



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

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



NJ Communi- CABLE

Spring 2016

First Case of Variant Influenza A H3N2 Detected in New Jersey

Summary

On January 6, 2016, the Centers for Disease Control and Prevention (CDC) confirmed a case of variant influenza A H3N2 virus (H3N2v) in a Mercer County resident. This is the first case of H3N2v to be identified in a New Jersey resident since the virus was first detected in humans in 2011. The New Jersey Department of Health (NJDOH) worked with local, state, and federal counterparts, including the CDC, and New Jersey Department of Agriculture (NJDA) during this investigation.

H3N2v is a non-human influenza virus that typically circulates among swine and subsequently infects a human. When human infection occurs, these viruses are termed variant viruses (denoted with the letter “v”). Transmission from swine to humans is thought to primarily occur the same way seasonal influenza spreads, via respiratory droplets from infected swine

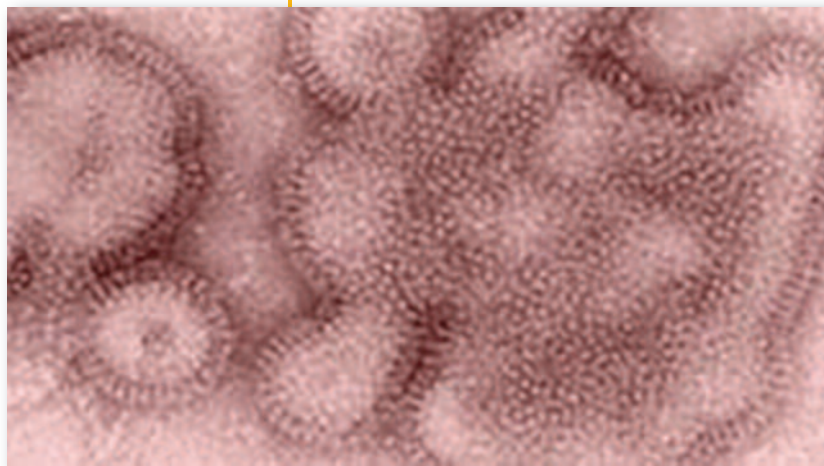
coughing and sneezing.

Human-to-human transmission is limited, but has occurred. H3N2v has the potential to cause severe disease, particularly among children and the elderly, which can result in hospitalization or death. Early identification and prompt response is necessary to ensure the virus does not spread throughout the community.

Background

The NJ case, a nine-year-old male, developed symptoms (fever, sore throat, muscle aches, headache, and nasal discharge) and was evaluated by a healthcare provider on December 26, 2015. No underlying medical conditions

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Influenza A H3N2 virus

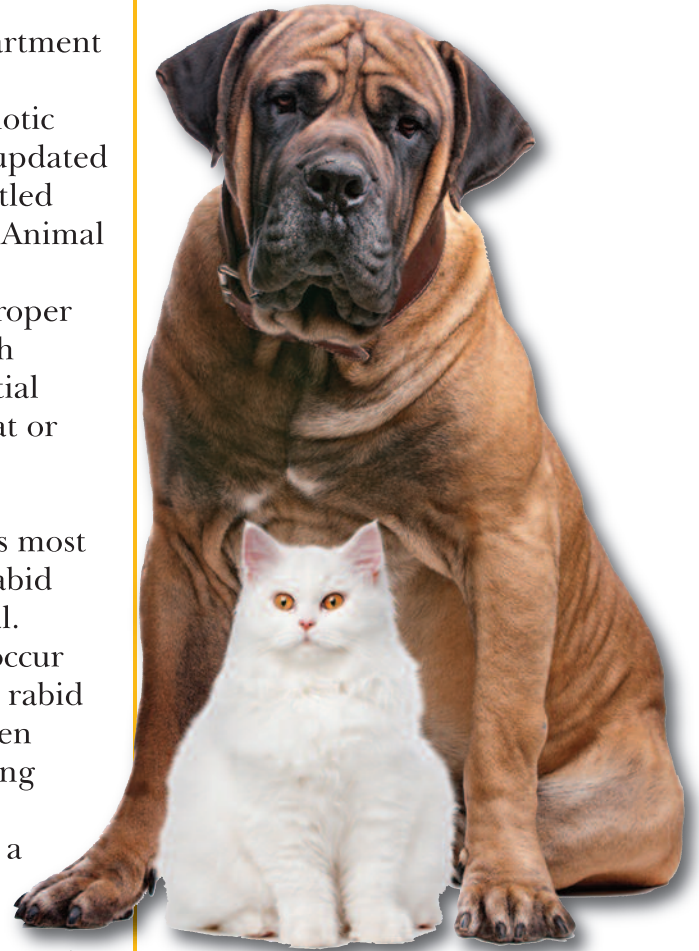


Updated Guidance: Management of Domestic Animals Rabies Exposures

The New Jersey Department of Health (NJDOH) Infectious and Zoonotic Disease Program, recently updated its guidance document entitled “Management of Domestic Animal Rabies Exposures.” This document focuses on the proper veterinary and public health response following a potential rabies exposure to a dog, cat or ferret.

Exposure to the rabies virus most commonly occurs when a rabid animal bites another animal. Rabies exposures can also occur when infected saliva from a rabid animal contaminates an open wound (one that was bleeding within the past 24 hours), a scratch or skin abrasion, or a mucous membrane. The incubation varies greatly from 12 days to five or six months.

Domestic animals potentially exposed to the rabies virus will undergo either a confinement or observation based on the animal’s possible exposure to the rabies virus. The length of the confinement or observational period is based on the current vaccination status of the animal. The updated guidance allows for shorter confinement periods for exposed animals based on new recommendations from the “Compendium of Animal Rabies Prevention and Control,”



published by National Association of State and Public Health Veterinarians.

If the exposed animal is currently immunized for rabies or has documentation showing a previous vaccination history, it will receive a booster rabies vaccination after exposure and be observed for signs of rabies over a 45-day period. This observation period is necessary because it is possible, but very unlikely, for a vaccinated animal that

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<http://nj.gov/health/cd/pub.shtml>.






The New Jersey Department of Health, Communicable Disease Service (CDS) received funding from the U.S. Centers for Disease Control and Prevention (CDC) as part of a three-year nationwide program to reduce healthcare-associated infections (HAIs). Using the resources from this cooperative agreement, CDS established the Infection Control Assessment and Response (ICAR) team to assist healthcare facilities reduce the number of HAIs by assessing their infection prevention programs, providing educational resources, and sharing best practices.

The ICAR team is comprised of epidemiologists and infection preventionists specializing in the prevention of HAIs. This team will assess a variety of patient care settings including long-term care facilities, hemodialysis centers, acute care hospitals, and outpatient settings.

The ICAR team is currently seeking healthcare facilities of all types to participate in a non-regulatory assessment of their infection prevention program and practices. The primary goal for the team is to assist the facility with internal performance improvement activities.

During the visit, the ICAR team will:

- ❖ Provide infection prevention self-assessment tools and resources
- ❖ Facilitate discussions with facility leadership to assess infection prevention practices and program activities using CDC's standardized tool <http://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>
- ❖ Detect infection prevention gaps through on-site observations
- ❖ Share best practices identified nationally and locally
- ❖ Bolster outbreak response and reporting preparedness
- ❖ Coordinate post-assessment follow-up to provide additional resources

While acknowledging your staff's time is valuable, your participation will have lasting effects on the health and safety of the residents of New Jersey. Facilities interested in assessing their infection prevention programs and partnering with the ICAR team can contact Jessica Felix at 609-826-5964 or Jessica.Felix@doh.nj.gov for more information. 

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CDS Lends Expertise to Antibiotic Stewardship Conference

On March 22, 2016 staff from the Communicable Disease Service provided their expertise by participating in the New Jersey Hospital Association’s conference in Princeton, NJ. The “Best Practices in Antimicrobial Stewardship and Clostridium Difficile Management Conference” targeted professionals in hospital, pharmacy, and long-term care settings. Approximately 150 people attended the conference.

The day-long conference featured Arjun Srinivasan, MD, Associate Director for Healthcare-Associated Infection Prevention Programs at the Centers for Disease Control and Prevention (CDC). Dr. Srinivasan is well known in the world of antibiotic resistance, leads CDC’s efforts to improve antibiotic prescribing and works with a team of CDC experts researching new strategies to eliminate healthcare-associated infections. Ed Lifshitz, MD, Medical Director, and Suzanne Miro, MPH, MCHES, Sr. Health Communication Specialist, contributed presentations highlighting both clinical work and public education being done within New Jersey to

combat this growing public health threat.

Additional presentations focused on best practices in infection control, outstanding programs in hospital-based antibiotic stewardship, and the management of C. difficile infections. 



Suzanne Miro, CDS Sr. Health Communication Specialist and Arjun Srinivasan, MD, Captain US Public Health Service.



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Rabies Exposures, continued from page 2

receives a booster rabies vaccination after exposure to still contract rabies.

If the animal has never received a rabies vaccine, it will immediately be vaccinated and be strictly confined for signs of rabies for a four-month period; this is two months less than previously recommended. This situation is of greatest concern because of a significant chance that an unvaccinated domestic animal will develop rabies if exposed to the virus.

Owners of dogs and cats that may have been previously vaccinated but vaccination is not documented can opt for prospective serologic monitoring. This procedure would entail vaccinating the animal within 96 hours of exposure and

collecting two serum samples to document an anamnestic response (elevation of the antibodies against rabies) to the booster vaccination. If an anamnestic response is documented, the animal can be observed for 45 days; if not, the animal would be considered unvaccinated and placed in a strict confinement for four months. The animal owner would be responsible for engaging a New Jersey-licensed veterinarian to complete all the provisions of the prospective serologic monitoring protocol and for all the associated costs.

For more information, please contact the NJDOH at (609) 826-4872 or directly access the entire guidance document on the NJDOH website: <http://www.state.nj.us/health/cd/rabies/techinfo.shtml>



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

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Lurking in the Water – The Slimy Truth About Legionella

Tuesday, May 17, 2016

9 am-3:30 pm

Rutgers University – Busch Campus Center, Piscataway, NJ

Cost: \$15 (includes breakfast and lunch)

Public health, healthcare and facilities professionals are encouraged to attend this timely seminar about ways to prevent, mitigate and investigate incidents of Legionellosis in healthcare facilities. Case studies from past outbreaks will be featured. Registration can be accessed at

<https://goo.gl/B38eFS>





Influenza A H3N2, continued from page 1

were noted. A rapid influenza diagnostic test was performed and identified influenza A. The sample was submitted to the NJ Public Health and Environmental Laboratory (PHEL) for routine influenza surveillance. This sample tested presumptive positive for H3N2v at PHEL on December 31, 2015, and confirmed at CDC on January 6, 2016. The individual has since fully recovered with treatment.

hours at this location and was not continuously monitored during this time period.

A joint site visit to the farm was conducted by NJDOH, NJDA, and the Middlesex County Office of Health Services (MCOHS) on January 6, 2016. A standardized form was developed to assess clinical and risk factor information among workers at the farm and was administered by public health staff. All workers (n=10) denied past or current illness. No workers had been vaccinated or recently evaluated by a healthcare provider. Workers were asked to self-monitor for influenza-like symptoms for 10 days and to alert MCOHS if symptoms develop. Household contacts of the case (n=2) were also asked to self-monitor for symptoms.

Investigation

Per protocol, PHEL alerted the influenza surveillance coordinator at NJDOH of the presumptive positive result on December 31, 2015. A public health investigation was initiated to characterize the epidemiology of the case and to identify any additional cases. Upon initial interview the individual denied any swine exposure. The specimen was sent to CDC for confirmatory testing on January 4, 2016.

Control Measures

The following control measures were implemented as part of the public health response to this incident:

CDC reported a confirmatory result of H3N2v on January 5, 2016 and performed genetic sequencing, which indicated the virus detected in New Jersey is similar to the virus found circulating in United States swine populations.

- ❖ Signage for the farm was created to provide information on preventive actions they can take to minimize risk.
- ❖ Recommendations were made for the farm to provide accessible hand hygiene stations (i.e., hand sanitizer).
- ❖ NJDOH released a health alert message on January 7, 2016 to clinicians to remind them to inquire about swine exposure in patients presenting with influenza-like illness and how to

The individual was subsequently re-interviewed and it was determined that two days prior to illness onset the child was exposed to a farm where live pigs were housed in Middlesex County. While no direct contact was noted, the individual spent more than three

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Influenza A H3N2, continued from page 6

collect and submit specimens from these patients.

Conclusion

A confirmed case of H3N2v in NJ was identified in a Mercer County resident, prompting a public health investigation. The investigation revealed the case had exposure to a farm in Middlesex County, where swine were present. The child was not hospitalized and has since fully recovered. The public health investigation was closed after two incubation periods with no additional or secondary reports of illness. At the time of the site visit,

no ill animals were noted.

At this time, CDC recommends that anyone with influenza-like symptoms following direct or close contact with swine should notify their healthcare provider. To reduce the risk of spreading flu, everyday prevention actions include covering your nose and mouth with a tissue when sneezing or coughing, washing your hands often with soap and water, and taking precautions when exposed to swine. For additional guidance and resources, please visit the [CDC website](http://www.cdc.gov/flu/swineflu/h3n2v-cases.htm) at <http://www.cdc.gov/flu/swineflu/h3n2v-cases.htm>.

New Jersey Prepares to ZapZika


With news of the spread of the Zika virus in tropical regions of the globe, it's only natural for people to be concerned. While the virus is not being spread locally at this time, the mosquitoes that transmit the virus make their home in some popular travel destinations. Reports of the virus being linked to the serious birth defect microcephaly have increased anxiety among women of childbearing age.

(<https://www.facebook.com/NJDeptofHealth>) and follow us on Twitter (<https://twitter.com/NJDeptofHealth>).


CDS has been working to update the Zika website with informative videos, infographics and frequently asked questions at <http://www.nj.gov/health/cd/zika/index.shtml> as new information becomes available. Visit the CDS and CDC Zika website at <http://www.cdc.gov/zika/index.html> frequently. Also be sure to follow the New Jersey Department of Health on social media. Like us on facebook

Know Before You Go...

#ZapZika



- ❖ Learn where Zika is active
- ❖ Use insect repellent
- ❖ Wear long sleeves and pants



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www.nj.gov/cd/zika @NJDeptofHealth

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Drug Diversion Tabletop Exercise Pilot Project

As part of New Jersey’s “Keeping the Infection out of the Injection” injection safety initiative, the injection safety team created a drug diversion exercise for acute care facilities. Drug diversion is when prescription medicines are obtained or used illegally.

Drug diversion in healthcare settings can result in substandard care delivered by an impaired healthcare provider, denial of essential pain medication or therapy, and risk of infection if a provider tampers with injectable drugs.

The exercises consist of three scenarios that focus on drug diversion of injectable narcotic medications. Four facilities volunteered to take part in the pilot project: Kennedy Health, CentraState, Hunterdon Medical Center and St. Joseph’s Medical Center.

The exercise gathered administrators, nursing directors, pharmacy directors, infection preventionists, security professionals, risk managers, human resource professionals and more to discuss their current policies about drug diversion of

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DRUG DIVERSION* SPREADS INFECTION FROM HEALTHCARE PROVIDERS TO PATIENTS

HEALTHCARE PROVIDER with Hepatitis C or other bloodborne infection tampers with injectable drug

CONTAMINATED INJECTION EQUIPMENT AND SUPPLIES present in the patient care environment

EXPOSURE OF PATIENT results from use of contaminated drug or equipment for patient injection or infusion

*Drug diversion occurs when prescription medicines are obtained or used illegally by healthcare providers.

FOR MORE INFORMATION, VISIT CDC.GOV/INJECTIONSAFETY/DRUGDIVERSION

1 ONE NEEDLE, ONE SYRINGE, ONLY ONE TIME.





Drug Diversion, continued from page 8

injectable medications. The exercise objectives included highlighting strengths and gaps in existing drug diversion policies and exploring the process of responding to a drug diversion incident, both internally and externally.

Once all four facilities have completed the exercise, the injection safety team plans to create a facilitator’s guide and share with the NJ Drug Diversion Coalition and other state and federal partners. Plans are also under way to create scenarios for ambulatory surgery centers, too. This unique project was created because there is currently no exercise that addresses drug diversion in acute care settings. New Jersey is proud to be a Safe Injection Practices Coalition state partner. 🇯🇵



NJDOH Medical Director, Barbara Montana, MD, MPH, FACP, New Jersey Injection Safety Coordinator, Laura Taylor, PhD, MCHES, CDC Project Officer, Kathy Seiber, MPH

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Looking to get the hepatitis A or B vaccine?

Looking for a hepatitis support group? Check out the “New Jersey Viral Hepatitis Resource Guide” for locations near you!

http://www.nj.gov/health/cd/hepatitis_viral/index.shtml 🇯🇵





CDS Welcomes New Staff!


We are pleased to have **Stradyne Turnquest, Francis Sanchez, Kristen Ruttle** and **Crystal Randall** join the administrative/ clerical staff.

Leah Burn joins the CDS as a healthcare-associated infections epidemiologist in the Infection Control Assessment Group. Ms. Burn earned a Master of Public Health degree from Emory University and has training in modeling infectious diseases from the London School of Hygiene and Tropical Medicine and was a Global Epidemiology Fellow with CDC’s Global AIDS Program in Zambia.

Dela Surti joins the CDS as the new CDRSS Coordinator. She has a Master of Public Health degree from George Washington University and has worked with health systems, program planning, evaluation and data analysis.

Deepam Thomas moved into a new role within CDS as the new Foodborne Disease Surveillance Coordinator. She has a Master of Public Health Degree from Jefferson University and has been working with CDS since 2009 in disease surveillance and as a laboratory liaison.

Patty Barrett will be our new Antimicrobial Resistance Coordinator as part of the Healthcare Associated Infections team. Prior to CDS, Patty worked on influenza surveillance in Florida and has a Master of Science degree in Demography.

Bridget Farrell is a part-time Infection Control Specialist with over 25 years of experience and will be conducting infection control assessments within various healthcare settings. 

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“Drawing Up” Strategies to Prevent Drug Diversion in Healthcare Settings

June 14, 2016

9:30 am-3:30 pm

Rutgers University – Busch Campus Center, Piscataway, NJ

Cost: \$60 (light continental breakfast and lunch included)

This conference is for physicians, nurses, pharmacists, health system administrators, risk managers, health educators and other public health and healthcare professionals. Come and learn more about how to increase awareness among healthcare professionals on how to prevent, detect, and respond to drug diversion (particularly injectable medications).

Registration can be accessed at <https://goo.gl/t9DJtF>. 







Quick Reference Guide


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 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	REPORTABLE WITHIN 24 HOURS OF DIAGNOSIS to the LOCAL HEALTH DEPARTMENT	REPORTABLE DIRECTLY to the NEW JERSEY DEPARTMENT OF HEALTH
<ul style="list-style-type: none"> • Anthrax • Botulism • Brucellosis • Diphtheria • Foodborne intoxications (including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning) • <i>Haemophilus influenzae</i>, 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 • Poliomyelitis • Rabies (human illness) • Rubella • SARS-CoV disease (SARS) • Smallpox • Tularemia • Viral hemorrhagic fevers (including, but not limited to, Ebola, Lassa, and Marburg viruses) 	<ul style="list-style-type: none"> • Amoebiasis • Animal bites treated for rabies • Arboviral diseases • Babesiosis • Campylobacteriosis • Cholera • Creutzfeldt-Jakob disease • Cryptosporidiosis • Cyclosporiasis • Diarrheal disease (child in a day care center or a foodhandler) • Ehrlichiosis • <i>Escherichia coli</i>, 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 • Psittacosis • Q fever • Rocky Mountain spotted fever • Rubella, congenital syndrome • Salmonellosis • Shigellosis • <i>Staphylococcus aureus</i>, 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 • <i>Streptococcus pneumoniae</i>, invasive disease • Tetanus • Toxic shock syndrome (other than Streptococcal) • Trichinellosis • Typhoid fever • Varicella (chickenpox) • Vibriosis • Viral encephalitis • Yellow fever • Yersiniosis 	<p>Hepatitis C, acute and chronic, newly diagnosed cases only Written report within 24 hours</p> <p>HIV/AIDS 609-984-5940 or 973-648-7500 Written report within 24 hours</p> <ul style="list-style-type: none"> • AIDS • HIV infection • Child exposed to HIV perinatally <p>Sexually Transmitted Diseases 609-826-4869 Report within 24 hours</p> <ul style="list-style-type: none"> • Chancroid • Chlamydia, including neonatal conjunctivitis • Gonorrhea • Granuloma inguinale • Lymphogranuloma venereum • Syphilis, all stages and congenital <p>Tuberculosis (confirmed or suspect cases) 609-826-4878 Written report within 24 hours</p> <p>Occupational and Environmental Diseases, Injuries, and Poisonings 609-826-4920 Report within 30 days after diagnosis or treatment</p> <ul style="list-style-type: none"> • Work-related asthma (possible, probable, and confirmed) • Silicosis • Asbestosis • Pneumoconiosis, other and unspecified • Extrinsic allergic alveolitis • Lead, mercury, cadmium, arsenic toxicity in adults • Work-related injury in children (< age 18) • Work-related fatal injury • Occupational dermatitis • Poisoning caused by known or suspected occupational exposure • Pesticide toxicity • Work-related carpal tunnel syndrome • Other occupational disease

July 2013
www.nj.gov/health/cd

H5697

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