



NJ Communi- CABLE

Winter 2012

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
Mary E. O'Dowd, MPH
Commissioner

COMMUNICABLE DISEASE SERVICE

Christina Tan, MD, MPH
State Epidemiologist/
Assistant Commissioner
Gary Ludwig, MS, Director
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Editor, Research Scientist

CDC Reports on Multi-State Outbreak of *Salmonella* Heidelberg Infections

(Excerpt from <http://www.cdc.gov/salmonella/heidelberg-chickenlivers/111011/index.html>)

CDC is collaborating with public health and agriculture officials in New York, New Jersey, other states, the U.S. Department of Agriculture's Food Safety and Inspection Service (USDA-FSIS), and the U.S. Food and Drug Administration to investigate a multistate outbreak of *Salmonella* Heidelberg infections linked to a kosher chicken liver product labeled as "kosher broiled chicken livers," which is not ready-to-eat and requires further cooking before eating. Public health investigators are using DNA "fingerprints" of *Salmonella* bacteria obtained through diagnostic testing with pulsed-field gel electrophoresis (PFGE) to identify cases of illness that may be part of this outbreak. They are using data from PulseNet, the national subtyping network made up of state and local public health laboratories and federal food regulatory laboratories that performs molecular surveillance of foodborne infections. Because the *Salmonella* Heidelberg PFGE pattern associated with this outbreak commonly occurs in the United States, some of the cases with this pattern may not be re-

lated to this outbreak. Based on the previous five years of reports to PulseNet, approximately 30-40 cases with the outbreak strain would be expected to be reported per month in the United States.

From April 1 to November 4, 2011, a total of 157 illnesses were reported in New York (93 cases) and



New Jersey (64 cases). Based on the previous five years of reports to PulseNet, New York and New Jersey would expect approximately five cases per month, but in June through August 2011, these states experienced approximately 30-40 cases a month. No significant in-

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HPV Vaccine Recommended for Boys

ACIP recommends all 11-12 year-old males get vaccinated against HPV

Recommendations subject to approval by CDC

By: Jennifer Smith, Health Educator

About 20 million Americans are currently infected with human papilloma virus or HPV. HPV has been associated with several types of cancer—cancer of the cervix, vulva, vagina, penis, anus as well as head and neck cancer. Each year in the United States (US) about 18,000 HPV-associated cancers affect women. Cervical cancer is the most common type of cancer that HPV can cause in women. In the US, approximately 7,000 men develop HPV-associated cancers annually; head and neck cancers are the most common type. HPV also causes most cases of genital warts in both men and women and about one in 100 sexually active adults in the United States has genital warts at any given time. Men who have sex with men and people who are infected with HIV are at the highest risk for HPV-related disease. HPV vaccine can be a strong weapon in cancer prevention against this all-too-common virus.

tine vaccination of males, 11 or 12 years old, to protect against HPV with three doses of quadrivalent HPV vaccine. They recommend vaccination could begin as young as age nine and boys and young men 13 to 21 years of age who hadn't already received the vaccine should also be vaccinated. The HPV vaccine will afford protec-



Currently there are two HPV vaccines approved by the Food and Drug Administration (FDA). Both vaccines (Cervarix® and Gardasil®) protect against most cervical cancers in females. One vaccine (Gardasil®) is also approved to prevent most genital warts and anal cancers in both males and females. Neither vaccine will treat existing HPV infections or complications.

tion against certain HPV-related conditions and cancers in males, and vaccination of males with HPV may also provide indirect protection of women by reducing transmission of HPV. Please note that these recommendations only apply to quadrivalent HPV vaccine (Gardasil®) since this is the only HPV vaccine currently approved for use in males. Both vaccines are recommended for use in girls and women.

On October 25, 2011, the CDC's Advisory Committee on Immunization Practices (ACIP) recommended rou-

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Salmonella, continued from page 1

crease in the number of illnesses above baseline was identified in other areas in the United States during this period.

Among persons for whom information is available in New York and New Jersey, illnesses began on or after March 13, 2011. Ill persons range in age from <1 to 97 years with a median age of 10 years. Fifty-two percent are female. Among the 125 ill persons with available information, 21 (17%) have been hospitalized. No deaths have been reported.

Epidemiologic and laboratory investigations conducted by officials in local, state, and federal public health, agriculture, and regulatory agencies linked this outbreak to eating “kosher broiled chicken livers” from Schreiber Processing Corporation (doing business as Alle Processing Corporation/MealMart Company), and chopped chicken liver prepared from this product. These “kosher broiled chicken livers” are sold at retail stores and may be used as an ingredient in other prepared foods. These products appear to be ready-to-eat, but are in fact partially cooked, and therefore need to be fully cooked before eating. Consumers may have incorrectly thought the use of the word “broiled” in the label meant the chicken liver was ready-to-eat; however, these chicken livers



must be fully cooked before eating. Alle Processing Corporation/MealMart Company is cooperating in the on-going investigation.

Among 30 ill persons for whom information is available, 22 (73%) reported consuming chicken liver products in the week before their illness began. Laboratory testing conducted by the New York State Department of Agriculture and Markets Laboratory Division identified the outbreak strain of *Salmonella* Heidelberg in samples of “kosher broiled chicken livers” and chopped liver products obtained from retail stores.

On November 8, 2011, Schreiber Processing Corporation, of Maspeth, New York, announced a voluntary recall of an undetermined amount of “kosher broiled chicken liver” products.



During this cold and flu season be sure to wash your hands thoroughly and often.

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

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New Vaccine Information Statements (VIS)!

By: Jennifer Smith, Health Educator

Vaccine Information Statements (VIS) are information sheets produced by the Centers for Disease Control and Prevention (CDC) that explain both the benefits and risks of a vaccine to vaccine recipients, their parents, or their legal representatives. All providers of vaccines, in both the public and private sector, must use the VIS according to the National Childhood Vaccine Injury Act.

The legal mandate, as stated in the National Childhood Vaccine Injury Act, is that providers must:

- ❖ give the appropriate VIS to the recipient or to the recipient's parent or legal representative with each dose of vaccine,
- ❖ give it prior to administration of the vaccine,
- ❖ give it each time the vaccine is given (not just with the first dose), and
- ❖ record that the VIS was given in the patient's permanent medical record.

For more information about the National Childhood Vaccine Injury Act, please visit: <http://www.immunize.org/catg.d/p2027.pdf>.

VIS sheets are available for download at the following website: <http://www.cdc.gov/vaccines/pubs/vis>

The following VISs have been updated recently:

Japanese Encephalitis (Updated 12/7/11)

Polio (Updated 11/8/11)

Hepatitis A (Updated 10/25/11)

Meningococcal (Updated 10/14/11)

Influenza Vaccine—Live, Intranasal (Updated 7/26/11)

Influenza Vaccine—Inactivated (Updated 7/26/11)



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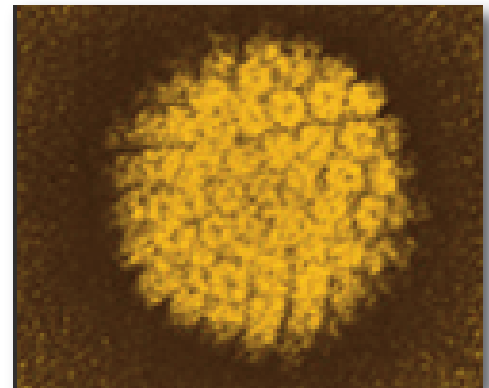
HPV Vaccine, continued from page 2

Prior to making this new recommendation, the committee reviewed vaccine effectiveness, disease trends, cost effectiveness, and vaccine safety. ACIP reviewed clinical trials that have shown quadrivalent HPV vaccine to be very effective for males. The greatest impact can be had when the vaccine is given at ages 11 or 12 where there is a better immune response compared with older ages. The vaccine is most effective when it is given before there is exposure to the virus which occurs through sexual contact.

The increase in certain cancers was of great consideration to the ACIP. There have been increases in cancers of the head, neck, and anus over the past few decades. Cervical cancer trends have been decreasing over the past few decades, but the increasing trends in these other cancers concerned the committee. The committee also reviewed the trend in HPV vaccine use among girls. According to the committee, there is a disappointing uptake of HPV vaccine among teenage girls. HPV vaccination of males offers an opportunity to decrease the burden of HPV-related disease in both males and females. In addition to providing direct benefit to boys by preventing future genital warts or anal cancer there is also the potential that vaccinating boys will reduce the spread of HPV from males to females and reduce some of the HPV-related burden that women suffer from.

Cost effectiveness and vaccine safety issues were also examined. Male vaccination is most cost effective when coverage of females is low and, unfortunately here in the US, coverage of females is cur-

rently low. The committee also undertook extensive review of data on vaccine safety. Through the middle of September 2011 nearly 40 million doses of HPV vaccine have been distributed in the US. Clinical trials have shown the quadrivalent HPV vaccine to be safe for males as well as for females. The most common adverse events or side effects that can occur following HPV vaccination include injection site reaction, headache and fever, and those reactions have tended to be mild or moderate in intensity.



Electron micrograph of human papillomavirus (HPV). Courtesy of NCI. 1986.

The ACIP recommendations are delivered to the CDC and there will be a development of written recommendations that will be subject to approval. Once approved, the ACIP recommendations will be published in the *Morbidity and Mortality Weekly Report* (MMWR).

For more information about HPV, please visit:

<http://www.cdc.gov/vaccines/vpd-vac/hpv/default.htm>



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Vaccine Preventable Disease Program New and Updated Resources

New!

Information for Health Care Providers regarding Mandatory Participation in the NJ Immunization Information System (NJIIS)

http://www.state.nj.us/health/cd/documents/njiis_mandate_faq.pdf

What's Your Flu IQ?

http://www.state.nj.us/health/flu/documents/flu_iq.pdf

Updated

Childhood and Adolescent Recommended Vaccines Chart

http://www.state.nj.us/health/cd/documents/vaccine_chart.pdf

NJ Immunization Requirements Frequently Asked Questions

http://www.state.nj.us/health/cd/documents/vaccine_qa.pdf

Vaccines for Children (VFC): Information for Healthcare Providers brochure:

<https://njiis.nj.gov/docs/VFCBrochure.pdf>

Vaccine Storage and Handling Information:

http://www.nj.gov/health/cd/vpd/p/documents/vaccine_storage_magnet.pdf



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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

and the New Jersey Medical School have sponsored two new interactive modules entitled, “Acute Bacterial Sinusitis in Children” and “Pharyngitis in Children and Adolescents.” These online CME activities were de-

veloped in collaboration with the New Jersey Department of Health and Senior Services and are intended for pediatric clinician audiences.

The program goals are to raise awareness and minimize the problem of antibiotic-resistant bacteria in New Jersey, by providing education about the appropriate use of antibi-

otics in patient diagnosis and treatment. These free CME programs include interactive case scenarios that illustrate common issues associated with treating respiratory

infections. Clinicians are encouraged to participate – credit will be awarded for successful completion of the programs. Visit the modules at: <http://ccoe.umdnj.edu/GetSmartNJ/>



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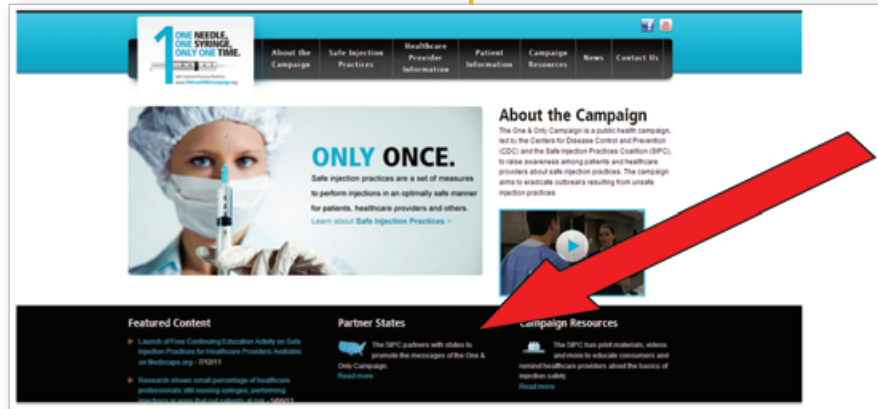
New Website for the “One and Only” Campaign

By: Laura Taylor, Health Educator

The Centers for Disease Control and Prevention “One and Only” Campaign launched a new website in 2011. Check out the new and improved website, where you can order materials, download videos and access other useful information. Visit the New Jersey page, where we’ve

highlighted recent injection safety activities around the state.

For more information about New Jersey activities, visit the “One and Only” Campaign website: www.oneandonly-campaign.org and click on “Partner States” and New Jersey.



New Jersey Sponsors Injection Safety Conferences

By: Laura Taylor, Health Educator

In September 2011, the New Jersey Department of Health and Senior Services (NJDHSS) sponsored two injection safety conferences for healthcare professionals, “Keep the Infection Out of the Injection.” A total of 225 professionals attended the conferences. Nursing contact hours, physician (CME) and long term care continuing education credits were offered to those who attended.

advocate with HONORreform and Siobhan Krier, Deputy Attorney General from the New Jersey Division of Law and Public Safety. At the second conference in Somers Point, Dr. Montana and Ms. DeCola presented.

The New Jersey Hospital Association hosted one of the conferences that featured Barbara Montana, MD, MPH, FACP, NJDHSS Medical Director; Phyllis DeCola, Healthcare Risk Services Representative with Princeton Insurance, Evelyn McKnight, patient



Speakers (L-R): Tom McKnight, Evelyn McKnight, Phyllis DeCola, Barbara Montana, Siobhan Krier

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Embracing Technology to Promote Safe Injection Practices

By: Laura Taylor, Health Educator

New Jersey Department of Health and Senior Services, Communicable Disease Service, Barbara Montana, MD, MPH, FACP spoke at the UMDNJ-School of Public Health Seminar Series on October 26, 2011. The presentation is archived at the School of Public Health site. You can

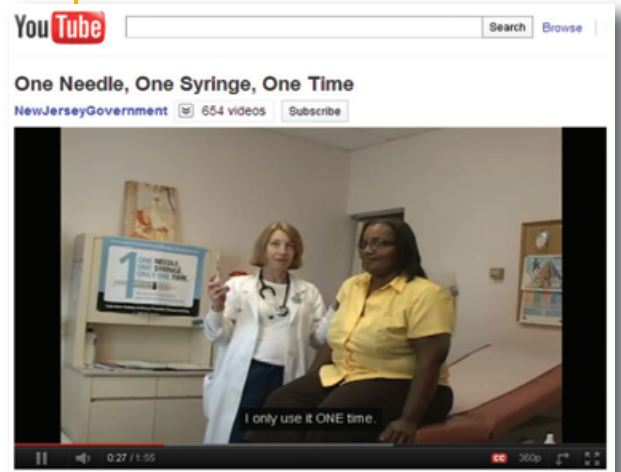
view an archived version and earn nursing, public health and certified health education specialist (CHES) credits. To check out the presentation and many others, register online at <http://ophp.umdj.edu/> then click on "Public Health Seminar Series" and click on "Register."



NJDHSS Injection Safety Project Creates Public Service Announcement (PSA)

In the fall of 2011, the New Jersey Department of Health and Senior Services, Communicable Disease Service (CDS) released a public service announcement (PSA) about safe injection practices. The video features CDS Medical Director, Dr. Barbara Montana and members of the Cape May County Safe Injection Advisory Board. Reminding viewers that injection safety is everyone's responsibility, and that needles and syringes should only be used one time, are the main messages of the video. The PSA is posted to YouTube and there have been more than 700 "views" of the video since it was posted in September 2011. If you'd like to see the PSA, go to YouTube and search: injection safety and New Jersey.

Special thanks to Cape Regional Medical Center, the Cape May County Department of Public Health and members of the Cape May County Advisory Board.



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Health Educator Elected to NJSOPHE Office

On December 2, 2011 Suzanne Miro, Sr. Health Communication Specialist, New Jersey Department of Health and Senior Services, Communicable Disease Service, was installed as the New Jersey Society for Public Health Education (NJSOPHE) Chapter Delegate.

In this role, Ms. Miro will serve as the primary liaison between the NJ chapter and the national Society for Public Health Education (SOPHE). "I am very honored to have been elected by my peers as the new Chapter Delegate.

Having just completed my two-year term as Secretary for the Board of

Trustees for national SOPHE, I look forward to representing the NJ chapter and continuing my connection to national SOPHE leadership. NJSOPHE is greatly valued by the national organization and I hope to help keep our chapter strong," said Ms. Miro.



In the photo is Rose Jean-Baptiste (immediate past-president of NJSOPHE), Mary O'Dowd, (Commissioner), and Suzanne Miro, (Chapter Delegate NJSOPHE).

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