Reducing Bat Exposures

With warmer weather on its way, bat activity will increase in New Jersey. Local health department staff can expect to receive calls related to bat exposures and bats in homes until the bats return to hibernation or migrate in the late fall. The New Jersey Department of Health (NJDOH) recommends that local public health and animal control agencies continue to emphasize the importance of bat-proofing homes to limit potential human rabies exposure. For more information on bat exposures and bat-proofing homes, see “What you should know about bats.”

Management of Known or Possible Rabies Exposures from Bats:

Transmission of rabies virus occurs primarily from a bat bite (teeth penetrating the skin); however, bat saliva in contact with the eyes or an open wound can also be a rabies exposure. Rabies transmission can occur from minor or unrecognized bites. Whenever a person is exposed to a bat, the bat in question should be safely captured and, if possible, submitted for rabies laboratory testing. If the bat is found negative for rabies, the person involved would not need to receive post-exposure prophylaxis (PEP).

Potentially exposed individuals should consult with a health care provider to determine if PEP is indicated. Physicians should consider administering PEP when there is direct contact between a person and bat found positive for rabies or a bat that cannot be tested for rabies, unless the person is certain that a bite, scratch or mucous membrane exposure did not occur.
New Hepatitis C Educational Resource

Did You Know...

- If you have hepatitis C (Hep C) and are pregnant, Hep C may be passed to your baby during pregnancy or during childbirth.
- Mother-to-child transmission is the leading cause of Hep C in children.
- If you don’t know your Hep C status, you should ask your healthcare provider about getting tested.
- Hep C is not spread by kissing, hugging or casual contact. Hep C is spread through contact with infected blood.
- The only way to know if a baby has Hep C is a blood test.
- After a woman delivers her baby, she can take medicine to cure her Hep C.

If you are pregnant and unaware of your Hep C status, ask your healthcare provider about getting tested. Unlike other viruses, Hep C is not a regular screening test for pregnant women. If you don’t know your Hep C status, have never been tested for Hep C, and have risk factors, you should request testing.

Risk factors include using injection drugs before or during pregnancy, having HIV co-infection, getting a tattoo or piercing outside of a regulated body art facility (at a party or friend’s house), ever being in jail, receiving blood or blood products before 1992, and having an accidental needle stick. If you said “yes” to any of these risk factors, talk with your healthcare provider about getting tested for Hep C.

Women who test C can have a vaginal delivery or a C-section. C-section or other types of delivery have not been found to prevent Hep C transmission.

Hepatitis C and New Mothers

If you are a new mom with Hep C: New mothers can breastfeed if they have Hep C. Hep C is not found in breastmilk. However, moms with Hep C should not breastfeed if their nipples are cracked or bleeding. Be sure to stay up-to-date with your child’s vaccinations. Most babies with Hep C show little or no signs of being sick. A blood test is the only way to know if a baby has Hep C. There is no vaccine to prevent Hep C. Talk to your healthcare provider. Make sure that they know that you have Hep C, if you tested positive for the virus. There is medicine you can take after you deliver to cure Hep C.

For children, knowing their status is the best way to seek care for them, so make sure they get tested for Hep C too. There is currently no way to prevent mothers from passing Hep C to their children, but there are ways for you and your child to protect your health and the health of your loved ones.

When should a child be tested for Hep C?

<table>
<thead>
<tr>
<th>Time</th>
<th>Test for Hepatitis C Antibody</th>
<th>Test for Hepatitis C RNA (viral load) confirmatory test</th>
</tr>
</thead>
<tbody>
<tr>
<td>After 18 months</td>
<td>Test for Hepatitis C Antibody - if the test is positive, follow up with hepatitis C RNA (viral load) confirmatory test</td>
<td></td>
</tr>
<tr>
<td>After 2 months</td>
<td>Test for hepatitis C RNA confirmatory test, and again after 12 months</td>
<td></td>
</tr>
<tr>
<td>After 12 months</td>
<td>Test one more time for hepatitis C RNA confirmatory test</td>
<td></td>
</tr>
</tbody>
</table>

Testing for hepatitis C antibodies, if the baby is less than 18 months old is not recommended. The antibodies may be maternal antibodies passed down by the mother.

Where can I get more information about Hep C?

www.nj.gov/health/cd/topics/hepatitisc.shtml
https://www.cdc.gov/hepatitis/hcv/index.htm

It is important for pregnant women to know about hepatitis C. The Communicable Disease Service has a new educational material available to provide pregnant women with information about the significance of hepatitis C during pregnancy, what to do if they do not know their hepatitis C status, and risk factors. This fact sheet is available at https://www.nj.gov/health/cd/topics/hepatitisc.shtml.
NJDOH Vaccine Preventable Disease Program Receives Award

The Association of Immunization Managers (AIM), representing the 64 federally-funded state, territorial and large urban area immunization programs, recently announced the winners of its annual Bull's-Eye Awards. New Jersey’s submission of the Human Papillomavirus (HPV) Vaccination Coverage Assessment Tool was selected as one of the three awardees for 2018. Other awardees were from Washington State and North Dakota.

The AIM Bull’s-Eye Award for Innovation and Excellence in Immunization is presented to three state, territorial or urban area immunization programs (awardees) annually in recognition of an outstanding immunization initiative. The award recognizes immunization strategies that "hit their mark," achieving goals and increasing awareness by encouraging replication in other programs.

Though there have been increases in HPV vaccination first dose coverage for both males and females in New Jersey, the rates still fall below those of other routinely recommended vaccines, Tdap and MenACWY. The Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) recommend that the HPV first dose be administered at ages 11-12 years and bundled with other recommended adolescent immunizations.

Through both anecdotal evidence and reviews of facility-specific rates, it was identified that many facilities are delaying first dose HPV vaccination. New Jersey’s HPV Vaccination Coverage Assessment Tool was developed to emphasize the importance of a strong provider recommendation for initiating the HPV series at the recommended age, and to assist health care providers in continuously assessing how frequently they are administering HPV first dose vaccination within the target age group.

NJDOH to Recognize Leaders in Antimicrobial Stewardship

The New Jersey Department of Health Communicable Disease Service (NJDOH CDS) encourages New Jersey health care facilities to improve antimicrobial use through the implementation of antimicrobial stewardship programs. Antimicrobial stewardship is the practice of making sure that patients receive the right antimicrobial, at the right dose, at the right time, and for the right duration. According to the Centers for Disease Control and Prevention (CDC), thirty to fifty percent of antibiotic use in hospitals is unnecessary or inappropriate.

Antimicrobial stewardship interventions have demonstrated success by improving individual patient outcomes, reducing the overall burden of antimicrobial resistance, and saving health care dollars. Effective antimicrobial stewardship programs can improve patient care, more effectively combat antimicrobial resistance and ultimately save lives. Interventions to improve antimicrobial use can be executed in any health care setting, from the smallest to the largest.

Later this year, the NJDOH CDS will implement a recognition program to acknowledge New Jersey health care facilities committed to antimicrobial stewardship. The program will publicly recognize facilities implementing antimicrobial stewardship programs consistent with CDC’s Core Elements of Antimicrobial Stewardship Programs. The requirements for participation will offer guidance to facilities on how to methodically implement an antimicrobial stewardship program. Facilities will be distinguished with a certificate and featured on the NJDOH Antimicrobial Stewardship website (https://www.nj.gov/health/cd/topics/stewardship.shtml).

Additional information on antimicrobial prescribing and use, as well as the Core Elements of Antibiotic Stewardship, is available on CDC’s website (https://www.cdc.gov/antibiotic-use/healthcare/index.html). For questions related to the NJDOH CDS Antimicrobial Stewardship Program, please contact Pat Barrett at patricia.barrett@doh.nj.gov or by phone at 609-826-5964.
CDC Launches Mobile App for Pneumococcal Vaccine

CDC recommends pneumococcal vaccination for all children younger than two years old and all adults 65 years or older. In certain situations, other children and adults should also get pneumococcal vaccines. There are two kinds of pneumococcal vaccines available in the United States:

- Pneumococcal conjugate vaccine
- Pneumococcal polysaccharide vaccine

Determining which vaccine should be administered and the appropriate age and dose-spacing intervals can be complex. The newly launched PneumoRecs VaxAdvisor mobile app helps vaccination providers quickly and easily determine which pneumococcal vaccines a patient needs and when. The app incorporates recommendations for all ages so health care providers and pharmacists alike will find the tool beneficial.

Users simply:

- Enter a patient’s age
- Note if the patient has specific underlying medical conditions
- Answer questions about the patient’s pneumococcal vaccination history

**Bat-proofing and exclusions of bats from homes:**

As reduction of bat populations is not a feasible or desirable strategy for rabies control, human and domestic animal contact with bats should be minimized by physical exclusion of bats from houses and surrounding structures by sealing entrances used by bats. Bats are able to squeeze through openings as small as 3/8 of an inch wide. Interior bat-proofing, such as sealing spaces around the attic door, caulking, flashing, weather stripping, or use of draft guards beneath doors will prevent the bats from accidentally entering living areas of the home until the bats can be excluded from the entire structure. The New Jersey Department of Environmental Protection, Division of Fish and Game has detailed guidance on bat-proofing dwellings titled “Nuisance Wildlife Control Guidelines for Bats” posted on their website. Homeowners can contract with contractors who specialize in excluding bats from homes.

**Interesting facts about bats:**

- Only a small number of bats, usually from 30 to 75, are found infected with rabies annually in New Jersey.
- All of the bats found in New Jersey are strictly insect eaters; a bat can consume hundreds of insects in an hour.
- Bats are not blind, but they depend more on their sonar than eyesight to navigate, avoid obstacles, and capture insects.
- Some of our common bats congregate in colonies, often in buildings. These social bats usually return to the same roost year after year and start maternity colonies in the spring. The young are born in June and July.
- Bats are true hibernators and usually enter caves, mines, buildings, and even sewers in the fall to hibernate over winter.
- Individual bats can live to be 30 years old; colonies can be present at the same location for over 100 years.
CDS Staff Member Receives Award

Teresa Hamby, CDS Data Analyst, was announced as the recipient of the 2019 Rick Heffernan Award for Public Health Service. Teresa was nominated and selected for her decades of commitment to public health, her work ethic and her generous, compassionate personality. The award was presented at the International Society for Disease Surveillance Annual Conference.

CDS Welcomes New Staff!

Lindsay Lowe – Lindsay joins the CDS as the new Public Health Representative 3 and will be working on disease investigations. Lindsay had been working at NJDOH with the zoonotic team and has experience in disease investigation and surveillance.

Jennifer Lawall – Jennifer joins the CDS as a Statistical Analyst in the Vaccine Preventable Disease Program. She had been working with CDS on the Communicable Disease Reporting and Surveillance System and was in charge of training. Prior to joining CDS, Jennifer worked as an epidemiologist at the Maryland Department of Health focusing on HIV laboratory records. She earned a Master of Public Health degree from the University of North Carolina-Chapel Hill.

Alicia Sloughy – Alicia joins the CDS as the new Cross Cut Epidemiologist/Laboratory Liaison and will be working on a variety of disease surveillance including foodborne disease and influenza. She will also be developing a relationship with NJDOH laboratory partners. Alicia has been working on surveillance with the CDS for the past year. She earned a Master of Public Health degree from Rutgers University.
NJSOPHE Award

Congratulations to the Vaccine Preventable Disease Program’s (VPDP) health educator, Jennifer Smith! She received the 2018 Louise Chut Award for Program Excellence at the New Jersey Society for Public Health Education’s annual meeting on December 7, 2018. The award was given for Jennifer’s work on the New Jersey Hot Shots for Tots Immunization Campaign in conjunction with Jenish Sudhakaran and Erika Lobe, also from the VPDP.

Save the Date!

The Communicable Disease Forums will continue through 2019, both in person across the state and via webinar. Topics will include camp-associated outbreaks, measles, vector-borne disease, and how to prepare for a health care facility site visit. Registration will be through the NJ Learning Management Network and continuing education credits will be offered (CNE and Public Health). Stay tuned for more information!

In-person presentations (8:00 am – 1:00 pm):
April 30 – Morris County Public Safety Training Center, Parsippany, NJ
May 7 – Middlesex County Fire Academy, Sayreville, NJ
May 16 – Verona Community Center, Verona, NJ
May 21 – Virtua Health Education Center, Voorhees, NJ

Webinars:
August 13 from 9:30 am-11:30 am.
October 25 from 9:30 am-11:30 am.
The New Jersey Vaccine Preventable Disease Program is the proud recipient of a Centers for Disease Control and Prevention (CDC) certificate of accomplishment for achieving outstanding progress toward the Healthy People 2020 target of 70 percent for influenza vaccination coverage among children ages 6 months through 17 years during the 2017-2018 influenza season. Pictured from left to right are Barbara Montana, MD, Vaccine Preventable Disease Program Medical Director, Steve Bors, Vaccine Preventable Disease Program Manager, and Gary Ludwig, Director Communicable Disease Service.
The NJDOH Communicable Disease Service includes:
Infectious and Zoonotic Disease Program (IZDP): 609-826-5964
Regional Epidemiology Program (REP): 609-826-5964
Vaccine Preventable Disease Program (VPOP): 609-826-4860
We’re on the Web!
www.nj.gov/health/cd
Past issues of the New Jersey Communi-CABLE are available online at:
http://www.nj.gov/health/cd/statistics/pub

Spring 2019

2019 NJ Immunization Conference
(S)HOT TOPICS:
A FOCUS ON FUNDAMENTALS

Wednesday, May 29, 2019
Busch Campus Center, Rutgers University, Piscataway, NJ

Continuing education for this activity is pending. Please see final announcement for details.

https://rutgerstraining.sph.rutgers.edu/immunization2019/