



# NJ Communi-CABLE

JULY 2009

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DISEASE SERVICE

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## CDS Director Retires

Janet DeGraaf, Director of the New Jersey Department of Health and Senior Services (NJDHSS) Communicable Disease Service (CDS), retired on June 30, 2009 after 17 years of employment with the State of New Jersey. Prior to coming to NJDHSS in 1993, Ms. DeGraaf was employed by the NJ Department of Human Services for 4 years.

Prior to 9/11/01, the Infectious and Zoonotic Disease Program (IZDP) was comprised of 15 employees. After the events related to the terror attacks that fall, the IZDP grew to 37 employees. This growth was much needed, not just in terms of preparedness for public health emergencies, but also to develop disease surveillance programs, outbreak response capabilities and health education. The four CDS programs (Infectious and Zoonotic Disease Program, Vaccine Preventable Disease Program, Sexually Transmitted Disease Program, and the Tuberculosis Program) handle a tremendous volume of work and an adequate staffing level is critical. Under her watchful eye during her years as CDS Director, Ms. DeGraaf's staff responded to public health emergencies such as West Nile Virus, anthrax, the influenza vaccine shortage, and the recent H1N1 flu outbreak. Additionally, she oversaw the implementation of the smallpox vaccination program. Over the years, Ms. DeGraaf has received various commendations for her work including a commendation and recognition from Donald DiFrancesco, Senate President and Acting Governor, for her "selfless and generous spirit, on behalf of the Garden State, particularly those affected by September 11." Commendation was also received from the State of New Jersey, Division of State Police, Office of Emergency Management "for exceptional support and expertise rendered during the Hurricane Katrina effort in New Orleans, LA." In 1993, she received a special award of recognition from the State of New Jersey, Office of the Governor, James Florio for the Jersey City AFDC Immunization Project.



When asked what she will miss the most about her job, her immediate reply was "The people. The CDS staff is not only hard-working and talented, but they are great people." As for her retirement plans, Ms. DeGraaf says that she is "looking forward to spending time at the beach for now. And maybe down the road I will find something to occupy my time. But for now, I need to decompress and relax."

The staff of the Communicable Disease Service wishes Janet well in her retirement!

## Awareness Months

### July

International Group B  
Strep Awareness  
Month

### August

National Immunization  
Awareness Month

### September

National Head Lice  
Prevention Month  
World Rabies Day  
(9/28)

# The NJ Refugee Health Program

By: Anne Fox, Public Health Nurse Consultant

Every person, refugee or otherwise, looking for admission to the United States is required to undergo a medical examination, overseas, prior to arrival. This regulation and established requirements are set by the Centers for Disease Control and Prevention (CDC) in the U.S. Dept. of Health and Human Services (DHHS). In addition, refugees — *foreign-born residents who are not U.S. citizens and cannot return to their country of origin or last residence because of fear of persecution due to race, nationality, membership in a particular social group, or political opinion*, are required to undergo a domestic health assessment once they arrive in the United States. The Refugee Act of 1980 established federal guidelines for providing services to refugees resettling in the United States. The Act entitles all newly arriving refugees to a comprehensive domestic health assessment to be initiated as soon as possible following arrival. The Refugee Health Program (RHP) in New Jersey is part of the Department of Health and Senior Services, Communicable Disease Service. The

program has two major partners, voluntary resettlement agencies (VOLAGS) and health screening network providers which include a variety of healthcare providers, but mostly include federally qualified health centers. All agencies work together to assist refugees in obtaining a domestic health assessment and to assist refugees in gaining access to the health care system. The overarching goals of the RHP are to protect the public's health against communicable diseases and to identify and treat health conditions or health-related barriers that may delay successful resettlement.

Please be sure to check out each issue of NJ COMMUNICABLE for interesting facts on New Jersey's refugee populations and for practical tools related to meeting the medical needs of newly arriving refugees.

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The Refugee Health Program wants you to know!

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United States Department of HEALTH & HUMAN SERVICES Office of Minority Health

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With growing concerns about racial and ethnic disparities in health and the need for health care systems to accommodate increasingly diverse patient populations, cultural competence has become more and more a matter of national concern and attention.

Providers can take the first step to improve the quality of health care services given to diverse populations. By learning to be more

## National Immunization Survey Places NJ Near Bottom

*Used by permission from the NJ Vaccine Voice newsletter*

Recently released National Immunization Survey (NIS) data reveal that New Jersey is doing more poorly than most states nationwide in delivering timely immunizations. The National Immunization Survey is the only population-based, provider-verified survey to provide national, state, and local area estimates of vaccination coverage among children aged 19-35 months. New Jersey's Q3 2007-Q2 2008 data rank the State seventh from bottom, and below the national average of 77.2, with only 70.5% of children fully immunized for the 4:3:1:3:3:1 series. These data represent a 10% drop compared to Q1-Q4 2007 when 80.5% of children statewide were fully immunized.

Coverage with the combined 4:3:1:3:3:1:4 vaccine series (i.e., the 4:3:1:3:3:1 series plus >4 doses of 7-valent pneumococcal conjugate vaccine [PCV7]) was reported for the first time in the September 5, 2008 MMWR. For this newly reported series, the State ranked even lower—fifth from bottom, with only 58.3% of children immunized, compared to 68.1% nationwide. This represents a 4% drop from Q1-Q4 2007 when 62.3% of children statewide were immunized.

As of this NIS survey, varicella is not a required reportable disease or vaccination in New Jersey. However, by spring of 2009, with publication of the updated Communicable Disease Rules, N.J.A.C. 8:57-2, reporting of varicella disease and vaccination will be required in New Jersey with compliance rates being manifest in the Q4/2009 NIS.

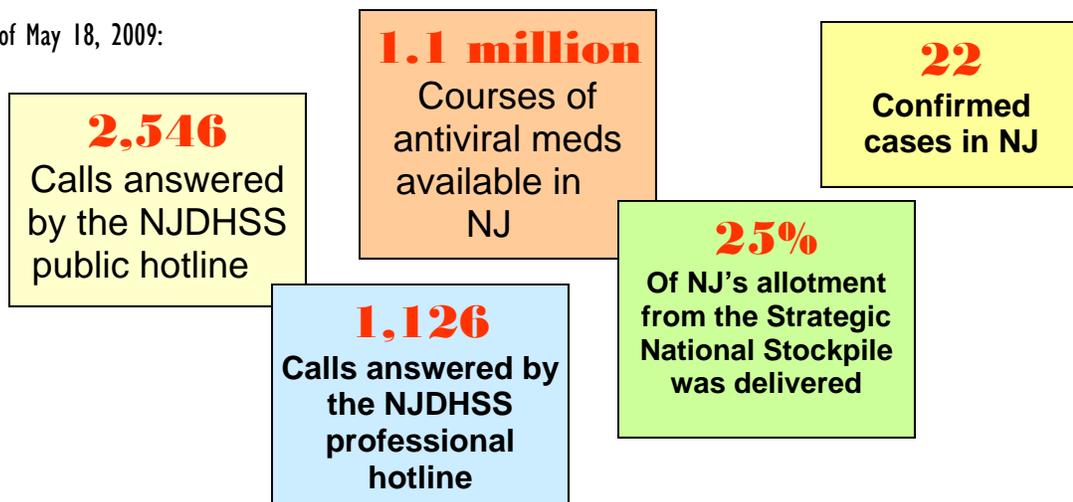
Increasing coverage for the fourth dose of DTaP and the fourth dose of PCV7 would improve national coverage for the 4:3:1:3:3:1 series and the 4:3:1:3:3:1:4 series, which will be used to monitor the Healthy People 2010 immunization objectives beginning with 2009 NIS data. Use of effective interventions, such as parent and provider reminder/recall, reducing out-of-pocket costs, increasing access to vaccination, and multi-component interventions that include education, might further improve overall vaccination compliance.

*Sources: MMWR Weekly, September 5, 2008 57(35); 961-966. National Immunization Survey Q2 2007-Q3 2008*



## Novel Influenza A H1N1—By the Numbers...

As of May 18, 2009:



# New Feature!



## Ask the Expert!!!

An electronic reader survey was sent along with the last issue of the NJ Communi-CABLE in April 2009. The results are in and your feedback was overwhelmingly positive. Thank you to those who took the time to complete the survey! Based on the comments that we received regarding the newsletter, we are happy to announce the addition of a new "Ask the Expert" feature. To better address topics of concern to our readers, we are offering you an opportunity to submit questions (must be a question about communicable diseases!) to the staff of the NJDHSS Communicable Disease Service and if chosen, your question will be answered in the subsequent issue of the NJ Communi-CABLE. Please submit questions to Suzanne Miro, Health Education Coordinator, at [Suzanne.miro@doh.state.nj.us](mailto:Suzanne.miro@doh.state.nj.us).

To kick things off with this new feature, we will answer a question that was submitted via the electronic survey.

### *"What is the difference between viral and bacterial meningitis?" - Anonymous*

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 -- 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, in viral meningitis, in 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.

Any person with symptoms of meningitis should be evaluated immediately by a health care provider. Proper diagnosis and early treatment can be lifesaving.

Response provided by: Jo Foster, Public Health Nurse Consultant

Have a question? Send it to [Suzanne.miro@doh.state.nj.us](mailto:Suzanne.miro@doh.state.nj.us) !!!

# NJIS Data Quality

*By: Dorothy Williams McCall, NJIS Coordinator*

New Jersey's Registry Act proposed Administrative Rules will mandate providers, who administer immunizations to children under the age of seven, to report shots administered in the New Jersey Immunization Information System (NJIS) by December 2011. In our efforts to ensure data integrity of the NJIS the New Jersey Department of Health and Senior Services Vaccine Preventable Disease Program (NJDHSS-VPDP) implemented a Quality Assurance (QA) division. The VPDP also understands that data integrity is critical as it moves forward with interstate data sharing. The VPDP established standards and guidelines to effectively perform medical record audits of the providers' direct data entry and electronic uploads to ensure that immunization data submitted to NJIS are accurate and complete when compared to the patients' clinical data documented in the provider's medical records. This initiative has enabled the program to identify the system's accuracy and completion rates, which supports the data integrity of the system and assists in increasing providers' participation and utilization.

The QA standards and guidelines are based on the American Immunization Registry Association's (AIRA) "Data Quality Assurance In Immunization Information Systems: Incoming Data." This resource provided the division with clearly defined and measurable objectives and means to evaluate data quality. Our goal is to ensure the accuracy of NJIS data at 95% for direct data entry and 80% for electronic data uploads.

The VPDP provides health service grants to two of the regional Maternal Child Health Consortia (MCHC) to perform QA efforts. Northern NJ and Central New Jersey MCHC employ QA specialists to perform NJIS QA functions. The NJIS QA Specialist collects immunization information from healthcare provider medical records and compares the medical records data to the immunization information in the NJIS, audit findings such as data entry errors, invalid and omitted shots, recommended corrective measures, and other feedback is sent to healthcare providers.

Zina Kleyman, Project Manager, and the Office of Information Technology Services (OITS) team developed a Random Selection report which is a major enhancement. The Immunization History on Demand report format was developed specifically for QA and an enhanced Providers' Memo feature was developed to allow QA staff to monitor the progress of the provider's data.

According to Dorothy Williams McCall, NJIS Coordinator, the VPDP feels more confident in promoting the NJIS as a credible tool in assessing immunization coverage rates for our program, providers and public health partners. Since implementation of the quality assurance division, the NJIS has exceeded its goal of a 95% accuracy rate. Approximately 4,775 medical records were audited and more than 95,000 shots from providers statewide have been reviewed. Audit results indicate that NJIS has less than a 2% error rate (98% accuracy rate) and an incompleteness rate of 18%. We are extremely proud of both our NJIS product and the team that works to make NJIS a national model.

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 Creating Better Spokespeople!

Tom Slater, Risk Communications Manager for the Health Infrastructure Preparedness and Emergency Response Division and Laura Taylor, Communicable Disease Service Health Educator, provided a dynamic training to more than 220 public health professionals and public health partners throughout the state. Seventeen day-long workshops were held and each training consisted of two on-camera interviews with all participants and a “gentle” critique for each interview.

The workshop used a pandemic influenza scenario as the backdrop for interview questions and provided learners with risk communication tips and strategies to respond to “reporter” questions. Participants enjoyed the program and learned new skills to interact with the media during a public health emergency. Two additional trainings are planned this summer. For more information about how to register for one of the trainings, contact your LINCS agency Health Educator/Risk Communicator.



## NJDHSS Jointly Sponsors Hepatitis C Training

The federal Substance Abuse and Mental Health Association/American Association for the Treatment of Opioid Dependence awarded a grant to the Hepatitis C Association to provide hepatitis C training for substance abuse treatment professionals. New Jersey hosted the training in three locations throughout the state during April. Barry Edge from the Hepatitis C Association provided a detailed yet lively presentation about the disease, discussed testing and treatment issues and prevention strategies. A total of 91 addiction and public health professionals attended the training. Attendees received a CD with the presentation, handouts and other hepatitis resources.

