

# New Jersey Reported HAI Update

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# Overview

## ■ Introduction

- New Jersey Reportable Communicable Disease Regulations
  - Immediately Reportable
  - Other Reportables
- LTCF Outbreak Guidance
- Federal Regulations
  - CMS tag 441, the Infection Control Program
  - CDC Guidance

## ■ New Jersey HAI Outbreak Experience



# New Jersey Regulations



# NJAC 8:57

“ The rules are designed to promote the identification and reporting of specified communicable diseases so that **appropriate public action can be taken** to prevent the further spread of those diseases to other persons and thereby preserve, maintain, or improve the public health.”



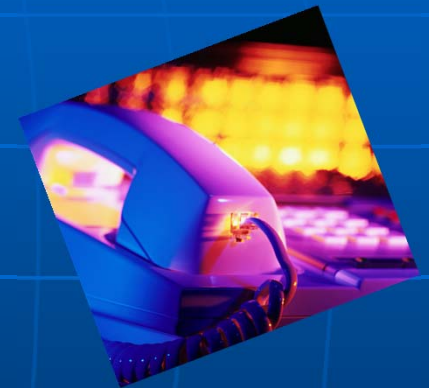
# Regulations

- Reportable Communicable Diseases, NJAC 8:57-1.3 & 1.7
- Recognized PH Activities and Minimum Standards of Performance for Local Boards of Health, NJAC 8:52-4.1
- Licensing Standards for Hospitals, NJAC 8:43G-14.1b6
- Licensure for Long-term Care Facilities, NJAC 8:39-19.4e



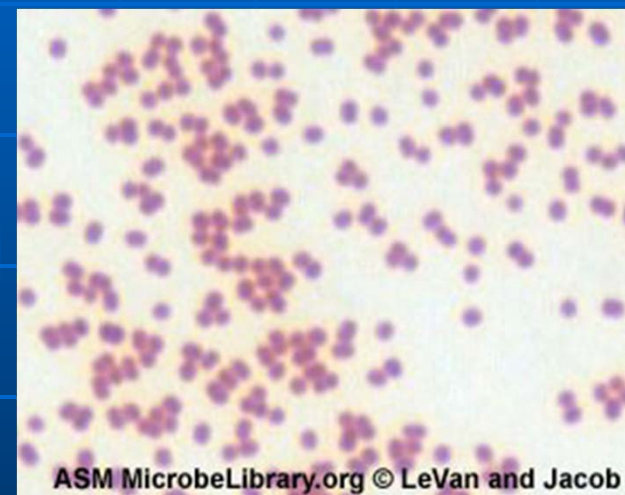
# Immediately Reportable vs. Reportable

- Immediately reportable diseases must be reported via the telephone (example: meningococcal disease, botulism, **any suspect outbreak/cluster**)
- All other reportable diseases must be reported
  - within 24 hours of diagnosis by healthcare providers
  - within 24 hours of report receipt by health officers
  - within 72 hours of test result for **LABS**
- Isolates ---> PHEL within 72 hours



# Immediate Reporting

- CALL LHD, then NJDHSS to report immediately reportable diseases
  - (609) 826-5964 M-F 8am-5pm
  - (609) 392-2020 After 5pm and Holidays
- When calling to report an immediately reportable disease, NEVER leave a message on voicemail
- Epidemiologists are on call 24/7/365



# 72 Hour Submissions

- *E. coli* O157:H7
- *H. influenzae*
- *L. pneumophila*
- *L. monocytogenes*
- *N. meningitidis*
- Salmonella
- Shigella
- MDROs (upon request)
- STEC + Enrichment broths
- Pen R *S. pneumoniae*
- Vanco I & R *S. aureus*
- Initial TB isolates





# Reportable Foodborne Diseases

**Botulism**

**Foodborne intoxications**

**Hepatitis A**

**Foodborne Outbreaks**

**Amoebiasis**

**Campylobacteriosis**

**Cholera**

**Cryptosporidiosis**

**Cyclosporiasis**

**Diarrheal disease (daycare  
attendee/foodhandler)**

**E. Coli 0157:H7**

**E. Coli 0157:H7**

**Giardiasis**

**Hemolytic Uremic  
Syndrome**

**Listeriosis**

**Salmonellosis**

**Shigellosis**

**Trichinosis**

**Typhoid fever**

**Vibrio infections other than  
cholera**

**Yersiniosis**



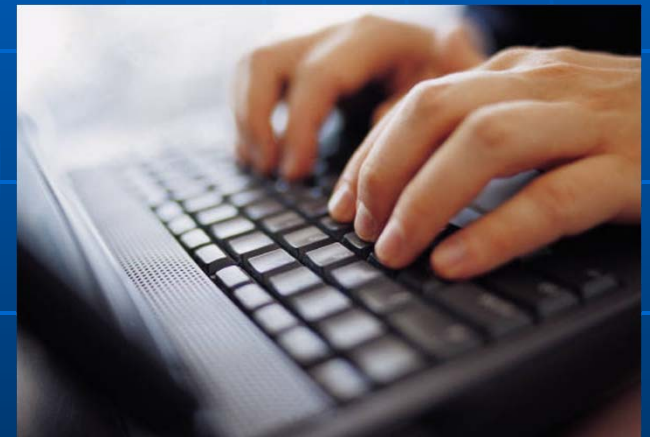
<http://nj.gov/health/cd/reporting.shtml>

[http://nj.gov/health/cd/documents/reportable\\_diseases.pdf](http://nj.gov/health/cd/documents/reportable_diseases.pdf)



# Communicable Disease Reporting and Surveillance System (CDRSS)

- Electronic Reporting
- Depository for reportable disease information
  - Case management
  - Generate reports
- Regional and state-wide surveillance



# LTCF Outbreak Guidelines



# Major Types of Infections

- Respiratory
  - ILI
  - Influenza
  - Tuberculosis
- Infectious diarrhea and Foodborne Illness
  - Norovirus
  - Salmonella infections
  - Staphylococcal infections
  - E. coli O157:H7 infections
  - *Clostridium difficile* diarrhea



# Outbreak Guidelines

<http://nj.gov/health/cd/protocols.shtml>

- Gastrointestinal
- Respiratory
- Linelists



# NJ Legislation: Public Reporting and MRSA

IDS and APIC

November 28, 2007



# Federal Regulations and Guidance





# 2009 Centers for Medicare and Medicaid Services (CMS)

- LTC Infection Prevention Guideline
- Incorporated under one Tag, 42CFR 483.65, the Infection Control Tag
  - “The facility is expected to take action to help the resident attain or maintain his or her highest practicable level of physical, mental, and psycho-social well-being, including managing the resident's infection status.”
  - Intent is to assure that the facility develops, implements, and maintains an Infection Prevention and Control Program



# CMS Infection Control Program

- The facility must establish and maintain an **Infection Control Program** designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection
- Perform surveillance and investigation to prevent, to the extent possible, the onset and the spread of infection;
- Prevent and control outbreaks and cross-contamination using transmission-based precautions in addition to standard precautions

<http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>



# Surveillance

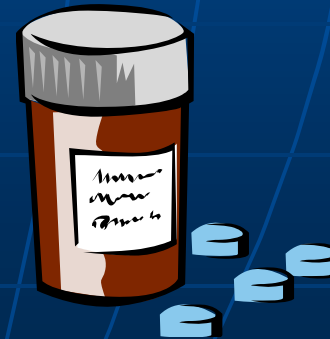
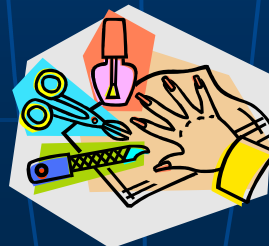
The ongoing, systematic collection, analysis, and interpretation of health data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely feedback of these data to those who need to know.

**Stephen Thacker, CDC**



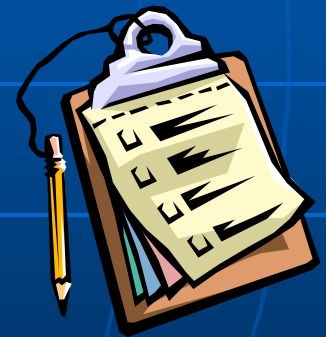
# NJ LTC 10 Commonly Found Infection Control Issues

1. Handwashing
2. Lack of clean field for wound care
3. Glove use
4. Cross Contamination during wound care
5. Contracted Services
6. During Medication Pass



# NJ LTC 10 Commonly Found Infection Control Issues

7. Failure to conduct surveillance, investigation, reporting and remediation of outbreaks
8. Isolation Breeches
9. Urinary catheter breeches
10. Glucometer disinfection



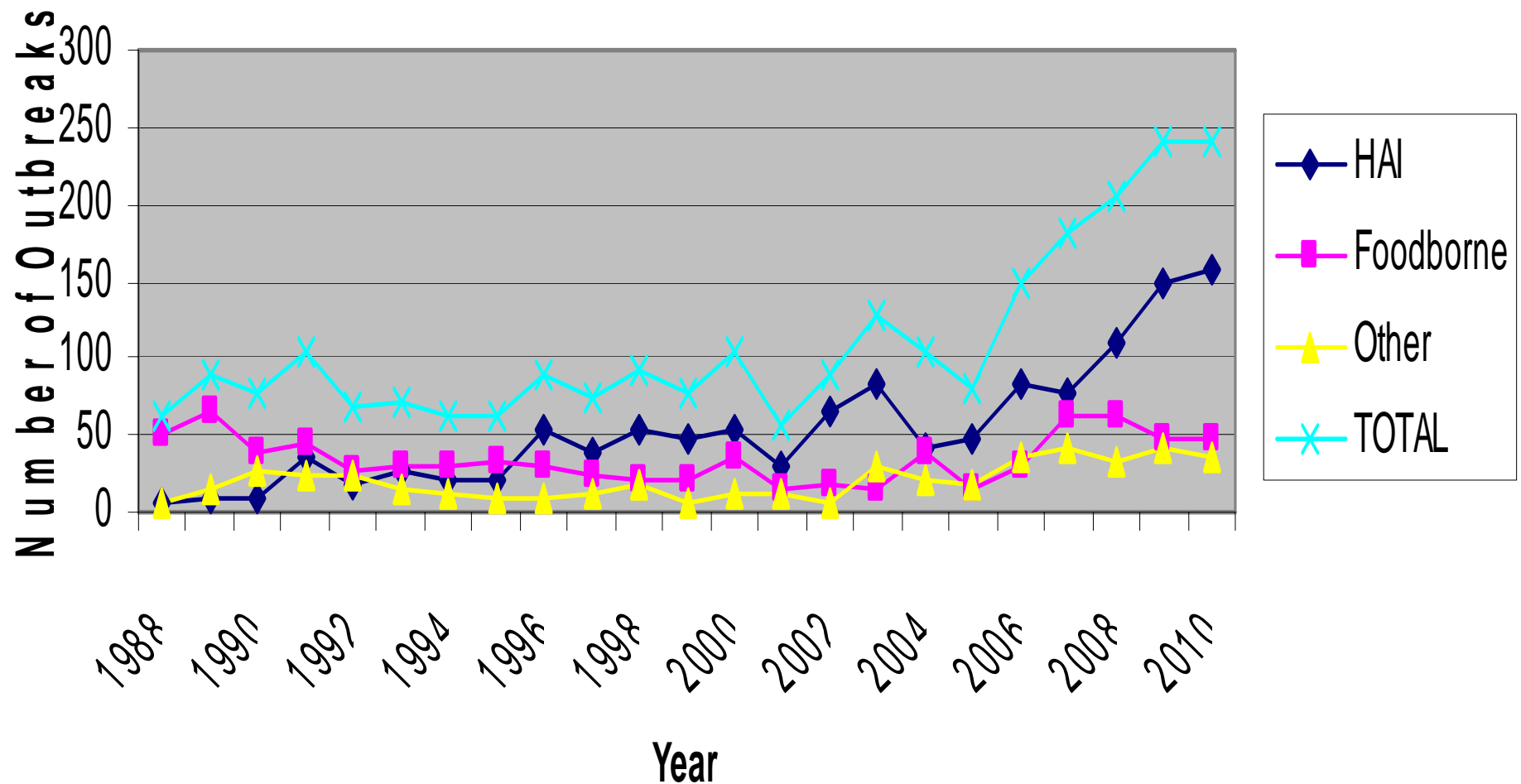
\*\*\* Random listing e.g., Not listed in order of frequency \*\*\*  
Source: Joanne Maxwell, MA, RD, CPM- NJDHSS Healthcare  
Facilities and Licensing, 2011



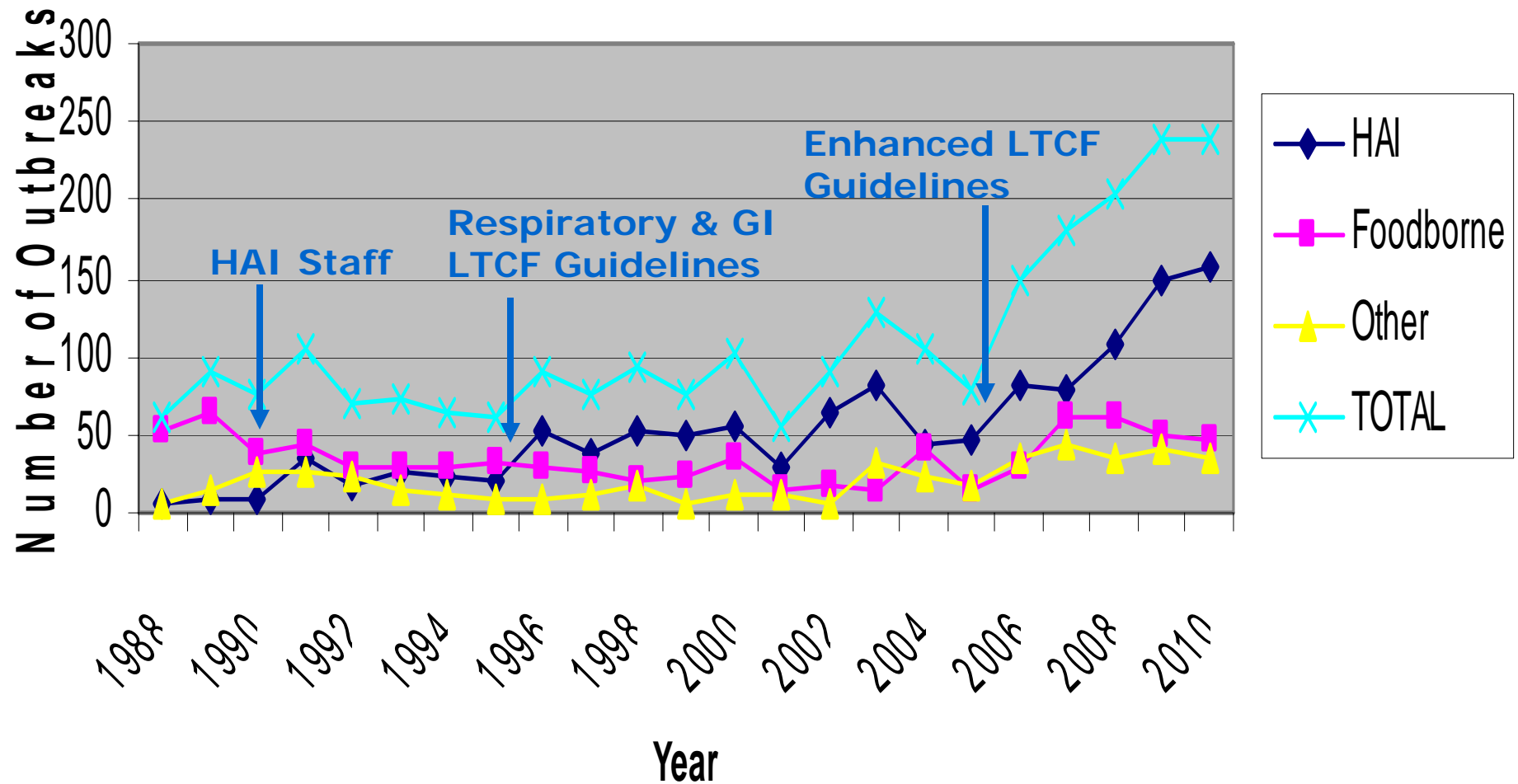
# New Jersey HAI Outbreak Experience



## New Jersey Reported Outbreaks 1988 - 2010

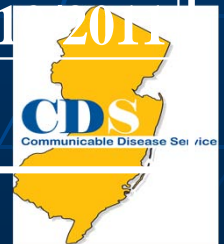
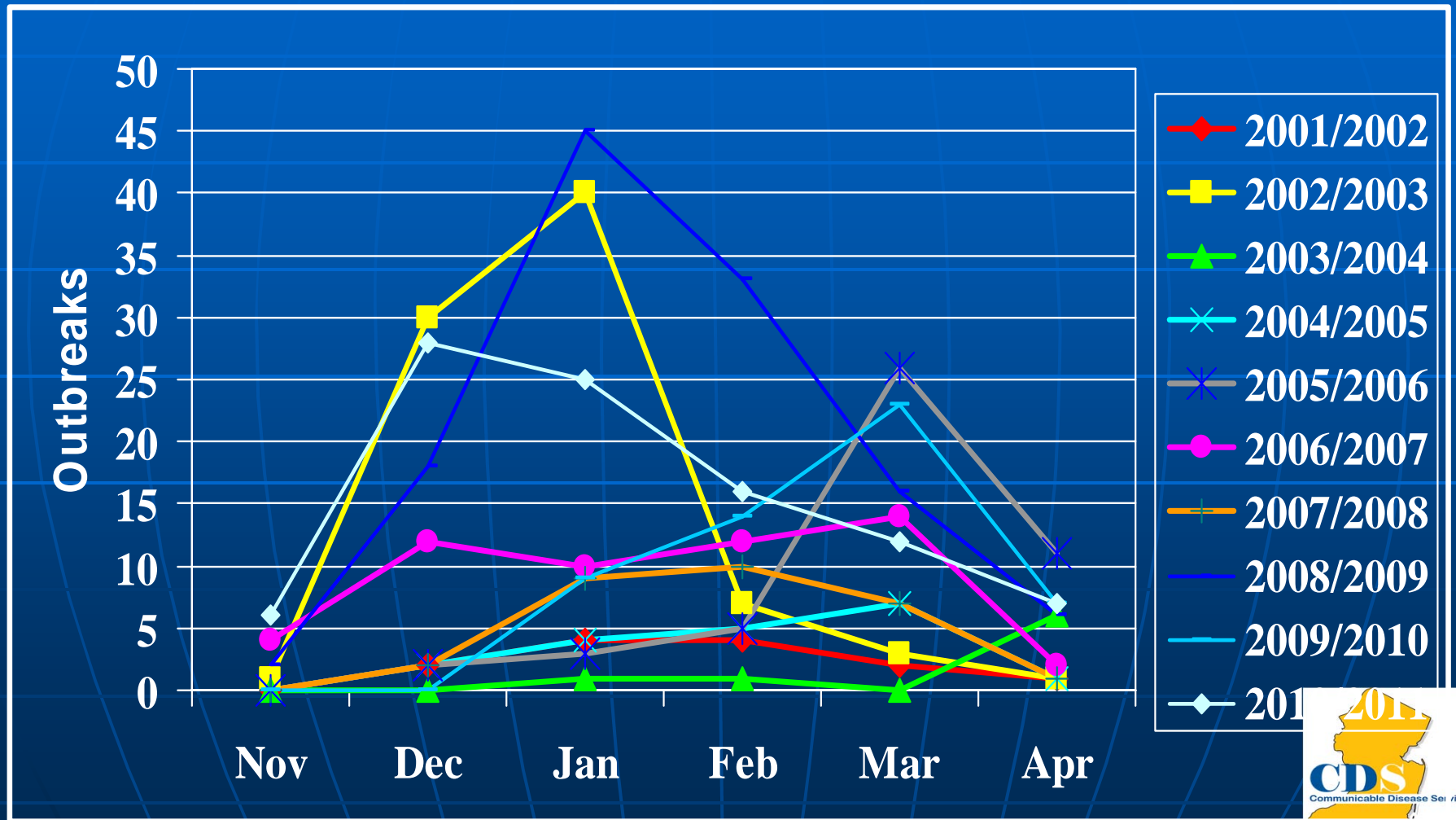


## New Jersey Reported Outbreaks 1988 - 2010





# HCF Norovirus (and Norwalk-like) Illness, Winter '01 – Spring '11



# NJ Reported HAI Outbreaks 1997 - 2010

Disease	00	01	02	03	04	05	06	07	08	09	10	Total
<b>GI / Norovirus</b>	18	13	43	55	13	20	53	45	58	103	109	530
<b>ILI</b>	16	6	11	13	15	7	12	5	21	14	20	140
<b>Scabies</b>	6	8	8	7	6	4	9	11	12	14	6	91
<b>Influenzae</b>	8	0	0	4	2	13	2	3	6	6	2	46
<b>MDRO</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>41</b>
<b>Legionella</b>	1	0	0	0	2	0	0	1	2	2	1	9



# Norovirus OBs by Co., Pop. and HCFs

COUNTY	Pop. Est.*	HCFs**	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	TOTAL
Hunterdon	129,348	7		1		2			3
Warren	109,737	10							0
Sussex	151,478	10		2	1		3		6
Salem	66,016	11							0
Cape May	96,422	11		2				1	3
Cumberland	155,544	11		1					1
Gloucester	285,753	19	1		1			1	3
Atlantic	270,644	23			1		2		3
Hudson	598,160	24		1	1	1			3
Passaic	492,115	31		2	1				3
Somerset	323,552	32			6				6
Mercer	365,449	33		1	1	3		1	6
Burlington	446,817	34		1		2	1		4
Union	524,658	35		3					3
Camden	513,769	38							0
Middlesex	788,629	40	1	4			1		6
Morris	488,475	48		2	2	2			6
Essex	776,087	52		1			1		2
Bergen	895,744	53	1	1	4	2	3	2	13
Ocean	565,493	60		1	3	2			6
Monmouth	642,030	62		4	3	2			9
<b>TOTAL</b>	8,685,920	644	3	27	24	16	11	5	86

## Licensed Long-term Care Facilities

- - 25
- - 15 - 25
- - <15



10-13-11

# Reported MDRO Outbreaks by Organism

Organism	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	TOTAL
MRSA - CA				8	7	7	3	16	4	1	1	47
MRSA - HAI	1			1	2	1		2	5	3	1	16
<i>A. baumannii</i> - HAI		1	2		1	1	2	1	1	2	1	12
ESBL <i>Kleb. pneumoniae</i> - HAI								2				2
ESBL <i>Proteus mirabilis</i> - HAI								1				1
<i>Ps. aeruginosa</i> - HAI								1				1
Vanco-resistant <i>Enterococci</i> - HAI							1					1
TOTAL	1	1	2	9	10	9	6	23	10	6	5	80

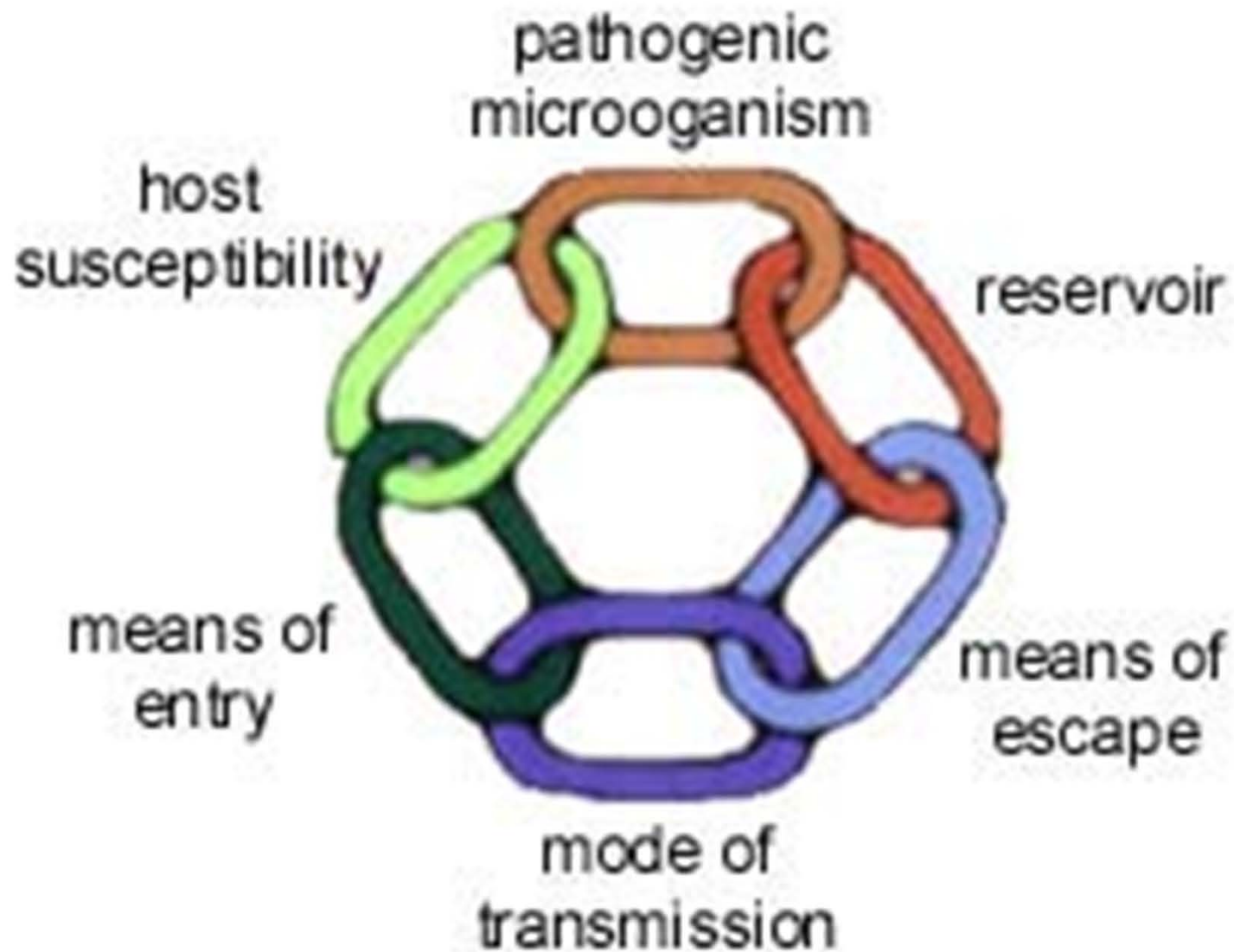


# Non – HAI MDRO Outbreaks

ORG	Setting	'03	'04	'05	'06	'07	'08	'09	'10	TOTAL
MRSA	School / University	2	1	4	3	12	1			23
	Correctional Facility	5	6	2			1			14
	Tattoo parlor					2				2
	Community			1				1	1	3
	Construction site						2			2
	Home	1								1
	Police Officers					1				1
	Restaurant					1				1
TOTAL		8	7	7	3	16	4	1	1	47



# Control Measures



# Control Measures

- Cohort/isolate/embargo
- Eliminate and/or treat source
- Time, temperature and procedures (Food Service)
- Hand washing and hygiene issues
- Barrier precautions
- Health education
- Restrict movement
- Prophylaxis
- Close facility





# Summarize to Communicate Findings

- Stakeholders
  - Local/state health departments
  - Medical/Healthcare/Laboratory community
  - Public
- Preliminary report
- Final written report
- Public health bulletin
- Meeting presentation



# Questions

*Thank You !!!*



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