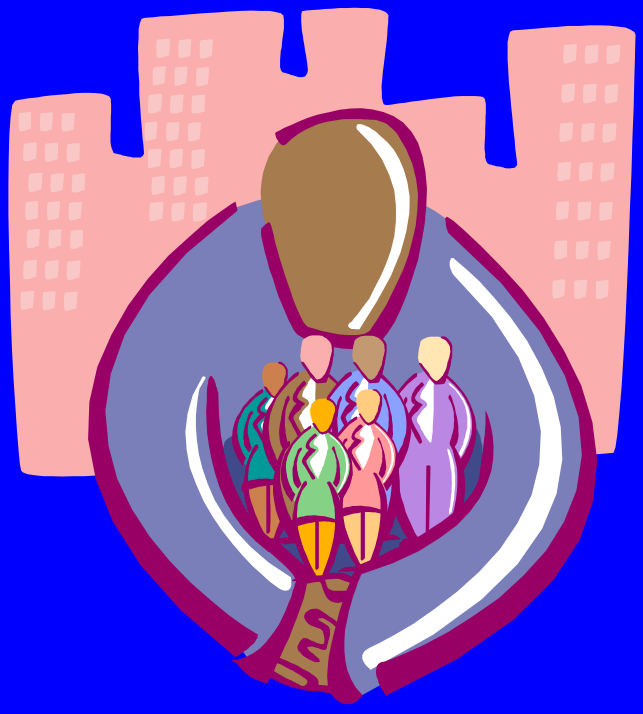
Bergen County Health Status Report 2005



PARTNERSHIP FOR COMMUNITY HEALTH, INC.

BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES

BERGEN COUNTY PUBLIC HEALTH PARTNERSHIP

BERGEN COUNTY

HEALTH STATUS REPORT
2005

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Initiatives for Bergen County are unique to this area since we have such a diverse population in terms of ethnicity, socioeconomic status and even disease trends and needs. Some suggested initiatives would be to continue to work on *Healthy People 2010 (HP 2010) Objectives* particularly those where the goals have not been met. Since chronic diseases such has heart disease, cancer and stroke remain as the leading causes of death for Bergen County and New Jersey, it would be critical to focus on objectives such as the lack of physical activity, obesity, poor nutrition, and cigarette smoking.

In addition the *HP 2010* objectives concerning influenza and pneumococcal vaccine have not been met. This is a vital area to work on as the focus on pandemic and avian influenza becomes more visible in our society and in the public health arena. These communicable diseases can be prevented if steps are taken to educate the increasing elderly population in Bergen County.

A few other initiatives that have surfaced recently, is the need to educate the medical society as well as the general public on re-emerging diseases as well as new types of infections that are becoming more present. Some of these include pertussis as well as antimicrobial resistance organisms. The New Jersey Department of Health and Senior Services (NJDHSS) has recently developed a task force for antimicrobial resistance. The Centers for Disease Control and Prevention (CDC) has also developed educational campaigns to assist in this endeavor on the community level. Providing education to the community will ensure the longevity of the current antibiotics as well as preventing the spread of other antimicrobial resistant diseases.

These of course are just a few suggestions and are limited to data that is presented in the attached document. There are many areas of concern within public health yet specific goals should be set that can be measured and evaluated for the future.

Demographic Characteristics
Bergen County, New Jersey

Population Comparisons (2004, 2000, 1990)

	2004	2000	1990
Population	**902, 998**	**884, 118**	**825, 380**

2000 Estimates
Total Population: 884, 118

Gender and Age	Number	Percentage
Male	425, 436	48.1
Female	458, 682	51.9
Under 5 years	55, 363	6.3
5 to 9 years	58, 772	6.6
10 to 14 years	56, 901	6.4
15 to 19 years	48, 850	5.5
20 to 24 years	41, 896	4.7
25 to 34 years	117, 992	13.3
35 to 44 years	152, 636	17.3
45 to 54 years	129, 190	14.6
55 to 59 years	48, 621	5.5
60 to 64 years	39, 077	4.4
65 to 74 years	68, 810	7.8
75 to 84 years	49, 955	5.5
85 years and over	17, 055	1.9
Median age (years)	39.1	
18 years and over	681, 064	77.0
Male	321, 471	36.4
Female	359, 593	40.7
21 years and over	656, 513	74.3
62 years and over	157, 378	17.8
65 years and over	134, 820	15.2
Male	54, 726	6.2
Female	80, 094	9.1

Source: US Census Bureau State (http://factfinder.census.gov)

Bergen County Race
2000 data

	Number	Percent
One Race	864, 160	97.7
White	693, 236	78.4
Black or African American	46, 568	5.3
American Indian and Alaska Native	1, 336	0.2
Asian	94, 324	10.7
Asian Indian	17, 862	2.0
Chinese	14, 166	1.6
Filipino	14, 224	1.6
Japanese	7, 662	0.9
Korean	36, 075	4.1
Vietnamese	545	0.1
Other Asian	3, 790	0.4
Native Hawaiian and Other Pacific Islander	193	0.0
Native Hawaiian	36	0.0
Guamanian or Chamoro	35	0.0
Samoan	37	0.0
Other Pacific Islander	85	0.0
Some other race	28, 503	3.2
Two or more races	19, 958	2.3
Hispanic or Latino and Race		
Total Population	884, 118	100.0
Hispanic or Latino (of any race)	91, 377	10.3
Mexican	4, 399	0.5
Puerto Rican	17, 290	2.0
Cuban	9, 381	1.1
Other Hispanic or Latino	60, 307	6.8
Not Hispanic or Latino	792, 741	89.7
White alone	638, 953	72.3

Source: US Census Bureau State (http://factfinder.census.gov)

Household Characteristics
Bergen County, New Jersey
2000 data

Relationship	Number	Percent
Total population	**884, 118**	**100.0**
In households	872, 769	98.7
Householder	330, 817	37.4
Spouse	191, 678	21.7
Child	268, 443	30.4
Own child under 18 years	190, 087	21.5
Other relatives	50, 819	5.7
Under 18 years	10, 896	1.2
Nonrelatives	31, 012	3.5
Unmarried partners	11, 162	1.3
In group quarters	11, 349	1.3
Institutionalized	5, 939	0.7
Noninstitutionalized	5,410	0.6
Households by type		
Total households	**330, 817**	**100.0**
Family households (families)	235, 070	71.1
With own children under 18 years	106, 146	32.1
Married-couple family	191, 678	57.9
With own children under 18 years	89, 803	27.1
Female householder, no husband present	32, 099	9.7
Nonfamily households	95, 747	28.9
Householder living alone	81, 573	24.7
Householder 65 years and over	33, 860	10.2
Households with individuals under 18 years	113, 056	34.2
Households with individuals 65 years and over	95, 469	28.9
Average household size	2.64	
Average family size	3.17	

Source: US Census Bureau State (http://factfinder.census.gov)

Selected Social Characteristics
Bergen County, New Jersey
2000 data

Subject	Number	Percent
School Enrollment		
Population 3 years and over enrolled in school	**220, 538**	**100.0**
Nursery school, preschool	19, 606	8.9
Kindergarten	11, 919	5.4
Elementary school (grades 1-8)	93, 649	42.5
High School (grades 9-12)	44, 624	20.2
College or graduate school	50, 740	23.0
Educational attainment		
Population 25 years and over	623, 469	100.0
Less that 9th grade	34, 069	5.5
9th to 12th, no diploma	49, 551	7.9
High school graduate (includes equivalency)	163, 525	26.2
Some college, no degree	106, 035	17.0
Associate degree	31, 908	5.1
Bachelor's degree	149, 798	24.0
Graduate or professional degree	88, 583	14.2
Percent high school graduate or higher		86.6
Percent graduate degree or higher		38.2
Marital Status		
Population 15 years and over	713, 076	100.0
Never married	179, 702	25.2
Now married, except separated	416, 672	58.4
Separated	12, 112	1.7
Widowed	55, 868	7.8
Female	45, 989	6.4
Divorced	48, 722	6.8
Female	30, 299	4.2
Grandparents are caregivers		
Grandparents living in household with one or more own grandchildren under 18 years	**16, 403**	**100.0**
Grandparent responsible for grandchildren	3, 269	19.9

Source: US Census Bureau State (http://factfinder.census.gov)

Social Characteristics
Bergen County, New Jersey
2000 data

Subject	Number	Percent
Veteran status		
Civilian population 18 years and over	**681, 586**	**100.0**
Civilian veterans	66, 986	9.8
Disability status of the civilian noninstitutionalized population		
Population 5 to 20 years	**172, 095**	**100.0**
With disability	10, 046	5.8
Population 21 to 64 years	**521, 803**	**100.0**
With a disability	74, 398	14.3
Percent employed		66.3
No disability	447, 405	85.7
Percent employed		77.6
Population 65 years and over	**129, 400**	**100.0**
With a disability	45, 072	34.8
Nativity and Place of Birth		
Total Population	**884, 118**	**100.0**
Native	661, 817	74.9
Born in United States	651, 304	73.7
State of residence	396, 124	44.8
Different state	255, 180	28.9
Born outside United States	10, 513	1.2
Foreign born	222, 301	25.1
Entered 1990 to March 2000	83, 456	9.4
Naturalized citizen	112, 882	12.8
Not a citizen	109, 419	12.4
Region of Birth of Foreign Born		
Total (excluding born at sea)	222, 301	100.0
Europe	67, 837	30.5
Asia	88, 017	39.6
Africa	4, 874	2.2
Oceania	319	0.1
Latin America	58, 904	
Northern America	2,350	1.1

Source: US Census Bureau State (http://factfinder.census.gov)

Social Characteristics
Bergen County, New Jersey
2000 data

Language spoken at home	**Number**	**Percent**
Population 5 years and over	**829, 455**	**100.0**
English only	560, 343	67.6
Language other than English	269, 112	32.4
Speak English less than 'very well'	114, 204	13.8
Spanish	79, 959	9.6
Speak English less than 'very well'	34, 640	4.2
Other Indo-European languages	103, 329	12.5
Speak English less than 'very well'	38, 489	4.6
Asian and Pacific Island languages	70, 421	8.5
Speak English less than 'very well'	36, 902	4.4

Source: US Census Bureau State (http://factfinder.census.gov)

Population Characteristics
Comparison between Bergen County and New Jersey

People Quick Facts	**Bergen County**	**New Jersey**
Population, 2004 estimate	902,998	8,698,879
Population, percent change, April 1, 2000 to July 1, 2004	2.1%	3.4%
Population, percent change, 1990 to 2000	7.1%	8.6%
Population, 2000	884,118	8,414,350
Persons under 5 years old, percent, 2000	6.3%	6.7%
Persons under 18 years old, percent, 2000	23.0%	24.8%
Persons 65 years old and over, percent, 2000	15.2%	13.2%
Female persons, percent, 2000	51.9%	51.5%
White persons, percent, 2000 (includes persons reporting only one race)	78.4%	72.6%
Black or African American persons, percent, 2000 (includes persons reporting only one race)	5.3%	13.6%
American Indian and Alaska Native persons, percent, 2000 (includes persons reporting only one race)	0.2%	0.2%
Asian persons, percent, 2000 (includes persons reporting only one race)	10.7%	5.7%
White persons, not of Hispanic/Latino origin, percent, 2000	72.3%	66.0%
Persons of Hispanic or Latino origin, percent, 2000 (Hispanics may be of any race)	10.3%	13.3%
Living in same house in 1995 and 2000', pct age 5+, 2000	62.8%	59.8%
Foreign born persons, percent, 2000	25.1%	17.5%
Language other than English spoken at home, pct age 5+, 2000	32.4%	25.5%
High school graduates, percent of persons age 25+, 2000	86.6%	82.1%
Bachelor's degree or higher, pct of persons age 25+, 2000	38.2%	29.8%
Persons with a disability, age 5+, 2000	129,516	1,389,811
Persons below poverty, percent, 1999	5.0%	8.5%

Source: US Census Bureau State & County Quick Facts

Natality Data
Bergen County, New Jersey
2003 and 1993 data

Bergen County	**2003**	**1993**
All live births	10,759	10,559
Low birth weight (< 2500 grams)	775 (7.2%)	549 (5.2%)
Very low birth weight (<1500 grams)	128 (1.2%)	94 (0.9%)
1st trimester care	8,624 (80.2%)	8,111 (76.8%)
No prenatal care	32 (0.3%)	33 (0.3%)
Premature (< 37 weeks gestation)	970 (9.0%)	627 (5.9%)
Smoking during pregnancy	390 (3.6%)	433 (4.1%)
Drinking during pregnancy	85 (0.8%)	113 (1.1%)
Drug use during pregnancy	49 (0.5%)	N/A
Vaginal delivery	6,227 (57.9%)	7,096 (67.2)
Vaginal delivery after cesarean	164 (1.5%)	196 (1.9%)
Cesarean delivery	3,704 (34.4%)	2,642 (25.0%)

Source: Center for Health Statistics [New Jersey State Health Assessment Data (NJSHAD)]

As live births have only increased by 200 in the past ten years, there has been a significant increase in women having Cesarean deliveries. In addition about 4% have sought prenatal care during their trimester compared to 1993. Continued attention is needed to prevent low birthweight which increase for (< 2500 grams) and (<1500 grams).

Mortality (2002 data)
Leading causes of death
Bergen County and New Jersey

Bergen County rank	Disease	Number	New Jersey rank	Disease	Number
1	Heart disease	2,422	1	Heart Disease	22,510
2	Cancer	1,964	2	Cancer	17,827
3	Stroke	484	3	Stroke	4,016
4	Chronic respiratory disease	273	4	Chronic respiratory disease	2,885
5	Diabetes	212	5	Unintentional Injuries	2,599
6	Influenza/Pneumonia	200	6	Diabetes	2,532
7	Kidney disease	153	7	Septicemia	1,986
8	Alzheimer's disease	190	8	Influenza/Pneumonia	1,973
9	Septicemia	155	9	Kidney disease	1,662
10	Unintentional injuries	147	10	Alzheimer's disease	1,522

Source: http://www.state.nj.us/health/chs/stats02/stats02.pdf
http://njshad.doh.state.nj.us/death1119.html

Bergen County mirrors the trends of New Jersey except that Bergen County deaths due to diabetes, influenza/pneumonia, kidney disease, Alzheimer's disease were ranked higher.

The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, state-based, random-digit—dialed telephone survey of civilian, noninstitutionalized U.S. population aged ≥ 18 years of age.[1] In 2003, New Jersey along with the other states and U.S. territories participated in BRFSS. In addition, data was collected specifically for Bergen County as well.

Chronic diseases are the leading causes of morbidity and mortality in the US. [1]
A number of health risk behaviors are linked to chronic diseases such as lack of physical activity, poor nutrition, and cigarette smoking. The BRFSS has served as a key source for information on health risk factors since 1984. In addition to nationwide objectives, states and counties can select other focuses health behavior risks to better focus their planning initiatives to better serve the public community.

The 2003 BRFSS questionnaire included questions on population demographics, county of residence, health status, health care access, exercise, smoking status, cholesterol awareness, immunization, and weight control to name a few. The questions are also based on Health People 2010 (HP 2010) objectives.

Following are comparisons between Bergen County and New Jersey for certain health behaviors taken from the 2003 BRFSS questionnaire.

Table 1. Estimated prevalence of persons who report <u>no</u> leisure-time physical activity during the preceding month. (BRFSS 2003 data)

	Sample size	%	SE	95% CI
Bergen County	1,124	25.0	1.6	(21.8-28.1)
New Jersey	11,297	26.9	0.5	(25.9-27.9)
HP 2010		20		

Table 2. Estimated prevalence of persons who reported achieving Healthy People 2010 recommendations for moderate physical activity. (BRFSS 2003 data)

	Sample size	%	SE	95% CI
Bergen County	1,043	43.8	1.8	(40.2-47.3)
New Jersey	10,420	44.7	0.6	(43.6-45.9)
HP 2010		50		

Table 3. Estimated prevalence of persons who reported achieving Healthy People 2010 recommendations for vigorous physical activity. (BRFSS 2003 data)

	Sample size	%	SE	95% CI
Bergen County	1,073	24.5	1.6	(21.5-27.6)
New Jersey	10,776	25.4	0.5	(24.3-26.4)
HP 2010		30		

Table 4. Estimated prevalence of persons who are current smokers. (BRFSS 2003 data)

	Sample size	%	SE	95% CI
Bergen County	1,122	16.8	1.3	(14.1-19.4)
New Jersey	11,269	19.4	0.5	(18.5-20.3)
HP 2010		12		

Table 5. Estimated prevalence of persons who reported binge drinking during the preceding month. (BRFSS 2003 data)

	Sample size	%	SE	95% CI
Bergen County	117	13.4	1.3	(10.8-16.0)
New Jersey	11,215	16.0	0.5	(15.0-16.9)
HP 2010		6		

Table 6. Estimated prevalence of persons who reported heavy drinking during the preceding month. (BRFSS 2003 data)

	Sample size	%	SE	95% CI
Bergen County	1,113	6.7	1.0	(4.8-8.6)
New Jersey	11,204	5.2	0.3	(4.6-5.7)
HP 2010				

Table 7. Estimated prevalence of persons who are overweight. (BRFSS 2003 data)

	Sample size	%	SE	95% CI
Bergen County	1,059	54.6	1.8	(51.1-58.1)
New Jersey	10,671	57.2	0.6	(56.1-58.4)
HP 2010				

Table 8. Estimated prevalence of persons who are obese. (BRFSS 2003 data)

	Sample size	%	SE	95% CI
Bergen County	1,059	16.3	1.3	(13.8-18.9)
New Jersey	10,671	20.1	0.5	(19.1-21.0)
HP 2010		15		

Table 9. Estimated prevalence of persons who currently have asthma. (BRFSS 2003 data)

	Sample size	%	SE	95% CI
Bergen County	1,119	7.4	1.0	(5.6-9.3)
New Jersey	11,257	7.1	0.3	(6.5-7.6)

Table 10. Estimated prevalence of persons who reported ever having been told by a doctor that they have diabetes. (BRFSS 2003 data)

	Sample size	%	SE	95% CI
Bergen County	1,081	6.7	0.8	(5.2-8.2)
New Jersey	11,292	7.1	0.3	(6.5-7.7)

Table 11. Estimated prevalence of persons aged ≥ 65 years who had received influenza vaccination during the preceding year. (BRFSS 2003 data)

	Sample size	%	SE	95% CI
Bergen County	262	67.9	3.3	(61.4-74.5)
New Jersey	2,469	67.2	1.1	(65.0-69.4)
HP 2010		90		

Table 12. Estimated prevalence of persons aged ≥ 65 years who had ever received pneumococcal vaccination. (BRFSS 2003 data)

	Sample size	%	SE	95% CI
Bergen County	250	59.0	3.5	(52.2-65.8)
New Jersey	2,404	62.4	1.2	(60.1-64.7)
HP 2010		90		

Table 13. Estimated prevalence of persons who never had their cholesterol checked. (BRFSS 2003 data)

	Sample size	%	SE	95% CI
Bergen County	1,112	14.4	1.4	(11.5-17.2)
New Jersey	11,152	18.6	0.5	(17.5-19.6)

Table 14. Estimated prevalence of persons who had their cholesterol checked and were told by a health professional that their blood cholesterol was high. (BRFSS 2003 data)

	Sample size	%	SE	95% CI
Bergen County	988	33.4	1.7	(30.0-41.0)
New Jersey	9,570	33.8	0.6	(32.6-34.9)
HP 2010		17		

Table 15. Estimated prevalence of persons who were told by a health professional that their blood pressure was high. (BRFSS 2003 data)

	Sample size	%	SE	95% CI
Bergen County	1,079	21.3	1.4	(21.9-27.7)
New Jersey	11,290	25.6	0.5	(24.6-26.5)

REFERENCE: MMWR Surveillance Summaries, December 2, 2005 / 54 (SS08); 1-116

Bergen County Communicable Disease Reports

(Only Confirmed Cases are Included)

Disease	*2002*	*2003*	*2004*	*2005*
Amebiasis (Entamoeba histolytica)	5	10	0	6
Babesiosis (Babesia spp.)	***2***	***0***	***0***	***1***
Botulism - foodborne	***0***	***0***	***0***	***2***
Campylobacteriosis (Campylobacter spp.)	***58***	***104***	***84***	***61***
Creutzfeld-Jakob disease	***0***	***0***	***0***	***1***
Cryptosporidiosis (Cryptosporidium spp.)	***2***	***0***	***1***	***9***
Cyclosporiasis (Cyclospora spp.)	***1***	***5***	***0***	***2***
Dengue fever	***0***	***5***	***2***	***0***
Ehrlichiosis - HGE (Human Granulocytic)	***0***	***1***	***0***	***0***
Encephalitis, West Nile	***4***	***3***	***0***	***0***
Enterohemorrhagic E. Coli (not serogrouped)	***0***	***0***	***1***	***2***
Enterohemorrhagic E. coli O157:H7	***10***	***3***	***8***	***5***
Enterohemorrhagic E. coli non-O157:H7	***0***	***0***	***0***	***2***
Giardiasis (Giardia lamblia)	***66***	***65***	***58***	***43***
Guillain-Barre syndrome	***0***	***0***	***1***	***0***
Haemophilus influenzae - invasive disease	***3***	***5***	***9***	***15***
Hemolytic Uremic Syndrome	***0***	***1***	***0***	***0***
Hepatitis A	***24***	***18***	***7***	***14***
Hepatitis B	***32***	***16***	***24***	***27***
Hepatitis C	***354***	***504***	***425***	***224***
Kawasaki disease	***4***	***2***	***7***	***7***
Legionellosis (Legionella pneumophila)	***2***	***2***	***15***	***13***
Listeriosis (Listeria monocytogenes)	***2***	***2***	***7***	***6***
Lyme disease (Borrelia burgdorferi)	***131***	***123***	***93***	***125***
Malaria (Plasmodium spp.)	***3***	***4***	***7***	***4***
Measles (Rubeola)	***0***	***0***	***0***	***0***
Meningococcal disease (Neisseria meningitidis)	***0***	***4***	***4***	***1***
Mumps	***0***	***2***	***0***	***0***
Mycobacterium, non-TB	***0***	***0***	***3***	***2***
Pertussis (Bordetella pertussis)	***1***	***8***	***4***	***3***
Rubella	***0***	***0***	***2***	***0***
Salmonellosis - non-typhoid (Salmonella spp.)	***110***	***97***	***115***	***98***
Shigellosis (Shigella spp.)	***8***	***18***	***22***	***16***
Streptococcus pyogenes (Group A), invasive disease	***18***	***11***	***17***	***24***
Streptococcus agalactiae (Group B), invasive disease	***1***	***3***	***6***	***2***
Streptococcus pneumoniae, invasive disease	***1***	***0***	***14***	***27***
Typhoid fever (Salmonella typhi)	***1***	***1***	***2***	***0***
Vibrio spp. other than Vibrio cholerae	***2***	***1***	***4***	***1***
Yersiniosis, (Yersinia enterocolitica)	***0***	***0***	***1***	***0***

Data as of 09:05 Tuesday, December 13, 2005

Source: NJ Reportable Disease Statistics 2002-2005, http://www.state.nj.us/health/cd/stats.htm

Communicable Diseases are reported to New Jersey Department of Senior Services (NJDHSS) from a variety of sources including, physician offices, hospitals, labs, local health departments and other entities as well. Trends over the last few years reveal a consistent number of cases for Hepatitis A, B and C, Lyme disease as well as a number of Gastroenteritis diseases (Campylobacter, Salmonella, and Shigella).

In addition attention has been brought to Pertussis (Bordetella pertussis). Although this table displays numbers that are small there has been a significant increase of pertussis investigations within Bergen County. This increase of reported cases has occurred among adolescents who become susceptible to pertussis approximately 6-10 years after childhood vaccination. Since many cases are not detected in time treatment is provided and this disease has gone undetected. It is important to provide proper education to detecting and treating this disease to prevent further spread of this vaccine preventable disease. REFERENCE: MMWR Weekly, December 23, 2005 / 54 (50); 1283-1286.

Antimicrobial Resistance (AR)

Antimicrobial resistance occurs when bacteria change in a way that decreases or eliminates the effectiveness of an antibiotic. The resistant bacteria can survive and multiply leading to more harm. For instance, patients can remain ill for a longer time period, symptoms can increase and cause further illness, there maybe an increase of physician visits, and patients may need a more expensive and toxic antibiotic. Resistant bacteria could lead to greater morbidity and even death.

Diseases connected to Antimicrobial Resistance (AR) include:

Gonnorrhea
Head Lice
Malaria
Methicillin-Resistance Staphylococcus aureus (MRSA)
Streptococcus pneumpniae
Typhoid fever
Vancomycin/Glycopeptide-Intermediate Staphylococcus aureus (VISA/GISA)
Vancomycin-Resistant Enterococci (VRE)

Antimicorbial Resistance has grown to be a topic of interest worldwide:

- Considered on of the world's most pressing public health problem
- Nearly all significant bacterial infections in the world are becoming resistant to most commonly prescribed antibiotics treatments
- Children have the highest rate of antibiotic use. Studies have shown that physicians prescribe antibiotics 65% of the time if it is perceived that parents expect antibiotics. On the contrary when parents do not expect antibiotics, physicians prescribe antibiotics 12% of the time.

REFERENCE: http:www.cdc.gov/drugresistance/community/faqs.htm

Prevention: Target programs for physicians and the community to provide education on the proper use of antibiotics and also the concern with antimicrobial resistance.

GET SMART | Know When Antibiotics Work

CDC Campaign for Appropriate Antibiotic Use
http://www.cdc.gov/drugresistance/community/default.htm

Clostridium difficile (*C.diff*) is a bacterium that causes diarrhea and can lead to colitis, inflammation of the colon, and death. Symptoms include water diarrhea, fever, nausea, loss of appetite, abdominal pain and tenderness. *C.diff* infections are usually treated with antibiotics for 10 days. This disease is usually found among those who are immunocompromised and those who have been taking antibiotics for a long period of time. *C.diff* can be spread through feces, improper hand hygiene as well as improper cleaning of healthcare facilities.

The increase of *C.diff* rates and severity of disease can be due to the change in antibiotic use, change in infection control practices or a new strain of *C.diff* associated disease (CDAD) with antimicrobial resistance has emerged. Antimicrobial use is the primary risk factor for development of CDAD because it disrupts normal bowel flora and promotes *C.diff* overgrowth.

A new strain of CDAD has been reported by CDC. The new strain is more virulent and can produce greater amounts of toxins and is also resistant to a specific antibiotic group, floroquinolones. Resistance to these particular antibiotic groups may provide this CDAD strain enough advantage to spread within healthcare facilities where antibiotics are commonly used.

PREVENTION

- Healthcare facilities should monitor CDAD cases. If rates or disease severity changes the facility should review their compliance measures for infection control recommendations.

- Proper hand hygiene is key. Alcohol cases hand rubs are not as effective against spore-forming bacteria; hence soap and water should be used before and after providing care for each patient.

- Environmental cleaning and disinfection strategies should also be reviewed for the appropriate organisms.

- Most importantly proper attention should be taken in antimicrobial use in *C.diff* infections.

REFERENCE: MMWR December 2, 2005/54(47);1201-1205

New Jersey Careful Antibiotic Use Strategies and Education (NJ-CAUSE)

The New Jersey Department of Health and Senior Services (NJDHSS) developed a task force in February 2005 to address the public health threat posed by antimicrobial-resistant bacteria. The task force is called NJ CAUSE, which is an acronym for New Jersey Careful Antibiotic Use Strategies and Education. The mission of NJ CAUSE is to control the emergence and spread of antimicrobial resistance organisms in New Jersey through partnership, strategic planning and education.

NJ CAUSE embodies two key strategies that could prove effective in curbing antimicrobial resistance: promoting judicious use of antimicrobials and educating the public and health care community about antimicrobial resistance.

One of the primary tasks that NJ CAUSE has set forth to accomplish is the development of a strategic plan for combating antimicrobial resistance. This strategic plan, which should be drafted by the end of January 2006, will have five areas of focus:

1. Surveillance—for antimicrobial-resistant organisms. For now, the following bacteria, which substantially impact (or have the potential to substantially impact) morbidity, mortality, and health care costs will be targeted: MRSA, VRE, vancomycin-intermediate/resistant *Staphylococcus aureus* (VISA/VRSA), extended-spectrum ß-lactamase (ESBL)-producing gram-negative bacteria, and drug-resistant pneumococcus (DRSP).
2. Laboratory issues—including standardization and interpretation of antimicrobial susceptibility testing (AST).
3. Best practices/infection control guidance—for controlling the spread of antimicrobial-resisistant bacteria within, between, and among various settings including: acute-care facilities, long-term care facilities, outpatient clinics, and community settings (especially, those settings where home care is being delivered).
4. Economics—to translate the burden of antimicrobial resistance into monetary terms that might increase understanding of the huge impact that antimicrobial resistance has on our society and lead to buy-in from administrators and politicians so that they might support programs aimed at controlling antimicrobial resistance.
5. Education—to empower the public and health care providers with information that might reduce inappropriate antibiotic use and promote preventive measures (i.e., good hand hygiene and vaccination) that would reduce the likelihood of persons developing infections, including those caused by antimicrobial-resistant organisms. Recognizing that increased awareness and education are important weapons in our arsenal against antimicrobial resistance. NJDHSS has developed a website devoted to antimicrobial resistance. This website devoted to antimicrobial resistance was launched in October of 2005 and is available at http://www.state.nj.us/health/cd/mrsa/index.shtml.

SOURCE: NJ CAUSE Accomplishments to date, provided by NJDHSS

CDC's Campaign to Prevent Antimicrobial Resistance in Healthcare Settings

- **Preventing Infection**: Preventing infections and their complications will decrease antimicrobial use.
- **Diagnosing and Treat infection**: Appropriate antimicrobial therapy saves lives.
- **Use Antimicrobials Wisely**: Programs to improve antimicrobial use are effective
- **Prevent Transmission:** Healthcare personnel can prevent the spread of infection from patient to patient.

Health care settings include hospitalized individuals, dialysis patients, surgical patients and residents of long-term care facilities.

REFERENCE: From the CDC Division of Healthcare Quality Promotion
http://www.cdc.gov/drugresistance/healthcare/default.htm

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