

JULY, 2003

James E. McGreevey,  
Governor



Clifton R. Lacy, M.D.,  
Commissioner

# NJ Communi-CABLE

## Monkeypox Update

During early June 2003, the New Jersey Department of Health and Senior Services (NJDHSS) investigated a suspected case of monkeypox in an 11-year-old North Jersey boy who was suspected of being exposed to the virus while out of state. The child, who was never hospitalized and recovered at home, had been in contact with two prairie dogs owned by a family friend in a Midwestern state where some prairie dogs had tested positive for monkeypox.

While out of state on May 29, the child became ill with a high fever. He visited a physician, was given antibiotics and his condition improved. After coming to New Jersey, the child's fever returned, and he developed lethargy, loss of appetite and blisters on his head, arms and trunk also, the child was noted to have had a previous history of chickenpox. Subsequent laboratory of clinical specimens at the Centers for Disease Control and Prevention (CDC) and at the New Jersey Public Health and Environmental Laboratories revealed that the child was negative for monkeypox and positive for varicella (chickenpox).

As of July 2, 2003, CDC, state and local health departments have investigated 81 reports of possible monkeypox illness in 6 states; 32 have laboratory-confirmation of monkeypox. The source of the infection has been traced to prairie dogs kept as pets.

"This outbreak illustrates some of the potential health risks posed by owning and handling exotic animals," said Dr. Eddy Bresnitz, state epidemiologist and assistant commissioner. "Prompt reporting of unusual illnesses in people and animals allows for immediate investigation and institution of appropriate control measures to prevent disease transmission."

Human monkeypox is a rare, zoonotic, viral disease that occurs mostly in the

rain forest countries of central and west Africa. The Midwestern prairie dogs were likely infected with the virus by an African rat from a pet distributor in Chicago.

People can contract monkeypox through the bite of an infected animal or through direct contact with the animal's lesions or body fluids. Monkeypox also can be spread from person to person through respiratory droplets during direct and prolonged face-to-face contact. It is also possible that monkeypox can be spread by direct contact with the body fluids of an infected person or with virus-contaminated objects, such as bedding or clothing.

In the U.S. outbreak to date, all of the patients with suspected infection had direct contact with infected animals. In humans, infection with monkeypox virus results in a rash illness similar to but less infectious than smallpox. The incubation period is about 12 days, and the illness lasts from two to four weeks. Monkeypox in humans is not usually fatal. There is no treatment. (Continued on page 4)



### NJDHSS Communicable Disease Service

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

# The "CDRS" Corner

**By: Marlene Bednarczyk, CDRS Coordinator**

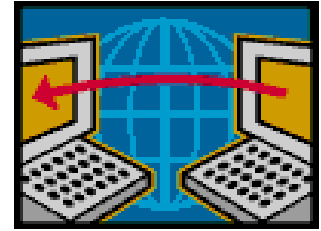
Welcome to a new feature in the Communi-Cable. Each edition of the Communi-Cable will feature system updates and user information about CDRS especially for system users. It is our hope that you find this column to be a great resource.

**New Coordinator:** On April 21 2003 the new Communicable Disease Reporting System (CDRS) Coordinator joined the division. Marlene has taken on the NEDSS Lead position, which is dedicated to the implementation, expansion and improvement of the CDRS, the backbone of our electronic disease reporting system for the State of New Jersey. Marlene will act as the point person for questions, problems, and suggestions regarding the functionality of the CDRS as well as providing support for the users. She can be reached at: [marlene.bednarczyk@doh.state.nj.us](mailto:marlene.bednarczyk@doh.state.nj.us) or at (609) 588-7500.

**New Release:** A new and improved version of the CDRS was released on June 11<sup>th</sup>. CDRS users can now print all the screens for a case with the push of a "Print Case" button. Graphs are also available for various reports to enhance presentations. An "Updated By" column lets users know who modified a case and includes a pop-up screen with contact information should the current user have questions.

In addition, users may navigate from one page to another by clicking on the drop down list of numbered results instead of clicking on "next page" ten times to get to the 10<sup>th</sup> page. This new feature allows users to go directly to a specific case. There are several other

new additions included in the latest release. To see all of the new enhancements, click on **New Release** at the bottom of any page on the site and full details will be presented.



CDRS Helplines:  
1-800-883-0059  
Or  
(609) 588-7551

**New Rule:** In order to preserve the integrity of the data, certain safety precautions

and best business practices are being implemented.

**Users are not to share their ID or password with anyone.** No two users will be allowed on the system at the same time using the same password and user ID. If you have been sharing your password with other users, call or E-mail Marlene to have individual log-ins assigned. Please note that the original user should go into the User Update Profile and change his/her password.

The CDRS has been rolled out to about two-thirds of local health departments in the counties and will continue to be introduced to this segment over the next few months. If you work in Cape May, Essex, Hudson, Morris, Sussex Union or Warren County and want to schedule a training session for your staff, please contact Marlene for details. Further down the road, the next roll out stage of CDRS will target hospitals and their laboratories - details to follow in the next Communi-Cable.

## Flu season is right around the corner!

The federal Advisory Committee on Immunization Practices (ACIP) has released its influenza vaccine recommendations for the 2003-04 flu season, published in the April 25 CDC Morbidity and Mortality Weekly Report (MMWR). The recommendations refer specifically to the timing of vaccinations for at-risk and target groups.



The best time to be vaccinated against influenza continues to be October and November. Because of vaccine distribution delays during the period 2000-2002, ACIP recommends that the following persons should be vaccinated this October:

- Adults aged 50 or older
- Infants and children aged 6 through 23 months
- Anyone aged 2-49 years who is at increased risk for influenza-related complications
- Children aged less than 9 years who are receiving their first influenza vaccination
- Healthcare workers
- All household contacts of persons at high risk for influenza

All other groups should be vaccinated by the end of the season, but the sooner the better.

# Refugee Preventive Health Program

**By: Christine Armenti, RN, MS, Refugee Health Program Coordinator**

The Refugee Health Program (RHP) is located in the Communicable Disease Service, Infectious and Zoonotic Disease Program. The RHP receives the official CDC/Division of Global Migration and Quarantine arrival notification and overseas medical exam of all new refugee and asylee arrivals resettled to New Jersey.

The RHP, in collaboration with the sponsoring Resettlement Agencies, the RHP's network of medical providers (7 of New Jersey's Federally Qualified Health Centers), the NJDHSS TB Control Program, and other public health providers, oversee administration of the domestic refugee health assessment, and follow-up medical management. The objectives of the process are to identify and treat health conditions, which may interfere with an effective resettlement and to protect the health of New Jersey's public through communicable disease diagnosis and treatment.

To better understand the refugee population, it is helpful to define the different terms used to describe these persons. Should you have any questions, contact the Refugee Health Program at (609) 588-7500.

**Alien:** A person who is not a citizen or national of the U.S.

**Refugee:** A foreign-born resident who is not a U.S. citizen and cannot return to his/her country of origin or last residence because of persecution or fear of persecution due to race, nationality, membership in a particular social group, or political opinion. A refugee receives this status prior to entering the U.S.

**Asylee:** A person who seeks asylum. A foreign-born resident who is not a U.S. citizen and who cannot return to his/her country of origin or last residence because of persecution or fear of persecution due to race, religion, nationality, membership in a particular social group, or political opinion. An asylee receives this status after entering the U.S.; however sometimes this status may be granted prior to arrival.

**Parolee:** A foreign-born person who has been given permission to enter the U.S. under emergency conditions or when his/her entry is considered to be in the public interest.

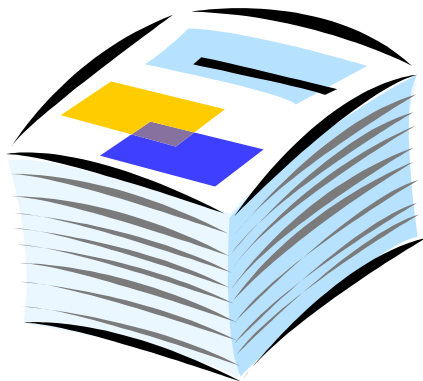
**Immigrant:** An immigrant can be any of the above-listed temporary residents (refugee, asylee, parolee). An immigrant can also be a foreign-born.

**Non-Immigrant:** A person who can be classified under one or more of the following: undocumented individual, tourist, visitor on business, or foreign/international student.

## Hospital Smallpox Preparedness Evaluation Tool Developed!

Hospital Smallpox Preparedness Vaccination Plans have been received by a majority of the 84 acute-care hospitals throughout New Jersey. NJDHSS, along with the NJ Hospital Association, has developed a comprehensive hospital smallpox preparedness vaccination evaluation tool. This tool will help assess the hospital smallpox preparedness plans of each facility.

Plans will be analyzed based on their completeness and thoroughness in regards to their internal and external coordination efforts, as well as their proposed response to



managing suspected smallpox case(s).

Hospitals were asked to submit a smallpox preparedness vaccination plan, along with their existing Emergency Management Response Plan. These plans are important aspects of hospital preparation in the event of a bioterrorism attack and serves as a key indicator of hospital participation in homeland security activities.

Even though the threat of a smallpox outbreak has appeared to have diminished, it is important to remain attentive and alert in preparing for a potential bioterrorism attack.

Smallpox preparedness efforts serve as models for other potential emerging threats, such as SARS and monkeypox.

## The Reportable Disease of the Quarter...



The New Jersey Administrative Code 8:57 stipulates that local health officers, hospitals, laboratories, physicians and other health care providers report the occurrence of specified reportable diseases to the NJDHSS. In an effort to increase awareness to our public health partners about reportable diseases, each quarter the Communi-Cable will feature up-to-date reportable disease information including case definitions. This quarter's reportable disease is ***giardiasis***.

Giardiasis is an intestinal illness caused by infection with a parasite called *Giardia lamblia*. The infective form is called a cyst. This can occur when an individual eats or drinks food or water contaminated with *Giardia* cysts, or through direct contact with an individual infected with *Giardia* who has poor personal hygiene.

The most common symptoms of giardiasis include diarrhea, abdominal cramps, pale and greasy stools, fatigue, bloating, and weight loss. Fever is usually absent. Symptoms may begin 3 to 25 days after swallowing *Giardia* cysts, but usually occur within 10 days. However many persons with *Giardia* have no symptoms at all.

Giardiasis is typically diagnosed by finding *Giardia lamblia* in a stool sample submitted to a laboratory. Since cysts are intermittently passed in the stool (bowel movement) more than one specimen may be necessary to make the diagnosis.

Most individuals recover from giardiasis without any treatment. When therapy is necessary, antibiotics are often prescribed.

An infected person is capable of transmitting giardiasis to others as long as *Giardia* cysts are being passed in the stool. Special precautions should be taken by food handlers, health care workers and day-care providers.

To prevent giardiasis:

- Practice good hand washing habits with soap and warm water after going to the bathroom, before preparing meals and before eating;
- Practice good hand washing after changing diapers and playing with pets;
- Avoid drinking untreated surface water, such as water taken directly from ponds, lakes and streams; or water from unknown sources.

It is important to know the difference between a confirmed case and a probable case. Below are surveillance case definitions. Clinical information should be entered on the comments page when using CDRS.

A confirmed case of giardiasis includes: demonstration of *Giardia lamblia* cysts in stool **OR** presence of *Giardia lamblia* antigen in the stool as determined by a diagnostic test.

A probable case of giardiasis is a clinically compatible case that is epidemiologically linked to a confirmed case by the NJDHSS.

## Monkeypox Update Continued from Page 1

The CDC is advising physicians to consider monkeypox in persons with fever, cough, headache, myalgia, rash or enlarged lymph nodes within 3 weeks of contact with prairie dogs or Gambians giant rats. Veterinarians examining sick exotic animal species, especially prairie dogs and Gambian giant rats, should consider the possibility of monkeypox. Veterinarians should also be alert to the development of illness in other animal species that may have been housed with ill prairie dogs or Gambians giant rats.

On June 11, 2003, the CDC and the Food and Drug Administration issued a joint order announcing an immediate embargo on the importation of all rodents from Africa due to the potential that these rodents can spread monkeypox virus infection to other

animal species and to humans. The joint order also banned within the US any sale, offering for distribution, transport or release into the environment of prairie dogs and six specific genera of African rodents implicated in the current monkeypox outbreak.

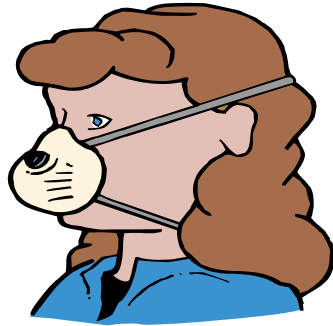
New Jersey's Division of Fish and Wildlife regulations stipulate that the sale or ownership of prairie dogs in New Jersey is illegal. If you receive any reports of New Jersey residents who own prairie dogs, please report these to the Department of Environmental Protection at (609) 588-3121.

For more information about monkeypox, visit the CDC website at: <http://www.cdc.gov>

# New Jersey SARS Update

**By: Corwin Robertson, MD, Epidemic Intelligence Service Officer**

The New Jersey Department of Health and Senior Services (NJDHSS) continues its collaboration with the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and local health agencies throughout New Jersey in the investigation of the Severe Acute Respiratory Syndrome (SARS).



SARS is a form of atypical pneumonia that typically begins as an influenza-like illness. It is characterized by fever, muscle aches, headache, sore throat, dry cough and shortness of breath. Diarrhea has also been reported in a significant number of cases. A chest X-ray may reveal evidence of pneumonia. Illness can be severe enough to cause respiratory failure and death. A newly identified coronavirus is thought to be responsible for the illness. This virus may have originated in animals and then passed to human beings.

During March 15, 2003 to June 16, 2003, NJDHSS received over 100 suspicious illness reports from health care providers and local health departments; of these, one was a probable case, with laboratory evidence of SARS-associated coronavirus (SARS-CoV) infection, and five are considered suspect cases. None of the suspect case-patients has evidence of SARS-CoV infection. Investigations are ongoing, and serologic test results for several of these patients are pending.

Close contacts of all the SARS cases identified in New Jersey remain healthy. In keeping with the national experience, cases of SARS in New Jersey continue to be reported primarily among people who have traveled to a SARS-affected area. There continues to be no evidence of community transmission of this illness in the United States.

There have been great strides made in the containment of SARS, owing to a worldwide collaborative effort to identify potential cases and institute timely isolation and infection control precautions.

As part of this effort, NJDHSS staff:

- ❑ Initially activated the NJDHSS Emergency Operations Center (EOC) in anticipation of a surge in the number of phone inquiries related to SARS.
- ❑ Responded to over 300 phone calls from the public, local health departments, schools, and other institutions regarding travel-related inquiries, infection control, and exposure management.
- ❑ Participated in several continuing medical education (CME) programs at hospitals throughout the state.
- ❑ Collaborated with the State Department of Education to create a joint message about SARS for distribution to schools.
- ❑ Assisted local universities in the development of plans to manage students and visitors potentially exposed to SARS.

Despite all the accomplishments made to date, there is still more work to be done. Thus, NJDHSS requests that health care providers and health officials remain vigilant and report any suspected cases of SARS by calling (609) 588-7500, during business hours, and (609) 392-2020, during nights and weekends.

For more information about SARS, visit the CDC website at: <http://www.cdc.gov/ncidod/sars>.

## Communicable Disease Service is On-Call 24/7

Clinical staff of the Communicable Disease Service are available and on-call 24 hours a day, 7 days a week. If you have a communicable or infectious disease emergency after regular business hours or weekends and need to speak with a representative, you should contact the numbers below to speak directly to CDS staff.

**Regular business hours  
(8am-5pm):  
(609) 588-7500**

**Nights (after 5 pm) and  
Weekends:  
(609) 392-2020**

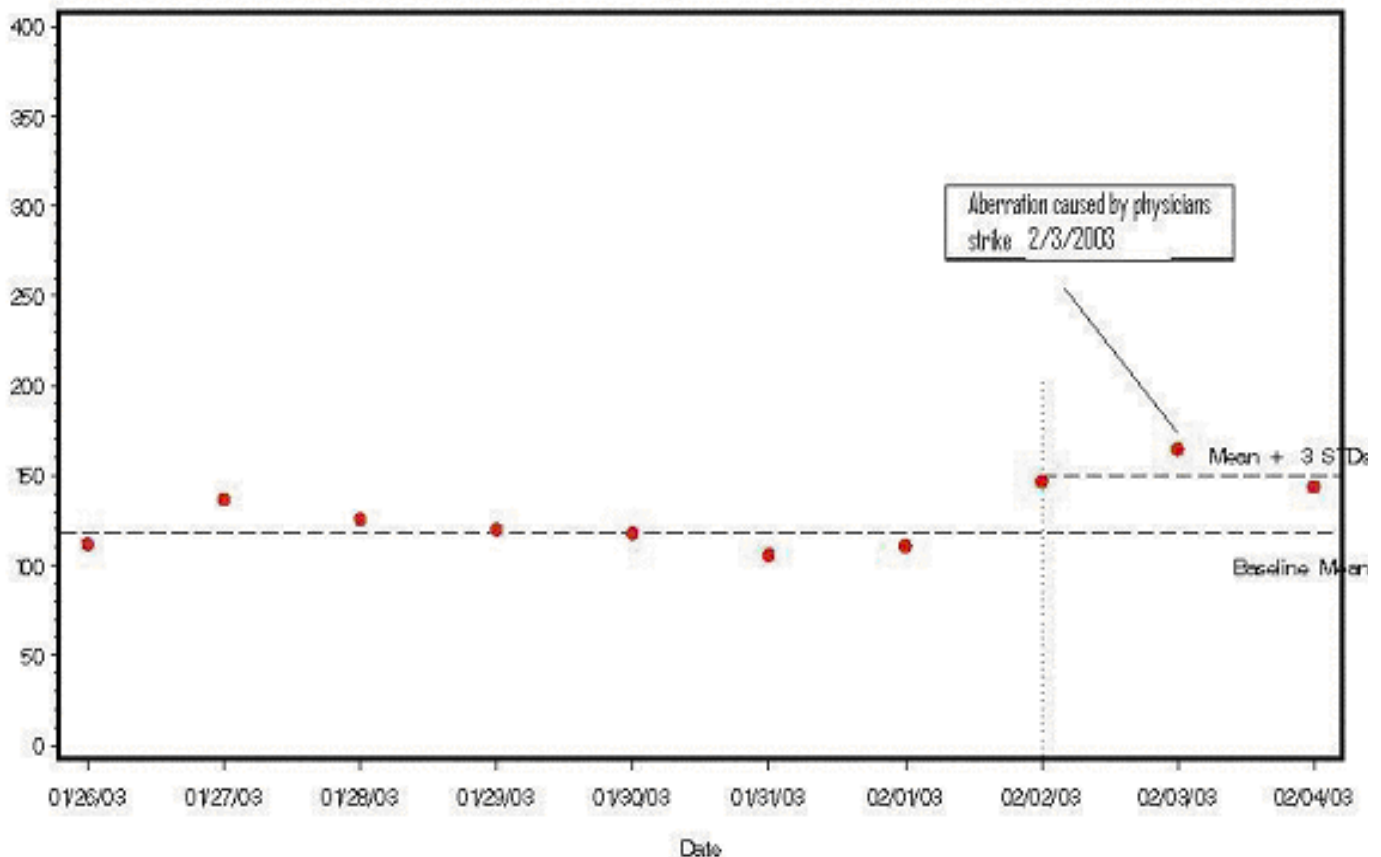


## NJDHSS Bioterrorism Unit Present Surveillance Findings at National Conference

On April 28<sup>th</sup>- 30<sup>th</sup>, the Bioterrorism Surveillance Unit members Suoqun Liu and Teresa Hamby attended the Advancements in Surveillance and Epidemiology For Bioterrorism Workshop in Miami, Florida. The workshop was sponsored by the Centers for Disease Control and Prevention's Bioterrorism Preparedness and Response Program and featured poster sessions and presentations on surveillance systems that have been implemented by states and territories around the country.

The NJDHSS poster outlined the state's hospital emergency department (ED) volume surveillance system, in place since December 2001. Hospitals submit daily ED visits and admissions information to the Bioterrorism Unit which are then entered into a database. The data received is reviewed daily and any significant increase in visits or admissions (greater than three standard deviations from a calculated baseline) is further investigated to determine the nature of the increase. For example, a "signal" was triggered in February when the number of ED visits increased dramatically over a short period of time (see figure below). Further investigation revealed that this increase was related to a physician's strike in the state where persons needing any type of care had to visit EDs since their primary physicians were not available. The poster was well-received by other conference participants who are working to develop effective systems in their own jurisdictions.

Figure 2. New Jersey Hospital ED Visits  
Aberration Detection Report Based on Cutoff Date 2/4/03  
Hospital= Hospital A



# West Nile Virus Surveillance in NJ

The NJDHSS, in collaboration with local health departments and mosquito commissions, the New Jersey Department of Environmental Protection and New Jersey Department of Agriculture, and Rutgers University, has launched its fourth year of surveillance for West Nile Virus (WNV) activity among the avian, mosquito, equine and human populations outlined below. As of July 2, 2003, NJDHSS has identified positive WNV activity in bird and mosquito populations in 4 counties.

For additional information on WNV, including fact sheets, protection tips, and other helpful weblinks, please visit the NJDHSS website at <http://www.state.nj.us/health/cd/westnile/enceph.htm> or call the Infectious and Zoonotic Disease Program at (609) 588-3121.

**Crow Surveillance:** Avian surveillance will focus primarily on crows. Crows continue to be effective sentinels for the detection of WNV in a geographical area. Receipt of ill/dead bird reports and testing of dead crows began on April 15, 2003. Submission protocols and forms for 2003 have been posted on the NJDHSS website. Local health departments are encouraged to report dead crows, regardless of whether they are suitable for testing.

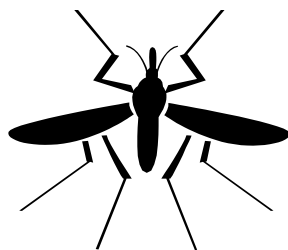
**Mammals, nonequine:** As in previous years, the NJDHSS does not plan to perform routine surveillance for WNV in dogs, cats or other nonequine mammals. Specimens will be accepted for testing on a case-by-case basis after review by the NJDHSS State Public Health Veterinarian.

**Human Surveillance:** Enhanced passive surveillance for human WNV cases will again be conducted in the 2003 season. Information on WNV has been sent to emergency department and laboratory directors and hospital infection control professionals (ICPs). This information also has been posted on the NJDHSS website. Information includes WNV fact sheets, clinical diagnostic guidelines, reporting protocols, testing criteria and instructions for submitting specimens to the New Jersey Public Health and Environmental Laboratories (PHEL). NJDHSS staff will perform follow-ups with physicians and ICPs involved with suspect cases being tested for WNV.

**Mosquito Surveillance:** In 2003, mosquito surveillance will be conducted to assess WNV activity in a variety of mosquito species. It is anticipated that the PHEL will test up to 10,000 pools this year.

County mosquito control agencies have been trained to collect, pool and submit mosquito collections directly to the PHEL.

**Overview Of Mosquito Control In NJ:** The philosophy of integrated mosquito management in New Jersey is to target mosquitoes and/or their habitats as specifically as possible in a financially efficient manner. Minimizing pesticide impact on



non-target organisms has always been vital to public acceptance and has been incorporated into the goals of the mosquito control community. The present day need to be species specific in the selection and application of pesticides is fundamental

to the mosquito management methodologies used in New Jersey.

## Get Wise to Lyme Disease

New Jersey is endemic for Lyme Disease. Children and adults during school, work and recreational activities may contract it through contact with ticks. It is important to instruct individuals whose residential or recreational habits bring them in contact with Lyme or other tick endemic areas about appropriate prevention measures

Prevention activities include:

- Avoid brush and leaf litter or tall grass when in the woods.
- Clear brush and leaf litter from property around the home.
- Wear socks, shoes and pants with the bottoms tucked into socks.
- Wear a shirt with a snug collar, long sleeves and cuffs. Tuck into trousers.
- Detect ticks easier by wearing light colored clothing.
- Wash away unattached ticks by showering after an outing.
- Examine people and pets, keeping in mind that immature ticks are as small as the size of a pinhead.

Questions? Call the NJDHSS Lyme Disease Hotline: **1-800-792-8831**.

## 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  
Communicable Disease Service  
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)

## CDS Welcomes New Employees!!

Kate Aquino-Program Manager, VPDP

Sylvia Bookbinder, MPH, CHES-Bioterrorism Health Educator, IZDP

MaryJo Foster, RN, M.Ed-Bioterrorism Nurse Consultant, IZDP

Simi Octania-Pole, PhD-West Nile Virus Coordinator, IZDP

Sandy Van Sant, BSN, MN, MPH-Hepatitis C Coordinator, IZDP

Donald Dyson, MSS-Health Educator, STDP

Sandra Francis, CSW-Public Health Representative, STDP

Patricia McGorry-Public Health Representative, STDP

## Save the Date: Infectious Disease Summits

NJDHSS Communicable Disease Service is pleased to announce two Infectious Disease Summits this October. These full-day conferences will be held regionally and infection control professionals, epidemiologists, public health nurses, health officers, registered environmental health specialists, communicable and reportable disease specialists, health educators and other public health professionals are invited.

This year's agenda will cover an array of topics including: NJ's Smallpox Vaccination Clinic Experience & Lessons Learned, 2004 Bioterrorism Grant Initiatives (Revised Chapter 8:57 Reporting Protocols/Policies and Procedures, CDRS, Smallpox), Foodborne Disease Investigation, and Investigations and Outbreaks (SARS and monkey-pox).

Registration is being taken on-line only. Interested professionals should go to the website below to register  
<http://www.njdistancelearningnetwork.org>. There is no charge to attend the summit, but registration is required.

South: October 1, 2003 at The Mansion, 3000 Main Street, Voorhees, NJ from 8:30am-3:30pm

North: October 2, 2003 at Wayne Manor, 151 Rt. 23 South, Wayne, NJ from 8:30am-3:30pm

CEU applications are in progress.

