



**PublicHealth**  
Prevent. Promote. Protect.

# MEDICAL RESERVE CORPS

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## LETTER FROM THE HEALTH OFFICER, *HOWARD STEINBERG*

### Dear Medical Reserve Corps Volunteer:

As I get set to retire from the position of health officer in September, I look back where we started. In 1999 a small group of us began to sit together and start planning for a potential biological attack. I was asked to chair the group because of my relationship with the hospital's infectious disease chair. We started with a small group of health officers, nurses, Hospital Infection Control Practitioners as well as members of the prosecutor's office and law enforcement. In 2000 we invited the business community and

EMS to participate, and added representatives from Sussex County.

It wasn't easy in those days trying to convince different communities that bioterrorism could be a real threat, and it wasn't until the attacks on 9/11 that the planning we were doing was taken seriously by people outside of our planning group.

We formed the Bioterrorism Task Force which meets 4 times a year. The Mass Immunization committee meets monthly and we are planning for quarantine issues and pandemic influenza.

The anthrax attacks made

bioterrorism real. In 2003 the county formed the Office of Health Management to help coordinate public health planning. We worked with our municipal public health partners to recruit medical professionals that would assist the public health community in a response to these dangers.

Today those efforts have resulted in the Medical Reserve Corps that you all belong to. You all have become the backbone of our planning efforts. Today we have come full circle and find that people once again are losing interest, and have pushed the danger

we face to the background and are focusing on other issues. Yet this danger is real. The rest of the world knows it as it experiences terrorism events and we need to keep our preparedness efforts strong. Pandemic Influenza is not an "if", but a "when".

I urge you all to stay involved and be a partner with us in the protection of our families and communities. I encourage you to take advantage of the trainings offered so we can have the best prepared MRC in the state. Mostly, I want to thank you for all your efforts and your willingness to volunteer.

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## HEALTH MATTERS: PERTUSSIS IS PREVENTABLE

Adults and adolescents who have regular close contact with infants can transmit Pertussis to them. Information from the Center for Disease Control indicates that parents, especially mothers, have been identified as the most important source of infant Pertussis. Pertussis is highly communicable with a secondary attack rate of 80% in susceptible household contacts.

The Morris Regional Public Health Partnership, representing public health in Morris County, has identified Pertussis as an important communicable disease to target.

Pertussis is preventable as the vaccine is no longer just for children. Two tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccines are licensed and recommended for use in adults and adolescents in the United States: ADACEL® (Sanofi Pasteur), which is licensed for use in persons aged 11—64 years, and BOOSTRIX® (GlaxoSmithKline), which is licensed for use in persons aged 10—18 years.

When healthcare professionals recommend immunizations patients are more likely to take the information and act on it.

We are providing a generic poster supplied by Sanofi Pasteur to physicians who

regularly see parents or parents-to-be in their practices. The posters are to encourage patients to ask about Pertussis and to remind physicians, especially ob/gyns, midwives, pediatricians and family practice, to ask about Pertussis vaccination in families.

The Center for Disease Control is encouraging hospitals to vaccinate women after they deliver to pick up unvaccinated mothers.

Increasing immunization rates in Morris County is an important public health initiative. Municipal health departments can help residents locate a vaccine.

Are you immunized against Pertussis? Be part of the solution and schedule your Tdap today.

## FROM THE MRC COORDINATOR

**On April 26th** we had an extremely successful training day and want to thank all of you who came. We had 100+ MRC volunteers and all the workshops were well attended. Many of you have contacted me regarding plans for future trainings and I'm happy to announce that, beginning in September, monthly trainings will be held here at the Morris County Office of Health Management (MCOHM). The first one is September 25th, from 6:30-9 p.m. and will be the MRC Orientation including CDC Class 1 Bioagents, pandemic influenza and the role of the MRC in emergency response.

The **NJMRC** has recently

linked the volunteer database to the **NJLMN** (New Jersey Learning Management network) <https://njlmn.rutgers.edu> so that **MRC** volunteers will be able to access their training records for courses they have registered for through the **NJLMN** website.

**ALL** future trainings offered by **MCOHM** will be listed on **NJLMN** so I am hoping you will all begin to use the site to register for courses. You are also encouraged to check the website regularly for various types of health related and emergency preparedness training courses being offered throughout the State. If you have *never* registered for a course through **NJLMN**, please contact me

so I can assist you in updating the account that was created for you when the databases were merged. If this sounds confusing...it is...but we'll work on it together!

**REMINDER!!!** *Please be sure and contact me if you have a change of e-mail address or other pertinent contact information.*

**LOOK FORWARD TO SEEING YOU AGAIN STARTING THIS FALL**

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**REMINDER ON CONTACT INFORMATION** – IF YOU CHANGE YOUR E-MAIL, TELEPHONE OR MAILING ADDRESS, IT IS ESSENTIAL THAT YOU SEND THE UPDATED INFORMATION.

Communication is vital to preparedness and without accurate contact information we will be at a tremendous disadvantage.



## TRAINING

It is important to have a prepared and trained medical reserve corps and the national MRC has recommended training requirements.

Working off of the national recommendations, Morris County has decided to make some trainings required and others recommended. The required trainings include:

- Incident Command System (ICS 100)
- National Incident Management System (IS 700)
- MRC Orientation, which includes Bioterrorism 101, Seasonal Avian and Pandemic Influenza, the role of the MRC and an overview of the New Jersey Learning Management Network.

Other trainings we offer and recommend include:

National Response Plan (IS 800)	CPR/AED/First Aid
Incident Command System (ICS 200)	Red Cross Shelter Training
POD Management Training	Self-Care
Chemical & Radiological Awareness	Personal Safety

Trainings for more specified functions are: START Triage, Outbreak Investigation, Health Education Surge capacity development and Hot Line Training.

Courses will be offered at the Morris County Office of Health Management, beginning Fall of 2008. For a list of these and other trainings, visit the New Jersey Learning Management Network (<http://njlmn.rutgers.edu>).

### MRC Trainings 2008—2009

**September 25: MRC Orientation**

**October 16: Psychological First Aid**

**November 17 : ICS 100/NIMS**

**December 3: From Field to Home**

**January 14: Outbreak Investigation**

**February 9: MRC Orientation**

**March 19: POD Management**

**Look for a training day in**

**May, 2009.**

## FROM THE EPI: FOOD BORNE OUTBREAKS

In the wake of recent sieges by food borne microbes, public health officials seem to be circling the wagons against an evolving microbial army.

Based on several studies conducted, scientists estimate that food borne infections cause 76 million illnesses, 300,000 hospitalizations, and 5,000 deaths annually in the United States.

The recent Escherichia coli O157:H7 infections at Taco Bell restaurants traced to iceberg lettuce and the current outbreak of Salmonella Saint Paul infections potentially linked to tainted tomatoes and Jalapeños, among others, have focused attention on a dramatic shift in the epidemiology of such diseases that began over 20 years ago.

The underlying reasons for this

dramatic increase appear to be highly complex, involving multiple factors such as:

- increased ability to detect diffuse outbreaks,
- increased consumption of fresh produce,
- changes in agriculture practice,
- and the ecology of the farm and globalization for the food industry that can move products around the world overnight.

All of these factors have important implications when foods with sporadic and low-level contamination are consumed by thousands of people living hundreds of miles from each other and the source.

Although the Center for Disease Control and Prevention (CDC) oversees a national food borne disease surveillance system, it is the local and state health agencies that are the first line of defense to investigate outbreaks. The local Health agencies have surveillance systems in place that allow them to electronically report and follow up on cases. Use of such systems has resulted in judicious case investigation and timely implementation of public health preventative measures.

Surveillance is only part of the answer, it uncovers problems that already exist but doesn't prevent them. A better understanding of the epidemiology of food borne infections along with identifying weak links in the food system is needed to minimize or

eliminate transmission.

A few simple precautions can reduce our risk of contracting a food borne infection:

**COOK:** Cook meat, poultry and eggs thoroughly. Using a thermometer to measure the internal temperature of meat is a good way to be sure that it is cooked sufficiently to kill bacteria. For example, ground beef should be cooked to an internal temperature of 160° F. Eggs should be cooked until the yolk is firm.



### Vaccinator Training For Surge Capacity

The Morris County Office of Health Management will be presenting "Vaccinator Training for Surge Capacity Volunteers". The purpose of this training will be to provide medical and non-medical volunteers with the basic knowledge and technical skills necessary to perform mass prophylaxis vaccination during a Governor's declared state of Public Health Emergency.

The surge capacity nurse volunteer will understand the role of the volunteer in a POD setting, dispensing oral medication in a POD during a public health emergency as well as understanding roles in the administra-

tion of IM injection, ID vaccination (Small Pox) and Biojectors. This training session will include hands on techniques in drawing up medication and administering IM injection. 2 Nursing CEUs provided.

When the course is available, it will be posted on the NJLMN ([njlmn.rutgers.edu](http://njlmn.rutgers.edu)). We will also send out an announcement by email.



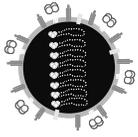
**SEPARATE:** Don't cross-contaminate one food with another. Avoid cross-contaminating foods by washing hands, utensils, and cutting boards after they have been in contact with raw meat or poultry and before they touch another food. Put cooked meat on a clean platter, rather than back on one that held the raw meat.

**CHILL:** Refrigerate leftovers promptly. Bacteria can grow quickly at room temperature, so refrigerate leftover foods if they are not going to be eaten within 4 hours. Large volumes of food will cool more quickly if they are divided into several shallow containers for refrigeration.

**CLEAN:** Wash produce. Rinse fresh fruits and vegetables in running tap water to remove visible dirt and grime. Remove and discard the outermost leaves of a head of lettuce or cabbage. Because bacteria can grow well on the cut

surface of fruit or vegetable, be careful not to contaminate these foods while slicing them up on the cutting board, and avoid leaving cut produce at room temperature for many hours. Don't be a source of food borne illness yourself. Wash your hands with soap and water before preparing food. Avoid preparing food for others if you yourself have a diarrheal illness.

**REPORT:** Report suspected food borne illnesses to your local health department. The municipal public health department is an important part of the food safety system. Often calls from concerned citizens are how outbreaks are first detected.



# Avian Influenza: It's Neither Gone Nor Forgotten

The highly pathogenic avian influenza A (H5N1) animal outbreak in Asia, Europe, the Near East, and Africa is not expected to diminish in the near future. It is likely that H5N1 virus infections among domestic poultry have become endemic in certain areas and the sporadic human infections resulting from direct contact with infected poultry and/or wild birds will continue to occur.

If H5N1 viruses gain the ability for efficient and sustained transmission among humans, an influenza pandemic could result with potentially high rates of illness and death. There is little pre-existing natural immunity to H5N1 in the human population.

There have been 26 confirmed cases of H5N1 in humans in 2008 and 385 since 2003. The World Health Organization and the Centers for Disease Control continue to monitor the current situation.

The Morris County Office of Health Management is continuing to develop pandemic influenza plans to align with the

recently released NJ Department of Health and Senior Services Plan ([www.njflupandemic.gov](http://www.njflupandemic.gov)).

As part of preparing the community for a pandemic influenza, we continue to offer presentations to community groups, businesses, non-profits, home care agencies on Pandemic Influenza distinguishing it from seasonal influenza and avian influenza. Community awareness is very important.

If you know of a group that might like having this presentation, or if you would like to be trained to present this program, contact Arlene at 973-631-5489.



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