January, 2005

Richard J. Codey
Acting Governor

NEW JERSEY DEPARTMENT of HEALTH and SENIOR SERVICES

Fred M. Jacobs, MD, JD
Commissioner

NJ Communi-CABLE

NJDHSS Health Educators Speak in Washington, D.C

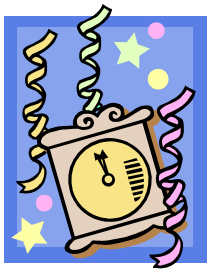
Health educators with the New Jersey Department of Health and Senior Services (NJDHSS) Bioterrorism Unit, along with two of their county-level LINCS agency Health Educator/Risk Communicators (HERC) counterparts, attended the annual conference of the Society for Public Health Education. The conference, held in Washington, D.C in November, 2004, was a gathering of the country's most influential health education professionals. This year's conference theme *"The Power and Influence of Health Education: Promoting Monumental Change"* was a perfect opportunity for New Jersey's health educators to showcase the ways that the role of health educators has changed since September, 2001 with the World Trade Center collapse and subsequent anthrax attack.

Representing the NJDHSS were Suzanne Miro and Laura Taylor. Joining them were Bill Jamison, Rutgers, Monique Davis, HERC for Hudson Regional Health Commission, and Karen Fox, HERC for Passaic County Health Department. The group was the expert panel for a concurrent session entitled "*The Health Educator's Role in Emergency Preparedness.*"

"New Jersey's health educators really have taken the lead in terrorism response nationally because of our proximity to, and involvement in, the terror events of 2001. Health educators across the state have been utilized in many non-traditional ways and it was a great opportunity for us to share our successes and serve as a model for health educators nationally," said Suzanne Miro, Health Education Coordinator for the NJDHSS

Communicable Disease Service. Topics included in the panel presentation were community bioterrorism education, principles of risk communication, risk communication training program development, and the use of health educators in the planning and implementation of mass prophylaxis clinics. The presentations were very well received, generated a lot of audience interest, and put New Jersey on the map for health education in emergency preparedness and response.

Happy New Year!!!



2005!!!

NJDHSS Communicable Disease Service

- *Eddy Bresnitz, MD, MS, State Epidemiologist, Senior Assistant Commissioner*
- *Janet DeGraaf, MPA, Director, Communicable Disease Service*
- *Christina Tan, MD, Medical Director, Communicable Disease Service*
- *Suzanne Miro, MPH, CHES, Editor, Health Educator, Communicable Disease Service*

Special Report—Influenza Vaccine Shortage 2004-05

When Howard Pien, President and Chairman of the Board of Chiron made the announcement regarding Chiron's inability to meet public health needs this influenza season, the news stunned health officials in New Jersey and nationwide. This news also immediately prompted New Jersey officials, in conjunction with the Centers for Disease Control and Prevention (CDC) and Aventis Pasteur (AvP) to craft a plan of action to safeguard and support New Jersey residents in response to the vaccine shortage. Seeking help from the public, the medical community, and other immunization stakeholders in implementing this plan became a top priority. Amidst plans to begin equitable distribution, another immediate focus was that of making certain that available vaccine supplies reached those who were in the CDC high risk/ high priority groups. The CDC assisted with focusing state's efforts by convening an emergency session of its Advisory Committee on Immunization Practices (ACIP).

The eight vaccine-eligible priority groups initially identified by the ACIP include children aged 6-23 months, adults 65 years and older, persons aged 2-64 years with underling chronic medical conditions, women who will be pregnant during the influenza season, residents of nursing homes and long-term care facilities, children 6-18 months on chronic aspirin therapy, health-care workers involved in direct patient care, and out-of-home caregivers and household contacts of children <6 months. All groups have been considered to be of equal importance.

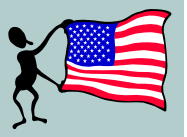
Eddy Bresnitz, M.D., M.S., State Epidemiologist/ Senior Assistant Commissioner, has headed New Jersey's response team, based on a two-phased plan. Phase I addressed vaccine orders that were immediately identifiable as of October 5, 2004. These orders included Vaccine for Children Programs (VFC); Veterans Affairs; Indian Health Service; long term care facilities (LTCF) and hospital orders directly from AvP; AvP orders from pediatricians; and partial orders for agencies placed via federal, state or multi-state contracts. Visiting Nurse Association, mass vaccinator, military, and primary care provider orders were also included in this phase. Phase II addresses vaccine allocation, allocation formulas and timelines. The CDC and AvP have canvassed orders placed previously with Chiron distributors collaboratively, along with LCTF surveys to better understand the supply chain to these facilities. Phase II also identifies and reaches out to distributors requesting them to participate in the vaccine distribution process, along with sustaining communications and contact with key stakeholders; especially state/local and public health officers, private providers, LTCF partners, hospitals and other groups. An allocation plan for the use of Live Attenuated Influenza Vaccine (LAIV) is also a part of Phase II. A previous report in an earlier issue of the NJ Communi-CABLE regarding shortages outlined the use of universal respiratory precautions and discussed the vaccine distribution and shipment particulars during October and November.

The total amount of influenza vaccine for use this season is 58 million doses. AvP has been shipping two to three million doses per week. In addition, MedImmune Inc. produced LAIV under the name of FluMist. NJDHSS subsequently purchased 7,400 doses of FluMist, approved for use by healthy individuals 5-49 years of age for health care workers in long term care facilities in early December. Questions regarding storage, handling or other manufacturer information should be directed to MedImmune Inc. at 877-358-6478.

As a result of several surveys, the New Jersey Department of Health and Senior Services coordinated vaccine orders between hospitals, Federally Qualified Health Centers (FQHCs), institutions for the developmentally disabled, and private physicians in the amount of 144,000 doses by mid-December. An additional allocation of 81,000 doses of adult vaccine will be available in January 2005. Approximately

Continued on page 8

Enhanced Emergency Department Surveillance – Republican National Convention 2004



The year has been an interesting one from a surveillance perspective. In 2004 the ongoing Emergency Department (ED) Volume Surveillance, which began in December 2001 in response to the anthrax attacks, was updated and enhanced. This change occurred in anticipation of the Republican National Convention (RNC) held in nearby New York City (August 30 - September 2, 2004). Initially, the intent was to monitor hospital activity in the areas directly contiguous to New York City during the five-week period around the convention. There were four jurisdictions involved and the five weeks of surveillance included two weeks before the convention during the preparation and set up, and continued until two weeks after it ended, covering the longest incubation period for key bioterrorism agents.

On Sunday, August 1, 2004, the Office of Homeland Security announced a Threat Level Orange for several cities and locations, including parts of northern New Jersey, because of intelligence outlining potential attacks on financial institutions in those areas. In light of this increased threat, the "enhanced surveillance" was extended statewide with extra efforts focusing on the geographical areas of heightened alert status. All hospitals statewide were requested to submit ED volume data on a daily basis, including holidays and weekends. Those hospitals located in the Orange Threat Level areas were asked to submit data twice daily during the original five-week enhanced surveillance period.

The data were analyzed several times each day, comparing current data for each hospital to averages based on previous days' data for that same hospital. If there was a significant increase in visits for a particular hospital, the analysis program flagged that hospital in the report. NJDHSS staff then contacted the LINCS Epidemiologist who conducted further investigation of the flagged hospital. During the five weeks, there was nearly 100% participation in that we received data from EVERY hospital in the state, though in a few cases the data were not received on time. Overall, ED volume was monitored consistently throughout the surveillance period. More than 20 "blips" were investigated during the enhanced surveillance period in different regions of the state and none were related to unusual patterns of illness or potential bioterrorist activity.

In the end, it was an exhausting and challenging experience. A great effort was made by everyone, in particular the LINCS Epidemiologists and agency staff who gave up their evenings and weekends to assist with the surveillance. The New Jersey Department of Health and Senior Services has incorporated the updated system, where epidemiologists are a part of the data collection into our ongoing day-to-day surveillance. We thank all involved staff for a stellar job!

If you have any questions or want further information about the RNC surveillance, please feel free to contact Teresa Hamby at (609) 588-7500 or via email, Teresa.Hamby@doh.state.nj.us.

IT'S A SNAP

School Network for Absenteeism Prevention

The Centers for Disease Control and Prevention reports that handwashing is the most important thing you can do to keep from getting sick!

Visit http://www.itsasnap.org/index.asp

Multi-County Regional TB Specialty Clinics in New Jersey

In November 2003, the New Jersey Department of Health and Senior Services (NJDHSS) Tuberculosis (TB) Program received the findings of an evaluation of prevention and control efforts in New Jersey conducted by an impartial expert team of external reviewers. Serious deficiencies were found in the following areas: physician and nursing case management expertise, physician leadership, standardization of practice, infrastructure for effective patient management, performance against national objectives and quality assurance, assessment and improvement activities. The costs to implement the specific recommendations of this review team were prohibitive, but the deficiencies are sufficiently serious to warrant formulation of a reasonable and affordable plan to achieve the goals of the recommendations through alternate means.

Building physician and nursing case management expertise will require a significant change in the way TB services are currently delivered in New Jersey. Expertise in these two specialty areas is directly proportional to the number of TB cases and suspect cases managed. The most efficient method for developing the necessary expertise is to establish multi-county regional TB specialty clinics that serve sufficient cases and suspect cases in each clinical location. Physicians will be recruited to staff multiple regional clinic locations. Only through the regional clinic approach can New Jersey expand its expert physician and nursing case management capacity at a reasonable cost.

To satisfy the need for physician leadership, the TB Program will establish a Medical Advisory Board consisting of 5-7 physicians staffing regional TB specialty clinics statewide. This Board will develop medical standards of care and serve as consultants advising TB Program officials on the establishment of priorities and the development of standardized policies and procedures. The *Tuberculosis Standards of Care* will be published in 2005 and will define acceptable medical practice and will apply to all physicians managing patients with TB infection and disease in New Jersey. Published standards will serve as an educational guide for physicians and enable more effective intervention by health department officials to correct deviations. A *Tuberculosis Policy Manual* will also be published in 2005. This manual will clearly define the priorities of effective TB prevention and control in New Jersey. It will specify standardized, efficient and acceptable methods to achieve these priorities and serve as a guide to all clinics serving patients with or at risk for TB infection and disease statewide.

Building essential infrastructure for effective TB services will require pooling of existing resources and the identification of new financial resources, both state and local. The development of multi-county regional TB specialty clinics will assist significantly in the achievement of this goal. Historically, the TB Program has provided financial support for clinical, nursing case management and/or outreach capacity only in high incidence counties. In the future, state health service grant resources will be redistributed to regional clinic sites throughout New Jersey in a transparent, fair and equitable manner. Unfortunately, state funding alone will not be sufficient to provide adequate infrastructure for effective TB prevention and control. Local financial assistance will also be required. This local assistance will be utilized to purchase nursing case management and outreach services through the regional TB clinic, essential to meeting the standards of care requirements, and preventing any disruption of routine operations within individual health jurisdictions to satisfy these standards. Local contributions to regional clinical operations will be substantially less, and more easily justified, than the provision of these services independently. Local health department staff will still be involved in TB prevention and control activities that are most efficiently provided locally, such as tuberculin skin testing, initial patient interviews and health officer orders. State staff will provide patient transportation to regional clinical appointments, assistance with congregate setting contact investigations, lost and delinquent investigations and active surveillance in local hospitals. Regionalization is a true collaborative approach to satisfy the requirements of TB prevention and control statewide.

Continued on page 5

Multi-County Regional TB Specialty Clinics in New Jersey

Continued from page 4

The NJDHSS TB Program will routinely assess and evaluate the progress of regional clinical operations towards the achievement of national and local performance objectives and adherence with established standards of care and policies and procedures for the management of patients with TB in New Jersey. The findings of these assessments will be shared with local health officials referring patients to these regional TB specialty clinics. The TB Program will work with regional clinic officials to develop and implement performance improvement plans as necessary and monitor the success of these plans routinely.

The implementation of a regional service delivery system statewide will take time and can only proceed as ample state and local financial resources are identified and/or redirected.

The result will be a more efficient, standardized approach to TB prevention and control throughout New Jersey and an improved quality of care for its residents with TB infection and disease.

The TB Program has begun meeting with local health department officials and staff to discuss plans for regionalization in more detail, including how it will work operationally, associated costs and roles and responsibilities. These meetings will be scheduled to coincide with plans to regionalize services in a specific area of the state. All local health jurisdictions will be effected by regionalization. If the TB Program has not met with representatives of your local health jurisdiction yet, the meeting will occur in the future.

Infectious Disease Summit—Fall 2004

The New Jersey Department of Health and Senior Services (NJDHSS) Communicable Disease Service sponsored full-day Infectious Disease Summits in October, 2004. The summits were held in Morristown and in Mt. Laurel, where more than 400 public health and health care professionals attended. Continuing education credits and contact hours were provided to: licensed New Jersey health officials (e.g., health officers and registered environmental health specialists), health educators, registered nurses, school nurses, licensed nursing home administrators and certified assisted living administrators.

Dr. Eddy Bresnitz, State Epidemiologist/Senior Assistant Commissioner opened the summits with a "State of the State" Update and Janet DeGraaf, Director of the Communicable Disease Service, hosted the event. The agenda for the meeting was filled with timely topics, including:

- New Jersey Immunization/Vaccine update: Discussed new and updated immunization regulations
- Rash Surveillance Project: Described a pilot project in Somerset County to detect unusual rashes and smallpox
- Mass Prophylaxis Clinics: Provided an overview of mass prophylaxis clinic planning and operations during the state exercise
- TOPOFF: Described the national exercise, Top Officials, and explained New Jersey's involvement in the exercise
- Anti-Microbial Resistance: Described anti-microbial resistance and it's implications to public health
- Salmonella Outbreak: Discussed the multi-state outbreak of salmonella and explained the food-borne outbreak investigation
- Public Health and Environmental Laboratories (PHEL) Capabilities and Overview: Described the testing capabilities of the PHEL and how the laboratory protects public health

Continued on page 8

CDRS Corner

What is the CDRS(S) - now and in the future?

The Communicable Disease Reporting System, or CDRS, is New Jersey's web-enabled, electronic reporting system for communicable diseases, a case-centric reporting system that enables users to track individual cases of disease. Developmental work is nearing completion on the Communicable Disease Reporting and Surveillance System (CDRSS), a patient-centric reporting system that will replace the CDRS and facilitate users in tracking a patient's disease history, as well as doing the individual case reporting required in New Jersey. Functions such as outbreak management, case management, incidence of disease reporting, investigations, etc. will be executable in the CDRSS. Scheduled for a summer/ fall 2005 deployment, training on the new system will be incorporated as part of the roll-out process. In addition, distance education material will be readily available on the new site.

A Time for "Cleaning" – a High Priority

This time of year an important function is required in the CDRS. Known as "cleaning" the data, it refers to verifying that the requisite follow-up has been executed for open cases from the previous year (in this case, 2004) in order to ensure that the correct case status has been assigned to each case, duplications have been merged and errors have been corrected, or deleted, as appropriate. By the end of this cleaning process on April 1, 2005, no open cases should remain in the CDRS for 2004.

Dr. Eddy Bresnitz, State Epidemiologist/Senior Assistant Commissioner, is required to authorize the final transmission of 2004 communicable disease case report numbers to the Centers for Disease Control and Prevention for the state of New Jersey by April, 2005. All "cleaning" and verification must be completed before this authorization date. Questions about the verification process, or requests for assistance, can be directed to Patty Jordan at the contact information at the end of this article.

Minimum Computer Requirements for Users of the CDRS/CDRSS

Users have occasionally reported difficulties accessing the CDRS. Upon investigation some of those difficulties have been attributed to inadequate computer and Internet access capabilities. The following recently updated minimum computer requirements for present CDRS and future CDRSS users have been provided by the Office of Information Technology Services (OITS) to share with local IT staff:

PC:

- Pentium 133mhx or higher with at least 32MB or RAM
- Internet Explorer Browser (IE) version 6.0.or higher.*
  - -Javascript should be enabled on the browser
  - -Recommended to enable cookies for session handling

Internet Connectivity:

- Application should work with T1, cable, DSL. Broadband or better works best.

Reports:

- While accessing reports in CDRS for the first time, the user should have access to download and install the Active-X control which requires administrative privileges on the PC

* Application is not designed to run on Netscape, AOL, or any other vendor's browser.

Continued on page 7

CDRS Helplines:
1-800-883-0059

(609) 588-7551

CDRS Corner cont.

Continued from page 6

Training Available

Weekly hands-on training sessions for data entry into the CDRS are scheduled for Thursdays at University Plaza, 3635 Quakerbridge Road in Hamilton, NJ. Individuals can register for these two-and-a-half hours training sessions by contacting Patty Jordan. It is important that the person who will actually enter the data in the CDRS is the one attending the training session.

Contact Information

- For CDRS OITS technical support, call 1-800-883-0059 (toll free) or 609-588-7551 (local calls) or email them at cdrsadmin@doh.state.nj.us or use their individual email addresses below.
- For programmatic help or information regarding the CDRS, call Marlene Bednarczyk or Patty Jordan at 609-588-7500
- For data cleaning guidance, to report changes in personnel regarding access to the CDRS or to reserve a spot in one of the Thursday morning trainings held at 3635 Quakerbridge Road, Hamilton, NJ, contact Patty Jordan.

Marlene.bednarczyk@doh.state.nj.us

Patricia.jordan@doh.state.nj.us

Smallpox Spot

The New Jersey Department of Health and Senior Services Communicable Disease Service created the *Mass Prophylaxis Clinic Operations* manual. It is a comprehensive document that provides guidance in the event that post-exposure prophylaxis is required for a biological incident. The manual describes the various functions at a mass clinic and highlights the New Jersey model.

A mass prophylaxis clinic is also known as a Point of Dispensing, or POD. The New Jersey model consists of 4 components: Public Information Campaign, Pre-POD, POD and Support Functions. A mass prophylaxis clinic dispenses medication (e.g., oral antibiotics or immunizations) to individuals who have been exposed to an infectious agent. In the event of a smallpox outbreak, the mass clinic model will be used to vaccinate exposed New Jersey residents.

The manual was drafted during the Summer of 2004 in preparation for the Strategic National Stockpile Training, Education and Demonstration (TED) exercise in October, 2004. LINCS agencies in Atlantic County, the City of Newark, Monmouth County, Passaic County/Paterson Division of Health, and Warren County opened mass prophylaxis clinics during the TED exercise based on the New Jersey model. After the exercise, clinic planners, participants and evaluators provided feedback and the manual was revised to reflect best practices for clinic operations.

Trainings for the revised manual took place in December, 2004 in Gloucester and Morris Counties with an additional training scheduled in Mercer County on January 13, 2005. Participants received a copy of the revised manual. It is anticipated that the manual and training materials will be posted to the web and available electronically in late January, 2005.

The upcoming federal emergency preparedness exercise, TOPOFF 3 (April 4-8, 2005), will involve opening mass clinics around the state in response to a simulated bioterrorism incident.

For more information about the mass prophylaxis manual or training, contact Mary-Jo Foster, MEd, RN or Laura Taylor, MS, CHES at (609) 588-7502.

Infectious Disease Summit—Fall 2004 cont.

Continued from page 5

- Universal Respiratory Precautions: Explained universal respiratory precautions utilizing a SARS case study
- Influenza Update: Provided an update on the current influenza situation and gave an overview about pandemic influenza planning
- Sexual Practices of Adolescents: Discussed the results of the nationwide 14-and under study regarding the sexual practices of adolescents

Many of the presenters were representatives from various programs within the Communicable Disease Service, including: Angela Sorrells, Karen Culp and Robert Morgan from the Vaccine Preventable Disease Program; Teresa Hamby and Carol Genese from the Bioterrorism Unit; Corey Robertson and Michelle Malavet from the Infectious and Zoonotic Disease Program; Donald Dyson and Amelia Matlack from the Sexually Transmitted Disease Program. Additional presenters from outside the service included: Anand Shah from the Somerset County Health Department, Kevin Hayden, James Langenbach and Barbara Montana from the Division of Emergency Preparedness and Response and Roseanne La Fisca from the Public Health and Environmental Laboratories. Thank you to all of the presenters!

The Infectious Disease Summits are offered twice a year and feature updates and programmatic information related to infectious and communicable disease in New Jersey. If you were unable to attend the summit and would like to receive a CD-Rom of the PowerPoint presentations, please contact the Communicable Disease Service at (609) 588-7500.

Special Report—Influenza Vaccine Shortage 2004-05 Cont.

Continued from page 2

39,000 doses of preservative-free vaccine licensed for use in children 6-35 months of age have been made available for purchase by providers who care for children. Slightly more than 5,000 doses were ordered by mid-December. AvP, working in conjunction with the CDC has been requested to assist in reaching out to customers normally serviced by AvP to assure appropriate and timely distribution of the preservative-free vaccines.

To safeguard 2005 vaccine supplies, in case vaccine demand exceeds supply, the Food and Drug Administration (FDA) has authorized GlaxoSmithKline to begin the use of Fluarix vaccine in the United States. Fluarix will be distributed to those areas most in need. The U.S. Department of Health and Human Services agreed to purchase 1.2 million doses, with an agreement to make up to 4 million doses in the future. Fluarix is a new product, not previously used or licensed in the United States, and is available only under a special application process brokered by the CDC. Fluarix, considered an investigational new drug (IND) has special provisions attached to its use, including the signing of informed consent forms by anyone who receives the vaccine. All IND consent forms have mandated attachments detailing adverse reaction precautions and other rigorous monitoring requirements issued by the FDA and CDC.

NJDHSS' Emergency Communication Center has received over 23,000 calls since early October from the public, health care providers and local health departments regarding vaccine acquisition, distribution and other logistics. The center was closed on December 3rd as a result of decreased call activity. Current call volume has decreased to about 50 calls per day.

On December 17, 2004, the ACIP added to the list of priority groups adults 50 –64 years, and out-of-home caregivers and household contacts of those in high-risk/high priority groups. New Jersey surveyed local health departments, long-term care facilities, FQHC's and physicians to determine the continued vaccine needs as well as vaccine available for purchase. A final decision was made in early January to broaden the vaccine eligibility criteria.

Our Mission

The mission of the Division of Epidemiology, Environmental and Occupational Health is to protect the citizens of the State and the visiting public from hazards found in the environment, home, and workplace through appropriate surveillance, intervention, education, and outreach.

NJ Department of Health & Senior Services
PO Box 369
Trenton, NJ 08625-0369

Phone: (609) 588-7500

The NJDHSS Communicable Disease Service Includes:

- Infectious & Zoonotic Disease Program (IZDP)
- Vaccine Preventable Disease Program (VPDP)
- Sexually Transmitted Disease Program (STDP)
- Tuberculosis Program (TBP)

Past editions of the NJ Communi-CABLE are available on the Communicable Disease Service website:

http://www.state.nj.us/health/cd/index.html

Welcome to new NJDHSS Communicable Disease Service Staff!!

Vaccine Preventable Disease Program:

Courtney D'Annunzio—Public Health Representative Trainee
Fateema Nelson—Public Health Representative Trainee

Infectious and Zoonotic Disease Program:

Ellen Rudowski—Public Health Nurse Consultant
Marge Rojewski—Public Health Nurse Consultant