

MONMOUTH COUNTY REGIONAL

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INDEX

Childhood Immunizations	1
Coastal Cooperative Monitoring Program (CCMP)	1
Communicable Disease	2
Emergency Preparedness	4
Flu/Pneumonia Clinics	5
Food Safety	5
Health Education Program	5
Health Officer Report	6
Lead Poisoning	6
Navesink River Project	7
NJCEPH	7
Public Health Nursing	8
Rabies Clinics and Animal Bites	8
Tobacco Age-of-Sale Program (TASE)	8
Tuberculosis	8

Childhood Immunizations

New Jersey Department of Health and Senior Services (NJDHSS) required influenza and pneumococcal (Prevnar) vaccination for the first time for children six to fifty-nine months who attend daycare, or public or private preschool. They were given from September 1 to December 31, 2008 to comply with this change. Also, sixth graders (children born on or after 1/1/97) were required to receive meningococcal and Tetanus/diphtheria/acellular pertussis vaccinations prior to school entry in the fall of 2008.

MCRHC prepared for this mandate by healthcare provider and parent education in the spring, and by assisting school nurses in the development of a letter for parents explaining the new requirements which could be sent out by the schools at the end of the 2007-08 school year. In April, we hosted a seminar given by NJDHSS on the immunization changes for fall.

Coastal Cooperative Monitoring Program (CCMP)

A "Rain Provisional Closure" has been in place since 2002 for the Spring Lake and Sea Girt beaches of: Brown Avenue and York Avenue in Spring Lake; and the Terrace and Beacon Beaches in Sea Girt (beaches nearest the outfall pipe). This policy requires that those beaches close for 24 hours when rainfall is ≥ 0.1 inch. If rainfall should be ≥ 2.8 inches, the closure would last 48 hours after rainfall ends. The rain provisional policy was based on CCMP data for fecal coliform that had been collected for the prior four years. There were twelve rainfall events during the 2008 bathing season (5/24/08-9/7/08); however, there were no beach closures due to bacterial contamination in our towns. There were fourteen days of rain-provisional closings at Brown and York Avenue beaches in Spring Lake. The highest bacterial count occurred on 7/24/08 following a rainfall of 1.23 inches (670 cfu). The 24-hour retest decreased to <10 cfu, implying a rapid return to water which was within normal limits.

The REHS assigned to Spring Lake, Sea Girt and Spring Lake Heights, Diane Bears, attended Wreck Pond Regional Stormwater management meetings monthly with the Health Officer. This group includes officials from the watershed communities (Wall, Sea Girt, Spring Lake and Spring Lake Heights), Monmouth County Health Department, Monmouth County Planning Board, town engineers, NJDEP and interested residents. The Regional Plan was developed in 2008 and is available online through the county website: <http://www.co.monmouth.nj.us/page.aspx?ID=3209>.

Several projects to reduce surface water pollution have already been funded and are underway. Remaining projects include dredging parts of the watershed, possible modification to outfall structure, waterfowl management plan and others as needed.

Proposals were sought in late 2008 for an agency to oversee formation of a Wreck Pond Commission and implementation of the Plan.

Communicable Disease

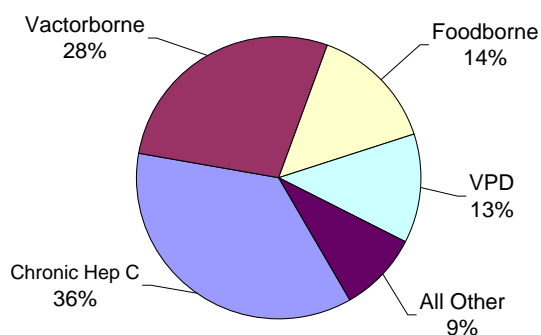
The Communicable Disease Reporting and Surveillance System (CDRSS) is a web-based system for healthcare providers and laboratories to report 63 reportable communicable diseases and conditions to the state and local health departments. The local health department has the responsibility to perform disease investigation for disease outbreaks, and gastroenteritis and respiratory outbreaks from the longterm care facilities and schools.

Figure 1 shows the proportion of the diseases reported for the MCRHC jurisdiction to CDRSS in 2008. The total number of disease reports was 350. Chronic hepatitis C made up the highest percentage of reports at 36%. Vectorborne diseases comprised 28% (predominantly Lyme disease). Roughly 14% was foodborne diseases, including campylobacteriosis, Salmonellosis, and shigellosis. The vaccine-preventable diseases (hepatitis B, streptococcus pneumoniae, and hemophila influenza) made up 13% of reports.

This breakdown mirrors that of most of New Jersey. These diseases are largely preventable through education and/or vaccination.

Figure 1.

Communicable Diseases Reported, MCRHC, 2008



Gastroenteritis and respiratory infection outbreaks are common at longterm care facilities (LTCF) and schools. In 2008, there were six outbreaks which sickened 91 people in our municipalities. Often, GI illness resolved without treatment within 24 to 72 hours. It was difficult to collect specimens for testing. The office has been working closely with the Infection Control staff in these facilities to control the outbreaks by providing recommendations and educational materials.

To assist in clarification of reporting of disease outbreaks by LTCFs, MCRHC addressed the issue by sending out a letter to each LTCF in our jurisdiction, explaining why, where, how, and what to report in a timely manner to their local health department (LHDs) in the event of outbreaks, and stated that LHDs are their supporters and resources in disease prevention and control. The letter was reinforced by the visitation of the Epidemiologist. The initiative established a good relationship with the infection control coordinators. It has shown a positive impact thus far on disease reporting and investigation.

Wedding Party Gastrointestinal Outbreak

A foodborne outbreak occurred among guests who attended a wedding party in March, 2008. There is no available evidence to link epidemiologically to a source of illness as no stool or food samples were collected. However, the incubation period and reported symptoms were suggestive that the causal agent was a norovirus. Fifteen out of 150 attendees complained about gastrointestinal illness. Nausea, diarrhea, and vomiting were the predominant symptoms.

Table 1.

Symptoms Reported

n=12

The disease incubation period was between 9 to 47 hours with a mean of 35 hours.

Information was also collected for food items consumed by individuals with the infection. But analysis was not performed because the information for the attendees who were not ill was not available. The host family declined to release the contact information upon interview.

Symptoms	Number	Percent
Nausea	10	83%
Diarrhea	11	92%
Vomiting	8	67%
Low Fever	5	42%
Body Ache	4	33%

Hepatitis A Case Investigation

Hepatitis A is not common. However, when it occurs, it is always an urgent matter. Hepatitis A is very contagious and postexposure prophylaxis (PEP) for close contacts must be completed within a limited time to be effective. About 80% of hepatitis A cases in 2008 were acquired outside the United States. A high school student residing in Holmdel tested positive for hepatitis A virus antibody IGM in September and was reported by the doctor's office a week late. The family traveled to India and returned with the illness. A list of five close contacts was developed. Within three days, all contacts had obtained prophylaxis.

Legionellosis

Legionellosis is considered one of the emerging infectious diseases and is acquired by breathing in a mist or vapor (small droplets of water in the air) that has been contaminated with the *Legionella* bacteria. The bacteria grow best in warm water, such as that found in hot tubs, cooling towers, hot water tanks, large plumbing systems, or parts of the air-conditioning systems of large buildings.

In March 2008, an 82 year old woman in Holmdel tested positive with legionellosis and 39 residents with respiratory infection symptoms, of which, 12 were diagnosed with pneumonia. The patient had multiple hospitalizations in different hospitals and stayed at multiple nursing homes.

The disease onset showed the possibility of infection at the current nursing home. The communicable disease program at the State led the investigation with infection control staff at the nursing home and hospital, LHD, and environmental health specialists. Two environmental walk-throughs of the nursing home and six water samples were collected. All samples were negative.

NJDHSS recommended that **a)** both nursing home and medical center review and revise preventive maintenance protocols, including quarterly filter changes, annual maintenance on the hot water heaters and the hot water system, and cooling tower maintenance contracted with an outside company; **b)** perform active surveillance for at least 6 months for additional legionellosis.

Haemophilus influenzae

Invasive infection occurs most commonly among children aged two months to three years. The H. influenzae type b (Hib) is the most pathogenic. Before the introduction of the Hib conjugate vaccine, Hib invasive disease was the leading cause of bacterial meningitis among children under five. Laboratories are required to send all specimens to the Public Health Lab (PHL) for serotyping. But investigation of the contacts should start before serotype outcome is available.

The trend in our municipalities shows an increase in incidence from 0 in 2005, 1 adult in 2006, 2 adults in 2007; to 2008, when there were five cases, (2 children under 5 and 2 seniors), one of whom died.

Summary

NJDHSS revised its reporting requirements slightly in late 2008 to take effect in early 2009. Education regarding these changes will be provided to local healthcare providers and healthcare facility infection control practitioners at that time. The MCRHC Epidemiology staff assures that communicable disease is prevented or controlled as rapidly as possible in our communities.

Emergency Preparedness

MCRHC collaborated with the Monmouth County Health Department to facilitate a compilation of MCRHC municipality First Responders into a countywide Medication Database, which would be utilized in the event of a widescale epidemic. First Responders include fire, police, first aid, office of emergency management (OEM), municipal officials and public health. First responders would need to receive medication such as antibiotics or antivirals quickly so they would be prepared to serve their communities. This is an ongoing effort.

MCRHC participated in a tabletop drill at the Red Cross with other Monmouth County area health departments and municipal OEM staff in 2008, which was conducted by the James Thomas Group. The focus was Pandemic Influenza. An after-action conference was held to develop an Improvement Plan. Primary strengths identified included improved cooperation and communication between agencies. Areas for improvement focused on a need to identify key private sector contacts as well as to further develop our OEM relationships and continue to provide training to staff.

We also provided education to the public on the new Special Needs Registry, which was developed by the NJ Office of Emergency Management (OEM) to enroll persons who would need assistance during an evacuation. Reasons to register could include physical disability, and medical or mental illness. Persons can either register themselves or a loved one online or by calling the Monmouth County OEM or by going to <https://www.deltafour.com/NewJerseySNS/>.

Flu/Pneumonia Clinics

We held 21 flu/pneumonia clinics in the fall of 2008 where 1,378 flu shots and 101 pneumonia shots were given. This was a decline of 133 injections from 2007. Our clinics ran from October 27 through November 25 (with a pediatric clinic in January 2009.) The clinics were held in fifteen municipalities.

Many more vendors provide influenza vaccinations today than in the past, and begin doing so earlier in October. We plan to begin our season earlier and consolidate some clinics in 2009 with an objective of improved cost-effectiveness.

Food Safety

In May of 2008, NJDHSS released its “Risk-based Inspection Report” and “Retail Food Inspection Report” for documenting retail food establishment inspections. These were developed in conjunction with the NJ Best Practices for Retail Food Protection Committee and are to be used to assist REHS staff in performing inspections in a standardized and uniform manner.

At the conclusion of a retail food establishment inspection each establishment is rated based upon the inspector’s findings. The establishment is issued an evaluation placard which must be posted in a conspicuous place near the public entrance. Each establishment is rated as one of the following:

- “Satisfactory” - The establishment is operating in substantial compliance with the retail food establishment codes.
- “Conditionally Satisfactory” - The establishment is not operating within substantial compliance within the food code. Due to the nature of the violation(s) the inspector will schedule a re-inspection.
- “Unsatisfactory” – The establishment was found operating with one or more violations that create an imminent hazard. The establishment is closed until conditions are corrected.

MCRHC REHS staff performed 1,195 initial food service inspections and roughly 240 re-inspections in 2008. The results of these inspections are published weekly in the Asbury Park Press. Beginning in 2008, they are also available for review by the public on our website.

Health Education Program

The Monmouth County Regional Health Commission was awarded a third year of a Pandemic Influenza grant for the purpose of educating the public on how to protect themselves should an event occur. Three Pandemic Flu programs were held, which follow: Ocean Township High School, Keyport Senior Center, and the Monmouth County Eastern Branch Library. For the flu season, educational materials on preventive steps against the flu were provided to residents during our flu clinics by the Health Educator.

“Diversity: Haitian Culture- Health Beliefs” was presented to the Regional Perinatal Consortium of Monmouth and Ocean Counties. The Health Educator participated in the Monmouth-Ocean Lead Consortium, the NJCEPH project, and the MAPP committee.

Health Fairs

The Monmouth County Regional Health Commission Health Educator provided educational materials on various issues such as leaded toys, vaccines, stroke, influenza, and other topics at the following health fairs: Red Bank Healthy Kids Days, Monmouth University student health fair, African American Festival at the PNC Art Center, Tinton Falls Community Day, and Keansburg Public Schools Fall Festival.

Educational Material

Through our participation in the MAPP Tobacco, Alcohol and Drugs committee, the Health Educator developed alcohol and drug abuse prevention posters for parents and teens which pediatric physicians and school nurses could post in their offices. For the first time this past year a quarterly newsletter was created on various health topics and environmental health issues. The newsletter was sent to town administrators so they could either provide it to their residents or place it in their towns' newsletters. Some of the topics covered were: the new vaccines requirement for the schools; proper disposal of household medication, pet waste disposal, the overuse of antibacterial products, and lead screening for children. The newsletter was also placed on MCRHC's revised website. The website was totally recreated in 2008 with the objective of both being more user-friendly and providing necessary health information to our residents.

Health Officer Report

The Health Officer began working in this position December 2007. She was awarded a fellowship for new public health officials from NACCHO in 2008 which will continue through August 2009. She has actively participated in the Monmouth County Public Health Consortium, the MAPP committee and Tobacco, Alcohol and Drugs subcommittee, NJ Health Officers Association (NJHOA), the Wreck Pond and Navesink River committees, and the Governmental Public Health Partnership (GPHP). In collaboration with the GPHP, she sought and obtained the NJCEPH grant from the NJHOA, which will focus on the improvement of childhood immunization rates in our county (see below).

The MCRHC Board agreed to promote Greg Nagy, REHS, to the position of Senior REHS effective January 2009, and Sandra Muller became a REHS in 2008.

The Health Officer developed a personnel policy manual, in collaboration with the MCRHC Personnel Committee, which will be completed early 2009. She worked to develop an emergency preparedness committee, comprised of health officer and REHS representation from each local health department in Monmouth County. She obtained 2008 Public Health Priority Funding (PHPF) from NJDHSS and funding for our TASE program (see below).

Lead Poisoning

Lead level screening is mandated for New Jersey children at one and two years of age. Minimally, they should have at least one lead test before their third birthday. Lead levels of > 20 ug/dL trigger an environmental investigation. Welligent LeadTrax software, web-based software, is now utilized to document any findings related to lead cases by all involved parties.

Our health educator, who began her position January 2008, served on the Monmouth-Ocean Lead Consortium and participated in several leaded toy seminars for families at locations such as the Eastern branch of the Monmouth County library and some local libraries.

Navesink River Project

The New Jersey Department of Environmental Protection (NJDEP) has been monitoring the quality of the Navesink River for many years. Elevated sampling results caused the river to be classified as “special restricted”. This classification allowed for the harvesting of shellfish only under strict conditions. In an effort to improve the quality of the water the MCRHC has been working with Red Bank borough officials and Monmouth County Health Department as well as the DEP. Areas of concern have been and will continue to be addressed as they are discovered. Some of the actions already taken include:

- A malfunctioning septic tank on River Road has been abandoned. The home is now connected to the sewer line.
- The septic tank at Sealand Marina has been taken out of use. DEP has granted a permit to install a new above ground system on the site.
- Several main sewer line collapses have been found and repaired.
- The Borough has contracted to extend the sewer line on Locust Ave. allowing several homes remaining on septic tanks to connect.
- Several larger buildings have made improvements to storm drainage systems to limit runoff into the river.
- A survey of trash collection areas along the river was conducted. Complexes with missing dumpster drain plugs & lids were contacted to make improvements.
- Red Bank is in the process of developing new ordinances to enclose dumpster areas with a roofed shed and to eliminate yard waste being deposited in the streets.
- A major source of waste water entering a storm drain on Maple Ave. was eliminated.

All parties involved will continue to work towards identifying possible sources of pollution with the goal of removing all restrictions from use of the river.

NJCEPH

The Monmouth County Governmental Public Health Partnership (GPHP) was awarded one of the two New Jersey Collaborative for Excellence in Public Health (NJCEPH) grant from the NJ Health Officers’ Association in September, 2008 to focus on working toward future voluntary accreditation of health departments. It is an ongoing program through the end of 2009 and has two target areas: customer service and reducing the incidence of vaccine-preventable diseases in children. The GPHP consists of:

- Colts Neck Health Department
- Freehold Area Health Department
- Long Branch Health Department
- Manalapan Health Department
- Middletown Health Department
- Monmouth County Health Department
- Monmouth County Regional Health Commission

Public Health Nursing

The Visiting Nurse Association of Central Jersey provides public health nursing services to Commission municipalities. These services include:

- Home visits to new mothers and their infants
- Immunization audits in some of our schools and daycare centers
- Home care for the uninsured and underinsured (nursing, physical/occupational therapy)
- Primary healthcare to the uninsured and underinsured through Federally-qualified Health Centers (FQHC)s in Asbury Park, Keansburg, Keyport and Red Bank
- Health screenings and education in many municipal senior sites as well as boarding homes

Rabies Clinics and Animal Bites

Human Rabies vaccine production was limited in the United States in 2008, leading to a NJDHSS requirement that healthcare providers seek approval of the local health officer prior to being able to order Rabies vaccine for a patient. Preexposure prophylaxis was only allowed for first responders in 2008 due to the shortage of vaccine.

MCRHC provided 648 doses of Rabies vaccine to area dogs and cats in 2008 (462 dogs, 186 cats) in fourteen municipalities. In comparison, in 2007 MCRHC provided 379 doses (258 dogs, 121 cats) through thirteen clinic sites. So this was an appreciable increase in 2008.

Tobacco Age-of-Sale Program (TASE)

REHS staff and the Health Educator participated in this program with teenage volunteers between the ages of 15-17. Initial inspections were made in July (92 visits) and August (37 visits). Two vendors attempted to sell tobacco products to the minor and were issued summons. Tobacco-related education was provided to vendors. The Health Educator also met with the Monmouth Regional High School REBEL group, which assisted in provision of education in Eatontown. Inspection costs were reimbursed by the NJDHSS TASE program.

Tuberculosis

There were eleven suspected or verified cases of active Tuberculosis (TB) in our jurisdiction in 2008, and a total of 31 cases in the county as a whole. Six cases completed therapy for the disease, and 37 contacts to these cases were identified and examined. Of those 37, fourteen were placed on prophylactic treatment through the Monmouth County TB Clinic. These statistics correspond to average numbers for our jurisdiction in previous years.

Plans for 2009

The Monmouth County Regional Health Commission plans to develop a procedure manual in 2009 which will include food service inspections, pool/beach inspections, immunization audits, septic inspections and communicable disease investigations. We plan to reorganize our flu clinics to make them as cost-efficient and user-friendly as possible.

We will continue to participate in the NJCEPH Project, which will enhance our efforts looking toward future voluntary accreditation as a health department. We will seek opportunities to work with our towns to offer health education to our residents, particularly in the areas of obesity, heart disease and diabetes prevention.

