



New Jersey  
Local Boards of Health Association

# Newsletter

Volume 23, Number 2

[www.NJLBHA.org](http://www.NJLBHA.org)

Spring 2019

## President's Message

This Winter Season has been a busy one for BOH members and health official. We are presently experiencing numerous cases of measles, Rubeola, reported in multiple areas across our country. Recently, according to the CDC, "695 individual cases of measles have been confirmed in 22 states across our nation... the second-greatest number of cases reported in the U.S. since measles was eliminated in 2000."; and, New Jersey is not exempt. The reemergence of numerous cases of measles has sparked renewed and vigorous debate over the issues of mandatory vaccinations and exemptions thereof. This debate begs the questions: [How do you accommodate opposing positions](#); and, what is the individual's



obligation, be it active or passive participation, in promoting health and wellbeing in their society? The transmission of communicable diseases is a great concern, but it is only one of many public health issues that invoke passion and controversy. Educating the public can be and is a major component in influencing behavior, and, it is an important function of local health departments.

The NJLBHA, your Association, is working towards developing boards of health, and increasing board membership across our State. We continually encourage board members to learn about their role and responsibilities and to develop a close collaborative and collegial working relationship with their Health Officer. It is this shared endeavor that results in policy development by the board and the delivery of health services by the Health Officer and the Director of the Health Department.

NJLBHA with other members of PHACE, (PHACE a group of six public health organizations working together to advance public health), continues to advocate for public health funding, and celebrated Public Health Week, April 1-April 5<sup>th</sup> with Proclamation, signed by Governor Murphy and Lieutenant Governor Oliver. It was a week of meeting and engaging in discussions with our state legislators and attending hearing on public health concerns. Pictures of our display with representing members and a copy of the Proclamation are contained within this Newsletter.

### In This Issue

President's Message	p. 1
Show Us the Money	p. 3
Proclamation of Public Health Week	p. 4
Public Health Week Press Release	p. 5
PHACE Position Paper	p. 7
Legal Corner	p. 8
Manalapan Resolution on Immunization	p. 9
CDC Fact Sheet on MMR Vaccine	p.11
Mercury in School Gym Floors Report	p.13
NJ DOH on Healthy New Jersey 2030	p.15
Editor's Encouragement	p.17
NJLBHA Membership Invitation	p.18

If you would like to contribute articles to a future newsletter please submit them to Editor Valerie Williams at [news@njlbha.org](mailto:news@njlbha.org).

Continued on p. 2

Continued from p. 1

Your Associations Executive Board is composed of active and retired members from Boards Of Health across our State and we encourage your participation by joining the Association and the Executive Board. Another component of your responsibility as board members is voting for representatives to serve as officers on the Executive Board. Shortly, you will receive by mail, a slate of candidates requesting your vote. This will also be an opportunity to select one member from your board to serve.

The Annual Election Meeting and Educational Seminar will be held on June 29, 2019 at which time ballots will be counted. Attendees at the meeting will have the opportunity to submit write-in candidates. Attendance is free, and a continental breakfast will be served. We anticipate that the NJDOH Commissioner Dr. Shereef Elnahal, OLPH Director Shereen Semple and Executive Director of GASP Karen Blumenfeld will be present as guest speakers. Additional information is forthcoming. Please mark your calendar for this very important date.

Lastly, join your state association, NJLBHA, all are welcome. Visit our website at [www.njlbha.org](http://www.njlbha.org).

If you have questions, would like to participate or just attend meetings, please contact me at [President@njlbha.org](mailto:President@njlbha.org).



Christine Harris, BA, MPA, CBHM

President



**Annual Election Meeting and Educational Seminar**

**Continental Breakfast Served**

**Saturday, June 29, 2019**

**9:00 AM**

**Middlesex County Fire Academy**

**1001 Fire Academy Road**

**Sayreville, NJ**

# SHOW US THE MONEY

By Paul Roman

Past President of New Jersey Local Board of Health Association

This memorable line from the movie “Jerry McQuire” speaks volumes about our recent activities as members of the Public Health Associations Collaborative Effort (PHACE). The Week of April 1-7 was proclaimed National Public Health Week by Governor Murphy. While you Local Board Members were hopefully using the time to make your local officials aware of this and the accomplishment and needs of our profession, your PHACE Team was in the State House manning a huge display and providing vital message materials to our State Legislators and their staffs and on Friday, to all of the New Jersey’s Mayors at their Annual Conference with State Officials

We worked hard to get our message out. In this newsletter, you will see Governor Murphy’s Proclamation, our News Release, and our Position Paper (on your behalf) in regard to our need to restore critical Public Health Priority Funding which was terminated in 2010 due to budget issues although still referenced in state law (N.J.S.A 26:2F)

Now is the time for each of you to step up and ask our elected state officials to “SHOW US THE MONEY”. With your strong support, we may see the fruits of our labors working together for the public good. Please contact Kevin G. Sumner, [ksumner@middlebrookhealth.org](mailto:ksumner@middlebrookhealth.org) for more information on PHACE.



Pictured above (not in order)

Tara Rice, Lisa Gulla, Pascal Nwako, Lynette Medeiro, Michele Guarneri, Rita Njoku and Christine Harris



STATE OF NEW JERSEY  
EXECUTIVE DEPARTMENT

*Proclamation*

WHEREAS, public health organizations use National Public Health Week to educate the public, policymakers and public health professionals about issues that are important to improving the health of the people of the United States; and

WHEREAS, this year's theme of "Healthiest Nation 2030" highlights the goal of making the United States the healthiest Nation in one generation; and

WHEREAS, the value of a strong public health system is in the air we breathe, the water we drink, the food we eat and the places where we live, learn, work and play; and

WHEREAS, public health professionals help communities prevent, prepare for, withstand and recover from the impact of a full range of health threats including natural or man-made disasters and disease outbreaks by collaborating with non-traditional partners such as city planners, transportation and education officials and private sector businesses; and

WHEREAS, studies show that small strategic investments in prevention could result in significant savings in health care costs; and

WHEREAS, in communities across the country, more people are changing the way they care for their health by avoiding tobacco use, eating healthier, becoming more physically active and preventing unintentional injuries at home and in the workplace; and

WHEREAS, by adequately supporting health and prevention, we can continue to transform a health system focused on treating illness to one which focuses on preventing disease and promoting wellness;

NOW, THEREFORE, I, Philip D. Murphy, Governor of the State of New Jersey, do hereby proclaim:

**APRIL 1 THROUGH APRIL 7, 2019**

**AS**

**PUBLIC HEALTH WEEK**

*in New Jersey and encourage all residents to learn about the role of the public health system in improving the health in our State and Nation.*



GIVEN, under my hand and the Great Seal of the State of New Jersey, this twenty-ninth day of March in the year two thousand nineteen, the two hundred forty-third year of the Independence of the United States.

*Phillip D. Murphy*  
LI. GOVERNOR

*Phil Murphy*  
GOVERNOR

# Public Health Advocacy Collaboration Effort (PHACE)

April 1, 2019

## **Recognizing National Public Health Week 2019**

The week of April 1-7, 2019 is National Public Health Week and the theme is “Becoming the Healthiest Nation: For Science, For Action, For Health”; Daily themes: Healthy Communities, Violence Prevention, Rural Health, Tech and Public Health, Climate Change, Global Health and Promoting Public Health Year-Round.

Since our nation’s earliest days, government has worked on behalf of citizens to protect the health of the public. Achievements in public health have greatly reduced the spread of infectious diseases and helped us identify and modify unhealthy behaviors. But guarding communities against public health risks remains a serious challenge. In this post-9/11 world, the threats of man-made disaster and bioterrorism are pushing the public health system to adapt and redefine itself. The appearance of deadly diseases such as Ebola, the reemergence of vaccine preventable diseases such as measles, and the opioid epidemic issue a new wake-up call as well.

So, what is public health? It is the air we breathe, the water we drink, the prevention of disease and the provision of healthcare programs. In New Jersey, the primary responsibility for public health lies within each of the municipalities. The legal mechanism to accomplish this task is through the powers and authority of the local Board of Health.

Each community has unique public health needs and requirements comprising individuals, community groups, public agencies, and private entities that are directly engaged in activities affecting the health of their residents. Regardless of its governance and structure, regardless of where specific authorities are vested, or where specific services are delivered, everyone – no matter where they live – should reasonably expect the local health department to meet certain standards. In New Jersey, the State Department of Health has enacted “Public Health Practice Standards” to address these concerns and the diversity of community needs.

Historically, public health professionals have worked largely behind-the-scenes to improve the health and safety of American communities. Today, public health and its leaders are in the spotlight. Strengthening public health systems and organizations is an enterprise of unprecedented interest. We in public health must capitalize on this interest by seeking new opportunities to assess and improve the ways we deliver public health services in our state and our communities.

Continued on p. 5

## Public Health Advocacy Collaboration Effort (PHACE)

For many years until 2010, the state budget included significant funding for local health departments. The Legislature recognized that there should be funds provided to support certain locally identified public health needs. Due to continuing budgetary constraints, this vital support, formerly called “Public Health Priority Funding,” was no longer provided, even though called for in New Jersey law (N.J.S.A.26:2F-1 et seq.)

The loss of support to local health departments resulted in annual budget cuts causing loss of preventative programs, loss of local staffing and a strain on local enforcement. Local budgets had to be supplemented out of local tax dollars.

Today, the public health community is asking the Governor and the Legislature to reinstate this vital, dedicated state funding so that we may efficiently address the continuing emergence of threats to public health while assuring the appropriate levels of community protection which New Jersey citizens deserve!

###

**ABOUT PHACE:** The Public Health Associations Collaborative Effort (PHACE) is the group which represents the six recognized organizations which are the voice of public health in NJ. The group includes NJ Public Health Association, NJ Association of County and City Health Officials, NJ Local Boards of Health Association, NJ Environmental Health Association, NJ Society for Public Health Education, and the NJ Association of Public Health Nurse Administrators. Together, we represent 89 local health departments, over 450 local, county, and regional boards, and numerous other public health professionals employed in a multitude of settings (e.g. healthcare, hospitals, non-profit organizations, and private/public health entities).



## PHACE Members



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Green Brook, NJ 08812

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**COLLABORATORS:**

- New Jersey Association Of County & City Health Officials
- New Jersey Environmental Health Association
- New Jersey Public Health Association
- New Jersey Local Boards of Health Association
- New Jersey Society for Public Health Education
- New Jersey Association of Public Health Nurse Administrators

**Funding Public Health:**

- Protects Communities
- Adds Critical Staff & Infrastructure
- Provides a Return on Investment
- Increases Health Equity
- Enables Timely Disease Investigation
- Improves Productivity & Efficiency
- Sustains Essential Immunization Programs
- Saves Billions of Dollars

## PUBLIC HEALTH ASSOCIATIONS' COLLABORATIVE EFFORT (PHACE)

### Fund Public Health & Protect our Communities

- New Jersey's public health system needs the reinstatement of dedicated funding, and local health departments are requesting \$10,000,000 statewide.
- This will establish necessary infrastructure and capacities, for which there is **zero** State funding.
- There is a statutory obligation for the State to provide funding to local health, and health departments have been without this funding since 2010.
- Restoration of public health funding would not replace current support or services, but would restore and expand vital essential services including, but not limited to:
  - Infectious disease investigation, outbreak containment and emergency response
  - Control of chronic illnesses and enhancement of health promotion and education
  - Advance economics of communities through regional, place-based initiatives
  - Improve health by addressing social determinants of health and increasing equity

### Public Health Funding: A Return on Investment

- Funding public health is *smart and fiscally responsible*.
- State funding to local health departments was \$6.2 million statewide in 1990, which would equate to \$11.2 million today.<sup>1</sup>
- Public health offers exceptional return on investment:
  - Each 10% increase in local public health spending decreases deaths attributed to heart disease, diabetes and cancer<sup>2</sup>
  - An additional investment of just \$10 per person to increase physical activity, improve nutrition and reduce tobacco use could save the country over \$16 billion - a return on investment of \$5.60 for each \$1 spent.<sup>3</sup> In New Jersey, this would amount to \$504 million in savings.
  - Up to \$34 is saved for every \$1 spent per person on substance abuse prevention<sup>4</sup>
  - Each dollar spent on childhood vaccination saves as much as \$44<sup>5</sup>
- Public health improves productivity:
  - For every dollar spent on workforce wellness programs, absenteeism costs are reduced by approximately \$2.73<sup>6</sup>

### Reversing the Trend: A Declining Workforce & Lack of Support

- When compared to national averages, New Jersey health departments are under-resourced, ranking 41<sup>st</sup> out of 50 states in public health expenditures.
- New Jersey's local health departments have 55% less staff than the national average.
- In 2011, the first year after public health funding was eliminated:
  - 53% of New Jersey's local health departments reported loss of staff
  - 32% reported reduced staff time
  - 71% reported cuts to at least one funded public health program
  - 47% of New Jersey's local health departments cut three or more programs<sup>7</sup>



### Public Health Funding Saves Lives and Money!

<sup>1</sup> U.S. Bureau of Labor Statistics; <sup>2</sup> Robert Wood Johnson Foundation; <sup>3</sup> Trust for America's Health, Robert Wood Johnson Foundation; <sup>4</sup> Trust for America's Health; <sup>5</sup> Johns Hopkins University; <sup>6</sup> U.S. Surgeon General; <sup>7</sup> National Association of County & City Health Officials



## LEGAL CORNER

By Michael Richmond, Esq.



The legislature has been active, but not always in the ways expected. Recreational marijuana is going to have a very tough path to ratification. Most observers seem to think that the issue will be on the November election ballot, with the outcome in a substantial question.

Recently, my co-presenter Geoff Goyette and I had the occasion to make a presentation to the New Jersey Environmental Association, with regard to animals and health. It turned out to be a very well attended and very actively discussed presentation. Time cut us off from complementing the presentation.

The presentation was based on the Center of Disease Control (CDC) program entitled "One Health". This program is directed to bring the public's attention to both the very positive benefits of human animal interaction as well as the more negative aspects of animal human interaction.

One Health has a website which can be reached at "One Health CDC". This is a great portal to the calming influences of animals as well as zoonotic diseases and how to avoid them.

We need to understand how animals, particularly, dogs and cats are a part of our daily lives and we must understand how they affect our daily lives, for good and ill.

Every community is required by law to have an Animal Control Officer. The Animal Control Officer must be certified by taking a course of study established by the New Jersey Department of Health. Rabies control was the original main function of the Animal Control Officers, but their duties have expanded and can include performing the kennel, shelter, and pet store inspections that health departments are required to perform.

Animal Control Officers are also required to impound and control stray animals and animals off the property of the owner causing damage to property or interfering with the use of property.

Whenever there is an animal bite of a human the Animal Control Officer should be involved with the quarantine of the biting animal and notification of the health department. Whenever there is a serious incident between humans and a dog or between a dog and other animals, that incident should be reported to the Animal Control Officer. The Animal Control Officer can decide if a vicious dog or potentially dangerous dog proceeding should be commenced. The results of those proceeding could result in the dog being euthanized or having serious restrictions imposed on its housing and freedom of movement.

Spring might be a perfect time to invite your Animal Control Officer to your meeting and have them tell you what is going on in the community regarding animal control.

Take a look at the CDC One Health website located at <https://www.cdc.gov/onehealth>



# HEALTH DEPARTMENT

## Township of Manalapan

Phone: (732) 446-8345  
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120 Route 522  
Manalapan, NJ 07726

**TOWNSHIP OF MANALAPAN  
BOARD OF HEALTH  
RESOLUTION No. 2019-03-05  
RESOLUTION IN SUPPORT OF LEGISLATION CLARIFYING EXEMPTIONS  
FROM MANDATORY IMMUNIZATIONS FOR STUDENTS**

Mrs. Frenkiel offered a motion to approve the following Resolution:

**WHEREAS**, the Manalapan Township Board of Health provides public health services to the municipality of Manalapan Township, and ;

**WHEREAS**, the Manalapan Township Board of Health has held and continues to hold a position in support of vaccination, and ;

**WHEREAS**, on March 5, 2018 the Senate referred Bill No. 2173 clarifying statutory exemptions from mandatory immunizations for students to the Senate Health, Human Services and Senior Citizens Committee for consideration, and ;

**WHEREAS**, on April 5, 2018 the Assembly Health and Senior Services Committee released from Committee Assembly Bill No. 3818 for consideration by the full Assembly, and;

**WHEREAS**, on January 31 , 2019 Assembly Bill No. 3818 was amended eliminating all exemptions except medical exemptions, and;

**WHEREAS**, vaccines have made it possible to eradicate smallpox worldwide, saving approximately 5 million lives annually, and vaccines have drastically reduced the spread of potentially life-threatening diseases such as diphtheria, tetanus, measles, mumps, and rubella ; and

**WHEREAS**, the American Academy of Pediatrics recommends all states and the District of Columbia use their public health authority to eliminate nonmedical exemptions from immunization requirements; and

**WHEREAS**, encouraging high vaccination rates in New Jersey protect our residents from contracting vaccine preventable diseases that are found in areas with low immunization rates; and

**WHEREAS**, the Manalapan Township Board of Health recognizes that a lack of vaccination can cause a true public health crisis, and that there is no credible evidence to suggest that vaccines are not safe; and

**WHEREAS**, the New Jersey Department of Health<sup>1</sup> reported that 12,410 religious exemptions were reported for the 2017-2018 school year, an increase of over 2,000 from the prior year, and;

**WHEREAS**, the scientific evidence that vaccines are safe is overwhelming<sup>2</sup> and;

**WHEREAS**, the proposed legislation does not preclude an exemption when valid medical contraindication is present, and;

**WHEREAS**, the decrease in vaccination rates poses a serious risk to public health<sup>3</sup> , and ;

**WHEREAS**, outbreaks of vaccine preventable diseases, such as measles, pertussis, and mumps, are on the rise<sup>4</sup>, including recent outbreaks in New Jersey, and;

**WHEREAS**, there is concern that vaccination rates have fallen below the recommended number to provide herd immunity to protect those who cannot be vaccinated.<sup>5</sup>

**NOW, THEREFORE, BE IT RESOLVED**, that the Manalapan Township Board of Health, County of Monmouth, State of New Jersey fully supports the proposed amended legislation and urges the legislature to pass the bills promptly.

**BE IT FURTHER RESOLVED**, that upon passage by the New Jersey State Legislature that the Manalapan Township Board of Health urges the Governor to sign the bill into law promptly.

**BE IT FURTHER RESOLVED**, that a copy of this resolution be forwarded to the Office of the Governor of the State of New Jersey, the State Legislators representing the municipality of Manalapan Township, the Speaker of the New Jersey General Assembly, the President of the New Jersey State Senate, and the Commissioner of the New Jersey Department of Health.

Seconded by Mr. Cuccia and adopted on roll call by the following vote:

Ayes:	Cuccia, Eccleston, Frenkiel, Morelli, Rothenberg, Silverstein
Nays:	Marchese
Abstain:	NONE
Absent:	NONE

Motion Passed and Dated: March 26, 2019

I hereby certify the foregoing to be a true copy of a resolution adopted by the Board of Health of the Township of Manalapan, County of Monmouth and State of New Jersey on March 26, 2019.

Sueann Picklo  
Recording Secretary

<sup>1</sup> New Jersey Department of Health from <https://www.nj.gov/health/cd/statistics/imm-status-reports/>

<sup>2</sup> Retrieved 26 March 2015 from <http://www.vaccines.gov/basics/safety>

<sup>3</sup> Immunization Action Coalition. (September 2014). Personal belief exemptions for vaccination put people at risk. Examine the evidence for yourself. Retrieved 26 March 2015 from <http://www.immunize.org/c-atg.d/p2069.pdf>

<sup>4</sup> (n.d.). Pertussis. Retrieved 26 March 2015 from <http://www.cdc.gov/pertussis/surv-reporting.html>

(n.d.). Mumps. Retrieved 26 March 2015 from <http://www.cdc.gov/mumps/outbreaks.html>

(n.d.). Measles. Retrieved 26 March 2015 from <http://www.cdc.gov/measles/cases-outbreaks.html>

<sup>5</sup> Fischetti, M. (2013) Too Many Children Go Unvaccinated. *Scientific American*. (308), 6.

## VACCINE INFORMATION STATEMENT

# MMRV (Measles, Mumps, Rubella, and Varicella) Vaccine: *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de Información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1 Why get vaccinated?

Measles, mumps, rubella, and varicella are viral diseases that can have serious consequences. Before vaccines, these diseases were very common in the United States, especially among children. They are still common in many parts of the world.

### Measles

- Measles virus causes symptoms that can include fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body.
- Measles can lead to ear infections, diarrhea, and infection of the lungs (pneumonia). Rarely, measles can cause brain damage or death.

### Mumps

- Mumps virus causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears on one or both sides.
- Mumps can lead to deafness, swelling of the brain and/or spinal cord covering (encephalitis or meningitis), painful swelling of the testicles or ovaries, and, very rarely, death.

### Rubella (also known as German Measles)

- Rubella virus causes fever, sore throat, rash, headache, and eye irritation.
- Rubella can cause arthritis in up to half of teenage and adult women.
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

### Varicella (also known as Chickenpox)

- Chickenpox causes an itchy rash that usually lasts about a week, in addition to fever, tiredness, loss of appetite, and headache.
- Chickenpox can lead to skin infections, infection of the lungs (pneumonia), inflammation of blood vessels, swelling of the brain and/or spinal cord covering (encephalitis or meningitis) and infections of the blood, bones, or joints. Rarely, varicella can cause death.
- Some people who get chickenpox get a painful rash called shingles (also known as herpes zoster) years later.

These diseases can easily spread from person to person. Measles doesn't even require personal contact. You can get measles by entering a room that a person with measles left up to 2 hours before.

Vaccines and high rates of vaccination have made these diseases much less common in the United States.

## 2 MMRV Vaccine

MMRV vaccine may be given to children 12 months through 12 years of age. Two doses are usually recommended:

- First dose: 12 through 15 months of age
- Second dose: 4 through 6 years of age

A third dose of MMR might be recommended in certain mumps outbreak situations.

There are no known risks to getting MMRV vaccine at the same time as other vaccines.

Instead of **MMRV**, some children 12 months through 12 years of age might get 2 separate shots: **MMR** (measles, mumps and rubella) and **chickenpox** (varicella). MMRV is not licensed for people 13 years of age or older. There are separate Vaccine Information Statements for MMR and chickenpox vaccines. Your health care provider can give you more information.

## 3 Some people should not get this vaccine

Tell the person who is giving your child the vaccine if your child:

- **Has any severe, life-threatening allergies.** A person who has ever had a life-threatening allergic reaction after a dose of MMRV vaccine, or has a severe allergy to any part of this vaccine, may be advised not to be vaccinated. Ask your health care provider if you want information about vaccine components.
- **Has a weakened immune system** due to disease (such as cancer or HIV/AIDS) or medical treatments (such as radiation, immunotherapy, steroids, or chemotherapy).
- **Has a history of seizures, or has a parent, brother, or sister with a history of seizures.**
- **Has a parent, brother, or sister with a history of immune system problems.**
- **Has ever had a condition that makes them bruise or bleed easily.**
- **Is pregnant or might be pregnant.** MMRV vaccine should not be given during pregnancy.
- **Is taking salicylates (such as aspirin).** People should avoid using salicylates for 6 weeks after getting a vaccine that contains varicella.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

- **Has recently had a blood transfusion or received other blood products.** You might be advised to postpone MMRV vaccination of your child for at least 3 months.
- **Has tuberculosis.**
- **Has gotten any other vaccines in the past 4 weeks.** Live vaccines given too close together might not work as well.
- **Is not feeling well.** If your child has a mild illness, such as a cold, he or she can probably get the vaccine today. If your child is moderately or severely ill, you should probably wait until the child recovers. Your doctor can advise you.

## 4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Getting MMRV vaccine is much safer than getting measles, mumps, rubella, or chickenpox disease. Most children who get MMRV vaccine do not have any problems with it.

After MMRV vaccination, a child might experience:

### Minor events:

- Sore arm from the injection
- Fever
- Redness or rash at the injection site
- Swelling of glands in the cheeks or neck

If these events happen, they usually begin within 2 weeks after the shot. They occur less often after the second dose.

### Moderate events:

- Seizure (jerking or starting) often associated with fever
  - *The risk of these seizures is higher after MMRV than after separate MMR and chickenpox vaccines when given as the first dose of the series. Your doctor can advise you about the appropriate vaccines for your child.*
- Temporary low platelet count, which can cause unusual bleeding or bruising
- Infection of the lungs (pneumonia) or the brain and spinal cord coverings (encephalitis, meningitis)
- Rash all over the body

If your child gets a rash after vaccination, it might be related to the varicella component of the vaccine. A child who has a rash after MMRV vaccination might be able to spread the varicella vaccine virus to an unprotected person. Even though this happens very rarely, children who develop a rash should stay away from people with weakened immune systems and unvaccinated infants until the rash goes away. Talk with your health care provider to learn more.

**Severe events** have very rarely been reported following MMR vaccination, and might also happen after MMRV. These include:

- Deafness
- Long-term seizures, coma, lowered consciousness
- Brain damage

### Other things that could happen after this vaccine:

- People sometimes faint after medical procedures, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer-lasting than routine soreness that can follow injections. This happens very rarely.

- Any medication can cause a severe allergic reaction. Such reactions to a vaccine are estimated at about 1 in a million doses, and would happen a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

## 5 What if there is a serious problem?

### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 and get to the nearest hospital. Otherwise, call your health care provider.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

VAERS does not give medical advice.

## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

## Vaccine Information Statement MMRV Vaccine

2/12/2018

42 U.S.C. § 300aa-26



## GUIDANCE DOCUMENT

### Mercury Related to Gymnasium Flooring in Schools

### 2019 NJSBGA Annual Conference

Information provided is based on Environmental Protection Agency (EPA), Occupational Safety and Health Administration (OSHA), and Agency for Toxic Substances and Disease Registry (ATSDR) guidelines.

#### BACKGROUND

Mercury is a metal that exists in liquid and vapor form. It is commonly used in many consumer products and is typically encountered in homes, schools, hospitals, offices and industrial workplaces. In the 1960s, many manufacturers began to include mercury in their rubberized gym floor products to help keep the rubber flexible over time. According to the U.S. Centers for Disease Control's Agency for Toxic Substances Disease Registry (ATSDR), "In the 1960s, a number of companies began manufacturing and installing a thin layer of synthetic, polyurethane flooring on top of concrete sub-floors, to provide a resilient and rubberlike surface." According to the ATSDR, mercury-containing polyurethane floors were widely installed in school gymnasiums across the U.S., until being discontinued in the mid-1980s. Many of these floors remain in place today, and recent reports have demonstrated that some emit notable amounts of elemental mercury vapor, which has raised questions about inhalation health risks, particularly for children in schools.

#### EXISTING GUIDELINES AND STANDARDS

New Jersey currently has no specific recommended exposure limits for members of the general public or children in schools for exposure to mercury. However, various federal and industry groups have published recommended exposure limits for mercury vapors:

OSHA	100 micrograms per cubic meter (ug/m <sup>3</sup> )
NIOSH	50 ug/m <sup>3</sup>
ACGIH	25 ug/m <sup>3</sup>
ATSDR	3.0 ug/m <sup>3</sup>
NJDOH	0.8 ug/m <sup>3</sup>
MDH	0.750 ug/m <sup>3</sup>
USEPA	0.3 ug/m <sup>3</sup>
California REL	0.060 ug/m <sup>3</sup>

In September 2017, the New Jersey Education Association (NJEA), the New Jersey Work Environment Council (WEC) and the Healthy Schools Now Coalition (HSN) issued a report (2<sup>nd</sup> edition) titled, *Health and Safety Guide: Mercury Hazard in Schools from Rubber-Like Polyurethane Floors*. In this report, these groups recommend if air samples are above 0.060 ug/m<sup>3</sup> the removal of the floors would be necessary.

However, a report issued by the Rutgers Environmental and Occupational Health Sciences Institute in March of 2017 summarizes that the California REL is not appropriate for determining day-to-day protectiveness of teachers and children. The report concludes that a time-weighted average air mercury level of 0.3 ug/m<sup>3</sup> or below is adequate and that no adverse health effects are detected at this level.

## RECOMMENDED STEPS IF YOU HAVE FLOORS SUSPECTED OF CONTAINING MERCURY

### STEP 1 – DEVELOP SAMPLING PLAN

### STEP 2 – BULK SAMPLING OF RUBBERIZED FLOORING

### STEP 3 – CONDUCT MERCURY AIR SAMPLING

### STEP 4 – PREPARE TECHNICAL REPORT

#### STEP 1 – Develop Sampling Plan

Prior to conducting sampling, a sampling plan should be made that should represent sampling procedures, locations, sampling media, laboratory analysis, etc. The sampling plan should be developed to identify occupied vs unoccupied or worst-case scenarios such as HVAC systems turned off, etc. The sampling plan should be developed and signed off by a Certified Industrial Hygienist. It is important to note that temperature and Relative Humidity directly affects the volatility of mercury and testing in winter months should likely result in lower concentrations than in summer months.

#### STEP 2 – Bulk Sampling of Rubberized Flooring

The New Jersey Education Association, New Jersey Work Environment Council and Healthy Schools Now Coalition report, *Health and Safety Guide: Mercury Hazard in Schools from Rubber-Like Polyurethane Floors* recommends bulk sampling of suspect floors.

An industrial hygienist should collect representative full-thickness pieces of the floor for analysis at an accredited lab. Approximately a two square inch floor sample should be collected and should be analyzed using EPA 7471A to determine the amount of mercury present. If the EPA 7471A test shows that mercury in a floor is less than 1 ppm, it can be assumed that the floor was not manufactured using a mercury containing catalyst. If mercury in floor levels are greater than 1 ppm, proper floor maintenance, adequate ventilation and cooling and initial worst-case air sampling should be implemented.

If mercury is found in the flooring greater than 1ppm, it is recommended that a toxicity characteristic leaching procedure (TCLP) Method 1311 be performed on the flooring as well. The industrial hygienist should collect an eight square inch floor sample to determine whether the floor must be disposed of in a hazardous waste landfill or can be disposed of as non-hazardous waste. Floors with leachate that exceeds the EPA maximum concentration of 0.2 ppm (mg/L) of mercury must be disposed of as hazardous waste.

#### STEP 3 – Conduct Mercury Air Sampling

The New Jersey Education Association, New Jersey Work Environment Council and Healthy Schools Now Coalition report, *Health and Safety Guide: Mercury Hazard in Schools from Rubber-Like Polyurethane Floors* recommends that if floor bulk sampling results are above 1 ppm air sampling should be performed.

A representative number of full-day (8-hour), samples should be collected in the breathing zone (3 feet for up to eighth grade; 5 feet for higher grades) air samples in each gymnasium for analysis by an accredited laboratory using NIOSH Method 6009. Sampling should be conducted using active sampling pumps. A background sample should be collected outdoors at each location. Samples should be collected for approximately 480 minutes at a calibrated rate of 0.15 liters per minute for an approximately total value of 72 liters. It is anticipated that one sample per gymnasium would be the minimum.



Prior to the collection of air representative air samples, a real-time Mercury Vapor Analyzer such as a Jerome J405 or J505 should be used to record instantaneous mercury concentrations. Approximately 25-30 readings should be collected at breathing zone height in a grid pattern throughout the gymnasium. The location with the highest observed reading, if any, should be selected for the air sampling test by NIOSH Method 6009. Air samples should be set up in the center of the room initially and moved as needed to adjust for the documented readings.

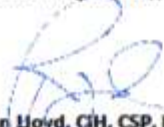
If elevated concentrations of mercury are identified, additional samples may be recommended in adjacent areas such as locker rooms, coach and PE offices, bathrooms, and hallways.

**STEP 4 – Prepare Technical Report**

Upon completion of assessment and sampling activities, a technical report should be prepared summarizing observations made during the investigation and recommendations for remediation or additional sampling. The report should include, but not be limited to; site plan, air sampling certificates of analysis, calibration documentation, photographs, and other information gathered during the project.

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**From:** "DOH-Health Public" <Publc.Health@doh.nj.gov>

**Date:** Apr 1,2019 11: 02:56 AM

Dear Healthy New Jersey 2030 Partners and Stakeholders:

The New Jersey Department of Health (NJDOH) is in the early development phase of the **Healthy New Jersey** (HNJ2030) initiative to promote, strengthen, and evaluate the State's efforts to improve the health and well-being of all people, and advance health equity. At this time, we are seeking qualified experts to become members of the **HNJ2030 Advisory Council** (HNJAC). The HNJAC will be a small team comprised of persons external to the NJDOH who are connected to the state's overall public health system, which includes not just health departments and health care services, but community groups, researchers, non-profits, foundations, and other entities charged with maintaining or improving aspects of public health and safety, including the environment, transportation, food and nutrition, education, housing, public policy, and more.

If you or a colleague are committed to working together to improve the health and well-being of all NJ residents and would like to help guide statewide public health *improvement*, please visit <https://www.state.nj.us/health/chs/hnj2020/about/hnj2030/hnjacjobdesc.shtml> to read a complete description of requirements and duties and to apply to become a member. The deadline to apply is **April 30, 2019**.\*

If you *would* like to be involved in HNJ2030 but can't commit to becoming a HNJAC member, other opportunities will be announced later regarding topic-specific workgroups.

*Please feel* free to share this email with others you think may be interested.

Healthy New Jersey Coordinating Committee

Maria Baron • Loretta Kelly • Alison Shippy • Kaitlyn Woolford • Kelly Anderson-Thomas  
New Jersey Department of Health



\*Although the deadline for joining the Council has passed, NJLBHA wants its members to know about this initiative and to be alert for future developments and opportunities.



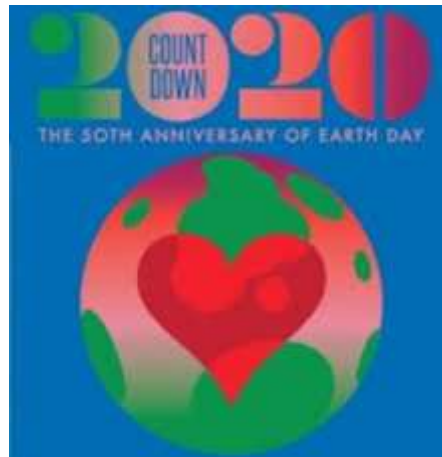


Greetings New Jersey,

Happy Earth Day! More than 1 Billion people in 192 countries take part in what is the largest civic-focused day of action in the world. The Earth Day Network has monitored the planet since 1970. Let's plan early for April 22, 2020 to participate in the 50th Earth Day Celebrations. For more information, contact: [www.earthday.org](http://www.earthday.org).

Also, the 2020 United States Census Bureau is beginning their recruitment process. Please contact them directly to learn more about their mission, goals, policies, and recruitment efforts at [www.2020census.gov](http://www.2020census.gov).

We would like to thank: The Daily Record, Asbury Park Press, Courier-Post, Star Ledger, Home News Tribune, Press of Atlantic City, The Trentonian, The Jersey Journal, The Times of Trenton and Insider NJ for their continued support of NJLBHA and PHACE.



Yes, count me (us) in as a part of the Association!

Yes, count me (us) in as a part of the Association that gives New Jersey's Boards of Health and their members a voice in Trenton, a way to communicate among ourselves, a force for progress in public health and more knowledge for board members.

**Full Board, Regular Membership \$95**

Board membership is open to municipal, county and regional Boards of Health. All board members are included for the calendar year.

**Individual, Regular Membership \$20**

Individual membership is open to current members of municipal, county or regional boards of health whose full board is not a member.

**Individual, Associate Membership \$20**

Associate membership is open to past Board of Health members, students, or other individuals interested in public health. This is a non-voting membership.

**Institutional Membership \$95**

Institutional membership is open to organizations, including environmental groups, planning boards, or other municipal or county agencies, committees, commissions, or councils. This is a non-voting membership.

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- Our board of health is an autonomous board
- Our board of health is an advisory board
- The governing body of our town is the board of health

Please send your check or purchase order to : New Jersey Local Boards of Health  
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**Open Call**

New Jersey Local Boards of Health Association is announcing an open call to New Jersey residents, inviting you to submit your letter of interest for consideration in filling vacant positions on our Executive Board. Please Mail to NJBLHA , Attention: Mr. John Saccenti, P.O. Box 5069, Kendall Park, NJ 08824



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