Monmouth County Health Department

annual report

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www.visitmonmouth.com
Monmouth County Health Department

The mission of the Monmouth County Health Department is to empower residents of Monmouth County to achieve optimum health through the provision of the ten essential public health services.

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and hazards in the community.
3. Inform, educate and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health personal health care workforce.
9. Evaluate effectiveness, accessibility and quality of personal and population based health services.
10. Research for new insights and innovative solutions to health problems.

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2010 Annual Report Monmouth County Board Of Health

Overview

The Monmouth County Board of Health, established in 1978, is composed of nine members who are appointed by the Board of Chosen Freeholders. The Board’s function is to establish policy, and govern the services provided by the Monmouth County Health Department (MCHD).

Principle Objectives

1. As a field office of the New Jersey Department of Health and Senior Services (NJDHSS) and the Department of Environmental Protection (DEP), enforce the provisions of the New Jersey State Sanitary Code and regulations set forth in N.J.S.A.24:14a-1 et seq., 26:3-69:1, and 58:11-23, as well as, local codes and ordinances that protect public health.

2. Deliver a modern and manageable array of public health services as required by N.J.A.C. 8:51, entitled “Public Health Practice Standards of Performance for Local Boards of Health in New Jersey”.

3. Provide leadership in building countywide core capacity to respond to bioterrorism and other public health threats.

Through the department’s programs and services, residents benefit directly through the Department’s population-based clinical services which provide primary and secondary disease prevention. Residents benefit indirectly through protection of food and drinking water supplies, and ensuring compliance with environmental health regulations, related to air, water noise and nuisance control.

Principle Activities

• Administrative and organizational management services, including but not limited to planning, organization, public health staffing, coordination and response, budgeting and evaluation

• Enforcement of public health and environmental laws and regulations

• 24/7 Surveillance, detection and epidemiologic response to potential bioterrorism incidents or outbreaks of infectious disease

• Communicable disease control

• Management and operation of the New Jersey Local Information Network Communication System (LINCS) Health Alert Network

• Public Health Emergency Preparedness Planning

• Maternal and child health services

• Clinical primary and secondary preventive services

• Rabies control

• Comprehensive diagnostic and treatment services for tuberculosis and sexually transmitted diseases

• Health education/health promotion

Past And Present Collaborative Efforts

An important function of the Department is collaboration with community based organizations and institutions to identify health problems and assure access to health services. For example, the Department worked in conjunction with the 5 other Health Departments in the county in bringing together a group of individuals representing over (40) public and private healthcare providers, businesses, schools, social service and voluntary health organizations to participate in an initiative to assess community health, utilizing a strategic planning tool called Mobilizing for Action Through Planning and Partnerships (MAPP). This tool helps prioritize public health needs; identify resources to address them, and ultimately to develop a community health improvement plan.

The Plan Completed In 2007, Identified 6 Strategic Issues:

1. Access to Health/Care

2. Comprehensive Health/Care despite the high cost of living in Monmouth County

3. Tobacco, drugs and alcohol use and abuse

4. Transportation barriers

5. Care for the older adult population

6. Cancer Morbidity and Mortality

Committee’s for each of these areas were formed and are actively engaged in developing programs and services. Development of a revised community health improvement plan addressing newly emerging health issues is being planned for 2011.
other examples include:

Formation of a partnership with Jersey Shore University Medical Center for the provision of comprehensive Sexually Transmitted Disease (STD) diagnostic and treatment services to residents.

Working with school systems to provide school-based Hepatitis B immunization programs.

Collaboration with the Haitian Christian Social Cultural Association to establish a primary care clinic for the Asbury Park Haitian community.

Membership on the former Monmouth/Ocean AIDS Consortia, a diverse body of HIV/AIDS providers who collectively addressed the myriad of needs faced by HIV/AIDS patients.

Working in conjunction with the Monmouth County Correctional Institution to provide tuberculosis diagnostic and treatment services for inmates and staff.

Working with Checkmate, Inc., in the planning and implementation of mobile HIV testing in high risk communities.

Through a grant from the Department of Human Services Office for Prevention of Mental Retardation and Developmental Disabilities, the Department partnered with the Urban League to provide lead poisoning prevention education in high risk communities.

Through a grant from the NJDHSS, the Department is currently partnering with the Regional Perinatal Consortium of Monmouth and Ocean Counties Inc., to conduct lead poisoning prevention outreach and education to child care centers, healthcare providers and parents.

Worked with local Office’s of Emergency Management in designing models for the rapid distribution of prophylactic medications to first responders and their families after a confirmed release of a bioterrorism agent.

The Department has worked closely with Monmouth University’s Office of Science and Technology to increase the Department’s data management capabilities.

The Department is a member of the Monmouth County Cancer Coalition which is involved in the planning and coordination of cancer screening and education services countywide.

Through a contractual agreement with the Visiting Nurse Association of Central Jersey Inc. (VNACJ, INC.) the Department is a designated provider of cancer screening services through the New Jersey Cancer Early Detection and Education Program (CEED), funded by the New Jersey Department of Health & Senior Services.

Collaboration with Prevention First, Inc. to provide the Childhood Nutrition and Activity program to participating daycare centers and preschool programs.

Collaboration with Prevention First, Inc. to provide primary care physicians with tobacco cessation materials and resources to encourage patients to quit smoking.

Participation in United Way focus groups and their health impact subcommittee Membership on the Monmouth County Suicide Prevention Task Force.

Membership on the Black Infant Mortality task force facilitated by the Regional Perinatal Consortium of Monmouth and Ocean County, Inc.
The Department’s programs and services are funded by local dollars as well as grants from the New Jersey Department of Health & Senior Services (NJDHSS) for emergency preparedness, H1N1, case management of children with elevated lead levels, immunization outreach, sexually transmitted disease diagnostic and treatment services, childhood lead poisoning prevention outreach and education and Medical Reserve Corp recruitment and training.

Currently the Department is composed of 56 employees. Professional staffing consists mainly of Registered Environmental Health Specialists and Registered Nurses who hold current licenses from the NJDHSS and Board of Nursing respectively. Professional service contracts are in place for laboratory services, physicians, nurse practitioners, phlebotomy, mammography, x-rays and interpretation services for the Hispanic population.

The Department is equipped with state-of-the-art computer systems, connectivity, security and data storage capacity. Systems are managed by a part-time Network Administrator. Additionally a full-time Geographic Information System (GIS) Technician is available for data mapping.

As a part of the County government system, the health department has access to a wide array of county based departments, such as the county print shop, human resources, information technology, finance and purchasing, buildings and grounds and legal counsel.

2010 Environmental Health Program

In 1978, the New Jersey Legislature passed the County Environmental Health Act (CEHA), which directed the New Jersey Department of Environmental Protection (NJDEP) to begin partially funding Environmental Health Programs in county and regional health departments. The Monmouth County Health Department (MCHD) is the only local health authority of the six remaining health departments in Monmouth County whose programs are certified by NJDEP to perform investigation, enforcement, and regulation of air pollution, solid waste disposal, recycling enforcement, emergency and terrorism response, hazardous waste storage and disposal, underground storage tanks, surface and ground water pollution, and noise. In addition to directly providing these services, the MCHD coordinates these services through interlocal agreements with one regional health department and presently 6 local fire/hazard units.

On pages 85–87 of the “Strategic Plan, Monmouth County, May 2009”, Monmouth County residents give top ratings for the success of various services provided by MC government, including the Health Dept., regarding environmental cleanliness (75%) and the condition of beaches and coastal areas (73%) in MC. The Health Dept. tops the list of services that residents think are the highest priority for continued county support: protecting the environment and water quality (84%), and preparing emergency personnel for a disaster or other crisis (74%); and more than 2-in-3 residents think it is very important for the County to provide a facility for hazardous waste disposal (70%), and to provide health services, such as immunizations, screenings and restaurant inspections (69%).

Four out of the top five categories of what residents think are the most important services to continue paying for are also provided by the Health Dept.: protecting the environment and water quality (96%), preparing emergency personnel for a disaster or other crisis (95%), providing a facility for the disposal of hazardous household waste (93%), and health services, such as immunizations, screenings, and restaurant inspections (92%). http://co.monmouth.nj.us/documents/145/Monmouth%20County_Strategic%20Plan%202009.pdf.

MCHD’s Environmental Health Program commits its efforts to where the most good can be achieved within the constraints of the budget and the scale of our post-9/11 duties. Various environmental health reports, including an expanded version of the annual reports that are summarized below can be accessed at http://co.monmouth.nj.us/page.aspx?id=3390.

Solid Waste And Hazardous Waste Management Report

The Monmouth County Health Department Solid Waste Enforcement Team (SWET) consists of 6 specialized employees and completed its twenty-third year of operation in 2010. The SWET is charged with the responsibility of enforcing all New Jersey Administrative Codes and other regulations related to solid waste and recycling. The most important enforcement case of 2010 was related to the illegal removal of solid waste from Monmouth County. This resulted in a waste flow control investigation involving a solid waste transport company located outside of the county. The success of this case resulted in significant revenue recovery for taxpayers, and served as a notice to other waste companies that waste flow control is strictly enforced in Monmouth County. The SWET insured compliance with regulations and rules at the Monmouth County Reclamation Center (MCRC). In Monmouth, there exists 163 solid waste and recycling facilities that required the SWET to perform 331 inspections to maintain regulatory compliance. During waste flow inspections at transfer stations, 617 violations were documented by conducting 905 transporter inspections.

1,025 Recycling Compliance Inspections at businesses and institutions throughout the County resulted in the documentation of 327 violations. Recycling violations were referred to the municipality of origin for local enforcement action. If no action was taken, the SWET followed up with reinpections and issued summonses as necessary. Another SWET service provided in-county and out-of-county waste transporter interviews by appointment throughout 2010 to determine A-901 exempt hauler status. By doing this, waste haulers had a convenient way to comply with documentation regulations, and the SWET could educate them to deter other future violations.

The SWET responded to 56 citizen complaints regarding solid waste and asbestos waste, prompting the issue of 38 notices of violation and 20 municipal court summonses. Asphalt milling storage surveys were conducted to determine regulatory compliance for the NJDEP. The SWET also serves on the hazardous materials response team, performs key duties in the emergency logistical operations for distribution of medication and supplies to citizens in Monmouth County, and oversees the management of hazardous wastes.

Instituted in 1996, the Monmouth County Household Hazardous Waste Facility (HHWF) continues to provide free service to residents, not for profit organizations, and government agencies. This service is provided by
the Board of Chosen Freeholders. The Monmouth County Health Department operates the HHWF with 5 specialized SWET employees who also serve as hazardous materials responders. The MCRC and the Planning Board are collaborative partners as well. The concept originated as a means to provide for the removal of harmful materials from the environment, in a safe and economical way. A record participation of 7,072 customers was achieved this year. The HHWF partnered with 8 municipalities to collect latex paint locally. This reduced transportation related costs and pollution while increasing convenience and efficiency. Many people took advantage of the opportunity, while we collected 14,815 pounds of latex paint remotely. 1,193 customers participated in two single day remote collections held in Hazlet and in Upper Freehold. In total, over 13,000,000 pounds of hazardous material has been kept from being disposed of in the MCRC. HHW management efforts curb the release of greenhouse gases, and other air and water pollutants.

As one of the 3 HHW facilities in New Jersey, management used innovative techniques to reduce or avoid costs, while maintaining high quality hazardous materials management. Our exclusive method of managing unwanted propane cylinders saved taxpayers at least $21,000 by using the gas as fuel for office heat, and selling the scrap metals. In another initiative, over 240,000 pounds of usable latex paint was transferred to the MCRC for recycling, a disposal savings of $18,000. The facility generated $7,800 of revenue by selling used motor oil and lead acid batteries. Management initiatives were used in packaging changes, waste disposal contract changes, and material handling changes, resulting in a per pound disposal cost reduction of 43% in 2010. Partly because of these initiatives, our total disposal costs dropped to year 2002 levels, while processing about 200,000 pounds more total waste received in 2010.

The charts and graphs below show information gathered as a result of the proper management of all materials submitted to the HHWF in 2010.

Hazardous Materials Response/Ust Units

The Monmouth County Health Department’s Hazardous Materials Response Unit continues to provide outstanding hazardous materials and environmental response services to the citizens of Monmouth County. It is the responsibility of the hazardous materials unit to develop and maintain standardized hazardous materials (Hazmat) and CBRNE (Chemical, Biological, Radiological, Nuclear, and Explosive) emergency response capability, capacity, and competence. The department maintains a core of highly trained and equipped personnel that will respond to hazmat and CBRNE emergencies and conduct investigations in coordination with the New Jersey Department of Environmental Protection (DEP), the Department of Health and Senior Services (DHSS), and the New Jersey State Police (NJSP) Special Operations Section.
Each hazmat unit member is equipped with a specialized emergency response vehicle containing all the detection, personal protection, and response equipment needed to handle most routine incidents in the field. The unit also maintains two heavy duty emergency response trucks capable of supporting extended operations for larger incidents. In addition, the department maintains trailers capable of supporting command, logistics, decontamination, and mobile power needs at any incident.

A wide range of complaints are handled each year, from private citizens, business interests, industrial facilities, and government agencies. A total of 137 complaints were investigated during the 2010 calendar year. This continues the trend of decreasing hazmat complaints over the last seven years, demonstrating the effectiveness of our proactive regulatory and compliance assistance programs.

MCHD Hazmat Unit Responses 2004-2010

The current trend notwithstanding, the department expects to see an increase in activity in the coming years due to the closure of Fort Monmouth and the disbanding of the Fort’s full-time paid hazmat team. The MCHD hazmat unit, as well as local municipal hazmat teams, must be prepared to fill the gap left from the loss of this important county resource.

The hazmat unit continues to be involved in domestic preparedness planning for the county. The hazmat unit’s Program Coordinator maintains a seat on the county’s Grant Working Group and LEPC, and regularly participates in other planning meetings with county Office of Emergency Management (OEM) and the county Fire Marshall. Coordination with the county OEM and Fire Marshall has resulted in an integrated network of primary and secondary departments for mutual aid including hazmat/CBRNE response and mass decontamination.

Our hazmat unit participated in a DEP pilot Pesticide Control Program (PCP) in 2010. The Pesticide Control Program is primarily responsible for ensuring compliance with federal and state laws and regulations regarding the use, sale, transport, disposal, manufacture, and storage of pesticides in the state of New Jersey. It also promotes pollution prevention and pesticide use reduction through training and outreach activities involving Integrated Pest Management (IPM). Under the program, our staff performed 20 compliance inspections of area landscapers and five compliance assistance inspections of area schools.

The hazmat unit is also responsible for handling all requests for review of Health Department environmental records. Access to government records by private citizens is governed under the Open Public Records Act (OPRA). A total of 261 OPRA requests were processed through the hazmat unit in 2010. The regulated underground storage tank (UST) enforcement unit performed 80 facility inspections during 2010. The UST unit initiated 17 penalty actions in coordination with the DEP’s Central Region Field Office. The DEP enacted changes to the UST inspection program which added considerable workload to the CEHA UST inspection program for 2009 and beyond. Specifically, Clean Air Act regulations for stage 2 vapor recovery equipment were added to the UST program responsibilities. These regulations were previously enforced by our air pollution control unit. Because of this increased workload, the DEP dropped the total number of UST inspections required from 95 to 80 in 2009 and 2010.

On August 19, 2010 the Monmouth County Health Department hosted an Air & UST compliance assistance seminar for public agencies and private facility owners. Representatives of the DEP’s Compliance and Enforcement Bureau were on hand to give presentations on the UST regulations and answer any questions from the participants. The seminar was well received and we plan to host more of these educational programs in the future.

The Hazmat/UST staff regularly provides support to other Health Department units and county agencies. We assist in staffing the Monmouth County Household Hazardous Waste Facility and participate in the Health Department’s Cooperative Coastal Monitoring Program during the summer months. Our UST unit provides compliance assistance for regulated underground storage tank systems to several county agencies. In addition, the hazmat/UST staff provides logistics support for the Health Department’s Strategic National Stockpile Personal Protective Equipment distribution program.

Continuing education and training are essential parts of our mission to provide a comprehensive emergency preparedness system throughout Monmouth County. The Health Department’s hazmat unit maintains some of the most highly trained hazmat/CBRNE response personnel in the State of New Jersey. In 2010, we continued to expand our emergency response capability and competence by taking advantage of numerous federal, state, and local training opportunities.

Water Pollution Control Program Executive Summary

Mission critical public health activities include those mandated by the Safe Drinking Water Act, the Private Well Well Testing Act and the Cooperative Coastal Monitoring Program. Our revamped Ambient Surface Water Quality Monitoring Program and targeted water quality studies, participation in review of regional and municipal stormwater management plans, and operation of the sewage pumpout boat are environmental health responsibilities. Response to citizen and NJDEP complaints regarding fish kills, algae blooms, or discharges into water bodies is another core priority. Global Positioning Systems (GPS) coupled with Geographic Information Systems (GIS) greatly improve data analysis, which is used to conduct environmental investigations as well as Public Health planning activities.

Public Non-Community Wells: Eighty-two transient systems and 47 non-transient inspections were conducted; 5 new systems were added to the program. Four Notices of Violation were issued. Local health authorities were updated with currently known non-community wells. Public outreach, in the form of follow-up inspections, is conducted when a system is new to the program, has had a violation, or if it is known the system has changed ownership.
Private Well Testing Act: Wells that involve realty transfers are required to be analyzed. Thirty-five letters were sent to residents within 200’ of wells exceeding gross alpha radiation activity or nitrate standards to advise those on shallow wells of possible risks to their drinking water. A total of 311 PWTA results were received from NJDEP.

Cooperative Coastal Monitoring: Sixty sites are monitored weekly during the recreational bathing season, with 18 sites monitored monthly during the winter months. Water quality was excellent due to lack of rain and stormwater runoff that can impact beaches. There were 72 rainfall provisional closures at 2 bay and 4 ocean beaches. Results and seasonal updates may also be found on the web at www.njbeaches.org.

Eighteen proactive advisories were posted at bathing beaches after initial sampling results exceeded bacteria standards. All but 1 of the advisories was issued the same day, following a 0.22 inch rainfall. No significant rainfall had occurred in the prior 3 weeks. Details on this event may be found at http://co.monmouth.nj.us/documents/121/8-23-10%20exceedences_mabsc.pdf. Feedback on the advisories has been positive.

Sewage Pumpout Boat: Royal Flush, the department’s sewage pump out boat, pumped out 62,300 gallons of sewage from 1,909 boats in its 10th year of operation. A $5,000 grant for operations and maintenance, increased from the former $2,500 allocation, was submitted to the Marine Trades Association for reimbursement under the federally funded Clean Vessel Act (CVA). A staff member represents the county the Steering Committee, which was recently recognized for the national Outstanding CVA Program award.

Ambient Surface Water Quality: The ambient surface water quality monitoring program was streamlined to reflect budgetary constraints, add sites in hydraulic unit codes which had not been assessed, and to avoid overlapping NJDEP sampling efforts. Thirty-five sites were sampled for the first three quarters for a variety of parameters, depending on their salinity and classification. Results are sent to NJDEP for inclusion on the USEPA Integrated List of Water Quality Limited Segments and may be found at http://co.monmouth.nj.us/ambients.asp. Forty-five bacteria samples were taken for NJDEP in summer during a five week period for E. coli analysis.

Monmouth Park

Branchport Creek in Oceanport, was sampled for bacteria on 3 occasions during significant rain events. Limited sampling was performed when discharges from the stormwater collection system were observed during field inspections. Although run off from the infield pond has been re-routed to a manufactured treatment device to reduce stormwater sediment loading, results from the infield pond are elevated. Reduction in bacteria is still insufficient to warrant removal of precautionary signs posted along the creek.

Watershed Management Initiatives: Staff participates with the Monmouth County Planning Board, other county agencies and stakeholders to provide input on municipal and regional stormwater management plans to maximize the use of water resources. Two Municipal Stormwater Management Plans were reviewed; approval or conditional approval was recommended to the Planning Board for final decision. Staff also participated in the Wreck Pond Brook Regional Stormwater Management Plan committee.

Complaints: A total of 23 environmental and drinking water complaints were received. The majority of complaints involved sewage spills into water bodies and algae blooms.

Monmouth County Health Department

Monmouth Park

A significant fish kill of more than 10,000 perch, shad and herring occurred in Deal Lake, attributed to water temperatures of up to 85 degrees and dissolved oxygen levels of less than 0.4 milligrams per liter.

Environmental Laboratory: The department’s laboratory was outsourced in 2009 except for certification of field sampling equipment and instrument calibration, as well as database management and outsourced sample tracking. This is critical to continuing our surface and groundwater programs. Water and air inspections are also performed by the laboratory staff member.

Geographic Information Systems (GIS): Over 75 GIS mapping projects were generated for MCHD programs during 2010. The major focus was the development of Internet-based ArcServer mapping projects. These programs allow staff members to access GIS data through their internet browser. This technology saves the Department on production costs for paper maps. It also saves on research time, and time spent in the field.

Website: The website was updated frequently during 2010. Most notably, regular updates included those to the Environmental Documents, Calendar of Events, and Restaurant Inspection pages. Many sections of the website were improved upon to allow for greater ease in navigation, along with an improved overall look.
Air And Noise Control Program

Overview

During 2010, the Monmouth County Health Department Air and Noise Control Program performed 250 site visits and 164 minor source inspections.

Air and Noise Site Visits

In total, 250 site visits were made during 2010 compared to 286 in 2009.

<table>
<thead>
<tr>
<th>Site Visits</th>
<th>2010</th>
<th>2009</th>
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<tbody>
<tr>
<td>Citizen Complaints</td>
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<td>26</td>
</tr>
<tr>
<td>DEP Referrals</td>
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<td>75</td>
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<tr>
<td>Minor Source</td>
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<td>153</td>
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<tr>
<td>Complaint Reinvestigations</td>
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<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>250</td>
<td>286</td>
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</table>

Minor Source Inspections

This year, 164 minor source inspections were conducted compared to 161 in 2009.

<table>
<thead>
<tr>
<th>Minor Source</th>
<th>2010</th>
<th>2009</th>
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<tbody>
<tr>
<td>B Sources</td>
<td>121</td>
<td>93</td>
</tr>
<tr>
<td>Dry Cleaners</td>
<td>31</td>
<td>60</td>
</tr>
<tr>
<td>Idling</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>164</td>
<td>161</td>
</tr>
</tbody>
</table>

Noise Control Program

Sixteen noise complaints were investigated in 2010. The redevelopment of Asbury Park has resulted in music related noise problems. Residences within close proximity of venues providing music have been impacted by the noise.

GIS/GPS Completed Projects

All maps for GIS are updated on an as needed basis. The dry cleaners map and all staff maps were made current this year.

Outreach

As agents of the NJDEP the MCHD inspects boilers and generators (B sources) in order to determine their compliance with state regulations. Most of the penalties collected by the MCHD in 2010 resulted from violations associated with these facilities. To that end, the MCHD hosted the third presentation to owners of facilities with boilers and generators in August. The target facilities included schools and municipalities. Representatives from these facilities were invited to attend a seminar to discuss the county inspection regarding bookkeeping requirements, permitting, and penalties. The idling standard for gas powered and diesel powered vehicles was also addressed. The meeting was designed to inform the attendees of the requirements necessary to operate their facilities in compliance with NJDEP regulations and, therefore, avoid associated fines.

Looking Ahead

The NJDEP has revised its policy for grace periods and penalties. Facilities will be given grace periods for the same violations that once carried monetary penalties.

In 2011 the Program will take on the rigorous task of inspecting another 120 B sources at the request of the DEP. We will also inspect 30 dry cleaners. In 2011 we will continue to fulfill routine DEP requirements in addition to serving the residents of Monmouth County, particularly as they are affected by issues under the jurisdiction of the Air and Noise Program.

All Hazards Logistics – H1N1

By the spring of 2010 the H1N1 pandemic had ended. The numbers of residents that were vaccinated by the MCHD far exceeded those administered by the five other health departments in the county.

The logistical response included converting the old laboratory into a secure supply warehouse which would house 6 temperature alarmed refrigerators as well as all the medical supplies and the ancillary supplies for running the clinics. This transformation was made possible through the efforts and cooperation of the Monmouth County Department of Buildings and Grounds, which has become an essential partner in our efforts to manage and store supplies for the County’s All Hazard response.

Protocols and accounting systems have been developed for tracking the medication and antivirals, and distributing them to the MCHD clinics, or to local health departments, doctor’s offices and pharmacies. The logistic team developed and implemented a modular system for self contained supply containers for each unit involved in the clinics. Using this system we were able to utilize either the department’s box truck or one of its large SUVs and always had the necessary supplies at hand. The team also transported all clinic supplies to the 50+ clinics in 2009, set up and broke down the clinics and returned everything back to the office. This procedure occurred up to 4 times a day. The team took the lead in opening tens of thousands of band aids at their desks during regular working hours. This enabled the nurses to be more efficient therefore reducing wait times.
As the County’s lead agency for emergency preparedness, the department was accountable for stockpiling and distributing personal protective equipment to hospitals throughout the county. Non-perishable personal protective equipment and medical supplies from the Strategic National Stockpile were managed by the Solid Waste Enforcement Team, with invaluable assistance from the Monmouth County Department of Buildings and Grounds Department, as well as other County departments and the MCHD Hazardous Materials Response Team. The SWET was responsible for receiving, storing, ordering, picking, and shipping of supplies to the 5 hospitals within the County. Along with the county’s Building and Grounds Department, warehouse safety and security and warehouse personnel administration is maintained.

Public Health Protection

Our staff of Registered Environmental Health Specialists enforce public health and environmental laws and regulations, which include but are not limited to the protection of food, bathing place sanitation, public health nuisances and hazards, preventable injuries and exposure-related diseases in both the workplace and community settings.

Public Recreational Bathing and Youth Camps

Public recreational bathing sites are inspected at least two times during the operating season to ensure compliance with the New Jersey State Sanitary Code. Public recreational bathing sites include indoor and outdoor public pools and spas as well as rivers, bays and ocean bathing beaches. Splash parks and playgrounds with water features are also monitored. Youth camp inspections ensure that camp structures and facilities meet local codes, appropriate staff credentialing, general camp management and safety, as well as other requirements, based on the camp activities. Public recreational bathing inspections also include assessment of the chemical and physical quality of the site, maintenance of pool and safety equipment, and appropriate certification of pool staff and operators. In 2010, the health department staff inspected 112 swimming pools, spas, splash parks and bathing beaches and our staff responded to 15 complaints regarding public recreational bathing sites. The staff also inspected 22 youth camps.

Rabies Control

The Health Department provides its member municipalities with several programs geared toward the prevention and control of rabies. Rabies is an invariably fatal disease transmitted through virus laden saliva of a rabid animal introduced by a bite or a scratch. It is habitually present in New Jersey’s wildlife population, particularly in raccoons. The Health Department oversees free vaccination programs for cats and dogs. In 2010, the health department vaccinated 2213 dogs and cats at various clinics in member municipalities. The department also insures the delivery of specimens of animals suspected of being infected with the rabies virus to the New Jersey Department of Health and Social Services (NJDHSS) for testing.

Another aspect of rabies control involves investigating animal bite exposures of our residents. Whenever a human bite exposure occurs, the animal is placed under a ten day observation (quarantine) period. The animal is re-visited at the end of the ten day period to ensure it is not showing signs of illness. The health department conducted 258 animal bite investigations in 2010.

Licensed pet care facilities and pet shops are inspected for compliance with general sanitation and basic animal welfare standards in accordance with kennel and pet shop regulations set forth in the New Jersey State Sanitary Code. The Health Department also investigates complaints received from the general public. Department staff inspected 30 facilities and responded to 35 animal complaints in 2010.

Septic Systems and Well Inspections

Plans for new septic systems and wells are reviewed by our staff to ensure compliance with construction standards. Inspections are made throughout the installation process. A total of 1,556 well and septic inspections were conducted in 2010. The total reflects the installation of 159 new septic systems, 95 new wells and certification of existing systems required for reality transfer in some municipalities. The staff also witnessed 207 soil tests in member municipalities.
Public Health Nuisance Complaints

The Health Department staff responds to a wide variety of citizen complaints and public health emergencies 24 hours a day/seven days a week. Complaints range from poison ivy and mosquito breeding to sewage overflows and bedbugs. Other routine complaints include rodent infestations, mold, garbage overflow, housing deficiencies, animal waste and unsanitary public restrooms. In 2010, the Registered Environmental Health Staff investigated 518 complaints resulting in 735 inspections and 20 municipal court summonses.

In response to the tremendous increase in bedbug complaints, our Registered Environmental Health Specialist staff developed educational presentations which were provided to various community living groups and organizations. In 2010, 10 sessions were presented with several hundred persons in attendance.

Tanning Facilities

In 2010, our Registered Environmental Health Specialist staff began inspecting tanning facilities following the passage of a new statewide regulation. Eight facilities were inspected and 1 new facility plan was review for compliance with this new statute.

Smoke Free Air Act Initiative

Since January 2006, smoking has been prohibited in most New Jersey indoor public places. Restaurants, bars, retail stores, and most other businesses with public access must be maintained smoke free. Citizen complaints regarding smoking indoors are investigated with violations issued for non-compliance. A total of 3 complaints were investigated in 2010.

Body Art Procedures

Businesses which perform tattooing, permanent cosmetic procedures and ear/body piercing are regulated by Chapter 6 of the Sanitary Code, to ensure that adequate sterilization, sanitation, and safety standards are maintained. Artists and operators performing these procedures must document adequate credentials and apprenticeship. Our yearly inspections are conducted in addition to investigation of any complaints received. In 2010, the department inspected 11 body art facilities and reviewed 4 plans. The Department also inspected a three-day body art festival with 80 artists and more than 10,000 visitors.

Food Surveillance and Sanitation

Retail food establishments must operate in accordance with the New Jersey Administrative code (N.J.A.C. 8:24) and are inspected at least once during each year. In January 2007, NJDHSS adopted new, more stringent regulations based on the FDA food code which places increased emphasis on critical areas of food-borne disease control such as hand washing and maintaining foods at proper temperatures. During the year 2,235 retail food inspections were conducted resulting in 23 summonses being issued for code violations. Our inspectors also investigated 195 complaints involving sanitation and/or food borne illness.

In 2010, the Registered Environmental Health Specialist staff were force to petition a Superior Court judge for an order to close a restaurant within our jurisdiction due to the presence of Escherichia coli in its drinking water supply. The restaurant was ordered closed until the water supply was cleared of the contamination, and the owner complied with the New Jersey Department of Environmental Protection’s requirements.

Also in 2010, another retail food facility was closed for operation due to a severe rodent infestation. Our Registered Environmental Health Specialist staff worked diligently with New Jersey Department of Health and Senior services’ inspectors to ensure the safety of the public before the facility was finally able to re-open for business.
Clinical And Preventive Health

Services Child Health Home Visiting Program

The Child Health Home Visiting Program provides services for pregnant women needing comprehensive child and family assessments, health and nutrition information, social support, guidance in child development and a referral to community health and social services as needed. This program also provides similar services for children up to their 6th birthday. Using a holistic approach, the nursing staff offers their support through home visits and personal phone calls, and the nurses become an important source of education and guidance for families.

The Child Health Home Visiting Program does not focus only on the quantity of families it helps, but the quality of care it provides. Our nurses are not limited by the amount of time they can spend with each family and continue to work with families as long as they are in need of support.

The Program received a total of 53 referrals in 2010. The referrals come from various sources such as: The Division of Youth and Family Services, daycare centers, local hospitals as well as the Community Health Center. The top reasons for referrals are teen parents, lack of support, maternal post partum depression and increased blood lead level in a child. Public Health Nurses conducted a total of 318 home visits with at-risk families.

The ultimate goal of the program is to assist families in becoming as healthy and independent as possible. Since it is a long term home visiting program, the nurse has an excellent opportunity to learn the strengths and weaknesses within each family unit and work within those parameters.

Childhood Lead Poisoning Prevention Program

Childhood lead poisoning can cause learning disabilities, behavioral problems and at very high levels seizures, coma and even death. Lead poisoning can affect nearly every system in the body. Lead poisoning often occurs with no obvious symptoms and frequently goes unrecognized.

The most common source of poisoning is lead-based paint in homes built prior to 1978. However, other items may contain lead as well. Department staff continues to educate families about cultural-specific sources of lead and toy recalls for products manufactured abroad that contained toxic levels of lead.

The department’s Lead Poisoning Prevention Program is funded through grant dollars from the New Jersey Department of Health and Senior Services and the New Jersey Department of Community Affairs, as well as local funds. Our lead prevention staff focuses on case management of the child affected by lead poisoning and the environmental sources that contributed to the child’s poisoning.

Lead Education and Outreach (Environmental Focus)

The goal of the Department of Community Affairs Lead Education and Outreach grant is to increase the awareness of key lead-based paint issues such as:

- The dangers of lead based paint
- The need for blood-lead screening
- The housing conditions that contribute to the deterioration of lead-based paint making it hazardous.
- How residents can live safely with lead base paint
- What programs are available to assist NJ residents
- How to submit applications for financial assistance through the Lead Hazard Control Assistance Fund.

The funds from the State Department of Community Affairs allows the department to provide the Lead Education and Outreach program across the Central Region of New Jersey, specifically, in the Counties of Hunterdon, Somerset, Middlesex, Mercer, Monmouth and Ocean. The Monmouth County Health Department collaborates with a community outreach consultant, the Central New Jersey Maternal and Child Health Consortium and the Regional Perinatal Consortium of Monmouth and Ocean counties to achieve grant objectives.

In 2010, the Lead Education Outreach Program has achieved the following:

<table>
<thead>
<tr>
<th>Education/Outreach Events</th>
<th>210</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loan Applications</td>
<td>21</td>
</tr>
<tr>
<td>Mailings</td>
<td>1500</td>
</tr>
<tr>
<td>Wipe Out Lead Kits Distributed</td>
<td>1000</td>
</tr>
<tr>
<td>Lead Safe Work Practices Trainings</td>
<td>20</td>
</tr>
</tbody>
</table>

At the year’s end, the Department of Community Affairs rated the performance of the Monmouth County Health Department at 172%, greatly exceeding anticipated goals.

Childhood Lead Poisoning Prevention (Patient Focus)

Lead poisoning is entirely preventable. The key to keeping our children healthy is to stop them from coming into contact with lead, treat children who have been poisoned and educate parents and child caregivers about the dangers of lead.

The Monmouth County Health Department Childhood Lead Poisoning Prevention Program provides medical and case management to children with elevated lead levels and free lead testing for children without health insurance. Children with lead levels above 10 micrograms per deciliter of blood (µg/dL) are placed into complete case management that oversees the medical components of the child’s care as well as ensuring that sources of lead exposure are removed from the environment. The department’s Public Health Nurses and licensed lead inspector/risk assessors work as a team to address the medical and environmental aspects of each child with elevated blood lead levels. Lead inspectors check the home where the child lives as well as previous six months of the elevated blood lead level. A total of 23 inspections were conducted in 2010. Of the 23, lead was found in 22 of the dwellings. All but 8 have been completely abated.
In 2010, the New Jersey Department of Health and Senior Services requested that the Department provide consultation in lead poisoning case management in other counties. Additionally, the State has also requested that we provide Leadtrax training for the entire state. The program is a web based program to track all lead cases in New Jersey. A total of ten classes were held in 2010.

The department offers free lead screening to children from 6 months to 6 years old who do not have medical insurance.

In 2010, three hundred and fifty two (352) children without insurance were screened for lead poisoning.

<table>
<thead>
<tr>
<th>Lead Levels</th>
<th>Total Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 µg/dL</td>
<td>329</td>
</tr>
<tr>
<td>6-9 µg/dL</td>
<td>17</td>
</tr>
<tr>
<td>10-14 µg/dL</td>
<td>5</td>
</tr>
<tr>
<td>&gt;15 µg/dL</td>
<td>1</td>
</tr>
</tbody>
</table>

In 2010, thirty (30) children were referred to the Monmouth County Health Department for elevated blood lead levels.

<table>
<thead>
<tr>
<th>Lead Levels</th>
<th>Total Referred</th>
<th>Total Referred Other Health Departments</th>
<th>Monmouth County</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14</td>
<td>11</td>
<td>9</td>
<td>12</td>
<td>29</td>
</tr>
<tr>
<td>15-19</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>20-30</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>30-40</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>40-50</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>50-60</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>60+</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Totals</td>
<td>17</td>
<td>13</td>
<td>29</td>
<td></td>
</tr>
</tbody>
</table>

The lead inspector/risk assessors also conduct inspections for the Monmouth County Housing Project. The housing project headed by the Monmouth County Community Development provides grant money to homeowners for repair on their home. As part of the program, homes built before 1978 undergo a lead screening inspection. If any lead is found the housing project hires a contractor to conduct a complete lead inspection including abatement of lead surfaces. In 2010 seventeen houses were inspected for the Community Development program.

The lead inspector/risk assessors also responds to complaints of power washing, sanding, scraping and other such complaints that causes paint chips and/or dust to be released into the environment. The paint is checked for lead and proper cleanup is ensured. In 2010, five complaints were investigated.

Consumer Product Testing

In 2010, the Monmouth County Health Department purchased a specialized x-ray device designed to test consumer products for lead, cadmium and mercury content. Testing was done at health fairs, in homes of children with elevated blood levels and for other health departments. Two hundred and one 201 consumers had two hundred and seventy seven 277 items tested of these items 34 were found to have elevated lead levels. These items were referred to the appropriate federal agencies for further testing and the recall process.

Healthy Traveler Program

The Centers for Disease Control and Prevention (CDC) makes recommendations for vaccination for individuals traveling internationally based on the destination of travel and diseases endemic to that area.

Since 1998, the Monmouth County Health Department has provided an International Traveler Program in accordance with CDC guidelines, with tailored education as well as vaccinations for the traveler.

Since the program’s inception, 1055 travelers have been provided with preventative education and vaccination prior to travel. In 2010, 306 individuals contacted the Monmouth County Health Department for travel-related purposes. In the same year, the travel clinic served 67 patients at 10 scheduled clinics and provided 71 doses of vaccine.

Hypertension Screening Program

The Monmouth County Health Department provides hypertension screening program at convenient locations in its member municipalities. The program includes blood pressure screening with risk factor counseling, diet education, smoking cessation, exercise, diabetes and overall physical health. Referrals are made as needed.

In 2010, a total of 1,019 residents were screened and 45 referred to their primary care provider for follow-up. A total of 20 participants were diagnosed as hypertensive and program participants were counseled on diabetes as follows:

<table>
<thead>
<tr>
<th>2009 Risk Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of risk assessments completed</td>
</tr>
<tr>
<td>Number of participants referred for medical evaluation</td>
</tr>
<tr>
<td>Number of participants with known diabetes who received education</td>
</tr>
<tr>
<td>Number of participants referred for education</td>
</tr>
<tr>
<td>Number of participants referred who sought further evaluation</td>
</tr>
<tr>
<td>Number of participants newly diagnosed</td>
</tr>
</tbody>
</table>

A total of 12 educational programs about cardiovascular disease were provided by our public health nursing staff.
Immunization Services

Vaccines are among the most successful and cost effective public health tools available for preventing disease and death. They help protect individuals and entire communities by preventing and reducing the spread of infectious diseases. Infants are particularly vulnerable to infectious diseases, which is why it is critical to protect them through immunization. Each day nearly 12,000 babies are born in the United States who will need to be immunized against 14 vaccine-preventable diseases before age two.

Childhood immunizations are provided free to children from birth to 18 years old who are uninsured. Clinics are offered at the Monmouth County Board of Social Services (MCBSS) building on Kozloski Road in Freehold and MCBSS in Ocean Township. The sites are "walk-in" clinics, making immunizations more accessible for working parents and school-age children. With parental permission, the child/children are entered into a statewide immunization registry, which encourages timely and age appropriate immunizations. In addition, parents have the opportunity to apply for assistance including Medicaid and New Jersey Kid Care. In 2010, the clinic immunized 450 children, administering 1,081 total immunizations.

Adolescent and Adult Immunizations

Adolescent and adult immunizations are offered at three clinic sites. The immunizations include influenza, pneumonia, tetanus, measles, mumps, rubella and meningitis immunizations, and in 2010 have expanded to include Hepatitis A, Gardasil, Zoster and tetanus, diphtheria and pertussis, (Tdap). The Hepatitis B program is also offered to our towns for employees required to have the vaccine as part of their blood borne pathogen program.

In 2010, we provided Hepatitis B vaccines to Marlboro Police, Neptune Police, Neptune Fire and First Aid, Asbury Park First Aid, Matawan Police, fire and first aid, Asbury and Neptune Schools.

<table>
<thead>
<tr>
<th>Adolescent and Adult Immunizations</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>102</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>5</td>
</tr>
<tr>
<td>Tdap</td>
<td>57</td>
</tr>
<tr>
<td>Meningitis</td>
<td>46</td>
</tr>
<tr>
<td>Zoster</td>
<td>4</td>
</tr>
<tr>
<td>Gardasil</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>194</td>
</tr>
<tr>
<td>IG for exposure Hep A</td>
<td>2</td>
</tr>
<tr>
<td>Total Immunization</td>
<td>436</td>
</tr>
</tbody>
</table>

Seasonal Influenza Clinics

In 2010, the department’s team of public health nurses provided 1,037 seasonal influenza vaccinations at over 30 in our Board of Health System municipalities. The H1N1 vaccination campaign continued in 2010, extending from January through March with 24 clinics held and 3,013 H1N1 vaccinations.

Sexually Transmitted Diseases

In 1998 the Monmouth County Health Department was approached by the Chief of Infectious Disease at Jersey Shore University Medical Center (JSUMC) regarding the high volume of sexually transmitted diseases (STD) being treated in the hospital’s emergency department. A collaboration was formed between JSUMC and the Monmouth County Health Department to establish an STD clinic on the campus of JSUMC to provide appropriate treatment, follow-up and risk reduction education for Monmouth County residents.

Clinic is held in Neptune on Tuesdays and Thursdays from 4:00 to 7:00 pm.

Clinic services include physical examination, diagnostic services by a physician or physician assistant and treatment as needed. Our Field Representative Disease Control provides comprehensive follow-up, including STD education, risk factor counseling and partner notification.
## Tuberculosis Program

Tuberculosis is spread through the air from one person to another when someone who is ill with TB Disease of the lungs or throat coughs, speaks, laughs, sings, or sneezes. The people near the ill person breathe the TB germs into their lungs.

<table>
<thead>
<tr>
<th>Patient Age</th>
<th>Patient Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-18</td>
<td>156</td>
</tr>
<tr>
<td>19-29</td>
<td>1410</td>
</tr>
<tr>
<td>30-39</td>
<td>479</td>
</tr>
<tr>
<td>40-59</td>
<td>278</td>
</tr>
<tr>
<td>60+</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2363</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Pts with Dx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>151</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>30</td>
</tr>
<tr>
<td>Herpes</td>
<td>3</td>
</tr>
<tr>
<td>Syphilis</td>
<td>12</td>
</tr>
<tr>
<td>Warts, Genitals</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2363</strong></td>
</tr>
</tbody>
</table>

People with TB disease, need to take several different drugs for at least six months, even if they start feeling well after only a few weeks of treatment. This is because there are many bacteria to be killed. Taking several drugs as prescribed will do a better job of killing all of the bacteria and preventing them from becoming resistant to the drugs. TB disease can almost always be cured with medicine.

The Monmouth County Health Department TB program provides complete case management which includes mantoux testing, x-rays, physicals, medication management and monitoring of Tuberculosis cases and contacts. Tuberculosis testing services for employees of schools as well as Tuberculosis education and training in proper testing procedures is also provided.

In 2010, the Monmouth County Health Department Tuberculosis Program provided care in 5,379 clinic visits. Three hundred forty-seven (347) close contacts of TB cases were identified and examined. Additionally, the TB clinic staff provided Mantoux testing for 1,076 individuals, conducted 288 chest x-rays, and managed prescription therapies for 880 patients.

## Women’s Health Program

Cervical cancer once was the leading cause of cancer death for women in the United States. However, during the past 4 decades, incidence and mortality (the number of deaths each year) from cervical cancer have declined significantly. Primarily because of the widespread use of the Papnicolaou (Pap) test to detect cervical abnormalities. According to the U.S. Cancer Statistics: 2004 Incidence and Mortality report, 11,892 women were diagnosed with cervical cancer in 2004 and 3,850 women died from the disease that same year. It is estimated that more the $2 billion per year is spent in the United States on the treatment of cervical cancer.

Monmouth County Health Department cancer detection services include free pap screening, breast exam, and coli-rectal cancer screening. Mammography clinics are held 8 times a year and free mammography is available to uninsured women. Referrals are made for women in need of diagnostic evaluation.

In 2010, the following cancer services were provided:

- Number of women age 15-34 screened for cervical cancer: 45
- Number of women age 35-64 screened for cervical cancer: 113
- Number of women age 15-64 receiving breast cancer information: 275
- Number of women receiving mammograms: 117
- Number of individuals over the age of 40 receiving education for colorectal cancer: 52

## Health Fairs 2010

The Monmouth County Health Department participated in more than twenty five health fair/town days. The MCHD brought informational materials and provided screenings for oral cancer, hypertension, and lead, consumer product testing for lead, cadmium, mercury and immunizations at the various festivals.
Emergency Preparedness

In August 2002, the Monmouth Health Department was designated by the New Jersey State Department of Health & Senior Services as the lead agency for Public Health Preparedness in Monmouth County. As lead agency the department receives Emergency Preparedness Grant funding from the New Jersey Department of Health and Senior Services (NJDHSS) to build its capacity to respond to a variety of public health/emergencies such as a bioterrorism event or outbreak of a Novel Influenza Virus. Between September 2009 and April 2010 the department provided H1N1 vaccinations to over 17,000 individuals in 60 clinics held within our member municipalities. Each clinic was provided by our team of public health nurses, health educators, environmental staff and medical reserve corp. volunteers in conjunction with local offices of emergency management and school personnel.

New Jersey Local Information Network Communications (LINCS)

LINCS is a statewide interactive electronic public health information system linking local, state and federal health agencies. Monmouth County Health Department is part of the 22 LINCS agencies in New Jersey, responsible for coordinating countywide access to public health information. Information exchanged through LINCS include health alerts, disease surveillance, investigation information, topics related to infectious disease, emerging pathogens, medical and food recalls. Recipients of LINCS messages include hospitals, business organizations, long term care/assisted living facilities, pharmacists, physicians, schools, local health departments and 1st responders. Presently, the LINCS communication system reaches over 3,300 community partners.

Medicare Reserve Corp. (MRC)

The Monmouth County Health Department Medical Reserve Corps (MRC) is a team of 344 volunteers, 223 medical and 121 non-medical volunteers trained to respond to public health emergencies. Members are assigned duties in accordance with their abilities, training and experience. Examples of duties include providing medical support and comfort/counseling, medication distribution, triage, translation and staffning a phone bank. Volunteers were activated to work in Red Cross shelters during the blizzard in late December, act as “Health Ambassadors” providing educational programs for the community, with a particular emphasis in 2010 on childhood obesity and family disaster planning and also to work at influenza immunization clinics. A leadership team helps with planning and those who wish to be more involved meet monthly for volunteer meetings. MRC members are required to participate in training and drills in order to be adequately prepared. Ongoing training in 2010 included: American Heart Association CPR/AED training, outbreak investigation, CBPNE (Chemical, Biological, Radiology, Nuclear, Explosive awareness), MRC orientation, team building, psychological first aid, introduction to disaster training and start triage.

Health Education/Risk Communication

Public Health Emergency is responsible for coordinating all public health messages during a declared public health emergency and ensures preparedness training occurs in Monmouth County as specified by the Emergency Preparedness Grant. The HERC is the chairperson for The County Workforce Development Committee. The committee’s task is to evaluate and approve educational materials, and develop training modules and training schedules for public health professionals, emergency responders and MRC volunteers. The HERC also manages the New Jersey Learning Management Network. This Network is hosted by Rutgers University and is New Jersey’s principle online resource for public health workforce development training, and certification. The NJLMN site lists all available training throughout the state of New Jersey. The Monmouth County Health Department hosts a variety of programs and now provides continuing education credits from the New Jersey State Nurses Association. County agencies and volunteers are invited to attend the scheduled trainings and broadcasts.

Medication Distribution

In 2005 the Department developed plans to distribute public health medication/vaccine to the 650,000 residents of Monmouth County during an emergency. Every municipality within the county has signed agreements with the Department to provide medication/vaccine to their residents at a local site within their respective jurisdictions. Planning efforts have been accomplished through the cooperation of the local Office’s of Emergency Management (OEM) and the six other Health Departments in the county. As part of the planning process, four regional warehouse sites were identified working with local OEM’s and Monmouth Building and Grounds Department to assist in rapid distribution of resources to first responder agencies and municipalities. The medication/vaccine distribution plan was exercised twice in 2010 to modify and make the process more efficient and resulted in the enhancement of a web based program for pre-registration of all first responders and their household members. These programs will provide accurate numbers of medication/vaccine and ensure that all Monmouth County’s first responders and family members are protected. Presently, fifty three municipalities participate in the pre-registration database. As of 2010, over 300,000 first responders and their family members have pre-registered in the database.
Infectious Disease Control and Surveillance

Surveillance is the ongoing assessment of the health of a community through the timely collection, interpretation and use of health related data. The department’s Epidemiologist collects hospital volume reports of emergency room visits and intensive care unit admissions on a daily basis which may provide clues to an emerging infectious disease or bioterrorism incident.

Surveillance of influenza like illness (ILI) is conducted on a weekly basis. Reports are submitted by schools, hospitals walk-in clinics, and nursing homes. Additionally the Epidemiologist is responsible for investigation of diseases which are required to be reported to the department in accordance with Chapter II of the New Jersey Sanitary Code and Institute Control Measures during outbreaks. The following is a list of confirmed reportable diseases for 2010: (Note: Only those diseases with 5 or more total cases are included).

Reportable Disease 2010

<table>
<thead>
<tr>
<th>Disease</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacteriosis</td>
<td>21</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>18</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>5</td>
</tr>
<tr>
<td>Hepatitis B- Chronic</td>
<td>9</td>
</tr>
<tr>
<td>Hepatitis C- Chronic</td>
<td>193</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>131</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>25</td>
</tr>
<tr>
<td>Streptococcus Pneumoniae</td>
<td>27</td>
</tr>
<tr>
<td>Varicella</td>
<td>6</td>
</tr>
</tbody>
</table>
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