



## 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.

Chris Christie, Governor

Kim Guadagno, Lt. Governor

Cathleen D. Bennett  
Commissioner

## COMMUNICABLE DISEASE SERVICE

Christina Tan, MD, MPH  
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# NJ Communi-CABLE

Summer 2017

## Tick season is here!

There have been several news stories about Powassan virus, a rare, but very serious tick-borne disease, after cases were recently reported in the northeastern United States. New Jersey last reported a case of Powassan in 2015. Initial symptoms of Powassan (POW) virus disease include fever, headache, vomiting, and generalized weakness. The disease usually progresses to meningoencephalitis (inflammation of the brain and meninges), which may include altered mental status, seizures, aphasia, paresis, movement disorders, or cranial nerve palsies. Testing for Powassan is only available at state public health laboratories and at the Centers for Disease Control and Prevention (CDC). Clinicians should contact their local health department to request testing for Powassan.



The typical erythema migrans (bulls-eye) rash.

Powassan is transmitted by the blacklegged tick (also known as the deer tick), which is the same tick that transmits Lyme disease, babesiosis, anaplasmosis, and *Borrelia miyamotoi*. Lyme disease is the most commonly reported vector-borne disease in the United States, but 95% of cases are reported from just 14 states, primarily in the Northeast and upper Midwest areas. Each year, there are nearly 30,000 confirmed cases of Lyme disease across the United States, according to the CDC, although the actual number of cases may be as high as 300,000. In 2015, New Jersey reported 4,855 confirmed and probable Lyme disease cases,

*Continued on page 4*



Summer 2017



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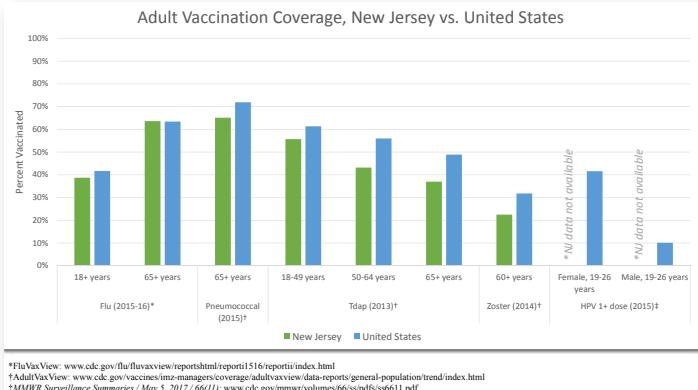
**NJ Health**  
New Jersey Department of Health

# August is New Jersey's Second Annual Adult Vaccine Preventable Disease Awareness and Improvement Month

New Jersey Department of Health (NJDOH) Reminds Residents About the Importance of Receiving Vaccinations Throughout the Lifespan

**A**ugust marks the second annual Adult Vaccine Preventable Disease Awareness and Improvement Month in New Jersey, as designated by New Jersey Assembly Joint Resolution No. 95. This observance serves to increase awareness of the importance of adults receiving vaccines against preventable diseases and to promote outreach and educational efforts. Although there is a strong public awareness of the importance of childhood vaccines, it can be equally important for adults to obtain vaccines against preventable diseases such as influenza and pneumonia, which are among the leading causes of death for adults age 65 and older.

Adults may need vaccines depending on their age, occupation, travel, medical conditions, vaccinations they have already received, or other considerations. For guidance on the immunization schedule, visit: [www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html). In general, New Jersey's adult immunization coverage rates are lagging below the Healthy People 2020 targets and national averages (see chart above).



Health care workers play an important role in educating patients on vaccine importance and in providing vaccines. It is vital for health care workers to make sure they are up to date on their own immunizations, and to remind employees and colleagues of the importance of immunization. Vaccination is important for all health care professionals, whether they provide immunization services or not. The chart (on page 7) shows the current influenza immunization coverage rates for health care workers in New Jersey.

Several resources are available from NJDOH for the general public, as well as to assist health care providers in promoting immunizations. Materials include: an adult immunization placemat (pictured on page 7), posters (adolescent

*Continued on page 7*



Summer 2017



## Hepatitis Elimination

**A**ccording to the Centers for Disease Control and Prevention ([www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)), hepatitis B and C kill more than 20,000 people every year in the United States. Hepatitis B is vaccine preventable and thanks to recent advances in treatment, hepatitis C now has a cure.

The “National Strategy for the Elimination of Hepatitis B and C: Phase Two Report” was released by the National Academies of Sciences, Engineering and Medicine in March 2017. The report outlines how both hepatitis B and C could be eliminated as public health problems in the United States. It highlights obstacles that must be addressed and recommends specific actions to make elimination possible.

The National Academies advocate that prevention is the first step to eliminating the public health problems of hepatitis B and C and that funding for hepatitis prevention and elimination must be a priority to ensure that the diseases are eliminated. Hepatitis must be viewed as a serious public health issue to be addressed and to save lives.

Getting individuals screened, linking those who test positive to care, and making treatment affordable are steps that must be taken to begin the elimination process. The committee identified other strategies to aid in the elimination of the diseases. To download a free PDF copy of the report, click the link: <https://www.nap.edu/catalog/24731/a-national-strategy-for-the-elimination-of-hepatitis-b-and-c>

## Student Intern Presents Work



Angel Weng presenting her work on Zika virus knowledge, attitudes and behaviors among college students at the Rutgers University Undergraduate Internship Poster Presentation on 5/2/17.

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**Tick Season, continued from page 1**

which is the nation's second highest amount, ranking after Pennsylvania. Nationwide, most cases have an illness onset in June or July, and 71% of cases present with the typical erythema migrans (bulls-eye) rash.

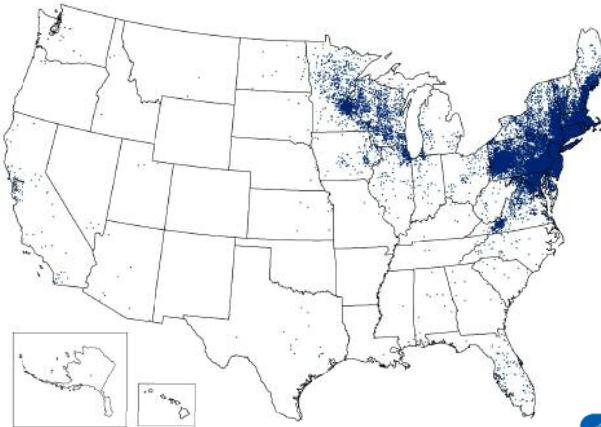
Other ticks are also common in New Jersey and can transmit tick-borne diseases. These include the lone star tick (ehrlichiosis and tularemia) and the American dog tick (Rocky Mountain spotted fever). Some tick-borne diseases are so new, it isn't yet known whether they are found in New Jersey (Bourbon virus, Heartland virus).

Many tick-borne diseases can have similar signs and symptoms. If you have been bitten by a tick and develop fever/chills, headache, muscle or joint pain, or rash, you should see your health care provider. Be sure to mention any outdoor exposure, travel history, and whether you remember a tick bite.

The best thing people can do to

**Reported Cases of Lyme Disease—United States, 2015**

Each dot represents one case of Lyme disease and is placed randomly in the patient's county of residence. The presence of a dot in a state does not necessarily mean that Lyme disease was acquired in that state. People travel between states, and the place of residence is sometimes different from the place where the patient became infected.



National Center for Emerging and Zoonotic Infectious Diseases  
Division of Vector-Borne Diseases | Bacterial Diseases Branch



protect themselves from tick-borne disease is to prevent tick bites by taking the following actions:

**Avoid Direct Contact with Ticks**

- Avoid wooded and brushy areas with high grass and leaf litter.
- Walk in the center of trails.

**Repel Ticks on Skin and Clothing**

- Use repellent that contains 20% or more DEET, picaridin, or IR3535 on exposed skin for protection that lasts several hours. Always follow product instructions. Parents should apply this product to their children, avoiding hands, eyes, and mouth.
- Use products that contain permethrin on clothing. Treat clothing and gear, such as boots, pants, socks and tents

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### *Tick Season, continued from page 4*

with products containing 0.5% permethrin. It remains protective through several washings. Pre-treated clothing is available and may be protective longer.

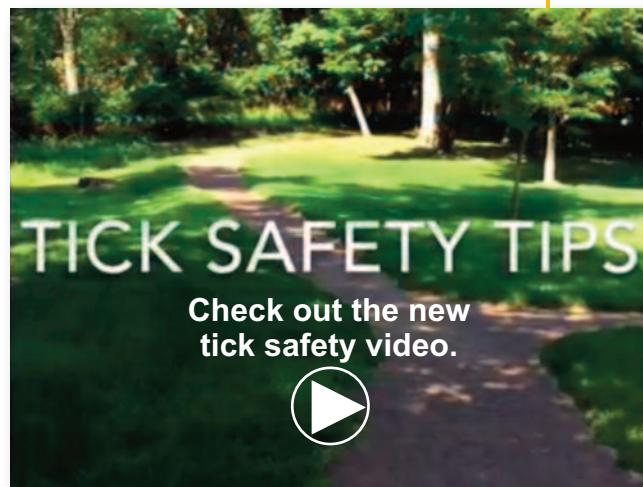
### **Find and Remove Ticks from Your Body**

- Bathe or shower as soon as possible after coming indoors (preferably within two hours) to wash off and more easily find ticks that are crawling on you.
- Conduct a full-body tick check using a hand-held or full-length mirror to view all parts of your body upon return from tick-infested areas. Parents should check their children for ticks under the arms, in and around the ears, inside the belly

clothing and pets, then attach to a person later, so carefully examine pets, coats, and day packs.

- Tumble dry clothes in a dryer on high heat for 10 minutes to kill ticks on dry clothing after you come indoors.
- If the clothes are damp, additional time may be needed.
- If the clothes require washing first, hot water is recommended. Cold and medium temperature water will not kill ticks effectively. If the clothes cannot be washed in hot water, tumble dry on low heat for 90 minutes or high heat for 60 minutes. The clothes should be warm and completely dry.

If you find a tick attached to your skin, use a pair of tweezers - grasp the tick as close to the skin's surface as possible and pull upward with steady, even pressure. After removing the tick, thoroughly clean the bite area and your hands with rubbing alcohol, an iodine scrub, or soap and water. Dispose of a live tick by submersing it in alcohol, placing it in a sealed bag/container, wrapping it tightly in tape, or flushing it down the toilet.



button, behind the knees, between the legs, around the waist, and especially in their hair.

- Examine gear and pets. Ticks can ride into the home on

More information can be found at:  
<https://www.cdc.gov/ticks/index.html>

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## CDS Welcomes New Staff!

### Vaccine Preventable Disease Program

**Maria Cuoghi** – Agency Service Representative 3

**Aisha Blaine** – Public Health Representative 2

**Maima Radcliffe** – Public Health Representative 2

**Alok Patra** – New Jersey Immunization Information System Data Coordinator



New Jersey Department of Health Vaccine Preventable Disease Program staff Jenish Sudhakaran, Population Assessment Coordinator, and Jennifer Smith, Health Educator, provided educational resources at the American Academy of Pediatrics, NJ Chapter Resident Career Day. Approximately 100 second year pediatric residents attended the event held on April 23, 2017, in Edison, NJ.

Get more information at  
<http://nj.gov/health/cd/handwashing.shtml>.

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## Infectious Disease Fact

### The deadliest animal in the world is.....

The mosquito, accounting for approximately 750,000 human deaths per year, ranks as the deadliest animal on Earth. Malaria, just one disease spread by mosquitoes, is responsible for 600,000 deaths per year. By comparison, sharks kill an average of six people, elephant attacks kill approximately 500 people, and snakes slither in with about 100,000 deaths per year.

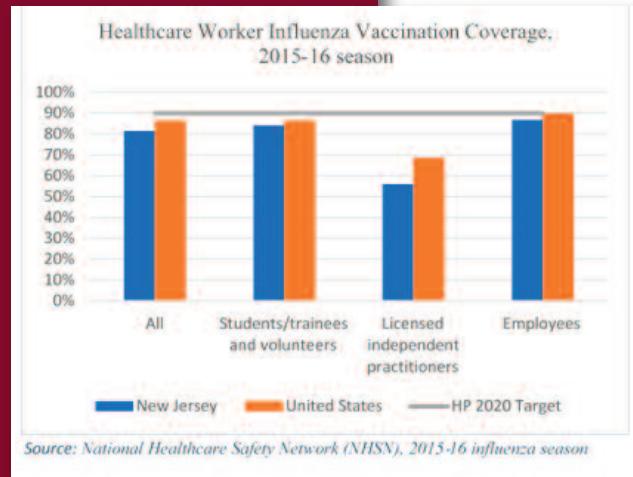
Source: gatesnotes, 4/25/2014





Summer 2017

## Adult Vaccine, continued from page 2



immunizations, health care workers, influenza, etc.), brochures, fact sheets, as well as other resources. General information can be found on the NJDOH Vaccine Preventable Disease Program

(VPDP) website at: [www.nj.gov/health/cd/vpdp.shtml](http://www.nj.gov/health/cd/vpdp.shtml). Disease-specific information can be found on the Disease & Health Topic page at: [www.nj.gov/health/cd/topics/](http://www.nj.gov/health/cd/topics/). Check out the seasonal flu resources available from the NJDOH VPDP for the upcoming flu season at this link: [www.nj.gov/health/cd/flu/](http://www.nj.gov/health/cd/flu/). Some resources are available in multiple languages. Contact the VPDP at 609-826-4861 to order copies of these materials.

New Jersey's Adult Immunization Awareness and Improvement Month coincides with the National Immunization Awareness Month, a national annual observance to raise awareness about the important role vaccines play in preventing serious, sometimes deadly, diseases. The National Public Health Information Coalition, in collaboration with CDC, has developed a toolkit to communicate about the importance of immunizations. Visit [www.nphic.org/niam](http://www.nphic.org/niam) to download the kit and to access sample social media posts, key messages, and resources.

Immunizations are not just for kids! The NJDOH encourages your organization to celebrate the critical role vaccination plays in protecting individuals, communities, and public health.



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**Adults Need Vaccines, Too!**

Vaccinations are needed across the lifespan. Getting vaccinated can help to protect both you and your loved ones from preventable diseases.  
Check with your healthcare provider to be sure that you are up to date on all vaccinations.

Are You Protected?

**RECOMMENDED FOR ALL ADULTS**

- Influenza—every year!
- Tetanus, diphtheria, pertussis (Tdap/Td)

You may also need the following depending on your age, health condition, job, prior immunization history, or other factors.

- Hepatitis A
- Hepatitis B
- Human papillomavirus (HPV)
- Measles, mumps, rubella (MMR)
- Meningococcal
- Pneumococcal
- Shingles (Herpes Zoster)
- Varicella (chickenpox)

Make an appointment to speak with your healthcare provider about immunizations.

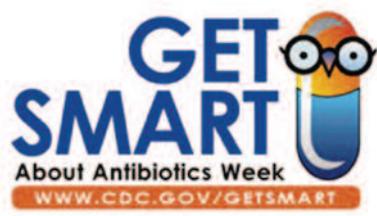
If you plan on traveling outside of the U.S., you may need additional immunizations.

Adults  
 Appointment  
 Awareness  
 Disease  
 Effective  
 Family  
 Health  
 Immunization  
 Influenza  
 Lifespan  
 Pertussis  
 Prevention  
 Protection  
 Safe  
 Shots  
 Vaccination





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## ICAR Summer 2017

Infection Control Assessment and Response (ICAR) is a three-year nationwide program to reduce health care-associated infections across the health care continuum. New Jersey's ICAR team has been conducting non-regulatory assessments of infection prevention programs and practices in health facilities, such as acute care, dialysis, long-term care and outpatient facilities.

The team has completed more than 70 statewide assessments. They have determined an ongoing need to train health care staff in safe glucometer use, clean medication preparation areas, and injection safety. While these seem like three separate topics, they overlap significantly and are important to patient safety and infection prevention. As a result,

the team created three videos and a discussion guide. Health care facilities can use the videos and guide to train new staff, or re-train staff, and as needed. The discussion guide prompts questions that can be tailored for each health care facility/setting. The videos and discussion guide are also ideal teaching tools to use during new employee orientations and/or skills days.

The videos are located on the [NJ State Government YouTube page](#) (search for the videos using 'ICAR'). They can also be accessed on the [NJ Department of Health HAI webpage](#).

Special thanks to the staff at St. Lawrence Rehabilitation Center for allowing the team to film at their facility.





Summer 2017

## Health Care Associated Infections Conference: Learning from Our Past to Protect Our Future



**Keynote speakers from the Centers for Disease Control & Prevention's National Center for Emerging and Zoonotic Diseases, R. Douglas Scott, PhD, and Joseph Perz, DrPH**

Approximately 250 health care and public health professionals attended the "Health Care Associated Infections (HAI) Conference: Learning from Our Past to Protect Our Future" on May 10, 2017 at the Mercer Conference Center in West Windsor, New Jersey. HAIs are major, yet preventable, threats to patient safety, accounting for approximately 1.7 million infections and almost 100,000 deaths annually in the United States.

Two morning keynote speakers from the Centers for Disease Control and Prevention (CDC) provided an overview of HAIs in health care settings, strategies to decrease HAIs, and explained the economic impact of HAIs to the United States health care system. The morning presenters, Joseph Perz, DrPH, MA, Quality Standards and Safety Team Lead, Division of

Healthcare Quality Promotion and R. Douglas Scott,

PhD, Health Economist,

Division of

Healthcare

Quality

Promotion and R. Douglas Scott,

PhD, Health Economist,

Division of

Healthcare

Quality

Promotion,

provided the

audience with a

look into how

HAIs became a

problem and

their financial

impact on the

United States health care system.

The afternoon featured six breakout sessions presented by New Jersey Department of Health staff and other health professionals representing various health care facilities in New Jersey. Topics included: Initiatives Against Antibiotic Resistance; Infection Control Assessment and Response (ICAR); Steal Shamelessly and Share Selflessly; Preserving the Power of Antibiotics through Stewardship; Investigations of HAIs and Infection Control Breaches in New Jersey; Emerging Diseases and Persons Under Investigation; and Health Care Facilities, Personal Protective Equipment and HAIs: Tips and Lessons Learned.

Special thanks to all speakers and presenters.



**NJDOH Communicable Disease Service Medical Directors, Barbara Montana, MD, MPH, and Edward Lifshitz, MD, HAI Coordinator Jason Mehr, MPH, CIC, CDC National Center for Emerging and Zoonotic Diseases Joseph Perz, DrPH, and Infectious Disease Team Lead Rebecca Greeley, MPH at the HAI Conference.**





Summer 2017

## Third Annual New Jersey Drug Diversion Conference: “Teaming Up Against Drug Diversion in Health Care Settings”

**T**he 3rd Annual Drug Diversion Conference was held on Thursday, June 1, 2017 at Rutgers University-Busch Student Center. The theme of this year's conference was “Teaming Up Against Drug Diversion in Health Care Settings” to reflect that drug diversion in health care settings is best addressed through a multi-disciplinary team approach. Speakers from health care facilities and state agencies offered strategies to prevent, monitor, and respond to diversion events.

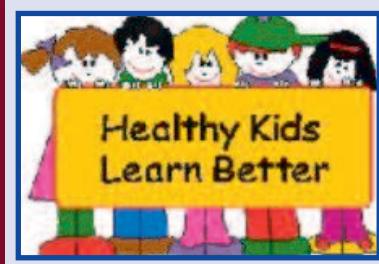
Drug diversion is when prescription medicines are obtained or used illegally. Drug diversion by health care professionals has received a lot of media attention in the past few years. When injectable drugs are involved in diversion, the risk of infection and patient harm are public health threats.

Mitch Sobel, BSPharm, MAS, FASHP, Director of Pharmacy Services from St. Joseph's Healthcare System shared lessons learned from a diversion event that included federal drug enforcement, the New Jersey Board of Pharmacy, and the New Jersey Department of Health (NJDOH). An informative presentation about New Jersey drug diversion events from 2013-2016 was presented by Rebecca Greeley, MPH, Infectious Disease Team Lead-Communicable Disease Service, NJDOH and Christina Koehler, PharmD, Rph, Pharmacy Surveyor-Health Facilities, Survey &

Field Operations, NJDOH. A review of various drug diversion events that occurred in health care settings and investigations were highlighted.

New Jersey's Health Care Professional Responsibility and Reporting Enhancement Act, requires health care professionals to report information regarding incompetence or negligence of a health care worker that would endanger patients (this includes drug diversion). Francine Widrich, MBA, MPA, Health Care Information Clearinghouse Coordinator from the New Jersey Division of Consumer Affairs, provided a moving presentation about reporting requirements, how to report, and the types of follow-up for the reports received.

A panel of experts representing the professional boards and programs that provide professional assistance for impaired health professionals gave mini-presentations about their programs and fielded questions from the audience. Speakers included: Sindy Paul, MD, Medical Director, Board of Medical Examiners, New Jersey Division of Consumer Affairs, Jillian Scott, RN, MSN, Director, Recovery and Monitoring Program, Institute for Nursing/New Jersey State Nurses Association, and Mitch Sobel, BS Pharm, MAS, FASHP, from St. Joseph's Healthcare System, representing the New Jersey Board of Pharmacy.



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## Injection Safety

Myths surrounding safe injection practices exist among health care providers. Check out the graphic and see if you can separate the myths from the truths about injection safety! Injection safety is every provider's responsibility.

### DANGEROUS MISPERCEPTIONS

Here are some examples of dangerous misperceptions about safe injection practices.



Myth	Truth
Changing the needle makes a syringe safe for reuse.	Once they are used, both the needle and syringe are contaminated and must be discarded. A new sterile needle and a new sterile syringe should be used for each injection and each entry into a medication vial.
Syringes can be reused as long as an injection is administered through IV tubing.	Syringes and needles should never be reused. The IV tubing, syringe, and other components represent a single, interconnected unit. Distance from the patient, gravity, or infusion pressure do not ensure that small amounts of blood won't contaminate the syringe once it has been connected to the unit.
If you don't see blood in the IV tubing or syringe, it means that those supplies are safe for reuse.	Germs such as hepatitis C virus and staph or MRSA are invisible to the naked eye, but can easily infect patients even when present in microscopic quantities. Do not reuse syringes, needles, or IV tubing.
It's okay to use leftover medicine from use single-dose or single-use vials for more than one patient.	Single-dose or single-use vials should not be used for more than one patient regardless of how much medicine is remaining.

### Injection Safety is Every Provider's Responsibility!

The One & Only Campaign is a public health effort to eliminate unsafe medical injections. To learn more about safe injection practices, please visit [OneandOnlyCampaign.org](http://OneandOnlyCampaign.org).

For the latest news and updates, follow us on Twitter @injectionsafety and Facebook/OneandOnlyCampaign.



This material was developed by CDC. The One & Only Campaign is made possible by a partnership between the CDC Foundation and Lilly USA, LLC.

