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Happy 2007!



NJ Communi-CABLE

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CDC Releases New STD Strategies

By: *Amelia Hamarman, Health Educator*

The Centers for Disease Control and Prevention (CDC) have published an updated version of *Sexually Transmitted Diseases Treatment Guidelines* released in September 2006. Too often sexually transmitted diseases (STDs) go undiagnosed and untreated which can lead to serious and costly health problems including infertility, high-risk pregnancy, health problems in newborns, increased risk for HIV infection, STD-related cancers and more. The CDC updates these guidelines every four to six years to assist health care providers with their important role in the prevention, diagnosis, and treatment of STDs. Highlighted changes from the updated guidelines are as follows:

STD Treatment

Changes in the 2006 *STD Treatment Guidelines* include new indications for the treatment of some STDs:

- Recommends that suppressive antiviral therapy be considered as part of a strategy to prevent the transmission of genital herpes.
- Supports the efficacy and safety

of a single dose of azithromycin for the treatment of chlamydial infections during pregnancy.

- Reports that tinidazole, a new medication for the treatment of trichomonas vaginitis, is at least as effective as prior treatments, but is more easily tolerated by patients.

Pre-Exposure Vaccines

The new treatment guidelines strongly encourage the use of available pre-exposure vaccines to prevent some STDs.

- A human papilloma virus (HPV) vaccine against types 6, 11, 16, and 18. This vaccine is available and licensed for females ages 9-26. Ideally this should be administered before the onset of sexual activity.
- A hepatitis B vaccine should be offered to all unvaccinated persons seeking STD testing or treatment in any setting (including STD clinics, private physicians' offices, correctional facilities, drug treatment centers, etc.)

General Prevention Strategies

New general STD prevention strategies discussed in the new treatment guidelines include:

- New data that suggest condom use may reduce the risk of herpes simplex virus, type 2 transmission.
- Condom use may also reduce the risk of HPV-related diseases such as genital warts and cervical cancer.
- Recommendation that HIV testing be incorporated into general consent for care with an opportunity for patients to decline testing (called "opt-out" testing).

Men Who Have Sex With Men (MSM) Populations

In response to increasing STD infection rates among MSM, the new guidelines include suggestions for the routine screening and prevention of STDs among MSM including:

- Screening for HIV
- Screening for syphilis
- Screening for urethral, rectal and pharyngeal chlamydia infections
- More frequent screening (every 3-6 months) for

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MSM who engage in higher risk activities such as multiple sex partners, illicit drug use or having partners who participate in these activities.

- Vaccination for hepatitis A and B.

To view or download the full text of the CDC 2006 *Sexually Transmitted Disease Treatment Guidelines*, visit the the New Jersey Department of Health and

Senior Services, Sexually Transmitted Disease Program website www.nj.gov/health/cd/std/tools.shtml or the CDC website www.cdc.gov/std/treatment/.

Health Awareness Months

February:

Prenatal Infection Prevention Month

National Condom Week (12th—17th)

March:

World Tuberculosis Day (24th)

Health Education in Boston!

By: Suzanne Miro, Health Educator

November 2 - 4, 2006 was the annual gathering of the nation's health educators at the Society for Public Health Education conference in Boston, MA. This year's meeting featured the usual presentations on a variety of health education topics, but focused a bit more heavily on one particular aspect of health education - the delivery of health education during public health emergencies.

A pre-conference workshop dedicated to emergency health education was delivered by a panel of experts on the topic. Gail Williams, Commander, US Public Health Service and Community Health Education Team (CHET) Leader, and Yescenia Espinoza, Health Education Specialist, both from

the Centers for Disease Control and Prevention (CDC) provided an overview of the infrastructure and function of their CHET. Audience members were also provided with information regarding the various resources and capabilities within the CDC that are available to local public health emergency response.

Sean Kaufman, Director of Programs for Emory University's Center for Public Health Preparedness, provided an energetic presentation on the role of health educators during an emergency, and focused on the importance of fostering behavior change to improve the health of our constituents during an emergency.

During the conference, a panel-session devoted to emergency health education was offered. Suzanne Miro, Health Education Coordinator for the New Jersey Department of Health and Senior Services Communicable Disease

Service, was one of the presenters and focused her presentation on the state of emergency health education five years after the anthrax event. She noted that there had been a shift toward risk communication after the incident and acknowledged that risk communication is important, but only a part of the larger health education picture.

Another important focus was in the formation of a new Special Interest Group (SIG) for Emergency Health Education. An early morning meeting was held in order to determine the role such a new SIG could play and how SOPHE can be at the national forefront of preparing health educators to perform effectively and promote the value of their profession in emergency response situations.



Winter Infectious Disease Summits

By: Laura Taylor, Health Educator

The NJ Department of Health and Senior Services (NJDHSS) 2006 Winter Infectious Disease Summits were held December 5 at Mayfair Farms in West Orange and December 6 at Adelphia in Deptford. More than 550 public health and healthcare professionals attended the daylong conference.

The winter summits featured speakers from federal, state and local agencies that advocate or provide services to immigrants, migrants and refugees. The morning plenary session provided participants an overview of the federal Office of Refugee Resettlement (ORR). The speakers explained various services and support provided by ORR, including coordinating refugee and asylee resettlement issues and assisting victims of human trafficking. A panel of administrative and public

health professionals addressed issues regarding immigrant, migrant and refugee health. Special thanks to Joshua Kent, Ken Tota, Marta Brenden, Nick Montalto, Cheri Arias, Tom Privett and Christine Armenti for sharing their expertise and insight.

Following the panel, Carol Genese, MBA, NJDHSS Disease Surveillance and Special Projects Coordinator, presented on *E. coli* in New Jersey. Ms. Genese provided information concerning new Centers for Disease Control and Prevention testing, reporting and surveillance guidelines for shiga toxin producing *E. coli* (STEC). *E. coli* 0157:H7 is the most common STEC in the United States. She also gave a lively overview of an *E. coli* outbreak this past summer at a Bergen County daycamp.

Three breakout sessions rounded out the afternoon:

meningococcal infection and the public health response; sentinel providers for influenza surveillance and outbreak investigations. Breakout sessions provided participants with timely and relevant information.

All presentations will be posted to the New Jersey Learning Management (NJLMN) virtual library. The presentations may be accessed on-line at: <https://njlmn.rutgers.edu>. NJLMN is the premier on-line tool for posting, registering for classroom and satellite broadcast courses in New Jersey. Create your personal account and check the course offerings often to stay informed of future Infectious Disease Summits. There is no charge to create an account and view course offerings.



Coming in 2007!

The Disease Investigator Training is nearing completion. Be on the lookout in 2007 for dates, times and locations for a training near you!

CDRSS Corner

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

The Communicable Disease Service (CDS) has developed a method for processing feedback to improve Communicable Disease Reporting and Surveillance System (CDRSS). Approving, prioritizing and documenting change requests and enhancement ideas identified by users of the CDRSS comes under the purview of the CDRSS Steering Committee, which is composed of state business and program stakeholders and includes local representation as well as Office of Information and Technology Services (OITS) representation. Meeting on a regular biweekly schedule, the CDRSS Steering Committee addresses ideas, issues and concerns as they arise, and documents them for development and implementation by OITS. In addition to reacting to issues identified by users, the CDRSS Steering Committee also plans for future capabilities while paying close attention to the limitations of financial and personnel resources in order to more effectively use both.

Since its inception on January 9, 2006, the capabilities of the CDRSS have been enhanced with the implementation of a complete influenza-like illness (ILI) surveillance module, thereby enabling direct, statewide reporting of ILI data beginning with the 2006-2007 flu season in October. These data will not only facilitate

New Jersey's annual flu reporting efforts, but also provide baseline information for future analysis.

In addition to the ILI module, users have submitted hundreds of change requests and ideas for enhancements since January 2006. Some require extensive work and are scheduled to coincide with CDRSS major upgrades. Others are minor adjustments that can be incorporated as time, staff and programming compatibility permit. A few of the changes that have been requested and implemented to date are:

- Replaced "Submit" buttons with "Continue" buttons on data entry screens to reduce confusion regarding when a user is actually submitting or saving data to the database rather than just continuing to add more data to the case on multiple screens.
- Changed the privileges for data entry users to access clinical status and address tabs.
- Added "Print Case" functionality to read-only screens, enabling users to print cases that are "DHSS Approved."

Enhancements have also been added to the CDRSS:

- Contact all active users via e-mail.
- Select any field in a case that can then be displayed in an export report.



- Submit a case, page by page, to the database so data will not have to be reentered due to timed out material being lost on detailed cases.
- Generate monthly disease statistic reports by municipality or county.
- Create new reports, including "By Local Health Department" and "Out of State."

The development and expansion of the CDRSS has been effectively guided by the CDRSS Steering Committee, providing CDS with a mechanism to monitor and track its progress while ensuring that the CDRSS performs the multifaceted communicable disease reporting and surveillance functions be it at the municipal level, statewide, or at the national level by reporting to the Centers for Disease Control and Prevention (CDC). In September 2006, the CDC commended New Jersey during the Public Health Information Network Annual Conference in Atlanta, Georgia, for "an amazing accomplishment" regarding its conversion from the case-centric

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Influenza-Like Illness Surveillance in NJ

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

Seasonal influenza causes a significant disease burden on the population. Each year, influenza infects approximately 5% to 20% of the population and is associated with more than 200,000 hospitalizations and 36,000 deaths in United States. Among those hospitalized, more than 60% are over 65 years of age. Deaths of adults ages >65 years account for $\geq 90\%$ of deaths attributed to pneumonia and influenza. (CDC, 2006).

Annual surveillance for influenza-like illness (ILI) began in 2000 and continues in New Jersey. Each year from October to April, the NJ Department of Health and Senior Services (NJDHSS) Communicable Disease Service (CDS) distributes weekly outlines detailing current activity to public health agencies and surveillance partners around the state. This article is an orientation to the elements of the NJDHSS weekly influenza report posted on the NJDHSS website (<http://nj.gov/health/flu/fluinfo.shtml>).

ILI Surveillance Data Collection

CDS utilizes several surveillance systems to monitor weekly influenza activity in New Jersey throughout the year. Primary data sources report the requested data via the Communicable Disease Reporting and Surveillance System (CDRSS). The entities and the data requested are:

- Hospital emergency departments (ED): CDS recommends that

all New Jersey hospitals report the number of ED visits during a 24-hour period and the number of illnesses among those visits due to ILI.

- Long-term care facilities: CDS recommends that all long-term care facilities report the number of residents with respiratory illness or ILI on Tuesday of each week.
- Schools: CDS recommends at least one school per 100,000 population, or a minimum of four per county, report the rate of absenteeism, as well as the predominant reason for absenteeism on Tuesday of each week.

Additional data collected for comparison with the primary ILI surveillance data are:

- Laboratories (NJDHSS Public Health and Environmental Laboratories and Hackensack University Medical Center): report the total number of respiratory specimens tested, the number positive for influenza A or B, and the number confirmed by culture each week.
- Physicians as sentinel providers: 42 sentinel providers report weekly total patients and weekly ILI cases by age groups (0-4 years; 5-24 years; 25-64 years; and >65 years).
- Select acute care hospitals: report weekly total and positive respiratory syncytial virus (RSV)

tests as RSV is considered a potential confounder for ILI surveillance.

- Infection control professionals: report severe pediatric cases and mortality associated with influenza.
- Mortality Reporting System: 6 NJ cities (Camden, Elizabeth, Jersey City, Newark, Paterson, and Trenton) out of 122 cities nationwide report the total number of death certificates filed every week. Deaths categorized as pneumonia and ILI-related are included in this reporting system.

Analysis and Report Elements

The data collected through CDRSS every week are analyzed to estimate the influenza activity level in New Jersey. The detailed definitions of five activity levels (No Activity, Sporadic, Local, Regional, and Widespread) statewide and regionally are described in the ILI weekly report (<http://nj.gov/health/flu/fluinfo.shtml>).

Beginning with the 2006-2007 season, several charts and a map are included to present current and historical ILI activity in New Jersey. The ILI weekly report now includes a chart to present ILI activity level statewide for the current and past three seasons (2003-2004, 2004-2005 and 2005-2006). The baseline for comparison is defined as the average activity during months of May to August, or the off-season, from 2004 to 2006. A map is displayed for regional ILI activity

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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.

CDS Welcomes New Employees

Yanet Barboza, STD Program, Clerk Typist



Carolyn M. Tunstall, STD Region I
Manager (Federal Health Advisor)

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CDRS to the patient-centric CDRSS. During a CDC site visit in October 2006, CDC once again commended New Jersey for its ability to develop and implement its sophisticated, electronic, web-enabled reporting and surveillance systems and

recognized the role of the CDRSS Steering Committee in that success. The CDC invited NJDHSS to collaborate on presentations and publications to share its knowledge with other states, calling New Jersey one of the "forerunners in the nation".

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Influenza-Like Illness Surveillance in NJ

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level weekly. Charts for specific surveillance activity from EDs, long-term care facilities, schools, sentinel providers and RSV tests are presented for the current season with comparison

information from past seasons. A summary of each ILI surveillance system is included in the weekly report.

If you would like more information about the ILI surveillance program or

are interested in participating, please contact:

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