

2009

# Monmouth County Health Department

annual report



[www.visitmonmouth.com](http://www.visitmonmouth.com)

Michael A. Meddis, MPH  
Public Health Coordinator and Health Officer



9/11 Memorial  
Mount Mitchell, Atlantic Highlands



Monmouth County Board of Chosen Freeholders  
Standing- Lillian G. Burry, Amy A. Mallet  
Seated- Robert D. Clifton, Barbara J. McMorrow - Director,  
John D'Amico - Deputy Director

# Monmouth County Health Department

Our primary mission is to protect the health and welfare of our residents

## Monmouth County Board of Chosen Freeholders

Barbara J. McMorrow, Director  
John D'Amico, Deputy Director  
Lillian G. Burry  
Robert D. Clifton  
Amy A. Mallet

## Monmouth County Board of Health Members

Frank Pingitore, President  
John Finley, Jr., Vice President  
June Counterman, Secretary/Treasurer  
Thomas Calabrese  
Robert Deeves  
Sydney Kramer, O.D.R.A.A.O  
Robert Morgan, M.D.  
Thomas Smyth, D.D.S  
Nancy Williams  
Amy A. Mallet, Freeholder liaison  
Michael Meddis, MPH Public Health Coordinator and Health Officer

Monmouth County Health Department  
3435 Route 9  
Freehold, NJ 07728  
732-431-7456

**The Monmouth County Health Department is one of seven health departments in Monmouth County and serves the citizens of the following towns:**

Aberdeen	Farmingdale	Neptune City
Allentown	Hazlet	Neptune Township
Asbury Park	Howell	Oceanport
Atlantic Highlands	Lake Como	Roosevelt
Avon	Manasquan	Union Beach
Belmar	Marlboro	Wall Township
Bradley Beach	Matawan	
Englishtown	Millstone	



Manasquan Reservoir



New Jersey's  
**Monmouth County**  
*The Place You Want to Be*  
[www.visitmonmouth.com](http://www.visitmonmouth.com)

## Table of Contents

<b>2009 Annual Report Monmouth County Board of Health</b> .....	<b>1</b>
Overview.....	<b>1</b>
Principal Objectives.....	<b>1</b>
Principal Activities .....	<b>1</b>
Past and Present Collaborative Efforts, MAPP.....	<b>2</b>
Organization Capacity.....	<b>5</b>
<b>2009 Environmental Health Program</b> .....	<b>5</b>
Solid Waste Control .....	<b>6</b>
Hazardous Waste Management .....	<b>9</b>
Hazardous Materials Response, Unit Responses 2003-2009 .....	<b>10</b>
Water Pollution Control Program .....	<b>13</b>
Air and Noise Control Program.....	<b>16</b>
<b>2009 Public Health Program</b> .....	<b>17</b>
Public Health Protection .....	<b>17</b>
Public Recreational Bathing & Youth Camps .....	<b>17</b>
Rabies Control .....	<b>17</b>
Septic System and Well Inspections.....	<b>18</b>
Smoke Free Air Act Initiative.....	<b>19</b>
Body Art Procedures.....	<b>19</b>
Food Surveillance and Sanitation .....	<b>19</b>
Public Health Nuisance Complaints.....	<b>19</b>
<b>Clinical and Preventive Health Services</b> .....	<b>20</b>
Child Health Home Visiting Program.....	<b>20</b>
Childhood Lead Poisoning Prevention Program.....	<b>20</b>
Lead Education and Outreach (environmental focus).....	<b>20</b>
Childhood Lead Poisoning Prevention (patient focus).....	<b>21</b>
Healthy Traveler Program .....	<b>22</b>
Hypertension Screening Program.....	<b>23</b>
Immunization Services, Influenza Clinics, H1N1 Outbreak .....	<b>23</b>
Ambulatory Care for Children .....	<b>24</b>
Sexually Transmitted Disease .....	<b>25</b>
Tuberculosis Program .....	<b>25</b>
Childhood Nutrition and Activity Program .....	<b>25</b>
Women's Health Program .....	<b>26</b>
Oral Cancer Screening.....	<b>27</b>
Emergency Preparedness .....	<b>27</b>
New Jersey Local Information Network Communication System (LINCS) ..	<b>27</b>
Medical Reserve Corps (MRC) .....	<b>27</b>
Infectious Disease Control Surveillance .....	<b>28</b>
Reportable Disease 2009.....	<b>28</b>
Health Education / Risk Communication .....	<b>29</b>
Medication Distribution.....	<b>29</b>

# 2009 Annual Report Monmouth County Board Of Health

## overview

The Monmouth County Board of Health, established in 1978, is composed of nine members who are appointed by the Board of Chosen Freeholders. The Freeholder Board's function is to establish policy, and govern the services provided by the Monmouth County Health Department. The Health Board's mission is to protect the health and welfare of the residents within the Monmouth County Board of Health System.

## principle objectives

1. As a field office of the New Jersey Department of Health and Senior Services (NJDHSS) and the Department of Environmental Protection (DEP), enforce the provisions of the New Jersey State Sanitary Code and regulations set forth in N.J.S.A.24:14a-1 et seq., 26:3-69:1, and 58:11-23, as well as, local codes and ordinances that protect public health.
2. Deliver a modern and manageable array of public health services as required by N.J.A.C. 8:51, entitled "Public Health Practice Standards of Performance for Local Boards of Health in New Jersey".
3. Provide leadership in building countywide core capacity to respond to bioterrorism and other public health threats.

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

## principle activities

- Administrative and organizational management services, including but not limited to planning, organization, public health staffing, coordination and response, budgeting and evaluation
- Enforcement of public health and environmental laws and regulations
- 24/7 Surveillance, detection and epidemiologic response to potential bioterrorism incidents or outbreaks of infectious disease
- Communicable disease control
- Management and operation of the New Jersey LINCS Health Alert Network
- Public Health Emergency Preparedness Planning
- Maternal and child health services
- Clinical primary and secondary preventive services
- Rabies control
- Comprehensive diagnostic and treatment services for tuberculosis and sexually transmitted diseases
- Health education/health promotion



## **past and present collaborative efforts**

An important function of the Department is collaboration with community based organizations and institutions to identify health problems and assure access to health services. For example, the Department worked in conjunction with the 6 other Health Departments in the county in bringing together a group of individuals representing over (40) public and private healthcare providers, businesses, schools, social service and voluntary health organizations to participate in an initiative to assess community health, utilizing a strategic planning tool called Mobilizing for Action Through Planning and Partnerships (MAPP). This tool helps prioritize public health needs; identify resources to address them, and ultimately to develop a community health improvement plan.

## **the plan completed in 2007, identified 6 strategic issues:**

1. Barriers to Health/Care
2. Comprehensive Health/Care despite the high cost of living in Monmouth County
3. Tobacco, drugs and alcohol use and abuse
4. Transportation barriers
5. Care for the older adult population
6. Cancer Morbidity and Mortality

Committees for each of these areas have been formed and are now actively engaged in developing programs and services.

## other examples include:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Participation in United Way focus groups and their health impact subcommittee

Membership on the Monmouth County Suicide Prevention Task Force



Membership on the Black Infant Mortality task force facilitated by the Regional Perinatal Consortium of Monmouth and Ocean County, Inc.

Collaboration with the Central New Jersey Maternal and Child Health Consortium and the Regional Perinatal consortium of Monmouth and Ocean County, Inc. to provide childhood lead poisoning prevention outreach and education to parents, homeowners, tenants, landlords, and physicians.

Provision of nursing and public health internship opportunities to students of Monmouth University and The University of Medicine and Dentistry of New Jersey, respectively.

Collaboration with school districts, municipal officials and county offices of emergency management to provide approximately 17,000 H1N1 vaccinations to residents.

Collaboration with Jersey Shore University Medical Center, Division of Cultural Diversity to provide H1N1 vaccinations to vulnerable populations in Asbury Park.

## organization capacity

The Department's programs and services are funded by local dollars as well as grants from the NJDHSS for emergency preparedness, H1N1, case management of children with elevated lead levels, immunization outreach, sexually transmitted disease diagnostic and treatment services, childhood lead poisoning prevention outreach and education and Medical Reserve Corps recruitment and training.

Currently, the Department is composed of 60 employees. Professional staffing consists mainly of Registered Environmental Health Specialists and Registered Nurses who hold current licenses from the NJDHSS and Board of Nursing respectively. Professional service contracts are in place for laboratory services, physicians, nurse practitioners, phlebotomy, mammography, x-rays and interpretation services for the Hispanic population.

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

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

## 2009 Environmental Health Program

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

On pages 85-87 of the "Strategic Plan", Monmouth County, May 2009", Monmouth County residents give top ratings for the success of various services provided by Monmouth County government, including the health department, ie; environmental cleanliness (75%) and the conditions of beaches and coastal areas (73%) in Monmouth County. The Health Department tops the list of services that residents think are the highest priority for continued county support; protecting the environment and water quality (84%) and preparing emergency personnel for a disaster or other crisis (74%) and more than 2-in-3 residents think it is very important for the county to provide a facility for hazardous waste disposal (70%) and to provide health services, such as immunizations, screenings and restaurant inspections (69%). Four out of the top five categories of what residents think are the most important services to continue paying for are also provided by the Monmouth County Health Department: protecting the environment and water quality (96%), preparing emergency personnel for a disaster or other crisis (95%), providing a facility for the disposal of hazardous household waste (93%) and health services such as immunizations, screenings, and restaurant inspections (92%).

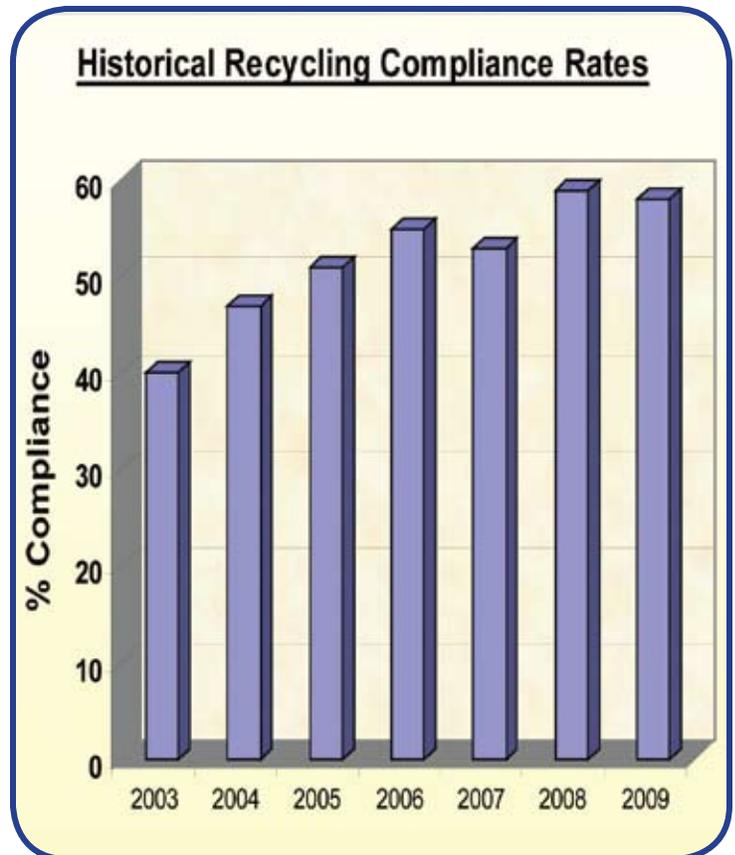
MCHD's Environmental Health Program incorporates innovative research and technology to deliver environmental health services that are pragmatic and cost-effective. The goal is to commit our efforts where the most good can be achieved within the constraints of the budget and the scale of our post-9/11 duties. Various environmental health reports, including an expanded version of the annual reports that are summarized below can be accessed at <http://co.monmouth.nj.us/page.aspx?ID=3390>.

## solid waste control

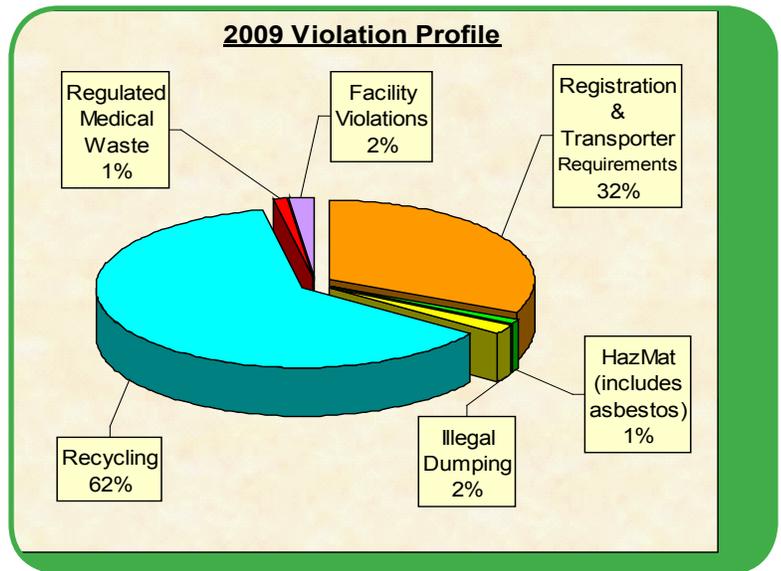
The Monmouth County Health Department Solid Waste Enforcement Team (SWET) completed its twenty second year of operation in 2009. Staff monitored all Solid Waste Facilities and activities for compliance with solid waste law pursuant to the NJ Solid Waste Management Act, the NJ Administrative Code, the Monmouth County Solid Waste Management Plan, and other appropriate rules and regulations. The SWET monitored solid waste haulers for compliance with registration and transporter requirements, conducted solid waste transporter interviews to determine their A-901 exempt registration eligibility, performed recycling compliance inspections at businesses and institutions, completed the New Jersey Department of Environmental Protection (NJDEP) Recycling Questionnaire Surveys focusing on schools and multi-family dwellings, and investigated and resolved environmental complaints referred to us by the NJDEP and local citizens. Additional priority activities included enforcement activities at the Monmouth County Reclamation Center, oversight of the Household Hazardous Waste Program, Warehouse Management for the Strategic National Stockpile, Compliance Assistance for Scrap Automobile and Junk Yards, and Compliance Assistance for School Laboratory Chemical Management.

The SWET conducted 517 inspections at 188 different facilities. Of these inspections 14 Notices of Violation (NOV) were issued. Facilities qualified for and were granted grace periods to bring the facility into compliance. Seven joint inspections were conducted with the NJDEP this year to resolve chronic violation issues. The SWET acted as agents of the NJDEP by way of field reports, photographs, aerial surveillance and videos supplementing the States enforcement cases.

The SWET conducted 1,186 recycling compliance inspections at businesses and institutions throughout the County, resulting in 497 violations of mandatory recycling requirements. Significant legislative changes



in recycling laws caused a change in our standard enforcement procedure. Municipal Recycling Coordinators are charged with the responsibility of following up on recycling violation referrals from the SWET within their towns. Any enforcement a municipality performs must be executed through their local ordinance. The SWET held several field recycling enforcement training sessions in 2009 with local enforcement personnel. Training was done at the town's own municipal buildings to help focus the attention



of the trainees. Municipalities are responsible to report all referral investigation findings to the SWET. The SWET monitors the findings reported by the municipalities. If the municipality did not perform or report a follow-up inspection to a referral, the SWET could use its enforcement powers and levy a fine on recycling violators who were not re-inspected by the Municipal Recycling Coordinator after a 30 day grace period. This new procedure will allow the SWET to focus on larger recycling generators, while assisting towns in gaining compliance with smaller or more chronic violators.

The SWET conducted 980 solid waste transporter inspections while simultaneously conducting waste flow inspections at solid waste facilities and during recycling compliance monitoring at businesses. This multi-tasking effort resulted in 770 cited violations of the NJ Administrative Code. During these inspections we monitor for banned registration and transporter requirements, hazardous materials, regulated medical waste (RMW), and mandated recyclables. The NJDEP delegated the medical waste enforcement lead to the SWET for Monmouth County once they were satisfied the SWET could perform proper investigation and enforcement of medical waste violations.

The SWET investigated 56 solid waste environmental complaints originating from the NJDEP and local citizens. Thirty-eight (38) NOV's were issued and 20 municipal court summonses were issued. NOV's that gave grace periods and were not complied with resulted in legal action in local municipal court. All cases taken to court resulted in guilty pleas and remediation orders. Investigations of all NJDEP referrals were responded back within five days with updates on current status. The SWET adheres strictly to all CEHA notification and reporting requirements regarding enforcement activities and this information is forwarded to the NJDEP on a daily or weekly basis. Historically, the majority of our complaints center on solid waste transporter infractions. Violations most frequently cited include; failure to ensure device used for solid waste transport is registered with the department, failure to properly mark solid waste vehicle/unit or to carry current DEP registration certificate, failure to comply with limitations on approved registration, and failure to maintain solid vehicles/unit. We are also involved in cases involving waste flow control violations pursuant to the Monmouth County Solid Waste Management Plan Intra-State Flow Control Amendment.

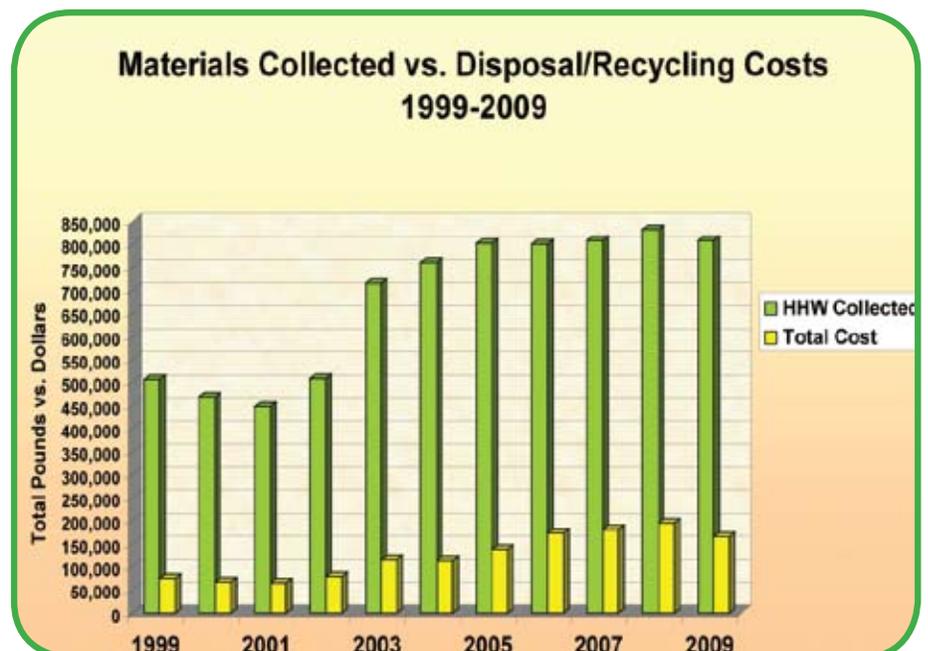
The School Laboratory Chemical Management Compliance Assistance Program provided Monmouth County with guidance in complying with local, state, and federal regulations as well as offering best management

practices pertaining to laboratory chemical management and the New Jersey School Integrated Pest Management Act/ Universal Waste Regulations. The on-site inspections and NJDEP funding for this program concluded in 2008. However, over 12,000 pounds of school chemicals from 11 school systems qualified for proper disposal assistance through the Monmouth County Household Hazardous Waste program this year. A few others required hazardous material contractors to expedite the removal of dangerous old and unused chemicals. Because of the program schools are minimizing chemical use and purchasing amounts necessary for the specific



experimentation. Video presentations are replacing live chemical demonstrations. It is our hope that we have seen the last of storage areas filled with unknown, outdated or unused chemicals.

The SWET is integrally involved in the management of medical supplies from the Strategic National Stockpile (SNS). We are responsible for receiving, storing, order picking, shipping of supplies, and maintaining chain of custody, warehouse safety and security, warehouse personnel administration, status reports on prophylaxis/ vaccine inventory, deliveries made. Months previous to the receipt of the SNS materials, the SWET was able to recruit 5 untrained staff and institute "Just- In -Time" training on the warehouse management database. This year the SNS distribution system was initiated in response to the H1N1 flu virus pandemic. The federal government shipped SNS medical materials to the State of New Jersey and the state shipped materials to us. The management responsibility for vaccine distribution and storage for multiple clinics was handled in a separate secure location from the secure warehouse where non-perishable personal protective equipment supplies were shipped and stored. The non-perishable personal protective equipment supplies were managed by SWET with assistance from other county departments and the Hazardous Materials Response Team. The warehouse received 435 cases or 94,126 pieces of SNS medical materials. With the approval of the state, 230 cases or 54,472 pieces of N95 air purifying respirators and sterile surgical masks were disbursed to 5 hospitals within the county.

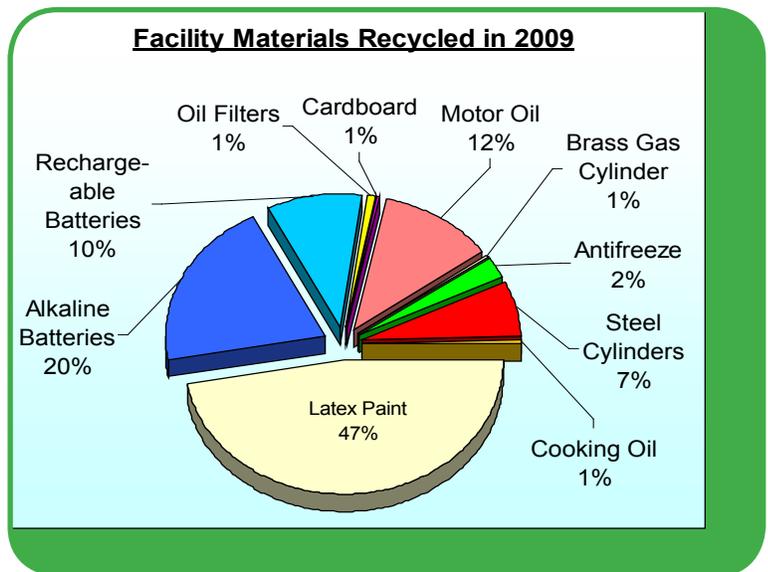
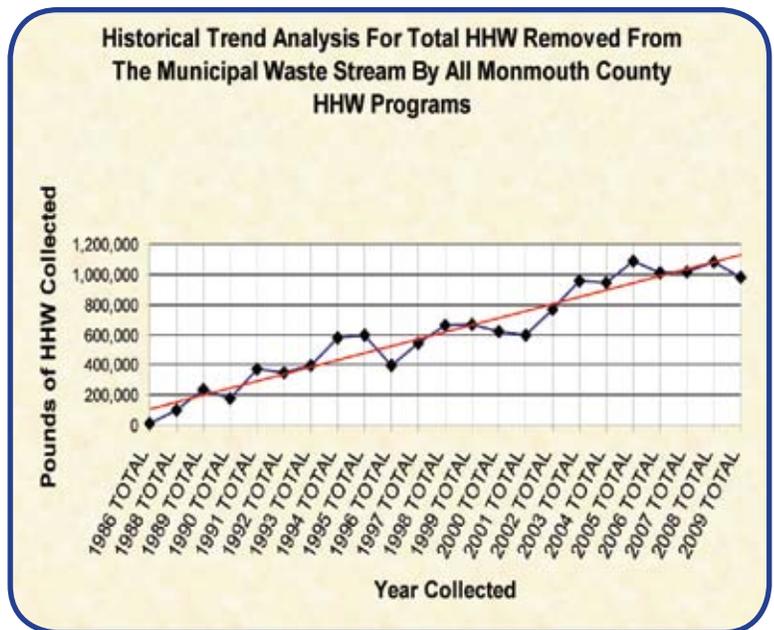


The operation of two unique programs, the SWET and Household Hazardous Waste Facility, requires diverse training. Staff attended professional development and certification courses on hazardous materials personal protective equipment, odor enforcement, warehouse operations, CPR, computers, recycling and solid waste enforcement workshops.

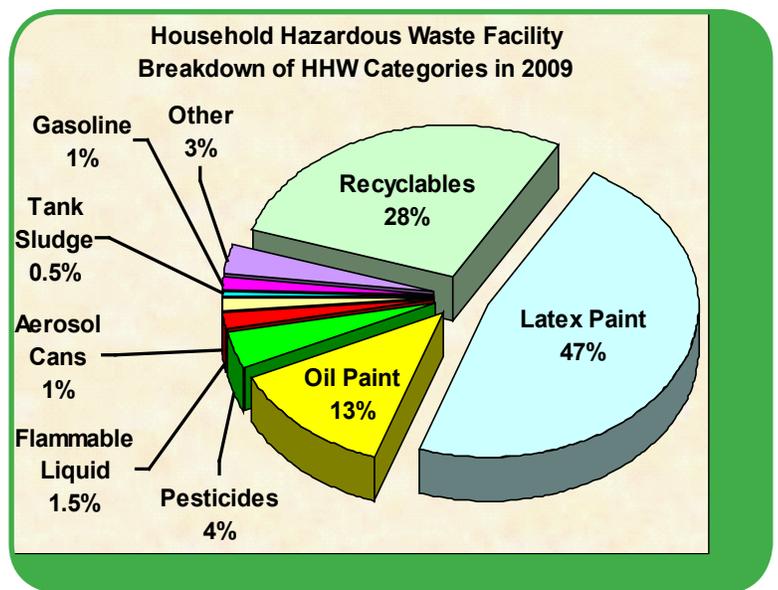
## Hazardous Waste Management

Unlike many other programs, the Monmouth County Household Hazardous Waste Facility provided free, direct assistance to over 7,107 households, not for profit organizations, schools, and government agencies who wished to dispose of banned and hazardous materials. Every pound of material that was delivered to the facility was removed from vehicles, sorted, packaged, reused, recycled, or disposed of by 5 employees who cover 6 day work weeks without incurring overtime. Each year, the amount of banned and hazardous waste removed from the waste stream increases. Many of the materials collected are harmful to our environment. Greenhouse gas formers, ozone destroyers, water, air, and food chain pollutants are amongst many of the materials properly handled here.

Every year, the propane cylinders collected are used to heat the office and warehouse during the heating season and power the back-up electric generator for the office building. Not only does this provide free fuel, but the cost of \$1.25 per pound (disposal contract) for cylinders is avoided. Based on the weight of empty and de-valved cylinders recycled as scrap metal (22,130 pounds) and the weight of propane in an average cylinder submitted to us (7 pounds), the disposal cost avoidance for the year was at least \$34,285 dollars. Brass valves generated as a result of the above operation also produced \$974.61 in revenue.



Bi-monthly DPW/Non-Profit/Governmental collection days saved 32,280 pounds of materials from being disposed through costlier single day remote collections. Latex paint is 47% of the materials submitted to the program. The facility saved over \$28,000 and recycled over 52% or 198,000 pounds, of pourable latex paint this year by collecting and transferring it to the reclamation center. This paint was included in the formulation of Posi-shell, which is used as a daily spray-on cover for the reclamation center balefill. This saved disposal cost of over \$100 per day for latex paint, in addition to ingredient costs in the Posi-shell formulation. Also, the facility accepted 9,680 pounds of palletized latex paint collected by the local government agencies. This reduced greenhouse gas emissions by reducing the transportation distance and made residential drop offs more convenient. The household battery recycling program recycled over 92,000 pounds of batteries in 2009. Significant DOT regulation changes had a projected adverse financial effect on the program. Re-evaluation found it is no longer necessary to recycle alkaline batteries. Since 1996 regulations which minimized the use of hazardous components in alkaline batteries have been in force. Therefore, alkaline batteries will no longer be collected because of reduced hazard and the cost. Rechargeable and button batteries continue to be collected due to their hazardous contents, and the adverse effect they may have on the environment. This program change will save over \$40,000 annually.



## hazardous materials response/ust units

The Monmouth County Health Department's Hazardous Materials Response Unit continues to provide outstanding hazardous materials and environmental response services to the citizens of Monmouth County. It is the responsibility of the hazardous materials unit to develop and maintain standardized hazardous materials (Hazmat) and CBRNE (Chemical, Biological, Radiological, Nuclear, and Explosive) emergency response capability, capacity, and competence. We maintain a core of highly trained and equipped personnel that will respond to Hazmat and CBRNE emergencies and conduct investigations in coordination with the New Jersey Department of Environmental Protection (NJDEP), the New Jersey Department of Health and Senior Services (NJDHSS), and the New Jersey State Police (NJSP) Special Operations Section.

The hazmat unit is available to respond to any Hazmat/CBRNE incident in Monmouth County on a 24 hour per day/7 day per week/365 day per year basis. Each member is equipped with a specialized emergency response vehicle containing all the detection, personal protection, and response equipment needed to handle most routine incidents in the field. The unit also maintains two heavy duty emergency response trucks capable of supporting extended operations for larger incidents. In addition, we maintain trailers capable of supporting command, logistics, decontamination, and mobile power needs at any incident.

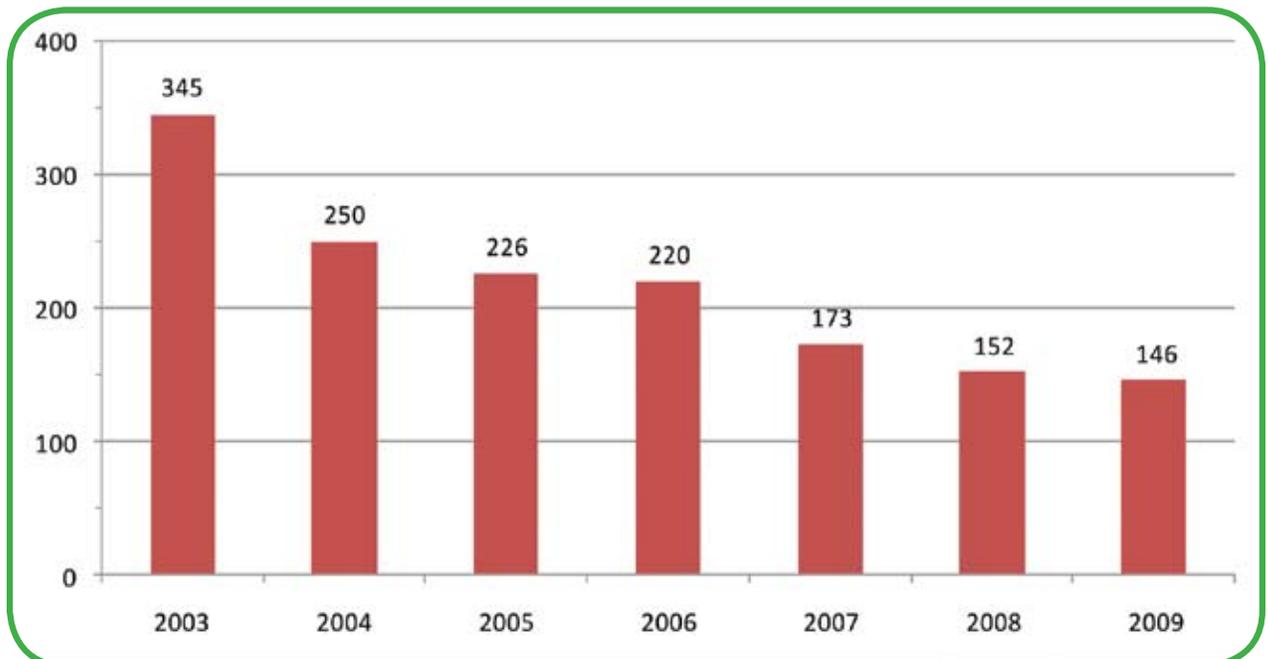
The unit handles a wide range of complaints each year from private citizens, business interests, industrial facilities, and other public agencies. They vary in nature from small residential spills of household chemicals and heating oil to large-scale industrial spills, fires, illegal dumping and over the road accidents involving cargo spills or releases of motor vehicle fluids. A total of 146 complaints were investigated during the 2009 calendar year. This continues the trend of decreasing hazmat complaints over the last seven years, demonstrating the effectiveness of our proactive regulatory and compliance assistance programs.

## MCHD Hazmat Unit Responses 2003-2009

The hazmat unit continues to be involved in domestic preparedness planning for the county. The hazmat unit's Program Coordinator maintains a seat on the county's Grant Working Group, LEPC, and regularly participates in other planning meetings with county OEM and the county Fire Marshall. Based on these planning initiatives, we continue to revise our response protocols and improve our response capabilities. The unit continues to coordinate countywide efforts to develop response guidelines to emergencies with other organizations including hospitals, postal facilities, municipal fire, police and EMS units. Coordination with the county OEM and Fire Marshall has resulted in an integrated network of primary and secondary departments for mutual aid including Hazmat/CBRNE response and mass decontamination.

In 2008, a statewide mutual aid network for Hazmat/CBRNE services was proposed by the DEP, in cooperation with the State Office of Emergency Management, the Office of the Attorney General, and the State Office of Homeland Security and Preparedness. An Intrastate Mutual Aid Agreement was sent to all counties for approval and signature by their governing bodies. The Monmouth County Board of Chosen Freeholders approved and signed this mutual aid agreement in 2009. The statewide agreement creates a documented system of response capability among county hazmat programs when a single or multiple simultaneous large-scale Hazmat/CBRNE incident overwhelms the local jurisdiction. In addition, the agreement promotes coordination, consistency, and predictability in Hazmat/CBRNE response throughout the state.

**MCHD Hazmat Unit Responses 2003-2009**



---

As a part of our participation in this agreement, the hazmat unit has implemented an ordinance to recover costs from responsible parties for Hazmat/CBRNE response expenses. This ordinance was approved by the Board of Health by resolution on May 19, 2009. It not only allows us to receive reimbursement for our responses, but also provides a mechanism for reimbursement to agencies from other counties when responding at the request of Monmouth County.

The regulated underground storage tank (UST) enforcement unit performed 80 facility inspections during 2009. The UST unit initiated 19 penalty actions in coordination with the DEP's Regional Field Office. The DEP enacted changes to the UST inspection program which added considerable workload to the CEHA UST inspection program for 2009. Specifically, Clean Air Act regulations for stage 2 vapor recovery equipment were added to the UST program responsibilities. These regulations were previously enforced by our air pollution control unit. Because of this increased workload, the DEP dropped the total number of UST inspections required from 95 to 80 in 2009.

In addition, due to an administrative court challenge at the state level, in February 2009 the DEP instructed all CEHA UST programs to temporarily refrain from issuing delivery bans and cease use orders until the challenge could be resolved. As of December 2009, the DEP established new procedures for the issuance of delivery bans and cease use orders by the CEHA UST programs. As our 2010 inspection cycle begins we will once again have the authorization to utilize these very effective enforcement tools.

The hazmat unit continues to be heavily involved in issues concerning residential underground and above ground storage tanks. We routinely handle cases involving leaking residential heating oil tanks and provide technical assistance with tank removal or decommissioning to homeowners or potential homebuyers. Assistance is also provided for emergencies arising from spills or overfills of heating oil during delivery or above ground tank failures.

The hazmat unit is also responsible for handling all requests for review of Health Department environmental records. Access to government records by private citizens is governed under the Open Public Records Act (OPRA). Requests for information come in as part of environmental Phase 1 investigations by private consultants or as individual inquiries from potential homebuyers and concerned citizens. A total of 203 OPRA requests were processed through the hazmat unit in 2009.

On July 16, 2009 President Barrack H. Obama visited the PNC Bank Arts Center facility in Holmdel Township. The hazmat unit participated in pre-planning and operational activities for this event, in coordination with the U.S. Secret Service and New Jersey State Police Hazardous Materials Response Unit. Our unit assisted in providing perimeter air monitoring and decontamination capabilities for the President and his support units. All monitoring systems performed flawlessly and no air contaminants were detected during the President's visit.

In addition, the Hazmat/UST staff provided support for the Health Department's H1N1 influenza vaccination clinics and Strategic National Stockpile Personal Protective Equipment distribution program. The staff provided logistics support for the influenza clinics and participated in the receipt of SNS supplies from the state Health Department and the distribution of those supplies to five hospitals in Monmouth County.

The Health Department's hazmat unit maintains some of the most highly trained Hazmat/CBRNE response personnel in the State of New Jersey. Training opportunities can take many forms, from informal "in-house"

sessions to major full-scale exercises. Some of the training included free Weapons of Mass Destruction training with live agents (in Utah), as well as training in respiratory protection, odor, personal protective equipment, chlorine emergency response, identifying hazardous materials in the field (HazKat Kit), and confined space.

Four of our senior members are Certified Hazardous Materials Managers (CHMM). This prestigious credential is recognized throughout the country as the standard of excellence in the hazardous materials management profession. Our CHMMs have a national network of technical and educational information resources at their disposal. These networking opportunities allow them to increase their effectiveness and scope as hazardous materials managers and emergency responders. Several members of our staff hold instructor certifications for various Hazmat/CBRNE training courses. All hazmat unit members also maintain current certificates in fire fighting and/or industrial fire brigade, first responder and/or EMT, CPR/first aid and defibrillator (AED) certifications.

## Water Pollution Control Program

Public health activities include those mandated by the Safe Drinking Water Act, the Private Well Testing Act and the Cooperative Coastal Monitoring Program; H1N1 flu clinics were supported by our logistics efforts. Environmental health is represented by our Ambient Surface Water Quality Monitoring Program, targeted water quality studies and infrastructure investigations, participation in review of regional and municipal storm water management plans, and operation of the sewage pump out boat. Response to citizen and NJDEP complaints regarding fish kills, algae blooms, contaminated private wells or discharges into water bodies is another core priority. Global positioning system (GPS) coupled with geographic information systems (GIS) provided easily grasped visual information displays of investigations, activities and planning capabilities.

**Public Non-Community Wells:** Seventy-three transient systems and 46 non-transient inspections were conducted; 9 new systems were added to the program. Ten Notices of Violation were issued. Local health authorities were updated with currently known non-community wells. Three new backflow prevention devices were inspected.

**Private Well Testing Act:** Wells that involve realty transfers are required to be analyzed. Sixty eight letters were sent to residents within 200' of wells exceeding gross alpha activity standards to advise those on shallow wells of possible risks to their drinking water. A total of 339 PWTA results were received from NJDEP.

**Cooperative Coastal Monitoring:** Fifty eight sites are monitored weekly during the recreational bathing season, with 18 sites monitored monthly during the winter months. Water quality was generally excellent, particularly in light of the unusually rainy summer. There were 118 rainfall provisional closures at 2 bay and 4 ocean beaches. An additional 2 day closure was necessary to remove excessive quantities of macro algae from a bay beach. Results and seasonal updates may also be found on the web at [www.njbeaches.org](http://www.njbeaches.org). There were 6 consecutive closures at a single bay beach necessitating an in-depth investigation. The remnants of Hurricane Bill came in from off-shore in late August, causing one day closures at 5 ocean beaches. Following the advice of NJDEP and NJ Department of Health and Senior Services (NJDHSS), proactive advisories were posted for the first time after one day sampling results at the ocean beaches that exceeded bacteria standards. All public feedback on the advisories was positive.



Manasquan River, near inlet

**Sewage Pumpout Boat:** Royal Flush pumped out 61,745 gallons of sewage from 1,823 boats in its 8th year of operation. A \$2,500 grant for operations and maintenance was submitted to the Marine Trades Association for reimbursement under the federally funded Clean Vessel Act.

**Ambient Surface Water Quality:** Eighty-one sites were sampled for the first three quarters for a variety of parameters, depending on their salinity and classification. Results are sent to NJDEP for inclusion on the USEPA Integrated List of Water Quality Limited Segments and may be found at <http://co.monmouth.nj.us/ambients.asp>. An ongoing study for total suspended solids (TSS) versus turbidity measurements emphasizes the need for TSS to be reevaluated as the preferred water quality parameter. Forty five bacteria samples were taken for NJDEP in the summer during a five week period for E. coli analysis.

**Monmouth Park:** Branchport Creek was sampled for bacteria on 3 occasions during significant rain events. One full scale sampling was performed at 10 sites along Branchport Creek and 2 sites within the park. Two limited samplings were performed when discharges from the stormwater collection system were observed during field inspections. Results and observations indicate horse manure laden stormwater discharges from Monmouth Park's stable area are still impacting Branchport Creek. Reduction in bacteria is still insufficient to warrant removal of precautionary signs posted along the creek.

---

## **infrastructure studies and complaints:**

Wet weather sampling, in conjunction with NJDEP and Monmouth Regional Health Commission, was performed to determine inputs from infrastructure in Spring Lake and Sea Girt. Infrastructure in the area of L Street in Belmar was also sampled and dye tested in conjunction with their Department of Public Works. The majority of the 25 complaints in 2009 involved fish kills, sewage spills into water bodies and algae blooms.

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

**Environmental Laboratory:** The laboratory was outsourced in 2009 except for certification of field sampling equipment and instrument calibration, as well as database management and outsourced sample tracking. This is critical to continuing our surface and groundwater programs to meet new stringent bacteriological sampling requirements for the Integrated List.

**Geographic Information Systems (GIS) and Website:** Over 127 GIS mapping projects were generated for MCHD programs during 2009. Numerous software upgrades, training, and implementation of new projects were highlighted the year. The website was updated frequently during 2009. Most notably, updates included those to the Environmental Documents, Calendar of Events, and Restaurant Inspection pages. A comprehensive Influenza Information page was created to address questions regarding seasonal influenza, clinics and the H1N1 virus.

## Air And Noise Control Program

During 2009, the Monmouth County Health Department Air and Noise Control Program performed 286 site visits and 161 minor source inspections. In total, 286 Air and Noise site visits were made during 2009 compared to 314 in 2008.

Site Visits	2009	2008
Citizen Complaints	26	22
DEP Referrals	75	66
Minor Source	153	182
Complaint Reinvestigations	32	44
<b>Total</b>	<b>286</b>	<b>314</b>

This year, 161 minor source inspections were conducted compared to 182 in 2008.

Minor Source	2009	2008
Boilers	93	93
Dry Cleaners	60	30
Gas Stations	0	51
Idling	8	8
<b>Total</b>	<b>161</b>	<b>182</b>

Twelve noise complaints were investigated in 2009. The redevelopment of Asbury Park has resulted in music related noise problems. Another ongoing noise problem exists in Howell where a kennel is located within a residential area. The barking dogs have impacted the quality of life in the neighborhood especially in the summer months.

As agents of the NJDEP, the MCHD inspects boilers and generators (B sources) in order to determine their compliance with state regulations. Most of the penalties collected by the MCHD in 2009 resulted from violations associated with these facilities. To that end, the MCHD hosted a presentation to owners of facilities with boilers and generators in May. The target facilities included schools and municipalities. Representatives from these facilities were invited to attend a seminar to discuss the county inspection regarding bookkeeping requirements, permitting, and penalties. The idling standard for gas powered and diesel powered vehicles was also addressed. The meeting was designed to inform the owners of the requirements necessary to operate their facilities in compliance with NJDEP regulations and therefore, avoid associated fines.

GPS and GIS work for 2009 included updating the dry cleaners map and staff location maps. In 2010, we will inspect another 120 B sources and 30 dry cleaners.

---

## 2009 Public Health Program

### **public health protection**

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

### **public recreational bathing & youth camps**

Public recreational bathing sites are inspected at least two times during the operating season to ensure compliance with the New Jersey State Sanitary Code. Public recreational bathing sites include indoor and outdoor public pools and spas as well as rivers, bays and ocean bathing beaches. Splash parks and playgrounds with water features are also monitored. Youth camp inspections ensure that camp structures and facilities meet local codes, appropriate staff credentialing, general camp management and safety, as well as other requirements, based on the camp activities. Public recreational bathing inspections also include assessment of the chemical and physical quality of the site, maintenance of pool and safety equipment, and appropriate certification of pool staff and operators. In 2009, the health department staff inspected 138 swimming pools, spas, splash parks and bathing beaches and our staff responded to 11 complaints regarding public recreational bathing sites. The staff also inspected 24 youth camps.

### **rabies control**

The Health Department provides its member municipalities with several programs geared toward the prevention and control of rabies. Rabies is an invariably fatal disease transmitted through virus laden saliva of a rabid animal introduced by a bite or a scratch. It is habitually present in New Jersey's wildlife population, particularly in raccoons. The Health Department oversees free vaccination programs for cats and dogs. In 2009, the health department vaccinated 2,213 dogs and cats at various clinics in the municipalities. The department also approves the delivery of specimens for animals suspected of being infected with the rabies virus to New Jersey Department of Health and Social Services (NJDHSS) for testing.

Another aspect of rabies control involves investigating animal bite exposures of our residents. Whenever a human bite exposure occurs, the animal is placed under a ten day observation (quarantine) period. The animal is re-visited at the end of the ten day period to ensure it is not showing signs of illness. The health department conducted 263 animal bite investigations.

Licensed pet care facilities and pet shops are inspected for compliance with general sanitation and basic welfare standards in accordance with kennel and pet shop regulations set forth in the New Jersey State Sanitary Code. The Health Department also investigates complaints received from the general public. Our staff inspected 40 facilities and responded to 47 animal complaints in 2009.



Surf Camp, Seven Presidents Park, Long Branch

## septic system and well inspections

Plans for new septic systems and wells are reviewed by our staff to ensure compliance with construction standards. Inspections are made throughout the installation process. A total of 1,648 well and septic inspections were conducted in 2009. The total reflects the installation of 169 new septic systems, 138 new wells and certification of existing systems required for reality transfer in some municipalities. The staff also witnessed 283 soil tests in member municipalities.

The Health Department reviews site plans and variance requests on behalf of local planning and zoning boards for comments regarding Health Department regulations and issues. The department conducted 75 plan reviews in 2009.

---

## **smoke free air act initiative**

Since January 2006, smoking has been prohibited in most New Jersey indoor public places. Restaurants, bars, retail stores, and most other businesses with public access must be maintained smoke free. Citizen complaints regarding smoking indoors are investigated with violations issued for non-compliance. A total of 3 complaints were investigated in 2009.

## **body art procedures**

Businesses which perform tattooing, permanent cosmetic procedures and ear/body piercing are regulated by Chapter 8 of the Sanitary Code, to ensure that adequate sterilization, sanitation, and safety standards are maintained. Artists and operators performing these procedures must document adequate credentials and apprenticeship. Our yearly inspections are conducted in addition to investigation of any complaints received. In 2009, the department inspected 11 body art facilities and reviewed 1 plan.

## **food surveillance and sanitation**

Retail food establishments must operate in accordance with Chapter 24 of the New Jersey State Sanitary Code and are inspected at least once during each year. In January 2007, NJDHSS adopted new, more stringent regulations based on the FDA food code which places increased emphasis on critical areas of food-borne disease control such as hand washing and maintaining foods at proper temperatures. During the year, 1,841 retail food inspections were conducted resulting in 8 summonses being issued for the violations. Our inspectors also investigated 263 complaints involving sanitation and/or food borne illness.

## **public health nuisance complaints**

The Health Department staff responds to a wide variety of citizen complaints and public health emergencies 24 hours a day/seven days a week. Complaints range from poison ivy and mosquito breeding to sewage overflows and bedbugs. Other routine complaints include rodent infestations, mold, garbage overflow, housing deficiencies, animal waste and unsanitary public restrooms. In 2009, the Registered Environmental Health Staff investigated 566 complaints resulting in 810 inspections and 15 municipal court summonses.

---

# Clinical And Preventive Health Services

## **child health home visiting program**

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

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

The Program received a total of 142 referrals in 2009. The referrals come from various sources such as: The Division of Youth and Family Services, daycare centers, local hospitals as well as the Community Health Center. The top reasons for referrals are teen parents, lack of support, maternal post partum depression and increased lead blood levels in a child. Our Public Health Nurses conducted a total of 694 home visits with at-risk families.

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

## **childhood lead poisoning prevention program**

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

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

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

## **lead education outreach (environmental focus)**

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

- The dangers of lead based paint
- The need for blood-lead screening

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

The Monmouth County Health Department receives grant funding from DCA to provide the Lead Education and Outreach program across the Central Region of New Jersey, specifically in the Counties of Hunterdon, Somerset, Middlesex, Mercer, Monmouth and Ocean. The Monmouth County Health Department collaborates with consultant, Beatriz Oesterheld, Central New Jersey Maternal and Child Health Consortium and the Regional Perinatal Consortium of Monmouth and Ocean counties to achieve grant objectives.

In 2009, the Lead Education Outreach Program has achieved the following:

Education/Outreach Events	201
Loan Applications	21
Mailings	2209
Wipe Out Lead Kits Distributed	1036
Lead Safe Work Practices Trainings	12

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

### **childhood lead poisoning prevention (patient focus)**

The Monmouth County Health Department Childhood Lead Poisoning Prevention Program provides medical and case management to children with elevated lead levels and free lead testing for children without health insurance. Children with lead levels above 10ug/dl are placed into complete case management that oversees the medical components of the child's care as well as ensuring that sources of lead exposure are removed from the environment. Our Public Health Nurses and lead inspector/risk assessor licensed Registered Environmental Health Specialist work as a team to address the medical and environmental aspects of each case of elevated blood lead levels.

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

The Monmouth County Health Department offers free lead screening to children from 6 months to 6 years old who do not have medical insurance.

In 2009, thirty two (32) children without insurance were screened for lead poisoning.

Lead Levels	Total Screened
<5	31
6-9	0
10-14	0
= >15	1

In 2009, fifty eight (58) children were referred to the Monmouth County Health Department for elevated blood lead levels.

Lead Levels	Total Referred	Total Referred Other Health Departments Monmouth County	Totals
10-14	17	11	28
15-19	11	7	18
20-30	6	5	11
30-40	1		1
40-50			
50-60			
60+			
Totals	35	23	58

For children with blood lead levels of 10 or above, our licensed lead inspector/risk assessors checked the home where the child lives as well as previous addresses within six months of the elevated blood lead level and secondary addresses in which the child spent time during the week. This may include a babysitters, daycare or relative's home. A total of fifty nine inspections were conducted in 2009 related to children with elevated blood lead levels. Of the 59 inspections, lead was found in 50 of the dwellings and all but seven have been completely abated.

The lead inspector/risk assessors also conduct cursory inspections for the Monmouth County Housing Project. The housing project headed by the Monmouth County Community Development provides grant money to homeowners for repair on their home. As part of the program, homes built before 1978 undergo a lead screening inspection. If any lead is found, the housing project hires a contractor to conduct a complete lead inspection including abatement of lead surfaces. In 2009, nine houses were inspected for the Community Development program.

The lead inspector/risk assessor also responds to complaints of power washing, sanding, scraping and other such complaints that cause paint chips and/or dust to be released into the environment. The paint is checked for lead and proper cleanup is ensured. In 2009, three complaints were investigated.

## healthy traveler program

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

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

Since the program's inception, 1,055 travelers have been provided with preventative education and vaccination prior to travel. In 2000, 252 individuals contacted the Monmouth County Health Department for travel-related purposes. In the same year, the travel clinic served 63 patients at 10 scheduled clinics and provided 119 doses of vaccine.

## **hypertension screening program**

The Monmouth County Health Department provides Hypertension Screening Programs at convenient locations in its member municipalities. The program includes blood pressure screening with risk factor counseling, diet education, smoking cessation, exercise, diabetes and overall physical health. Referrals are made as needed. In 2009, a total of 1,176 residents were screened and 57 referred to their primary care provider for follow-up. A total of 20 participants were diagnosed as hypertensive and program participants were counseled on diabetes as follows:

<b>2009 Risk Assessments</b>	
Number of risk assessments completed	254
Number of participants referred for medical evaluation	57
Number of participants with known diabetes who received education	34
Number of participants referred for education	6
Number of participants referred who sought further evaluation	4
Number of participants newly diagnosed	20

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

## **immunization services**

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

Childhood immunizations are provided free to children from birth to 18 years old who are uninsured. Clinics are offered at the Monmouth County Board of Social Services (MCBSS) building on Kozloski Road in Freehold and MCBSS in Ocean Township. The sites are “walk-in” clinics, making immunizations more accessible for working parents and school-age children. With parental permission, the child/children are entered into a statewide immunization registry, which encourages timely and age appropriate immunizations. In addition, parents have the opportunity to apply for assistance including Medicaid and New Jersey Kid Care. In 2009, the clinic immunized 249 children, administering 1,216 total immunizations. Adult immunizations offered at the clinic include influenza, pneumonia, tetanus, measles, mumps, rubella and meningitis immunizations.

## **influenza clinics**

In 2009, the department’s team of public health nurses provided 2,653 seasonal influenza vaccinations at over 30 sites in our Board of Health System municipalities. Seasonal flu clinics were in addition to the H1N1 vaccination campaign undertaken by the Department in 2009.

---

## **h1n1 outbreak**

The fall of 2009 was quite a busy time for the department. Between September 2009 and March 2010, we provided H1N1 vaccination to nearly 17,000 individuals in 60 clinics held within our member municipalities.

The Department's Environmental Health Program staff took the lead for logistical preparation, beginning by inventorying the bioterrorism supplies to determine what supplies could be utilized for H1N1. The old laboratory was converted into a secure supply warehouse which would house 6 temperature alarmed refrigerators as well as all the medical supplies and the ancillary supplies for running the clinics. This transformation was made possible through the efforts and cooperation of the Monmouth County Buildings and Grounds Department which has become an invaluable partner.

Protocols and accounting systems were developed for tracking the medication received from the federal government. Each dose had to be tracked whether it was distributed at the clinics, in the office, or transferred out to other health departments, doctor's offices or pharmacies. The Department was responsible for storing and distributing anti-viral to pharmacies throughout the county who registered with the state to assist uninsured and low income residents. As a LINCS agency, the Department was responsible for stockpiling and distributing personal protective equipment to hospitals throughout the county.

The logistics team developed and implemented a modular system of self contained supply containers for each unit involved in the clinics. Containers were developed for the nursing staff, triage, registration and resupply boxes. The system ensured that the clinic would run smoothly regardless of the number of patients through the clinic. The logistics team also was responsible for resupplying each box so that staff had the necessary tools in order to perform its task at the clinic. Using this system, the Department was able to utilize either the box truck or one of the large SUVs and always had the necessary supplies at hand.

One of the most important aspects of the clinic was to ensure that the vaccination cards had the proper type of vaccine and corresponding lot number on it. Hundreds of hours were spent by the logistics team on "Vaccine Card Counting and Quality Control." This new job title was developed in order to increase traffic flow and reduce waiting time. In addition, an extended version of the duties of the Clinic Facility Manager (the clinic Incident Commander) was developed for Just-In-Time training for new managers.

The team also transported all clinic supplies to the 60+ clinics in 2009, setup and broke down the clinics, and returned everything back to the office. This procedure occurred up to 4 times a day. The team took the lead in opening tens of thousands of band aids at their desks during regular working hours. This enabled the nurses to be more efficient therefore reducing wait times.

The Department continues to monitor the presence of influenza and to work with schools, hospitals and other health care providers as we continue influenza surveillance vaccine through a variety of venues including schools, community centers, day care centers and churches.

## **ambulatory care for children**

The Department provided free physicals, treatments for minor illnesses, and referrals as appropriate for children from birth through 18 years of age without insurance. A total of 376 children received services in 2009.

---

## **sexually transmitted diseases**

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

Clinic is held at Jersey Shore University Medical Center in Neptune on Tuesdays and Thursdays from 4:00 to 7:00 pm.

Clinic services include physical examination, diagnostic services by a physician or physician assistant and treatment as needed. Our Field Representative Disease Control provides comprehensive follow-up, including STD education, risk factor counseling and partner notification. A total of 3,058 visits were made to the clinic in 2009.

## **tuberculosis program**

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

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

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

In 2009, the Monmouth County Health Department Tuberculosis Program provided care in 2,580 clinic visits. One hundred thirty-one (131) close contacts of TB cases were identified and examined. Additionally, the TB clinic staff provided Mantoux testing for 1,582 individuals, conducted 336 chest x-rays, and managed prescription therapies for 1001 patients.

## **childhood nutrition and activity program**

In the past 40 years, the rate of childhood obesity tripled among adolescents, quadrupled among those age 6-11 years and doubled among those age 2-5 years. Currently, over 30% of children are overweight or obese. The physical and psychological adverse consequences associated with obesity are expected to rise dramatically. The reasons for the escalation in childhood obesity are multifaceted, and the Centers for Disease Control and Prevention targets both behavioral and environmental factors. The rising cost of living creates a need for both parents to work outside the home, leaving little time for nutritious food planning and preparation. An increase in technological entertainment for children has come at the cost of decrease

physical play outdoors, and organized sports for adolescents can become costly family expenses. The most effective way to help children to adopt health behaviors is by providing consistent nutrition, physical activity and health messages. The motivation and opportunities to establish health habits begin at home and in childcare settings.

Monmouth County Health Department contracted with Prevention First to work toward increasing the motivation and opportunities to establish healthy habits in selected early childhood care centers. The overall goal of the project was to help children to adopt healthy behaviors by providing consistent nutrition, physical activity, and health messages with the understanding that the motivation and opportunities to establish healthy habits begin at home and in childcare settings.

The Childhood Nutrition and Activity Program provides daycare centers with a train-the trainer session for the New Jersey Department of Health and Senior Services Chef Combo nutrition and activity curriculum. Participating daycare providers are given free materials for child and parent education, as well as a written resource for parents highlighting free or low cost activities in Monmouth County and health eating tips. Currently, 25 daycare centers in Monmouth County participated in the Childhood Nutrition and Activity Program.

## women's health program

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

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

In 2009, the following cancer services were provided:

Number of women age 15-34 screened for cervical cancer	62
Number of women age 35-64 screened for cervical cancer	136
Number of women age 15-64 receiving breast cancer information	198
Number of women receiving mammograms	140
Number of individuals over the age of 40 receiving education for colorectal cancer	64

## **2009 oral cancer education and screening initiative**

The 2nd annual oral cancer initiative was held in Monmouth County from April 23, 2009 to April 30, 2009. Under the sponsorship of the New Jersey Department of Health Senior Services Office of Cancer Control and Prevention and the Visiting Nurse Association of Central Jersey as grant recipient, the Monmouth County Cancer Coalition offered free oral cancer screenings to members of the general public. The purpose is to raise awareness about risks of oral cancer and reduce mortality from the disease. The Department's Public Health Coordinator serves as Chairman of the screening committee. Clinics were held at 40 sites including family health centers, and drug addiction centers. A total of 189 examinations were performed with forty individuals referred for follow-up.

In 2009, the Department purchased equipment necessary to properly conduct screenings. This service is now a regular component of the clinical and preventive services offered.

## **emergency preparedness**

In August 2002, the Monmouth Health Department was designated by the New Jersey State Department of Health & Senior Services as the lead agency for Public Health Preparedness in Monmouth County. As lead agency, the Department receives Emergency Preparedness Grant funding from the New Jersey Department of Health and Senior Services (NJDHSS) to build its capacity to respond to a variety of public health/emergencies such as a bioterrorism event or outbreak of a Novel Influenza Virus.

## **new jersey local information network communication system (lincs)**

LINCS is a statewide interactive electronic public health information system linking local, state and federal health agencies. Monmouth County Health Department is part of the 22 LINCS agencies in New Jersey, responsible for coordinating countywide access to public health information. Information exchanged through LINCS include health alerts, disease surveillance, investigation information, topics related to infectious disease, emerging pathogens, medical and food recalls. Recipients of LINCS messages include hospitals, business organizations, long term care/assisted living facilities, pharmacists, physicians, schools, local health departments and first responders. Presently, the LINCS communication system reaches over 3,200 community partners.

## **medical reserve corps (mrc)**

The Monmouth County Health Department Medical Reserve Corps (MRC) is a team of 320 medical professionals and non-medical volunteers trained to respond to public health emergencies. Members are assigned duties in accordance with their abilities, training and experience. Examples of duties include providing medical support and comfort/counseling, medication distribution, triage, translation and staffing a phone bank. A leadership team helps with planning and those who wish to be more involved meet monthly for Volunteers in Action meetings/drills. MRC members are required to participate in training and drills in order to be adequately prepared. Members participated in county drills with other responders called Operation Monmouth in which the MRC assisted with patient triage, treatment in a field hospital, and offsite

patient transport. Ongoing training in 2009 included: Incident Command Structure, START Triage, CPR/AED, First Aid, POD Training, Family Disaster Planning, Psychological First Aid, Vaccinator Training, Outbreak Investigation, and Administrative Support for PODS. Presently, two specialty teams exist within the MRC: Outbreak Investigation Team and Health Education Ambassadors. In 2009, the MRC played a role for the first time in assisting our Health Department with both flu and H1N1 vaccination clinics.

## infectious disease control and surveillance

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

Surveillance of influenza like illness (ILI) is conducted on a weekly basis. Reports are submitted by schools, hospitals, walk-in clinics, and nursing homes. Additionally, the Epidemiologist is responsible for investigation of diseases which are required to be reported to the Department in accordance with Chapter II of the New Jersey Sanitary Code and Institute Control Measures during outbreaks. The following is a list of confirmed reportable diseases for 2009: (Note: Only those diseases with 5 or more total cases are included).

## reportable disease 2009

Disease	Count
Campylobacteriosis	61
Giardiasis	45
Haemophilus Influenzae	15
Hepatitis A	6
Hepatitis B-Acute	6
Hepatitis B-Chronic	101
Hepatitis C-Acute	8
Hepatitis C-Chronic	545
Lyme Disease	574
Salmonellosis	119
Shiga Toxin –Producing E.Coli (Stec)-0157:H7	6
Shigellosis	18
Streptococcus Pneumoniae	60
Streptococcus Pyogenes(Gas)	17



### **health education/risk communication**

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

### **medication distribution**

In 2005, the Department developed plans to distribute public health medication/vaccine to the 650,000 residents of Monmouth County during an emergency. Every municipality within the county has signed agreements with the Department to provide medication/vaccine to their residents at a local site within their respective jurisdictions. Planning efforts have been accomplished through the cooperation of the local Office's of Emergency Management (OEM) and the six other Health Departments in the county. As part of the planning process, four regional warehouse sites were identified working with local OEM's and Monmouth Building and Grounds Department to assist in rapid distribution of resources to first responder agencies and municipalities. The medication/vaccine distribution plan was exercised twice in 2009 to modify and make the process more efficient and resulted in the enhancement of a web based program for pre-registration of all first responders and their household members. These programs will provide accurate numbers of medication/vaccine and ensure that all Monmouth County's first responders and family members are protected. Presently, forty five out of fifty three municipalities participate in the pre-registration database. As of 2009, 182,420 first responders and their family members have pre-registered in the database.



Monmouth Park Racetrack, Oceanport

 New Jersey's  
**Monmouth County**  
*The Place You Want to Be*  
[www.visitmonmouth.com](http://www.visitmonmouth.com)

New Jersey's  
**Monmouth County**  
*The Place You Want to Be*  
[www.visitmonmouth.com](http://www.visitmonmouth.com)

