

**TOWNSHIP OF DENNIS
BOARD OF HEALTH
REGULAR MEETING AGENDA
July 23, 2019
5:30 P.M.**

1. **CALL TO ORDER:** Frank L. Germanio, Jr., Chairperson
2. **MEETING NOTICE PURSUANT TO N.J.S. 10:4-6 to 10:4-21.**
3. **ROLL CALL:** ____ Z. Matalucci, ____ F. Germanio, ____ S. Turner, ____ T.VanArtsdalen
____ M. Cox, ____ J. Justice

4. **PLEDGE OF ALLEGIANCE FOLLOWED BY MOMENT OF SILENCE**

5. **ITEMS THAT ARE PENDING:**

A. **CORRESPONDENCE:**

1. 06/26/2019 NJLINCS – Public Health Alert: Senate Bill No. 1923, Revising the Vicious Dog Law (P.L. 1989, c.307).
2. 07/01/2019 NJLINCS – Public Health Advisory – Call for Enhanced Surveillance and Testing for Legionellosis in Morris County.
3. 07/08/2019 NJLINCS – Public Health Update: Rabies Cases by County and Species, January 1, - June 30, 2019.
4. 07/09/2019 NJLINCS – Public Health Advisory – Recreational Water Illness Case and Outbreak Investigation Guidance.
5. 07/17/2019 NJLINCS – Public Health Info - Hepatitis B Information, Updates and Perinatal hepatitis B Webinar on 07/30/2019.

Approved by: ____ Z. Matalucci, ____ F. Germanio, ____ S. Turner,
____ T.VanArtsdalen, ____ M. Cox, ____ J. Justice

B. **COUNTY INSPECTIONS/VIOLATIONS:**

None.

C. **DOG REPORT:**

1. There have been 396 dog licenses issued to date for 2019.

D. NOTICE OF CONFINEMENT OF DOMESTIC ANIMAL(S) WITH KNOWN OR SUSPECTED EXPOSURE TO RABIES:

None.

E. SUSPECTED HAZARDOUS SUBSTANCE DISCHARGE NOTIFICATION:

NJDEP Correspondence 07/11/2019 ref. Classification Exception Area/Well Restriction Area – Sunoco #0273-3368 – Garden State Parkway Mile Marker 18.3.

F. APPROVAL OF BOARD OF HEALTH REGULAR MEETING MINUTES:

June 25, 2019 regular meeting minutes.

Approved by: _____ Z. Matalucci, _____ F. Germanio, _____ S. Turner,
_____ T. VanArtsdalen, _____ M. Cox, _____ J. Justice

6. COMMENTS:

7. MOTION TO ADJORN MEETING:

Jacqueline Justice

From: Vanaman,Liberty <Liberty.Vanaman@CO.CAPE-MAY.NJ.US>
Sent: Wednesday, June 26, 2019 8:54 AM
Subject: Public Health Update: Senate Bill No. 1923, Revising the Vicious Dog Law (P.L. 1989, c.307)
Attachments: Revised_Vicious_Dog_Law_2019.107964.pdf

From: NJLINCS Health Alert Network <HAN-NJLINCS@nilincs.net>
Sent: Tuesday, June 25, 2019 3:34 PM
Subject: Public Health Update: Senate Bill No. 1923, Revising the Vicious Dog Law (P.L. 1989, c.307)

NJLINCS Health Alert Network
Public Health Update
Distributed by the New Jersey Department of Health

Subject: Senate Bill No. 1923, Revising the Vicious Dog Law (P.L. 1989, c.307)
Date: 6/25/2019; 15:34:26
Message#: 103834-6-25-2019-PHUP
Contact Info: Colin T. Campbell, NJDOH
Phone: 609-826-4872; Email: colin.campbell@doh.nj.gov
Linda Frese, NJDOH
Phone: 609-826-4872; Email: linda.frese@doh.nj.gov
Attachments: Revised_Vicious_Dog_Law_2019.pdf

See attached document regarding Senate Bill No. 1923, Revising the Vicious Dog Law (P.L. 1989, c.307)



Senate Bill No. 1923, Revising the Vicious Dog Law (P.L. 1989, c.307) Public Health Update

Date: June 25, 2019

Public Health Message Type: Alert Advisory Update Information

Intended Audience: All public health partners Healthcare providers Infection preventionists
 Local health departments Schools/child care centers ACOs
 Animal health professionals Other:

Key Points or Updates:

- (1) Senate Bill 1923 amends P.L. 1989, c. 307, the New Jersey Vicious and Dangerous Dog Law. Sections 6 and 7 of this statute have been deleted and replaced by new sections.

Action Items:

- (1) Health officers are asked to review these statutes with their legal advisors and discuss implementation of any new procedures for addressing future vicious and/or potentially dangerous dog hearings.

Contact Information:

- Dr. Colin T. Campbell, State Public Health Veterinarian, colin.campbell@doh.nj.gov or (609) 826-4872 or (609) 826-5964
- Ms. Linda Frese, Supervising Animal Facility Inspector, linda.frese@doh.nj.us, or (609) 826-4872 or (609) 826-5964

References and Resources:

- Updated statutes: https://www.njleg.state.nj.us/2018/Bills/PL19/82_.PDF

CHAPTER 82

AN ACT concerning vicious dogs and potentially dangerous dogs, and amending P.L.1989, c.307.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. Section 6 of P.L.1989, c.307 (C.4:19-22) is amended to read as follows:

C.4:19-22 Dog declared vicious by municipal court; conditions.

6. a. The municipal court shall declare the dog vicious if it finds by clear and convincing evidence that the dog:

- (1) killed a person or caused serious bodily injury to a person; or
- (2) (Deleted by amendment, P.L.2019, c.82).

b. A dog shall not be declared vicious for inflicting death or serious bodily injury upon a person if the dog was provoked. The municipality shall bear the burden of proof to demonstrate that the dog was not provoked.

c. If the municipal court declares a dog to be vicious, and no appeal is made of this ruling pursuant to section 9 of P.L.1989, c.307 (C.4:19-25), the court may order:

(1) the dog's owner to comply with certain restrictions to protect the public that are at least as stringent as the requirements for potentially dangerous dogs pursuant to section 8 of P.L.1989, c.307 (C.4:19-24) and section 12 of P.L.1989, c.307 (C.4:19-28); or

(2) the dog to be euthanized in a humane and expeditious manner, except that no dog may be euthanized during the pendency of an appeal.

d. As used in this section, "serious bodily injury" means serious bodily injury as defined in subsection b. of N.J.S.2C:11-1.

2. Section 7 of P.L.1989, c.307 (C.4:19-23) is amended to read as follows:

C.4:19-23 Dog declared potentially dangerous; conditions.

7. a. The municipal court shall declare a dog to be potentially dangerous if it finds by clear and convincing evidence that the dog:

(1) caused bodily injury to a person during an unprovoked attack, and poses a serious threat of serious bodily injury or death to a person;

(2) caused serious bodily injury to another domestic animal or killed another domestic animal, and

- (a) poses a serious threat of serious bodily injury or death to a person, or
- (b) poses a serious threat of death to another domestic animal; or
- (3) (Deleted by amendment, P.L.2019, c.82).

b. A dog shall not be declared potentially dangerous for:

(1) causing bodily injury to a person if the dog was provoked;

(2) causing serious bodily injury to, or killing, a domestic animal if the domestic animal

(5) causing bodily injury to a person who was intervening between two or more dogs engaged in aggressive behavior or fighting.

For the purposes of paragraph (1) of this subsection, the municipality shall bear the burden of proof to demonstrate that the dog was not provoked.

c. As used in this section, "bodily injury" means bodily injury as defined in subsection a. of N.J.S.2C:11-1; and "serious bodily injury" means serious bodily injury as defined in subsection b. of N.J.S.2C:11-1.

3. This act shall take effect immediately.

Approved May 7, 2019.

Jacqueline Justice

From: Vanaman,Liberty <Liberty.Vanaman@CO.CAPE-MAY.NJ.US>
Sent: Monday, July 01, 2019 1:52 PM
Subject: Public Health Advisory: Call for Enhanced Surveillance and Testing for Legionellosis in Morris County
Attachments: LINCS_July2019_Call_for_Increase_Testing_Morris_Co.107966.pdf

NJLINCS Health Alert Network
Public Health Advisory
Distributed by the New Jersey Department of Health

Subject: Call for Enhanced Surveillance and Testing for Legionellosis in Morris County
Date: 7/1/2019; 13:49:15
Message#: 103837-7-1-2019-PHAD
Contact Info: Rebecca Greeley, NJDOH
Phone: 609-826-5964; Email: rebecca.greeley@doh.nj.gov
Kathleen Ross, NJDOH
Phone: 609-826-5964; Email: kathleen.ross@doh.nj.gov
Attachments: LINCS_July2019_Call_for_Increase_Testing_Morris_Co.pdf

Key Points or Updates:

- . The New Jersey Department of Health (NJDOH) is seeing an increased number of Legionnaires' disease cases being reported in Morris County, New Jersey.
- . Healthcare providers are being asked to have a high index of suspicion for Legionella when evaluating patients for community-acquired and healthcare-associated pneumonia.
- . Diagnostic testing for Legionnaires' disease should include the urinary antigen test AND the collection of respiratory specimens for possible testing by the Centers for Disease Control and Prevention (CDC).
- . All suspected or confirmed cases of legionellosis (Legionnaires' disease and Pontiac fever) should be promptly reported to the local health department where the patient resides. If the patient residence is unknown, report to your own local health department. Contact information is available at: localhealth.nj.gov
- . NJDOH is requesting that public health officials report to NJDOH cases of Legionnaires' disease in persons with a history of travel to the Morris County area of New Jersey during their 14-day incubation period and with illness onset since May 1, 2019 to present.

Please see attached document for complete information.



Call for Enhanced Surveillance and Testing for Legionellosis in Morris County

Date: July 1, 2019

Public Health Message Type: Alert Advisory Update Information

Intended Audience: All public health partners Healthcare providers Infection preventionists
 Local health departments Schools/child care centers ACOs
 Animal health professionals Other:

Key Points or Updates:

- The New Jersey Department of Health (NJDOH) is seeing an increased number of Legionnaires' disease cases being reported in Morris County, New Jersey.
- Healthcare providers are being asked to have a high index of suspicion for *Legionella* when evaluating patients for community-acquired and healthcare-associated pneumonia.
- **Diagnostic testing for Legionnaires' disease should include the urinary antigen test AND the collection of respiratory specimens for possible testing by the Centers for Disease Control and Prevention (CDC).**
- All suspected or confirmed cases of legionellosis (Legionnaires' disease and Pontiac fever) should be promptly reported to the local health department where the patient resides. If the patient residence is unknown, report to your own local health department. Contact information is available at: localhealth.nj.gov
- NJDOH is requesting that public health officials report to NJDOH cases of Legionnaires' disease in persons with a **history of travel to the Morris County area of New Jersey during their 14-day incubation period and with illness onset since May 1, 2019 to present.**

INFORMATION FOR HEALTHCARE PROVIDERS, FACILITIES, AND CLINICAL LABORATORIES

Healthcare providers should consider the diagnosis of Legionnaires' disease in patients presenting with clinical features of pneumonia, fever, and cough. NJDOH requests that respiratory specimens (sputum, bronchoalveolar lavage, tracheal aspirate, or lung tissue) be collected and held for patients who tested positive for *Legionella* by a urinary antigen test and who reside/work in or visited Morris County.

- These respiratory specimens should ideally be obtained prior to antibiotic administration, but necessary antibiotic treatment should not be delayed for specimen collection, and culture can be attempted even after antibiotic therapy has been initiated.
- Respiratory specimens should be frozen immediately after collection.
- Please inform your laboratory to not reject respiratory specimens based on specimen quality (e.g., due to lack of white blood cells in the sample, contamination with other bacteria).

After further public health investigation, NJDOH may request that these specimens be sent to the CDC for *Legionella* culture and molecular testing free-of-charge.

Diagnostic Testing

The urinary antigen test is the most widely available rapid method of diagnosis and detects *Legionella pneumophila* serogroup 1. A negative urinary antigen test, however, does not rule out infection from other *Legionella* species and serotypes.

Culture of *Legionella* from a respiratory specimen (e.g., sputum, tracheal aspirate, or bronchoalveolar lavage fluid) is the gold standard diagnostic test and should be used in conjunction with rapid non-culture diagnostics like the *Legionella* urinary antigen test. Culture has the added benefits of identifying non-*pneumophila* *Legionella* that may cause infection and of generating isolates that can be further analyzed using molecular techniques. Molecular techniques can be used to compare clinical isolates to environmental isolates and confirm an outbreak source. The urinary antigen test alone does not allow for molecular comparison to environmental isolates.

Reporting

Health care providers and administrators are required to report cases of legionellosis (Legionnaires' disease and Pontiac fever) to the local health department where the patient resides within 24 hours of diagnosis (N.J.A.C. 8:57 – 1.4). If the patient residence is unknown, report to your own local health department. Contact information is available at: localhealth.nj.gov. Timely identification and reporting of cases of legionellosis is important, as this allows public health officials to quickly identify and stop potential clusters and outbreaks by linking new cases to previously reported ones. NJDOH is requesting that public health officials report to NJDOH cases of Legionnaires' disease in persons with a **history of travel to the Morris County area** of New Jersey (including for tourism or medical care) during their 14-day incubation period and with illness onset since May 1, 2019 to present.

Contact Information:

Rebecca Greeley, Infectious Disease Team Lead, Infectious and Zoonotic Disease Program,
Rebecca.greeley@doh.nj.gov or 609-826-5964

Kathleen Ross, Infectious Disease Epidemiologist, Infectious and Zoonotic Disease Program,
Kathleen.ross@doh.nj.gov or 609-826-5964

Jacqueline Justice

From: Vanaman,Liberty <Liberty.Vanaman@CO.CAPE-MAY.NJ.US>
Sent: Monday, July 08, 2019 3:15 PM
Subject: Public Health Update: Rabies Cases by County and Species, January 1 - June 30, 2019
Attachments: Jan-June_Rabies_LINCS.107968.pdf; 2019_Rabies_Cases_Jan_-_June.107969.pdf

From: NJLINCS Health Alert Network <HAN-NJLINCS@njlincs.net>
Sent: Monday, July 08, 2019 3:11 PM
Subject: [BULK] Public Health Update: Rabies Cases by County and Species, January 1 - June 30, 2019

NJLINCS Health Alert Network Public Health Update

Distributed by the New Jersey Department of Health

Subject: Rabies Cases by County and Species, January 1 - June 30, 2019
Date: 7/8/2019; 15:11:03
Message#: 103839-7-8-2019-PHUP
Contact Info: Kristin Garafalo, NJDOH - Infectious and Zoonotic Disease Program
Phone: 609-826-4872; Email: Kristin.Garafalo@doh.nj.gov
Colin Campbell, NJDOH - Infectious and Zoonotic Disease Program
Phone: 609-826-4872; Email: Colin.Campbell@doh.nj.gov
Attachments: Jan-June_Rabies_LINCS.pdf; 2019_Rabies_Cases_Jan_-_June.pdf

Attached please find the quarterly update "Rabies Cases by County and Species, January 1 - June 30, 2019". The table will be posted quarterly at <https://www.state.nj.us/health/cd/statistics/rabies-stats/>.



New Jersey Animal Rabies Cases: January 1 – June 30, 2019

Date: July 5, 2019

Public Health Message Type: Alert Advisory Update Information

Intended Audience: All public health partners Healthcare providers Infection preventionists
 Local health departments Schools/child care centers ACOs
 Animal health professionals Other:

Key Points or Updates:

- 1) During the first half of 2019, New Jersey had 113 animals confirmed to be infected with rabies via testing through the New Jersey Public Health and Environmental Laboratories (PHEL). Gloucester, Hunterdon and Monmouth Counties had the highest number of rabies cases.
- 2) In June, the Centers for Disease Control and Prevention (CDC) released a Vital Signs report entitled "[Vital Signs: Trends in Human Rabies Deaths and Exposures — United States, 1938–2018](#)". The CDC also released a press release on bats and rabies, entitled "[Bats Lead in U.S. Rabies Risk](#)" which states that bats are responsible for roughly 7 in 10 rabies deaths among people who are infected with the rabies virus in the US.

Action Items:

- 1) Bats are currently active in New Jersey and local health departments will receive an increased number of calls regarding possible contact with bats or bats in homes. It is important to thoroughly interview all persons who may have had contact with a bat and educate them on the risks of bat contact as many citizens are not aware that they are at risk of rabies infection.

Contact Information:

Kristin Garafalo, NJ Department of Health, Phone: 609-826-4872; Email: Kristin.Garafalo@doh.nj.gov
Colin T. Campbell, NJ Department of Health, Phone: 609-826-4872; Email: Colin.Campbell@doh.nj.gov

New Jersey Animal Rabies Cases: January 1 – June 30, 2019

Please distribute this information to all veterinarians, animal control officers, public health nurses, health care providers and other professional partners who are involved with rabies situations.

Attached please find the summary of the New Jersey animal rabies cases by county and species for January 1 through June 30, 2019.

During the first half of 2019, New Jersey had 113 animals confirmed to be infected with rabies via testing through the New Jersey Public Health and Environmental Laboratories (PHEL). This is greater than the 81 positive cases identified in the same period of 2018. Gloucester, Hunterdon and Monmouth Counties had the highest number of rabies cases. Gloucester County had 13 raccoons, 4 skunks, 3 foxes, 1 cat and 2 bats test positive for rabies. Hunterdon County had 7 raccoons, 2 skunks, 1 cat, 1 groundhog, and 1 bat confirmed rabid. Monmouth County had 10 racoons and 1 cat test positive for rabies.

In June, the Centers for Disease Control and Prevention (CDC) released a Vital Signs report entitled "[Vital Signs: Trends in Human Rabies Deaths and Exposures — United States, 1938–2018](#)". It contains very interesting information and data. The [CDC Vital Signs](#) website also includes noteworthy statistics and charts that may be of interest to you and your constituents. For example, "every 10 minutes, someone in the US is treated for possible exposure to rabies"; and "about 5,000 animals — mostly wildlife — test positive for rabies each year in the US". For the entire article, please visit: <https://www.cdc.gov/mmwr/volumes/68/wr/mm6823e1.htm>.

The CDC also released a press release on bats and rabies, entitled "[Bats Lead in U.S. Rabies Risk](#)" which states that bats are responsible for roughly 7 in 10 rabies deaths among people who are infected with the rabies virus in the US. Bats are currently active in New Jersey and local health departments will receive an increased number of calls regarding possible contact with bats or bats in homes. It is important to thoroughly interview all persons who may have had contact with a bat and educate them on the risks of bat contact as many citizens may not be aware that they are at risk of rabies infection. The New Jersey Guide to Proper Handling of Bat Exposures is a useful guidance document to address potential rabies exposures to bats. It is posted on the NJDOH website: <https://www.state.nj.us/health/cd/topics/rabies.shtml>.

For more information on rabies visit the NJDOH website or contact the NJDOH Infectious and Zoonotic Disease Program at 609-826-4872.



NEW JERSEY ANIMAL RABIES CASES BY COUNTY AND SPECIES

January 1 - June 30, 2019

COUNTY	Raccoon	Skunk	Fox	Cat	Groundhog	Bovine	Equine	Dog***	Ferret	Other Domestic*	Deer	Other Wild**	Total Terrestrial	Bats													
Atlantic	1	241	17	18	2	1							1	304													
Bergen		307	0	3	21				1			3	5	385													
Burlington	3	527	27	47	14		1					1	6	691													
Camden		170	24	1	23	1						1	1	214													
Cape May		128	24	3			1					1	2	155													
Cumberland	1	207	2	12						1			1	274													
Essex	2	159	1	20	7			1		2	1	1	5	205													
Gloucester	13	205	4	84	3	23	1					2	21	293													
Hudson		18	5	5									0	28													
Hunterdon	7	426	2	47	1	14	2		1		4	1	11	524													
Mercer	2	367	2	27	1	18	5		1		1	1	5	424													
Middlesex	2	223	1	81	1	10	26						4	337													
Monmouth	10	521		65	19	1	41	12		1			11	628													
Morris	4	509		114	1	19	28	17		1	2	6	5	679													
Ocean	1	406		104		17	38	12		1		1	1	568													
Passaic	1	223		67	7	1	27	13			1	1	2	333													
Salem		89		16	4	7	1						0	116													
Somerset	6	375		58	17	20	10			3		2	6	473													
Sussex	4	269		110	19	22	5					1	4	443													
Union		121		28	1	14	2						0	161													
Warren	5	278		71	1	13	33	12		1	2	3	7	405													
Unknown		1		0			0						0	1													
TOTAL	62	5770	13	1139	7	213	12	513	3	181	0	15	1	13	0	8	0	3	0	12	0	11	0	24	98	7641	15

NUMBERS IN WHITE COLUMNS REPRESENT YEAR-TO-DATE TOTALS (January 1 through June 30, 2019)

NUMBERS IN SHADED COLUMNS REPRESENT EPIZOOTIC TOTALS (January 1989 through June 2019)

*Other Domestic includes 9 rabbits, 2 sheep, and 1 goat

**Other Wild includes 8 coyotes, 5 otters, 4 opossums, 3 beavers, 2 bobcats, 1 bear, and 1 kudu

***One dog diagnosed in Essex County during 2008 acquired rabies in Iraq and became ill shortly after importation into NJ

Year	Specimens Tested	Terrestrial Cases	Bat Cases	Total Cases
2016	2822	203	59	262
2017	2562	177	31	208
2018	2810	163	36	199
2019	1219	98	15	113

Cats have accounted for 90% of the domestic animal cases in New Jersey since 1989. For the last 5 years, there has been an average of 18 cats infected with rabies annually.

Jacqueline Justice

From: Vanaman,Liberty <Liberty.Vanaman@CO.CAPE-MAY.NJ.US>
Sent: Tuesday, July 09, 2019 12:03 PM
Subject: Public Health Advisory: Recreational Water Illness Case and Outbreak Investigation Guidance
Attachments: RWI_LINCS_FINAL_2019.107970.pdf

NJLINCS Health Alert Network
Public Health Advisory
Distributed by the New Jersey Department of Health

Subject: Recreational Water Illness Case and Outbreak Investigation Guidance
Date: 7/9/2019; 11:30:11
Message#: 103840-7-9-2019-PHAD
Contact Info: Barbara Carothers, NJDOH, Communicable Disease Service
Phone: 609-826-5964; Email: bc3@njlincs.net
Attachments: RWI_LINCS_FINAL_2019.pdf

Outbreaks associated with recreational water occur more frequently in the summer months. When investigating cases and outbreaks, investigators should document details of any exposure to recreational water. Healthcare providers should consider waterborne pathogens if symptoms coincide with water based activities. The attached document provides information on investigation of cases and outbreaks of waterborne illness. A new dedicated waterborne page is available for easy access to information about waterborne illness.



Recreational Water Illness Case and Outbreak Investigation Guidance

Date: July 9, 2019

Public Health Message Type: Alert Advisory Update Information

Intended Audience: All public health partners Healthcare providers Infection preventionists
 Local health departments Schools/child care centers ACOs
 Animal health professionals Other:

Key Points or Updates:

- (1) Individual cases of *Cryptosporidium*, *Giardia*, *Shigella*, and *E. coli* O157:H7 are reportable within 24 hours of diagnosis. Outbreaks of these diseases as well as outbreaks of norovirus, are immediately reportable. All reports should be made to the local health department.
- (2) A waterborne illness outbreak occurs when two or more persons experience a similar illness and have exposure to the same water source and there is evidence that the water is the likely source of the illness.
- (3) NJDOH new dedicated Waterborne Illness page for easy access to information about waterborne illness can be accessed at <https://nj.gov/health/cd/topics/waterborne.shtml>.

Action Items:

- (1) When investigating illnesses associated with recreational water, disease investigators are reminded to ask the location and dates of exposure to recreational water and document clearly into the Communicable Disease Reporting and Surveillance System (CDRSS).
- (2) Worksheets are available to guide disease investigators with interviewing cases, to obtain appropriate exposures and risk factors.

Contact Information:

- Barbara Carothers, Public Health Representative at Barbara.Carothers@doh.nj.gov, or (609) 826-5964, or
- The Communicable Disease Service at (609) 826-5964 during business hours

References and Resources

- NJDOH waterborne illness page: <https://nj.gov/health/cd/topics/waterborne.shtml>
- NJDOH Crypto FAQ: http://nj.gov/health/cd/documents/faq/crypto_faq.pdf
- CDC healthy swimming: <https://www.cdc.gov/healthywater/swimming/>
- CDC HAB associated illness: <https://www.cdc.gov/habs/index.html>
- NJDEP HAB information: <https://www.state.nj.us/dep/wms/HABS.html>
- Find your local health department: <http://localhealth.nj.gov>

Recreational Water Illnesses

Outbreaks associated with recreational water occur more frequently in the summer months. Recreational Water Illnesses (RWIs) are caused by organisms spread through contaminated water in swimming pools, water parks, water play areas, hot tubs, decorative water fountains, oceans, lakes, and rivers. RWIs can be a wide variety of infections, including gastrointestinal, skin, ear, respiratory, eye, neurologic and wound infections. The most commonly reported RWI is diarrhea. Diarrheal illnesses can be caused by organisms such as *Cryptosporidium* (Crypto), *Giardia*, *Shigella*, norovirus, and *E. coli* O157:H7. These organisms can live from minutes to days in pools and some of them are very resistant to chlorine. Diarrheal RWIs are spread by swallowing water that has been contaminated with fecal matter containing these organisms.

Cryptosporidiosis is the leading cause of swimming-pool related outbreaks of diarrheal illness. Additional information on the symptoms, treatment and how to prevent crypto can be found at the following link: http://nj.gov/health/cd/documents/faq/crypto_faq.pdf.

Reporting

Individual cases of *Cryptosporidium*, *Giardia*, *Shigella*, and *E. coli* O157:H7 are reportable within 24 hours of diagnosis. Outbreaks of these diseases as well as outbreaks of norovirus, are immediately reportable to the local health department. Information on disease reporting and your local health department can be found at the following links: <http://nj.gov/health/cd/reporting/>, <http://localhealth.nj.gov>. When investigating cases and outbreaks, investigators should document details of any exposure to recreational water. Worksheets have been developed as a guide to assist disease investigators with interviewing cases, to obtain appropriate exposures and risk factors and to enter the information into the Communicable Disease Reporting and Surveillance System (CDRSS). Worksheets can be found under disease information at <https://www.nj.gov/health/cd/topics/>.

RWI outbreak response toolkits are available at <https://www.cdc.gov/healthywater/swimming/public-health-professionals/outbreak-response.html>.

Cyanobacterial Harmful Algal Bloom (HAB) Related Illness

Harmful algal blooms (HABs) are the rapid growth of algae that can cause harm to animals, people, or the local ecology. In fresh water, such as lakes and rivers, harmful algal blooms are most commonly formed from cyanobacteria. Because of their color, they are often called blue-green algae. A HAB can look like foam, scum, or mats on the surface of water and can be different colors. HABs can produce toxins that have caused a variety of illnesses in people and animals. Symptoms are not specific to HAB associated illness and there are currently no available tests or special treatments for HAB associated illnesses. HABs can occur in warm fresh, marine, or brackish waters with abundant nutrients and are becoming more frequent with climate change. More information related to HABs can be found at <https://www.state.nj.us/dep/wms/HABS.html>.

New

A new dedicated Waterborne Illness page for easy access to information about waterborne illness, reportable waterborne disease guidance documents and various other resources can be accessed at <https://nj.gov/health/cd/topics/waterborne.shtml>.

Jacqueline Justice

From: Vanaman,Liberty <Liberty.Vanaman@CO.CAPE-MAY.NJ.US>
Sent: Wednesday, July 17, 2019 3:41 PM
Subject: Public Health Info: Hepatitis B Information, Updates and Perinatal Hepatitis B Webinar on 7/30/19
Attachments: 1ST_NJ_PHBPP_QUARTERLY_WEBINAR.107979.pdf

NJLINCS Health Alert Network Public Health Info

Distributed by the New Jersey Department of Health

Subject: Hepatitis B Information, Updates and Perinatal Hepatitis B Webinar on 7/30/19
Date: 7/17/2019; 14:41:56
Message#: 103846-7-17-2019-PHIN
Contact Info: Jill Dinitz-Sklar, New Jersey Department of Health
Phone: 609-826-5964; Email: Jill.Dinitz-Sklar@doh.nj.gov
Attachments: 1ST_NJ_PHBPP_QUARTERLY_WEBINAR.pdf

This message serves to provide all the most current recommendations regarding hepatitis B, perinatal hepatitis B and the follow up for those diseases.

To increase efficiency and completion of perinatal hepatitis B cases we are introducing a quarterly webinar to discuss these investigations with local health department staff. Our first webinar will take place on July 30, 2019 at 2:30pm: please register by 7/26/19 at the following link:
<https://attendeegotowebinar.com/register/4778261330726312973>

There have not been any changes to the hepatitis B case definitions. They can be found at the following links: Chronic - <https://wwwn.cdc.gov/nndss/conditions/hepatitis-b-chronic/case-definition/2012/> and Acute - <https://wwwn.cdc.gov/nndss/conditions/hepatitis-b-acute/case-definition/2012/>

Case investigations should include all the following elements to be considered complete: full lab report, signs and symptoms, risk factors, educating the patient, identification/documentation of close contacts and pregnancy status for any woman of childbearing age (this includes women 15-55 years old, and needs to be investigated for all new HBV labs that come in).

To make case classifications easier we have developed a Hepatitis B Case Classification Algorithm. This is a tool that can assist you in classifying cases, but as always there are times where certain scenarios can not be accounted for. If you have questions regarding case classification, you can reach out to a member of the Hepatitis B Surveillance Team and we will assist you. The algorithm can be found on the hepatitis B webpage at
https://www.nj.gov/health/cd/documents/topics/hepatitisb/hbv_case_classification.pdf

There have been some minor changes to the hepatitis B birth dose recommendation, these changes went into place early in 2018. The changes updated the recommendation for the universal hepatitis B birth dose to be given to ALL medically stable children weighing $\geq 2,000$ g within 24 hours of birth and removed permissive language for delaying the birth dose until after hospital discharge. You can find a copy of these updates, among others, at this link:

<https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm>

These recommendations do not impact perinatal hepatitis B follow up, those procedures have remained unchanged. Perinatal hepatitis B follow up includes: all women identified as hepatitis B positive during pregnancy should be followed until delivery, at the time of delivery these children should be given a dose of HBIG and the first dose of hepatitis B vaccine (single antigen vaccine is the only vaccine that can be used for the birth dose). For children weighing $\geq 2,000$ g they will complete their vaccination series and should have post vaccination serologic testing (PVST) completed 1-2 months after the final dose of vaccine, no earlier than 9 months of age and on or before 12 months of age. For children weighing $< 2,000$ g at birth, the first dose of vaccine does not count in the series and therefore they will need to receive 4 doses of vaccine to complete that series. PVST should be completed at the same time intervals as described above. In CDRSS 2.0 there is a new section called "PERINATAL HEPATITIS B QUESTIONS," this section should be filled out as the required information becomes available and completed before closing any perinatal hepatitis B cases.

Perinatal hepatitis B cases can remain open for up to 2 years from birth to allow complete case follow up to take place. Every attempt should be made to maintain contact with the families of these cases. For any cases that move out of the state of NJ, the LHD must obtain the new address from the family and notify one of the Perinatal Hepatitis B Prevention Program (PHBPP) members to assure the case is transferred to the next jurisdiction (transfers to other states should only be done by NJDOH staff). For cases that change jurisdictions within NJ, the current LHD should hand the case off to the next jurisdiction either by email or a phone call. The current LHD should update the address and place the case back into "Pending" report status before closing. This is a link to the case definition for Perinatal cases - <https://www.cdc.gov/nndss/conditions/hepatitis-b-perinatal-virus-infection/case-definition/2017/>

There have been updates regarding children who do not respond to the first hepatitis B vaccine series. For children who have PVST results showing that they are negative for both the hepatitis B surface antigen (HBsAg) and are negative or have a value < 10 mIU/mL for their hepatitis B surface antibody (anti-HBs) the current recommendation is for the child to receive a single extra dose of hepatitis B vaccine and have PVST redone 1-2 months after that dose: if the child remains nonimmune the child should complete the second hepatitis B vaccine series (2 additional doses) and be tested again 1-2 months after the final dose. If the child's anti-HBs is still negative or < 10 mIU/mL there is no data to suggest a benefit from administering additional hepatitis B vaccine doses after two complete series and the family should be counseled as to what that means. Conversely the family, in conjunction with their healthcare provider, can choose to complete a full second series immediately after the first PVST results show a lack of immunity, that is up to the healthcare provider's clinical purview. These recommendations can also be found at this link:

<https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm>

If you have questions regarding hepatitis B please reach out any time. You can reach us at 609-826-5964 and ask for either Jill Dinitz-Sklar, Allison Portney or Ayiasha Pratt and one of us will be happy to assist you. Lastly, we hope that as many as possible will register and attend our first quarterly webinar, all the information can be found at the top of this message or in the attached flyer.



1ST NJ PHBPP QUARTERLY WEBINAR

The Perinatal Hepatitis B Prevention Program (PHBPP) is going to be conducting quarterly webinars for local health partners who are involved with perinatal hepatitis B case follow up.

The first webinar will reiterate the basics of perinatal hepatitis B case investigations, provide updates in recommendations and will go over new investigation tools in the Communicable Disease Reporting and Surveillance System (CDRSS) 2.0.

Date: July 30, 2019

Time: 2:30 – 3:30pm

Register at the following link by July 26th:

<https://attendee.gotowebinar.com/register/4778261330726312973>



State of New Jersey



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Site Remediation and Waste Management Program
Bureau of Ground Water Pollution Abatement

Mail Code: 401-05V

P.O. Box 420

Trenton, NJ 08625-0420

Phone: (609) 292-8427

PHIL MURPHY
Governor

CATHERINE R. MCCABE
Commissioner

SHEILA OLIVER
Lt. Governor

July 2, 2019

Christopher Rossi
New Jersey Turnpike Authority
581 Main Street
P.O. Box 5042
Woodbridge, NJ 07095

Re: Classification Exception Area/Well Restriction Area
Sunoco #0273-3368
Garden State Parkway Mile Marker 18.3
Dennis Township, Cape May County
Program Interest Number: 014105
Subject Item ID: CEA100117097

Dear Mr. Rossi,

Please be advised that the New Jersey Department of Environmental Protection (Department) has established a Classification Exception Area/Well Restriction Area (CEA/WRA) for contamination in ground water associated with this site. A CEA/WRA is an institutional control that the Department uses to restrict the use of ground water within an area where ground water contaminant concentrations exceed the applicable Ground Water Quality Standards (N.J.A.C. 7:9C-1.7). The Department has established this CEA/WRA in response to information submitted by Licensed Site Remediation Professional (LSRP), Sonya Ward, on a CEA/WRA Fact Sheet Form received by the Department on May 6, 2016 and amended by electronic correspondence by Licensed Site Remediation Professional (LSRP), Mittul Patel dated June 24, 2019.

The CEA/WRA is described on the enclosed CEA/WRA Fact Sheet. As indicated on the Fact Sheet, ground water within the CEA/WRA contains BTEX at concentrations that exceed the Ground Water Quality Standards. The contamination is attributed to discharges that occurred at the site referenced above. Because of the elevated levels of contamination, it is suggested that remediation be conducted.

The CEA/WRA is set to expire on December 31, 2029, at which time it is expected that the Ground Water Quality Standards will be attained. Attainment of the Ground Water Quality Standards must be confirmed through ground water sampling within 180 days after the expiration date, pursuant to N.J.A.C. 7:26C-7.9(f). Consistent with N.J.A.C. 7:26C-7.3, the

Department may revise or remove the CEA/WRA at any time in the interim on the basis of new ground water data.

Please note, while the Department has established the CEA, additional ground water sampling points may be necessary to confirm the horizontal and/or vertical extent of contamination. As stated in the Department's June 2013 policy statement of the interpretation of SRRA requirement for completion of remedial investigation, "Even though the remedial investigation does not need to include delineation to the "clean zone", such sampling is required to demonstrate attainment of the applicable remediation standards at the conclusion of the remedial action and prior to the issuance of the Response Action Outcome (RAO)".

If you have any comments or questions regarding this CEA/WRA, please contact Alexander Shelkonovzeff at (609) 777-1947 or Alexander.Shelkonovzeff@dep.nj.gov.

Sincerely,



Mary Anne Kuserk, Chief
Bureau of Ground Water Pollution Abatement

Enclosure

c: Mittul Patel, BEM Systems, Inc.
Dennis Township Clerk
Cape May County Clerk
Cape May County Health Department
Cape May County Planning Board

Classification Exception Area/Well Restriction Area

Case Information:	<u>Subject Item</u>	<u>Designation</u>	<u>Activity Number</u>
	CEA100117097	86-03-11-06C	LSR160001

Case ID: 014105 - LSR120003
Case Number: 86-03-11-06C (NJTA)
Preferred Id: 014105
Case: Sunoco #0273-3368 Ocean Plaza
Address: Garden State Parkway Mile Marker 18.3
City: Dennis Township
County: Cape May

Site Location: Refer to Exhibit A – Site Location Map

Facility Contact(s)

LSRP: Mittul Patel
BEM System Inc.
100 Passaic Avenue
Chatham, NJ 07928

Person Responsible for Conducting the Remediation & Property Owner: Christopher Rossi
New Jersey Turnpike Authority
281 Main Street
P.O. Box 5042
Woodbridge NJ 07095

NJDEP Contact: Bureau of Ground Water Pollution Abatement
(609) 292-8427

CEA Information

<u>Subject Item</u>	<u>Description</u>
CEA100117097	The CEA remains on-site. Ground water flow direction is to the east, and the approximate horizontal extent of the CEA is 23,467sq.ft.

<u>Subject Item</u>	<u>Affected Geologic Formation</u>	<u>Vertical Depth</u>
CEA100117097	Cape May	70

<u>Subject Item</u>	<u>Classification</u>
CEA100117097	II-A

Contaminants

This CEA/WRA applies only to the contaminants listed in the table below. Pursuant to N.J.A.C. 7:9C-1.6, all constituent standards of the surrounding classification area apply at the CEA perimeter.

<u>Subject Item</u>	<u>Contaminant</u>	<u>Concentration (1)</u>	<u>GWQS (2)</u>
CEA100117097	Benzene	80 Micrograms Per Liter	1 Micrograms Per Liter
CEA100117097	Ethylbenzene	790 Micrograms Per Liter	700 Micrograms Per Liter
CEA100117097	Synthetic Organic Chemicals - [Total]	9,910 Micrograms Per Liter	500 Micrograms Per Liter
CEA100117097	Xylenes – [Total]	7,900 Micrograms Per Liter	1,000 Micrograms Per Liter

Note: (1) Maximum concentration detected at the time of CEA establishment
(2) Ground Water Quality Standards

CEA Boundary: Refer to Exhibit B – CEA Boundary Map

Projected Term of CEA:

<u>Subject Item</u>	<u>Date Established</u>
CEA100117097	07/02/2019

<u>Subject Item</u>	<u>Duration in Years</u>
CEA100117097	10.5

<u>Subject Item</u>	<u>Anticipated Expiration Date</u>
CEA100117097	12/31/2029

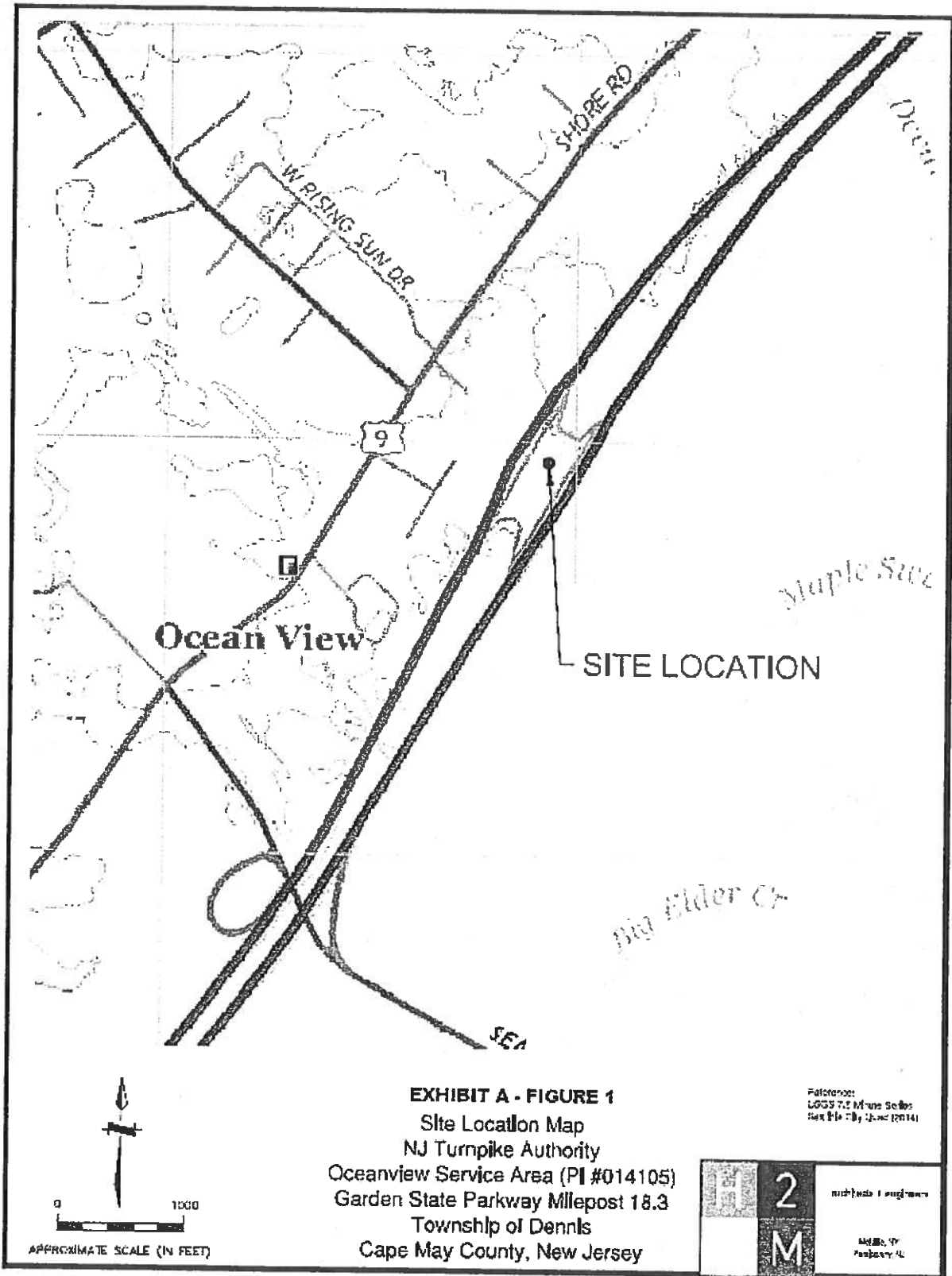
Well Restrictions set within the boundaries of the CEA

Since groundwater quality data within the CEA indicates exceedance of the Primary Drinking Water Standards, and the primary designated uses of Class II-A ground water is the provision of potable water supply, the CEA established for this site is also a Well Restriction Area, pursuant to N.J.A.C. 7:9C-1.6(d). The extent of Well Restriction shall coincide with the boundaries of the CEA unless otherwise specified.

Subject Item**Restriction**

CEA100023658	<u>Double Case Wells:</u> With the exception of monitoring wells installed into the first water bearing zone, any proposed well to be installed within the CEA/WRA boundary shall be double cased to an appropriate depth in order to prevent any vertical contaminant migration pathways. This depth is either into a confining layer or 50 feet below the vertical extent of the CEA.
CEA100023658	<u>Evaluate Production Wells:</u> Any proposed high capacity production wells in the immediate vicinity of the CEA/WRA should be pre-evaluated to determine if pumping from these wells would draw a portion of the contaminant plume into the cone of capture of the production wells or alter the configuration of the contaminant plume.
CEA100023658	<u>Sample Potable Wells:</u> Any potable well to be installed within the footprint of the CEA/WRA shall be sampled annually for the parameters of concern. The first sample shall be collected prior to using the well. If contamination is detected, contact your local Health Department. If the contamination is above the maximum contaminant levels of the Safe Drinking Water Act Rules, then the NJDEP Hot Line should be called. Treatment is required for any well that has contamination above any of the primary or secondary standards of the Safe Drinking Water Act Rules.

Exhibit A: Site Location Map



**TOWNSHIP OF DENNIS
BOARD OF HEALTH
REGULAR MEETING MINUTES**

June 25, 2019

5:30 P.M. (IMMEDIATELY FOLLOWING THE REGULAR MEETING)

MINUTES OF THE REGULAR MEETING HELD ON:

DATE: June 25, 2019
TIME: 5:30 P.M.
PLACE: Dennis Township Municipal Building

Chairperson F. Germanio called the meeting to order reading the notice pursuant to the Open Public Meeting Act.

Let the record reflect that the roll call, pledge of allegiance and moment of silence were carry over from the Regular Meeting.

Secretary, J. Justice conducted a roll call of the members present with, Z. Matalucci, F. Germanio, T. VanArtsdalen, M. Cox, S. Turner and J. Justice present.

PLEDGE OF ALLEGIANCE & MOMENT OF SILENCE:

ITEMS THAT WERE DISCUSSED:

CORRESPONDENCE:

1. 05/30/2019 NJ Poison Information & Education System – News Release – Preteen Suicide Attempts Increasing, Especially in Young Females.
2. 06/03/2019 NJLINCS – Public Health Alert: Congenital Syphilis Update.
3. 06/13/2019 & 06/21/2019 NJLINCS – Public Health Info – Initial Vector-Borne Disease Surveillance Report.

A motion was made by Z. Matalucci seconded by S. Turner for approval of the correspondence, with 6 ayes and no nays, that the correspondence was approved.

1. COUNTY INSPECTIONS:

None.

2. DOG REPORT:

1. There have been 394 dog licenses issued to date for 2019.

3. NOTICE OF CONFINEMENT OF DOMESTIC ANIMAL(S) WITH KNOWN OR SUSPECTED EXPOSURE TO RABIES:

None

4. **SUSPECTED HAZARDOUS SUBSTANCE DISCHARGE NOTIFICATION:**

None.

A motion was made by T. VanArtsdalen and seconded by S. Turner for approval of the May 28, 2019 regular meeting minutes, with 6 ayes and no nays, that the minutes were approved.

Let the record reflect that there were no comments.

There being no further business a motion was made by Z. Matalucci and seconded by M. Cox that the meeting be adjourned.

Attest: Jacqueline B. Justice, Secretary

Attest: Frank L. Germanio, Jr., Chairperson