



NJ Communi-CABLE

APRIL 2010

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Help Celebrate National Infant Immunization Week!

By: Jennifer Smith, Health Educator

In support of National Infant Immunization Week (NIIW) 2010, the New Jersey Department of Health and Senior Services (NJDHSS) is actively promoting statewide NIIW activities to be sponsored in celebration of one of the greatest public health achievements in the United States during the last century. This year the Centers for Disease Control and Prevention (CDC), along with a host of local and regional health departments, and health care providers will once again coordinate efforts to promote immunizations throughout the nation.

Since 1994, the last week in April has been designated nationally as NIIW. The primary focus of NIIW is to promote the benefits of immunizations and to highlight the importance of immunizing infants against 15 vaccine preventable diseases by age two. Vaccines are among the twentieth century's most successful and cost effective public health tools available for preventing disease and death. Morbidity for most vaccine preventable diseases has been significantly reduced since the introduction of vaccines. Currently, approximately 68% of New Jersey's children are fully immunized before age two. However, efforts must continue in order to meet the Healthy People 2010 objective (to immunize at least 90% of children residing in NJ). Each day is a new opportunity to reach a growing number of children who are not adequately immunized, so please join us as we promote this public health message to health care providers, parents, and schools.

Local health care providers throughout New Jersey have begun plans for 2010 NIIW activities. Anticipated activities include extended hours at immunization clinics, mayoral proclamations, leadership awards, public service announcements, provider education events, and community-wide immunization awareness walks.

If you have not planned an event for your practice or community, there is still time to do so. We strongly encourage you to review some of the suggested NIIW activities below and consider hosting at least one of these activities in your community during NIIW:

- Arrange for your mayor or other public official to sign a proclamation
- Organize an immunization awareness walk and involve health care providers, schools, child care centers and public officials
- Work with local churches, schools, social and civic organizations, and businesses to develop a healthy neighborhood plan that includes promoting timely immunizations
- Encourage local hospitals to conduct grand rounds focusing on infant and childhood immunizations

Awareness
Months

April

National Public Health

Week (5-11)

World Meningitis Day

(24)

May

Hepatitis Awareness

Month

Lyme Disease

Awareness Month

NJ Responds to Mumps Outbreak

By: Elizabeth Handschur, Surveillance Coordinator

State and local health departments, in collaboration with the Centers for Disease Control and Prevention (CDC), continue to investigate a mumps outbreak that began in June 2009. This mumps outbreak is the largest in the U.S. since 2006 and is primarily affecting the tradition-observant Orthodox community in New Jersey, Connecticut, New York City, New York, Quebec, Israel, and the United Kingdom. It is believed that the index case arrived in the United States from the United Kingdom to attend a Sullivan County, NY summer camp in 2009. As of March 2, 2010, 271 cases have been reported in New Jersey. To date, the total number of cases in Connecticut, New Jersey, New York City, and New York exceeds 2,500. In 2007 and 2008, 800 and 454 total cases were reported in the United States respectively. A total of four cases were reported in New Jersey in 2007 and 13 cases in 2008.

Of interest, the majority of cases are age-appropriately immunized with measles-mumps-rubella (MMR). The current MMR vaccine covers the strain of mumps that is circulating in this outbreak and is the same strain that has caused past outbreaks in the United States and the United Kingdom. During outbreaks, people who have not been vaccinated against mumps have a much greater chance of getting mumps than those who are vaccinated. As with any vaccine, not everyone who is vaccinated will develop immunity and be protected. For the mumps vaccine, 90% of people will be protected after receiving the recommended two doses, but about 10% of individuals will not develop immunity and remain susceptible. So it is expected that during an outbreak when many people are being exposed every day, some people will get the mumps.

Over the past few months, public health officials in New Jersey have been working closely with counterparts in New York City, New York, and CDC to identify cases, test specimens, and develop recommendations and response measures. A *Morbidity and Mortality Weekly Report* (MMWR) was released on February 12, 2010 reporting over 1,500 cases involving all affected jurisdictions. A message was sent to all health care, public health and educational providers, as well as community and religious leaders, via the Local Information Network Communication System (LINCS) and other distribution channels with information regarding mumps, testing, vaccination, exclusion of individuals with mumps from communal settings, such as schools, and management of contacts of cases.

For more information, please visit: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5905a1.htm> and

Refugee Health—Haiti Earthquake Resources

By: Anne Fox, Public Health Nurse Consultant

In response to the 2010 earthquake in Haiti, staff at the New Jersey Department of Health and Senior Services, Communicable Disease Service – Refugee Health Program compiled resources for the public, health care relief workers, health care providers, health and school officials, and refugees. Those resources can be found by visiting www.nj.gov/health and selecting the link, “Haiti Earthquake Resources.” A variety of helpful information, including immunization schedules, vaccine information in both English and Haitian Creole, New Jersey school immunization requirements, HIV rapid-testing sites, and much more can be found within those resources. Educational materials in Haitian Creole are also available at www.rhin.org. The Haitian Family Resource Center opened on the campus of Union County College, Elizabeth, NJ on February 22, 2010. Information is available on the Department of Human Service website at <http://www.state.nj.us/humanservices/emergency/haiticenter.html>.



Hepatitis Update

By: Laura Taylor, Health Educator

The Institute of Medicine (IOM) recently released a report detailing recommendations for the prevention and control of hepatitis B and C in the United States. The report noted that despite federal, state and local public health efforts to prevent and control hepatitis infections, these diseases are a serious issue. According to the Centers for Disease Control and Prevention, it is estimated that in the next 10 years about 150,000 people in the United States will die from liver cancer and liver disease associated with chronic hepatitis B (HBV) and hepatitis C (HCV). The IOM report recommends four areas that should be addressed: improved surveillance for HBV and HCV, improved knowledge and awareness among healthcare and social-service providers and the public, improved HBV vaccine coverage and improved viral hepatitis services and access to those services (*Hepatology*, 2010).

Here in New Jersey, issues and education regarding HBV and HCV are being addressed. In 2009, former Governor Corzine acknowledged May as Hepatitis Awareness Month and two education workshops were held to increase knowledge among healthcare and public health providers. More than 150 health care and public health professionals attended one of the hepatitis education trainings. For 2010, two day-long workshops are planned: "Hepatitis and STD prevention in the MSM (men who have sex with men) Community" and "Hepatitis: Lab Tests and the Public Health Investigation." The newly reconvened New Jersey Hepatitis Advisory Board is working to update the state strategic plan. The board is comprised of individuals, appointed by the Commissioner of the New Jersey Department of Health and Senior Services (NJDHSS), who volunteer their time and provide feedback and recommendations regarding viral hepatitis. Additionally, a comprehensive hepatitis resource guide for the public is being updated and includes hepatitis vaccination and screening locations, clinical/treatment resources and education and advocacy resources. The resource guide will be posted to the NJDHSS website when it is complete.

CDS Says Farewell to Colleague

The Communicable Disease Service bids a farewell to one of our colleagues, Dr. Corey Robertson, as he leaves his position at the New Jersey Department of Health and Senior Services (NJDHSS) this month. Dr. Robertson will be joining sanofi-pasteur, the vaccines division of sanofi-aventis Group, as Director of Scientific Medical Affairs. In his new role, Dr. Robertson will be serving on a team of physicians to advance the use of vaccines as appropriate to protect and promote the public's health.



"Even though I will no longer be working for a traditional public health agency, I am pleased that I will still be contributing to the mission of public health through the promotion of safe, effective vaccines for disease prevention. I am excited about this new career change, but will greatly miss the people I have worked with both within the NJDHSS and with our partners across the state," he said.

Dr. Robertson's work during his tenure at NJDHSS has included responding to a variety of emerging infectious disease situations including SARS, monkeypox, and Lassa fever to name a few. Additionally, he has contributed significantly to raising awareness around the growing threat of antimicrobial resistance.

CDS Evaluates H1N1 Vaccination Program

By: Sylvia Bookbinder, Health Educator

In December, after the second wave of 2009 H1N1 influenza peaked in New Jersey, the New Jersey Department of Health and Senior Services (NJDHSS) Communicable Disease Service (CDS) staff began working on an evaluation of the H1N1 Vaccination Program. The purpose is to determine what mid-course corrections needed to be made in the event of a third wave and to prepare for future vaccine-related public health emergencies.

The evaluation consists of two components:

- An internal evaluation for NJDHSS staff who were involved with CDS H1N1 vaccine activities
- An external evaluation for registered H1N1 vaccine providers

Internal Evaluation

In January 2010, a survey form was distributed to 55 NJDHSS staff. It listed the following topics:

Basic issues:

- Timeline for planning and implementation
- Process for decision-making (including distribution of vaccine)
- Recruitment of providers (including initial communication)
- Registration and approval of providers
- Training of providers and CDS staff
- Ordering of vaccine by providers and NJDHSS
- Support for providers and CDS staff (including staff orientation)
- Feedback from users (providers and NJDHSS) – process for gathering and reviewing feedback and making revisions as appropriate

Cross-cutting issues:

1. Communications – within NJDHSS and with Providers
2. Technology
3. Chain of command – Use of ICS (Incident Command System)

Respondents were asked for feedback on the above topics based upon their experiences and/or observations. The goal was to find what worked, what didn't work, and what can be improved for the future.

Twenty-four people provided feedback. A preliminary analysis of the data indicates that:

- The time between the first wave of H1N1 in the spring and the arrival of vaccine in the fall should have been used to test the H1N1 module in the New Jersey Immunization Information System (NJIS), create and test the training, and train staff and providers.
- Providers should have been required to have training in NJIS before being allowed to use the system. Training should have been available in formats that accommodated various levels of computer ability.

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- Persuade hospitals and health maintenance organizations to promote immunizations
- Provide after-hour and weekend immunization services to reduce wait times and to eliminate access barriers and post this information on the community calendar
- Hold in-service training seminars focusing on immunization registries, eliminating barriers and reminder-recall systems
- Work with the local health departments, clinics, and hospitals to promote neighborhood clinics
- Organize an awards/appreciation event to recognize community leaders who have demonstrated excellence in raising local immunization rates
- Distribute immunization material to social service agencies and other community agencies that serve children such as foster homes, refugee centers, homeless shelters, child care programs, schools, churches and hospitals
- Encourage agencies to share this information with parents of children 24 months and younger through website postings, newsletters and bulletin boards



Additional immunization information can be downloaded at this web site: <http://www.cdc.gov/vaccines/events/niiw/default.htm>.

Recognizing World Meningitis Day

By: Jo Foster, Public Health Nurse Consultant

April 25th is World Meningitis Day, a day designed to raise awareness and focus attention on prevention and control of this potentially deadly disease.

Meningitis is an inflammation of the membranes surrounding the brain and spinal cord. It is usually caused by an infection with a virus (viral meningitis) or bacteria (bacterial meningitis). Viral meningitis is the more common, and less serious form, of meningitis-- it usually clears up on its own in seven to 10 days. Bacterial meningitis is rare but much more dangerous, and can be fatal if not diagnosed and treated quickly.

Early symptoms of both types of meningitis are the same: headache, body aches, and fatigue, followed later by nausea, vomiting, stiff neck, and sensitivity to light. Viral meningitis usually does not progress any further. Bacterial meningitis can progress to include a distinctive rash, confusion, vascular collapse and coma. A health care provider diagnoses the type of meningitis by testing blood and spinal fluid and monitoring the severity of the patient's condition.

Treatment for viral meningitis is aimed at relieving the patient's symptoms, and includes rest, fluids, and fever-reducing medication. Antibiotics do not work against viruses, so they are not used. Bacterial meningitis requires close monitoring in the hospital and treatment with antibiotics and other medicines.

Both viral and bacterial meningitis are contagious, but good personal hygiene can help to prevent them. The germs are found in saliva and, for viral meningitis, stool. Washing hands thoroughly and often, especially before eating and after using the bathroom, is the first line of defense against the spread of many illnesses. Not sharing food, drinks or eating utensils can help stop the spread of meningitis germs as well. People who were in **direct** contact with a certain kind of bacterial meningitis patient are given preventive antibiotics, but this is not necessary for casual contacts. Safe and effective vaccines are available to protect against several types of bacterial meningitis.

New 2010 Immunization Schedules

By: Jennifer Smith, Health Educator

The Advisory Committee on Immunization Practices (ACIP) annually publishes immunization schedules outlining the recommended vaccines for individuals of all ages. The recommendations for currently licensed vaccines for children aged 18 years and younger were reported in *Morbidity and Mortality Weekly Report (MMWR)* on January 8, 2010 as [Recommended Immunization Schedules for Persons Aged 0 Through 18 Years -- United States, 2010](#).

Changes to the previous schedule include the following:

- The statement concerning use of combination vaccines in the introductory paragraph has been changed to reflect the revised ACIP recommendation on this issue.
- The last dose in the inactivated poliovirus vaccine series is now recommended to be administered on or after the fourth birthday and at least 6 months since the previous dose. In addition, if four doses are administered prior to age four years an additional (fifth) dose should be administered at age four through six years.
- The hepatitis A footnote has been revised to allow vaccination of children older than 23 months for whom immunity against hepatitis A is desired.
- Revaccination with meningococcal conjugate vaccine is now recommended for children who remain at increased risk of meningococcal disease after three years (if the first dose was administered at age two through six years) or after five years (if the first dose was administered at age seven years or older).
- Footnotes for human papillomavirus (HPV) vaccine have been modified to include the availability of and recommendations for bivalent HPV vaccine, and a permissive recommendation for administration of quadrivalent HPV vaccine to males aged nine through 18 years to reduce the likelihood of acquiring genital warts.

In October 2009, ACIP approved the Adult Immunization Schedule for 2010, which includes several changes. These changes were published in *Morbidity and Mortality Weekly Report (MMWR)* on January 15, 2010, as [Recommended Adult Immunization Schedule --- United States, 2010](#).

Below is an overview of the changes:

- ACIP recommended vaccination of females with either a bivalent papillomavirus vaccine (HPV2) or a quadrivalent human papillomavirus vaccine (HPV4).
- ACIP issued a permissive recommendation for use of HPV4 in males.
- Introductory sentences were added to the schedule's footnotes for measles, mumps, rubella, influenza, pneumococcal, hepatitis A, hepatitis B, and meningococcal vaccines.
- Clarifications were made to the footnotes for measles, mumps, rubella, influenza, hepatitis A, meningococcal, and *Haemophilus influenzae* type b vaccines.
- Schedule information was added to the hepatitis B vaccine footnote.

All immunization schedules can be found on the CDC website, <http://www.cdc.gov/vaccines/recs/schedules/default.htm>. In addition, the National Center for Immunization and Respiratory Diseases also presents a live internet conference titled, "Current Issues in Immunization." This program is designed to provide clinicians with the most up-to-date information on immunization. Archives of past conferences are also listed on the site <http://www.cdc.gov/vaccines/ed/ciinc/default.htm>.

The NJDHSS Communicable Disease Service includes:

- Infectious and Zoonotic Disease Program (IZDP)
- Vaccine Preventable Disease Program (VPDP)
- Sexually Transmitted Disease Program (STDP)
- Tuberculosis Control Program (TBCP)



Past issues of the NJ Communi-CABLE are available online at

<http://www.nj.gov/health/cd/newsletter.htm>.

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.

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- NJIS needs to be more user friendly, especially for ordering vaccine. Recruit stakeholders to form a user group to assist with improvements.
- NJDHSS' ability to reach out to specific groups of public health partners needs to be enhanced through the Local Information Network and Communications System (LINCS).

External Evaluation

The survey instrument for the H1N1 vaccine providers is an anonymous online electronic survey. Information about the survey was sent in March to the email addresses that providers used when they registered on the H1N1 Vaccine System. The purpose of the survey is to:

- Evaluate the online H1N1 Vaccine System
- Assist NJDHSS to improve the delivery of vaccines during a public health emergency

After submitting the survey, individuals were asked if they would consider future participation in a user group to identify providers' needs and to address the challenges providers face when using the NJIS.

The results of this survey will be available in a future issue of the *NJ Communi-CABLE*.

We've Moved!

The Communicable Disease Service has moved.

Our new address is:

P.O. Box 369, Trenton, NJ 08625-0369

609-826-5964