



NJ Communi-CABLE

JULY 2008

JON S. CORZINE

GOVERNOR

HEATHER HOWARD

COMMISSIONER

COMMUNICABLE
DISEASE SERVICE

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NJ Governor Proclaims Lyme Disease Awareness Month

By: Suzanne Miro, Health Educator

Recently Governor Jon S. Corzine officially proclaimed the month of May 2008 to be Lyme Disease Awareness Month. Lyme disease is the most common vector-borne bacterial disease in the United States, with approximately 20,000 new cases reported nationwide each year. New Jersey, ranking third in the nation in total reported cases to the Centers for Disease Control and Prevention, suffers disproportionately from this disease with an average of 2,665 confirmed Lyme disease cases each year.

Shereen Semple, Vector-borne Disease Coordinator for the New Jersey Department of Health and Senior Services, Communicable Disease Service, was the driving force behind this proclamation and cites this awareness month as a great accomplishment. "The governor's proclamation is a great opportunity for public health to remind New Jersey residents about the importance of Lyme disease awareness and tick prevention strategies."

Transmitted by the bite of an infected deer tick (*Ixodes scapularis*), Lyme disease can begin its course of illness with the characteristic bull's eye rash and flu-like symptoms such as fever, muscle aches, headache and fatigue. The disease is treatable with antibiotics if caught early. Untreated cases can progress to include more serious outcomes such as musculoskeletal, neurological and cardiac problems. The deer tick that carries Lyme disease is found throughout all 21 counties in New Jersey and can carry other diseases such as ehrlichiosis, babesiosis, and anaplasmosis.

The official designation of May 2008 as Lyme Disease Awareness Month will heighten awareness among the residents of New Jersey as they venture outdoors for warm weather activities. A key component of this awareness month is enhanced attention to preventive behaviors people can take to protect themselves from infection. Prevention efforts include the use of insect repellents, prompt identification and removal of ticks after outdoor activity, and appropriate clothing. People should be taught to dress in light-colored, long-sleeved shirts and long pants to spot ticks more easily.



Awareness Months

July

International Group B
Strep Awareness
Month

August

National Immunization
Awareness Month

Communicable Disease Service Employees Awarded

Congratulations to all of the Communicable Disease Service (CDS) employees who received NJ State Public Service Awards at a ceremony held on May 5, 2008 at the War Memorial in Trenton, NJ.

Ellen Rudowski, Public Health Nurse Consultant, was the recipient of the Exceptional Service award. Christina Tan, MD, CDS Medical Director says "Ellen Rudowski has demonstrated extraordinary commitment to communicable disease prevention, in particular hepatitis A. She has spent countless hours above and beyond routine workdays speaking with local health department and health care provider staff and ensuring that these staff have the support and resources they need for appropriate management of hepatitis A and other reportable cases."

Winning in the award category for Teamwork/Partnership were (from CDS) Sylvia Bookbinder,

Colin Campbell, Lisa McHugh and (from the NJ Dept. of Agriculture) Shari Silverman. They were awarded for their efforts in implementing the federally-developed Avian Influenza Rapid Response Training to the public health community of NJ. This training required a blending of the skills and knowledge of both public health and agriculture to provide attendees with a comprehensive understanding of how these fields of expertise would need to interface in the event avian influenza appears in our state.



Also winning in the Teamwork/Partnership category were (from CDS) Jo Foster, Carol Genese, Michelle Malavet, Lisa McHugh and Laura Taylor for their work in developing the Communicable Disease Investigation Training Team. The work of this team has provided valuable information to strengthen our public health partners' disease investigation skills.

2008 Infectious Disease Summits a Success!

The much anticipated 2008 Infectious Disease Summits were held April 1 (north NJ) and April 8 (south NJ). Approximately 530 public health and health care professionals attended the conference.

After the opening presentation by Eddy A. Bresnitz, MD, MS, Deputy Commissioner/State Epidemiologist, a variety of public health topics were addressed during the full-day event including:

- N.J.A.C. Chapter 8:57 Revisions (John Brook)
- When Good Seafood Goes Bad: Bacterial Pathogens and Marine Toxins (Michelle Malavet)
- *Salmonella lichtfield* Outbreak at a Local Restaurant (Mary Glenshaw)

The afternoon session featured several speakers from the New Jersey Department of Health and Senior

Services, Communicable Disease Service, focusing on issues and projects relating to antimicrobial resistance. Presentations included:

- Needs Assessment to Determine Best Methods to Educate Body Artist Professionals about Community-Acquired MRSA (Suzanne Miro)
- Healthcare-associated Infection and Multidrug Resistance: Current Issues in Health Policy and Outbreak Investigation (Adam Langer)
- Initiatives to Combat Antimicrobial Resistance in New Jersey (Corey Robertson and Barbara Montana)

Information regarding next year's summit will be posted to the New Jersey Learning Management Network at <https://njlmn.rutgers.edu>.

Increasing Adult Vaccination Rates: WhatWorks

By: Candice Davenport, Health Educator

The National Center for Immunization and Respiratory Diseases (NCIRD), Centers for Disease Control and Prevention (CDC), announces the availability of an interactive, web-based training course, *Increasing Adult Vaccination Rates: WhatWorks*, which focuses on strategies that have proved effective in increasing adult vaccination rates.

This training program offers participants the opportunity to review information about effective strategies (such as standing orders, chart reminders, mailed/telephoned reminders), test their knowledge of vaccines recommended for adults, explore facts about vaccine-preventable diseases affecting adults, and access reference/resource materials.

WhatWorks is a self-study course that participants can complete at their own pace. It can also be used as a reference and can be accessed at anytime. The course is intended for primary care practitioners: physicians, nurses, nurse practitioners, physician assistants, and is also appropriate for other healthcare professionals who provide immunization services and education to adults.

WhatWorks is available free of charge on the CDC website at <http://www2a.cdc.gov/vaccines/ed/whatworks/index.html>.

Continuing education credits, available through CDC, will be provided. *Increasing Adult Vaccination Rates: WhatWorks* was developed through a Cooperative Agreement between NCIRD and the Association for Prevention Teaching and Research <http://www.aptrweb.org/>. Questions or comments about *WhatWorks* may be e-mailed to nipinfo@cdc.gov.

NJDHSS “Rolls-Out” Pan Flu Plan

By: Sylvia Bookbinder, Health Educator

In February 2008, the 670-page draft plan was posted to the password-protected NJLINC website and was also made available on CD by request. An announcement about its availability and a request for feedback was sent to stakeholders by the Deputy Commissioner/State Epidemiologist. A few comments were received and the plan was edited accordingly. The small number of comments received confirmed the need for a face-to-face program to familiarize stakeholders with the voluminous plan.

Three half-day regional trainings were held: April 30 (South Jersey), May 22 (Central Jersey), and June 4 (North Jersey). Public health and healthcare professionals were invited. The program was free to attend, but on-line pre-registration was required. A total of over 500 people attended, primarily representing hospitals, state health department, local health departments, Federally Qualified Health Centers, long-term care facilities, local government, and military installations.

The goals of the program were to:

- Provide current information on NJDHSS' influenza pandemic planning and response

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Training Announcements!



MRSA Public Health Trainings Now Available!

Due to the overwhelming request for information regarding community-associated MRSA (CA-MRSA) skin infections, the NJ Dept. of Health and Senior Services Communicable Disease Service has created a presentation targeted specifically to public health professionals. Attend this lively and informative program to learn about CA-MRSA, its history, epidemiology, clinical presentations, treatment recommendations, prevention strategies and more. Risk communication strategies and tips are also included. Trainings are posted to the New Jersey Learning Management Network at <https://njlmn.rutgers.edu>.

Communicable Disease Service Speakers' Bureau

The Communicable Disease Service (CDS) Speakers' Bureau is available to provide presentations to public health and health care professionals as part of conferences, trainings, and association meetings. In 2007, the CDS provided over 80 presentations for nearly 3,100 participants!

To request a speaker, please complete a Speaker Request Form at <http://www.state.nj.us/health/forms/cds-26.dot> and send to Suzanne Miro at suzanne.miro@doh.state.nj.us.

Warm Weather is Here, So is Viral Meningitis

By: Mary-Jo Foster, Public Health Nurse Consultant

Summer brings us lazy days as school ends, and family vacations begin. Unfortunately, hot weather also brings a rise in reports of viral meningitis. Viral meningitis is a condition in which infection with a virus causes inflammation (swelling and irritation) of the membranes that cover the brain and spinal cord. Viral meningitis can occur throughout the year, but is most common in the summer and early fall. People of any age can get viral meningitis, but it is more frequent in children.

About 90% of viral meningitis cases are due to common stomach viruses called enteroviruses. These viruses are routinely found in the saliva and stool of healthy people, and can be passed from person to person through kisses and uncovered sneezes or coughs. Contact with unwashed hands or sharing eating and drinking utensils can also spread these viruses. Most people who come in contact with enteroviruses do not get ill, because their immune system fights the virus. Infected people who become ill usually develop mild upper respiratory symptoms (a "summer cold"), a stomach illness with fever and diarrhea, or a rash. Less commonly, some infected people develop viral meningitis.

The symptoms of viral meningitis are fever, headache, and tiredness. Nausea, stiff neck, mental confusion and sensitivity to light can also occur. In babies, the symptoms include fever, fussiness, refusing to eat, difficulty waking up, and swelling of the soft spot on the baby's head. Early detection and treatment of meningitis are very important to avoid serious health problems, so anybody with these symptoms should be seen by a doctor or other health care provider immediately. The health care provider makes the diagnosis of meningitis by observing the patient's symptoms and testing blood and spinal fluid.

Since many of the viruses that can cause viral meningitis are fairly common, it is important to develop habits that cut down on viral spread. These include good hand washing after going to the toilet and before preparing food, covering coughs and sneezes with a tissue, proper disposal of used tissues followed by hand washing, and not sharing eating or drinking utensils. Immunizing children against polio, measles, mumps, rubella and chicken pox can prevent meningitis caused by these viruses.

A person who has viral meningitis may be hospitalized, although some are allowed to recover at home if they are not too ill. Treatment, including rest, fluids, and over-the-counter pain medication, is given to relieve symptoms. Antibiotics do not work against viruses, so they are not used with viral meningitis. A person with viral meningitis will usually recover completely, though it may take a few weeks before he or she feels entirely better. You can help keep your family well by teaching your children the healthy habits listed above and, of course, by following them yourself.

Northern NJ Counties Implement Additional Hospital Surveillance

By: Teresa Hamby, NJDHSS Data Analyst and Carrie Nawrocki, Hudson Regional Health Commission Epidemiologist

As part of the Urban Areas Security Initiative (UASI), seven LINCS agencies located in the northeastern part of the state have implemented a new surveillance stream. Local hospitals in the LINCS jurisdictions (Morris, Passaic, Union, Essex, Hudson and Bergen Counties, and Newark City) are now connected to the Health Monitoring System (HMS). Formerly a part of the Real-Time Outbreak and Disease Surveillance (RODS) Laboratory housed at the University of Pittsburgh, HMS was launched as a private corporation in 2006 to provide public health departments with professional service and software development for biosurveillance needs.

Via electronic connection, hospital emergency department registration data is collected in real time from participating hospitals via a standard called Health Level 7 (HL7). HL7 is the most widely used messaging standard in healthcare. It enables healthcare applications to exchange key sets of clinical and administrative data. Specifically, healthcare registration data consist of the age, gender, home zipcode, date/time of admission, and a free-text chief complaint of the patient. In the event that a chief complaint is not available and an ICD-9-CM code is provided, the ICD-9-CM code description will be substituted for the chief complaint.

The LINCS epidemiologists and other health department staff are given online access to the data for their jurisdiction via EpiCenter, a surveillance system designed for daily use and featuring new advanced analytical and collaborative workflow tools. The newest version of the software includes advanced mapping, investigation and download capabilities which greatly improve the surveillance

capabilities at the local level in those areas.

At the LINCS level, EpiCenter is a useful tool and can be easily used in conjunction with other surveillance systems currently in place throughout the State. Since there is access to detailed registration data via this surveillance system, epidemiologists can focus in on specific syndromes and geographic areas. This is useful for investigating anomalies from other surveillance systems such as the Daily Emergency Department Volume Surveillance. Additionally, in the near future, EpiCenter will automate data reporting that is currently obtained and reported manually from epidemiologists and hospital staff.

The new system has already been put to a practical test. This past April, HMS and Hudson Regional Health Commission utilized EpiCenter during a disaster drill in a Hudson County hospital. The scenario for the drill involved 20 high school students presenting to the hospital over a two-hour period complaining of various gastrointestinal symptoms, the result of an *Escherichia coli* outbreak from students eating tainted food at a local restaurant. Within two hours of the first mock patient arriving at the hospital, EpiCenter's algorithms, based on complaints of the patients, had issued a notification to the LINCS agency and the epidemiologist began investigating the possible outbreak.

The current version of EpiCenter available is considered a "beta" test version and has been running concurrently with the existing HMS interface to allow users time to familiarize themselves with the new system. It is expected that a newer, full version of the software will be available this summer.

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.

NJDHSS Welcomes New Employees!

Refugee Health Program

Anne Gail Fox—Public Health Consultant I (nursing)



NJDHSS “Rolls-Out” Pan Flu Plan

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- Identify roles and responsibilities of NJDHSS, county and local public health officials and public health partners in implementing the NJDHSS Influenza Pandemic Plan
- Develop recommendations for “next steps” in influenza pandemic preparedness

Through a partnership with the NJ-Preparedness Training Consortium at the University of Medicine and Dentistry of NJ, free continuing education credits were provided for nurses, Certified Health Education Specialists and physicians. In addition, continuing education credits for NJ public health officials (LEs) were provided. The agenda included four presentations followed by an interactive panel session. The presentations were:

- Pandemic Influenza: Impact, Prevention and Control
- Overview of Influenza Pandemic Planning

- NJDHSS Plan in Context: Annex to the Statewide Plan
- Overview of the NJDHSS Plan

The interactive panel session was titled: The NJDHSS Plan and Partner Activities. Based on evaluation forms received from the audience, the panel was re-structured after the April 30 program. For the panel, the State staff who were the leads in writing the 10 sections of the plan each gave five minute talks highlighting what NJDHSS would be doing and what was expected of our partners during CDC's modes of “watch,” “alert,” and “response.” Each speaker was followed by about 10 minutes of lively audience Q&A. Issues raised at these trainings will be considered when this dynamic plan undergoes its next revision.