

MONMOUTH COUNTY REGIONAL

HEALTH COMMISSION #1

ANNUAL REPORT

2010



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Annual Summary Statement

In early 2010 the Monmouth County Regional Health Commission welcomed the Township of Wall to our group, and in November, Middletown Township became a contract member. We began our public health nursing pilot program in the spring of 2010, which has been quite successful. It has been very helpful to have our own public health nurse, and has enabled us to provide immunizations in our office on a routine basis. This pilot is described more fully in the section on “Public Health Nursing.”

We continue to collaborate closely with the other local health departments in our county, in particular, the members of the Monmouth Public Health Consortium (MPHC), which include Colts Neck, Freehold, Long Branch and Manalapan health departments. MCRHC, on behalf of the Consortium, sought and obtained a Chronic Disease Self-Management grant. These funds were made available from Federal ARRA monies. This program is discussed later in the document. Our health educator also offered ServSafe food safety classes throughout the year to our local vendors. This provided the vendors with a local class more convenient to them and at a lower price.

H1N1 influenza clinics continued to be held through the spring of 2010. These were primarily second-dose school-located clinics for children under the age of nine. However, we also provided H1N1 influenza vaccines in our office through early summer.

We began a new service of tanning salon inspections this year, for which we were reimbursed from New Jersey Department of Health and Senior Services.

Monmouth Cancer Coalition

The Monmouth County Regional Health Commission (MCRHC) is a member of the Monmouth Cancer Coalition, which again held its “Choose your Cover” campaign this year in July . 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, 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 2011.

Childhood Immunizations

New Jersey Department of Health and Senior Services (NJDHSS) required influenza and pneumococcal (Prevnar) vaccination for the first time for children six to fifty-nine months who attend daycare, or public or private preschool. Originally, this was to have been required for the 2008 and 2009 seasons, but was delayed due to a lack of pediatric vaccine. Families were given from September 1 to December 31, 2010 to comply with this change.

We are now able to offer childhood vaccines to children who are uninsured or are on Medicaid or Family Care through the Vaccines for Children (VFC) program. This is provided at no cost to the family, and MCRHC will receive Medicaid reimbursement for vaccine administration. Immunizations include: Inactivated Polio, Measles, Mumps, Rubella (MMR), Hib, Tetanus, Diphtheria, and Pertussis, among others.

ARRA Vaccinations (American Reinvestment and Recovery Act)

Through Federal Stimulus funds, we received certain vaccines free of charge to administer to residents. These vaccines include: Human Papilloma Virus (HPV), Meningococcal, Tetanus/Diphtheria/Pertussis (TdaP), and pneumococcal vaccine.

Tetanus, diphtheria and pertussis (TdaP) is available for ages 10-64, and is suggested as a one-time dose to replace the Td booster for that dose. It is the first vaccine for adolescents and adults which offers protection against all three diseases. Prior to this, only Td was available for those age groups. Including pertussis protection ensures that adults do not spread this disease to young infants and children who may not be fully immunized.

HPV is the most common sexually transmitted infection in the United States. The HPV vaccine is a 3-dose series over a period of 6 months and may be administered to males and females ages 9-26. ACIP recommends routine vaccination at 11 or 12 years of age, but can be begun as young as 9 years of age. Catch-up vaccination is recommended for ages 13-26.

Pneumococcal disease can lead to serious infections such as pneumonia, particularly in the elderly and very young. Pneumovax is recommended for adults 65 years of age and up; anyone 2 through 64 with a chronic health problem (sickle cell disease, heart or respiratory condition, cancer), or who is a smoker.

Meningococcal disease is a potentially severe illness and is a leading cause of meningitis in the US. It can be fatal. The meningococcal vaccine is required for 6th grade admittance, and also for admittance to many colleges (for resident students).

MCRHC provided these vaccines on two dates at Monmouth University, as well as in the office on a regular basis.

Chronic Disease Self-Management Program (CDSMP)

Developed by Stanford University, the Chronic Disease Self-Management Program was offered to residents through a Federal ARRA grant administered by NJ State Health & Senior Services for people with chronic diseases, their family members and caregivers. They are learning together, in a community setting about healthier ways to live, gain confidence, motivation to manage their health, and feel more positive about life. This 6-week workshop was held once a week for 2 ½ hours on three separate occasions. Some of the locations targeted were independent living facilities, senior centers, senior housings and community centers such as the YMCA. Workshops were held in Keyport, Red Bank, and Tinton Falls and were co-led with the VNACJ.

This program will continue through May, 2011 under the grant funding and may be continued after that at a small cost to participants. Peer training was also provided by our Master Trainers, so that those participants can offer training in their areas of the county.

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.

Due to lower than average summer rainfall amounts, the beaches affected by the provisional rainfall policy were closed 13 times this season, as opposed to 26 days in 2009. Advisories were posted for the first time by all Monmouth County health departments this beach season when an initial water quality test was abnormal, to alert the public to this fact, rather than waiting on the second sample as had been protocol. Beaches were not closed at that point, and advisory signage was taken down when the second test was normal. Advisory statements were posted once this season at the York stand due to a 140 enterococci per 100 mL sample. The 24-hour resample results came back satisfactory.

The Wreck Pond situation is now in the hands of the U.S. Army Corps of Engineers and progress has been made on their Watershed Recon Study. The first phase of the study, which assessed all of the issues associated with the watershed, has been completed. This information is being used to develop a scope of work and should be presented at the next Wreck Pond meeting in 2011. The U.S. Army Corps of Engineers emphasized that the wording of this document is critical to the acceptance of funding from the federal government.

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

CCMP Date	Precipitation within past 24 hours	Bacteria Results for S.L. and S.G.
5/17/2010	none	all beaches <10
5/24/2010	none	Terrace = 50 ; all other beaches ≤ 10
5/31/2010	none	all beaches <10
6/7/2010	none	all beaches <10
6/14/2010	none	all beaches <10
6/21/2010	none	all beaches <10
6/28/2010	0.01" @ 7:00 PM	all beaches ≤ 20
7/6/2010	none	all beaches ≤ 20
7/12/2010	none	all beaches ≤ 10
7/19/2010	0.09 @ 12:00 PM	all beaches ≤ 10
7/26/2010	0.46 @ 5:00 PM on 7/25/2010	all beaches ≤ 10
8/2/2010	1.18 @ 1:00PM on 8/1/2010	all beaches ≤ 30
8/9/2010	none	all beaches ≤ 10
8/16/2010	none	York = 50 ; all other beaches <10
8/23/2010	0.33 @ 11:00 PM	York = 140 (Failure) ; Terrace = 100 ; Beacon and Brown = <10
8/30/2010	none	Terrace = 30 ; all other beaches ≤ 10
9/7/2010	none	all beaches <10

Note: Beaches were provisionally closed 13 days during the 2010 bathing season due to rainfall ≥ 0.10 ".

Communicable Disease

The Monmouth Public Health Consortium Epidemiology Program conducts surveillance and investigation of approximately 63 reportable diseases/conditions. Clusters of any illness or outbreaks among any groups with similar signs and symptoms are also reportable. The program conducts outbreak investigations, provides prevention information to clients at risk for acquiring or transmitting a communicable disease, and advises the appropriate post-exposure prophylaxis.

This program has been working closely with infection control persons of hospitals, long-term care facilities, schools, and other institutional settings in disease outbreak situations and other critical concerned diseases, including meningococcal meningitis, hepatitis A, Haemophilus Influenza, pertussis, MRSA, etc. The goal is to assist with control measures so as to control the outbreak situation and shorten the duration of the outbreak.

The following graphic shows the communicable diseases reported in 2010 for the Monmouth Public Health Consortium. Lyme disease and hepatitis C have always been the leading diseases reported in New Jersey and Monmouth County.

The total number of diseases reported was 905, including 612 confirmed cases, 193 possible cases and 100 probable cases. Vectorborne diseases comprise the most reports (44%) followed by chronic hepatitis C (20%), food and water borne diseases (16%), and vaccine preventable diseases (18%).

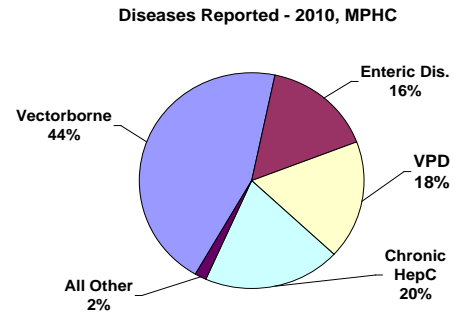


Figure 1.

Among the vectorborne diseases reported, 98% was Lyme disease. Figure 2b shows the large increase in Lyme disease reporting from 2008 to 2010. Tick-borne illnesses constitute an important health problem in New Jersey and Monmouth County. Since certain ticks can harbor more than one disease-causing agent, a single tick bite can transmit multiple pathogens, which has compounded the difficulty in diagnosis and treatment. The reporting definition change in 2008 is one of the contributors to the increase of Lyme disease incidence.

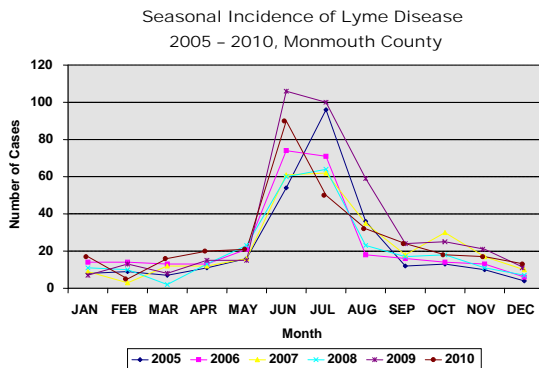


Figure 2a

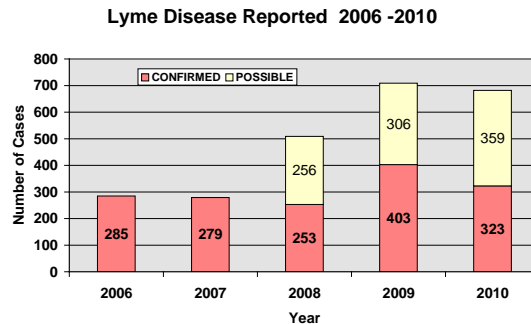


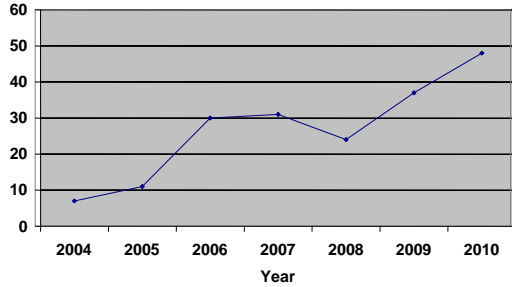
Figure 2b

The food and water borne diseases were mainly attributable to salmonellosis, campylobacteriosis, giardiasis, and shigellosis. There was no increase in disease reporting compared to 2009. The great success in 2010 in comparison with previous years was that there were no foodborne outbreaks reported in food service entities.

Vaccine preventable diseases decreased dramatically in 2010 compared to 2009, the year of H1N1 flu. But varicella incidence has been increasing in reporting since it became reportable in 2009. Among the reported varicella cases (28) from the Consortium, more than 72% were younger than 20 years old and either had one dose or no vaccine. 75% of cases (defined as probable case) were diagnosed by health care providers without lab testing. For those with incomplete vaccination history and no prior history of the disease, the disease was characterized with mild symptoms, including less than 50 lesions, shorter duration of illness, and no fever.

As vaccination rates have increased, the majority of varicella cases now occur as breakthrough cases among vaccinated persons. New Jersey recommends all healthy children 12 months through 12 years of age should have two doses of chickenpox vaccine.

Streptococcus Pneumonia Reported
Monmouth County, 2004 - 2010



Streptococcus pneumonia, a vaccine preventable disease, has increased steadily in the past years (figure 4) in Monmouth County. About 57% of the patients from the Consortium were adults aged 65 and older.

Outbreaks from Long-term Care Facility and Institutional Settings

Gastrointestinal and respiratory infection outbreaks are common at long-term care facilities (LTCF) and schools. In 2010, there were 15 outbreaks (13 gastrointestinal infections and 2 respiratory infections) which sickened 484 people in the Monmouth Public Health Consortium jurisdiction. Specimens were collected and tested in 9 of the 15 outbreaks. Etiology in seven was confirmed. Most of the GI outbreaks were caused by the norovirus and one of the RI outbreaks was caused by flu type A.

The challenges in implementing control of outbreaks with the institutions were obtaining the outbreak reports on time and specimen collections. Often, the outbreaks were reported at a late stage which delayed the efforts of control and prevention from local health departments. Lab testing is critical to confirm etiology of the outbreaks but it is tedious to carry out. Therefore, it requires cooperation from both health care providers and patients. However, the office worked closely with the Infection Control staff at facilities to reinforce control measures and evaluate their effectiveness. We provide recommendations and educational materials, and assistance for specimen collections.

Salmonella Outbreak at Daycare Center

One daycare center in Monmouth County had eleven children with diarrhea or loose stool and five of them tested positive for salmonella in July. The outbreak lasted 58 days and ceased after the center was instructed to follow the NJDHSS guidelines for outbreaks at daycare centers. The daycare center had been using its own readmission criteria following illness, which required only 24 hours free from diarrhea and vomiting/nausea. Per the NJDHSS protocol, symptomatic diapered children should be excluded from a daycare facility until they produce two consecutive negative stool specimens. The exclusion should continue until the second negative specimen, even though the child may become asymptomatic. The Epidemiologist visited the daycare center and worked with the RN and Assistant Director of the daycare center. Finally, a letter was sent out to the parents to follow the NJDHSS control measures of the salmonella outbreak. The Assistant Director confirmed that the outbreak subdued after they followed NJDHSS recommendations.

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 administered within a limited time to be effective. In 2010, MPHCC received seven reports of hepatitis A. Five of these were false positive reports upon investigation, and two were confirmed cases.

The two confirmed cases were adults and reported by the Infection Control Practitioner of community medical centers. Both cases were positive for hepatitis A IgM antibody and elevated liver functions with clinical symptoms. One acquired the disease outside of the United States and one was locally infected with unknown exposure. One of the cases with preexisting medical conditions expired. Fourteen close contacts were identified and had appropriate post-exposure prophylaxis on time. There was no secondary case identified by the end of the hepatitis A incubation period.

Meningococcal Invasive Disease Investigation and Control

Two cases of meningitis and 2 suspect cases were reported in 2010. All were younger than 20 years old. Though many reported cases of “meningitis” are ultimately found to be caused by a virus or bacteria other than *N. meningitides*, it requires public health to take proactive action and recommend prophylaxis to the close contacts of the patient as soon as possible, ideally 24 hours after identification of the index patient.

The first confirmed case was a seventeen year old boy admitted into the emergency room of a community medical center for suspected meningococcal disease in March. Prior to his illness, the patient attended a party with 30 to 40 people at his friend’s house. A list of 16 close contacts, including his girlfriend, direct health care providers from the medical center, and household members was developed and were given prophylaxis. This case was confirmed subsequently by lab result. The second case was a college student who became ill during the Christmas break while at home in California, so no prophylaxis was necessary locally. She had been vaccinated two years previously, but the serotype of her illness strain was not identified. Therefore, it is not possible to determine if it was a strain included in the vaccine.

The two suspected cases were elementary school students and reported by the school nurse. Both were hospitalized. Meningococcal disease often causes panic at schools. It is important to act quickly to give the right information and ease the concerns by sending notification to the parents or close contacts with educational information.

Perinatal Hepatitis B Case Management

Hepatitis B virus (HBV) infection in a pregnant woman poses a serious risk to her infant at birth. Without postexposure immunoprophylaxis, approximately 40% of infants born to HBV-infected mothers in the United States will develop chronic HBV infection, approximately one-fourth of whom will eventually die from chronic liver disease. However, transmission can be prevented by identifying HBV-infected pregnant women and providing Hepatitis B immune globulin and Hepatitis B vaccine to their infants within 12 hours of birth.

In 2009, the case management system for HBsAg-positive mothers and their infants was established. It is a simple spreadsheet tracking system for each pregnant woman and her infant. A report of HbsAg-positive in a reproductive age woman is investigated to verify if she is pregnant. If yes, the case is created and followed infancy to 24 months of age to assure the infant completes the series of the vaccine. The case is closed when post-vaccination testing for HBsAg and HBsAb is done from three to six months following completion of the vaccine series and the child tests negative for HBV infection.

There were 14 possible cases identified in 2010. It was a time consuming process to follow through the pregnancy, delivery, and pediatric care. Approximately, each case requires at least 5 to 10 contacts. The challenges are for a child to have the the HBV shots on schedule and post-vaccination testing.

West Nile Virus Associated with Blood Product Transfusion

A 25 year old female with an immunocompromised condition from Eatontown was admitted with fever to hospital on July 29, 2010 and developed encephalitis on August 25. Cerebrospinal Fluid (CSF) specimen was collected on August 25 and tested positive for WNV IgM antibodies at NJDHSS Public Health Environmental Lab. The patient had received 3 units of granulocytes from different donors on 8/7/10, 8/10/10, 8/11/10. The investigation revealed that the patient received the granulocytes donated on 8/9/10 by a donor from Pennsylvania who was confirmed WNV-positive on August 31, 2010. He was admitted to hospital with WNV meningitis on 8/23/10.

Due to the nature of granulocytes, the product must be infused within 24 hours of donation, so there is no time for testing, putting donor recipients at risk.

Hansen's Disease Investigation

Leprosy is a rare disease reported in CDRSS. On May 6, the National Hansen's Disease Surveillance Program in California reported that a 38 year old man from Brazil residing in Long Branch was diagnosed with leprosy. He had skin lesions all over the body and started his treatment at the Hansen's Disease Program in New York City in November 2009. The treatment takes a minimum of 2 years. Due to the long incubation period of the disease (9 months to 20 years) and incorrect contact information, the investigation did not identify any possible risk factor. Patients with Hansen's disease do not remain contagious as commonly believed, but become noninfectious shortly after beginning appropriate antibiotic treatment.

Plan for 2011

Chronic Disease – Obesity/Over Weight Initiative

Schools in different locations of the Consortium will be recruited to develop BMI data of students (including data clean, analysis, and report). The end product will serve as baseline information for developing intervention programs and possible grant applications.

Emergency Preparedness

MCRHC continues to encourage municipal emergency management workers and healthcare workers to enroll in the Monmouth County Medication Database, which would be utilized in an emergency event to dispense medication initially to critical workers. Also, H1N1 provided health departments with much practice regarding provision of vaccinations in large-scale clinic settings as well as in schools.

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 <https://www.deltafour.com/NewJerseySNS/> online.

Flu/Pneumonia Clinics

We held 20 flu/pneumonia clinics in the fall of 2010 where 1,264 flu shots and 54 pneumonia shots were given. Our clinics ran from September 25 through October 22. We held the clinics roughly two weeks earlier than usual to attempt to meet early demand. The clinics were held in nineteen municipalities. In the past, we required persons to be at least 18 years of age to receive vaccine in our community clinics. This year, the age was lowered to 12 (with parent/guardian consent). However, the total number of doses administered in the offsite clinics continues the decline seen in 2007 and 2008. (2009 saw a large increase, but is seen as something of an abnormality due to the H1N1 panic.)

We offered flu vaccines in our office throughout the fall and into 2011. Many more vendors provide influenza vaccinations today than in the past, and begin doing so earlier in the season. 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 continued to provide school-located H1N1 clinics for our 25 municipalities, including several private schools; these included second-dose clinics. School clinics began on Nov. 13, 2009 and were not completed until mid-February 2010. Beginning Jan. 1, 2010, school staff were also offered vaccine when we returned for second dose clinics for those students under the age of 10.

We had planned to hold more open public clinics in 2010, but due to the declining epidemic, we only held one such clinic. Fortunately, the H1N1 influenza pandemic began to dissipate in early

2010. 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, and Monmouth County HD). In particular, the Monmouth Public Health Consortium (Long Branch HD, Colts Neck HD, Freehold HD, Manalapan HD, Middletown HD) shared staff for all their public clinics. This has been an evolving and much appreciated collaboration.

The 2010 seasonal influenza vaccine included the H1N1 strain in it, so supplemental vaccine doses were not necessary this last fall.

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, they are also available for review by the public on our website. Our health educator continues to offer ServSafe food safety certification classes to local food vendors.

Health Education Program

- Quarterly newsletters on current health topics and environmental health concerns were created. The newsletters were e-mailed to town administrators and Consortium health officers so they could provide it to their residents or place it in their town's newsletter. Some of the topics covered in 2010 were: Staying Active during the colder months, Cholesterol Management, Tick-Borne Disease, and Keeping Yourself Safe at the gym.
- The Monmouth Public Consortium Health Educator is a certified Proctor/Instructor of the ServSafe food management program. ServSafe is an 8-hour food safety course directed toward food establishment workers. Upon successful completion, class participants are certified for five years. Six classes were offered from January 2010 through November 2010.
- Developed by Stanford University, the Chronic Disease Self-Management Program was offered to residents through a Federal ARRA grant administered by NJ Department of Health and Senior Services for people with chronic diseases, their family members and caregivers. Participants learn together in a community setting about healthier ways to live, gain confidence, motivation to manage their health, and feel more positive about life. This 6-week workshop was held once a week for 2 ½ hours on three separate occasions. Some of the locations targeted were independent living facilities, senior centers, senior housings and community centers such as the YMCA. Workshops were held in Keyport, Red Bank, and Tinton Falls and were co-led with the VNA of Central Jersey.
- A bed bug presentation was conducted for residents at McGrath Tower in Keyport.
- An Asthma & Allergy presentation was conducted for the staff and caretakers at Search Day School in Wanamassa.
- A summer safety presentation was conducted for children at a camp in Sea Girt. Some of the topics covered were: the importance of staying hydrated in the summer, germs at the park

and beach, importance of cleaning up after being in public places, mosquitoes and tick bites, and the importance of applying sunscreen. Germ prevention coloring books were provided to the children.

- During the flu season, educational materials on preventive steps against the flu were provided to residents at our flu clinics.
- A trifold pet brochure was created and distributed to residents about the hazards to human health and waterways when pet waste is disposed of improperly. Residents were educated on the proper way to dispose of pet waste.

Monmouth Public Health Consortium was invited by various municipalities, schools, and organizations to attend their health fairs with educational materials on various issues such as bed bugs, mosquito control, rats, and head lice. Material on other topics was also on display.

The health educator represents MCRHC on the Keansburg School-based Program Advisory Council, the Monmouth-Ocean Lead Coalition, and the Lyme Disease Workgroup.

Health Officer Report

The Health Officer actively participated in the Monmouth County Public Health Consortium, the Mobilizing for Action through Partnerships and Planning (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).

Revisions to the personnel policy manual were accomplished in 2010. H1N1 Response Funding and Public Health Priority Funding (PHPF) was obtained for 2010 from NJDHSS (but PHPF ended as of July 1 due to budget cuts by the Governor). Grant funding for the Chronic Disease Self-Management Program was sought and received.

MCRHC applied to the New Jersey Vaccine-Preventable Disease Program to become a site for ARRA vaccines and for Vaccines for Children (VFC), thus beginning its first in-house, year-round immunization program in 2010, which provides a convenient option for residents of any age seeking vaccines. MCRHC collaborated with the school systems of Keansburg and Shrewsbury Boro to provide vaccines on-site for children.

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 >10 ug/dL now trigger a public health nursing investigation and lead prevention education. Welligent LeadTrax software, (web-based software), is now utilized to document any findings related to lead cases by all involved parties. Environmental investigations are required for lead levels of >15 ug/dL. We have seen a slight increase in lead cases, particularly in the Red Bank area. Some causes of lead poisoning include lead-based paint, lead in candy, and lead in cosmetics.

Our health educator serves on the Monmouth-Ocean Lead Coalition.

Public Health Nursing

The Visiting Nurse Association of Central Jersey provides public health nursing services to most 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

In 2010, MCRHC began a pilot public health nursing program utilizing the services of one part-time nurse to cover the municipalities of Monmouth Beach, Shrewsbury Boro and Wall. Beginning November 2010, Middletown was also included in this project. The program will continue in 2011, and hopefully expand. Through having our own public health nurse (PHN), we have been able to offer vaccinations in our office on a regular basis for the first time, as well as provide more individual service to these municipalities.

Rabies Clinics and Animal Bites

MCRHC provided 1,381 doses of Rabies vaccine to area dogs and cats in 2010 (1161 dogs, 220 cats) in seventeen municipalities. In comparison, in 2009 MCRHC provided only half this number of vaccinations.

There were ten terrestrial animal rabies cases and no bat cases in 2010 in Monmouth County, which is a similar number to 2008. Nine of these cases were in raccoons and one case in a cat. Statewide, cats account for 90% of the domestic animal cases since 1989, and during the last five years, there has been an average of 17 cases of rabies in cats in New Jersey annually.

Tuberculosis

There were seven suspected or verified cases of active Tuberculosis (TB) in our jurisdiction in 2010, and 24 contacts to these cases were identified and examined. Two of the seven suspected/confirmed cases completed treatment in 2010, and others continue on therapy. There were a total of 26 cases in the county as a whole. This was almost double the number for 2009, but does not yet indicate a trend.. Of those 26 cases, 358 contacts were identified.

West Nile Virus

Sixteen crows were sent for West Nile Virus (WNV) testing to the NJDHSS Public Health Laboratory this season. Fourteen of these tested positive for WNV, which is a higher number than has usually been seen in recent years in this area. However, dead crows are only tested if they are found in reasonable condition and have not been dead for several days. Some residents may choose not to call the health department, but instead simply dispose of the birds on their own.

West Nile Virus Testing of Dead Crows by Municipality

Date	Municipality
7/22/10	Wall
7/26/10	Shrewsbury Boro
7/23/10	Spring Lake
8/11/10	Shrewsbury Boro
8/12/10	Brielle
8/16/10	Holmdel
8/19/10	Little Silver
8/24/10	Eatontown
8/31/10	Wall
9/7/10	Sea Girt
9/8/10	Eatontown
9/9/10	Brielle
9/14/10	Brielle
9/23/10	Wall

WNV is now endemic in this area. Testing is utilized by the Monmouth County Mosquito Commission to assist them in determining locations to spray for mosquitoes. Municipal officials were informed of the test results shown above, and the public received educational reminders regarding WNV prevention.

Plans for 2011

Quality improvement activities will be a focus in 2011 in all departments. MCRHC will develop educational tools to increase immunization rates, from data compiled during in the NJCEPH Project, which will enhance efforts looking toward future voluntary accreditation as a health department. Opportunities will be sought to work with MCRHC municipalities to offer health education to residents, particularly in the areas of obesity, heart disease and diabetes prevention.