

Avian Influenza A (H7N9) Virus

Human infections with a new avian influenza A (H7N9) virus continue to be reported in China. The virus has been detected in poultry in China as well. While mild illness in human cases has been seen, most patients have had severe respiratory illness and some people have died. No cases of H7N9 outside of China have been reported, nor has it been detected in people or birds in the U.S.

In China, most of the people infected with H7N9 are reported to have contact with poultry. However some cases reportedly have not had such contact. Close contacts of confirmed H7N9 patients are being followed to determine whether any human-to-human spread of H7N9 is occurring. No sustained person-to-person spread of the H7N9 virus has been found at this time.

CDC has developed diagnostic test materials to specifically detect the new avian influenza A (H7N9). These test materials include rRT-PCR reagents (primers and probes), controls and an rRT-PCR test protocol. There are specific guidelines for health care professionals for testing when patients meet clinical and epidemiologic criteria.

In response to H7N9 CDC is following the situation closely and coordinating with domestic and international partners, including China, CDC and the World Health Organization. On April 8, 2013, the CDC activated the Emergency Operation Center at Level 2 (limited activation) to support the management of the emerging H7N9 situation in

China. CDC also is sending a team to China to support the domestic outbreak.

In addition, CDC is taking routine preparedness measures, including developing a candidate vaccine virus that could be used to make vaccine if it becomes necessary, creating a test kit to detect this virus that could be used by other public health laboratories, conducting studies on blood samples to whether there is any existing immunity to this virus in the population, conducting ongoing testing to determine H7N9 susceptibility to the licensed influenza antiviral drugs and CDC is gathering more information to make a more thorough public health risk assessment. This is an evolving situation and there is still much to learn.

For the MRC, we will be offering the Surge Vaccinator training in the fall of 2013, to continue to have a robust, trained group if this virus were to spread person-to-person and there would be a vaccine. Since first detected there have been 109 cases in China.

Source: CDC, May 8, 2013



Morris County Office of Health Management



VOLUME 10 ISSUE 1

WINTER/SPRING 2013

Medical Reserve Corps:

Letter From MCOHM Health Officer *Carlos Perez, Jr.*

Within the last two years we experienced two major hurricanes and several winter storms. These natural events resulted in flooding, loss of power throughout the county, and required the opening of emergency shelters. Fortunately, the County of Morris was able to call upon our Medical Reserve Corps (MRC) to provide assistance with shelter and call center operations. The critical role of our MRC Volunteers is certainly highlighted throughout our planning processes.

Pre-emergency training is vital to maintaining a strong volunteer corps. During the month of April, the Office of Health Management (OHM) offered a health service response workshop sponsored by the American Red Cross. The

training provided an overview of American Red Cross shelter operations. The course is required for any medical volunteer providing assistance at a Red Cross Shelter. In addition to in-person training sessions, online training opportunities are available to MRC Volunteers via the NJ Learning Management Network (NJLMN). In the coming months, OHM will begin providing online trainings via the NJLMN for MRC and other health professionals. These online training opportunities will include a six hour psychological first aid course along with an MRC orientation course. The NJLMN may be accessed by visiting <https://njlmn.rutgers.edu/>. Broadening our online train-

ing capabilities will make continuing education opportunities more convenient to our MRC volunteers. OHM is also currently working on identifying gaps related to medical surge and fatality management. Planning and training for radiation emergencies continue to be a priority of our overall preparedness and response efforts.

The County has recently purchased a Western Shelter Tent System via funding provided through the Urban Area Security Initiative (UASI). The tent system improves the County's ability to provide mobile field operations during emergencies. We are presently looking to train interested MRC Volunteers on setting-up of the tent system. Those interested can contact our MRC Coordinator, Cindie Bella.

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Clean Hands Save Lives.



Emergency Kit Cookoff

A Dash of planning. A pinch of preparedness. A world of difference. This recently launched website:

www.emergencykitcookoff.org is a participatory National Preparedness Month activity. The MRC participated in an emergency kit cook off September 2012 as part of National Preparedness Month. The recipes are listed on page 3.

Join us this September 17 and bring your favorite emergency kit recipe to share.



Training Dates*
April 2—Alternate Care Site Training
April 17—American Red Cross Health Services Training
April 29—Alternate Care Site Exercise—Pennsylvania
May 29—Health Literacy
June 11—HERO Training
September 24—Family and Pet Preparedness
***Dates to be confirmed and posted online at NJLMN for registration.**

FROM THE COORDINATOR—*Cindie Bella, R.N. B.S.N.*

Hurricane Sandy tested many of Morris County's resources. Some strengths and weaknesses were identified. Once again Morris County's Medical Reserve Corps (MRC) was anything but weak. We stood strong in the support of the American Red Cross shelter at Mennen Arena as well as the 211 Call Center. Morris County's MRC was a part of many hot wash (post event evaluation) discussions on the county, state and federal levels.

The gap the MRC filled regarding the medical needs portion of the shelter was an invaluable service to our county residents who were displaced from their homes. Forty six medical and 6 non-medical MRC volunteers provided Health Services staffing in the shelter from 10/28/12 to 11/12/12, working 12 hour shifts for almost two weeks! Our volunteers contributed 550 hours up to the closing of the shelter. One medical and eight non-medical MRC volunteers staffed the 211 Call Center, again filling a crucial position as county residents

reached out for information and assistance. Our volunteers supported the United Way working eight hour shifts. Volunteers contributed a total of 75 hours.

The response once again showed our dedication to the community during times of emergency. I know I have said this before and I will say it again and again, I am so very proud to work with such a wonderful group of volunteers that Morris County can call upon during times of need. All your hard work does not go unnoticed, and for this I thank you!

CORE COMPETENCIES:

ICS 100/NIMS 700

MRC Orientation

Psychological First Aid

Family/Pet Disaster Preparedness

POD Management

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: Although measles was declared eliminated in the U.S in 2,000, it is periodically imported by international travelers returning from or visiting from other countries, including Europe and SE Asia. On average 60 cases are reported each year in the U.S. However, 222 cases were reported to CDC in 2011, the highest number in any year since 1996 (508 cases). In 2011, NJ also experienced an increase in measles with 4 reported cases and is currently investigating an imported case of measles in an unvaccinated child who had traveled internationally. Chicken pox continues to cause outbreaks in NJ. Approximately 400—600

varicella cases are seen each year. During 2012, there was a total of 432 cases and one death in Ocean County. Three confirmed outbreaks occurred in 2012, one of which was in a daycare facility. NJ experiences an overall decrease in Pertussis cases in 2010, although other states experienced increased activity beginning in 2011. Normally NJ receives between 400—500 suspected pertussis reports per year. In 2012, 960 cases (596 confirmed and 364 probable) have been reported. These increases in vaccine preventable diseases reminds us to keep immunizing.

Source: NJDOH Health Matters, 04/2013

Measles

- 1** The age in years at which a child is first eligible to receive the MMR vaccine
- 4—6** The ages when children should receive second dose of MMR
- 28** The number of days people need to wait between first and second MMR doses
- 7—18** The number of days that symptoms of measles may occur after initial exposure

From the Epi: New SARS Like Virus: Novel Corona Virus or NCov

Coronaviruses (CoV) are common viruses that most people get some time in their life. Human Coronaviruses usually cause mild to moderate upper-respiratory tract illnesses, similar to the common cold but often have longer incubation periods. They usually circulate in the winter and spring. Coronaviruses can also be associated with GI illness. These viruses are prevalent in humans and domestic animals (cats, dogs, birds).

SARS was a novel Coronavirus believed to have originated from Civet Cats. The current novel Coronavirus is believed to have originated in bats. In April

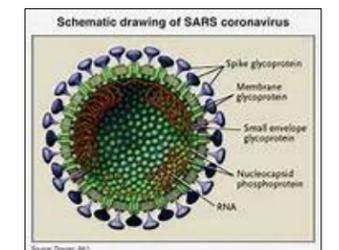
2012, a novel Coronavirus was identified. Initial circulation occurred on the Arabian Peninsula (Jordan, Saudi Arabia, and Qatar) which resulted in 8 cases (5 of which died).

Three additional cases have been identified in the UK - one of which had recent travel to Saudi Arabia. Subsequent cases identified in the UK do not have travel history which may be indicative of person to person spread within the UK, however the investigation into these illnesses is ongoing.

There are some commercially available PCR tests which detect Coro-

navirus; however, CDC has indicated that these would likely not detect this novel Coronavirus. The state public health laboratory currently does not have the capability to detect Coronavirus.

Additional information and guidance is available on the CDC website <http://www.cdc.gov/coronavirus/ncv/case-def.html>



What's Cooking? MRC in the Kitchen

During both Hurricane Irene and Hurricane Sandy over 90% of Morris County was without electricity. Some homes did not have electricity for over 2 weeks.

The MRC were challenged at the September training on emergency planning for families and pets to invent a recipe using the food in the MCOHM pantry.

The participants were divided into two groups and had to come up with a recipe using the canned and packaged foods set out in the kitchen.

Recipe #1:

**La Cucina Mexicana:
Mango Madness:**

1 can Vegetarian Hormel Chili
1 jar Mango Salsa
1 can corn
Taco Shells
Packaged Parboiled Rice
Fill taco shells with chili and salsa and corn. Serve on bed of rice. **Dessert: Panino**
Fig Newton with peanut butter, raisin and grape jelly.



Recipe #2: Kitchen Miracles

Stew-Licious Casserole:
Dehydrated mashed potatoes with chicken broth, whipped Dinty Moore Stew
Canned corn
Top with dehydrated crispy onion rings.

