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NJ Communi-CABLE

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Influenza Vaccine: Protecting NJ's Residents Across the Lifespan

By: Karen Culp, Health Educator

Influenza season is here. In keeping with national influenza immunization goals, the New Jersey Department of Health and Senior Services (NJDHSS) is emphasizing increased vaccination rates among key target groups. The Advisory Committee on Immunization Practices (ACIP) made several new and updated recommendations for 2006. The new recommendations include:

- Health care workers and residents in institutional settings.
- Children 24-59 months of age, their household contacts and out-of-home caregivers.
- Pregnant women.
- Underserved populations.

Additionally, any child between the ages 6 months—<9 years of age being vaccinated against influenza for the first time should receive two doses.

Updated Information

In addition to the new priorities reflected in the key target groups for this year, the ACIP is advising health care providers and local public health agencies who are

planning organized campaigns to develop plans for expanding outreach and infrastructure to vaccinate more persons than in 2005. The ACIP recommends that agencies develop contingency plans for the timing and prioritization of administering influenza vaccine if the supply of vaccine is delayed or reduced. Providers are also reminded that



they should routinely offer influenza vaccine to patients throughout the influenza season (October 2006 through March 2007).

Further, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recently announced the approval of a new infection control standard that will require all accredited organizations to offer influenza vaccinations to staff beginning January 1, 2007. This includes volunteers and licensed independent practitioners with close patient contact. As of this

date, this requirement will be Promotional materials created by the NJDHSS are geared toward the need for health care workers to get their flu shots. Available mandatory for organizations to continue to receive accreditation through JCAHO.

materials include a poster, tri-fold brochure and table tent cards that promote the message "It's One More Way to Show You Care...Get Your Flu Vaccine." Limited quantities of these materials are available on a first come first served basis. These materials can also be downloaded from the NJDHSS flu website, www.nj.gov/flu.

The NJDHSS flu website provides linkages to other organizations' materials, sections for health care workers and the general public, flu and hand washing posters and other educational materials appropriate for use with the general public. To request information, call the Communicable Disease Service at 609-588-7500. Health care and public health professionals can review the 2006 ACIP recommendations at the NJDHSS flu website.

Health Awareness Months

October:

National Family
Sexuality Education
Month

National Health
Education Week
(16th-22nd)

November:

National Family
Health History Day
(23rd)

December:

National Hand
Washing Awareness
Week (3rd-9th)

Communicable Disease Investigator Training Coming Soon!

By: Laura Taylor, Health Educator

The Infectious and Zoonotic Disease Program (IZDP) staff are developing a communicable disease investigator training for public health disease investigators at local health departments and LINC'S agencies. This training is designed to ensure consistency in infectious disease investigation and reporting across the state.

This interactive full-day training covers components of disease

investigation including disease reporting responsibilities and tools, what you need to know about surveillance, appropriate public health interventions used in communicable disease investigations, interpreting laboratory data, interviewing skills and the difference between single case investigation vs. outbreak investigation.

IZDP staff plan to train LINC'S teams (public health nurse, epidemiologist and health

educator/risk communicator), who will then train local health department disease investigators in their jurisdiction and others within their LINC'S agency.

The training should be available in early 2007. Stay tuned to the *NJ Communi-CABLE* for more information!



Medical Interpreter Workshops

By: Terrie Whitfield, Public Health Representative

The Communicable Disease Service Refugee Health Program (RHP) in conjunction with the International Institute of New Jersey (a NJ refugee resettlement agency) sponsored "The Professional Medical Interpreter Workshop." This 16-hour course was held at the Plainfield Health Center, a federally qualified health center (FQHC), June 7-8, 2006 and was taught by Sophia Rossovsky, Language Links Manger, International Institute of New Jersey. The workshop provided bilingual and English proficient professionals with

skills pertaining to ethics and techniques required to serve as professional interpreters. The workshop provided participants with education and critical information to improve their interpreting skills. This included information about various cultural practices, cultural diversity and sensitivity, and material from the Professional Interpreters Code of Ethics and the National Standards for Culturally and Linguistically Appropriate Services in Health Care.

The 25 workshop participants all serve as interpreters in their place of employment, including county and local public health departments, hospitals, FQHCs, and

other agencies that assist in refugee resettlement activities. Languages of the participants included Chinese, Korean, Spanish, Russian, Cantonese, Mandarin, Vietnamese, Tamil, Italian, Malayalam, and Urdu.

Funding for this workshop was made available through the RHP. For more information or to learn how to sponsor a workshop, contact Terrie Whitfield, Communicable Disease Service at 609-588-7500.



ACIP Passes VFC Resolution for Varicella

By: Karen Culp, Health Educator

Before licensure of the varicella (chickenpox) vaccine in 1995, each year there were about four million cases of varicella, 13,500 hospitalizations and 150 deaths nationally. Cases of varicella have declined by 80-85% since the vaccine licensure. From 1995 to 2001, varicella hospitalizations declined by 72%, and deaths among those 50 years old and younger decreased by at least 75%.



In recent years, varicella outbreaks among school children have been increasing. During these outbreaks, 11% - 17% of vaccinated children developed varicella. Varicella in vaccinated children is usually mild, but the children are contagious and can transmit the virus to others, including their parents, who are at higher risk of severe disease.

In June 2006, the Advisory Committee on Immunization Practices (ACIP) voted to recommend a second dose of varicella vaccine for children ages 4-6 years to further improve protection against the disease. The first dose of varicella vaccine is recommended at the age of 12 to 15 months. The ACIP also recommended that children, adolescents, and adults who previously received one dose of the vaccine should receive a second dose.

The ACIP further passed a Vaccines For Children (VFC) resolution to include the second dose of varicella in the VFC Program. Fifteen to 20% of children who have received one dose of the vaccine are not fully protected and may develop chickenpox after coming in contact with varicella zoster virus. A second dose of varicella vaccine provides

increased protection against varicella disease. One dose of the vaccine may not continue to provide protection into adulthood when chickenpox and its complications are more severe.

Slide presentations and the full report from the ACIP meeting are posted at www.cdc.gov/nip/acip. The next ACIP meeting will be held at the CDC Global Communications Center in Atlanta, Georgia, on October 25-26, 2006.



Save the Date!

The fall/winter Infectious Disease Summits are scheduled for December 5 (northern New Jersey) and December 6 (southern New Jersey). More information to come!

CDRSS Corner

*By: Marlene Bednarczyk,
NEDSS Lead/CDRSS Coordinator*

Train-the-Trainer support for CDRSS Users Now Available

Currently, CDRSS has over 700 trained users with at least one per municipality, local health department, and acute care hospital statewide. Training materials have been developed to support local train-the-trainer sessions. Any currently active users who would like to train local colleagues can access the materials posted on the CDRSS "Training" links.

To assure standardization of training, a full training package has been developed. NJDHSS CDRSS staff must receive signed confidentiality agreements and users must receive hands-on training before access to the live production site (where real data are reported and stored) is granted. Instructions regarding scheduling of sessions, pre-registration of trainees, preliminary access to the training site, password assignment, user IDs and a cover fax sheet are available on the training link. In addition, a step-by-step instructor's manual is included. Other support materials include training supplements used during the NJDHSS CDRSS training, as well as a frequently asked questions sheet. Additional training support material will be loaded on

the "Training" link as it becomes available.

An updated version of the CDRSS "User Guide" has been posted on the "Training" link in the CDRSS for all users to access as needed.

"Instructions for Exporting Reports" are also available. A quick check sheet of "Important Things to Note" is available, as well as a "Don't Do List."

Influenza-Like-Illness Surveillance Module Ready for 2006-2007 Flu Season

An influenza-like-illness (ILI) surveillance module has been added to the CDRSS in time for the 2006-2007 flu season. Replacing e-mail and fax reports, the ILI module allows select users to immediately report weekly statistics for participating schools, nursing homes and hospitals. Reporting entities can enter data directly and run reports on their data entry history and aggregate statewide data. All data are date- and time-sensitive, and precautionary restrictions on the data entry process protect the integrity of the data. All data are expressed as ratios to the total population of each reporting entity.

The module went live on October 1, 2006 in conjunction with CDC's MMWR Week 40, the official start of the 2006-2007 flu season. Having a complete set of data for the

module's inaugural year will provide baseline data for future analysis and is another valuable public health tool offered within CDRSS's capabilities.

A manual for the ILI surveillance module has also been posted. Future materials pertaining to outbreak management and other related topics will be loaded as they become available.

State Training Still Available

Any communicable disease reporting personnel in local or county health departments, acute care hospitals, or laboratories may register for a training session at the e-mail address listed below. Immediate access to electronic reporting in the CDRSS production site will be granted upon completion of the training.

CDRSS Help Desk Number and E-mail Address

Phone: 609-631-4744

E-mail:

cdrsadmin@doh.state.nj.us

Surveillance Summary and Updates

By: *Stella Tsai, Research Scientist and Teresa Hamby, Data Analyst*

Background

The Infectious and Zoonotic Disease Program conducts daily surveillance to monitor for potential infectious disease outbreaks and bioterrorist events around New Jersey. There are four components to this ongoing surveillance.

- NJ Emergency Department (NJ ED) Volume: daily analysis of hospital ED visits and resulting admissions from 83 NJ acute care hospitals.
- Realtime Outbreak and Disease Surveillance (RODS): Housed at the University of Pittsburgh, the RODS laboratory operates the National Retail Data Monitor which monitors sales of over-the-counter health products to identify disease outbreaks as soon as possible. Daily sales data are downloaded to NJDHSS and analyzed daily.
- Biosense: an early event detection and situational awareness system developed by the Centers for Disease Control and Prevention (CDC) which collects health information on procedures and diagnoses from the Department of Defense and Veteran's Administration clinics, as well as Labcorp test orders in the state.
- Jemstat: a NJDHSS web-based system that monitors NJ hospitals whose emergency departments are on divert status.

Surveillance System Evaluation

The Communicable Disease Service (CDS) data workgroup recently conducted an

evaluation with stakeholders on the NJ ED Volume surveillance system using the data collected from January 2005 to February 2006. The evaluation is based on CDC recommendations for public health surveillance systems.¹ The key components of evaluation include:

- Survey of primary stakeholders including CDS staff involved with the ED Volume surveillance system design, and LINC epidemiologists.
- Descriptive analysis of ED volume surveillance results during the evaluation period.
- Comparison of results with other disease notification systems currently used in CDS.
- Cost-benefit analysis of current ED surveillance system, potential improvement of current system, and alternative surveillance systems.

Several key findings from the evaluation include:

- A total of 417 "blips" (alerts) were detected from the ED surveillance system during the evaluation period. Most blips were investigated by LINC epidemiologists within 48 hours of notification from CDS. None of the blips were related to infectious disease events during the evaluation period.
- A total of 274 infectious disease events were captured by routine reporting methods to CDS. Several other infectious disease events were captured by the Communicable Disease Reporting System (CDRS) which was in place during the evaluation period.



Options for improving the current NJ ED surveillance system have been identified for future discussion with primary stakeholders.

- NJ ED surveillance has facilitated relationships between LINC epidemiologists and hospital ED staff/infection control professionals.
- NJ ED surveillance is a resource-intensive process at both state and local public health agencies.

The major conclusions from the evaluation are:

- The NJ ED volume surveillance has enhanced communications between the LINC epidemiologists and hospital ED staff/infection control professionals at the hospitals.
- NJDHSS, LINC agencies and hospitals will need to explore methods to streamline and improve the existing ED volume surveillance system.

¹ Centers for Disease Control and Prevention. Updated guidelines for evaluating public health surveillance systems: recommendations from the guidelines working group. *MMWR* 2001;50(No. RR-13)

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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.