



The Public Health Challenges of Managing Adenovirus In A Medically Fragile Population

By New Jersey Health Commissioner Dr. Shereef Elnahal

What has transpired at the Wanaque Center for Nursing and Rehabilitation has shaken our community to its core. The Department of Health manages hundreds of outbreaks in facilities each year—and in many of them, despite our best efforts, patients pass away. But the outcomes that we are seeing for such a vulnerable group of patients—children with developmental disabilities, weakened immune systems, and many other medical problems—have made this among the most difficult outbreaks we have ever seen. Every staff member in the Department who has had a role in managing Wanaque has dedicated their lives to public health. These are folks who consistently work after hours and over weekends to protect New Jersey residents. Many of us—myself included—have young children. Each and every death has saddened us profoundly.

Families and members of the public understandably want answers as to how this many children could have died in a facility. While we do not currently have many answers, as this is an ongoing investigation, here’s what we do know. First, adenovirus outbreaks are difficult to manage. Tools that we have for other types of outbreaks are not available for adenovirus. There is no medicinal cure for adenovirus—the best one can do is to provide supportive care. For healthy people, this just means getting rest, staying hydrated, and treating symptoms. For these children, any exposure—especially to this harsh strain of adenovirus—can lead to severe illness and death. In addition, there is no vaccine for adenovirus that would have been suitable for these children—the only vaccine available is a live, oral vaccine that is only suitable for individuals with normal immune systems. Two essential public health tools—treatment and vaccines—are not available to us in managing this outbreak.

A third tool—separating ill from healthy patients—is also difficult in this facility. Due to space constraints at Wanaque, complete separation is not possible. The Department immediately directed the facility to do this to the extent that it could. We also directed the facility not to accept new patients during the course of the outbreak. Another option in this category—closing the facility—would be ineffective in controlling the outbreak, and would likely increase the risk to both patients at Wanaque and patients in other facilities. These children depend on 24-hour, supervised care, and they receive this care in a facility for a reason. They would require transfer to another facility, which would take significant time and pose a risk to the patients (moving these patients is risky), and to patients in other facilities that do not have outbreaks who would be exposed to adenovirus. Another problem is capacity—the two largest pediatric nursing homes in New Jersey, Wanaque and Voorhees, both currently have outbreaks, and the rest have significant waiting lists. While the Department of Health still retains the option to revoke licensure, that is not a solution to the outbreak, which is the Department’s first priority.

That leaves only one public health intervention that can possibly work: containing spread of the virus. Since the moment our Department was notified of a possible outbreak, clear guidance was given to the facility to do everything it could to prevent the virus’ spread. First and foremost, that included strict adherence to all infection control protocols (effective hand-washing and wearing appropriate personal protective equipment, like gowns and gloves, for every patient) and, as mentioned, separating patients where possible. We also immediately began coordinating with the federal Centers for Disease Control for assistance. Because of the virus’ long incubation period (the period of time between exposure and symptoms), the effectiveness of containment strategies for adenovirus can’t be determined until two weeks after containment begins. So when we became concerned that the facility was not able to follow our infection control protocols, we immediately sent a surprise inspection team, and a report of its findings was released to the public. A separate, special team of infection control experts has already visited Wanaque, Voorhees and Children’s Specialized Hospital in Toms River. The team will also visit Children’s Specialized Hospital in Mountainside on November 16 (See article, Page 3). A Department Communicable Disease Service staff member has been on site at Wanaque since the two-week mark after the agency was notified. I am confident that, had the Department not taken all of these actions to date, the outcomes we are seeing now could have been worse.

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Top: Commissioner Elnahal received his seasonal flu shot during a visit to Henry J. Austin Health Center in Trenton on Oct. 12.

Fight the Flu, New Jersey!

With a line of students wrapped around the Busch Student Center at Rutgers University New Brunswick, Principal Deputy Commissioner Jackie Cornell asked students for a show of hands. “How many people think getting a flu vaccine is important?” she asked on Nov. 13 before getting her flu shot at her alma mater. “Now how many of you have gotten the vaccine already or plan to?”

While the Rutgers community—including the Scarlet Knight mascot—showed strong support for the flu shot, the New Jersey Department of Health is urging everyone to get vaccinated this season to protect themselves, their loved ones and their entire community against the virus.

Cornell was joined by Dr. Vicente H. Gracias, senior vice chancellor for clinical affairs, Rutgers Biomedical and Health Sciences; Dr. Melodee Lasky, assistant vice chancellor for health and wellness, Rutgers University–New Brunswick and dozens of students who rolled up their sleeves to protect themselves this semester.

Last year was one of the most severe flu seasons in recent decades. That is why it is so important to get a flu shot. Seasonal flu activity often begins as early as October and November and can continue to occur as late as May. Flu activity most commonly peaks in the United States between December and February. Don't wait. Vaccinate.

Flu vaccination is the single most important step to protect yourself and your family against infection. As part of the Department's #FightTheFluNJ campaign, Commissioner Shereef Elnahal, Deputy Commissioner Marcela Ospina-Maziarz, Chief of Staff Andrea Martinez-Mejia and other leadership staff visited community health centers, hospitals, local health departments and universities across the state to receive flu vaccinations and talk about the importance of prevention.

As part of the Department's #FightTheFluNJ campaign, there are two initiatives to help promote flu prevention among our partners: the New Jersey Influenza Honor Roll and the New Jersey College & University Flu Challenge. The Honor Roll recognizes institutions that promote flu prevention within their communities across the state. There are four eligible categories to participate: businesses, community-based organizations, institutions of education, and new this year - healthcare facilities. More information is available [here](#).

The Flu Challenge is a separate initiative designed to engage students in a friendly competition to improve flu vaccination coverage on their campuses. The winner of last year's challenge was Seton Hall University. This year, there are 11 participating colleges. The winner will be announced in March 2019.

During the 2017-2018 flu season, the state saw more flu-associated illnesses than during the 2009 H1N1 pandemic. New Jersey had five pediatric flu deaths.

The Department works closely with the healthcare and public health community to conduct surveillance for seasonal and novel influenza. The Department collects information on influenza-like illness weekly from hospital emergency departments and long-term care facilities as well as absenteeism information from schools. [Weekly reports are available on the Department's website.](#)

The Centers for Disease Control and Prevention (CDC) recommends a yearly flu vaccine for everyone 6 months of age and older. Certain people are at greater risk for serious complications from the flu. Those at high risk include:

- Children younger than 5, but especially children younger than 2 years old
- People 65 years of age and older
- Pregnant women and women up to 2 weeks postpartum
- American Indians and Alaskan Natives
- People who have medical conditions such as asthma, heart disease, and diabetes

Flu vaccination should also be a priority for those persons who live with or care for individuals at higher risk for influenza-related complications. This includes healthcare personnel and household contacts of children less than six months of age, since these children are too young to receive the flu vaccine.

You should take necessary precautions like washing your hands frequently, covering coughs and sneezes, and staying home when you're sick. If you do get sick, ask your healthcare provider if antiviral medications are right for you. These medications can shorten the length of time you are sick. For more information about influenza, including where to find the vaccine, [visit the Department's flu website.](#)



From top to bottom: Deputy Commissioner Deborah Hartel, Chief of Staff Andrea Martinez-Mejia and Deputy Commissioner Marcela Maziarz each received their seasonal flu shot this fall.



Principal Deputy Commissioner Jackie Cornell received her flu shot at Rutgers University under the approving gaze of the school's "Scarlet Knight" mascot.

NJDOH Deploys Infection Control Response Team to Pediatric Long-Term Care Facilities

A Department of Health team of infection control experts and epidemiologists are visiting University Hospital and four pediatric long-term care facilities in November to conduct training and assessments of infection control procedures.

“Facility outbreaks are not always preventable, but in response to what we have seen in Wanaque, we are taking aggressive steps to minimize the chance they occur among the most vulnerable patients in New Jersey. Pediatric long-term care facilities such as the Wanaque Center, and University Hospital’s neonatal ICU, take care of extremely medically fragile infants and children. We have deployed our Infection Control Assessment and Response (ICAR) team to Wanaque and all similar facilities, as well as University Hospital,” said Commissioner Shreef Elnahal. “ICAR teams are experts in infection control, conducting 160 voluntary, on-site assessments in hospitals, long-term care and outpatient facilities, dialysis centers, and even Ebola treatment units. They have also hosted educational webinars on infection control.”

The team visited University Hospital, Wanaque Center for Nursing & Rehabilitation in Haskell, Voorhees Pediatric Facility in Voorhees, and Children’s Specialized Hospital in Toms River. It will visit Children’s Specialized Hospital in Mountainside on November 16.

State Epidemiologist and Assistant Commissioner Dr. Tina Tan said the multi-disciplinary team has previously visited two of the four pediatric facilities, Voorhees in May and Wanaque in 2016, per the facilities’ requests.

The ICAR team conducts voluntary, non-regulatory assessments of infection prevention practices and takes a collaborative approach to highlight and share what facilities are doing well and identify opportunities for improvement. The assessments focus on prevention of health facility-acquired infections and breaches of infection control through adherence to best practices and state and federal requirements.

Over the past three years, the ICAR team has performed 160 on-site assessments at 62 long-term care facilities, 32 dialysis centers, 33 acute care hospitals, 30 outpatient facilities and three regional Ebola treatment units. The team has also done training webinars on infection prevention issues such as blood glucose monitoring and medication preparation. The team is continuing to develop education resources for use by facilities across the state.

The Department’s Communicable Disease Service, which houses the ICAR team, also works closely with the Department’s Division of Health Facility Survey and Field Operations. The collaboration among the teams on developing an algorithm to formalize reporting of infection control breaches during facility inspections and a partnership in safe injection education received recognition from the Association of Health Facility Survey Agencies. These efforts were also commended by the Centers for Medicare and Medicaid Services (CMS) for ensuring that survey staff have the most current infection control information and resources accessible to them.

In addition to enforcement of the Department’s health care facilities standards, the Division also supports education of healthcare professionals to enhance care quality. The Division uses funds collected through penalties to sponsor long-term care facility staff education. These funds come from the civil money penalties that CMS may impose against skilled nursing homes.

Since October 2016, \$102,915 has been dedicated to educating 212 nursing home staff in infection control through a partnership with New Jersey Hospital Association and the Northern & Southern NJ Chapters of Association for Professionals in Infection Control and Epidemiology. The training makes a significant contribution to nursing home resident’s quality of care and facilities’ infection prevention control practices. It also increases nursing homes’ ability to affect changes in procedures, which can reduce unnecessary hospitalizations due to infections.

Commissioner Elnahal outlined the ICAR Team initiative to the Chairs of the Senate Health, Human Services and Senior Citizens Committee, Assembly Health and Senior Services Committee, Assembly Human Services Committee and Assembly Women and Children Committee and received their support.



Governor Phil Murphy, flanked by State Epidemiologist Dr. Tina Tan and Commissioner Elnahal, addressed the media at the Wanaque Center for Nursing and Rehabilitation in Haskell on October 24, following an outbreak of adenovirus at the facility. Ten pediatric deaths have been associated with the outbreak.

The Challenges of Managing Adenovirus In A Medically Fragile Population

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The Department remains solely focused on containing this outbreak, and will continue working tirelessly until it is resolved. Because we do not have most of our public health tools available to us in this situation, that may take time. But we are doing everything possible within our capacity.

That brings us to an important, final point: there is a lot we can learn from the Wanaque experience to prevent it from happening again, and I am personally exploring all options to do so. That includes continuous discussions with members of the Legislature on possible state-level policy that could lead to better infection control, and more. That will be an ongoing process on which we will remain engaged in the months to come.

Until then, we will continue doing all the work necessary to minimize the damage of Wanaque’s outbreak until its resolution.

Nearly \$7 Million to Fund New E-Cigarette Projects, Student Education, Cessation Counseling

The Department of Health will invest nearly \$7 million in a set of new projects to fight smoking and e-cigarette “vaping” among young people. These efforts will include an education campaign to warn teens and young adults about the dangers of e-cigarettes and other electronic “vaping” devices which allow the user to inhale flavored nicotine vapor, which is highly addictive. The \$6.7 million in new projects will include the formation of “Youth Action Teams” to reduce smoking and vaping among their peers in high school.

“Every year, smoking kills more Americans than alcohol, AIDS, car crashes, illegal drugs, homicides and suicides combined. These deaths are preventable,” Health Commissioner Dr. Shreef Elnahal said. “The American Cancer Society’s Great American Smoke Out (GASO) on November 15 encourages all smokers to pledge to quit and to spread the word about the dangers of smoking. This initiative offers individuals a first step toward a healthier lifestyle by reducing the risk of cancer, heart disease, diabetes and a host of other illnesses associated with smoking.” Click [here](#) for more information.

The funds are dedicated to these projects through 2017 legislation mandating that 1-percent of the combined revenues from taxes on cigarettes, e-cigarettes and wholesale tobacco products be automatically dedicated to the Department of Health to fund to anti-smoking and cessation programs.

“Engaging our youth and young adults in this education campaign is crucial,” Commissioner Elnahal said, noting that electronic smoking devices posed a major health risk because of the addiction to nicotine and were becoming increasingly popular among the young.

The New Jersey Prevention Network (NJPN) was awarded \$2 million to launch a new e-cigarette public awareness campaign and to engage youth in all 21 counties to educate their peers and communities about the risks of tobacco and of electronic smoking devices. NJPN will establish [county and regional Youth Action Teams to create and support school or community initiatives to reduce tobacco use among teens](#). The young people on these teams will work to expand health messaging and revise school policies.

NJPN will use \$400,000 to promote smoking and vaping prevention and cessation policies in workplaces that employ a large number of young adults. Another \$300,000 will be used to enhance smoke-free policies on college and university campuses.

The projects will include \$1,980,000 in funding for 11 regional “quit centers” to implement individual and group counseling, to provide nicotine replacement therapies and to generally support people who want to recover from their nicotine addiction. These centers will target their efforts in counties with the highest incidence of lung and bronchial cancers, chronic obstructive pulmonary diseases and heart disease. These quit centers will be operated by RWJ Barnabas Institute for Prevention & Recovery in Essex, Mercer, Middlesex, Monmouth, Ocean and Union counties; Hackensack Meridian Health in Passaic and Hudson counties; Inspira Health Network serving Cumberland and Salem counties; Atlantic Prevention Resources in Atlantic County, and Cape Assist in Cape May County. Other funds will beef up the NJ Quitline, a telephone-counseling service for smokers who want to quit.

While New Jersey has seen a drop in cigarette smoking rates over the past decade, e-cigarette use has increased significantly. Last month, tobacco giant Altria announced it will stop selling e-cigarette pods and will pull most of its flavored products from the market in an effort to curb teen vaping. The federal Food and Drug Administration (FDA) has been stepping up enforcement on e-cigarette manufacturers.

Commissioner Elnahal said, “With 99 percent of smokers reporting they began before age 26, our schools, colleges and universities play a critical role in addressing this growing public health issue.”

Commissioner Elnahal last summer met with New Jersey colleges and universities to review smoke-free policies. Statewide, 15 of 19 community colleges are 100-percent smoke-free. Of major colleges and universities, only St. Peter’s University in Jersey City is 100 percent smoke-free, although 24 others have campus-wide rules to strictly limit smoking areas.

Citing national studies, the U.S. Centers for Disease Control and Prevention said smoking kills more than 480,000 Americans a year, 11,800 of them in New Jersey. In 2016, there were about 38 million smokers in the United States, about 16 percent of the adult population. Of those, three of every four adults smoked every day.

According to 2016 Behavioral Risk Factor Surveillance System data, New Jersey is below the national trend with an adult smoking rate of 14 percent. A “Youth Tobacco Survey” of New Jersey public high school students in the 2016-17 school year showed that e-cigarettes had become the most common nicotine or tobacco product in use among the young. About 21 percent said they had tried e-cigarettes, compared with 17.4 percent for cigarettes, 17.2 percent for cigars and 15.9 percent for hookah pipe tobacco. Overall, 39 percent said they had tried a tobacco product and 16.8 percent said they were regular users.

New Jersey has taken strong steps to protect the public from the harmful effects of tobacco. In July, Gov. Phil Murphy signed a law banning smoking at public beaches and parks. Last November, New Jersey raised the minimum age to buy tobacco products from 19 to 21. This covered the sale of all tobacco products, including e-cigarettes and other electronic smoking products.

In 2006, New Jersey became the 11th state to pass the Smoke Free Air Act prohibiting smoking in public buildings. In 2010, it became the first state to add electronic tobacco products to that law.

The Department also implements the Tobacco Age of Sale Enforcement program, a federally mandated inspection program administered by the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Prevention. Every year from July 1 through Sept. 30, tobacco inspectors conduct random, unannounced checks of licensed retail tobacco vendors to ensure they are not selling tobacco to people under 21. There is also an additional statewide inspection program, through the FDA, that conducts 5,000 random, unannounced inspections throughout the year.

To learn more about New Jersey’s Tobacco Free Program, including help to quit smoking, visit the Department’s Office of Tobacco Free, Nutrition and Fitness [webpage](#).



Congratulations to....

New Jersey's Pregnancy Risk Assessment Monitoring System (PRAMS) won an award from the Centers for Disease Control and Prevention (CDC) for successfully demonstrating the ability to establish, foster and leverage unique partnerships for project enhancement, visibility and impact.



During the PRAMS 2018 National Meeting in Portland, Oregon from Sept. 10-11, NJ PRAMS Coordinator Sharon Smith Cooley accepted the award in the PRAMS Unique Partnerships and Collaborations category. The award was presented by Dr. Lee Warner, Chief, Applied Sciences Branch, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion.

NJ PRAMS is a joint research project of the Department of Health and the CDC. Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants and impact maternal and child health policy and practice. One out of every 50 women giving birth each month is selected for the PRAMS survey, and more than 70 percent participate, representing about 1,500 interviews annually. They are asked about their feelings and experiences before, during and after pregnancy. Leading topics include maternal and infant health care, sleep practices, breastfeeding, home visiting services, prenatal care and health insurance, maternal smoking and alcohol use during pregnancy, Cesarean deliveries and pregnancy intention.

Medical Marijuana Now Serves More Than 35,700 Patients in New Jersey

Program Adds 325 Doctors, Cuts Wait Time for Patient ID Cards in Half

Continuing to expand patient access and reform New Jersey's Medicinal Marijuana Program, the Murphy Administration has seen the number of patients in the program more than double from roughly 17,000 to 35,700 since the day Governor Phil Murphy took office in January. The program has also added 325 doctors and reduced wait times for ID cards. Dispensaries are also now able to post prices, so patients can comparison shop.

A series of other reforms have reduced by half the amount of time it takes patients to get ID cards to an average of two weeks; allowed caregivers for terminally ill patients to get provisional eligibility cards while they await background checks; and streamlined internal processes for new patient applications so patients are not losing a month of physician certification.

"New Jersey's program has made incredible strides in expanding access and becoming a compassionate, consumer-friendly service for patients by adding physicians and new medical conditions and seeking applications for another six dispensaries," Gov. Murphy said.

"The addition of five new medical conditions—anxiety, migraines, two forms of chronic pain and Tourette's Syndrome—has been the primary driver in the growth of the program," said Health Commissioner Dr. Shereef Elnahal. "We've also added 325 physicians to the program—for a total of 837—including 200 who joined since I began a series of Grand Rounds lectures in hospitals and medical schools to educate the medical community about medical marijuana's benefits. Physicians should consider marijuana as another appropriate treatment for patients with many medical conditions, especially diseases for which conventional therapies aren't working."

In addition to the 35,700 patients, there are 1,433 caregivers and 837 physicians currently participating in the program, and six Alternative Treatment Centers (ATCs) are operating in Montclair, Woodbridge, Cranbury, Bellmawr, Egg Harbor Township and Secaucus. Of the 17,000 patients who have signed up since January, a majority have one of the five new medical conditions added at the end of March.

In addition, fees have been reduced, mobile access has been added to the patient portal, ATCs can open satellite locations and participating physicians are no longer required to have their names published on the Department of Health's website. In August, the Department received 146 applications from 103 organizations in response to its request to add up to six additional ATCs — two each in the northern, central and southern part of the state. Each application is 300 pages and the Department is currently assessing how long it will take to complete the review process and announce the six successful applicants.

"Over the past three months alone, the program has added 9,000 new patients," Dr. Elnahal said.

Dr. Elnahal has given seven Grand Round lectures to 2,000 physicians and other clinicians at Hackensack University Medical Center, St. Joseph's University Medical Center in Paterson, Cooper Medical School of Rowan University, Rutgers New Jersey Medical School in Newark, Rutgers Robert Wood Johnson Medical School, Virtua Health, Hunterdon Medical Center and other facilities.

The Department is also exploring the addition of opioid use disorder as a distinct qualifying condition—in concert with Medication Assisted Treatment—to the list of conditions that would allow patients to participate in the program. Opioids are on track to cause 3,000 deaths in New Jersey this year, and about 3.2 million opioid prescriptions were written between Jan. 1 and Sept. 27. Studies have demonstrated a strong correlation between the availability of medical marijuana and a reduction in opioid prescriptions. Currently, opioid use disorder must be associated with chronic pain related to musculoskeletal disorders in order to be a qualifying condition.

Investigation Continues in Ocean County Measles Outbreak

The Department is working in collaboration with the Ocean County Health Department to identify and notify people who might have been exposed to measles between Oct. 13-Nov 9.

DOH first alerted residents about a confirmed case of measles on Oct. 26. The individual developed symptoms after travel to Israel, where there has been an increase in measles cases.

A total of 12 cases have been identified in Ocean County.

The Department responded to a request for support at the CHEMED Health Center in Lakewood to assist them with the influx of patients since the Ocean County measles outbreak was announced.



The Department deployed a negative pressure tent to provide surge capacity for symptomatic patients coming to CHEMED Health Center.

We Must Ask the Difficult Questions Before Suicide Happens

When two individuals he knew died by suicide, Health Commissioner Shereef Elnahal felt as though he'd neglected to ask three important questions: "What did I miss? What could I have done better? Why and how did I fail?"

At New Jersey's Fourth Annual Suicide Conference in September, Commissioner Elnahal, three other Murphy Cabinet members and leaders in the mental health field discussed these hard-to-talk-about aspects of suicide at the War Memorial in Trenton. Organized by the Division of Mental Health and Addiction Services (DMHAS), the conference entitled "Suicide Prevention: A Community Effort – Working Together to Prevent Suicide" attracted mental health and substance use providers, primary care providers, administrators, educators, first responders, advocates, faith-based organizations, parents, families and people affected by suicide. This conference has grown from 30 people to more than 700 this year, demonstrating the tireless work to bring this effort to the forefront. Commissioner Elnahal thanked Maria Kirchner, DMHAS Chief Clinical Psychologist, for organizing and hosting the conference.

Suicide is a public health issue that touches families across the state and the nation. For the first time since 2011, New Jersey's suicide rate dropped 13 percent in 2016. But that still means 689 people died by suicide in New Jersey that year. These statistics are not just numbers; they are mothers, fathers, daughters, sons, friends, colleagues and far too many people who have suffered the loss of their loved ones due to suicide. Statistics released earlier this summer by the federal Centers for Disease Control and Prevention (CDC) showed a 25 percent increase nationwide from 1999 to 2016 in the number of people who die by suicide. The CDC study notes that there is no one single cause of suicide. Economic factors and access to behavioral health services impact and can lead to deaths of despair. That is why the Department's efforts to create one single licensing system for primary and behavioral healthcare is so essential to the integration of healthcare, which is critically needed to attack this issue. It is also critically important to make sure affordable, high quality and effective mental and physical healthcare is available to everyone in New Jersey.

During the conference, Commissioner Elnahal joined a panel discussion about state initiatives New Jersey is undertaking to address suicide that included Human Services Commissioner Carole Johnson, Children and Families Commissioner Christine Norbut Beyer, and Acting Corrections Commissioner Marcus Hicks. Other key speakers included:

- Michael Hogan, PhD, Health Care Consultant; Clinical Professor Psychiatry Department at Case Western Reserve University School of Medicine, Cleveland, whose presentation was entitled, "Working Together to Prevent Suicide – The Critical Role of Health Care."
- Richard McKeon, PhD, MPH, Chief, Suicide Prevention Branch, Division of Prevention, Traumatic Stress, and Special Programs, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA) spoke about "Working Together to Prevent Suicide – The Critical Role of Communities." He noted that someone around the world dies by suicide every 40 seconds.

Some of the breakout sessions featured compelling, first-hand accounts of despair, suicide attempts and recovery. The conference also focused on the need for the medical community, friends and family to all ask their patients and loved ones the difficult questions about how they feel and whether they are considering suicide. During the conference, Senator and Former Governor Richard Codey was presented a special award for his lifelong commitment to people with mental illnesses, and the audience gave him a standing ovation.

Integrated Services Branch Deputy Commissioner Deborah Hartel noted in her closing remarks that there is a lot more work to be done, and that it will take a collective effort to make a difference.

Additional suicide prevention resources and fact sheet are available [at the department's website](#).



Commissioner Elnahal, second from right, speaks during a panel of Murphy administration cabinet officers at the state's fourth annual suicide conference in September. Also pictured are Department of Human Services Commissioner Carole Johnson, left, Department of Children and Families Commissioner Christine Norbut Beyer and Acting Commissioner Marcus Hicks of the Department of Corrections.

The Department's Office of Emergency Management (OEM) held an Ebola Functional Communications Exercise in September to test communications between University Hospital — which is an Ebola Assessment Hospital — and OEM staff in the event a confirmed Ebola patient needed to be moved to a different healthcare facility. OEM's Frank Bertone and Todd Bergen, with the support of the Ebola Grant Management Team, planned the exercise, which was held in the Health Command Center at Department headquarters in Trenton. The exercise continued with a Functional Exercise with Bellevue Hospital (the U.S. Health and Human Services Region 2 Ebola Treatment Center) and the New York City Department of Health that focused on the transport of a different patient from New Jersey to NYC. The exercise tested the Department's Ebola plans and procedures with our partners.



Get Covered New Jersey Public Awareness Campaign to Promote Access to Health Coverage

The state has launched Get Covered New Jersey, a public awareness campaign to promote the Affordable Care Act's 2019 open enrollment period, which runs from Nov. 1 through Dec. 15.

Get Covered New Jersey is the first coordinated health coverage public awareness campaign conducted by the State of New Jersey since the implementation of the Affordable Care Act (ACA). The program will promote health coverage options available to residents through the ACA Marketplace and off the Marketplace in the individual insurance market during Open Enrollment, as well as through the state's NJFamilyCare program year-round.

"From day one, my administration has been committed to protecting the Affordable Care Act in New Jersey against President Trump's efforts to tear it down. We are proving the ACA works but we cannot let up," said Governor Phil Murphy. "We know it will take every effort to combat the barrage of attacks that continue from the federal government to make sure residents get the coverage they deserve. We want to ensure residents don't miss the six-week window to enroll, that they get the financial assistance they are due, and that they know where to go to if they need help along the way. New Jerseyans are counting on us to do what the federal government won't."

GetCovered.NJ.gov



Governor Phil Murphy announced the launch of the Get Covered New Jersey campaign at the War Memorial in Trenton on October 30. At left are Commissioner Elnahal and Department of Human Services Commissioner Carole Johnson.

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Medical Reserve Corps Assists Hurricane-Stricken Areas in North Carolina

Hurricane Florence caused catastrophic damage in the Carolinas in September, with record rainfall exceeding 30 inches in many areas. With local, county and state resources overwhelmed, North Carolina submitted a state-to-state request for licensed nurses. An Emergency Management Assistance Compact request was received by the New Jersey State Office of Emergency Management and coordinated with Brendan McCluskey, Director of the Office of Emergency Management within the New Jersey Department of Health. In response, Julie Petix, New Jersey's Medical Reserve Corps (MRC) Coordinator, identified two nurses for the deployment: Matee Dwanah, BSN, of the Middlesex County MRC and Dennis "Craig" Moffett of the Burlington County MRC. Both were deployed to North Carolina for a two-week relief mission.

Captain Dana Thomas, USPHS, provided pre-deployment screening for Dwanah and Moffett, who were both medically cleared for first-time MRC deployment. Dr. Thomas, Medical Director of the Department's Division of Public Health Infrastructure, Laboratories and Emergency Preparedness, also entered the nurses into CDC's free Emergency Responder Health Monitoring and Surveillance database, which tracks the health and safety of disaster/emergency responders during pre-deployment, deployment and post-deployment phases.

Dwanah and Moffett departed on Sept. 20 and arrived in Durham, North Carolina. While in North Carolina, the nurses performed a number of important duties including emergency shelter setup, tending to the daily medical needs of shelter guests, categorizing and distributing tens of thousands of pounds of donated supplies throughout the affected local communities, among other duties. Dwanah and Moffett arrived home safely on Oct. 4. They remained in daily contact with the Department throughout their deployment and participated in post-deployment health assessments on Oct. 9.

During disaster recovery, it is important for those affected to know others care and are there to help. The physical work and boundless compassion demonstrated by Dwanah and Moffett gave those suffering great courage to face the burden of rebuilding, and hope in knowing they are not alone. Congratulations to the team on the outstanding expertise, mission support and selfless service provided to the people of North Carolina!



Matee Dwanah, BSN, of the Middlesex County Medical Reserve Corps distributes supplies to disaster-affected areas after Hurricane Florence struck the Carolinas in September.

New Opioid Data Dashboard Becomes Newest Resource in Fight Against Addiction Epidemic

The New Jersey Department of Health has launched an Opioid Data Dashboard, designed to provide public health practitioners, researchers, policy-makers, and the public with a key tool in the fight against opioid addiction. The dashboard is located at <https://www.state.nj.us/health/populationhealth/opioid/>.

DOH Commissioner Dr. Shereef Elnahal noted that the Opioid Data Dashboard currently features detailed drug-related deaths, Prescription Monitoring Program statistics, naloxone (Narcan®) administrations, hospital visits, treatment admissions and discharges, and more.

“Improving public access to opioid-related data trends is vital to stemming the tide of this type of addiction in New Jersey,” Dr. Elnahal said. “More than 100 people die every day in the United States from opioid-related drug overdoses, and it is our sincere hope that information contained in the dashboard will guide prevention efforts and lead to data-driven decision making in combatting this devastating epidemic.”

Data on the dashboard is comprised of information provided by multiple sources, including DOH; and the New Jersey Attorney General’s Office, among others.

DOH’s Opioid Data Dashboard complements real-time data disseminated through the Office of the [New Jersey Coordinator for Addiction Response and Enforcement Strategies](#)’ (NJCARES) website. That website displays county-specific counts of overdose deaths, naloxone administrations, and opioid prescriptions. NJCARES is housed within the Office of the Attorney General.

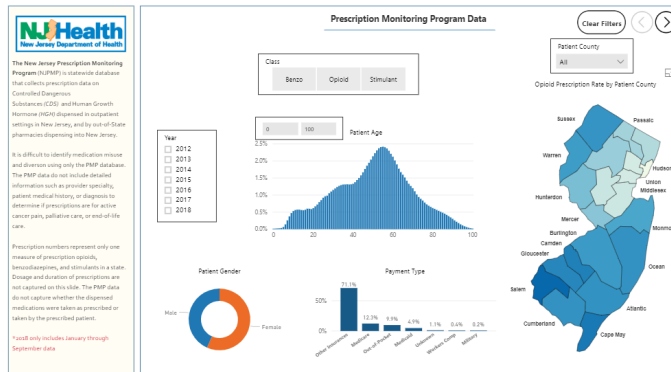
“New Jersey’s efforts to tackle the opioid epidemic depend on smart, data-driven policies and collaboration between government agencies,” said Attorney General Gurbir S. Grewal. “Drawing on information that the Office of the Attorney General has posted on our NJ CARES website, the Department of Health’s opioid data dashboard illustrates what we can do when we work together.”

The DOH Opioid Data Dashboard provides access to additional information from hospital discharge data, uniform crime reports, and substance abuse treatment data.

Specifically, the DOH data dashboard:

- Displays trends on benzodiazepine, opioid, stimulant prescriptions, naloxone administrations, drug-related hospital visits, crime statistics, substance abuse treatment and drug-related deaths
- Provides data in the form of numbers, rates, and percentages
- Allows users to filter data by drug type, year, zip code, county, age, gender, race, and health insurance coverage (payment type)
- Allows users to view data in tabular and map formats and track trends over time and by geographic area and zip code
- Allows users to export estimates for further analysis
- Provides links for the public to learn about opioids, the history of opioid epidemic and resources available for individuals at risk of an overdose.

The Opioid Data Dashboard is funded through a Data-Driven Prevention Initiative (DPPI) Grant received from the Centers for Disease Control and Prevention (CDC).



Prescription data is among the many types of opioid-related information available to dashboard visitors.

New Jersey Department of Health

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Department Receives Highest Recognition from National Public Health Information Coalition

The Department of Health was named a Berreth Award winner, recognizing its excellence in public health communication, for the second consecutive year.

The Department's #FightTheFluNJ campaign earned the Gold Medal in the Real Time Risk Communication category from the National Public Health Information Coalition (NPHIC) at its National Conference on Health Communication, Marketing & Media this past September.

Health Commissioner Shereef Elnahal and the top leadership of the Department also reinforced the campaign with a series of press event visits to numerous hospitals, community health centers, nursing homes, rehab centers and a county health department to stress the importance of flu vaccination.

The awards are named for the late Donald Berreth, former director of the Office of Public Affairs for the Centers for Disease Control and Prevention and NPHIC's founder.

The Berreth Awards recognize the best public health communication initiatives that emulate Berreth's ideals and practice in public health communication.

The Department received the silver medal for its #ZapZika campaign last year.

Given the severe flu season and the high number of child fatalities related to the flu, the DOH embarked on a statewide campaign to inform residents of the steps they should take to prevent the spread of flu. It included social media, posters, and digital billboards across the state.

NPHIC is the leading national organization for public health communication professionals. As the recognized voice of public health communication, NPHIC's Berreth award program awards gold, silver and bronze awards for public health campaigns in four categories: Government Health Marketing Campaign, Not-for-profit Health Marketing Campaign, Corporate Health Marketing Campaign or Real Time Risk Communication. A panel of judges from the ranks of those professionals who have achieved Certified Communicator in Public Health status evaluate the submissions for the Berreth Awards.



Don't Let a Tick Make You Sick

Ticks that transmit disease are not just active during the spring in summer months, but throughout the year. Even as the weather cools and the fall foliage fades, ticks can continue to transmit a number of diseases, most commonly Lyme Disease.

Commissioner Shereef Elnahal and Local Public Health Director Shereen Semple joined Monmouth County Health Officer Chris Merkel, Monmouth County Freeholders Pat Impreveduto and Gerry Scharfenberger, county health and mosquito control staff and park rangers at Shark River Park in Wall Township in September to raise awareness of tick-borne diseases and encourage residents to take steps to protect themselves and their families. Dr. Bob Jordan of the Monmouth County Mosquito Control Division demonstrated how tick surveillance is conducted by dragging a canvas mat over a pile of leaves at the park.

If you've been bitten by a tick, it is important to check for symptoms and talk to a healthcare provider. Early signs of tick-borne diseases may include skin rash, tiredness, fever/chills, headache, stiff neck, muscle aches, joint pain and dizziness. Lyme disease is caused by bacteria called *Borrelia burgdorferi*. The disease is transmitted to humans through the bite of infected *Ixodes scapularis* ticks and is not spread from person to person.

Similar to national trends, diseases from ticks have also increased in New Jersey. Last year, there were more than 5,000 cases of Lyme Disease diagnosed in New Jersey and more than 500 of those cases were in Monmouth County. So far this year, there have been more than 2,100 cases of Lyme disease diagnosed across the state.

The Department launched its [Lyme disease prevention campaign](#) last summer to educate the public about how to prevent tickborne diseases. The campaign includes billboards around the state, digital advertising and a promotional social media campaign about tick prevention with the slogan, "Don't Let a Tick Make You Sick" and the hashtag #TargetTicksNJ.

To avoid tick bites, limit exposure to tick-infested areas such as tall grass and shrubby areas; keep yards neat by mowing lawns, clearing brush and removing leaf litter; apply EPA-registered insect repellent on skin and permethrin on clothing, boots and camping gear; wear light-colored clothes to help you spot ticks and wear long sleeves and pants tucked into socks; and check your body for ticks and shower after being outdoors, ideally within two hours to help wash off unattached ticks.



DOH Introduces New Office of Minority & Multicultural Director During Hispanic Heritage Month

The Department recognized Hispanic Heritage Month with a celebration for staff members on October 19. Health Commissioner Dr. Shereef Elnahal and senior staff members gave remarks on the importance of addressing Hispanic and other minority communities facing critical and long-term health problems and healthcare access problems.

During the celebration, Commissioner Elnahal welcomed new Office of Minority & Multicultural Health Executive Director, Amanda Medina-Forrester. Forrester, who is from Mexico, began her public health career in New Jersey working in cancer prevention programming, focusing on minority communities at the Cancer Institute of New Jersey and Hunterdon Regional Cancer Center.

What led you to a career in public health?

After studying experimental health psychology and realizing how our cognition and social interactions affect health (e.g., how encounters with prejudice and racism can affect our cardiovascular system), I wanted to study the impact of factors on a much larger level than just an individual. Public health beyond the physical health domain, but also the psychological and social wellbeing of any community.

How has your career in public health prepared you for this new Departmental position?

Since I was in psychology, I studied minority risk factors and protective factors of health. Once I returned to school to pursue a public health degree in 2001, I was introduced to so many evidence-based practices and programs targeting minority health. Since then, minority and multicultural health has been my passion in various settings (e.g., grassroots community, healthcare, and municipal and state policy).

What are you most looking forward to in your new role?

Helping to bring various departments and stakeholders together for a strong collaborative front to move the needle on health equity among minorities and those with multicultural backgrounds. No one can do it alone, but I am looking forward to being part of a team that has accomplished leaps and bounds since day one.



Amanda Medina-Forrester, Executive Director of the Office of Minority and Multicultural Health

Get Covered New Jersey

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On January 21, 2018, Governor Murphy signed Executive Order Number 4, directing that all State entities that regularly interact with the public undertake reasonable measures to provide information to the public regarding the Affordable Care Act marketplace and ways to enroll. The Get Covered New Jersey public awareness campaign is an extension of this effort.

The Get Covered New Jersey campaign, led by the New Jersey Department of Banking and Insurance (DOBI), builds on the policy actions taken by the state to defend the ACA and ensure that residents have access to health coverage and care. The Governor signed a law to continue a shared responsibility payment in the state, after its repeal at the federal level. The state law takes effect January 1, 2019, and requires residents to have health coverage or pay a penalty, called a Shared Responsibility Payment, unless they qualify for an exemption. The governor also signed a law to create a state reinsurance program. Combined, the two laws resulted in an average overall 9.3 percent reduction in rates in the individual market for 2019.

As part of the public awareness campaign, the state launched a website, GetCovered.NJ.gov, which serves as a portal for individuals seeking health coverage. The site includes information about plan options, as well as contact information for navigators and enrollment assisters who can help residents access coverage.

Departments and agencies that regularly interact with the public will disseminate materials and educate residents on health coverage options and the availability of financial assistance. Materials useful to community organizations, public and nonprofit agencies and grassroots organizations in enrollment outreach are available on the Get Covered New Jersey website.

President Donald Trump's administration cut the open enrollment period in half, from three months in 2016 to six weeks in 2017 and 2018. It cut the advertising budget for the Affordable Care Act enrollment period by 90 percent, from \$100 million in 2016 to \$10 million in 2017 and in 2018 and has cut funding for navigators by 79 percent since 2016, resulting in New Jersey receiving over \$1.5 million less to conduct outreach for 2018.

"The Trump Administration has worked to destabilize the insurance market and to eliminate the resources that existed to connect residents to coverage. Increasingly, it is up to states to lead in ensuring the protections provided by the Affordable Care Act are maintained and that residents have access to care," said DOBI Commissioner Marlene Caride. "The Get Covered New Jersey campaign is a coordinated state effort to promote awareness of the options available so that residents can educate themselves, get available financial assistance, and choose the plan that works best for them."

As part of the state's work, the New Jersey Department of Human Services (DHS) is also bolstering its continuous efforts to enroll people in NJ FamilyCare, including the Medicaid expansion created by the ACA, by providing \$375,000 in funding and support to five community organizations that served as ACA navigators. DHS has awarded each organization \$75,000 to support enrollment efforts and DHS is providing the outreach materials. The Department of Human Services is providing training, materials and technical assistance to the organizations, which will provide application assistance and organize outreach events.

"New Jerseyans should have as many opportunities as possible to learn about affordable health coverage options and how coverage can benefit their families," DHS Commissioner Carole Johnson said. "This initiative will ensure that we reach out to as many people as we can and get them signed up for health coverage. A healthy New Jersey means a better New Jersey for everyone."

The organizations being funded are the Center for Family Services, of Camden; The Family Resource Network, of Hamilton (Mercer County); The Oranges ACA Navigator Project, of Orange; Fulfill Monmouth & Ocean, of Neptune and Toms River; and the Urban League of Hudson County, of Jersey City.

"As a doctor, I have seen first-hand the difference health coverage can make in determining people's health outcomes," Department of Health Commissioner Shereef Elnahal said. "Governor Murphy's commitment to increasing the number of people with health insurance will certainly result in a stronger and healthier New Jersey, and the Department of Health is committed to doing everything it can to educate people about the need to be insured."

NJDOH Recognizes October as Breast Cancer Awareness Month

With more than 7,000 cases diagnosed and more than 1,300 deaths due to breast cancer in New Jersey each year, the Department of Health and the Murphy Administration declared October Breast Cancer Awareness Month to raise awareness of the importance of early detection.

After skin cancer, breast cancer is the most common cancer diagnosed among New Jersey women and the second leading cause of cancer death among New Jersey women.

As part of Breast Cancer Awareness Month, Deputy Commissioner Deborah Hartel joined the Rutgers Cancer Institute of New Jersey at University Hospital for their free breast cancer screening event where she spoke about her own personal experience with the disease and the importance of screening services for breast and other cancers for low-income uninsured or underinsured residents.

The New Jersey Cancer Education and Early Detection Program (NJCEED) provides comprehensive outreach, education, and screening services for breast, cervical, colorectal, and prostate cancers.

Since 2007, NJCEED has provided 155,952 mammograms resulting in the diagnoses of 1,787 cases of breast cancer.

Non-Hispanic white and Asian/Pacific Islander women diagnosed with breast cancer had a 91 percent chance of surviving at least 5 years, while non-Hispanic black women had significantly lower survival rates—80 percent—than the other racial/ethnic groups in New Jersey.

For women, risk factors include: family history of breast cancer, personal history of breast, ovarian, or endometrial cancer, susceptibility genes (BRCA-1, BRCA-2), some forms of benign breast disease, menstruation at an early age, late menopause, delaying childbirth after age 30, long-term use of post-menopause estrogens and progestins, obesity after menopause and excessive alcohol consumption.

For the month of October, the Department spotlighted Public Health Innovators who have conducted innovative research to address breast cancer in the state.



Department of Health senior staff members wore pink in acknowledgement of Breast Cancer Awareness Month.

State Cancer Registry Commemorates 40 Years

October marked the 40th anniversary of the New Jersey State Cancer Registry (NJSCR). Launched in October 1978 in response to New Jersey having the highest cancer mortality rate in the nation, the NJSCR collects cancer surveillance data on all cancer cases in New Jersey.

The Department commemorated the anniversary throughout the month of October, featuring informational display of posters, brochures and data briefs at several locations through the state including the annual meeting of the Oncology Registrars Association of New Jersey in Atlantic City, the New Jersey State House and Rutgers Cancer Institute of New Jersey.

In the 40 years since the first records were reported, the NJSCR has collected detailed data on more than 1.9 million cases of cancer, each meticulously coded and edited to ensure quality and consistency by highly trained oncology data specialists.

Maintaining the up-to-date registry of all newly diagnosed cancers has allowed New Jersey to participate in nationally recognized cancer epidemiology studies for nearly four decades and to apply appropriate preventive and control measures.

Each year, the NJSCR receives more than 300,000 case reports from more than 150 hospitals, physicians, pathology laboratories, and other reporting facilities.

New Jersey now has the 13th lowest cancer mortality rate in the nation.

The NJSCR has been recognized for its high-quality data, receiving the highest honors by the three leading cancer surveillance programs in the nation: The North American Association of Central Cancer Registries (NAACCR), the Centers for Disease Control and Prevention's (CDC) National Program of Cancer Registries (NPCR), and the National Cancer Institute's (NCI) Surveillance, Epidemiology and End Results (SEER) program.

The NJSCR is jointly managed by the Department and the Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-designated Comprehensive Care Center.

For more information about the NJSCR, visit <https://www.nj.gov/health/ces/reporting-entities/njsr/>



New Jersey Honors EMS Award Recipients During National Conference

During the 19th annual EMS Awards Dinner in October, Health Commissioner Dr. Shereef Elnahal expressed his gratitude to the Emergency Medical Services community as a whole and to this year's winners as part of the [2018 National Conference on EMS](#) at Harrah's Waterfront Conference Center in Atlantic City.

Whether it is a neighbor helping a neighbor, a child displaying good citizenship, a nurse providing bedside care, an agency responding to a mass casualty disaster or an individual who dedicated their entire life to the EMS profession – this year's winners are people who really rise above their fellow citizens, put others' first and in some cases, risk their lives in the process.

The Department of Health received 150 award nominations. More than a dozen individuals, two EMS agencies and a New Jersey High School were recognized for their exemplary actions in times of emergencies and for supporting their fellow New Jerseyans.

The five-day conference, from Oct. 2-6, drew more than 1,000 EMS responders and featured education sessions on overdose patients, shark attacks, school shootings, emergency childbirth, motorcycle trauma and blast scenes. In the past, the EMS Conference was a statewide event for New Jersey's emergency responder community but as interest grew and the conference began attracting EMS professionals from more than a dozen states and even international providers, organizers opened it up as a National Conference this year.

"Thank you for the lives you save, the victims you revive and the compassion you show to those who are at their most vulnerable moments when you arrive on the scene," Commissioner Elnahal said. "You are valued and appreciated. Keeping making New Jersey and the nation proud."

Commissioner Elnahal thanked the EMS community for their work in helping to address the opioid epidemic. In 2018 alone, 2,445 people overdosed in New Jersey – an average of about eight lives claimed per day. Naloxone, the overdose reversal drug, was administered 10,763 times. Among the many professionals battling this crisis are New Jersey's 32,000 EMS providers who encounter overdose victims every single day. It is not uncommon for EMS providers to treat the same patient several times in a week or even in the same working day.

Commissioner Elnahal also recognized two staff members in the Department's Office of Emergency Medical Services who will be retiring at the end of this year: Tom Hendrickson and Christopher Tams.

The 2018 NJ EMS Award recipients, announced during the 19th annual EMS Awards Program

Outstanding EMS Call

Mount Olive for the Morris County Bus Crash

Outstanding EMS Action by a Youth

*Anthony Fiore and Christopher Fiore, both of Kendall Park
Agency: Boy Scouts*

Outstanding EMS Action by a Citizen

Michael Benson, of Parsippany

Outstanding First Responder

*Jose Morales and Russell Post, both of Newton Township
Agency: Newton Police Department*

Outstanding EMT

*Peggy Hissim, of Oxyford
Agency: Oxyford EMS*

Outstanding Paramedic

*Robert Conklin
Agency: Joint Base McGuire-Dix-Lakehurst*

Outstanding ALS-SCTU Nurse

*Brandon Muhlgeier, of Monroe Township
Agency: RWJ Barnabas EMS*

Outstanding EMS Physician

*Dr. Matthew Letizia, of Mahwah
Agency: Trinitas Regional Medical Center*

Outstanding EMS Administrator

*Glenn Deitz, of Livingston
Agency: Atlantic Ambulance Corporation*

Outstanding EMS Educator

*Richard Huff, of Atlantic Highlands
Agency: Atlantic Highlands First Aid*

Outstanding EMS Agency

Newton Volunteer First Aid & Rescue Squad

EMS Volunteer Lifetime Achievement Award

*Kenneth Krohe, of Keyport
Agency: Keyport First Aid Squad*

EMS Career Lifetime Achievement Award

*Steven Cicala, of Belleville
Agency: Holy Name Medical Center*

Outstanding Hospital ER Nurse

*Elizabeth Bianchini, of Toms River
Agency: Jersey Shore University Medical Center*

Emergency Preparedness Achievement Award

Pascack Valley Regional High School

Outstanding EMS Safety Award

Michael Nahas, of Clayton Agency: Gloucester County EMS

Director's Award

*Andy Lovell, of Clayton
Agency: Gloucester County EMS*

Ocean County Measles Investigation

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The Department urges residents to remain vigilant for any symptoms of measles. Measles symptoms include rash, high fever, cough, runny nose and red, watery eyes. It can cause serious complications such as pneumonia and encephalitis (swelling of the brain). Measles infection in a pregnant woman can lead to miscarriage, premature birth or a low-birth-weight baby. Measles is easily spread through the air when someone coughs or sneezes. People can also get sick when they come in contact with mucus or saliva from an infected person.

For a comprehensive list of exposures identified to date related to this outbreak, please visit the [Department's measles page](#).

The Department recommends that anyone who visited any of the locations listed during the specified dates/times should contact a health provider immediately to discuss potential exposure and risk of developing the illness.

New Early Intervention Campaign

The Department has launched a new Early Intervention campaign to educate parents and families that they do not need a doctor's referral if they notice a child is not meeting developmental milestones and want to find out if a child is eligible for Early Intervention Services. The poster is available to download from the Department's website [here](#). The Department is also using the hashtag #ActEarly to brand the Early Intervention campaign on its social media channels.

Please share this poster within your agency, and widely with your community partners, to help spread the message so that families can take advantage of these critical Early Intervention Services available for children.

For more information on Early Intervention Services in New Jersey, click [here](#). Thank you for your continued support!



Ovarian Cancer: What You Need to Know

By Ruth Stephenson, DO, FACOG

Ovarian cancer is a rare but lethal cancer affecting approximately 22,000 women in the United States every year, and taking 14,000 lives annually, according to the American Cancer Society. Symptoms of ovarian cancer can be subtle and non-specific, pointing to a wide range of possible conditions - simple or serious. Often women see many physicians before the diagnosis is made, and unfortunately 80 percent of ovarian cancers are diagnosed at an advanced stage with disease already spread around the abdomen.

Age is the most significant risk factor in developing ovarian cancer. About 90 percent of women who get ovarian cancer are older than 40, with the greatest number of ovarian cancers occurring in women aged 60 years or older, according to the Centers for Disease Control and Prevention. But each cancer also has its own unique risk factors, which could include genetic predisposition, family history, and gynecologic history.

Traditional treatments for ovarian cancer include a combination of surgery and chemotherapy, but even with aggressive regimens, the recurrence risk for most cases is high, and only half of women with ovarian cancer will be alive five years after diagnosis, according to the National Cancer Institute. However, each woman's ovarian cancer diagnosis is as distinct as the person it affects and outcomes are based on stage and type of cancer and other genetic influences.

New advances in molecular sequencing, genetic testing and drug development have led to the approval of many new "targeted" therapies for ovarian cancer by the U.S. Food and Drug Administration. By targeting specific molecules that are responsible for the growth, progression and spread of cancer, targeted therapy differs from standard chemotherapy, which attacks the disease systemically and, therefore, also damages healthy cells. Because targeted therapy specifically seeks out cancer cells, it is designed to reduce the harm to healthy cells. Most of these therapeutics are still investigational as it is an evolving field, but they provide improved therapeutic options in a setting where none existed before.

What can you do?

Know if you have a family history of gynecologic cancer – or any cancer – and share that knowledge with your doctor. The genetic information may directly impact your treatment and isn't just important for family members; it may provide risk reduction strategies such as surgery or medication and also identify your risk of getting other cancers.

It is also important to recognize symptoms and follow up as soon as possible with a gynecologist or specialist. At Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-designated Comprehensive Cancer Center, such specialty care is offered by the gynecologic oncologists in our program.



Talk to your doctor if you have concerning symptoms or a family history of ovarian cancer and request appropriate referrals and testing. It may save your life.

Ruth Stephenson, DO, FACOG, is a gynecologic oncologist at Rutgers Cancer Institute of New Jersey and an assistant professor of obstetrics, gynecology, and reproductive sciences at Rutgers Robert Wood Johnson Medical School.



Cancer Matters is brought to you by Rutgers Cancer Institute of New Jersey.

