

James E. McGreevey,
Governor



Clifton R. Lacy, M.D.,
Commissioner

NJ Communi-CABLE

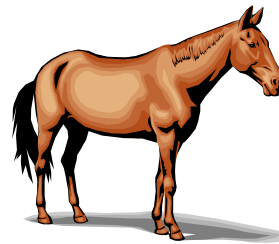
There have been several interesting cases of rabies involving horses and a guinea pig since November, 2003. Although New Jersey is enzootic for raccoon and bat rabies variants, there continues to be a significant risk of transmission to domestic pets and people.

In February, a four-year old standardbred horse, stabled in Burlington County was diagnosed with raccoon variant rabies, six days after racing at a New Jersey racetrack. The horse had a 3-day duration of illness characterized by fever, abnormal behavior, profuse sweating and aggression. The horse had been vaccinated against rabies about 11 months previously. This was the only known rabies vaccination the animal received. The owner was unaware of any bites or other exposure to suspect rabid wildlife, although there were numerous free-roaming cats on the property that were not vaccinated against rabies.

Over 15 people completed rabies post-exposure prophylaxis as a result of contact with this horse and laboratory specimens. The other 13 horses on the farm were put under a strict 45-day quarantine followed by a 6-month observation period by the New Jersey Department of Agriculture. To date, no additional rabies cases have been identified at this location. The incident was reported as an adverse vaccine event to the United States Department of Agriculture but no other adverse events have been associated with this rabies vaccine. Rabies vaccine has a duration of immunity for one year, when administered to horses. Current NJDHSS recommendations are for vaccinated horses and other domestic

animals to receive a booster vaccination after an exposure to suspect rabid animals but, in this case, the exposure was not identified. Rabies vaccines are considered to be highly effective but not 100% effective in preventing rabies, especially after just one dose.

The last rabies case in a New Jersey horse was in August 2003. This horse,



stabled in Gloucester County, had never been vaccinated against rabies, developed neurological

signs and aggression before quickly dying, also from the raccoon variant. The owner witnessed a skunk in the barn several weeks prior to illness but was unaware of any wounds on this horse. These two equine cases are a reminder that horses and other livestock are susceptible to rabies. Raccoons, skunks and other suspect wildlife can live in or near barns and be attracted by animal feeds stored therein. Farm owners should discuss rabies vaccination of livestock and barn cats with their veterinarian, 'raccoon proof' barns and report all bite wounds or wildlife attacks to their local health department. **Continued on page 2**

NJDHSS Communicable

Disease Service

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

Changing Behavior: It's as easy as..oh wait...it's not easy at ALL

The New Jersey Department of Health and Senior Services, STD Program has been providing a new training program across the state for counseling professionals. The program, targeted to those working with adolescents, is titled "Counseling for Behavior Change" and has been playing to rave reviews.

"I have never been to a training that helped me make so much sense of not only my clients' behavior, but also my own!" wrote one school counselor who has been in the field for over 20 years. "The training was energetic, exciting and practical," wrote another.

Based on Prochaska and DiClemente's Transtheoretical Model of Behavior Change (TTM), the purpose of the program is first, to assist helping professionals to connect with the complex and challenging nature of changing one's behavior. "It is amazing how cavalier we are sometimes with our clients and patients when we suggest that they change their diets or their exercise habits, let alone when we are asking them to make significant changes in their intimate sexual behaviors," quipped Dr. Donald Dyson, the program's developer and trainer. "It is so important to keep in mind that

changing our behaviors is actually really HARD!"

Building on the TTM, the training then works through the concepts of Motivational Interviewing. This technique works at creating dissonance for the client or patient between what they want and how their current behaviors get in the way of achieving those goals. Motivational Interviewing, however, relies entirely on the client for the answers, rather than on the insight of the counselor or professional. The real "trick" of it is to work with the client's resistance and ambivalence toward change to develop motivation for creating that change.

"The reality," says Dr. Dyson, "is that no one changes their behavior until she or he has found their own, very personal reasons for making the change."

If you would like more information about the training, please feel free to contact Dr. Donald Dyson at the NJ Department of Health and Senior Services STD Program. He can be reached at 609-588-7480 or through email at donald.dyson@doh.state.nj.us.

NJ Rabies Update

Continued from page 1

The New York State Department of Health reported that a pet guinea pig was infected with rabies in November 2003. In September, the owner had the animal free-roaming outside when she heard it squeal and saw a raccoon running away. The guinea pig was limping but the owner did not see a wound. One month later, the owner was bitten by the pet and decided to have it euthanized after consultation with local health authorities. The guinea pig was not showing clear signs of rabies at that time but did have a poor hair coat, ocular discharge and was underweight. Laboratory testing confirmed that the animal was infected with rabies.

Fortunately the owner realized the significance of the raccoon incident and contacted health authorities after being bitten. This case serves as a warning about the risks of letting unvaccinated pets free-roam outside and the importance of reporting all bites and other potential rabies exposures to local health departments for appropriate follow up. Rabbits housed in outdoor hutches are also at risk for rabies from raccoons biting them through the cages.

Information on rabies is available on the NJDHSS web page at:

http://www.state.nj.us/health/cd/f_rabies.htm

Disease of the Quarter: Leishmaniasis

Leishmaniasis is a parasitic disease transmitted by the bite of some species of sandflies and is found in approximately 90 tropical and subtropical countries around the world and in southern Europe. The two most common manifestations of leishmaniasis are cutaneous (skin) or in a visceral (internal organ) form. More than 90% of the world's cutaneous cases are in Afghanistan, Algeria, Brazil, Iran, Iraq, Peru, Saudi Arabia, and Syria. More than 90% of the world's cases of visceral leishmaniasis occur in Bangladesh, Brazil, India, Nepal, and Sudan.

Cutaneous leishmaniasis is characterized by one or more skin sores (either painful or painless, with or without a scab) that develop weeks to months after a person is bitten by infected sand flies. If untreated, the sores can last from weeks to years and often eventually develop raised edges and a central crater. The manifestations of visceral leishmaniasis, such as fever, weight loss, enlargement of the spleen and liver, and anemia, typically develop months, but sometimes years, after a person becomes infected. If untreated, symptomatic visceral leishmaniasis typically is fatal.

Although leishmaniasis is not endemic in the United

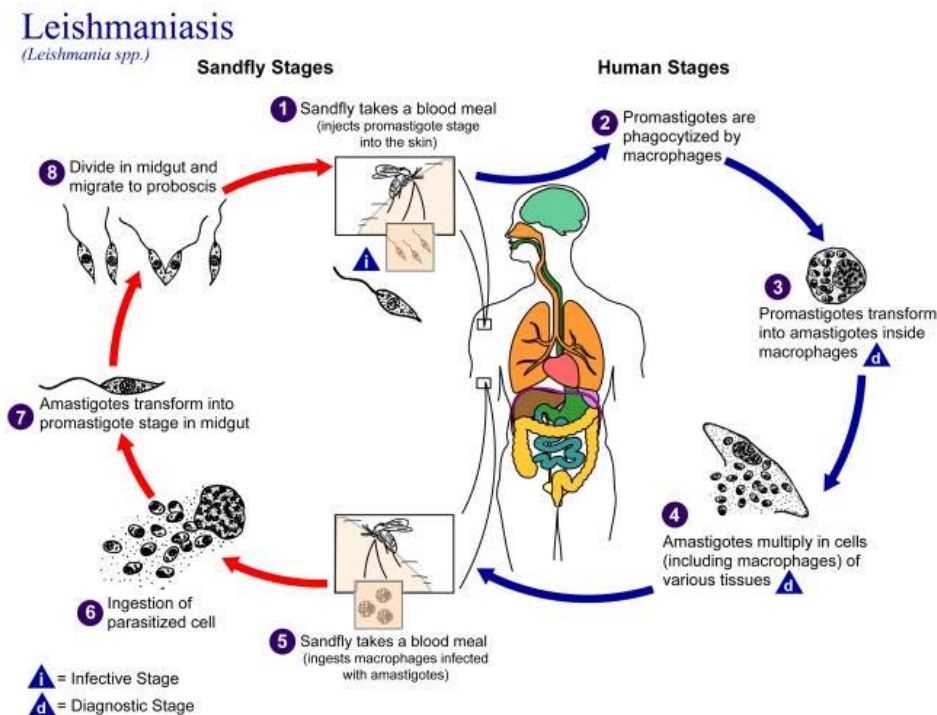
States, there are cases that are medically evaluated here resulting from travel to endemic areas. Of



more recent concern is the stationing of US military troops in endemic areas. There have been reports of soldiers deployed to Afghanistan and Iraq who have developed cases of visceral or cutaneous leishmaniasis. Additionally some soldiers are being infected while overseas on duty, but not developing symptoms until after they have returned home. A recent report in MMWR (April 2, 2004) highlights two cases of visceral leishmaniasis in US soldiers who were deployed in Afghanistan. These men developed symptoms approximately 3 and 14 months after returning home.

According to an Associated Press article dated 4/19/04, doctors at Walter Reed Army Hospital have seen 653 cases of leishmaniasis, and the hospital's infectious disease wards until recently have overflowed with soldiers undergoing treatment. The military has made a big effort to treat leishmaniasis, even pulling soldiers out of the field who have confirmed cases and flying them back to Washington for medical care.

Leishmaniasis is not a reportable disease in the state of New Jersey. However, be alert to possible cases in people with recent travel history to endemic areas, especially military personnel. For more information, go to www.cdc.gov.



NJDHSS Pilots Rash Illness Surveillance Program

The NJDHSS Bioterrorism Surveillance Unit and the Somerset County Department of Health are collaborating on a six-month pilot of the state's first ***Rash Illness Surveillance System***. As one of very few such systems nationwide, this initiative will enhance the state's existing surveillance systems for bioterrorism and, potentially, other reportable diseases.

Beginning in March, the NJDHSS Bioterrorism Surveillance Unit staff began meeting with Somerset County's epidemiologist and health planner to develop an algorithm form and protocols. The form provides guidance to physicians as they assess adult patients who present with rash illness.

To capture a true representation of the potential patient population, a cross-section of providers will participate, including staff from an emergency department, an infectious disease private practice, two walk-in outpatient care centers, a dermatology practice and a general practitioner's office. The pilot begins June 14th and will continue through December 14, 2004. Both quantitative and qualitative evaluations will be conducted after three months and again at the end of the project. The goals of the program are as follows:

- To develop a system which allows for the rapid identification of an unusual rash illness, potentially indicating a bioterrorism incident or new emerging infection;
- To characterize a baseline of rash illness in patients 18 years of age and older;
- To determine if the instrument (form/algorithm) to be used is an effective, reliable and useful tool to help practitioners ensure rapid identification of suspect or unusual cases
- To enhance collaboration efforts between private and public health care systems for bioterrorism surveillance and response.

In preparation for the project, the Somerset County Department of Health held a 1½-hour orientation for participants in this initiative at Somerset Medical Center on May 18th. It was attended by participating physicians and staff as well as representatives from NJDHSS. This program was well received by those present and sets a positive tone for the project. For more information on this and other surveillance activities, please feel free to contact either Suoqun Liu or Teresa Hamby of the NJDHSS Bioterrorism Surveillance Unit at (609) 588-7500.

NICE Gives 25th Course!

Congratulations to the Northeastern Infection Control Educators (NICE) and the Northern and Southern New Jersey Chapters of the Association for Professionals in Infection Control (APIC). This past spring the NICE committee provided the 25th comprehensive Basic Principles of Infection Control course. In addition, NICE marked 15 years since forming the committee that was developed to provide NJ healthcare infection control professionals (ICP's) basic education in infection control. The NICE planning committee was formed after Tony Monaco, DHSS, Consumer and Environmental Health Services approached several ICP's from the northern and southern chapters of APIC to not only inform them of the anticipated NJDHSS regulations requiring long term care facilities to have staff

trained in infection control, but to ask "could NJ APIC meet the challenge and provide an educational course?" Yes, the challenge was met and in the last 15 years over 2000 new ICP's from, not only NJ but all over the United States and beyond, have completed the comprehensive 5-day course. The course continuously receives rave reviews from participants and offers sessions ranging from infection control in acute, long-term care, ambulatory, dialysis and homecare, managing outbreak investigations, skin rashes, federal regulations and "how to avoid having your facility appear in the MMWR". The next Northeastern Basic Course for Principles of Infection Control will be held October 24-25th at the New Jersey Hospital Association.

CDRS Corner

Tightening Up Access to the CDRS

As part of the CDRS user audit, you may have recently received a telephone call from Latisha Davis (Technical Assistant 3 for CDRS) inquiring about your usage of the Communicable Disease Reporting System (CDRS). Out of 711 registered users, only 281 are actively using the system. To preserve the confidentiality and integrity of the data in the CDRS, we are actively identifying non-users. Please let us know if you need to remove people from the system due to staff changes. If your staff has expanded and you want more people to be given access to do data entry in your laboratory, hospital, health department, medical center, etc., please contact Latisha at 609-588-7500 for assistance.

Training Available in Groups or One-on-One Settings

Patricia Jordan Public Health Representative Trainee for CDRS has been using CDRS for reporting longer than anyone else on the system and has assumed responsibility for CDRS user training. Patty is available to conduct on-site training. To be eligible for on-site training, your facility must have:

- 1) access to a computer training room complete with individual computer terminals for each attendee
- 2) an instructor's lecture computer terminal
- 3) an overhead projector.

If you are interested in on-site training, contact Patty at 609-588-7500 or use the "Contact Us" link that appears on all CDRS pages. Patty will discuss the technical requirements with your IT person to make ensure the requirements are met. If you do not meet the above requirements, or do not have enough people to justify an on-site training, one-on-one or small group trainings are conducted at 3635 Quakerbridge Road, Hamilton, NJ on selected Thursdays from 10:30—12:30. Space must be reserved by the previous Friday. Please make sure that the person(s) attending the training are directly responsible for data entry.

GIS Capabilities

As of January 16, 2004 the new CDRS geocoding function was enabled. This function was outlined in the January issue of the Communi-CABLE and a link to "Geocoding Notes," (a description of

capabilities and requirements), is available at the bottom of every page in the CDRS. This enhancement, besides assigning case reports to the appropriate public health jurisdiction, supports the geographic information system (GIS) function that is being developed for the CDRS. The ability to analyze and map data over space and time, to layer information and reconfigure it to more accurately depict situations, resources, potential or existing problems are only a few of the enhanced abilities that GIS capabilities will bring to the CDRS. Still in the developmental stage, we are looking for feedback about how our CDRS users would like to utilize GIS capabilities in their public health work. If you have suggestions, ideas or just wishes, please share them with Marlene Bednarczyk at 609-588-7500 or e-mail her at Marlene.bednarczyk@doh.state.nj.us.

The Spring Cleaning is Over!

Final numbers are in the process of being validated by the CDC and signed off on by the Senior Assistant Commissioner and State Epidemiologist, Dr. Eddy Bresnitz. Thank you to all those who worked so hard to close "open" cases and eliminate duplicate cases from 2003 data. The final numbers, once accepted by the CDC, will be published in the next issue of the Communi-CABLE.

For programmatic help or program information regarding the CDRS, please call 609-588-7500. For technical support, please call 1-800-883-0059 (toll free) or 609-588-7551 (local calls). Patty and Latisha can also be reached by e-mail at: Patricia.jordan@doh.state.nj.us, Latisha.davis@doh.state.nj.us



CDRS Helplines:
1-800-883-0059

NJDHSS Co-Sponsors Professional Interpreter Workshop

As New Jersey becomes more ethnically and racially diverse, health care providers face growing challenges to ensure that patients with limited English proficiency (LEP) have access to adequate language services. As part of the Refugee Health Program (RHP), an ongoing initiative is to ensure that LEP arrivals receive culturally and linguistically appropriate health care services. This includes access to interpreter services and written materials translated into their native language. The importance of such services is underscored by the federal Office of Civil Rights (OCR) of the U.S. Department of Health and Human Services that mandates entities that receive federal funds, including health care organizations, must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each LEP patient. This is not a law, but rather a clarification of Title VI of the Civil Rights Act of 1964. Essentially, service providers who fail to provide meaningful access to individuals with LEP

are considered to be discriminating based on national origin.

During the past six months, the RHP contracted with the International Institute of New Jersey, Language Links Manager, Ms. Sophia Rossovsky, to provide the “Professional Interpreter Workshop,” a 16-hour training for bi-lingual health care employees designed to provide skills and methods for successful interpreting, cultural differences and barriers, interpreter professional code of ethics, and the legal regulations of Title VI. A total of five 16-hour sessions were held throughout the State, two at Meadowlands Hospital, two at Plainfield Health Center, a federally qualified health center (FQHC), and one at Atlantic City Medical Center. The workshop participants included bi-lingual staff, who interpret as part of employment from Federally Qualified Health Centers, public health departments, Visiting Nurse Associations and acute care hospitals.

Smallpox Spot

In an effort to continue New Jersey’s public health emergency preparedness and response initiatives, staff from the NJ Department of Health and Senior Service’s (NJDHSS) Communicable Disease Service-Bioterrorism Unit, conducted three half-day workshops to train registered nurses, physicians and pharmacists to be smallpox vaccinators. These were the first smallpox vaccinator trainings to be held since the Public Health Response Teams were vaccinated in March, 2003.

Due to the overwhelming demand for smallpox vaccinator training, the training sessions were presented as “train-the-trainer” programs. This will allow the NJDHSS to expand its reach and have a cadre of trained vaccinators to be able to train others to become smallpox vaccinators.

In addition to learning how to correctly administer smallpox vaccine, participants learned the history of smallpox, its etiology, how to read “takes” (to determine whether the vaccination was successful)

and how to report adverse events. A brief introduction to the New Jersey Preparedness Vaccination System (PVS) was also provided. Trainings were held in the north, central and south regions of New Jersey resulting in a total of 119 new individuals becoming trained in smallpox vaccination administration. There are currently more than 200 trained smallpox vaccinators



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.

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The NJDHSS Communicable Disease Service Includes:

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

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

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

Welcome to new NJDHSS Communicable Disease Service Staff!!

Jose Cortes—Technical Assistant 2 for the Bioterrorism Unit

Melissa Ristaino—Clerk Typist for the Vaccine Preventable Disease Program

Amelia Matlack—Research Scientist 3 for the STD Program

Amy Fink—Technical Assistant 3 for the Foodborne Disease Unit

Latisha Davis, Technical Assistant 3 for the Communicable Disease Reporting System

Josefina Mercedes—Public Health Representative 3 for the Vaccine Preventable Disease Program in Newark

Debra Virgilio—Research Scientist 2 for the Communicable Disease Reporting System

