Editor’s Note
By Gwyneth M. Eliasson, JD, MPH, Newsletter Editor

This Spring 2019 issue is my final one as editor of the NJPHA Newsletter. (My new challenge: being an Assistant Professor in the Department of Health Policy & Management at SUNY Downstate School of Public Health in Brooklyn, New York.)

It’s been an eventful 6 years: My first article was in the Spring 2013 issue! I served as Co-Editor for a year, and then became Editor with the Winter 2015 issue.

As Editor, I’ve solicited features from the New Jersey Department of Health’s Office of Communications, Rutgers School of Public Health (RSPH), and other sources; written articles on public health law, public health policy, and advocacy; compiled the “Career Corner: Resources for Job Seekers” feature; edited and proofread submissions; and published quarterly issues on the NJPHA website and via the member listserv. I’ve also created content for NJPHA’s social media, including frequent posts on Facebook.

I’ll still be active on social media.
Follow me on Twitter: @GM Eliasson.

Thank you to NJPHA for the opportunity to write for – and then edit – this newsletter. It’s been an honor to work with NJPHA’s E-Board and members as well as the New Jersey Department of Health, RSPH, and other contributors.
Everyone deserves to live a long and healthy life in a safe environment. To make that possible, we need to address the causes of poor health and disease risk among individuals and within our communities.

Where we live, learn, work, worship and play affects each of us and can determine our health and life expectancy.

In the workplace, let’s partner across public and private sectors to make sure decisions are made with the public’s health in mind.

Within our communities, let’s start new conversations with our neighbors and become advocates for positive change.

Working together, we can build healthier communities and eventually, the healthiest nation. But we need your help to get there.

During each day of National Public Health Week, we focus on a particular public health topic. Then, we identify ways each of us can make a difference on that topic. These areas are critical to our future success in creating the healthiest nation, and everyone can do their part to help.

**NPHW 2019 DAILY THEMES**

Monday — Healthy Communities
Tuesday — Violence Prevention
Wednesday — Rural Health
Thursday — Technology and Public Health
Friday — Climate Change
Saturday and Sunday — Global Health
Gov. Phil Murphy recognizes the critical role local health agencies play on the front lines in responding to measles outbreaks, preventing the spread of flu, and educating communities to get vaccinated against infectious diseases. He also understands that protecting New Jersey residents from threats such as communicable diseases requires greater local resources.

To strengthen New Jersey’s local public health infrastructure, Gov. Murphy’s proposed Fiscal Year 2020 budget provides $2.5 million in competitive grant funding to address infectious disease control. I held a conference call with local health officers on March 7th to share this news with our partners. This funding will allow local officials to develop or strengthen capacity to respond to disease outbreaks through infection control initiatives. Grants will be awarded based on need to local health departments demonstrating eligibility through compliance with local health statutes and Public Health Practice Standards. Details will be forthcoming.

I look forward to the even stronger local public health infrastructure and infection control response that will emerge from this much-needed funding. Enhancing local partnerships was one of my first priorities since I became Commissioner last year. I learned a great deal about the innovative work our local partners do every day during my visits to all 21 local public health agencies—including county, regional, and municipal departments who came to these visits this past summer and fall.

New Jersey is seeing the resurgence of vaccine-preventable diseases like measles and a cluster of more than two dozen Hepatitis A cases among drug users and the homeless in three southern counties. In addition, our experience with the devastating adenovirus outbreak at the Wanaque facility has reinforced the importance of a robust, local public health infrastructure that can respond to facility outbreaks swiftly and effectively, conducting disease surveillance closer to the scene of events. Healthcare-associated infections are all too common, and we see hundreds of respiratory and gastrointestinal illness outbreaks each year, in nursing homes, schools, and other facility settings. We recognize that surveillance for these diseases, response to outbreaks, and prevention of further spread requires greater local health department resources.

We also recognize that local health departments are on the front lines promoting health, preventing disease, and protecting our residents. We heard and understood your feedback during our budget stakeholder forums and know that your success is our success. Your work is wide-ranging, from conducting lead screenings, inspecting restaurants, and controlling mosquitoes to preparing for disasters and addressing the opioid epidemic. But there is a vital common thread in services being offered — vaccinations. The World Health Organization earlier this year declared “vaccine hesitancy,” or the unwillingness to get vaccinated, one of the top 10 threats to global health. Immunizations prevent thousands of dangerous, sometimes fatal, diseases each year, and getting vaccinated is often our best defense.
Between October 2018 and January 2019, the Department and local health officials worked together to investigate an outbreak of measles — a vaccine-preventable disease. A total of 33 outbreak-associated cases were identified, including 30 confirmed cases among Ocean County residents and three cases in one Passaic County household that had a direct epidemiologic link to the outbreak community. After that outbreak was declared over in mid-January, four more measles cases were confirmed in February in Bergen, Essex, and Ocean county residents. We are investigating to determine any possible links to previous outbreaks or those ongoing in other states.

Kentucky’s deadly Hepatitis A outbreak in 2017—sickening more than 4,000 people and killing 43 others—was the worst in the nation, demonstrating how imperative it is to quickly reach vulnerable populations with the vaccination message before it’s too late. Injection drug use and homelessness were particular risk factors in that outbreak, representing two groups who are traditionally hard to reach with health care services.

In New Jersey, a cluster of more than two dozen hepatitis A cases have been identified among individuals who are homeless and/or drug users in Camden, Burlington, and Gloucester counties. The Centers for Disease Control and Prevention and multiple state health departments are investigating hepatitis A outbreaks affecting these same high-risk populations. In response to this uptick, the Department supplied hundreds of vaccines to these county health departments to immunize uninsured or underinsured individuals at risk of the liver disease.

It’s important to understand that anyone can get hepatitis A, but recently, these southern counties have reported increased cases among those who have had close, personal contact with someone who has hepatitis A, men who have sex with men, drug users, and the homeless. Hepatitis A is a vaccine-preventable disease. County and local health departments have been working with shelters, community health centers, and homeless outreach services to vaccinate homeless individuals. I’m encouraged that our partnership with these organizations is getting an effective prevention measure to the most vulnerable people in the state.

These counties have reached out to several inpatient and outpatient drug treatment centers, transitional housing, and Federally Qualified Healthcare Centers (FQHCs), and have vaccinated and provided education to individuals seeking care at these facilities. These agencies also held free vaccination clinics to reach those at risk.

Hepatitis A is typically transmitted from person-to-person when it is ingested from objects, food, or drinks contaminated by stool from an infected person. This can happen when infected people do not wash their hands properly after using the bathroom and then touch food or items that are shared with others. Hepatitis A can also spread from close personal contact with an infected person, such as through sex or caring for someone who is ill.

Given the varied health challenges we face in our state, it is essential to have a strong local health infrastructure. I want to sincerely thank you for the work you do to protect and improve public health in our state. Our shared public health commitments ensure New Jersey residents are in the best hands.
NJPHA’s quarterly Newsletter offers you an opportunity to write about public health topics.

**Deadline for Summer 2019 Issue: Friday, June 21, 2019**

Articles on ANY public health-related topic are welcome, such as:

- Internship or fieldwork (capstone/practicum) experience
- Work with a public health program or research project
- Public health events or news at your school
- Thoughts on a policy with public health implications
- Commentary on a public health issue
- Public health career advice
- Local, state, or national public health events, projects, or advocacy efforts
- Other news of public health importance

Please include this information:

- Title of article
- Byline with:
  - Your name and degree(s)
  - Your academic institution or employment affiliation
- A head shot or picture of yourself (if available)

Please follow these article submission guidelines:

- In Microsoft Word with 12-point, Times New Roman font
- Single-spaced
- 300-word maximum
- References (if applicable)

For examples of published articles, see past newsletters posted on NJPHA’s website: [http://njpha.org/category/newsletter](http://njpha.org/category/newsletter)

Email your article (or any questions) to NJPHA: newjerseypha@gmail.com.