



# NJ Communi-CABLE

OCTOBER 2010

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## COMMUNICABLE DISEASE SERVICE

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## 'Tis the Season to Get Vaccinated

*By: Jennifer Smith, Health Educator*

On February 24, 2010 vaccine experts voted that everyone 6 months and older should receive a flu vaccine each year starting with the 2010-2011 influenza season. CDC's Advisory Committee on Immunization Practices (ACIP) voted for "universal" flu vaccination in the U.S. to expand protection against the flu to more people. While everyone should get a flu vaccine each flu season, it's especially important that certain people get vaccinated either because they are at high risk of having serious flu-related complications, or because they live with or care for people at high risk for developing flu-related complications.\* (Please see the box on page 6 for the complete summary of influenza vaccination recommendations for 2010).

The seasonal influenza vaccine is the best and safest protection available against influenza. Below are some frequently asked questions:

### **Will the seasonal influenza vaccine be a requirement for preschool and child care center attendance?**

Yes, it remains a requirement as per N.J.A.C. 8:57-4.19 unless the Commissioner, or his or her designee, temporarily suspends the requirement due to limited vaccine availability. As per N.J.A.C. 8:57-4.19, children six months through 59 months of age attending any licensed child care center or preschool facility, on or after September 1, 2008, shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year.

### **What will be included in the 2010-2011 seasonal flu vaccine?**

The 2010-2011 seasonal trivalent influenza vaccine will contain an A/California/7/2009 (H1N1)-like virus, an A/Perth/16/2009 (H3N2)-like virus, and a B/Brisbane/60/2008-like virus. The H1N1 virus that will be included in the 2010-2011 seasonal influenza vaccine is the same vaccine virus as was used in the 2009 H1N1 monovalent vaccine.

### **Do I need to get influenza vaccine again this year?**

Yes, influenza viruses can change from year-to year, so it is important to get the vaccine every year for the new influenza season. Some years the vaccine may not exactly match the influenza viruses that cause disease in people, but it does not mean that the vaccine is not benefiting people. It can still be helpful by preventing flu-related complications, or reducing the severity of the illness, and by providing some protection over following years.

Awareness  
Weeks

### November

Get Smart About  
Antibiotics Week  
(15-21)

### December

National  
Handwashing  
Awareness Week  
(5—11)

## Evaluating CDC's H1N1 Communication Efforts

The Centers for Disease Control and Prevention called upon national leaders in health education to participate in an important forum on July 26—28, 2010 in Atlanta, Georgia. This meeting, entitled the “H1N1 After-Action Communication Embedment Meeting,” was designed to gather feedback regarding CDC’s communications efforts during the H1N1 influenza pandemic of 2009-2010. In addition to health educators, other participants included public information officers, faith community organizations, migrant and seasonal farm worker organizations, and Native American tribal representatives. Suzanne Miro, Health Education Coordinator for the New Jersey Department of Health and Senior Services was one of six health educators nationwide selected to participate in this meeting. The meeting opened with participants giving presentations about the successes and challenges that were faced while implementing CDC communication strategies. According to Ms. Miro, “Although we largely had successes with our communications efforts during H1N1 here in New Jersey, it was comforting to see that the challenges we experienced were also experienced by the other participants. We weren’t alone.”

Throughout the course of the meeting, attendees participated in facilitated round-table discussions designed to extract pertinent feedback regarding H1N1 communications. The facilitators made note of the various categories of feedback (e.g., health literacy issues, web content, communications research, funding, cultural issues) and asked the participants to work in small groups to further explore these categories and develop a set of recommendations for CDC leadership. These recommendations were formally presented to RADM Anne Schuchat, MD, Director, National Center for Immunization and Respiratory Diseases, CAPT Daniel Sosin, MD, MPH, Acting Director, Office of Public Health Preparedness and Response, and RADM Stephen Redd, MD Assistant Surgeon General and Director, Influenza Coordination Unit who served as the H1N1 Incident Commander.



## NJDHSS Nurse Receives Award

*By: Suzanne Miro, Health Educator*

Congratulations to Christine Armenti for being honored as an Association for Professionals in Infection Control and Epidemiology (APIC) 2010 Hero of Infection Prevention, one of a 14-member team that formed an organization dedicated to educating new infection preventionists in New Jersey after the Centers for Disease Control and Prevention discontinued its infection control education course in 1989. Ms. Armenti is board certified in Infection Prevention and Control, granted by the Board of Infection Control and Epidemiology, Inc.



Ms. Armenti is pictured above, seated, first on the left.

## NJ Gets Smart...and Interactive!

Antibiotic resistance has been identified by the Centers for Disease Control and Prevention (CDC) as one of the key microbial threats to health in the United States. In response to this problem, the CDC has developed a national awareness campaign entitled “Get Smart: Know When Antibiotics Work,” to bring awareness and understanding of the global problem of antibiotic resistance, as well as the consequences of inappropriate antibiotic use.



As part of this initiative, the University of Medicine and Dentistry of New Jersey, Center for Continuing and Outreach Education (CCOE) and New Jersey Medical School have sponsored a new interactive program entitled, “Get Smart New Jersey About Antibiotic Resistance.” This online CME activity was developed in collaboration with the New Jersey Department of Health and Senior Services and is intended for primary care clinician audiences.

The program’s goal is to raise awareness and minimize the problem of antibiotic-resistant bacteria in New Jersey, by providing education about the appropriate use of antibiotics in patient diagnosis and treatment. This free CME program includes adult and pediatric versions with interactive case scenarios that illustrate common issues associated with treating respiratory infections. Clinicians are invited to take one or both — credit will be awarded for successful completion of each program individually. Visit [http://ccoe.umdnj.edu/online/activities/11MN04/adult\\_accred.htm](http://ccoe.umdnj.edu/online/activities/11MN04/adult_accred.htm) for the adult module and [http://ccoe.umdnj.edu/online/activities/11MN04/peds\\_accred.htm](http://ccoe.umdnj.edu/online/activities/11MN04/peds_accred.htm) for the pediatric module.

## NJDHSS Celebrates National Immunization Awareness Month

*By: Jennifer Smith, Health Educator*

To celebrate National Immunization Awareness Month (NIAM), the New Jersey Department of Health and Senior Services, Vaccine Preventable Disease Program (VPDP) had a literature display available on August 12 for patients visiting the Henry J. Austin Health Center on North Warren Street in Trenton, NJ. NIAM coincides with National Health Center Week (August 8-15, 2010). “Many people think immunizations are just for children, but we wanted to remind adults that they too need vaccines. By partnering with community health centers such as Henry J. Austin, we are able to provide valuable health education to medically underserved people,” says Jennifer Smith, VPDP Health Educator.



Ezequiel Velez, Medical Assistant (Left) and Mary Lou Freund, HIV Program Coordinator (Right) review information about why vaccines are important for children.

## 'Tis the Season to Get Vaccinated

Cont. from page 1

**Since the 2009 H1N1 pandemic influenza strain is included in this year's seasonal vaccine, if I already received the vaccine during the pandemic, is it okay if I receive it again?**

In addition to the H1N1 strain, the 2010-2011 seasonal flu vaccine also contains an influenza B strain and an influenza H3N2 strain, so the vaccine is needed to protect against these additional influenza viruses which are predicted to cause illness this year. Receiving the H1N1 strain again, in the context of this year's seasonal vaccine, is recommended and is important to continue protection against this particular strain.

**What is the spacing between the 2009 H1N1 influenza vaccine and the upcoming 2010-2011 seasonal influenza vaccine?**

The recommended minimum interval between someone receiving the H1N1 (2009) monovalent vaccine and the 2010-2011 seasonal influenza vaccine is four weeks.

**What are the types of influenza vaccines?**

There are two types of flu vaccines:

- **The "flu shot"**—an inactivated vaccine (containing killed virus) that is given as an injection. The seasonal flu shot is approved for individuals 6 months of age and older, including healthy people, people with chronic medical conditions and pregnant women. The flu shot is sometimes referred to as trivalent inactivated vaccine (TIV).
- **The nasal-spray flu vaccine**—a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for "Live Attenuated Influenza Vaccine"). LAIV is approved for use in healthy people 2-49 years of age who are not pregnant.

About two weeks after vaccination, antibodies develop that protect against influenza virus infection. Flu vaccines will not protect against flu-like illnesses caused by non-influenza viruses and may not protect against flu viruses not contained in the vaccine. The seasonal flu vaccine protects against the three influenza viruses that research suggests will be most common that season.

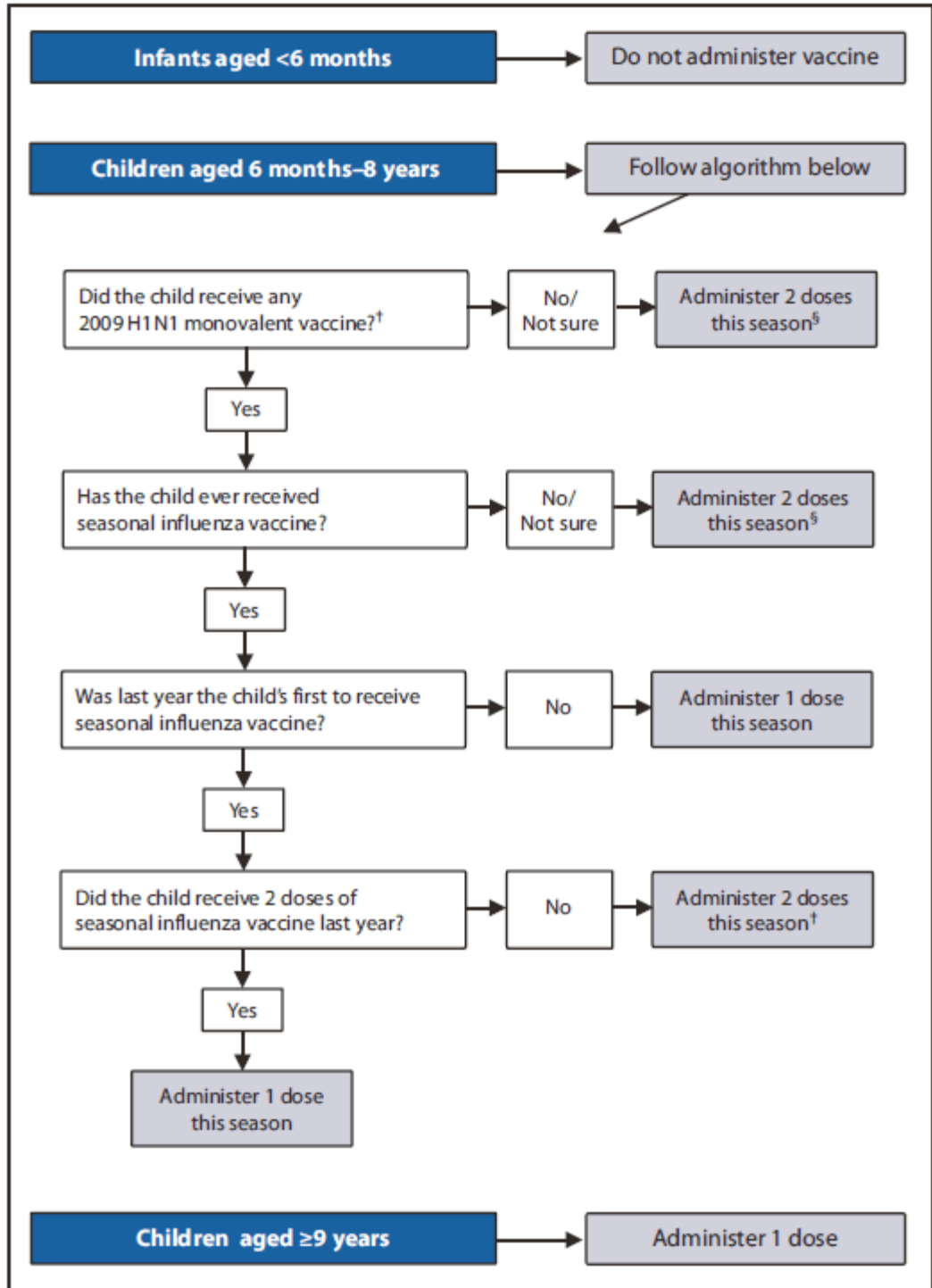
**Is there anything that can help me to determine the number of doses my child needs this season?**

Yes, the CDC created a chart (see page 5) to help health care providers to determine the number of flu doses that need to be administered. You may also find this information helpful.

# 'Tis the Season to Get Vaccinated

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Childhood Influenza Vaccine Dosing Chart



## 'Tis the Season to Get Vaccinated

Cont. from page 5

### Are there any side effects to the influenza vaccine?

Most individuals will experience no side effects from the injected influenza vaccine. Less than one-third of those who receive the vaccine will have some soreness at the vaccination site, and about 5% to 10% will experience a headache or a mild fever. The most serious side effect that can occur after an influenza vaccination is an allergic reaction in individuals who have a severe allergy to eggs. For that reason, people who have an allergy to eggs should not receive the influenza vaccine.

### What are the risks from live, intranasal influenza vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. For additional information about influenza vaccine safety, as well as the safety information for other vaccines, please view the Vaccine Information Statements (VIS) at the CDC's Vaccines and Immunizations website: <http://www.cdc.gov/vaccines/pubs/vis/default.htm#flu> To access the most up-to-date information about seasonal influenza, please visit the CDC "What's New on This Site" page at <http://www.cdc.gov/flu/whatsnew.htm>

#### Summary of influenza vaccination recommendations, 2010

- All persons aged  $\geq 6$  months should be vaccinated annually.
- Protection of persons at higher risk for influenza-related complications should continue to be a focus of vaccination efforts as providers and programs transition to routine vaccination of all persons aged  $\geq 6$  months.

When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons who:

- are aged 6 months–4 years (59 months);
- are aged  $\geq 50$  years;
- have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes);
- are immunosuppressed (including immunosuppression caused by medications or by human immunodeficiency virus);
- are or will be pregnant during the influenza season;
- are aged 6 months–18 years and receiving long-term aspirin therapy and who therefore might be at risk for experiencing Reye syndrome after influenza virus infection;
- are residents of nursing homes and other chronic-care facilities;
- are American Indians/Alaska Natives;
- are morbidly obese (body-mass index  $\geq 40$ );
- are health care personnel;
- are household contacts and caregivers of children aged  $< 5$  years and adults aged  $\geq 50$  years, with particular emphasis on vaccinating contacts of children aged  $< 6$  months; and
- are household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.



## Sorrowfully Missed

*By: Angela Sorrells-Washington, Program Manager*



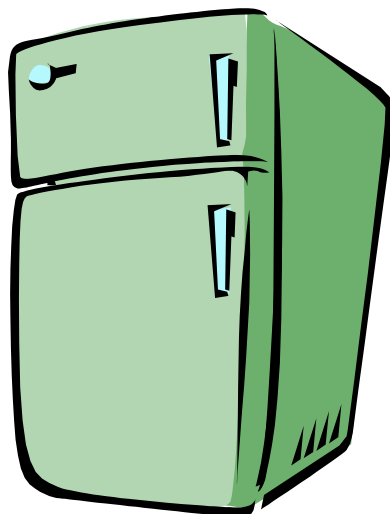
On Monday, July 5, 2010, our colleague and friend, Barbara Giudici-Knapp passed away at Virtua Memorial Hospital, Mt. Holly, New Jersey. Barbara retired this past January as the Manager for the New Jersey Department of Health and Senior Services (NJDHSS) Vaccines for Children Program/Vaccine Preventable Disease Program (VPDP). Barbara joined the VPDP with the challenge to bring the Vaccines for Children Program to New Jersey providers. With her usual dedication and energy she met and recruited many medical professionals and successfully established the statewide vaccine distribution process for New Jersey. Her 26 years with NJDHSS provided her with multiple opportunities to share her knowledge, expertise, and good humor in the many programs in which she worked. She had a million stories that could bring a smile to your face. There are many who will miss her sense of humor, her laugh, and her hilarious emails. She cared deeply about people and always generously helped others. As an RN, her compassion was endless. Barbara was a spiritual, very caring, and giving woman who touched many of our lives. She had a passion for classical music and a fascinating knowledge in astrology. Barbara was skilled in knitting scarves and blankets for loved ones, and enjoyed collecting family heirlooms for the future generations in her family to share.

Barbara will be gratefully remembered, mourned, and deeply missed by her many friends, relatives, and especially by her immediate family. She is survived by her parents, Frank and Hedwig Giudici; her husband, Thomas J. Knapp, spouse for 2 ½ years; her stepdaughter, Jennifer A. Durboraw (Chad) of Marlton, NJ; two brothers, Steven Gerard of Colorado Springs, Colorado, and Robert Giudici of Bordentown; her sister, Christine Sprowl of Boulder, Colorado; two step granddaughters, Anna and Kylie; and two nephews and three nieces.

## Proper Vaccine Handling and Storage is Critical!

*By: Sandra Bernard, Supervising Public Health Representative*

While immunization coverage rates are high, the Vaccines for Children (VFC) program wants to remind providers that proper vaccine storage and handling is critical to the provision of viable vaccine doses. Proper storage and handling of vaccines is of the utmost importance in preventing vaccine waste, and in the prevention of re-vaccination of children to whom improperly-stored vaccine has been administered. When vaccines are not stored according to the manufacturer's instructions, they become non-viable, and thus offer no benefit in fighting the diseases they were designed to prevent.



The VFC Program encourages all providers to create a storage and handling plan. Include in the plan those people who will be coordinating the monitoring of temperatures, as well as those who will be completing the ordering and inventory control. While these are procedures familiar to most offices, many providers do not put them in writing. The simple steps of how vaccines will be transported in the event of emergency situations or mechanical difficulty can prevent the loss of thousands of dollars in vaccine. At VFC we strongly recommend that all provider practices develop a policy manual as one of their "Best Practices" and include vaccine management as part of their staff training.

To order a vaccine storage reminder refrigerator sign, please contact: Kari Ann Molnar at 609-826-4860.

The NJDHSS Communicable Disease Service includes:  
Infectious and Zoonotic Disease Program (IZDP)  
609-826-5964  
Vaccine Preventable Disease Program (VPDP)  
609-826-4860  
Sexually Transmitted Disease Program (STDP)  
609-826-4869  
Tuberculosis Control Program (TBCP)  
609-826-4878



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.**