



Public Health
Prevent. Promote. Protect.

Princeton Health Department

Princeton Health Matters

VOLUME 1 ISSUE 2

FALL 2014

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The Flu Ends with “U”

Beginning in the fall, seasonal epidemics of influenza (flu) occur every year in the United States. Typically, flu epidemics cause thousands to tens of thousands of deaths and about 200,000 hospitalizations each year. Since the 1940’s, a vaccine has been available to prevent influenza, unfortunately, not everyone gets the protection from the flu they might need. According to the Centers for Disease Control (CDC), only 45% of the U.S. population 6 months and older was vaccinated during last flu season.

What is the flu? Influenza (flu) is a virus that infects the nose, throat, windpipe, and lungs. The virus is highly contagious and is spread from one person to another by coughing, sneezing, or even talking. It is one of the most easily transmitted viruses we encounter in the Northeast. Influenza infections typically occur between October and April. When do I know if I have the flu, or just a cold? This is a question the Princeton Health Department regularly receives, particularly during fall and winter. Typical symptoms do in fact mirror a common cold: fever, runny nose, congestion. However, the difference between the flu and a common cold are the additional symptoms of severe body chills, muscle aches, and difficulty breathing. Flu is also a more common cause of severe pneumonia than other colds. Due to the possibility of those exposed to the flu virus developing pneumonia, the flu shot is strongly encouraged for those 60 years and older. On the opposite end of the age spectrum, children do not have fully developed immune systems. Children 6 months of age and older should receive a flu shot to protect themselves and others. For those children attending day care and preschool (6-59 months), a current flu vaccination is required by December 31 of each year.

Another common question heard during flu season is, “I received a flu shot last year, why do I need another this season?” This is a very good question seeing that most other vaccinations either provide lifelong immunity or may require a booster every 5-10 years. The influenza virus can go through changes from one year to the next resulting in the previous year’s vaccination providing little or no protection from the current year’s strain. Additionally, antibody levels wane year after year providing less and less protection than the previous year. The best way to protect yourself and loved ones, is to get a flu shot this fall or winter. Most pharmacies now provide flu shots and one should not incur any out of pocket costs if they have insurance. For those without insurance, contact the Princeton Health Department for assistance.

Princeton Health Department has vaccinated over 500 individuals as of November 26, 2014. During National Influenza Vaccination Week, (Dec. 7-13), the Princeton Health Department will hold it’s last flu clinic for 2014. The flu clinic will be held on Monday, December 8, from 3 p.m. – 6 p.m. at Monument Hall, One Monument Drive.

Summer Review: Increased Incidence of Rabid Bats

Princeton experienced an increased incidence of bats testing positive for rabies over the 2014 summer. 22 animals were tested for rabies with 6 testing positive, 5 of which were bats. On average, Princeton typically experiences 2-3 rabid bats per summer. This increase is thought to be due to a resurgence in the Little Brown Bat population as well as in combination with the unusually cooler temperatures experienced, particularly during August, which happens to be the primary mating month for bats.

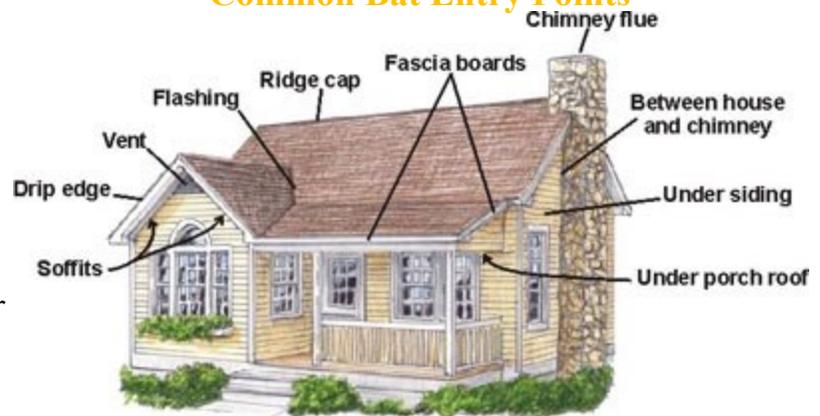
There are several different kinds of bats present in New Jersey. The Little Brown Bat is the most common bat in North America and specifically in Princeton, NJ. The diet of the little brown bat consists of insects such as mosquitos, moths, beetles, gnats and other water loving insects. They are usually active at dusk for two to three hours and at dawn for another feeding period. They live in caves, trees, buildings and even wood piles. In residential areas they can get into houses and live in a place such as attics, and even closets. They can squeeze into small holes no larger than the size of a quarter, and through open windows and doors.

Raccoons, skunks, foxes, as well as domestic dogs and cats can also carry rabies. Wild animals can show signs of rabies by their behavior, this can include drunken like behavior and or aggressive behavior. To protect your dog or cat, have them vaccinated for rabies by your local veterinarian or contact your local animal control officer for more information.

Several key points to remember and follow to stay safe from rabies exposure, especially with bats are:

1. Teach children to never to handle unfamiliar animals.
2. If a bat is found in your home contact your local animal control officer to capture the bat and determine if there is exposure, and if necessary, have it tested.
3. If there is exposure your doctor or local hospital for counsel and post prophylactic treatment.
4. Do not try and pick up a dead bat with bare hands. If it must be moved, use a shovel or net.
5. If you have to capture a bat, wear heavy gloves, use a container with a lid to confine the bat.
6. The first step to bat proofing one's home is performing a 360 degree walk around of one's home and look for small openings. The best time to do this is just before sunset, when bats will leave a home to feed. Small openings can be blocked with mesh or spray foam. Contact a licensed pest control company or animal control officer for additional guidance. It's important to note that if bats are currently in one's attic, an opening in the exterior can be closed up as long as it allows the bats to exit but not return, such as a piece of mesh draped over an opening.

Common Bat Entry Points



Health Officer's Message: Public Health Requires Teamwork

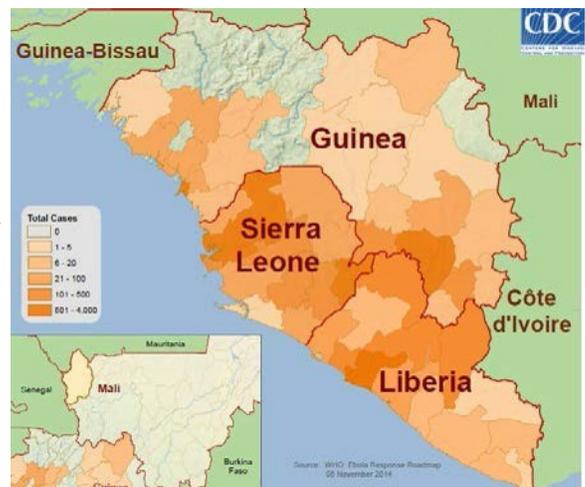
Speed and versatility are two attributes one would typically look for in a teammate on a sports team. Speed gives one the benefit of being able to outrun an opponent while versatility allows one to adapt to the game plan of an opponent and adjust as necessary while keeping a leg up on the competition. Unfortunately, the world, and particularly the United States has seen two diseases with comparable characteristics. Enterovirus D-68 and Ebola Viral Disease, both known as EVD, share the same initials and have created similar levels of concern. Amongst these similarities, they are vastly different.

The United States experienced a nationwide outbreak of enterovirus D68 (EV-D68) associated with severe respiratory illness as children returned back to school. Every year, enteroviruses and rhinoviruses cause millions of respiratory illnesses in children. This year, EV-D68 has been the most common type of enterovirus identified, leading to illnesses among children and affecting those with asthma most severely. From late-August to November 18, the NJDOH or state public health laboratories have confirmed a total of 29 children in 14 counties with respiratory illness caused by EV-D68. Unfortunately, New Jersey also has 1 fatality that had ties to EV-D68, occurring in Hamilton, NJ. It is not known why this specific type of enterovirus has spread so quickly. Local and State Health Departments throughout the United States are urging parents to reinforce hand washing with their children. Information for parents on EV-D68 can be found [here](#).

The 2014 Ebola epidemic is the largest in history, affecting multiple countries in West Africa, including Nigeria, Sierra Leone, Guinea, Liberia, and just recently cases showing up in Mali.

Ebola hemorrhagic fever is a disease caused by one of five different Ebola viruses. Four of the strains can cause severe illness in humans and animals. The fifth, Reston virus, has caused illness in some animals, but not in humans. The first human outbreaks occurred in 1976, one in northern Zaire (now Democratic Republic of the Congo) in Central Africa, and the other in southern Sudan (now South Sudan). The virus is named after the Ebola River, where the virus was first recognized in 1976.

Ebola is extremely infectious but not extremely contagious. It is infectious because an infinitesimally small amount can cause illness. Laboratory experiments on nonhuman primates suggests that even a single virus may be enough to trigger a fatal infection. Instead, Ebola could be considered moderately contagious because the virus is not transmitted through the air. The most contagious diseases, such as measles or influenza, the virus particles are airborne. Humans can be infected by other humans if they come in contact with body fluids from an infected person or contaminated objects from infected persons. Symptoms of Ebola typically include: Weakness, fever, aches, diarrhea, vomiting, and stomach pain. Additional symptoms may include rash, red eyes, chest pain, throat soreness, difficulty breathing or swallowing and bleeding (including internal).



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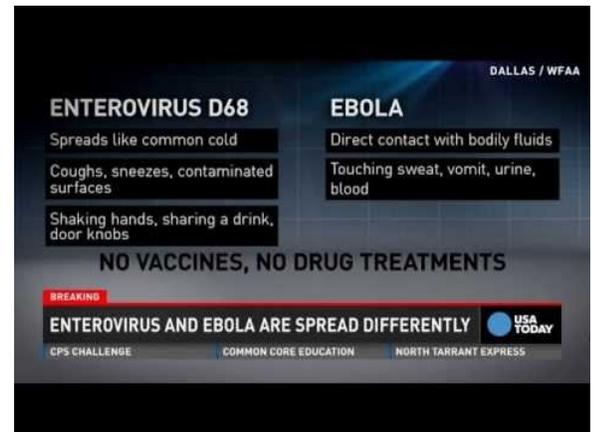
Health Officer's Message: Public Health Requires Teamwork

Typical symptoms appear 8-10 days after exposure to the virus but the incubation period can span two to 21 days. Ebola is NOT transmitted if someone is asymptomatic, or once someone has recovered from the disease.

The United States Public Health System has engaged in the battle against the epidemic by working to stop the virus in Africa, however, the virus was able to find its way onto US on September 20, 2014. Since then, there have been 5 confirmed cases and 2 deaths. The current epidemic has captivated all forms of media and turned the focus on public health preparedness, not only at local and state health departments, but hospitals and health systems as well. For one of the first times in recent history, all layers of government have been engaged with one another to ensure public health preparedness.

Three approaches including, preventing exposure, healthcare system preparedness, and community education have been employed to tackle Ebola in New Jersey. The Princeton Health Department has actively pursued a comprehensive infectious disease preparedness plan with nearby hospitals to deal with suspected and confirmed Ebola patients. Princeton also was responsible for the enforcement of the first Ebola quarantine in New Jersey's history. This quarantine was a result of a low-risk exposure of a Princeton resident to a confirmed Ebola patient. Because this was the first Ebola quarantine in New Jersey, the Princeton Health Department, Princeton Board of Health, and New Jersey Department of Health worked closely together to ensure the residents of both Princeton and the rest of the State were protected. The Princeton Police Department played an integral role in the enforcement of the mandatory quarantine order by providing additional surveillance of the property. This ensured the safety of nearby residents as well as those in quarantine. Since the Princeton quarantine, the NJDOH has bolstered guidance to require all local health departments to perform active monitoring on anyone returning from one of the affected countries. This ensures all of those returning from an area affected by the Ebola epidemic will be monitored for Ebola-like symptoms during the 21-day incubation period.

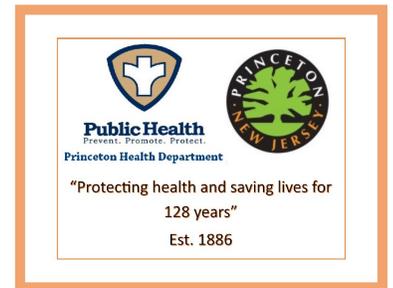
Currently, the United States is seeing decreases in EV-D68 cases and while there is ongoing active monitoring of individuals returning from Ebola affected countries, there are currently no cases of Ebola in the United States. Federal, State, and Local public health authorities have learned valuable lessons from both of these newly emerging infectious diseases. One of those lessons learned is the need for public health readiness as well as proper health education to the public. All of this must be planned and executed cooperatively across all levels of government, and in all types of healthcare systems.



PHD: Did You Know?

1) **Disease Watching:** The Princeton Health Department is tasked with the reporting and investigation of over seventy infectious diseases. As required by New Jersey Administrative Code Title 8, Chapter 57, providers must report specific communicable diseases in a timely manner. This is typically performed by healthcare providers and or laboratories with a confirmed or suspected diagnosis, notifying the local health department where the patient resides. Notification to a health department is typically in the form of a phone call or through NJDOH reporting system, Communicable Disease Reporting and Surveillance System (CDRSS).

2) **Historic Proportions:** Founded in 1886, the Princeton Board of Health is one of the oldest Boards of Health in New Jersey. Princeton is fortunate to regularly have academic scholars, environmental experts, specialized nurses, medical doctors, current and former high ranking health officials, and other health experts sit on the Board of Health. Currently, the Princeton Board of Health has two former New Jersey Commissioners of Health, Heather Howard, and Dr. George DiFerdinando.



3) **Thanksgiving Advice:** Wash your hands and watch what a raw turkey comes into contact with! Anything that comes into contact with raw poultry should be considered contaminated with bacteria, including: salmonella, E. coli, and listeria, among others. Whether you're cooking this year's holiday feast or just devouring it, make sure hands are being washed before and after handling the bird! And clean up affected areas with a bleach based cleaner or other high strength kitchen surface cleaner.



4) **A Decade of Service:** This week marks 10 years of service for our very own, Lauralyn Bowen, Registrar of Vital Statistics. Prior to working for Princeton, Ms. Bowen was a Registrar of Vital Statistics in Montgomery Township. Congratulations Ms. Bowen, and here's to 10 more!

Announcements and Upcoming Events



November 19, 2014

November is COPD Awareness Month. COPD, or Chronic Obstructive Pulmonary Disease, is a progressive disease that makes it hard to breathe. Cigarette smoking is the leading cause of COPD while COPD is the third leading cause of death in the United States. The best way to prevent COPD is to not start smoking or to quit smoking. If you have trouble quitting smoking on your own, consider joining a support group or talk with your doctor about programs and products that can help you quit. You can also contact the Princeton Health Department. Princeton Health Department collaborates with the NJ Department of Health on providing smoking cessation programs.

Princeton WIC clinic operates the 3rd Friday of every month and is located in the Community Room of the Princeton Municipal Building, 400 Witherspoon Street. Upcoming WIC Clinic is scheduled for December 19. WIC provides supplemental nutritious foods to pregnant, breastfeeding, and postpartum women, infants, and children up to the age of five. For appointments and to see if you are eligible, please call (609) 498-7755. WIC's 2015 calendar has just been released and will be posted on the Princeton website in December!



Princeton Health Department participated in its first *Community Night Out* in August. Hosted and organized by Princeton's Recreation Department, it was a great opportunity to meet with residents and inform everyone of the services provided by the Health Department. Residents were able to pick up recycled notepads, band aid organizers, and hand sanitizer from the health department table. The health department also raffled off a professional photography session for a family, courtesy of Registered Environmental Health Specialist, Keith Levine and his wife, Monica.

Princeton Health Department will be hosting the final flu immunization clinic for 2014 on Monday, December 8 from 3 p.m.-6 p.m. The flu clinic will be held inside of Monument Hall in the Main Meeting Room (old court room), located at One Monument Drive.



Public Health Matters...in Princeton!

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