

MONMOUTH COUNTY REGIONAL

HEALTH COMMISSION #1

ANNUAL REPORT

2009

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Monmouth Cancer Coalition

The Monmouth County Regional Health Commission (MCRHC) is a member of the Monmouth Cancer Coalition, which held its inaugural “Choose your Cover” campaign this year on July 25. This event had begun in Ocean County in 2008. Five sites participated in our county: Bradley Beach, Asbury Park, Long Branch, Highlands and Sea Bright. MCRHC staff volunteered at the Highlands site, and our health educator provided follow-up calls to persons who were found to have any abnormality. She ensured they received healthcare alternatives for further evaluation. This was a very successful project, which will be continued in 2010.

Childhood Immunizations

New Jersey Department of Health and Senior Services (NJDHSS) again planned to require influenza vaccination for the first time for children six to fifty-nine months who attend daycare, or public or private preschool. Originally, this was to have been required for the 2008 season, but was delayed due to a lack of pediatric vaccine. Children were given from September 1 to December 31, 2009 to comply with this change. However, due to the advent of H1N1 influenza and the subsequent lack of sufficient pediatric seasonal flu vaccine once again, the mandate was dropped for the 2009 school year.

School immunization status reports, usually due to NJDHSS by January of the following year, were delayed until March 2010 (also due to the effect of the H1N1 pandemic).

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.

Higher than average precipitation fell during the 2009 bathing season. Rainfall occurred on 12 out of 16 weekends this past summer. Beaches affected by the provisional rainfall policy were closed 26 days this summer due to rainfall greater than 0.1 inches. High bacteria levels occurred on two different occasions in August. Resample results the following day were satisfactory.

Wreck Pond Regional Stormwater Management meetings were held on the 2nd Tuesday of each month. Progress was made in the formation of an implementation committee which will consist of one representative from each of the watershed towns, a NJDEP representative, and a county representative. An executive committee would consist of a technical advisory committee, a citizens advisory committee and a funding committee, and would be formatted similarly to the Barnegat Bay Estuary Commission. The U.S. Army Corps of Engineers will be involved in a watershed reconnaissance study that will be completed by June, 2010. This study will pave the way for a General Investigative Feasibility (shared cost) Study if funding can be obtained.

Once the studies have been completed, funding for projects such as dredging and other identified projects may be available. Fourteen of the 37 planned manufactured stormwater treatment devices will be installed in the watershed in late winter. The additional

23 are needed, but are not funded at this time. Permits are in the process of being issued for the remaining Ridge Road project and Keller Pond project.

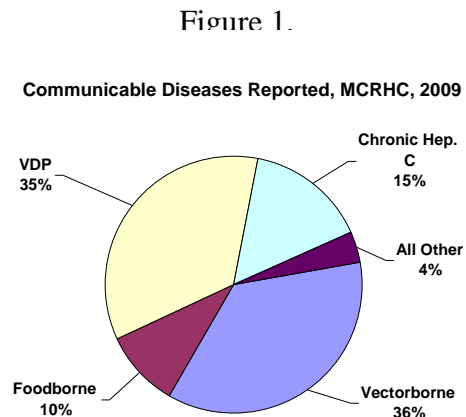
The REHS assigned to Spring Lake, Sea Girt and Spring Lake Heights, Diane Bears, attended Wreck Pond Regional Stormwater management meetings monthly with the Health Officer. This group includes officials from the watershed communities (Wall, Sea Girt, Spring Lake and Spring Lake Heights), Monmouth County 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: [://www.co.monmouth.nj.us/page.aspx?ID=3209](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.

Communicable Disease

The Communicable Disease Reporting and Surveillance System (CDRSS) is a web-based system for healthcare providers and laboratories to submit reportable communicable diseases and conditions to the state and local health department. The local health department has the responsibility to perform disease investigations and recommend controls for foodborne outbreaks, and gastroenteritis and respiratory infections from the long term are facilities and schools.

Figure 1 shows the proportion of diseases reported in CDRSS for MCRHC jurisdiction, 2009. The total number of diseases reported was 521, including cases marked as confirmed, probable, and under investigation. Of the total, vectorborne and vaccine-preventable diseases constituted 36% and 35% respectively. Chronic hepatitis C (15%) was next most reported, followed by foodborne diseases (10%). Among the vectorborne diseases, Lyme disease was the primary type report (89%). Foodborne diseases reported were salmonellosis, campylobacteriosis, and shigellosis.

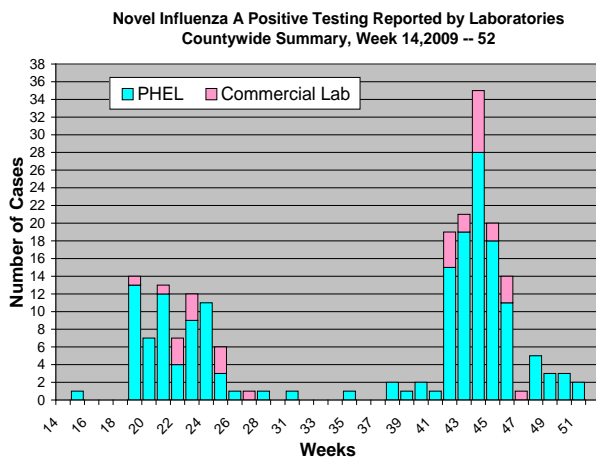


Influenza Influenza A represented 19% of the total number of diseases reported for the MRCHC jurisdiction. Of this, 6% were confirmed with 2009 H1N1 virus and 13% were Influenza A without subtyping.

The countywide weekly report (Fig. 2) shows only the confirmed H1N1 virus circulating in Monmouth County in 2009. It does not imply statistics of H1N1 flu incidence.

The first case in Monmouth County was reported on April 27, 2009. A 43-year old woman traveled to Cancun, Mexico, from April 15 to 20 and presented with flu symptoms two days later. The figure also depicts the first wave of H1N1 virus circulation in Monmouth County from week 19 ending May 23. The affected population was community school children. The second wave began week 42 ending October 24, for 5 weeks (October 18 to November 21), peaking week 44 (November 1- 7). The second attack was more severe but shorter compared to the first wave. Among the confirmed H1N1 cases, about 41% were school children aged 5 to 19 years old.

Figure 2.



Statewide Investigations Each year, there are multiple state wide outbreak investigations. In 2009, the following affected the MCRHC jurisdiction significantly.

1. Hepatitis B Investigation NJDHSS and Ocean County Health Department (OCHD) investigated a possible acute hepatitis B outbreak associated with a healthcare provider in Toms River. NJDHSS and OCHD notified 2,800 patients in March 2009, recommending they be tested for hepatitis B and other blood borne viruses as a precaution. One-hundred eight (108) individuals tested positive for hepatitis B virus or antibodies in their blood. Toms River geographically is close to the MCRHC jurisdiction. Per the NJDHSS request, much effort was made to investigate all the hepatitis B patients within the age range and time period reported in CDRSS. It was difficult to identify a related case because almost 95% of reports of hepatitis B are chronic and often we are unable to obtain the information link to a source of infection.

2. Mumps Investigation Mumps outbreak 2009 was the largest since 2006 in the United States. From August to October 30, 2009, a total of 179 confirmed or probable cases had been identified from multiple locations in New York and New Jersey, and an additional 15 cases had been reported from Canada. Of the total, 40 cases were reported in Ocean County, New Jersey (CDC *MMWR*, Nov. 12, 2009). MCRHC received two mumps reports from August 1 to December 15, 2009, (one confirmed and one probable). Both cases had travel history during the incubation period but the investigations did not reveal information epidemiologically linked to the multi-state mumps outbreak. However, looking back over the past eight years, no mumps had been reported in Monmouth County prior to this.

Gastroenteritis (GI) and Respiratory Infection Outbreaks are common at longterm care facilities (LTCF) and schools. In 2009, there were twelve outbreaks (3 LTCFs and 9 schools) which sickened 814 people in MCRHC municipalities. Often, GI illness resolved without treatment within 24 to 72 hours. Specimen collection to confirm the etiology is a big challenge due to a lack of ability to obtain them by providers, schools, and patients. The nine outbreaks from schools were characterized by influenza-like illness and mostly reported in late October and early November, 2009. The office worked closely with the Infection Control staff to control further spread of the disease by providing recommendations and educational materials, and assistance for specimen collections.

Foodborne Disease Outbreak One weekend in March, a MCRHC registered environmental health specialist (REHS) received complaints of gastrointestinal infection for patrons who attended a birthday party at a restaurant in Red Bank. Per information collected from the interviews, nine ate at the restaurant and one had the leftover at home. Eight out of ten eating the food items were ill with diarrhea and stomach cramping. Fever and vomiting were absent. The mean incubation period was 8.6 hours with a range of 6.5 to 9.5 hours and the mean duration was 26 hours (range of 12 to 31 hours). No stool or food samples were tested. However, the incubation period and reported symptoms suggested that the causal agent may have been rice. REHS further inspection revealed that the restaurant did not use proper procedures to cool potentially hazardous foods and did not hold the rice at proper temperature. Education was provided by REHS staff to the food workers.

Shigella Infection Outbreak One school in Ocean Township had a shigella outbreak among students in January 2009. There were 8 lab-confirmed cases and 2 suspected cases. The index case was a 3 year old boy from the daycare unit. Five cases were from the first-grade classes, and one parent. The major symptoms were diarrhea and vomiting.

The school was inspected by REHS staff and the Epidemiologist. During the visit, the following issues were identified: 1) there was no sink for hand washing after changing diapers in the daycare unit; 2) the limited hand washing facility for ritual performance was old and not well-maintained. Control and prevention measures were discussed with the school nurse and the facility manager. To prevent future infection, the school was advised to resolve issues identified.

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 post-exposure prophylaxis (PEP) for close contacts must be completed within a limited time to be effective. In 2009, MCRHC received five reports of hepatitis A. Three of them were not cases upon further investigation. The following was a confirmed case. On a Friday in April, MCRHC received a report that a 43-year old woman residing in Rumson tested positive for hepatitis A antibody IgM and elevated liver function. During the infectious period (3 weeks), the patient attended a family gathering with a buffet meal. With the cooperation of the patient, a close contact list was developed for post-exposure prophylaxis (PEP). Through calculation of the timeframe, the PEP had to be administered by the next day, which was Saturday. The Health Officer obtained medications and held a special clinic. Six people attended on Saturday morning. Five received immunoglobulin and one had hepatitis A vaccine.

The MCRHC Epidemiology staff assures that communicable disease is prevented or controlled as rapidly as possible in our communities.

NJ Collaborative for Excellence in Public Health Grant Project

The Monmouth County Governmental Public Health Partnership (GPHP) jointly participated in the New Jersey Collaborative for Excellence in Public Health. The goal of the project was to assess vaccine coverage for children at 24 months of age in Monmouth County. The process utilized was to obtain 10% samples randomly from the population aged 36 to 59 months as of May 28, 2009 from private and public preschools countywide when REHS performed their immunization yearly audit. CDC CoCASA software was used to analyze the data. 618 records were analyzed.

Roughly 70% children completed required immunizations (4:3:1:3:3:1)* by 24 months; (Healthy People 2010 target is 90%). About 18% children were late in obtaining their immunizations and 11% children did not have complete vaccinations by 24 months of age. Only 33% children received MMR vaccine on schedule and 66% children were late for this vaccination.

Based on the survey results, the working group has identified possible barriers and plans to develop targeted educational intervention for parents and healthcare providers. The survey provided the project with Monmouth County vaccination coverage baseline data. A reassessment has been planned for the future after an educational program has been initiated.

- 4:3:1:3:3:1 --- 4 DTaP, 3Polio, 1MMR, 3HIB, 3HepB, 1Var, 4PVC

Emergency Preparedness

MCRHC participated in an H1N1 drill with other Monmouth County area health departments and municipal OEM staff in early fall, 2009, in preparation for the upcoming H1N1 clinic "season. This drill occurred in Colts Neck and Long Branch to test our capability to run flu clinics held in different locations simultaneously. Primary strengths identified included improved cooperation and communication between agencies. The primary area of concern is the lack of available staff were a true emergency to occur wherein we needed to vaccinate the entire county within a short timeframe. The second area of concern was a lack of sufficient vaccine. However, all local health departments shared staff and volunteers well.

We continue to provide education to the public on the 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 by calling the Monmouth County OEM or by going to [://www.deltafour.com/NewJerseySNS/](http://www.deltafour.com/NewJerseySNS/) online.

Flu/Pneumonia Clinics

We held 21 flu/pneumonia clinics in the fall of 2009 where 2,019 flu shots and 105 pneumonia shots were given. This was an increase of 716 flu injections from 2008. Our clinics ran from September 29 through October 28. We held the clinics roughly one week earlier than usual to incorporate planning for H1N1 flu clinics which followed. The clinics were held in seventeen 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 as early next year and evaluate clinic schedules with an objective of improved cost-effectiveness.

H1N1 Influenza Clinics

We have held 38 first dose school-located H1N1 clinics for our 25 municipalities, including several private schools; and 22 second dose clinics (list attached at end). Initially the clinic target group was focused on students and pregnant staff. School clinics began on Nov. 13, 2009 and will not be completed until after the first week of February 2010. Beginning Jan. 1, 2010, staff will also be offered vaccine when we return for second dose clinics for those students under the age of 10.

Also, we have held open public clinics. These public clinics were open to anyone regardless of residence (as long as they lived in NJ); but until late December we only vaccinated the CDC-designated target groups. Public clinics were held in Tinton Falls on Nov. 4, 2009 and several are planned for 2010, as well as clinics for municipal employees. One appointment-only clinic was held in our office over the Christmas holiday break. Through December 31, we administered roughly 9000 doses of vaccine. On October 19, 2009, a joint clinic was held with the Monmouth County Health Dept for EMS/ 1st responders at Middletown High School South.

MCRHC employees have also worked collaboratively with other local health departments in their H1N1 public and school-located clinics (Middletown HD, Long Branch HD, Colts Neck HD, Freehold HD, Manalapan HD, Monmouth Co. HD). In particular, the Monmouth Public Health Consortium (Long Branch HD, Colts Neck HD, Freehold HD, Manalapan HD, Middletown HD) have shared staff for all their public clinics. This has been an evolving and much appreciated collaboration.

The following lists school-located clinic dates held thus far:

11/13/09	Spring Lake
11/17/09	Highlands and West Long Branch
11/20/09	West Long Branch (HS) and Red Bank Regional HS
11/23/09	St. Jerome's and Red Bank Regional
11/24/09	Monmouth Beach
11/25/09	Highlands HS
11/30/09	Rumson Holy Cross
12/1/09	Keansburg and Red Bank Middle School Clinics
12/2/09	Keansburg Elementary, Red Bank Primary
12/3/09	Holmdel
12/4/09	Shrewsbury
12/5/09	Eatontown
12/7/09	Brielle, Ocean Twp.
12/8/09	Ocean Twp.
12/9/09	Keyport, Ocean Twp.
12/10/09	Tinton Falls
12/11/09	Eatontown Harbor School, Tinton Falls Middle School
12/12/09	Ranney School
12/14/09	Eatontown School for Children, Ocean Twp.
12/15/09	Ocean Twp.
12/16/09	Sea Girt, Spring Lake, Red Bank, Holmdel
12/22/09	West Long Branch

Food Safety

MCRHC REHS staff performed 1,235 initial food service inspections and roughly 330 re-inspections in 2009. The results of these inspections are published weekly in the Asbury Park Press, and are also available for review by the public on our website. Our health educator will begin offering Servsafe food safety certification classes in January.

Health Education Program

- Conducted a three-day workshop at the Ocean Twp. High School for faculty on adolescent health issues such as drugs, alcohol, and eating disorders
- Presentation on head lice and bed bugs for Keyport Head Start
- Partnered with the Monmouth Regional High School to conduct a tobacco education program for local stores. Students from the high school and the health educator went to convenience stores to educate store clerks and owners about the importance of not selling tobacco to minors.
- Conducted a health education program on universal precautions, H1N1 flu, and MRSA for Eastern Steele.
- Presentation on bed bugs for the senior center in Keyport and Red Bank senior center.
- MCRHC Health Educator conducted a rat control presentation at Fair Haven borough hall for the residents due to the increased sighting of rats in the town.
- Conducted many H1N1 flu presentations because of the pandemic that occurred in 2009.

Health Fairs

The Monmouth County Regional Health Commission was invited by various cities, schools, and organizations to attend their health fairs with educational materials on issues such as bed bugs, mosquitoes control, rats, and head lice, among others. The MCRHC Health Educator attended the following health fairs: Red Bank Charter School back to school night, Monmouth University student health fair, Tinton Falls Community Day, YMCA Children's Day, Keansburg Public Schools Fall Festival, Lead Awareness Day, and Kids Health Fair at Fort Monmouth.

Educational Material

Through our participation in the MAPP Tobacco, Alcohol and Drugs committee, the Health Educator developed alcohol and drug abuse treatment option cards for consumers and healthcare providers, which physicians and school nurses could post in their offices. Our quarterly newsletter continued to be made available online and as hard copy. Our newsletter was sent to town administrators so they could provide it to their residents or place it in their towns' newsletters. Some of the topics covered were: H1N1 influenza; food safety, and environmental risks for children.

Health Officer Report

The Health Officer's fellowship for new public health officials from NACCHO, received in 2008, continued through August 2009. She has thus far 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 focused on the improvement of childhood immunization rates in our county (see above).

The Health Officer developed a personnel policy manual, in collaboration with the MCRHC Personnel Committee, which was completed early 2009. Public Health Priority Funding (PHPF) was obtained for 2009 from NJDHSS, as well as H1N1 Response Funding.

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 currently 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 serves on the Monmouth-Ocean Lead Consortium.

Navesink River Project

The New Jersey Department of Environmental Protection (NJDEP) has been monitoring the quality of the Navesink River for many years. 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 NJDEP. Areas of concern have been and will continue to be addressed as they are discovered. An ordinance requiring maintenance by the proprietor of commercial grease traps was enacted in 2009.

A survey of trash collection areas along the river is periodically conducted. Complexes with missing dumpster drain plugs & lids are contacted to make improvements. 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.

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

MCRHC provided 648 doses of Rabies vaccine to area dogs and cats in 2009 (413 dogs, 145 cats) in eleven municipalities. In comparison, in 2008 MCRHC provided slightly more vaccinations. We held one extra clinic in Brielle due to a rabies outbreak in raccoons in nearby Point Pleasant, at the request of NJDHSS.

There were 255 terrestrial animal rabies cases and 32 bat cases in 2009 in New Jersey, which is a similar number to 2008. However, there were more raccoons and less bats testing positive in 2009 as compared with 2008.

Tobacco Age-of-Sale Program (TASE)

Due to funding cuts at NJDHSS, the TASE program was eliminated for 2009. This program was a very important tool in our fight against underage tobacco use; hopefully it will be refunded soon. We continue to respond to any complaints of smoking in food establishments, however.

Tuberculosis

There were four suspected or verified cases of active Tuberculosis (TB) in our jurisdiction in 2008, and 11 contacts to these cases were identified and examined . There were a total of 14 cases in the county as a whole. This was a perceptible decrease from 2008, but does not indicate a trend.. Of those fourteen cases, 242 total contacts were identified. These statistics correspond to average numbers for our jurisdiction in previous years.

Plans for 2010

The Monmouth County Regional Health Commission plans to complete the procedure manual we began developing in 2009, which includes food service inspections, pool/beach inspections, immunization audits, septic inspections and communicable disease investigations.

We will develop educational tools to increase immunization rates, from data compiled during 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. We look forward to welcoming Wall Township to our Commission in January.

We have updated our Pandemic Influenza Plan in response to the H1N1 pandemic experience.