop*, to highlight harm reduction as a life-saving, evidence-based public health tool for New Jersey communities.

The Workshop featured a day-long discussion guided by national experts and local leaders on how harm reduction policy and practice can

prevent overdose deaths, reduce drug-related stigma, decrease transmission of HIV and hepatitis C, and promote the dignity and health of all New Jerseyans, including individuals with substance use disorder.

During her opening remarks, Acting Commissioner Judith Persichilli emphasized the importance of expanding New Jersey's harm reduction centers to keep people healthier, safer, and alive. She also discussed the costs benefits of the program.

The state currently has seven harm reduction centers, located in Asbury Park, Atlantic City, Camden, Jersey City, Newark, Paterson, and Trenton.

The centers help to bridge major health gaps in services for people who inject drugs by providing services such as health screenings, pregnancy testing and linkage to prenatal care, nutritional counseling, reproductive counseling for women of child bearing age, vaccinations, condom distribution, safe sex education, safe injection practices, wound care, drug overdose prevention, and reversal.

Assistant Commissioner Christopher Menschner commended the work of harm reduction center staff in attendance including the Access to Reproductive Care and HIV (ARCH) nurses who provides services to prevent transmission of HIV and hepatitis C from mother to child through the early identification of high-risk women.

In 2018, harm reduction centers served more than 1,700 individuals, offered HIV, STD and hepatitis C testing to more than 1,600 clients, and provided nearly 500 Narcan kits.

Featured speaker Sheila P. Vakharia, who serves as a researcher at the Drug Policy Alliance, discussed the importance of client-centered and collaborative treatment to address individuals with substance use disorder during her presentation.

Keynote speaker Nick Buccì shared some of his personal experiences from his decades of work as a New Jersey State Trooper in the narcotic division and discussed law enforcement's critical role in harm reduction.

The workshop's two panel sessions included representatives from New Jersey's Harm Reduction Centers, advocates, parents, and individuals with lived experience. Panel members discussed the the barriers that stigma creates for individuals with substance use disorder and the importance of providing non-judgmental care especially for those who are on the frontline.

Incoming League of Municipalities President Jim Perry closed out the day with a heartfelt message, as he told the story of losing his son to an overdose in 2015.

At the end of the day, attendees were asked to reflect on what role they could play in supporting, deepening, and expanding access to harm reduction services throughout New Jersey.

Expanding the use of harm reduction strategies is part of Governor Murphy's comprehensive plan to end the opioid epidemic. Last month's workshop kicked off the Department's roadshow with harm reduction meetings and dialogues throughout the state.



Public Health Challenges Facing NJDOH

Continued from Page 1

As part of the effort to protect our youth, the Department's Office of Tobacco Control is also adding 16 inspectors to check for underage sales of these products.

The Department of Health has developed a public awareness campaign called VapeFactsNJ.com to help parents, educators, coaches, healthcare providers and public health officials better understand the risks of vaping and e-cigarette use. The site includes shareable infographics and other resources in Spanish and English. I hope you will use this resource and promote it on your websites and social media platforms.

A separate website called incorruptible.us informs young people about the dangers of vaping and nicotine. It uses bold graphics and clear language to emphasize that vaping is just Big Tobacco's new way to get youth addicted to nicotine products. The website includes videos, promotional items and social media properties. The site is informational and interactive, inviting young people to share and create anti-vaping memes and messages.

Exposure to lead—especially for children and pregnant women—is also a significant challenge in our state. It is not just a Newark problem and it is not just an urban problem. In many communities in our state, children are exposed to lead paint or dust chips in their homes; and in drinking water that runs through lead service lines. It is also important for people to know that lead can be found in some imported spices, toys, candies, pottery, cosmetics, herbal remedies and certain cultural practices.

Lead can disrupt the normal growth and development of a child's brain and central nervous system. It can cause developmental delays, attention deficits and hyperactivity. However, most children will not exhibit symptoms—that is why it is so important for children to be tested.

Our job in public health is to prevent, screen and intervene in lead exposure. To assist our county and local health partners, the Department is providing \$12 million to local agencies to test children for lead and conduct environmental assessments in the homes of children with elevated lead levels.

The Department is taking several steps to increase public awareness and we hope you will join us in promoting these resources. We have renewed our #kNOwLEAD public awareness campaign to increase awareness of all lead hazards. The campaign reminds families that children should be tested for lead at ages 1 and 2. Education posters in several languages can be downloaded at: <https://nj.gov/health/childhoodlead/>. We also have posters that explain the role that healthy foods can play in preventing lead from being absorbed by the body.

The Department and the NJ Poison Center have also set up a 24/7 Health Hotline—1-866-448-2432—for people with questions and concerns about the health



NJDOH Increasing Efforts to Improve Oral Health in NJ

More than \$2 million in federal funding is being invested in New Jersey's oral health system to better serve residents. Last month, the U.S. Department of Health and Human Services' (HHS), Health Resources and Services Administration (HRSA) awarded nearly \$1 million to three Federally Qualified Health Centers in the state.



State Dental Director Dr. Darwin Hayes, right, joined First Lady Tammy Murphy to honor KinderSmile SMILE! awardees on October 1.

The awards of up to \$300,000 each will support physical and organizational infrastructure investments for health centers, such as minor alteration and renovation to modernize existing facilities, purchase and installation of dental and radiology equipment, training and consultation to increase oral health integration, and purchase of mobile dental units to increase access to oral health care in hard-to-reach parts of communities.

"This HRSA award in New Jersey is a key component of the Department of Health's goals for oral health care," said New Jersey Department of Health Dental Director Dr. Darwin K. Hayes. "The funding will expand access to high-quality, preventative oral health services to more residents—especially those in our most vulnerable communities, including the uninsured and under-insured."

In July, the Department appointed Dr. Darwin K. Hayes as new Dental Director for State of New Jersey, marking the first time in more than 30 years that the state has had a Dental Director.

Under the direction of the Dr. Hayes, the Department has expanded its Oral Health Nutrition and Obesity Control Program with \$1.6 million in federal grant funding. The program aims to improve the oral health literacy and behaviors of parents and children through nutrition counseling.

Nearly 1,200 pediatric dental patients were screened and received nutrition counseling as a result of the program. Nearly 300 patients were enrolled in the program based on their classification as obese or overweight.

Continued on Page 7

Oral Health is Important

- Conditions such as diabetes, HIV/AIDS, osteoporosis and even Alzheimer's disease often cause declines in oral health
- Poor oral health has been linked to serious conditions such as cardiovascular disease, pneumonia and endocarditis
- Poor oral health in pregnant women can contribute to premature birth and low birth weight
- Children without health insurance are nearly three times more likely to go without dental care than kids who have coverage.

Hospital Violence Prevention Programs Save Lives

The Murphy Administration built on its leadership in addressing gun violence with the enactment of a package of bills aimed at addressing this public health crisis.

These new laws will expand hospital-based violence intervention programs that work with gunshot victims at the bedside—when they are most vulnerable—to provide counseling and support. The program continues after they leave the hospital, which is the most vulnerable time for recidivism through retaliation and revictimization.

One of the new laws requires hospitals with Level 1 and Level II Trauma Centers to create Hospital Based Violence Intervention programs, similar to the one at University Hospital in Newark. Another law creates an initiative in the Department to support all hospitals that want to develop these life-saving programs.

The Hospital Violence Intervention Programs at University Hospitals has shown great success. With the support and follow-up of caseworkers, individuals that went through the program in Newark were empowered to succeed—some getting GEDs, going on to college, and having greater job opportunities. The program, which began in 2017, has served 189 victims and limited incidents of recidivism to just three.

Gun violence is a leading cause of premature death in the United States. In New Jersey, nearly three quarters of the homicides in 2017 were caused by firearms. Guns are responsible for 94% of homicides among 15-24-year-olds. New Jersey's minority communities are disproportionately impacted by this violence. The firearm homicide rate among blacks in our state is shockingly higher-- more than 40 times the rate--of other racial and ethnic groups.

This implementation of hospital violence programs will support Governor Murphy's strong commitment to this issue. In partnership with the Legislature, he is working to ensure New Jersey institutes the strongest gun laws in the nation. He has already signed legislation to promote smart gun technology, expand the list of crimes that disqualify someone from owning a gun, and strengthen anti-gun trafficking laws.



Lieutenant Governor Sheila Oliver signs a trio of gun violence prevention bills into law on August 8 as Acting Health Commissioner Judith Persichilli, center rear, and other state officials look on.

New Jersey Experiencing Hepatitis A Outbreak

500 Percent Increase in Cases

The New Jersey Department of Health and local health departments are responding to an increase in the number of hepatitis A (HAV) cases among persons reporting homelessness, drug use, Men who have Sex with Men (MSM), and recent incarceration. Since Dec. 1, 2018, more than 472 cases have been identified, which represents a more than 500% increase over what New Jersey typically would see in a year. There are outbreak-associated hepatitis A cases in every county in New Jersey.

This increase in cases is not unique to New Jersey as several other states are also reporting similar increases. While certain risk factors have been most commonly identified among cases, there has also been an increase in cases not associated with those risk factors. This ongoing outbreak increases the risk of Hep A transmission across the state.

The Hep A virus is typically transmitted from person-to-person when it is ingested from objects, food, or drinks contaminated by stool from an infected person. This can happen when infected individuals do not wash their hands properly after using the bathroom and then touch food or items that are shared with others. The item may have a small or undetectable amount of feces and may not be visibly soiled. Hepatitis A can also spread from close personal contact with an infected person, such as through sex or caring for someone who is ill. Thorough handwashing with soap and water is a good way to prevent the spread of hepatitis A.

Hepatitis A can be prevented with a vaccine. Many county and local health departments have been working with shelters, community health centers and homeless outreach services to vaccinate at-risk individuals.

The Department has supplied hundreds of vaccines to county health departments to immunize uninsured or underinsured individuals at risk of the liver disease after identifying an increase in hepatitis A cases among persons reporting homelessness, drug use, and MSM population. All local health departments in New Jersey have been encouraged to vaccinate the impacted groups. The Department is also encouraging physicians in the state who treat those in at-risk group to also vaccinate.

Hep A symptoms include yellow eyes/skin, fatigue, loss of appetite, upset stomach, nausea, dark colored urine or light-colored stool, joint pain, fever or diarrhea. Some people have no symptoms. A person can pass the virus to others before and after symptoms appear. This means that a person is contagious 1-2 weeks before they have symptoms and one week after the symptoms appear. Most people fully recover on their own within a few weeks. No specific medications, including antibiotics, are used to treat hepatitis A.

The Department will continue to provide updates on this outbreak on its hepatitis A [website](#).

FQHCs Awarded \$1.67 Million From HRSA

In August, 20 of the state's Federally Qualified Health Centers (FQHCs) were awarded more than \$1.67 million from the U.S. Department of Health and Human Services. The funding will allow centers to continue to deliver cost-efficient and patient-centered quality care by increasing access to health care services and the number of patients served by advancing the use of health information technology.

The 20 FQHCs who received funding include:

AtlantiCare Health Services; CAMcare Health Corporation; Center for Health Education, Medicine & Dentistry (CHEMED); CompleteCare Health Network; Eric B. Chandler Health Center; Henry J. Austin Health Center; Horizon Health Center; Jewish Renaissance Foundation, Inc.; Jewish Renaissance Medical Center; Metropolitan Family Health Network; Monmouth Family Health Center; Neighborhood Health Services; Newark Community Health Centers, Inc.; North Hudson Community Action Corporation Health Center; Ocean Health Initiatives, Inc.; Project H.O.P.E., Inc.; Rutgers Community Health Center; Saint James Health, Inc.; Southern Jersey Family Medical Centers, Inc.; and Zufall Health Center.

Eight New Jersey Federally Qualified Health Centers received Quality Leader awards. These leaders were among the top 30 percent of all Health Resources and Services Administration (HRSA) funded health centers nationally, that achieved the best overall clinical outcomes, demonstrating high-quality across their clinical operations. New Jersey Quality Leaders include: AtlantiCare Health Services; Eric B. Chandler Health Center; Horizon Health Center/Alliance Community Healthcare; Jewish Renaissance Foundation, Inc.; Newark Community Health Centers, Inc.; Ocean Health Initiatives; Rutgers Community Health Center; and Zufall Health Center.

New Jersey Celebrates National Health Center Week 2019

It was a week filled with free medical and dental screenings, health information sessions, food, and fun! To commemorate this year's National Health Center Week, August 4-10, Department staff attended events throughout the week to emphasize the importance of health centers.

Assistant Commissioner Nashon Hornsby and Managing Director for the Office of Primary Care and Rural Health Denise Anderson attended the New Jersey Primary Care Association's annual kick-off event at Project H.O.P.E in Camden on August 5. Deputy Commissioner Deborah Hartel also joined Congresswoman Mikie Sherrill at Zufall Health Center in Morristown for a tour and a cooking class. More than 50 events were scheduled for NHCW at health centers across the state.

Governor Phil Murphy proclaimed August 4 through 10 Health Center Week in New Jersey to recognize the achievements of health centers in delivering accessible, cost-effective and quality services to all people, regardless of their ability to pay.

In 2018, New Jersey's Federally Qualified Health Centers provided 2.1 million visits annually, for nearly 570,000 patients around the state in more than 100 locations.

New Jersey has 24 community health centers and 121 licensed service delivery sites that ensure access to health care and provide a health care safety net for residents.

Last year, the Department provided more than \$35 million to support the licensed community health centers in their delivery of care to uninsured and underinsured residents.

Nearly 85 percent of the patients served are uninsured or publicly insured.

NJDOH Increasing Efforts to Improve Oral Health in NJ

Continued from Page 5

The Department is also working with the Rowan School of Osteopathic Medicine to develop a training curriculum to train dentists and dental students from Rutgers School of Dental Medicine in best practices for pain management and opiate prescribing to reduce the numbers of residents addicted to opioids. This initiative started in March 2019.

The Department's Children's Oral Health Education Program provides a variety of interactive education activities and resources including age-appropriate school-based education programs, *Save our Smiles*, a voluntary school-based fluoride mouth rinse program, education resources for school nurses, and oral health education for participants in the [NJ Women, Infants and Children](#) program.

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NJSCR Again Earns Top Marks from NCRA

For the second year in a row, the New Jersey State Cancer Registry (NJSCR) was recognized for its dedication to continuous quality improvement in cancer surveillance. The NJSCR won the first-place award at the annual meeting of the National Cancer Registrars Association for

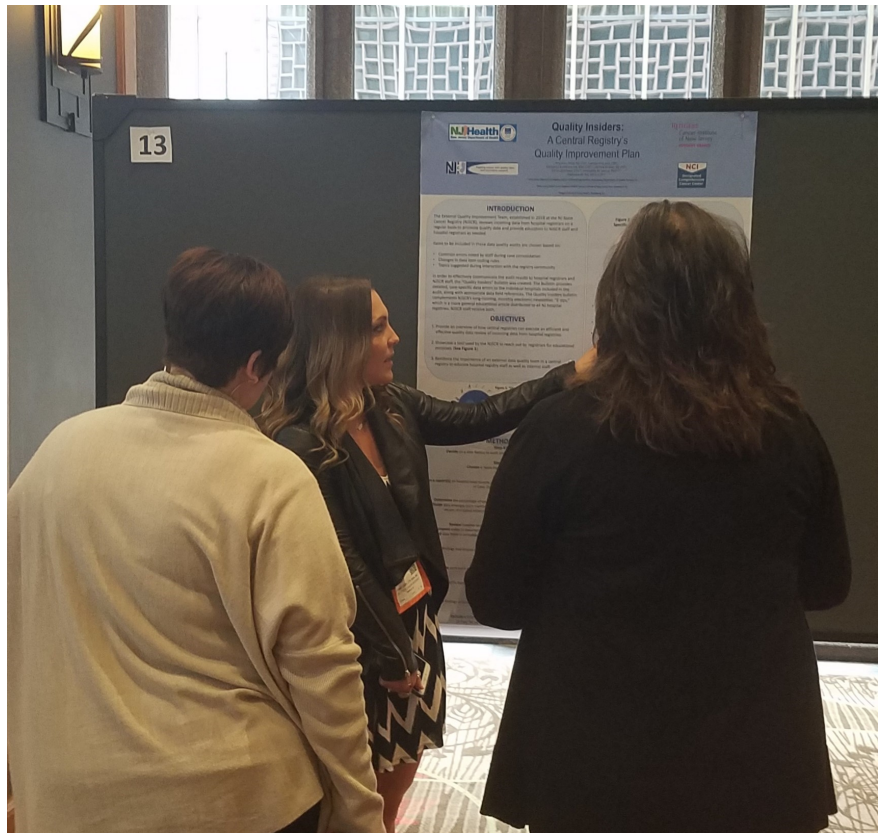


its poster presentation, "Quality Insiders: A Cancer Registry's Quality Improvement Plan." The presentation demonstrated an effective and efficient approach to data quality review and improvement.

The NJSCR receives nearly 400,000 cancer case reports each year. They are meticulously reviewed and consolidated into comprehensive records of diagnosis, staging, treatment and outcomes for each of the approximately 55,000 new cancers diagnosed in New Jersey annually. Ensuring the accuracy of the data, which is widely used by researchers and public health professionals, is one of the most important functions of the NJSCR. The award-winning poster will be published in the next issue of the Journal of Registry Management, available at <http://www.ncra-usa.org/About/Publications/Journal-of-Registry-Management>.

The NJSCR also received the CDC's National Program of Cancer Registries 2018 Registry of Excellence Award, the highest recognition by the CDC for quality data. NJSCR data will be included in the CDC's 2019 U.S. Cancer Statistics.

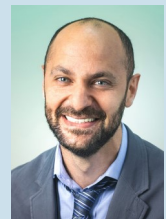
The NJSCR is a population-based registry within the NJDOH Cancer Epidemiology Services and receives funding from the NJDOH, the CDC's National Program of Cancer Registries, and the National Cancer Institute.



Author Amy L. Cass, CTR, RHIA presents her poster to attendees at the 45th annual educational conference of the National Cancer Registrars Association in May.

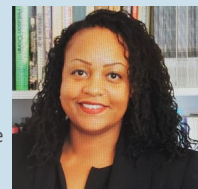
New Faces and Promotions

Yannai Kranzler, PhD was named Director of the Office of Population Health on August 5, 2019. For the last 19 months, Dr. Kranzler has served as the State Health Improvement Plan (SHIP) Coordinator and as Program Manager for the Prescription Drug Data-Driven Prevention initiative here at the Department. Prior to that he was the Senior Coordinator for the National Program to Promote Healthy Lifestyle for Israel's Ministry of Health for 7 years.



Maria Christensen, PhD, APN, NEA-BC was named the Assistant Commissioner for the Division of Certificate of Need & Licensing on August 19, 2019. Dr. Christensen comes to the Department from St. Joseph's Healthcare System where she worked for 25 years. Most recently she served as the Director of several departments including the Emergency Department, Trauma Services, Infection Control, Neuro-Science Service Line, Neuro-Interventional Suite and Nursing Informatics.

Denise Anderson was named Managing Director for the Department's Office of Primary Care and Rural Health on May 13, 2019. Denise has over 15 years' experience in the public and private sectors as a public health professional developing, implementing, and managing public health programs. Her public health experience has been multifaceted to include a range of conditions such as HIV/AIDS, chronic conditions, children and adults with intellectual disabilities, unstably housed individuals, recently incarcerated persons, and underserved minority populations.



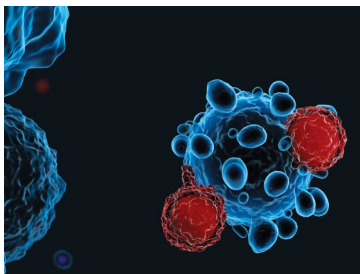


DOH Assistant Commissioner named AHFSA President for 2019-2020

Health Facility Survey & Field Operations Assistant Commissioner Stefanie Mozgai, BA, RN, CPM was named President of the Association of Health Facility Survey Agencies (AHFSA) in early August. AHFSA is a not-for-profit organization to provide a forum for health care regulatory agency directors and managers to address common interests, concerns, and health care program issues related to Medicare certification and State Licensure of health care facilities. AHFSA is comprised of members from the State Survey Agencies in all 50 states, the District of Columbia and Puerto Rico. Stefanie is shown here with outgoing 2018-19 AHFSA President Laura Hudspeth.

CAR T-Cell Therapy Available at Rutgers Cancer Institute of New Jersey

Between 60 to 70 percent of patients with aggressive non-Hodgkin lymphoma are cured with initial chemotherapy and a significant percentage of patients who relapse are cured with a stem cell transplant using the patient's own cells. However, in patients whose disease becomes resistant to chemotherapy, the average survival is only six months. Up until last year, those with B-cell lymphomas that did not respond to standard therapies had limited treatment options. With the approval of [CAR T-cell therapy](#), these patients now have another alternative.



Re-engineered white blood cells, or CAR T-cells, attack a cancerous cell in this electron microscope image.

[Steven K. Libutti, MD, FACS](#), who is also senior vice president of oncology services for RWJBarnabas Health. "The ability to offer this unique form of treatment is a testament to the partnership between the state's only National Cancer Institute-designated Comprehensive Cancer Center and RWJBarnabas Health."

The treatment involves collecting a patient's T cells (a type of white blood cell) and re-engineering them in the laboratory to produce chimeric antigen receptors (CARs). These special molecules enable T-cells to recognize a target on the malignant cells. CAR T-cells are reinfused into the body to attack these targeted markers that are limited to the cancerous cells.

CAR T-cells remain in the body attacking the cancer long after the treatment is given, thus it is often referred to as a 'living drug.' Initial research shows approximately half of patients with resistant diffuse large B-cell lymphoma who were treated with CAR T-cells had a complete response, and many of these patients were in remission for more than a year (*New England Journal of Medicine*, American Society of Hematology meeting - December 2017).

For additional information call 732-235-2113 or visit www.cinj.org/car-tcelltherapy.



RUTGERS
Cancer Institute
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