



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.

Phil Murphy, Governor
Sheila Oliver, Lt. Governor
Shereef Elnahal, M.D., M.B.A.
Acting Commissioner

COMMUNICABLE DISEASE SERVICE

Christina Tan, MD, MPH
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NJ Communi- CABLE

Winter 2018 Quarterly Newsletter

Benefits of Dog Licensure

Dogs seven months of age or older must be licensed annually through the municipality where the dog is housed. Many municipalities also require rabies vaccination and licensure of cats through municipal ordinances. Dog licenses can be issued with either a one or three-year duration. Municipalities can license dogs through the first half of the calendar year. When applying for licensure, the owner must present proof that the dog has been vaccinated against rabies by a licensed veterinarian, and that the dog's immunity will extend through at least 10 months of the 12-month licensing period.

Rabies is a virus that is spread by wildlife such as raccoons and skunks, as well as by bats, that can infect pets and people through bites and contact with saliva from a rabid animal.

For dogs that cannot be vaccinated due to a medical condition or course of therapy, a vaccine exemption will be granted if the owner presents written certification (VPH-28) from a veterinarian stating that the animal cannot be



vaccinated because of an infirmity, physical condition or regimen of therapy. Certification shall be issued annually by the pet's veterinarian and owners should understand that unvaccinated dogs are not protected against rabies infections.

Licensing dogs and placing the license tag on the dog's collar has many benefits for the dog owner,

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Assessing Antibiotic Stewardship in Ambulatory Surgical Centers – *A Focused Approach*

Antibiotic misuse and prescribing continues to be a threat to public health through growing resistance to this life-saving class of drugs. According to the Centers for Disease Control and Prevention (CDC), each year in the United States, at least two million people acquire serious infections with bacteria that are resistant to one or more of the antibiotics designed to treat those infections. At least 23,000 people die each year as a direct result of these antibiotic-resistant infections, yet there is a paucity of evidence published in medical literature regarding antibiotic stewardship efforts within ambulatory surgical centers (ASC).

In July 2017, the New Jersey Department of Health (NJDOH) Communicable Disease Service (CDS) conducted a focus group among physicians who perform procedures within ASCs to learn more about the unique challenges to effective antibiotic stewardship in this setting. Recruitment for the project was conducted by the staff of a market research facility who followed a set of criteria for inclusion.

A 90-minute focus group was conducted with eight physicians and moderated by Edward I. Lifshitz, MD, Medical Director for the CDS. The session was held in a professional focus group facility that produced an audio recording and transcript of the meeting proceedings. A focus group discussion guide was used to direct

the conversation throughout the meeting.

Highlights of Findings

- ❖ Physicians in ASCs make antibiotic prescribing decisions autonomously, there are no overarching protocols
- ❖ Prophylaxis is the most common use of antibiotics in ASCs
- ❖ ASCs are often shared by physicians of different specialties, each with their own antibiotic needs
- ❖ Infection rates are reportedly low, therefore antibiotic prescribing at follow-up is infrequent
- ❖ Physicians do not report feeling pressure from patients for antibiotics and think this is more of a problem in the medical office setting
- ❖ Professional societies for various medical specialties suggest best practices for antibiotic use, but no official clinical guidelines exist
- ❖ There is a gap in knowledge regarding *Clostridium difficile* infections resulting from antibiotic exposures
- ❖ ASCs would benefit from having infectious disease consultants to conduct antibiotic use reviews and make recommendations
- ❖ Participants are hesitant to have more layers of protocol added to their practice
- ❖ Physicians are concerned about legal issues that may arise due to reduced antibiotic use

References

1. Antibiotic Resistance Threats in the United States, 2013 



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Multistate Outbreak of *Salmonella* Agbeni Infections Linked to Pet Turtles, 2017

The Centers for Disease Control and Prevention (CDC) and several states are investigating a multistate outbreak of human *Salmonella* infections linked to contact with pet turtles.



As of August 29, 37 people infected with the outbreak strain of *Salmonella* Agbeni have been reported from 13 states including one from New Jersey. Illnesses started on dates ranging from March 1, 2017 to August 3, 2017 and 32% of the 37 ill people were children five years or younger.

Epidemiologic and laboratory findings link the outbreak of human *Salmonella* Agbeni infections to contact with turtles or their environments, such as water from a turtle habitat.

Interviews conducted with 33 of the 37 ill people or family members revealed that 48% were hospitalized and 45% reported contact with turtles or their environments before getting sick. More than half of the people who were re-interviewed reported

buying the turtle from a flea market, street vendor, or receiving the turtle as a gift. Samples that were tested and analyzed from turtles and turtle habitats were found to be linked to the human samples that were tested as part of this outbreak of *Salmonella* Agbeni infections.

Concerns over illness linked to people handling small turtles (i.e., shell less than four inches in length) has not been limited to the outbreak described above. From 2011 to 2013, eight outbreaks occurring across several states caused illnesses in 473 people. More than 75% of cases were in children less than 10 years of age with many reporting turtle contact before they became ill. Several other outbreaks linked to small turtles occurred in 2015 with a

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Sixth Annual Protect Me With 3+ Adolescent Immunization Awareness Contest

The Partnership for Maternal and Child Health of Northern New Jersey, in collaboration with the New Jersey Department of Health, is hosting the sixth annual Protect Me With 3+ adolescent contest. The contest raises

awareness about the importance of adolescent immunizations

among preteens, teens and parents in an effort to increase vaccination rates for adolescent immunizations: tetanus, diphtheria, acellular pertussis (Tdap), human papillomavirus (HPV), meningococcal conjugate (MenACWY), and flu vaccination.

New Jersey middle school and high school students, in grades five through 12, are encouraged to create informational posters and videos about key vaccinations. This year's contest has added the option for original digital artwork submissions. Last year's contest received nearly 400 entries and the winning entries

can be viewed at www.protectmewith3.com. The website also provides activities and tools for teachers to incorporate the contest into lesson plans.

Entries for this year's contest will be accepted through January 28, 2018. Following the final submission deadline, the top five submissions in each category will be posted on the Protect Me With 3+ website for public voting. Make sure to check out the website in late March 2018 to participate in the voting process and help select the winning submissions! The top three winners in each category and the classroom with the most eligible entries will receive awards and will be honored at a ceremony in April 2018.

Please visit the website www.protectmewith3.com, or email info@protectmewith3.com for more details. Additionally, copies of posters from prior winners are available upon request. To request posters, please call 609-826-4861. 

Protect Me With 3+

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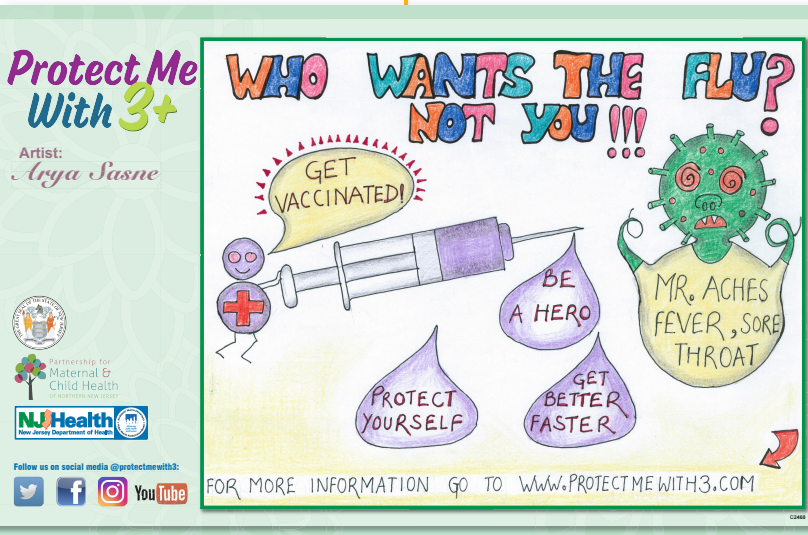
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total of 133 individuals reporting illness. The majority of cases, approximately 55%, reported contact with turtles before becoming ill and 41% of these cases were in children less than five years of age.

Investigators continue to see outbreaks linked to small turtles every year. Therefore, CDC works very closely with several federal agencies and state and local health officials to educate consumers and prevent illness. In investigations like these, partners at the state and federal level conduct traceback investigations, regulate the sale, and investigate farms and distributors. CDC recommends that turtles, reptiles and amphibians should not be kept in households with children less than five years of age, older adults (65 years and older) and people with weakened immune systems.

Reptiles, Amphibians and Salmonella

Salmonellosis is most commonly associated with consumption of raw and undercooked food. However, reptiles and amphibians such as turtles, lizards, frogs, and snakes can carry *Salmonella*. Children under the age of five years, older adults and those with weakened immune systems are at higher risk for more severe infections. Special considerations should be made before making a reptile or amphibian a family pet.

Sale of turtles in New Jersey

Because of the risk of infection, the U.S. Food and Drug Administration has banned the sale and distribution of turtles with shells less than four inches long as pets since 1975. In New Jersey, the sale or distribution of turtles of *any size* is prohibited; although, the Commissioner of Health may waive the ban of live turtles with shells four inches or greater if they are sold or distributed for the purposes of research, other zoological purposes, or for food. Turtles should not be purchased as pets or given as gifts.

How do people get *Salmonella* infections from reptiles and amphibians?

Reptiles and amphibians may carry *Salmonella* on their bodies, even when they appear healthy and clean. Anything they touch can be contaminated. The bacteria can get on cages, aquariums, terrariums and the water in which reptiles and amphibians live or swim. People become infected with *Salmonella* by hand-to-mouth contact. Usually, this happens when people handle reptiles, amphibians, or their feces and then accidentally touch their mouths or forget to wash their hands before eating or drinking. Thorough handwashing immediately after contact is important since the germs can

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easily spread to other people or things.

What are the signs and symptoms of *Salmonella* infections?

Salmonella can cause diarrhea, vomiting, stomach cramps, and fever. Most people develop symptoms one to three days after exposure. The illness usually lasts four to seven days and most people recover without treatment. People who develop diarrhea, fever, or other signs of illness after contact with a reptile or amphibian, should contact a health care provider and explain the reptile or amphibian exposure. Infants, older adults, and those with weakened immune systems can become very ill and may require hospitalization.

Advice for Pet Owners:

Reptiles and amphibians are not good pets for children under five years old, older adults, or those with weakened immune systems.

- ❖ Do not purchase turtles of any size or give them as gifts
- ❖ Turtles and other reptiles should not be kept in child care centers, schools, or other facilities with children younger than five years

When cleaning the reptile's or amphibian's habitat:

- ❖ Wear gloves and if possible, clean the habitat outside of the

house away from gardens, crops and drinking water; clean the habitat in an area that is not frequently accessed by children, elderly or people with weakened immune systems

- ❖ If the habitat must be cleaned indoors, avoid cleaning in areas used for food or drink preparation
- ❖ After cleaning the habitat, remove and discard your gloves and thoroughly wash your hands
- ❖ Children under five years old should not be allowed to clean the reptile's or amphibian's habitat
- ❖ Do not allow turtles to roam freely in the home or living area, especially in food or drink preparation areas
- ❖ Wash hands thoroughly with soap and water immediately after handling turtles or anything in the area where they live or roam, or after contact with pet feces (droppings). Do not touch your face, other people, or any surface until hands have been washed

Options for Unwanted Turtles:

Do not release unwanted turtles into the wild. Many pet stores, local animal shelters, zoos or turtle rescue groups accept unwanted turtles. Talk to your veterinarian about other options.

Advice for Healthcare Providers:

Health care providers should ask patients and patient caregivers

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**Wash
Your
Hands**



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

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CDS Welcomes New Staff!

Sherif Ibrahim – Sherif has joined the Regional Epidemiology Program as a program manager. He joins the CDS from the West Virginia Department of Health and Human Resources, Division of Infectious Disease Epidemiology working at both the regional and state levels. He provided direction, mentoring, and leadership to regional epidemiologists to ensure their ability to assist local health departments in conducting communicable disease surveillance, outbreak investigation and emergency response.

Jason Mehr – Jason started a new position with CDS as the health care associated infections/ antimicrobial resistance coordinator. He has been working at CDS since 2012 in other capacities, one of which being the CDC/CSTE Healthcare Associated Infections (HAI) Applied Epidemiology Fellowship. In his new role, Jason will continue to lead the HAI prevention and response efforts including investigation into infection control breaches as well as outbreaks within in health care facilities.

Kathleen Ross – Kathleen completed her two-year CDC/CSTE Applied Epidemiology Fellowship in the summer of 2017 and will transition to the role of cross-cutting epidemiologist. She will be working on various disease areas, some of which include legionellosis, antimicrobial resistance including *C. auris*, and health care associated infections.

Maryellen Wiggins – Maryellen joins the CDS as a public health nursing consultant who is working on hepatitis C prevention and response. She comes from Newark Beth Israel Medical Center/ Children's Hospital of NJ where she was the assistant vice president of patient care services. Maryellen has many years of nursing experience in a variety of settings including acute care, home care, prenatal care, and HIV counseling and testing. She earned a Master of Nursing degree from Kean University. 

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Dog Licensure, continued from page 1

as well as for local residents, including the following:

- ❖ Licensed dogs are vaccinated against rabies (unless exempt due to a current medical condition) and those with current license tags on their collars are considered generally protected from the virus
- ❖ A licensed dog that wanders off the owner's property or gets lost can be traced and quickly returned to its owner by animal control officers
- ❖ Dog licensure can be used as proof of ownership for the dog in case it is lost or stolen
- ❖ When people are bitten by a licensed dog, the owner is more readily identified, and the dog is placed under a 10-day confinement and observation that will prevent the bite victim from needing to begin rabies prophylaxis

- ❖ Dog licensing is mandatory in all New Jersey municipalities and the licensing fee is much less than the fines and penalties for having unlicensed dogs
- ❖ License fees support animal control, animal sheltering and rabies control activities within the municipality
- ❖ Dog licensing fees help the state-sponsored municipal rabies vaccination program, the state-operated, low cost spay and neuter program and the rabies testing program

Dogs housed in licensed animal facilities such as kennels, pet shops, pounds and shelters, are exempt from dog licensure.

For more information on dog licensing and to download a VPH-28 form, please visit www.state.nj.us/health/vph/dog-licensing/ 

Multistate Outbreak, continued from page 6

about pet and animal ownership and should provide education about the risks of acquiring salmonellosis from pet reptiles and amphibians. Proper handwashing practices should also be emphasized.

Advice for Veterinarians:

Veterinarians can offer education to reptile and amphibian owners on the risks of acquiring salmonellosis from these animals

and how to safely clean the animal habitat.

Resources and Additional Information:

NJDOH Communicable Disease Service (609) 826-5964

[New Jersey Department of Health Salmonellosis website](#)

[Healthy Pets Healthy People, Reptiles and Amphibians website](#) 



Vaccine Administration e-Learn Now

Appropriate vaccine administration is a critical component of a successful immunization program. Vaccine administration errors are potentially dangerous occurrences that can be easily avoided.

One way to report vaccine administration errors is through the Vaccine Adverse Event Reporting System (VAERS). VAERS is a national early warning system to detect possible safety problems in U.S.-licensed vaccines. VAERS is co-managed by the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration. VAERS accepts and analyzes reports of adverse events (possible side effects) after a person has received a vaccination. VAERS receives an average of 36,000 reports annually; about 1,500 of these reports are directly related to vaccine administration error. Some of the most common vaccine administration errors include:

- ❖ Administering improperly stored or expired vaccine and/or diluent
- ❖ Administering the wrong vaccine—confusing look-alike or sound-alike vaccines such as DTaP/Tdap or administering products outside age indications

In response to these issues, the CDC has created a vaccine administration e-learn. This training addresses knowledge gaps in proper vaccine administration, highlights common mistakes, trains providers to avoid administration errors by applying the “Rights of Medication Administration” to each encounter when vaccines are administered.

This free, self-paced e-Learn provides comprehensive training, videos, job aids, and other resources to accommodate a variety of learning styles, and offers a certificate of completion and/or continuing education for those that complete the training including physicians, nurses, pharmacists, and health educators. For more information, please visit

<https://www.cdc.gov/vaccines/hcp/admin/resource-library.html>. 

- ❖ Not following the recommended immunization schedule



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Infectious Disease Fact

Clostridium difficile.....

Using antibiotics can leave a patient vulnerable to another bacterial infection called *Clostridium difficile* (*C. diff*). However, the *C. diff* infection may not occur for months after the exposure to antibiotics.






Updates to HCV Case Classification

On November 14, 2017 Bernice Carr, MS, MPH of the Communicable Disease Service presented a special hepatitis C (HCV) webinar “Surveillance, Disease Investigation, Case Definitions.” The intent was to present new investigational guideline documents and the changes to the HCV case definitions. Approximately 250 people registered for the webinar. Registered attendees included those from local health departments, acute care institutions, dialysis facilities, schools, and correctional facilities. The webinar slides will be archived until November 2018 on the New Jersey Department of Health (NJDOH) hepatitis C website.

Starting in January 2018, NJDOH will implement HCV reporting and case classification by following the

new Council of State and Territorial Epidemiologists (CSTE) standard case definitions, which were effective in 2017. In addition to revisions for acute and chronic case definitions, one of the more notable changes is the addition of a new proposed perinatal HCV definition. This new definition was introduced by the CSTE in 2017 and will be approved and implemented in January 2018. The new case definitions will advance consistency in case reporting and classification of HCV in New Jersey. Full descriptions of the definitions can be found on the NJDOH hepatitis C website at <http://www.nj.gov/health/cd/topics/hepatitisc.shtml> in the investigation guideline. Please note that no continuing education credits are available for viewing the taped webinar. 

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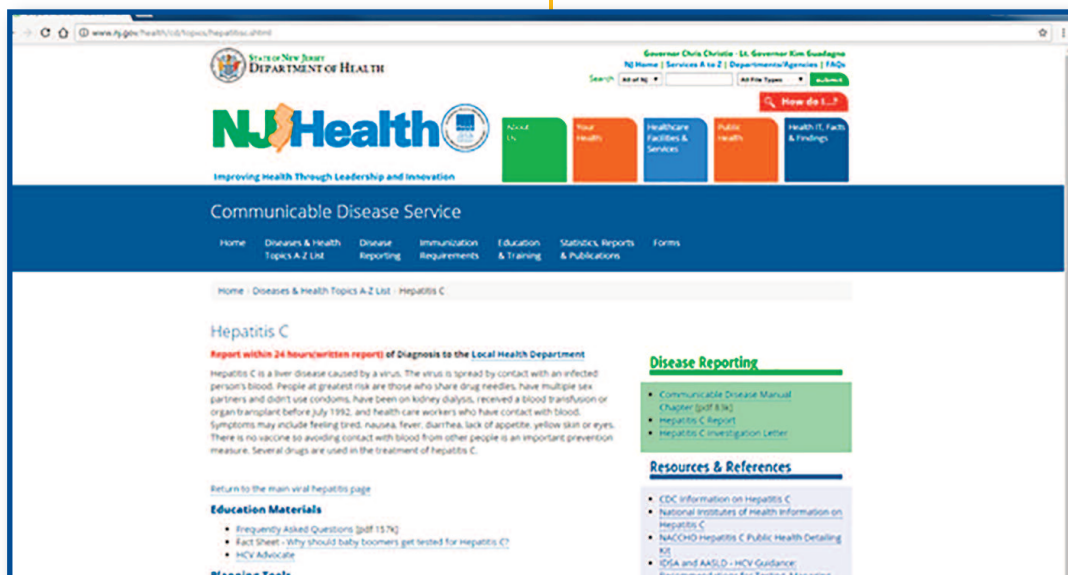
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Winter 2018



I won't spread flu to my patients or my family.

Even healthy people
can get the flu, and
it can be serious.

Everyone 6 months
and older should
get a flu vaccine.
This means you.

This season, protect
yourself—and those
around you—by
getting a flu vaccine.



For more information, visit: <http://www.cdc.gov/flu>



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