



## 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  
Acting Commissioner

### COMMUNICABLE DISEASE SERVICE

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C2263

# NJ Communi- CABLE

Winter 2016

## Vaccine Preventable Disease Program Receives Recognition from the Centers for Disease Control and Prevention

The New Jersey Department of Health Vaccine Preventable Disease Program (VPDP) recently received the 2015 Centers for Disease Control and Prevention (CDC) Childhood Influenza Immunization Coverage Award. This award is in recognition of New Jersey's success in achieving 64.3 percent influenza vaccination rate during the 2014-2015 season among children six months through 17 years of age, based on Healthy People 2020 targets. This is the second year the VPDP received this award. Nationally, 59.3 percent of children in this age group were vaccinated. The Healthy People objective for this age group is 70 percent.

The VPDP staff attributes the high influenza coverage rates to their implementation of evidence-based strategies and collaboration with public health and community partners. The implementation of school immunization mandates has shown to be an effective method for increasing vaccination rates. In 2008, New Jersey set a precedent by being the first state to require flu vaccination for children six months through four years of age attending licensed child care/preschool. Connecticut and Rhode Island followed NJ's lead by adopting similar requirements. According to the 2014-2015 National

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New Jersey Department of Health Vaccine Preventable Disease Program staff



## Know Your “Rights” of Vaccine Administration

**P**roper vaccine administration is a critical component of a successful immunization program.

Appropriate vaccine preparation, site and route selection, needle length, and injection techniques are essential to the correct administration of vaccines. Improperly administered injections may result in injuries or prevent vaccines from providing optimal protection. All personnel who administer vaccines should receive comprehensive, competency-based training regarding vaccine administration policies and procedures before administering vaccines. Staff should receive ongoing education, such as whenever vaccine administration recommendations are updated, or when new vaccines are added to the facility’s inventory, to maintain staff competency.

The foundation of medication administration is application of the “Rights of Medication Administration.” These rights should be applied to each encounter when vaccines are administered. These rights include the following:

### Right patient:

Providers should use every opportunity to assess a patient’s immunization status and

administer the necessary age-appropriate vaccines. All patients should be screened for contraindications and precautions prior to administering any vaccine, even if the patient has previously received that vaccine. The patient’s status may change from one visit to the next or recommendations regarding contraindications and precautions may have changed. Screening for contraindications and precautions can prevent adverse events following vaccination.

### Right vaccine and diluent (when applicable):

In order to avoid using the wrong vaccine, do not store vaccines with similar names or abbreviations, or overlapping component(s) (e.g., DTaP, DT, Tdap, Td) immediately next to each other. Check the vaccine label three times; when you remove the vaccine from storage, when you draw it up, and when you dispose of the syringe or place the vial back into storage.

Vaccines should be reconstituted according to manufacturer guidelines using only the specific diluent supplied by the manufacturer for that vaccine. If the wrong diluent is used, the vaccine dose is not valid and will need to be repeated using the correct diluent.

### 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 (VPDP): 609-826-4860

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## New Jersey Health Reporting Tool

**J**ason Mehr, MPH, New Jersey Department of Health (NJDOH) Healthcare Associated Infections (HAI) Coordinator and Lindsay Hamilton, MPH, Council of State and Territorial Epidemiologists HAI Fellow, provided a training to the Long Term Care Surveyors on November 10 about the award-winning “NJDOH Reporting Tool.” Developing the tool was a collaborative effort between the Communicable Disease Service and Health Facilities, Licensing and Field Operations staff. The purpose of the tool is to formalize the reporting of infection control breaches between surveyors and disease investigators. There are two categories of breaches: Category A and Category B. Category A breaches include likelihood of blood exposure as a result of the breach, such as reusing needles or syringes for more than one individual, reusing a needle or syringe which has already been used to administer medication to an

individual, subsequently entered into a medication vial, and then using contents for another individual, and using a lancing/finger stick device for more than one individual. These breaches have been identified as vehicles to transmit blood-borne pathogens, such as hepatitis B, hepatitis C and HIV. Category B breaches are tailored to the settings, such as long-term care and acute care, and are infection control breaches that may lead to disease transmission. These may include incorrect reprocessing of instruments, reuse of biopsy needles that were intended for single use and/or lack of personal protective equipment during wound care. The training included an informative presentation and interactive case studies. Acute care surveyors were trained in 2014. New Jersey’s reporting tool was recognized by the Association of Health Facility Survey Agencies at their 2015 Conference.



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## Community Flu Education

**O**n December 1, 2015, the Vaccine Preventable Disease Program held a webinar for health educators, public health nurses and other public health professionals to introduce a new flu education resource. The community flu education toolkit was developed for public health professionals to

provide education to residents in their communities about flu prevention, the benefits of getting a flu shot, and the 2015-2016 flu vaccine. Webinar participants received slides, interactive pre/post-tests and other flu materials. For more information contact Jennifer Smith at [jennifer.smith@doh.nj.gov](mailto:jennifer.smith@doh.nj.gov).





## Hepatitis B Conference

The New Jersey Hepatitis B Coalition held their first conference on December 9, 2015 at the NJ Hospital Association. Dr. Christina Tan, MD, MPH provided the keynote address. Presentations by coalition

partners and links to valuable community resources, including screening and linkage to care, were shared.



## Social Media Conference

NJDOH hosted a daylong social media conference on December 7, 2015. More than 75 health educators, public health nurses and communication professionals from across the state attended. This conference featured various speakers from federal, state and local partners and examined how they use social media to engage the community. The morning sessions included best practices, developing policies and lessons learned about using social media platforms in government and health care

settings. The highlight was an afternoon Twitter exercise. Participants were given multiple scenarios and then asked to develop hashtags and tweets for their agency based on the topic. The tweets were then evaluated by the facilitators. Also discussed was how to incorporate public health messages that include risk communication into 140 characters.

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Know Your Rights, continued from page 2

**Right time (including the correct age and interval, as well as before the product expiration time/date):**

Providers should make sure all vaccines are administered at the appropriate age and dose-spacing intervals. If a dose was inadvertently given at too young an age or at less than the minimum interval, the dose is not considered valid and must be repeated. The repeat dose should be spaced after the invalid dose by an interval at least equal to the recommended minimum interval. Adhering to minimum ages and intervals is vital to making certain your patients receive vaccines on a schedule that ensures vaccine effectiveness.

Each vaccine and diluent vial should be carefully inspected for damage or contamination prior to use. The expiration date printed on the vial or box should be checked. Regardless of expiration date, vaccine and diluent should only be used as long as they are normal in appearance and have been stored and handled properly. Expired vaccine or diluent should never be used.

**Right dosage:**

Vaccine dosages may vary depending on the age of the patient and the particular vaccine product. Be sure to verify the dosage is correct prior to giving the vaccine to your patient. The entire contents of single dose vials should

be drawn up and administered. Never administer the contents of a single-dose vial of vaccine to more than one patient. Never “pool” the contents of more than one vial for one vaccine dose.

**Right route and Right site:**

There are five routes (intramuscular, subcutaneous, intradermal, nasal, or oral) used to administer vaccines. The route, site, and needle size vary depending on the age and weight of the patient and type of vaccine. For specific information, please visit <http://www.immunize.org/catg.d/p3085.pdf>

Deviation from the recommended route may reduce vaccine efficacy or increase local adverse reactions. Vaccines administered by the wrong route or with the wrong size needle may need to be repeated.

**Right documentation:**

Accurate documentation can help prevent administration errors and curtail the number and costs of excess vaccine doses administered. All vaccines administered should be fully documented in the patient’s permanent medical record. Healthcare providers who administer vaccines covered by the National Childhood Vaccine Injury Act are required to ensure that the permanent medical record of the recipient indicates:

- ❖ Date of administration
- ❖ Vaccine manufacturer
- ❖ Vaccine lot number
- ❖ Name and title of the person

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

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*Recognition, continued from page 1*

Immunization Survey-Flu, 79.1 percent of children aged six months through four years in NJ are vaccinated, which surpasses the national average (70.4 %); NJ is ranked the fifth highest state for flu coverage in the six months through four years age category.

In order to enhance access, the NJ Vaccine for Children (VFC) Program provides all recommended immunizations (including influenza) for children from birth through 18 years of age who are Medicaid eligible, uninsured, or American Indian or Alaska Native. Additionally, the VPDP identifies areas with low socioeconomic status and promotes locations (local health departments, federally qualified healthcare centers) to access free or low-cost vaccines for children through the distribution of bookmarks available in various languages.

The VPDP has developed an innovative campaign to raise awareness of influenza and other vaccines recommended for adolescents. In collaboration with the Partnership for Maternal and

Child Health of Northern New Jersey, the VPDP runs “Protect Me With 3+” a social media campaign, annual youth video contest, and educational website (<http://www.protectmewith3.com/>) to promote vaccination against tetanus, diphtheria, pertussis (Tdap), meningococcal, human papillomavirus (HPV), and influenza among New Jersey youth and their parents. The VPDP received the Association of Immunization Managers (AIM) 2015 Bull’s-Eye Award in recognition of “Protect Me with 3+” as an outstanding immunization initiative.

Through the use of educational resources, presentations, and collaboration with health service grantees, the VPDP regularly promotes flu vaccination to different audiences such as childcare/preschool directors, school nurses, healthcare providers, maternal/child health consortia, parents, and community members. Along with these and future initiatives, the VPDP will continue to improve and sustain influenza immunization coverage across all age groups. 

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*Know Your "Rights," continued from page 4*

who administered the vaccine and the address of the facility where the permanent record will reside

- ❖ Vaccine Information Statement (VIS)
  - date printed on the VIS
  - date VIS given to patient or parent/guardian

Many recordkeeping tasks, as well as patient reminder/ recall activities, can be greatly simplified by participation in the statewide registry, New Jersey Immunization Information System (NJIIS). NJIIS maintains immunization data on New Jersey residents, and consolidates immunization information reported from multiple providers into individual patient records to help ensure providers have accurate information for clinical decision support.

All health care practitioners who immunize children less than seven years of age are required to enroll as an authorized user of NJIIS and report vaccinations to NJIIS (N.J.A.C. 8:57-3.16). For more information about enrolling as a new site or user, visit NJIIS online at <https://njiis.nj.gov> and click "NJIIS Training Opportunities" and contact the Maternal and Child Health Consortium Regional Trainer in your county.

In addition to the "Rights of Vaccine Administration," healthcare providers should follow appropriate precautions to minimize the risks of

spreading disease during the administration of vaccines.

❖ **Hand hygiene**

Hand hygiene is critical to prevent the spread of illness and disease. Hand hygiene should be performed before vaccine preparation, between patients, and any time hands become soiled, e.g., diapering or cleansing excreta. Hands should be cleansed with a waterless alcohol-based hand rub or, washed thoroughly with soap and water when hands are visibly dirty or contaminated with blood or other body fluids.

❖ **Gloves**

Occupational Safety and Health Administration (OSHA) regulations do not require gloves to be worn when administering vaccines unless the person administering the vaccine is likely to come into contact with potentially infectious body fluids or has open lesions on the hands. If gloves are worn, they should be changed and hand hygiene performed between patients.

❖ **Equipment**

A separate needle and syringe should be used for each injection. Never administer medications from the same syringe to more than one patient, even if the needle is changed. Immediately after use, all used syringe/needle

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## CDS Welcomes New Staff!

**Kara McGinnis Pilote** joins the Infectious and Zoonotic Disease Program as a Temporary Epidemiology Field Assignee (TEFA) from CDC's Office of Public Health Preparedness and Response. She is a graduate of the University of South Florida and The George Washington University, and most recently has worked with the CDC as a Prevention Specialist in the NYC Bureau of TB Control.

**Ma'isah Burks** joins the Regional Epidemiology Program as the CDC Career Epidemiology Field Officer. She is a graduate of University of Louisville and has worked with the Kentucky Department of Public Health


and Louisville Metro Department of Public Health and Wellness in Louisville, KY as a Regional Epidemiologist covering communicable disease, policy planning and development, and emergency preparedness over the last seven years.

**Jessica Felix** joins the Infectious and Zoonotic Disease Program as an Infection Control Specialist on the Healthcare Associated Infection Team. She is a Registered Nurse, graduate of Wilmington University, and has worked with Buttonwood Behavioral Health Hospital as an Occupational Health and Infection Prevention Nurse. 

### *Know Your "Rights," continued from page 6*

devices should be placed in biohazard containers that are closable, puncture-resistant, leakproof on sides and bottom and labeled or color-coded. This practice helps prevent accidental needlesticks and reuse. Used needles should not be recapped, cut, or detached from the syringes before disposal. Empty or expired vaccine vials are considered medical waste and should be disposed of according to state regulations. More information can be found at [OSHA's website](#).

proper vaccine administration and safe injection practices, visit the following resources:

- ❖ Centers for Disease Control and Prevention (CDC) Epidemiology and Prevention of Vaccine-Preventable Diseases <http://www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html#infection>
- ❖ One & Only Campaign: New Jersey <http://www.oneandonlycampaign.org/partner/new-jersey> 

For further information about

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# Disease Reporting Magnets

Do you have the latest version of the NJDOH Reportable Disease magnet? The latest version is gold and lists all of the reportable and immediately reportable diseases. If you need a magnet, please contact your regional epidemiologist at 609-826-5964!!

**Quick Reference**

**Reporting Requirements for Communicable Diseases and Work-Related Conditions**

(see New Jersey Administrative Code Title 8, Chapters 57 and 58)

**Communicable Disease Service**  
Disease Reporting Requirements and Regulations can be viewed at:  
<http://nj.gov/health/cd/reporting.shtml>

**Health care providers required to report:** physicians, advanced practice nurses, physician assistants, and certified nurse midwives.  
**Administrators required to report:** persons having control or supervision over a health care facility, correctional facility, school, youth camp, child care center, preschool, or institution of higher education.  
**Laboratory directors:** For specific reporting guidelines, see NJAC 8:57-1.7.

**CONFIRMED or SUSPECT CASES**  
TELEPHONE **IMMEDIATELY** to the LOCAL HEALTH DEPARTMENT

- Anthrax
- Botulism
- Brucellosis
- Diphtheria
- Foodborne intoxications (including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning)
- *Haemophilus influenzae*, invasive disease
- Hantavirus pulmonary syndrome
- Hepatitis A, acute
- Influenza, novel strains only
- Measles
- Meningococcal invasive disease
- Outbreak or suspected outbreak of illness, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism
- Pertussis
- Plague
- Pulmonary tuberculosis
- Rabies (human illness)
- Rubella
- SARS-CoV disease (SARS)
- Smallpox
- Tuberculosis
- Viral hemorrhagic fevers (including, but not limited to, Ebola, Lassa, and Marburg viruses)

**REPORTABLE WITHIN 24 HOURS OF DIAGNOSIS to the LOCAL HEALTH DEPARTMENT**

- Amoebiasis
- Animal bites treated for rabies
- Arboviral diseases
- Babesiosis
- Campylobacteriosis
- Chlamydia
- Creutzfeldt-Jakob disease
- Cyclosporiasis
- Diarrheal disease (child in a day care center or a foodhandler)
- Ehrlichiosis
- *Escherichia coli*, shiga toxin producing strains (STEC) only
- Giardiasis
- Hansen's disease
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis B, including newly diagnosed acute, perinatal and chronic infections, and pregnant women who have tested positive for Hep B surface antigen
- Influenza-associated pediatric mortality
- Legionellosis
- Listeriosis
- Lyme disease
- Malaria
- Mumps
- Potomac fever
- Q fever
- Rocky Mountain spotted fever
- Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- *Staphylococcus aureus*, with intermediate-level resistance (VISA) or high-level-resistance (VRSA) to vancomycin only
- Streptococcal disease, invasive group A
- Streptococcal disease, invasive group B, neonatal
- Streptococcal toxic shock syndrome
- *Streptococcus pneumoniae*, invasive disease
- Tetanus
- Toxic shock syndrome (other than Streptococcal)
- Trichinellosis
- Typhoid fever
- Yersinia (chickenspox)
- Vibriosis
- Viral encephalitis
- Yellow fever
- Yersiniosis

**REPORTABLE DIRECTLY to the NEW JERSEY DEPARTMENT OF HEALTH**

**Hepatitis C**, acute and chronic, newly diagnosed cases only  
**Written report within 24 hours**

**HIV/AIDS**  
609-984-6940 or 973-648-7500  
**Written report within 24 hours**

- AIDS
- HIV infection
- Child exposed to HIV perinatally

**Sexually Transmitted Diseases**  
609-826-4869  
**Report within 24 hours**

- Chancroid
- Chlamydia, including neonatal conjunctivitis
- Gonorrhea
- Granuloma inguinale
- Lymphogranuloma venereum
- Syphilis, all stages and congenital

**Tuberculosis** (confirmed or suspect cases)  
609-826-4878  
**Written report within 24 hours**

**Occupational and Environmental Diseases, Injuries, and Poisonings**  
609-826-4920  
**Report within 30 days after diagnosis or treatment**

- Work-related asthma (possible, probable, and confirmed)
- Silicosis
- Asbestosis
- Pneumoconiosis, other and unspecified
- Occupational dermatitis
- Poisoning caused by known or suspected occupational exposure
- Pesticide toxicity
- Work-related carpal tunnel syndrome
- Other occupational disease

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