New Jersey’s Health Care Professionals Deserve Our Thanks

By Mary E. O'Dowd, MPH, Commissioner, New Jersey Department of Health and Senior Services

On behalf of Gov. Chris Christie and Lt. Gov. Kim Guadagno, I would like to extend my thanks and those of the Department of Health and Senior Services to all of those first responders, health care professionals, community partners and volunteers for their work during Hurricane Irene and their ongoing efforts to help those displaced by record flooding.

During the most difficult of times is often when we see the most extraordinary acts of service, collaboration and caring. As one of the most devastating natural disasters to hit our state, first responders, health care professionals and other partners performed heroic acts across the state. New Jersey EMS professionals assisted in thousands of evacuations and answered scores of 911 calls. County and local health professionals, hospital and nursing home administrators, physicians, nurses and other health care workers left their families and homes—and in many cases worked double and triple shifts—to provide necessary care.

Strong partnerships among health care facilities became critical in ensuring continuity of care for patients. As facilities that became flooded were forced to evacuate, neighboring hospitals and health care facilities took in displaced patients. Nearly 40 health care facilities—including three hospitals—evacuated residents either partially or completely. These facilities worked together to ensure that 3,530 evacuees remained safe and sheltered.

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The backbone of our health care system—our physicians, nurses, health care workers, and EMS professionals demonstrated the highest level of professionalism and dedication. New Jersey hospitals, which are critical to response and recovery from any natural disaster, executed their emergency plans to ensure minimal disruptions in patient care. I want to thank all of New Jersey’s health care workers and the leadership of our hospitals and long term care facilities for the outstanding service provided to residents during Hurricane Irene.

The Department’s Health Command Center communicated regularly with the health care community prior to, during and after the storm. The flow of information was essential to understanding what was going on in com-
What is your Flu IQ?

It’s that time of the year again—Flu Season. Listed below are some commonly asked questions about the upcoming flu season. So get ready to test your Flu IQ!

Q: What will be included in the 2011-2012 flu vaccine?
A: The seasonal flu vaccine protects against three influenza viruses that research indicates will be most common during the upcoming season. The 2011-2012 influenza vaccine will protect against the following 3 viruses:
   - an A/California/7/2009 (H1N1)-like virus;
   - an A/Perth/16/2009 (H3N2)-like virus; and
   - a B/Brisbane/60/2008-like virus.

These are the same viruses that were selected for the 2010-2011 influenza vaccine.

Q: If the influenza vaccine composition is the same for the upcoming season as it was last season, do I need to get vaccinated again?
A: Yes. People should get vaccinated every year because even if the viruses in the vaccine are the same as the year before, immunity to influenza viruses declines over time and may be too low to provide protection after a year. This fall, everyone 6 months and older should get vaccinated against the flu as soon as 2011-2012 influenza vaccines become available, even if they got vaccinated last season.

Q: What types of flu vaccines are available?
A: There are two types of flu vaccine available. The first is an inactivated vaccine given as a shot, which has been used for many years. The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions.

The second is a live, attenuated (weakened) vaccine, which is sprayed into the nose. It is also known as a live, attenuated, influenza vaccine. The brand name is FluMist™. It is not for everyone. It is approved for use in healthy people 2 through 49 years of age who are not pregnant.

Q: What is the intradermal flu shot?
A: Fluzone Intradermal® was licensed by the Food and Drug Administration (FDA) for use in the United States for the 2011-2012 flu season. It is a shot that is injected into the skin instead of the muscle. The shot uses a much smaller needle than the regular flu shot, and it requires less antigen to be as effective as the regular flu shot. It has been approved by the FDA for use in adults 18 through 64 years of age.

Q: What is the high dose flu vaccine?
A: Fluzone High-Dose is an influenza vaccine designed specifically for people 65 years and older. Fluzone High-Dose vaccines contain 4 times the amount of antigen contained in regular flu shots. A higher dose of antigen in the vaccine is supposed to give older people a better immune response and therefore better protection against flu although studies are still underway. The CDC has not expressed a preference for this product or another TIV product for people over the age of 65.

Q: How effective is the flu vaccine?
A: The flu vaccine is the best protection against the flu. The ability of the flu

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Stand Tall Against Falls

Fall Prevention Awareness Week is Sept. 19-25, 2011

Falling down is too often a painful part of getting older. With age, the risk of falling increases and injuries suffered cost more. In the United States, it is estimated that one third of all seniors over the age of 65 and one half of seniors over the age of 80 will fall this year, resulting in medical costs exceeding $27 billion.

The good news is that most falls are preventable. To highlight fall hazards and increase awareness about how to prevent and reduce falls, Governor Chris Christie has proclaimed the first week of Fall, September 19-25, 2011, as “Fall Prevention Awareness Week.”

The Department of Health and Senior Services (DHSS) has launched a Fall Prevention Awareness Week website complete with fact sheets, tip sheets, a home safety assessment tool and other useful information and resources for seniors, their families, health care professionals and the public.

During Fall Prevention Awareness Week several aging and health network organizations around the state will host health fairs and screenings, fitness walks, and lectures to raise awareness about the seriousness of falls and ways to reduce the risk of falling.

DHSS will also unveil the latest addition to its now seven-session, prepackaged, ready-to-use HealthEASE educational curriculum – a one-hour session aimed at reducing falls. The new interactive session developed by the New Jersey Institute for Successful Aging at UMDNJ, is titled Standing Tall Against Falls and includes a PowerPoint presentation, handouts, and a pre- and post-test. The Institute will preview the session in Camden on September 27. Facilitators will be trained in October to begin delivering the new module to seniors statewide starting in November.

These simple tips may help you, or a loved one avoid a fall:

- Exercise regularly. It increases strength, flexibility and balance
- Have your eyes checked by a doctor at least once a year
- Wear the right footwear. The safest shoes fit your feet, have low heels, non-slip soles, and lace up or are secured with fabric fasteners
- Make your home safer by removing fall hazards and improving lighting
  - Remove clutter like loose papers, boxes, wires, and phone cords from walk paths and stairways
  - Make lights brighter, especially in stairways. Consider a nightlight in the bath, bedroom, and hallways
  - Install bath grips or grab bars in your tub or shower
  - Use non-skid liners under rugs. Or, better still, remove all throw rugs
- Ask the doctor or pharmacist to review your medicines—both prescription and over-the-counter
  - Many medicines can cause side effects such as weakness or dizziness
  - Taking four or more medications increases your risk for a fall
September is an exciting time for many schoolchildren who are looking forward to reuniting with old friends or eager to start at a new school. With back-to-school in full swing, motorists should observe reduced speed limits around schools and stop and stay stopped whenever they see a school crossing guard and children in the crosswalk.

Crossing guard safety has been the focus of a DHSS educational intervention following the investigation of the death of an adult school crossing guard in 2005. In New Jersey, approximately 5,390 crossing guards were employed in 2010, the fourth highest number in the nation. School crossing guards in New Jersey are employed and trained by municipal police departments. Provisions for hiring and training qualified individuals have long been established by New Jersey State Law and administrative rule N.J.A.C. 40A:9-154.1-3. In recent years, N.J.A.C. 39:4-80.1 and N.J.A.C. 39:4-36 established fines for motorists who a) fail to comply with a crossing guard’s signal to stop and b) do not stop for pedestrians in a marked crosswalk.

Job-related hazards associated with New Jersey adult school crossing guards are of serious concern. From 1993 to 2008, the DHSS’ Fatality Assessment and Control Evaluation (FACE) Project identified 14 crossing guard fatalities in New Jersey. All incidents involved motor vehicles and local government employees. An additional 121 crossing guards suffered injuries serious enough to require full days away from work as a result of motor vehicle-related accidents.

The DHSS FACE project has published a hazard alert, Crossing Guards: Be Seen, Be Safe, that outlines precautions that these workers can take to protect themselves and the children who rely on them for their safe passage to school. The alert has been issued to all 534 police departments in the state. This DHSS public health intervention has garnered national recognition and is currently featured on the National Institute for Occupational Safety and Health web site.

For more information regarding school crossing guard safety, please visit: http://nj.gov/health/surv/crossingguards.shtml.
Hippocrates: This web-based, interactive software system captures, manages, displays and disseminates real time health information to more than 1,000 users. During Hurricane Irene, it was an essential tool for sharing time-sensitive information with health community partners. It provided current hospital capacity/divert status, EMS status, updated lists of which health care facilities evacuated and which were on generator power. Along with DHSS, users include local and county health departments and LINCS agencies; Healthcare entities; EMS agencies & dispatch; state agencies, NJ Regional Operations Intelligence Center (ROIC); law enforcement; federal agencies; and other external partners.

NJLINCS: The New Jersey Local Information Network and Communications System Health Alert Network (NJLINCS HAN) is one piece of the Department’s electronic public health emergency notification system. NJLINCS HAN is web-based and supports the preparation, response and recovery phases of emergency events that have potential public health consequences. Created in 1997, NJLINCS HAN consists of three sectors (public health, health care, and community) and has more than 30,000 participants including all local health departments, 20 county and one city health department, hospitals, emergency medical services, schools and public/private organizations. Before Irene, hurricane preparedness messages, FAQs, and links were posted on NJLINCS; after the hurricane, CDC links, fact sheets and messages on flooding, power outages, mold clean up, and food and water safety were shared.

HCC: Opened in June 2007, the Health Command Center (HCC) is a facility within the Health and Agriculture headquarters in Trenton that functions as the operations and communications focal point for the statewide network of public health response partners in New Jersey. Hippocrates, the web-based software system used by the HCC, provides critical information on the health care delivery system in real-time. DHSS efforts are coordinated with the NJ State Police Regional Operations Intelligence Center (ROIC) and the State Office of Emergency Management (SOEM) and other federal and state agencies via the HCC. HCC also facilitates communications. For example, the HCC provided outreach to long-term care facilities during and after Irene to monitor their status and help communicate needs for evacuation assistance to the SOEM.

ROIC: The Regional Operations and Intelligence Center (ROIC—pronounced “rock”) in West Trenton was established in 2006 and serves as the central clearinghouse for information on all current requests and responses during a statewide or national emergency. During Hurricane Irene, representatives from many state agencies were stationed at the ROIC to serve as conduits of critical information—both to and from the ROIC. The ROIC serves as a primary point of contact for collection, evaluation, analysis and sharing of information enabling a joint response coordinating assets across agencies. Representatives at the ROIC work in an integrated fashion to increase public safety and security, thwart or reduce the risk of injury, and mitigate or minimize the risk of damage to real or personal property. During Hurricane Irene, representatives at the ROIC included NJ State Police, NJ Dept. of Homeland Security, DOT, DHS, DHSS, BPU, JCP&L, NJ National Guard, DOC, Treasury, FEMA, etc.

Other fast stats:
Total DHSS at the ROIC/HCC: 53 staff worked at least one 12 hour shift from Aug. 26 through Aug. 31.
vaccine to protect a person depends on at least two things: the age and health of the person getting the vaccine, and the similarity or “match” between the virus strains in the vaccine and those being spread in the community. Vaccine effectiveness is not 100%, and some people can still get the flu. For instance, some older people and people with certain chronic illnesses might develop less immunity than healthy young adults after vaccination. However, even for these high-risk individuals, the flu vaccine still can provide protection against severe complications from the flu.

Q: Who should get the flu vaccine?
A: Everyone 6 months and older should receive a flu vaccine each year.

Q: How do you determine the number of doses of 2011-2012 flu vaccine needed for children 6 months through 8 years?
A: All children ages 6 months through 8 years who receive a seasonal influenza vaccine for the first time should be given 2 doses a minimum of 4 weeks apart. Since the 2011-2012 vaccine strains are unchanged from last year, children in this age group who received at least 1 dose of the 2010-2011 seasonal vaccine need only 1 dose this season. Children in this age group who did not receive at least one dose last year, or whom it is not certain whether the 2010-2011 vaccine was received, should receive 2 doses.

Q: How long after I receive a flu vaccine will I become immune to the flu virus?
A: About two weeks.

Q: Does getting a flu vaccine early in the season mean that I will not be protected later in the season?
A: No. Flu vaccination provides protection against the influenza strains contained in the seasonal vaccine for the entire season.

Q: Can individuals with egg allergies now receive the flu vaccine?
A: A severe allergic reaction (e.g., anaphylaxis or a reaction involving angioedema (similar to hives but swelling is under the skin), respiratory distress, lightheadedness, or recurrent vomiting; or which required emergency medical care or epinephrine), no matter what component may have caused the reaction, is a contraindication to future receipt of the vaccine. However, several recent studies have documented safe receipt of the flu shot in people with egg allergy, particularly those with a history of less severe reactions to egg. Egg allergic people who experience mild reactions to egg — specifically, those who have only experienced hives — can and should receive the influenza vaccine with some additional safety measures: vaccine should be given by a health care provider who is familiar with the subject of egg allergy; a flu shot should be used rather than nasal spray and the recipient should be observed for at least 30 minutes by their health care provider for possible reactions.

For more information, visit the CDC Seasonal Flu webpage at http://www.cdc.gov/flu/
DHSS was awarded $950,790 from the U.S. Department of Health and Human Services to enhance the state’s public health infrastructure and strengthen the public health workforce.

The grant is part of the Centers for Disease Control and Prevention’s National Public Health Improvement Initiative (NPHII). This is the second year DHSS is receiving funding under the Strengthening Public Health Infrastructure for Improved Health Outcomes grant program.

DHSS will use the funding to increase efficiencies of program operations, increase use of evidence-based policies and practices, and increase readiness to achieve public health accreditation.

The Department will also create an Ambulatory Surgery Center Health Care-associated Infection Surveillance Program within the Office of Health Care Quality Assessment to reduce surgical site infection rates within these facilities.

Studies of Interest:


**Smokers are Smoking Less** - Fewer heavy smokers while light smokers on the rise, but even occasional smoking can cause harm.
ties across our State as the emergency evolved, dealing with emergent health issues and responding to critical needs.

The aftermath of Hurricane Irene has been just as daunting as the hurricane itself with record flooding devastating many communities, especially in the northern part of our state. The great need in these communities is ongoing. With the demonstrated strength of our health care community, together we will continue to support and care for our residents during this recovery.

N.J. Families with Special Needs Children Can Lean on Support Network

Under the leadership of the Department of Health and Senior Services (DHSS), a statewide network of county Special Child Health Services (SCHS) units provides case management services for New Jersey families of children with special healthcare needs.

Families who seek assistance from their county SCHS unit have the support of a family resource specialist, who is a parent of a special needs child who has undergone intensive training.

Family resource specialists, who work on a part-time basis, are funded by DHSS in partnership with the Statewide Parent Advocacy Network (SPAN). DHSS also supports SPAN’s Parent to Parent program, which connects families of children with special needs to “support parents,” who help families at critical moments: when their child is first diagnosed, during transitions and at times of crisis.

The specialists also partner with SPAN’s Family to Family Health Information Center, which offers parents training, technical assistance and advocacy in the healthcare and behavioral health system. The center works in conjunction with the DHSS Office of Special Child Health and Early Intervention to achieve six core outcomes for children with special health care needs: family satisfaction with services, access to early and continuous screening; access to a medical home; access to community-based services; adequate public and private insurance and healthcare financing to pay for needed services; and transition to adult care. The center also offers workshops and publications.

Please visit www.spannj.org, or call 800-654-SPAN for more information.

Heroic Care, continued from page 1

Hurricane Irene heads up the East Coast of the United States. Photo from the Star Ledger.
Healthy New Jersey 2020 Sets Public Health Agenda
By Colette Lamothe-Galette

For more than 30 years, the Department of Health and Senior Services has led New Jersey's effort to set goals to improve public health--and track the state's progress in achieving those benchmarks – through the Healthy New Jersey (HNJ) initiative.

Modeled after the federal Healthy People initiative, HNJ communicates New Jersey's vision to improve the overall health of its residents. It is the public health agenda for New Jersey – at both the state and local level.

Using HNJ as a guide, the Department and its county and local public health partners encourage policymakers, healthcare providers, employers, consumers, community groups and all state residents to adopt its objectives, set specific targets for achieving goals, and take actions to change practices, policies and environment to achieve better health for all.

Its overarching goals are to eliminate preventable disease and premature death, achieve health equity and eliminate health disparities, create social and physical environments that promote good health, and promote healthy lifestyles and behaviors. It also outlines key topics consistent with the state’s priorities. Each topic outlines specific objectives with targets for improving health outcomes and health behaviors among the total population, as well as in racial/ethnic, age, and gender subgroups.

Although there are hundreds of HNJ objectives tracked each decade, county, municipal, or community-level organizations can concentrate on those that are their highest priorities. For example, an organization dedicated to improving the health status of seniors, might focus on reducing fatal falls among older adults in long-term care facilities. It would then develop and implement fall prevention plans. Simultaneously, it would record the number of falls during a specific time period before and after implementing strategies to reduce falls. Using this approach, the organization can document and share its success.

HNJ also helps the Department to raise public awareness and understanding of the various social, political or economic factors which influence health.

It is also used to identify research needs and critical gaps in data collection. All HNJ data is available at the Department's website through the New Jersey State Health Assessment Data (NJSHAD) system (www.nj.gov/health/chs/hnj.htm). Health indicator profiles on NJSHAD define each objective, track data, provide data source information, and identify Department programs which address objectives to improve health.

This fall, the Department will launch Healthy NJ 2020 and host a series of meetings to detail the 2020 goals and objectives, update the status of HNJ2010 indicators, and lead discussions on ways the HNJ objectives can be used by multiple--and even unlikely partners.

For updates on these activities, please visit the HNJ website at www.nj.gov/health/chs/hnj.htm.