



Keeping New Jersey Healthy



Commissioner O'Dowd tours Monmouth Medical Center's Geriatric Emergency Medical Unit with Victor Almeida, MD, Chairman of the Department of Emergency Medicine; Angela Soldivieri-Freeman, APN; Cristina Bardsley, RN, Assistant Clinical Director of the Emergency Department; and representatives from the hospital.



Commissioner O'Dowd and Bill Conroy, Deputy Commissioner, meet with medical residents and the leadership of Monmouth Medical Center where she discussed graduate medical education.



Video - March of Dimes: A Parent's Guide to Newborn Screening

Governor Christie's FY 2014 Budget Continues Commitment to Health *Increases for Graduate Medical Education, Newborn Screening*



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

There is good news in the FY2014 budget Governor Chris Christie proposed for the Department of Health. Nearly \$1 billion in support is proposed for New Jersey's hospitals—including \$675 million in charity care, which is a subsidy for treatment of the uninsured. There are also increases for newborn screening, the Medicinal Marijuana Program, and for the training of volunteer EMTs.

In recognition of the essential role New Jersey's teaching hospitals play in health care workforce development, Graduate Medical Education (GME) funding increases \$10 million to \$100 million. GME helps compensate teaching hospitals for costs directly related to resident physicians' education, such as resident salaries and benefits, faculty costs and costs associated with the education and training of doctors.

In this year's budget, the Hospital Relief Subsidy Fund (HRSF) is being replaced with the Delivery System Reform Incentive Payments (DSRIP) at \$166.6 million. To maximize our share of federal matching funds, we have reformed the way we calculate distributions so that hospitals are reimbursed based on the level and quality of care they provide to patients. This transformation of the program preserves federal matching funds and reforms the way we subsidize hospitals based on quality of care. These formulas maintain the goals of equity, transparency and predictability while minimizing fluctuations in funding.

A new investment of \$1.6 million is proposed for the Department's Newborn Screening program, a \$25 million program which tests more than 100,000 babies born in New Jersey each year for 54 disorders that can cause serious health problems. Newborn screening is more than just testing. It is a coordinated and comprehensive system consisting of education, screening, follow-up, diagnosis, treatment and management and program evaluation.

During the annual meeting of the Central Jersey Family Health Consortium (CJFHC) in Monroe this month, I highlighted how this new funding will increase the number of newborn screenings to 60. As a result of Emma's Law, signed by Governor Christie, new testing will include 5 lysosomal storage disorders in which the body cannot break down certain substances like proteins. Testing will also begin for Severe Combined Immune Deficiency (SCID), better known as "Bubble

Newborn screening is more than just testing. It is a coordinated and comprehensive system consisting of education, screening, follow-up, diagnosis, treatment and management and program evaluation.

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CDC Expert Commentary
Tami Skoff, MS

CDC Expert Commentary - Protect Patients From Deadly Pertussis: Updated Vaccine Guidelines

Recent Disease Outbreaks Serve as a Reminder to Receive Up-To-Date Immunizations

Disease prevention is key to public health. Over the years vaccines have prevented countless cases of infectious diseases and saved millions of lives. Due to the success of immunizations, the public sometimes questions the necessity of vaccination since we rarely see the dire consequences of these diseases today. However, recent outbreaks of measles, varicella (chickenpox), and pertussis (whooping cough) serve as reminders for everyone, including health care professionals, to ensure their vaccinations are up-to-date. It is especially important for health care workers to be vaccinated to protect their own health and to prevent the possibility of infecting patients.

Measles

Measles is a highly contagious viral disease with potentially severe consequences. One out of 1,000 people with measles will develop inflammation of the brain, and about one out of 1,000 will die.

Although measles was declared eliminated in the United States in 2,000, it is periodically imported by international travelers returning from or visiting from other countries, including countries in Europe and Southeast Asia. On average, 60 cases of measles are reported each year in the U.S. However, 222 cases were reported to the Centers for Disease Control and Prevention (CDC) in 2011, the highest number in any year since 1996 (508 cases). Of the 222 total cases, 90% were considered to be import-associated, and 86% were unvaccinated or had undocumented vaccination status.

In 2011, New Jersey also experienced an increase in measles with four reported cases. Additionally, the Department was notified by other health authorities of numerous laboratory-confirmed measles occurring in other states with numerous New Jersey contacts. The Department worked closely with local health authorities to notify those contacts, assess immunization status, and quarantine susceptible individuals as appropriate to prevent further spread of the disease. In 2012, only two cases of measles were reported.

The Department is currently investigating an imported case of measles in an unvaccinated child who had traveled internationally. This case is laboratory-confirmed with two reported secondary cases. We are working with the Somerset County Health Department, to notify all those who were potentially exposed to the measles cases in businesses and healthcare establishments within Somerset County. This investigation is ongoing.

Varicella (Chickenpox)

Chickenpox is a very contagious disease caused by the varicella-zoster virus. It causes a blister-like rash, itching, tiredness and fever. Chickenpox can be serious, especially in babies, adults, and individuals with weakened immune systems. Pregnant women who get varicella are at risk for serious complications; they are at increased risk for developing pneumonia, and in some cases, may die as a result of varicella.

New Jersey has approximately 400-600 varicella cases each year and outbreaks continue to occur. During 2012, there was a total of 432* cases and one death from varicella occurred in an Ocean County resident. Three confirmed outbreaks also occurred in 2012—one of which took place in a daycare facility. The daycare had a total of 19 cases of chickenpox (17 children and two adults). The high number of cases occurred in infants who were ineligible for vaccine due to age.

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Advice for Travelers

Measles is still common in other countries. Before traveling internationally, make sure your vaccinations are up-to-date.



[More »](#)



One family's struggles with chickenpox - from the CDC/PKIDS Online.

To Subscribe/Unsubscribe to *Health Matters*
http://www.state.nj.us/health/newsletter/enews_signup.shtml

March 2013

Protect your health while rebuilding.



Sandy Recovery Update

The Department is moving ahead with a series of public health initiatives to educate the public on health issues surrounding recovery efforts from Hurricane Sandy.

On March 25, two Public Service Announcements (PSAs) and online advertisements started airing on NJ 101.5 FM, WDHA 105.5 FM, WPUR 107.3 FM, and WMTR 1250 AM radio that give home and business owners tips on mold remediation and steps that workers should take before starting their repair efforts. The PSAs are available on the Department's Hurricane Recovery page and can be listened to by clicking on the links below.

[Commissioner O'Dowd Mold PSA](#)

[Commissioner O'Dowd Worker Safety PSA](#)

The Department's health care partners, including hospitals, Federally Qualified Health Centers, and local health departments were sent links to the PSAs along with other stakeholder groups including the New Jersey Business and Industry Association, the New Jersey Realtors Association and sister state agencies.

The Department has also mailed hundreds of flyers and posters on cleanup and repair safety and the dangers of mold and asbestos to local health departments in Ocean, Monmouth, Bergen Hudson, Elizabeth, and Atlantic City. A pocket guide on recovery tips, in both English and Spanish from the National Institute of Environmental Health Sciences have also been distributed in churches, post offices, local health departments and to community organizations in locations impacted by Sandy.

Deputy Commissioner Dr. Arturo Brito conducted interviews in English and Spanish on News 12, Comcast Cable and other outlets to inform the public about the Department's mold tips and the need for recovery workers to protect themselves.

On March 14, Commissioner O'Dowd traveled to the FEMA Joint Field Office in Lincroft, Monmouth County to host the third of four Hurricane Sandy roundtables that reviewed what worked well in our Hurricane Response and where we can improve our efforts. The roundtable included participants from Monmouth County hospitals, the Monmouth County Regional Health Commission, as well as state EMS and OEM officials. A number of stakeholder organizations also took part in the discussion including the New Jersey Hospital Association, NJ Home Care

Association, Health Care Association of New Jersey and New Jersey Hospice and Palliative Care Association.

The Department is also sharing Department of Human Services resources for those managing emotional distress due to Sandy. The resources are listed below.

- ❖ The New Jersey Department of Human Services (Disaster and Terrorism Branch) provides assistance regarding mental health issues through a toll-

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Visit NJ Sandy Transparency for information on the transparent distribution of Federal Disaster Relief Appropriations Act funds.



Public Health's Dedication in the Wake of Hurricane Sandy





April is National Minority Health Month "Health Equity for All...Prevention Works!"

In celebration of National Minority Health Month, community organizations around the state have planned nearly 150 health screenings, exercise programs, diabetes/cooking classes, forums and health fairs focused on prevention strategies to reduce health disparities.

Some priority disparity areas that have been identified in New Jersey include the following:

- ❖ New Jersey's Hispanic population has the lowest reported access to a primary care providers (65%), compared to whites (89%), blacks (82%) and Asians (84%) in the state.
- ❖ The death rate from coronary heart disease is significantly higher among blacks (167.3 per 100,000 population) compared to whites (144.1), Hispanics (78.2) and Asians (66.1).
- ❖ The death rate from stroke is significantly higher among blacks (50.2 per 100,000 population) compared to whites (31.6), Hispanics (22.3) and Asians (20.8).



The Department's 2013 Minority Health Celebration will also include three Health Equity Forums, jointly sponsored by the American Heart Association/American Stroke Association. The objective is to encourage community alignment with the National Prevention and Health Promotion Strategies to reduce health disparities and with the [Healthy New Jersey 2020 goals and objectives](#).

[Click to see the entire calendar of events.](#)

This year the Office of Minority and Multicultural Health (OMMH) has awarded a total of \$194,000 in grant funding to nine community and faith based organizations to implement scientifically proven evidence based prevention programs. An additional \$800,000 will be awarded under the OMMH Health Disparity Prevention Program mini grants.

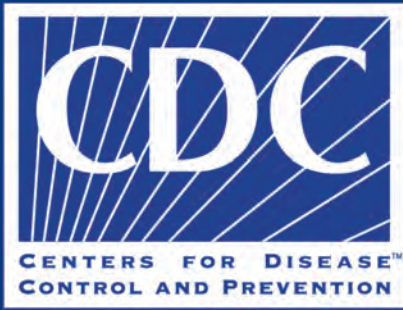
As we salute national Minority Health Month 2013, the Department reaffirms its commitment to create an inclusive health system that treats all people equitably - and one where all New Jerseyans can achieve optimal health and a higher quality of life through promoting health and preventing disease. I encourage you to attend events and activities.



Healthy NJ 2020: New Jersey's 10-year health promotion and disease prevention plan

The Department has been coordinating the Healthy New Jersey (HNJ) initiative for over three decades. Modeled after the federal Healthy People initiative, HNJ is the state's 10-year public health agenda, aimed at improving the overall health of New Jersey's residents. HNJ is composed of key topic areas which are consistent with the state's priority health areas. Each topic area outlines specific objectives with targeted measures for improving health outcomes and health behaviors among the total population, as well as in racial/ethnic, age, and gender subgroups.

Healthy New Jersey 2020 (HNJ2020) will be used throughout the current decade to identify state health improvement priorities; and raise public awareness and understanding of the various social, political, or economic factors which influence health. HNJ2020 will also help the Department identify critical data collection gaps and research needs.



Making Health Care Safer Stop Infections from Lethal CRE Germs Now

Untreatable and hard-to-treat infections from Carbapenem-resistant Enterobacteriaceae (CRE) germs are on the rise among patients in medical facilities. CRE germs have become resistant to all or nearly all the antibiotics we have today. By following CDC guidelines, we can halt CRE infections before they become widespread in hospitals and other medical facilities and potentially spread to otherwise healthy people outside of medical facilities.

Read More: <http://www.cdc.gov/HAI/organisms/cre/>



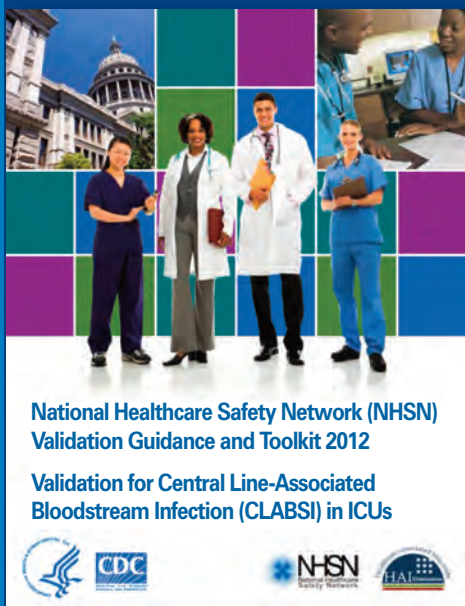
CDC Toolkit Helps Double Check Infection Data

The CDC recently released the [National Healthcare Safety Network \(NHSN\) Validation Guidance and Toolkit for Central Line-Associated Bloodstream Infection \(CLABSI\) in ICUs](#).

This toolkit is designed for infection preventionists and quality professionals at healthcare facilities that report to NHSN, state health department personnel (and/or their agents), and facilities to validate 2012 data on central-line associated bloodstream infections. Facilities that report data to NHSN may find the toolkit useful for assuring accurate data in any year.

NHSN is the nation's most widely used healthcare-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections. For more information about the National Healthcare Safety Network (NHSN) go to CDC's newly revised NHSN website at <http://www.cdc.gov/nhsn/>.

Visit the toolkit at: <http://www.cdc.gov/nhsn/PDFs/CLABSI/toolkit-2012/2012-CLABSI-Validation-toolkit.pdf>



Preventing HPV - The Most Common Sexually Transmitted Disease

Genital human papillomavirus (also called HPV) is the most common sexually transmitted infection (STI). There are more than 40 types of HPV that can infect the genital areas of males and females.

HPV can cause serious health problems, including genital warts and certain cancers. There is no certain way to tell who will develop health problems from HPV and who will not. In most cases HPV goes away by itself before it causes any health problems, and most people who become infected with HPV do not even know they have it.

HPV vaccines are recommended for 11- or 12-year-old boys and girls. HPV vaccines are safe and effective, and can protect males and females against some of the most common types of HPV that can lead to disease and cancer. HPV vaccines are given in three shots over six months; it is important to get all three doses to get the best protection. Boys and girls at ages 11 or 12 are most likely to have the best protection provided by HPV vaccines, and their immune response to vaccine is better than older women and men.

Get complete information on HPV Vaccines.

http://www.cdc.gov/std/HPV/STDFact-HPV.htm?s_cid=ostltsdyk_govd_349



NJ Parent Link

Resources for Parenting Through a Crisis

Following Hurricane Sandy, the state website NJ Parent Link, has added additional resources to help NJ families recover from natural disasters and extreme weather. The new resources provide links to more than three dozen state, federal and community [Readiness & Recovery](#) resources, ranging from emergency planning and disaster aid to specially tailored links for children and families needs, including behavioral health and resources for pregnant women. In addition, [Places to Give/Places to Receive](#) highlights donation sites and volunteer opportunities, providing tangible ways families can help their communities recover.



Newborn Screening:
Saves or Improves
the Lives of Over
12,000
Babies a Year!

For those interested, NJ Parent Link promotional materials are available online at [Print Media Survey](#). (There is no cost for materials or postage.)

For additional information on family health resources, please visit the NJ Parent Link [Family Health & Nutrition](#) and NJ DOH Division of Family Health Services webpages.

Commitment to Health, *continued from page 1*

Boy Disease.” SCID prevents babies from fighting infections and can be deadly. These newborn disorders may not be apparent at birth, but if left undetected—and not treated early in life—can lead to developmental delays, disability or even death.

This year marks the 50th anniversary of newborn screening in the U.S. and the Department will hold a series of events this summer to showcase the life-saving benefits of newborn screening.

Governor Christie has taken another responsible step in the administration of the medicinal marijuana program. Following the opening of the first dispensary in December, the Fiscal Year 2014 Budget proposal doubles funding for the program with an increase of \$823,000 for a total of \$1.6 million.

In his Annual Budget Address, the Governor paid tribute to the dedication, bravery and professionalism of our first responders during Hurricane Sandy. To honor their service—and to make sure we support their efforts and attract new recruits, the Governor proposed a 35 percent increase in funding to train the volunteer emergency medical personnel of tomorrow.

Governor Christie’s FY2014 budget proposal demonstrates continued commitment to advancing health care and protecting the state’s most vulnerable.

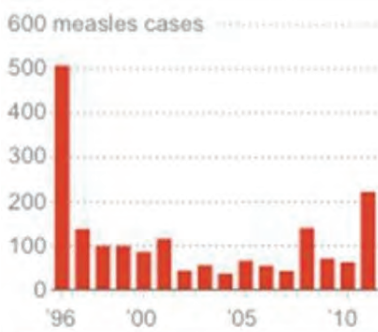


Commissioner O’Dowd pictured with Robin D’Oria, Executive Director of the Central Jersey Family Health Consortium (left), and Dina Long, Mayor of Sea Bright at the organization’s annual meeting on March 13. The meeting took place in Monroe.



CDC Expert Commentary
Measles: What You Might Not Know

Last year saw the highest number of measles cases in the U.S. in 15 years. Most of the cases were imported – either by foreign visitors or by U.S. residents who picked up the virus overseas.

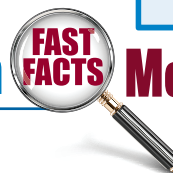


SOURCE: Centers for Disease Control and Prevention



Commissioner Mary E. O'Dowd hosted a Hurricane Sandy roundtable at the FEMA Joint Field Office in Lincroft. Health care partners and stakeholders discussed what worked well and identified areas for improvement for future responses to public health emergencies.

Department of Health **FAST FACTS** Measles



- 1** The age, in years, at which a child is first eligible to receive the measles, mumps, and rubella (MMR) vaccine.
- 4-6** The ages when children should receive the second dose of MMR vaccine.
- 28** The number of days people need to wait between the first and second MMR doses.
- 6-20** The percent of people that will have complications, including an ear infection, encephalitis, diarrhea, or pneumonia after contracting the measles.
- 7-18** The number of days that symptoms of measles may occur after initial exposure.
- 60** The number of measles cases typically seen in the United States. In 2011, there were 222 cases of measles.
- 158,000** The number of measles deaths globally in 2011 – mostly children under the age of five.

Community Outreach & Events

- March 1** – Commissioner O'Dowd hosted a conference call with the New Jersey Hospital Association on \$1 billion in support for hospitals in the proposed FY 2014 state budget.
- March 13** – Commissioner O'Dowd highlighted the \$1.6 million funding increase in the proposed FY 2014 budget for the Department's Newborn Screening program at the Central Jersey Health Consortium Annual Meeting in Monroe.
- March 14** – Commissioner O'Dowd hosts the third of four Hurricane Sandy Roundtables at the FEMA Joint Field Office in Lincroft. The roundtable attended by county, state and federal OEM and EMS officials, as well as stakeholder groups from across New Jersey reviewed the lessons learned and challenges ahead from Hurricane Sandy.
- March 14** – Commissioner O'Dowd toured Monmouth Medical Center in Long Branch and spoke with medical residents at the hospital about the \$10 million in GME funding in the state's proposed FY 2014 budget.
- March 15** – State Epidemiologist, Dr. Tina Tan delivered remarks on safe and effective mold remediation after Superstorm Sandy at the Seaview Hotel and Country Club conference center in Galloway.
- March 18** – Commissioner O'Dowd provided remarks on how the Department is working to promote physical activity and healthy eating in environments where people work, play and live at the "Health in All Policies," workshop in New Brunswick.

Babies Can't Wait

The newborn screening process must start between 24 and 48 hours after birth to discover any underlying conditions.

In addition to the primary healthcare providers, this process involves many people with different roles:

- Highly trained public health lab scientists analyze specimens, record data, and report results.
- State health departments ensure that babies receive screening and follow-up care, and connect parents to specialists and support.
- Legislators and policymakers help assure funding and infrastructure.



Newborn Screening Saving Lives

Scott M. Shone, PhD, Research Scientist/Program Manager Newborn Screening

Newborn screening (NBS) is a public health service that touches each of the more than 100,000 babies born in New Jersey every year. This essential service ensures that all babies are screened for certain serious conditions at birth, including critical congenital heart defects, hearing loss, and biochemical and genetic disorders. Newborn screening is a comprehensive program that includes testing, follow-up of results, and, if necessary, examination and treatment by a qualified specialist.

Beginning in 1964, New Jersey was among the first ten states in the U.S. to screen newborns for selected biochemical or genetic disorders. In accordance with New Jersey law, the Department of Health's NBS Program currently tests every baby born in New Jersey for 54 biochemical and genetic conditions that can cause serious health problems. These conditions may not be apparent at birth, but if left undetected and not treated early in life, can lead to problems that include intellectual disability, physical disability, or even death.

The process begins in the hospital nursery within 48 hours of birth with a heel prick to collect a few drops of blood from the newborn. This blood is applied to a special filter paper, which is sent to the NBS Laboratory within the Department's Division of Public Health Infrastructure, Laboratories and Emergency Preparedness. Using the most current technologies available, the NBS lab screens approximately 120,000 specimens from more than 100,000 newborns, to perform approximately 4.5 million individual test determinations annually.

If abnormal results are found, they are reported from the NBS Laboratory to the Newborn Screening and Genetic Services Program, in the Department's Division of Family Health Services, for follow-up including notification of the newborn's pediatrician and referral to a neonatal disorder expert in order to provide medical or dietary interventions. Last year, the program handled more than 3,000 abnormal results to ensure evaluation and treatment for more than 250 infants with NBS disorders identified through screening.

Since the NBS Program began, more than 5,400 newborns have been identified with a mandated biochemical or genetic disorder. These confirmed cases cover 41 of the 54 mandated conditions tested by the NBS laboratory. Additionally, more than 1,100 newborns have been identified with hearing loss since the program began testing for Early Hearing Detection in 2002.

During Hurricane Sandy, the Department of Health worked with hospitals, regional medical coordination centers, and the New Jersey State Police to ensure all newborn screening specimens were transported to the NBS Laboratory. As a result of this effort, there were no delays in testing or reporting of NBS results. Moreover, all babies born before, during, and in the immediate aftermath of the storm were successfully screened. This response was recognized nationally by the Association of Public Health Laboratories and the Centers for Disease Control and Prevention.

On February 26, 2013, Governor Christie announced the increase of \$1.6 million in funding for the NBS Program in the State's proposed 2014 budget.

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Rita Obey (Harris County, Texas), Tom Slater, DOH Risk Communication Manager, and Laura Taylor, DOH Health Educator, conducted advanced spokesperson training at the CDC Public Health Preparedness Summit in March.

Department of Health

Staff Notes



Crystal Owensby, Public Health Consultant, represented the Department at the National Center for Healthy Housing’s annual meeting in February. Crystal is a credential trainer of Healthy Homes courses.

Dr. Joe Sweatlock, Ph.D., DABT, Research Scientist/Surveillance Coordinator for the Birth Defects Registry, attended the 16th Annual National Birth Defects and Prevention Network meeting where he collaborated with experts from other states on New Jersey’s addition of pulse oximetry to the *Birth Defects and Autism Reporting System*. The meeting took place in February.

Tom Slater, Risk Communication Manager, and **Laura Taylor**, Health Educator, conducted advanced spokesperson training for local health officials at the CDC’s Public Health Preparedness Summit 2013 on March 12-15.

Mary Ann Ellsworth, Fruit and Vegetable Nutrition Coordinator, attended the mid-year meeting of the Association of State & Territorial Public Health Nutrition Directors (ASTPHND), where she provided an update on the work of the National Council of Fruit & Vegetable Nutrition Coordinators to the CDC that provides funding for projects to increase fruit and vegetable consumption in school settings.



Congratulations to...

National Award Winner Mary Knapp

Mary Knapp, Coordinator of the New Jersey Birth Defects Registry, received the Distinguished Service Award at the 16th Annual National Birth Defects Prevention Network (NBDPN) Meeting February 23-27. The award honors an NBDPN member who provided significant time and effort to further NBDPN’s mission and goals. Ms Knapp was a founding member of the Network. Ms. Knapp accepted the award from Leslie Beres-Sochka, the 2013 President of the Network and DOH Program Manager of the New Jersey Early Identification and Monitoring Program, and Dr. Paul Romitti, the 2013 President-Elect.



Newborn Screening, *continued from page 8*

This funding will allow the NBS Program to screen all newborns for six additional disorders increasing the number of mandated biochemical and genetic disorders to 60.

This year is the 50th Anniversary of State-Mandated Newborn Screening in the US. With the New Jersey NBS 50th Anniversary coming in 2014, the State NBS Program was one of 13 programs selected to host a national exhibit developed by the Association of Public Health Laboratories celebrating this milestone. Several events are being planned for the end on July 2013 and will be announced soon.



Paterson City Council President Anthony E. Davis, Paterson *Integrated Municipal Advisory Council* member Lakeshia Evans and her daughter Scotland at Paterson's 100% smokefree Eastside Park.

Smokefree Air Ordinances Proliferating

Princeton, Palisades Park, North Bergen, Secaucus, Garfield and Perth Amboy are the latest in a recent wave of New Jersey municipalities to pass 100% outdoor smokefree air ordinances covering every municipal park in their jurisdictions. To date, 166 counties and municipalities in the state have ordinances in effect covering more than 5.7 million New Jersey residents.

Seven Office of Tobacco Control (OTC) grantees (listed on the left) support this initiative.

“Through the combined efforts of these local governments, concerned citizens and public-private partnerships, New Jersey is implementing policies that are changing social norms and community behaviors regarding exposure to secondhand tobacco smoke,” said Health Commissioner Mary E. O’Dowd. “These ordinances protect the health of all New Jerseyans, especially infants, children and the elderly who are particularly susceptible to the harmful effects of secondhand smoke.”

Two offices within the Department’s Coordinated Chronic Disease Prevention and Control Program – the OTC and the Office of Cancer Control and Prevention – have joined forces to educate communities and offer assistance to help implement smokefree outdoor air ordinances.

The U.S. Centers for Disease Control and Prevention (CDC) labeled this collaboration a “success story” for its effectiveness in coordinating the efforts of grantees and advocates across the state in educating stakeholders and policy makers about the dangers of secondhand smoke and the efficacy of various policy options to reduce exposure to secondhand smoke in outdoor public recreational spaces. Unique resources, including a “Smoke-Free Policy Toolkit” and local advocacy groups called *Integrated Municipal Advisory Councils*, are key in providing step-by-step guidance to local officials and to increasing the numbers of county and municipal smokefree outdoor air ordinances in New Jersey.

There is no safe level of exposure to secondhand tobacco smoke, according to the U.S. Surgeon General. Even brief exposure can trigger health problems for people with asthma and cardiovascular illnesses. Children exposed to secondhand smoke are at increased risk for severe asthma attacks, bronchitis, painful ear infections, pneumonia and sudden infant death syndrome.

Nonsmokers exposed to secondhand smoke inhale many of the same chemicals that smokers inhale. Tobacco smoke contains more than 7,000 chemicals, of which at least 250 are toxic and 70 cause cancer, including formaldehyde, benzene and vinyl chloride. Secondhand smoke has been designated as a known human cancer-causing agent by the U.S. Environmental Protection Agency, National Toxicology Program and the International Agency for Research on Cancer.

In addition to the health benefits of clearing the air, outdoor smokefree air ordinances also set a better example for kids regarding smoking, lower the risk of children and animals ingesting discarded and toxic cigarette butts, reduce litter and prevent accidental fires.

OTC Grantees:

- Global Advisors on Smokefree Policy
- American Cancer Society
- University of Medicine and Dentistry of New Jersey
- Southern New Jersey Perinatal Cooperative
- Vineland Health Department
- Center for Prevention and Counseling
- Atlantic Prevention Resources



Learn About The Harm of Secondhand Smoke to Children



Streets were formed like ribbons in Ortleigh Beach as a result of Sandy.

Pertussis, or whooping cough, is a highly contagious respiratory disease that can cause severe coughing and difficulty breathing. About half of infants who get whooping cough are hospitalized.



CDC TV: Get The Picture: Childhood Immunizations

Sandy Recovery Update, *continued from page 3*

free helpline at 1-877-294-HELP (4357). A TYY line is available for hearing impaired individuals at 1-877-294-4356.

- ❖ **SAMHSA:** The federal government has a helpline that offers 24/7 crisis counseling and support resources. The phone number is 1-800-985-5990 or text "TalkWithUs" at 66746. The federal helpline is staffed with trained counselors from a network of crisis call centers located across the country to provide crisis counseling for those in emotional distress. Their website is www.disasterdistress.samhsa.gov/
- ❖ **Managing the Emotional Stress of Hurricane Sandy:** New Jersey's Department of Human Services offers a variety of resources for individuals coping with the aftermath of the storm. Visit the [Department of Human Services, Division of Mental Health Services](#).

Additional information on Hurricane Sandy recovery is available on the Department's Hurricane Recovery Resources Page - including information on grants, housing assistance and other financial resources.

Immunizations, *continued from page 2*

The second outbreak took place in a correctional facility, with a total of seven cases, while the third outbreak took place in a Residential Community Release Program (RCRP) and consisted of a total of six cases.

There have already been three outbreaks of chicken pox in 2013. The first outbreak was in a correctional facility which resulted in a total of six cases. The second outbreak is occurring in a high school with five reported cases and the third in an inpatient psychiatric treatment facility with six confirmed cases. Surveillance for additional cases continues as the Department works with public health partners to minimize the spread of disease.

Pertussis (Whooping Cough)

Pertussis, or whooping cough, is a highly contagious respiratory disease that can cause severe coughing and difficulty breathing. About half of infants who get whooping cough are hospitalized.

Although New Jersey observed an overall decrease in cases in 2010 while many other states experienced increased activity, the number of cases increased beginning July 2011 and has continued through 2012 and into 2013. During 2011, an outbreak was declared in Ocean County which continued into 2012 and included one infant death. There have been a number of clusters throughout the state with local health departments working closely with providers, schools, and families to identify close contacts to help prevent further spread of the illness.

Normally, the Department receives between 400-500 suspected pertussis reports per year. To date, 960* cases (596 confirmed; 364 probable) have been reported for 2012. This total is expected to rise as case closeout continues for 2012. Final numbers will be available late spring 2013. So far, the Department has received 241* suspect case reports for 2013.

These increases in vaccine preventable diseases demonstrate that unless we eliminate all vaccine preventable diseases, it is important to keep immunizing – especially children. Even if there are only a few cases of disease today, if we take away the protection provided by vaccination, more and more people will be infected—spreading disease to others and eliminating the progress we have made over the years.

**Numbers are not finalized.*



What is Workers Memorial Day?

Workers Memorial Day, April 28, was established to recognize workers who died or were injured on the job. It also encourages us to think of ways in which we all can help to achieve the goal of safer and healthier workplaces in our state.

2011 New Jersey Fast Facts

- 104,600 work-related injury and illness cases were recorded among all New Jersey workplaces.²
- More than 38 percent (40,200) of these cases involved loss of work-time beyond the day of the incident.²
- New Jersey workplace fatality rates have been consistently lower than the national rates.
- The NJDOH Occupational Health Surveillance Unit conducts surveillance of work-related fatal injuries, adult lead poisoning, work-related asthma, silicosis, and emerging hazards.

Sources: ¹NJ Dept. of Health 's Fatality Assessment & Control Evaluation (FACE) Project; ²NJ Dept. of Labor and Workforce Development, Annual Survey of Occupational Injuries and Illnesses

April 28 is Workers Memorial Day

To date, a total of 68 New Jersey workers died on the job since last April.¹ Six of them died during or in the aftermath of Hurricane Sandy. On April 28, Workers Memorial Day, Commissioner Mary O'Dowd invites all Department employees to pause and honor these workers and their loved ones.



In remembrance of the six workers who died during or in the aftermath of Hurricane Sandy...

Worker #1

Date of injury: 10-29-2012

Date of death: 11-10-2012

Sex: M

Age: 58

Occupation: Pharmacist

Incident summary: Victim was called back into work at a hospital. The strong winds knocked him down as he was exiting his car in the hospital parking lot. He fractured his ribs and went into respiratory distress. He died 11 days later.

Worker #2

Date of injury: 11-1-2012

Date of death: 11-1-2012

Sex: M

Age: 55

Occupation: Restaurant Worker

Incident summary: Victim set up a generator in the basement of a small take-out establishment which was without power from the storm. There was not adequate ventilation, and the worker was overcome with carbon monoxide gas.

Worker #3

Date of injury: 11-5-2012

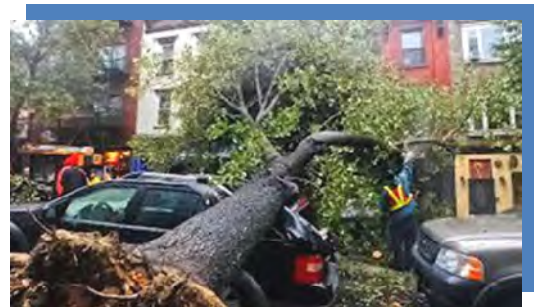
Date of death: 11-5-2012

Sex: M

Age: 67

Occupation: Landscaper

Incident summary: Worker was a landscaper who was exiting a pickup truck on a local road to begin storm clean-up when he was struck by another pickup truck and then by a sedan.



Worker #4

Date of injury: 11-6-2012

Date of death: 11-6-2012

Sex: M

Age: 41

Occupation: Landscaping Services Worker

Incident summary: The victim was cleaning up storm damage at a residence. He was attempting to cut through a tree that had been partially knocked down when the tree broke loose and struck him.

Worker #5

Date of injury: 11-28-2012

Date of death: 11-28-2012

Sex: M

Age: 59

Occupation: Tree Care Worker

Incident summary: The victim was cutting a fallen tree. The tree was still partially attached at the stump, and he was cutting sections to free up the tree. As he cut the final section closest to the stump, it fell and rolled in an unexpected manner and crushed him.

Worker #6

Date of injury: 12-28-2012

Date of death: 12-28-2012

Sex: M

Age: 69

Occupation: Truck Driver

Incident summary: The victim was an employee of a construction company hired to remove storm debris. The victim was walking out into the street to control traffic and was struck by a motor vehicle.

For more information, please contact the Occupational Health Surveillance Unit at (609) 826-4984.

*'Cancer Matters'
brought to you by*



The Importance of Cancer Clinical Trials

By Susan Goodin, PharmD, FCCP, BCOP

At The Cancer Institute of New Jersey clinical research is key to better understanding cancer -- a collection of diseases that takes the lives of nearly 17,000 Garden State residents each year. With more than 150 active clinical trials, The Cancer Institute of New Jersey is leading the way toward uncovering new methods of treatment and providing comprehensive cancer care to patients throughout the state.



Susan Goodin, PharmD

But translating this information from 'bench to bedside' is impossible without the everyday heroes who volunteer to help our physician-scientists fulfill this mission. Those who step up to participate may not fully understand what a clinical trial is. Simply put, clinical trials are research studies involving people that help investigators find better ways to treat, prevent, diagnose, or manage the symptoms of cancer.



Susan Goodin, PharmD, CINJ's Deputy Director and Associate Director for Clinical Trials and Therapeutics, talks with NJ 101.5's David Matthau about CINJ's ability to offer clinical trials as the state's only NCI-designated comprehensive cancer center.

With any clinical trial, there are both potential benefits and potential risks. Some individuals may choose to take part in a clinical trial because either there is no standard, widely-accepted treatment for their type of cancer or the standard therapy is not working. Being on a clinical trial provides some the advantage of access to effective therapies that perhaps are years away from being available to the general public. And as with any treatment option, whether it is through a clinical trial or not, there are always risks. Before deciding to participate in a clinical trial, one should have a comprehensive discussion with their healthcare team about potential risks and whether they may outweigh the benefits of the trial.

**OUT OF SIGHT, OUT OF MIND...
NOT THIS TIME!**



Did you know?

One of the most dangerous side effects of chemotherapy cannot be seen?

Along with benefits and risks, other questions one might ask are why the trial is being done, what tests are involved, and how being on the trial could affect one's daily life. All of these are important considerations when deciding whether a clinical trial is the right treatment option.

Many of the treatments we have for cancer and other diseases are the result of a clinical trial. Without volunteers to help scientists rigorously examine both the safety and effectiveness of new drugs, we would not have the life-saving medicines we have today.

For more information on cancer clinical trials offered at The Cancer Institute of New Jersey, visit [The Cancer Institute of New Jersey](http://www.cancerinstituteofnj.org).

Susan Goodin, PharmD, FCCP, BCOP, is the deputy director at The Cancer Institute of New Jersey and associate director of clinical trials and therapeutics, as well as a professor of medicine at UMDNJ-Robert Wood Johnson Medical School.