



NJ Communi-CABLE

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A Review of CDRSS Reports of Invasive Group A Streptococcus (GAS)

New Jersey, 2001—2008

By: Carol Genese, Infectious Disease Outbreak Coordinator

A recent increase in reported cases of invasive GAS in Somerset County prompted a review of Communicable Disease Reporting and Surveillance System (CDRSS) data collected during 2001–June 11, 2008. A brief summary of some of our findings follows.

Rates of invasive GAS in New Jersey

The table below shows the rate of invasive GAS observed in New Jersey. This information is based on data obtained from the active CDRSS database for the years 2001 through 2007, not CDRSS historical reports. For comparison purposes, the table also includes national rates obtained from: 1) passive reporting to Centers for Disease Control and Prevention (CDC) and 2) active surveillance performed by the Active Bacterial Core Surveillance (ABCs) program (NOTE: ABCs is a function of CDC's Emerging Infections Program (EIP), in which CDC collaborates with states and universities across the country to perform surveillance on organisms of clinical and epidemiologic importance, including GAS. Through EIP, 38 million people are under surveillance.)

Table I. Rates of Invasive GAS observed in NJ, the United States, and ABCs sites, 2001–2007.

YEAR	NJ REPORTS	NJ RATE per 100,000	US RATE per 100,000*	ABC RATE per 100,000
2001	143	1.6	1.6	3.7
2002	154	1.8	1.7	3.2
2003	166	1.9	2.0	3.9
2004	139	1.6	1.8	3.4
2005	180	2.1	1.1	3.6
2006	149	1.7	2.4	3.8
2007	174	2.0	not available	3.8

* US rate obtained from CDC's MMWR annual summaries

Two key findings are apparent from the table:

- Rates of disease observed in NJ and nationally have remained stable over the period.
- Rates of disease observed among the ABCs sites are higher than those observed in NJ and nationally. A possible explanation for this latter finding is that passive reporting will likely underestimate the numbers of invasive cases of GAS reported in NJ and the US, and therefore the rates of disease as well.

Reference: www.cdc.gov/ncidod/dbmd/abc

NJDHSS Participating in New Awareness Week

Some may remember the media frenzy that surrounded MRSA skin infections in the community in the fall of 2007. MRSA, as well as other antibiotic resistant infections, is certainly a concern for public health workers and health care providers, but does the general public know what led us to MRSA?

The CDC is launching its first annual Get Smart About Antibiotics Week (October 6—10, 2008) in an effort to promote greater public awareness. Antibiotic resistance is created by inappropriate prescribing of antibiotics by health care providers as well as by inappropriate use of antibiotics by patients. This awareness week will feature information for both sides of the issue.

The New Jersey Department of Health and Senior Services (NJDHSS), in conjunction with members of the NJ Careful Antibiotic Use Strategies and Education (NJ CAUSE) task force and UMDNJ will be providing information to health care providers and the general public as part of the Get Smart About Antibiotics Week.



Corey Robertson, MD, MPH, Medical Director of Emerging Infectious Diseases reports “NJ CAUSE is comprised of professionals from many different disciplines, all of which have a stake in antibiotic resistance. By harnessing their expertise and creative energy, we are planning a targeted set of awareness activities to health care providers.”

“Public awareness really needs to be front and center in this campaign. Helping people to understand the role they play in preserving the power of antibiotics will be a great challenge,” according to Suzanne Miro, Health Education Coordinator for the NJDHSS.

If your agency would like to participate in this awareness week, please contact Suzanne Miro at 609-588-7500 for more information.

Awareness Months

October

Get Smart About
Antibiotics Week

December

World AIDS Day



National

Handwashing
Awareness Week

NJDHSS STD Program Welcomes New Program Manager

The New Jersey Department of Health and Senior Services (NJDHSS) Sexually Transmitted Disease (STD) Program is pleased to announce that Patricia Mason has been promoted to Program Manager. Ms. Mason is not new to the STD Program. She has been employed in the program for the past 21 years. Previous assignments were in Miami, FL, Detroit, MI, Chester, PA, Philadelphia, PA, and Newark, NJ. Her most recent official assignment was as Regional Manager for Region 3 (Southern NJ). She held an interim assignment as Acting Infertility Prevention Program Coordinator and Acting Program Manager until her official assignment to the Program Manager position on April 27, 2008.

Ms. Mason first came to the State of New Jersey on a temporary assignment on September 10, 2001 to assist with a syphilis outbreak in Newark. “Through the aftermath of 9/11/01, I immediately developed a bond with the people in the STD Program and returned to Newark in January 2004 as the Regional Manager for Region 1. I have a great deal of respect for the hard working staff in the STD Program, and I do have a passion for public health and public health practices. My hope for the future of the STD Program is to enhance collaborative activities with health care providers, schools, juvenile detention centers, jails, and community based organizations throughout the state so we can provide the best sexual health care and STD education possible for the citizens of this state.”

N.J.A.C. 8:57 Revision

By: *Sylvia Bookbinder, Health Educator*

Reporting Requirements for Communicable Diseases and Work-Related Conditions

As the revised New Jersey Administrative Code (Title 8, Chapters 57 and 58) goes into effect this fall, NJDHSS will be providing educational tools to help ease the transition for those individuals who are responsible for reporting. They were developed in collaboration with the NJ-Preparedness Training Consortium (NJ-PTC) at UMDNJ.

1. A one-hour combination video and PowerPoint program has been developed for face-to-face training of physicians. Infection prevention professionals will assist our regional epidemiologists to get on the agenda for physician meetings in area hospitals. The video features John Brook, MD, MPH who is a NJDHSS Managing Physician Epidemiologist. He clearly explains the importance of disease reporting, what happens after a disease is reported, and the connection between individual patient care and public health. The PowerPoint covers the detailed “how to’s” of reporting and can be customized for each LINC agency’s jurisdiction. Materials are provided to assist hospitals to obtain CMEs.
2. The educational video and a general PowerPoint presentation will be available on the Internet later this fall.
3. A packet of materials will be mailed to all physicians who are licensed in NJ. The packet will contain:
 - A cover letter with information on: the educational program described above; the availability of a quick reference magnet that lists the diseases; the URL for finding your local health department; and information on how to enroll to receive LINC HAN messages
 - A brochure emphasizing the importance of reporting communicable diseases
 - A quick reference, “Reporting Requirements for Communicable Diseases and Work-Related Conditions”
 - A wallet brochure containing the same content as the quick reference sheet

In addition, NJDHSS has quantities of the quick reference magnet and wallet brochure available. They will be supplied in bulk to LINC agencies for distribution to local health departments and individuals who are required to report communicable diseases and work-related conditions.

Thank you to the NJ-PTC and the individuals from local health departments, LINC agencies, and the Association for Professionals in Infection Control & Epidemiology who participated in the development of the educational program.

CDRSS Wins the 2008 Nicholas E. Davies Award

During the sixth annual Centers for Disease Control and Prevention Public Health Information Network (PHIN) Conference in Atlanta, GA, August 2-4, 2008, the Healthcare Information and Management Systems Society (HIMSS) announced the Communicable Disease Reporting and Surveillance System (CDRSS) as a recipient of the 2008 Nicholas E. Davies Award of Excellence for Public Health. Founded in 1961, HIMSS is the healthcare industry leader in providing global leadership for the optimal use of healthcare information technology and management systems, with 20,000 individual members, and 300 corporate members. The Nicholas E. Davies Award of Excellence for Public Health is awarded to a state, local or tribal public health program that has improved the health of a defined community through health information management, with nine entities recognized since 2004. Congratulations to the entire public health community in New Jersey—you are all part of the winning team for using CDRSS and contributing to its growth. For more information visit www.himss.org/ASP/davies_publichealth.asp

Announcements!



COMING SOON! HEROs (Health Educators Reaching Out) - HEROs was developed by the NJ Dept. of Health and Senior Services in conjunction with the University of Medicine and Dentistry of New Jersey, School of Public Health, Center for Public Health Preparedness. This purpose of this online module is to assist in the recruitment of health educators into the Medical Reserve Corps. Concepts relating to public health emergencies, health education during public health emergencies and potential roles for health educators during public health emergencies.

NEW! New handwashing materials are currently available. All new items are posted online at www.nj.gov/health/cd/handwashing.shtml and a small quantity of hard copy materials will be distributed.



Vaccine Information Updates!

NEW EDUCATIONAL MATERIALS!!

- Child care/preschool influenza and pneumococcal vaccine brochures and posters. Awareness building materials for the new influenza and pneumococcal vaccination regulations. Please visit <http://nj.gov/health/cd/vpdphome.htm> (under NJDHSS educational materials) for free downloads.
- Vaccination Questions and Answers—provides the answers to the most common questions regarding the four new vaccine requirements and amended vaccination regulation and enforcement.

SAVE THE DATE!!

4TH Annual New Jersey Vaccines For Children Program Provider Education Conferrence “Vaccines Through the Lifespan”

Thursday, November 6, 2008
8:00 am—4:00 pm
Merion Catering
Cinnaminson, NJ

Wednesday, November 19, 2008
8:00 am—4:00 pm
The Palace at Somerset Park
Somerset, NJ

Provided in partnership with the American Academy of Pediatrics/NJ Chapter's Pediatric Council on Research and Education and the New Jersey Department of Health and Senior Services.

A Review of CDRSS Reports of Invasive Group A Streptococcus (GAS)

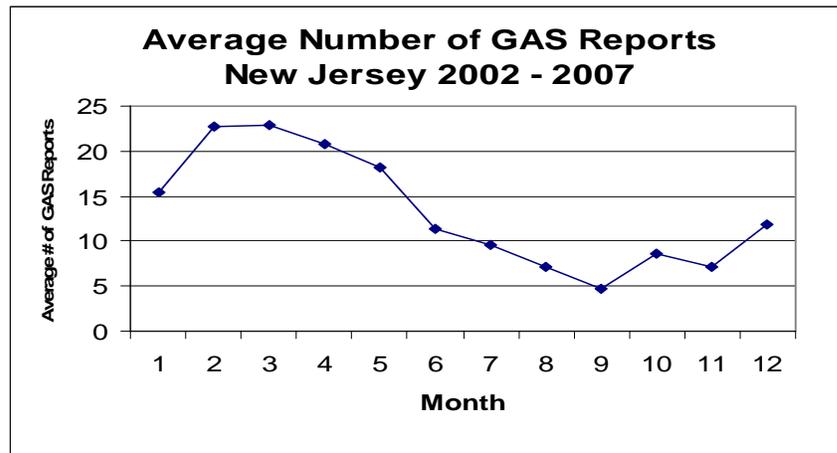
New Jersey, 2001—2008

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Seasonality

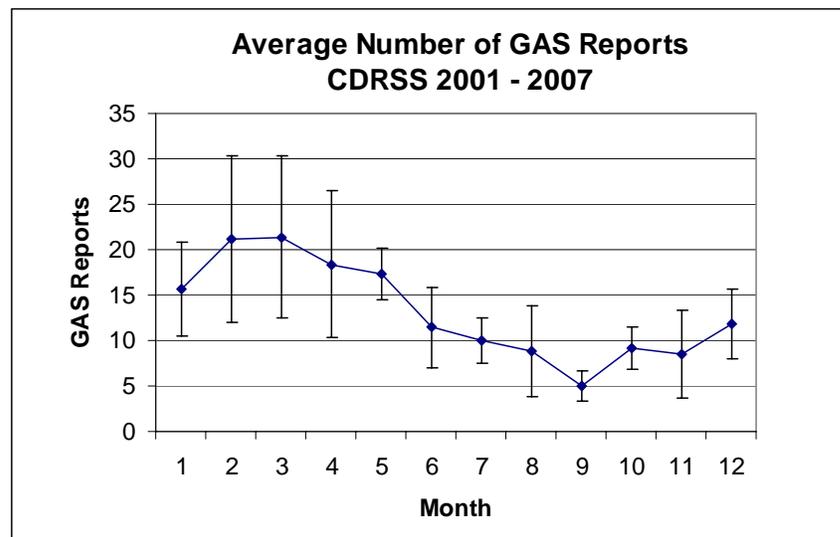
Figure 1 shows that invasive GAS in NJ has a seasonal pattern, with the majority of cases observed December through May. Cases observed during the December–May period represent anywhere between 62% and 77% of total annual counts for the years 2002–2007.

Figure 1 (Months 1—12 represent January—December)



When we view this same graph with error bars representing 1 standard deviation (Figure 2) we find substantial variation in the numbers of cases reported for the months of February, March and April—the height of the GAS pharyngitis season. Therefore, relatively wide fluctuations in the number of invasive GAS reports observed during these months from year to year may not be unusual.

Figure 2 (Months 1—12 represent January—December)



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Reports by Year by County

When data are arranged by year and by county, periodic “blips” of unrelated reports/cases can be seen. When examining Table 2, note the number of invasive GAS reports during: 2004, 2005, and 2007 in Burlington County; 2005 in Cumberland County; 2001 in Hudson County; 2005 in Mercer County; 2003 in Ocean County; and 2004 in Somerset County. The majority of the highlighted fields represent reports twice the average number for a given county.

**Table 2. CDRSS Reports of GAS by County, 2001–2007
(Apparent “BLIPS” highlighted)**

COUNTY	2001	2002	2003	2004	2005	2006	2007
ATLANTIC	2	5	2	1	5	1	1
BERGEN	6	18	11	18	25	16	24
BURLINGTON	1	3	3	12	12	2	14
CAMDEN	8	11	13	12	12	6	8
CAPE MAY	0	3	0	0	0	3	2
CUMBERLAND	8	9	5	6	13	5	3
ESSEX	20	24	26	14	18	21	19
GLOUCESTER	4	2	3	0	2	4	1
HUDSON	10	2	3	5	6	2	3
HUNTERDON	2	2	4	4	1	7	5
MERCER	5	8	5	4	15	9	6
MIDDLESEX	18	14	17	16	18	21	17
MONMOUTH	14	10	11	10	11	7	12
MORRIS	10	11	9	8	10	15	14
OCEAN	3	10	26	4	12	11	14
PASSAIC	4	3	5	5	4	3	5
SALEM	5	0	3	0	5	1	4
SOMERSET	9	5	7	14	3	7	6
SUSSEX	9	4	7	2	3	3	6
UNION	2	8	6	4	4	4	8
WARREN	3	2	0	0	4	1	2

These periodic blips mirror what has been observed nationally through the ABCs program. Community-wide increases in invasive GAS have been regularly observed at one or more of CDC’s ten EIP sites. Rates of GAS obtained through the individual sites’ active surveillance activities have ranged between 1.8 to 4.7 per 100,000 population and vary by geographic site and by year.

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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.

A Review of CDRSS Reports of Invasive Group A Streptococcus (GAS) New Jersey, 2001—2008

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According to subject matter experts at CDC and other research institutions, the observed blips represent new strains of GAS circulating in geographic areas where there are naïve populations. When this occurs, the clinical manifestations associated with GAS infection might range from pharyngitis to STSS. Even when there is a community-wide increase in the number of invasive GAS cases, subject matter experts do not believe the newly introduced GAS strains are more virulent. In addition, when in-depth epidemiologic investigations are undertaken, typically no common source is found. Therefore, in the absence of clear epidemiologic links, further laboratory characterization to identify a common or more virulent strain of GAS may not be required.