Overview

- Continuing education credits – group sign-in sheet needed for persons not logged in to webinar
- Questions
- Recording
- Slides posted on NJLMN under Practice Exchange

CDS Training Resources Website

http://www.nj.gov/health/cd/training_res.shtml

New CDS Staff

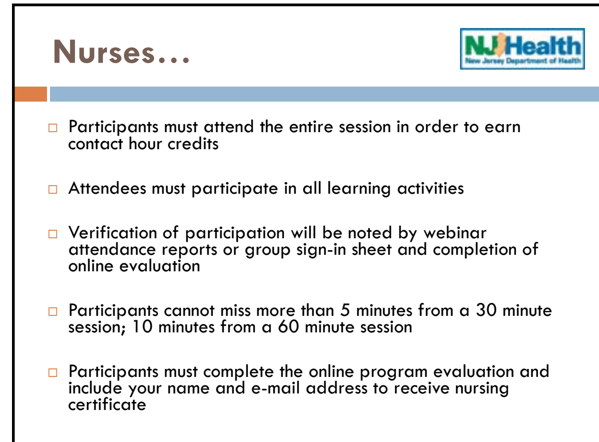
- **Foodborne Disease Surveillance Coordinator** - Deepam Thomas
  - Interim since the departure of Michelle Malavet in June 2015
  - With NJDOH since 2009, various positions including respiratory and foodborne disease surveillance and the laboratory liaison
- **Antimicrobial Resistance Coordinator** - Patty Barrett
  - With NJDOH since summer 2015 as an epidemiologist working on Ebola Infection Control grant activities
- **Infection Control Specialist** - Bridget Farrell
  - Part-time, conducting infection control assessments in various healthcare settings as part of Ebola Infection Control grant
- **CDRSS Coordinator** - Dela Surti

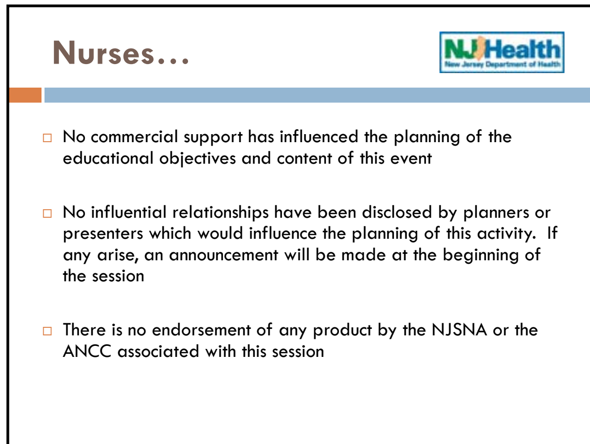
NJDOH E-mail Migration

- NJDOH moving to Office 365 and Outlook
- New e-mail effective TODAY -
  - firstname.lastname@doh.state.nj.us
  - firstname.lastname@doh.nj.gov

Agenda

1:30	Welcome
1:40	Hepatitis C: New 2016 Case Definition *Ellen Rudowski, RN, MSN, Hepatitis C Coordinator*
2:10	*H3N2v in NJ*/Communicable Disease Investigation Case Studies - Local Health Department Authorities and Roles *Lisa McHugh, MPH, Influenza Surveillance Coordinator / Coordinator, Infectious Surveillance Team*
2:45	STD Program Update *Pat Mason, STD Program Manager*
3:05	Hot Topic! Infection Control Assessments and Response *Jason Mehr, MPH, Healthcare Associated Infections Coordinator*
3:25	Feedback and questions
3:30	Adjourn





HEPATITIS C:
NEW 2016 CASE DEFINITION

Ellen Rudowski RN, MSN

Objectives

- Reinforce NJDOH population-based case management priorities
- Review 2016 case definitions for Hepatitis C Acute & Chronic
- How to undergo case investigation
- Provide negative HCV serology studies examples
- Provide CDRSS case management tips

Hepatitis C Population-Based Focus

- Individuals **30** years old and younger
  - Perinatal transmission
  - Increase IVDU amongst 18–24 year olds
  - People who inject drugs (PWID)
  - Rule out healthcare associated infections
- Individuals **70** and older
  - Rule out healthcare associated infections
- Cases with referring medical facility listed
  - Inpatient, Infirmary, ER Associates
- Ordering provider associated with a high risk venue
  - Oncology, pain centers, dental care, podiatry, dialysis, etc.
- Cases sharing a common address
- Residential living setting i.e., longterm care, assisted living facilities

2016 Case Definitions

2016 Laboratory Criteria for Hepatitis C Definition for Case Classification

2016 Lab Criteria

- HCV antibody screening test with a 95% predictive positive signal to cut-off ratio
- Nucleic Acid Test (NAT) for HCV RNA positive (including qualitative, quantitative or genotype testing)
- A positive test indicating presence of hepatitis C viral antigen(s) (HCV antigen)*

* When and if a test for HCV antigen(s) is approved by FDA and available.

Clinical Criteria for Hepatitis C Definition for Case Classification

ACUTE

2016 Acute Clinical Criteria

Illness with discrete onset of any signs or symptoms consistent with acute viral hepatitis
AND

Jaundice **OR** Peak ALT > 200 IU/L during period of acute illness

Previous Clinical Criteria

- Similar to clinical presentation described in 2012 acute case definition
- Lower ALT meets criteria (2012 definition 400 IU/L)

Clinical Criteria for Hepatitis C Definition for Case Classification

CHRONIC

2016 Chronic Clinical Criteria

Most HCV-infected persons are asymptomatic; however, many have chronic liver disease, which can range from mild to severe.

Previous Clinical Criteria

- Same as clinical presentation described in 2012 chronic case definition

Clinical Criteria for Hepatitis C Definition for Case Classification

INFANTS

2016 Chronic Clinical Criteria: Persons less than 18 months of age

- Nucleic Acid Test (NAT) for HCV RNA positive (including qualitative, quantitative, or genotype testing)
- A positive test indicating presence of hepatitis C viral antigen(s) (HCV antigen)*

Previous Clinical Criteria

- Same as clinical presentation described in 2012 case definition
- *When and if a test for HCV antigen(s) is approved by FDA and available
- **Does not include antibodies**

Hepatitis C Case Classifications

Acute, Confirmed

- Meets clinical criteria AND has a positive Hepatitis C virus detection test

OR

- Documented negative HCV antibody, HCV antigen or NAT test result followed by positive result of any of these tests within 12 months

Chronic, Confirmed

- A case that does not meet the clinical criteria or has no report of clinical criteria

AND

- Does not have test conversion within 12 months or has no report of test conversion

AND

- Has a antibodies to hepatitis C virus (anti-HCV) with a signal to cut-off ratio 95% predictive of a true positive, confirmatory positive HCV NAT or HCV antigen test *
- * When or if FDA approved

Case Investigations

Acute Hepatitis C Case Investigation

- Case interview
- Identify patient exposure risk factors
  - Throughout the 6 months prior to symptom onset
- Provide hepatitis education
  - Methods of transmission
  - Liver preservation measures
    - Hepatitis A and Hepatitis B vaccination (single or double antigen)
    - OTC and liver toxic medications, herbs, high potent vitamins
    - ETOH abstinence, alcohol assessment

CDC HCV Exposure Risk Factors

- Receipt of blood transfusion, organ or tissue transplant prior to 1992
- Receipt of clotting factor prior to 1987
- Hemodialysis
- Use of non-prescription drugs *by injection or nasal insufflation*
- Direct contact *(blood to blood or mucous membrane)* with some else's blood
- Close contact with someone diagnosed with hepatitis
- *Live with/share personal items with an HCV-infected household contact*

CDC HCV Exposure Risk Factors

- Receive a tattoo or body piercing
- Receive treatment for a STI
- Have surgery
- Receive injection medication at a doctor's office or clinic or as part of a medical procedure
- *Born to a hepatitis C positive mother*

HCV Serology Studies

Hepatitis C Past Infection Serology Studies

- HCV Signal to Cut off Ratio with 95% Predictive Confirmatory Index AND
- HCV RNA Not Detected
  - Indicates no current infection
  - No Hepatitis C replication at time of lab draw OR
  - Viral replication below lowest test assay range
  - Past Hepatitis C exposure

Case closed as:
Subtype= CHRONIC
Case Status= CONFIRMD
Report Status = LHD CLOSED

Negative Serology Studies

- National initiative for commercial laboratories to report negative Hepatitis C RNA laboratory results
  - Positive HCV Abs screening specimens are reflexed to HCV RNA PCR testing yielding negative results
  - Positive HCV Abs screening test results are not reportable to NJ Department of Health (DOH)
  - Negative labs reported as requested by the CDC for indication of viral clearing
- Case closeout for case created with negative lab or non-confirmatory lab

Subtype: Pending
Case report status: Not a Case
Reason for Case Status: Does Not Meet Case Definition
Report Status: LHD Closed

Insufficient Specimen for Genotyping

- Case Created with **ONLY** a HCV Genotype result:
  - Specimen has insufficient HCV RNA Virus to obtain Genotyping

- Case Closeout
  - Subtype: Pending
  - Case report status: Not a Case
  - Reason for Case Status: Does Not Meet Case Definition
  - Report Status: LHD Closed

HCV Genotype results: Insufficient Specimen to Genotype

HCV Genotype results: Insufficient Specimen to Genotype

Case Created with HCV RNA PCR <15 UI/mL

- HCV RNA Qualitative / Quantitative PCR Serology Studies in CDRSS

- Value < 15ND UI/ml; ND stands for Not Detected
- Case Closeout
  - Subtype: Pending
  - Case report status: Not a Case
  - Reason for Case Status: Does Not Meet Case Definition
  - Report Status: LHD Closed

- Value <15 IU/mL; Click on lab test to review test interpretation statement states "HCV RNA Detected"
- Case Closeout
  - Subtype: Chronic
  - Case report status: CONFIRMED
  - Reason for Case Status:
  - Report Status: LHD Closed

NY State DOH ELR Cases

- CDRSS cases created by New York State DOH electronic lab reporting (ELR)
  - ELECTRONIC, NYDOH
  - Confirmatory positive HCV RNA NAT test results
  - Low positive HCV Signal Cut Off Ratio index
    - Positive HCV Abs screening test results are not reportable to NJ DOH
    - No ability in present CDRSS system to prevent case creation
    - Updated version of CDRSS (January 2017) will afford the opportunity to E-CLOSE case based on laboratory test results

HCV Genotype results: Insufficient Specimen to Genotype

HCV Case Closeout QUIZ

- 7/2/15 HCV RNA PCR Quantitative value= 351IU/mL
- 11/5/15 Specimen has insufficient HCV RNA Virus to obtain Genotyping
- Case Closeout
  - Subtype: Chronic
  - Case report status: Confirmed
  - Reason for Case Status: Not needed for confirmed cases
  - Report Status: LHD Closed
- Rationale:
  - Case created with a confirmatory HCV RNA PCR test value dated 7/2/15

Case Review Shortcuts

Tips for Previewing Case Lab Studies

Hepatitis C Resources

- http://www.nj.gov/health/cd/documents/hepatitis_resource_guide.pdf
- http://www.cdc.gov/hepatitis/Resources/Professionals/Training/Serology/training.htm
- http://www.nj.gov/health/cd/hepatitisc/index.shtml
- http://www.hepcadvocate.org/

Questions ?

THANK YOU !

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Hepatitis C Surveillance Coordinator
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Note: DOH 2016 e-mail domain

FIRST CASE OF H3N2v IN NEW JERSEY

Lisa McHugh, MPH

Influenza A (H3N2) Variant Virus (Swine)

- First identified in pigs in 2010
- First identified in humans in July 2011
- Since August 2011 – 346 cases
  - Majority of cases in 2012 (n=309)
  - 20 hospitalizations; 1 death
- Mostly children and young adults
- Relatively mild illness
- Limited human to human transmission
- Associated with prolonged exposure to pigs
  - Primarily associated with agriculture fairs

First H3N2v case in NJ

- 9 y/o male
- Onset 12/26/15
  - Fever (102.9F), sore throat, headache, muscle aches, and nasal discharge
- Evaluated HCP – specimen collected (12/26/15)
- Positive rapid antigen test
- Treated with antivirals for 5 days
- No underlying medical conditions
- Specimen sent to PHEL – routine surveillance
- Child fully recovered

First H3N2v case in NJ

- 12/31/15
  - CDS notified by PHEL – routine specimen positive H3N2v
  - Immediate notification to CDC
  - Preliminary information – no swine contact
- 1/4/16
  - Specimen shipped to CDC (delay holiday)
  - Additional interview – contact with swine (12/24/15)
  - Immediate notification to NJ Dept. of Agriculture
  - NJDOH begins message development

First H3N2v case in NJ

- 1/5/16
  - CDC confirms H3N2v result
  - Joint response planned public health & agriculture
- 1/6/16
  - Joint site visit (NJDOH, NJDA, LHD)
  - CDC confirms virus of swine origin – similar to that circulating in swine
- 1/7/16
  - LINCS message
    - Reminder about inquiring about animal exposures
    - Reporting and testing protocols for novel influenza

H3N2v Response

- FAQ –workers on swine premise
- Risk survey of workers – no current or past illness noted
- 10 day period of self observation
- Educational signage for premise
- Internal/external partnering – messaging/response
- NJDA – no additional animal illnesses
- LINCS message – reminders about PH response
- CDC announced case- FluView

H3N2v – Lesson Learned

- Routine surveillance worked in detecting novel flu
- More frequent reminders regarding novel flu risk factors may be needed
- Joint response among multiple agencies was effective
- Re-interviewing of cases may be necessary

- All significant events happen on Friday at 4pm or on the day before a long holiday weekend

COMMUNICABLE DISEASE INVESTIGATION CASE STUDIES

Local Health Department Authorities And Roles

Lisa McHugh, MPH

Disclaimer

- I am not an expert
- Scenarios presented are based on my knowledge of rules and regulations and my experiences of how they have been applied
- Citations of rules will be included when applicable
- Specifically focus on communicable disease

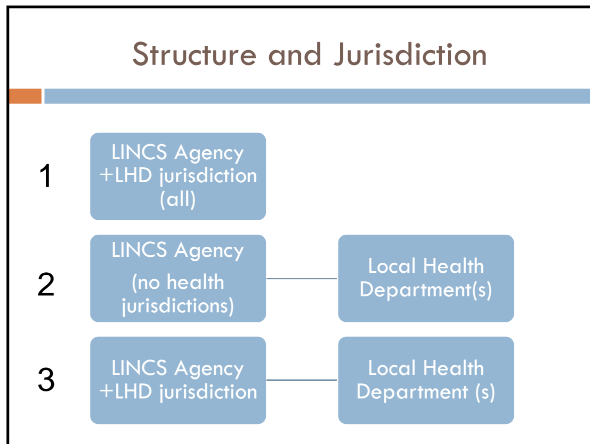
What governs what we do?

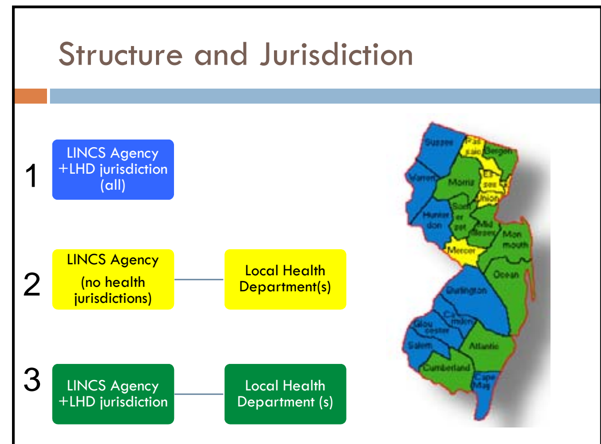
- NJSA Title 26
  - Health and Vital Statistics
- NJAC Title 8 - Chapter 52
  - Public Health Practice Standards of Performance for Local Boards of Health in New Jersey
- NJAC Title 8 - Chapter 57
  - Communicable Disease

Jurisdiction

- Health care providers/ laboratories/ institutions…shall report…..
  - To the health officer of the jurisdiction where the ill or infected person lives
  - If unknown, where the diagnosis is made
  - Exception: State-owned institutions report directly to the NJDOH

NJAC 8:57-1.6 (a), 1.6 (b), 1.7 (a), 1.7 (b)





Investigations Medications

- A food workers who is responsible for preparing salad at a busy restaurant
  - Diagnosed with Hepatitis A
  - Symptomatic while working
- Case is reported to NJDOH
- Following guidance provided
  - Identify contacts and provide PEP (Hep A vaccine or IG)
  - Exclusion food handler not in compliance

Investigation - Provision of medications or testing

- Restaurant, case and majority of contacts reside in a single LHD jurisdiction
- LHD is not a LINCS agency
- Common question
  - As a LINCS agency, why I am not notified of communicable disease investigations?

LINCS and LHD

- Responsibility rests with the HO of the jurisdiction where the patient resides
- CDS will work directly with that HO
- LHD HO
  - Can request assistance, share information, or involve the LINCS agency in a response
  - Done at the discretion of the LHD HO
  - Based on agreement between these 2 agencies

NJAC 8:57-1.6 (a), 1.6 (b), 1.7 (a), 1.7 (b)

Investigation – Access

- Outbreak – rash like illness in a school
- School confirms the outbreak
- LHD provides guidance/exclusions
- Follow up phone call – next day
- School ignores request
  - Only a few rashes
  - Probably just associated with a class trip

Investigation - Access

- NJSA 26:1A-18
  - The commissioner may enter upon, examine and survey any source and means of …….. prison, public or private place of detention, asylum, hospital, school, public building, private institution, factory, workshop, tenement, public wash room, public rest room, public toilet and toilet facility, public eating room and restaurant, and also any premises in which he has reason to believe there exists a violation of any health law…….

Investigation - Access

- NJSA 1A-20
  - Every local health official shall furnish the commissioner with such information as the commissioner may demand, and shall perform such acts as the commissioner may direct, with regard to, and within, the territory under the jurisdiction of the local health official.

Investigation - Licensing

- Influenza OB in long term care facility
- LHD receives call
- Facility also reported to licensing
- LHD provides outbreak guidance and reports OB to NJDOH
- Follow up with facility – not complying with recommendations

Investigation - Licensing

- Licensed facility does not limit the power of health officer
- Can complicate investigation
- Role of licensing = enforce regulations
- Not their job to conduct outbreak investigation
- Continued refusal to follow public health recommendation, may report to licensing

Investigative Follow up

- Legionella outbreak - long term care facility
- Require investigation and remediation
- After remediation is complete, there is a need to:
  - Conduct follow up surveillance for new cases
  - Regularly follow up with the facility regarding scheduled water testing/results
  - Report findings of above to NJDOH
  - Conduct additional investigation

Investigative Follow up

- Outbreak summary report - 8:57-1.10(g)
  - HO shall submit summary report within 30 days of completion of each outbreak to NJDOH
- Routine notifications to the department are required (NJSA 26:4-24)
  - The officer……shall least once each week, and daily when required by the state department, transmit….full information concerning the measures employed by the local board to prevent the spread of diseases……

Resources

- Statutes
  - http://www.njleg.state.nj.us/
- Lexis Nexus
  - http://www.lexisnexis.com/njoal/Default.asp
- NJLMN
  - http://njlmn2.rutgers.edu/exchange
- NJDOH Communicable Disease
  - http://www.nj.gov/health/cd/

Questions?

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New Jersey Department of Health
Division of HIV, STD and TB Services
SEXUALLY TRANSMITTED DISEASE PROGRAM

Patricia Mason, Manager

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Created 01/19/2016

THE MISSION OF THE SEXUALLY TRANSMITTED DISEASE PROGRAM (STDP) IS TO REDUCE THE BURDEN OF REPORTABLE SEXUALLY TRANSMITTED DISEASES (STD) AND RELATED COMPLICATIONS AMONG RESIDENTS (AND VISITORS) OF THE STATE OF NEW JERSEY. TO ACCOMPLISH THIS MISSION, THE STDP, IN COORDINATION WITH ITS INTERNAL AND EXTERNAL STAKEHOLDERS, WILL NOTIFY AND ENSURE MEDICAL EVALUATION (I.E. SCREENING, EXAMINATION, AND TREATMENT) FOR INDIVIDUALS AND THEIR PARTNERS WHO ARE DIAGNOSED OR EXPOSED TO A STD.

THE STDP SUPPORTS LOCAL HEALTH DEPARTMENTS' STD PROGRAMS AND OTHER COMMUNITY HEALTH CARE PROVIDERS IN HIGH MORBIDITY AREAS TO:

1. DESIGN, IMPLEMENT AND IN SOME CASES, EVALUATE PROGRAM COMPONENTS SUCH AS PATIENT MEDICAL CARE, LABORATORY SERVICES AND, PREVENTION & INTERVENTION ACTIVITIES
2. INITIATE AND PROVIDE DIRECTION FOR TARGETED STD (GONORRHEA, CHLAMYDIA, AND SYPHILIS) SCREENING IN COLLABORATION WITH THE NJ FAMILY PLANNING LEAGUE, LOCAL STD CLINICS, CORRECTIONAL FACILITIES, JUVENILE DETENTION CENTERS, COMMUNITY HEALTH CENTERS AND SCHOOL-BASED CLINICS.

Created 01/19/2016

<u>LOCAL HEALTH DEPARTMENTS</u>

THE STD PROGRAM (STDP) COLLABORATES WITH LOCAL HEALTH DEPARTMENTS' STD CLINICS TO ASSURE COMPLIANCE WITH BEST PRACTICE FOR STD SERVICES AND PROVIDE TECHNICAL ASSISTANCE TO LHD WHENEVER NECESSARY. THE STDP HAS THE FOLLOWING SYSTEMS IN PLACE TO ASSIST LHD ACCOMPLISH THEIR STD PREVENTION AND INTERVENTION MISSIONS:

1. SMALL HEALTH SERVICE GRANTS TO SUPPLEMENT LHD STD PROGRAM ACTIVITIES.
2. THE 340B MEDICATION PROGRAM TO PROVIDE MEDICATION FREE OF COST TO STD CLINICS.
3. FREE GONORRHEA & CHLAMYDIA TEST KITS THROUGH THE PUBLIC HEALTH ENVIRONMENTAL AND AGRICULTURAL LABORATORY (PHEAL).

Created 01/19/2016

<u>LOCAL HEALTH DEPARTMENTS (CONTINUED)</u>

4. COLLABORATING WITH THE NEW YORK STATE TRAINING CENTER TO PROVIDE PARTNER SERVICES TRAINING FOR LOCAL DIS.
5. PUBLIC HEALTH REPRESENTATIVES (DIS) PLACED STRATEGICALLY THROUGHOUT THE STATE TO ASSIST LHD WITH THE COORDINATION AND IMPLEMENTATION OF COMMUNITY EDUCATION, PARTNER SERVICES, MEDICAL AND LABORATORY SERVICES, SURVEILLANCE & DATA MANAGEMENT, TRAINING AND PROFESSIONAL DEVELOPMENT AND STD OUTBREAK RESPONSE. TECHNICAL ASSISTANCE IS ALSO PROVIDED BY FIELD STAFF IN AREAS SUCH AS TARGETED STD SCREENING AND UPDATES ON RESURGENCE OF STD SUCH AS RESISTANT GONORRHEA AND/OR LYMPHOGRANULOMA (LGV).

Created 01/19/2016

Reportable STDs in NJ

Chlamydia (including neonatal conjunctivitis)
Gonorrhea
Syphilis (all stages & congenital)
Chancroid
Granuloma Inguinale
Lymphogranuloma Venereum

Created 01/19/2016

THREE BACTERIAL STDS – CHLAMYDIA, GONORRHEA, AND SYPHILIS – ARE THE FOCUS OF THE STD PROGRAM IN NEW JERSEY.

	2013	2014
CHLAMYDIA	28,328	29,950
GONORRHEA	7,016	6,535
INFECTIOUS SYPHILIS	234	297
EARLY LATENT SYPHILIS	547	612

MORE THAN HALF OF THE GONORRHEA AND CHLAMYDIA CASES REPORTED WERE AMONG YOUNG PEOPLE AGES OF 15 – 24 YEARS.

Created 01/19/2016

PROMPT REPORTING OF STD IS EXTREMELY IMPORTANT FOR SEVERAL REASONS:

1. TO ENSURE ACCURATE ANALYSIS OF DATA.
2. ENSURE FUNDING IS DISTRIBUTED IN DISPARATE POPULATIONS & COMMUNITIES.
3. THE APPROPRIATE COMMUNITIES ARE TARGETED FOR THE APPROPRIATE SCREENING & EDUCATION.
4. TO DETERMINE BASIS UPON WHICH TO PLAN & EVALUATE AN EFFECTIVE PROGRAM.
5. TO JUSTIFY REQUEST FOR STATE & FEDERAL FUNDING.
6. TO ENSURE PATIENTS ARE LOCATED SWIFTLY TO PROVIDE APPROPRIATE CARE TO STOP THE SPREAD.

Created 01/19/2016

- THE AFFORDABLE CARE ACT HAS SIGNIFICANTLY INCREASED THE PROPORTION OF INSURED INDIVIDUALS AND HAS SHIFT SOME VULNERABLE AND AT RISK POPULATIONS (TRADITIONALLY PART OF STD SAFETY NET SERVICES) TO AN EXPANDED NETWORK OF PRIMARY CARE PROVIDERS AND PATIENT-CENTERED MEDICAL HOMES. A PART OF THE STD PROGRAM'S RESPONSIBILITY IS TO DETERMINE WHERE AT-RISK CLIENTS ARE RECEIVING SAFETY NET SERVICES AND IDENTIFY THE CLINICAL AND PREVENTION SERVICE GAPS FOR AT-RISK INDIVIDUALS WHO ARE RECEIVING CARE.

Created 01/19/2016

TO ENSURE THERE ARE NO MISSED OPPORTUNITIES BY PROVIDERS, INCLUDING SAFETY NET PROVIDERS THE STD PROGRAM HAS BEEN REACHING OUT TO FACILITIES THAT SERVICE AT-RISK POPULATIONS TO ASK FOR ASSISTANCE WITH MONITORING SCREENING RATES.

THE MAJORITY OF STDS ARE IDENTIFIED THROUGH ROUTINE SCREENING RATHER THAN THROUGH SYMPTOMATIC OR DIAGNOSTIC TESTING. THEREFORE, MONITORING OF SCREENING RATES IS PARTICULARLY IMPORTANT FOR UNDERSTANDING TRENDS IN CT, GC, SYPHILIS, AND CONGENITAL SYPHILIS. AT A MINIMUM, ALL STD PROGRAMS MUST INCLUDE THE FOLLOWING MONITORING ACTIVITIES:

Created 01/19/2016

MEASURE ANNUAL CT SCREENING RATES AMONG YOUNG FEMALES (15-24 YEARS) ENROLLED IN MEDICAID PROGRAMS, AND SEEN IN TITLE X AND OTHER FAMILY PLANNING CLINICS.

MEASURE ANNUAL SYPHILIS AND RECTAL GC SCREENING RATES AMONG MSM SEEN IN HIGH VOLUME HIV CARE SETTINGS.

IN JURISDICTIONS WITH CONGENITAL SYPHILIS: MEASURE SCREENING FOR SYPHILIS AMONG PREGNANT FEMALES IN PRENATAL CARE AND BIRTHING FACILITIES.

Created 01/19/2016

PUBLIC HEALTH STD SERVICES
PRIMARY PREVENTION SERVICES
EPIDEMIOLOGY
DISEASE INTERVENTION SERVICES
OUTBREAK RESPONSE
LABORATORY SERVICE
TARGETED SCREENING
RESCREENING
ASSURANCE OF ACCESS TO SERVICES

Created 01/19/2016

QUESTIONS??

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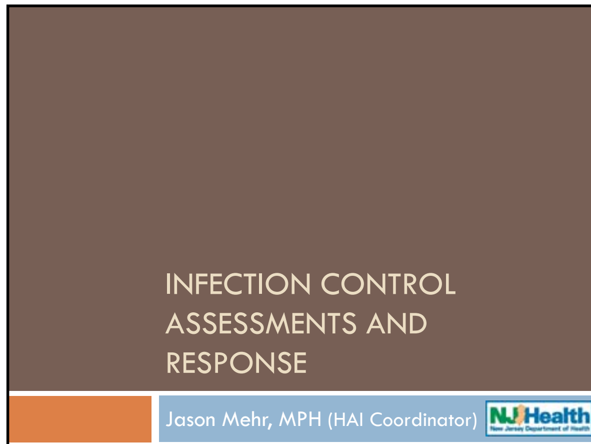
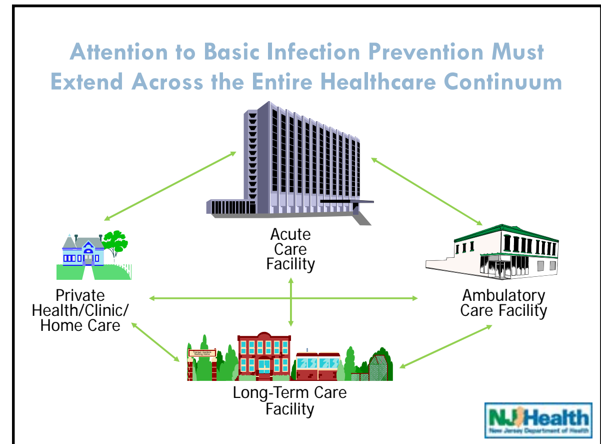
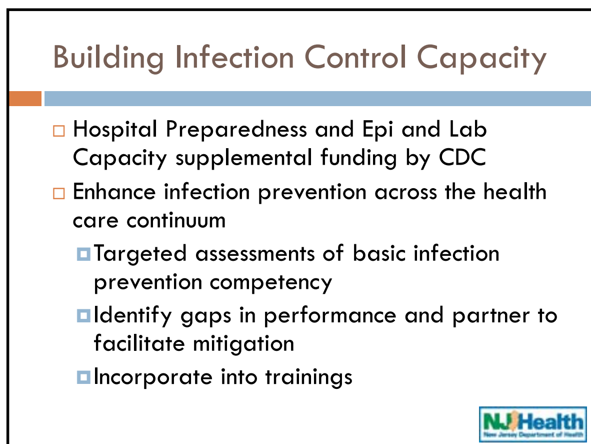
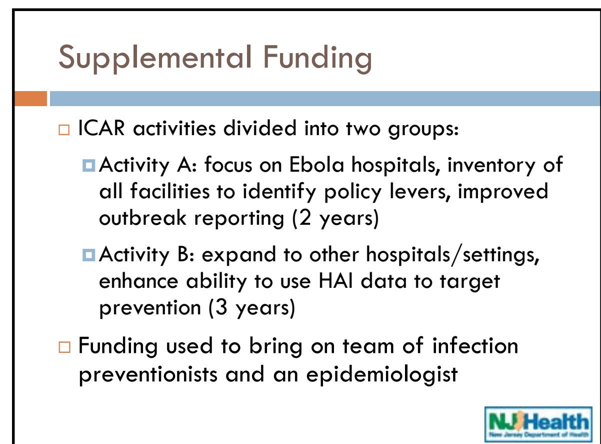
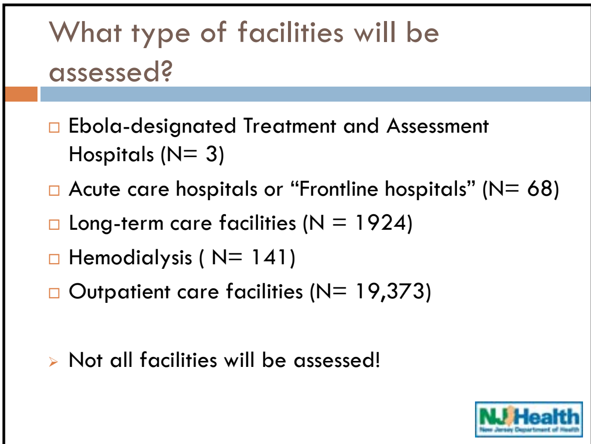
Created 01/19/2016

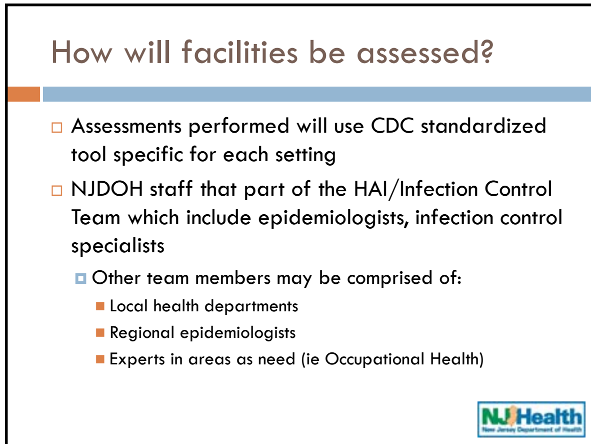


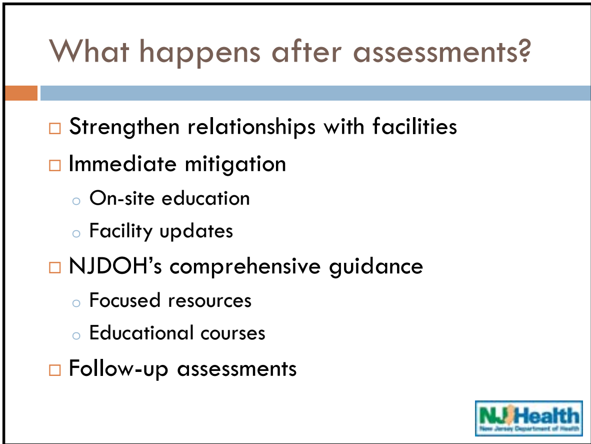


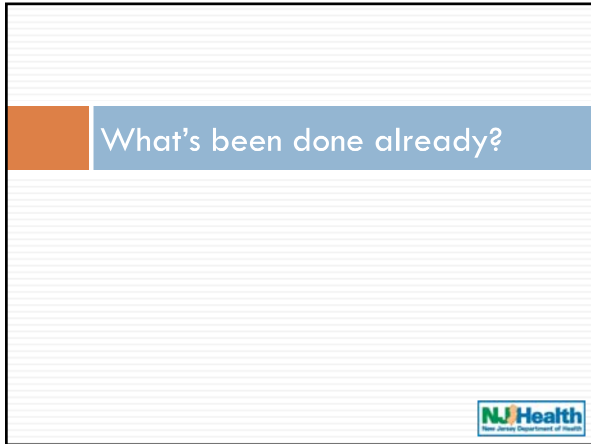


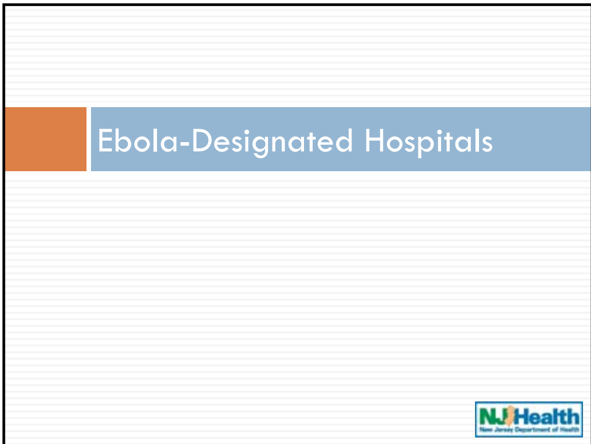


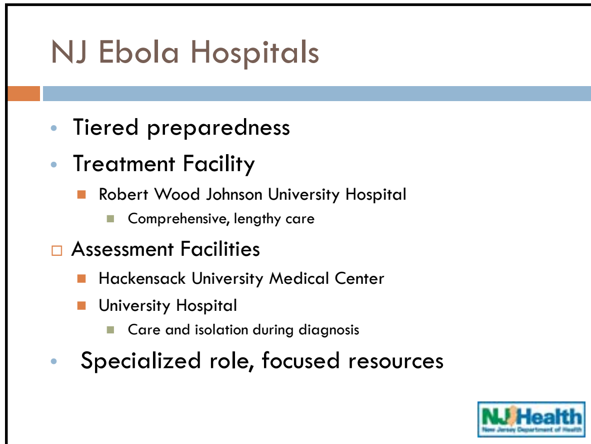

What type of facilities will be assessed?
Ebola-designated Treatment and Assessment Hospitals (N= 3)
Acute care hospitals or "Frontline hospitals" (N= 68)
Long-term care facilities (N = 1924)
Hemodialysis (N= 141)
Outpatient care facilities (N= 19,373)
Not all facilities will be assessed!
NJ Health

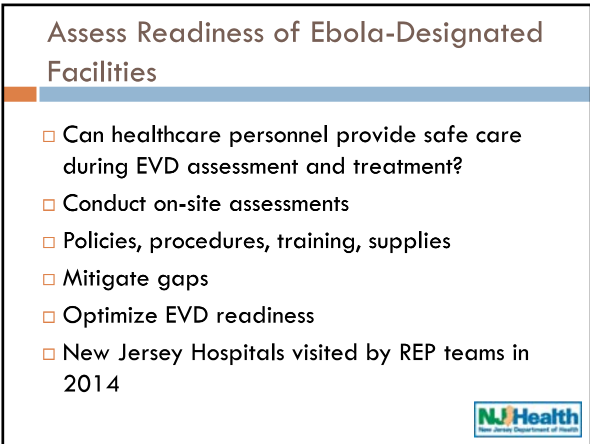

How will facilities be assessed?
Assessments performed will use CDC standardized tool specific for each setting
NJDOH staff that part of the HAI/Infection Control Team which include epidemiologists, infection control specialists
Other team members may be comprised of:
Local health departments
Regional epidemiologists
Experts in areas as need (ie Occupational Health)
NJ Health

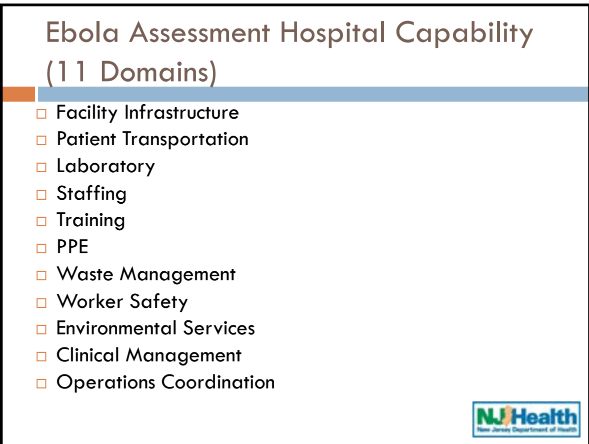

What happens after assessments?
Strengthen relationships with facilities
Immediate mitigation
On-site education
Facility updates
NJDOH's comprehensive guidance
Focused resources
Educational courses
Follow-up assessments
NJ Health

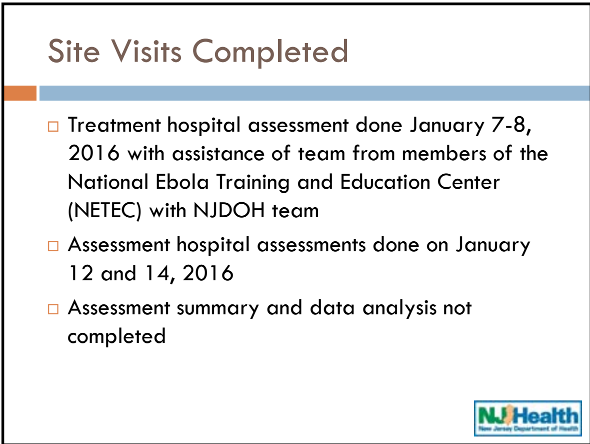

What's been done already?
NJ Health

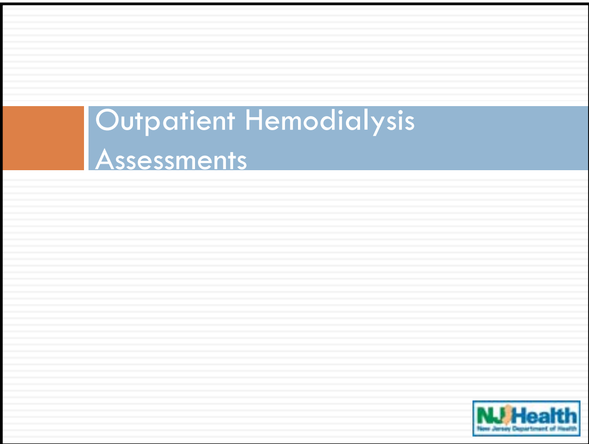

Ebola-Designated Hospitals
NJ Health

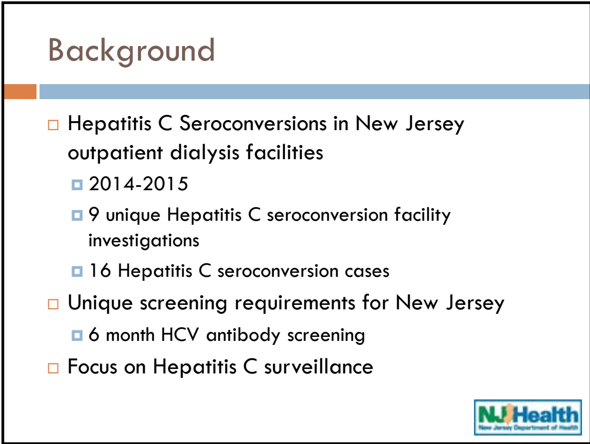

NJ Ebola Hospitals
Tiered preparedness
Treatment Facility
Robert Wood Johnson University Hospital
Comprehensive, lengthy care
Assessment Facilities
Hackensack University Medical Center
University Hospital
Care and isolation during diagnosis
Specialized role, focused resources
NJ Health

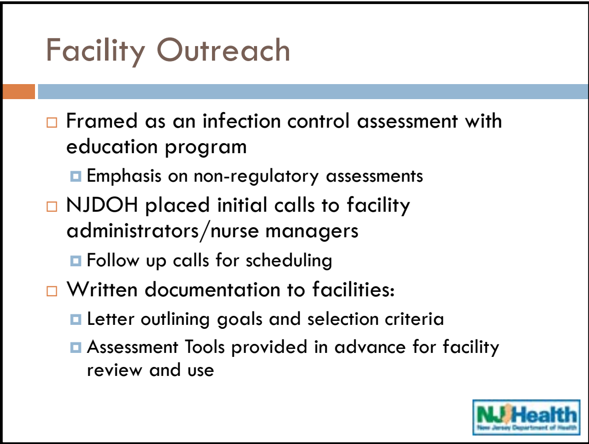

Assess Readiness of Ebola-Designated Facilities
Can healthcare personnel provide safe care during EVD assessment and treatment?
Conduct on-site assessments
Policies, procedures, training, supplies
Mitigate gaps
Optimize EVD readiness
New Jersey Hospitals visited by REP teams in 2014
NJ Health


Ebola Assessment Hospital Capability (11 Domains)
Facility Infrastructure
Patient Transportation
Laboratory
Staffing
Training
PPE
Waste Management
Worker Safety
Environmental Services
Clinical Management
Operations Coordination
NJ Health


Site Visits Completed
Treatment hospital assessment done January 7-8, 2016 with assistance of team from members of the National Ebola Training and Education Center (NETEC) with NJDOH team
Assessment hospital assessments done on January 12 and 14, 2016
Assessment summary and data analysis not completed
NJ Health


Outpatient Hemodialysis Assessments
NJ Health


Background
Hepatitis C Seroconversions in New Jersey outpatient dialysis facilities
2014-2015
9 unique Hepatitis C seroconversion facility investigations
16 Hepatitis C seroconversion cases
Unique screening requirements for New Jersey
6 month HCV antibody screening
Focus on Hepatitis C surveillance
NJ Health


Facility Outreach
Framed as an infection control assessment with education program
Emphasis on non-regulatory assessments
NJDOH placed initial calls to facility administrators/nurse managers
Follow up calls for scheduling
Written documentation to facilities:
Letter outlining goals and selection criteria
Assessment Tools provided in advance for facility review and use
NJ Health

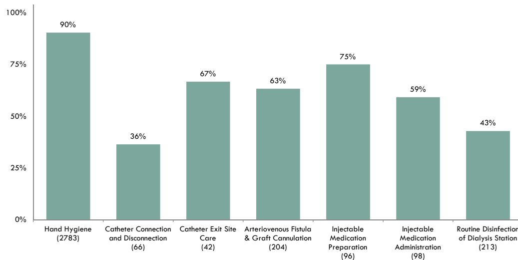
Outline of Site Visits

- Site visits took 1.5 days
  - One exception- Facility only saw patients on MWF
- Introduction meeting to discuss purpose of visit
- Observations/Interviews
- Environmental Assessments
  - Glo-Germ, Bluestar
- Observations
- Exit
  - How to give feedback?

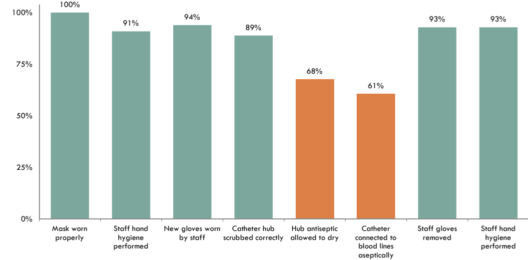
Summary of Site Visits

- Teams visited 9 facilities in 2 weeks
- Collected 3,488 observations
  - Hand Hygiene- 2,783
  - Cannulation- 204
  - Decannulation- 186
  - Catheter Connection/Disconnection- 66
  - Catheter Exit Site Care- 42
  - Medication Preparation- 96
  - Medication Administration- 98
  - Routine Disinfection - 213

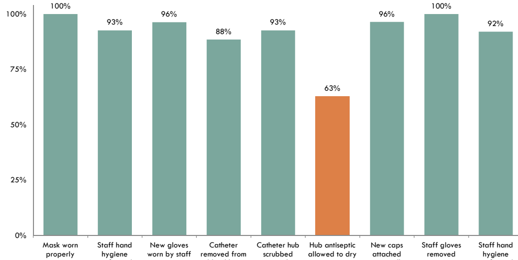
Preliminary Results



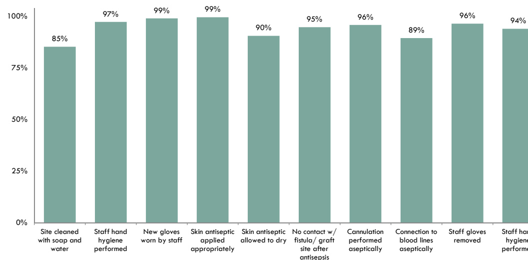
Preliminary Results

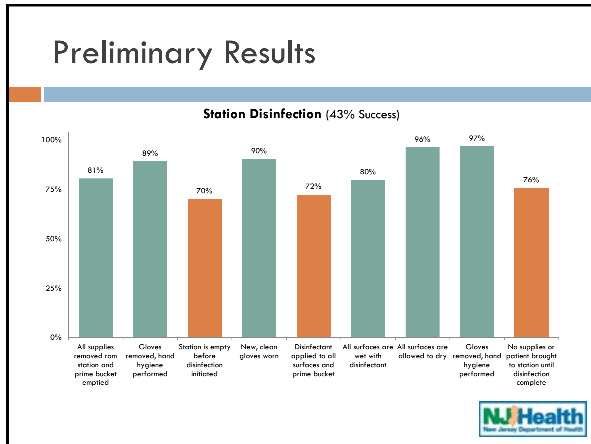


Preliminary Results



Preliminary Results





Post-Assessment Follow Up

- Follow up planned for three stages
- Written report
- Conference call with facilities based on groups/corporations to discuss findings
- Conference call with corporate to discuss next steps
- Aggregate data shared with Licensing and ESRD Network

What's next??

Facilities to target next

- Long term care facilities
- Acute care facilities
- Outpatient facilities

Questions?

Contact Information:

Jason.mehr@doh.nj.gov
609-826-5964

Upcoming training / meetings

- **Spring 2016 Communicable Disease Forums (in-person) -** April TBD @ NW/NE/Central/South
  - LHD investigation / presentation?
    - E-mail kim.cervantes@doh.nj.gov by 2/15/16
- **Legionella Conference – 5/16/16 @ Rutgers University**
- **Drug Diversion Conference – 6/14/16 @ Rutgers University**
  - $50/pp fee; includes CME, NCH, CHES, Pharmacist credits, breakfast & lunch

Evaluations and Credits

- Attendees will receive an evaluation link
  - If you are registered with gotowebinar, you have "attended"
  - If you watched webinar in a group:
    - Send sign-in sheet containing "Winter 2016 CD Forum", today's date (January 20, 2016), participant's name/signature, organization, and NJLMN e-mail address to Kim Cervantes, at e-mail kim.cervantes@doh.nj.gov or fax 609-826-5972
- Evaluation will be active for ~1 week
- Public health CEs will appear on NJLMN transcript
- Nursing certificates will be e-mailed following completion of evaluation – include name/email

*Credits may take up to 2 weeks