

# New Jersey Local Boards of Health Association

# Newsletter

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# President's Message

Dear Fellow Board of Health Members,

Happy New Year! I trust that you had a wonderful Holiday Season and I wish you good health and success in this New Year 2020 as we begin a new decade.

Congratulations to Judith M. Persichilli on her confirmation as Commissioner of the New Jersey



Department of Health. Ms. Persichilli began serving as Acting Commissioner in August 2019 and she brings a wealth of knowledge and expertise to the position as well as being the first registered nurse to hold this position.

The NJLBHA's 2019 Annual Awards Dinner was held on December 5<sup>th</sup>. with great success. A couple of milestones were achieved:

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The Walter A. Stein Public Health Advocate of the Year award, so named in honor and memorization that one of our founding members, was awarded to Paul David Roman.

Christopher Saccenti, Board of Health Member of the Year awarded to Senator Robert Singer.

Public Health Legislator of the Year awarded to Assemblyman Herb Conaway.

It was a lovely evening to share and celebrate the accomplishments of our colleagues across all sectors of public health. Pictures of the event are within this newsletter and on our website.

Year 2019 was challenging and no doubt so will year 2020. Some of these public health issues are:

- 1. Opioid addiction/substance abuse and the rise in homelessness and sidewalk tent living in urban areas. These conditions are accompanied with its own set of issues some of which are: malnutrition, illness, unsafe and unsanitary living conditions and vulnerability to dreadful highly contagious diseases.
- 2, The continuing widespread use of flavored vaping product and e-cigs among our youth is alarming. Federal and local governments are acting to prohibit and or limit the sale of flavored products.
- 3. The resurgence of measles, Rubeola, continues to cause great concern for public health and safety. The resurgence of preventable communicable disease(s) has required lawmakers to reevaluate immunization exemptions.

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The NJ State Senate is working to bring forth a bill that clarifies mandatory vaccination exemptions for school age children. NJLBHA and PHACE support this legislation. If you support this bill, contact your Senate Health Committee Member to garner their support for passage. As is traditional, public health will continue its mission to inform and educate.

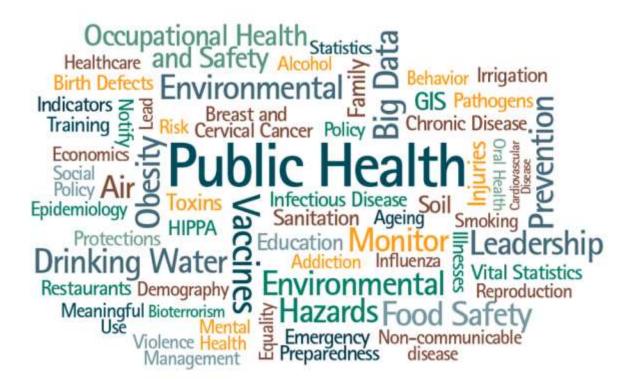
Your Association is looking forward to continuing working with Commissioner Ms. Persichilli and OLPH Director Shereen Semple; maintaining our close association with our sister health organizations; advocating for public health policy; and continuing partnership with the legislature.

Your membership and participation in your State Association is important and needed. *Join* your state association, NJLBHA. Become an active member or select members from your Boards of Health to represent your concerns at the executive level. All are welcome. Visit our website at www.njlbha.org.

If you have questions, would like to participate or just attend meetings, please contact me at <a href="mailto:President@njlbha.org">President@njlbha.org</a>.

Christine Harris, BA, MPA, CBHM

President





# LEGAL CORNER Michael Richmond, Esq., NJLBHA Legal Counsel

## MANDATORY INOCULATIONS AND THE FREEDOM OF RELIGION

This is one of the most difficult Legal Corners I have written. In the last days of the 2018-2019 legislative session of New Jersey, a bill to remove religious objections to mandatory inoculations failed to pass. The bill had passed the Assembly by a vote of 45 Yes, 25 No, 4 Not Voting and 6 Abstain. The Senate voting on the last day of the 2019 legislature was 18 For 15 No and 7 Not Voting.

# Those Not Voting were:

Dawn Addiego-Distr 8; Richard Codey- Distr 27; Christopher Connors -Distr 9; Nilsa Cruz-Perez-Distr 5; James W. Holzapfel- Distr 10; Joseph Lagana-Distr 38 and Brian Stack- Distr 33 Under normal circumstances the leadership would have put the bill off to another day. But there weren't any more days. Even though the bill received more votes for passage than against, the bill did not receive 21 yes votes which were required for passage.

Senator Weinberg has pre-filed a duplicate of Bill S2173 in the new legislative session under S903.

S-2173 did not remove the exemption to vaccination where such vaccination was medically contraindicated. A doctor could still provide the school system with a certification as to why a vaccination should be postponed or not given at all. There was no change to that portion of the law. New York and other states have passed legislative mandates for mandatory inoculations and voiding the exemption of not taking inoculation because of religious objections.

One draft of the New Jersey bill to limit exemptions from mandatory inoculations would have some governmental body determining whether a religion actually prohibited the mandatory inoculations. Several legislators felt that trying to determine the mandates of a religion by a governmental body was more of a violation of the First Amendment than simply eliminating the religious objection to receiving the mandated inoculations.

Most authorities, agree that currently there are only three religious groups that object to all forms of vaccine inoculations: Christian Science, Dutch Reformed Church and Congregation of Universal Wisdom. This is based upon an article by John Grabenstein who published a paper on religious beliefs surrounding immunizations in the journal *Vaccines*.

Cont'd

Members of the Catholic Church and numerous Protestant groups object to any vaccine created using aborted fetal cells. The Children's Hospital of Philadelphia has a very good webpage on the vaccines that use fetal tissues including a video . According to that source the following vaccines are developed using fetal tissue: Varicella (chickenpox), rubella (the "r" in MMR vaccine), hepatitis A, and one preparation of rabies vaccine. Two combination vaccines Pentacel and Quadracel contain polio vaccine grown in fetal cells. Since 2015 it is not possible to obtain a vaccine that has each of the mumps, rubella, and measles separate from each other.

The fetal tissue used in the preparation of the vaccines was acquired in the 1960's. Parents will have to meditate long and hard as to whether they want to protect their children who are alive today from diseases that can kill them, even if it means using tissues from fetuses' who were aborted 60 years ago.

Parents who continue to object to their children receiving vaccines developed using fetal tissue have the alternative to having their children either home schooled or attending a school which does not require the vaccinations.

A chart setting forth the vaccines currently required for a child to attend public school in New Jersey follows.

Courts have generally given religions great latitude. But the polestar has always been that the practices of the religious faith did not impact adversely on the society at large.

There is a very distinct difference between a religion which has as one of it tenants an objection to inoculations and a philosophical objection to inoculations. There is no constitutional protection for the later position.

Our current status where the possibility of an epidemic of various diseases is considered not likely, is based upon what is known as a "herd immunity". "Herd immunity" generally results when more than 90% of a group is immune to a disease, either through natural immunity or vaccination. For decades our society has relied upon the "Baby Boomers" to provide "Herd Immunity" for Varicella (chickenpox), MMR (Measles, Mumps, and Rubella) and Polio. Which were diseases which members of that generation generally contracted as children and so developed an immunity, or received immunizations in the case of polio. The DTaP and Tdap have been available for decades.

As members of the "Boomers" pass on, it will be ever more important that the new generations be inoculated. The diseases which we members of the "Boomers" considered a rite of passage where few if any died, have mutated into much more dangerous diseases.

All of the inoculations which required are inoculations that have been well tested and found to be necessary.

Any legislation which impacts on freedom of religion will be tested in the courts. If S-2173 or its successor is adopted and signed by the Governor, there will be a court challenge. That challenge will last several years That legal battle needs to be fought.





New Jersey Minimum Immunization Requirements for Kindergarten-Grade 12 Attendance N.J.A.C. 8:57-4 Immunization of Pupils in School

## Guide for checking compliance

Step I: Each child attending/enrolling must present documentation of immunizations or valid medical or religious exemption to vaccines. To order to allow a child to enter school, he/she must have at least one dose of each age-appropriate required vaccine.

- Step 2: Determine child's present grade level.
- Step 3: Compare the child's record with the requirements listed on the chart below.

Grade	Minimum Number of Doses for Each Vaccine						
Level/child enters school:	DTaP Diphtheria, Tetanus, acellular Pertussis	Polio Inacti- vated Polio Vaccine (IPV)	MMR (Measles ,Mumps, Rubella)	Varicella (Chicken pox)	Hepa- titis B	Meningococ- cal	Tdap (Tetanus, diphtheria, acellular pertus- sis)
Kindergarten - 1 <sup>st</sup> grade	A total of 4 doses with one of these doses on or after the 4th birthday or any 5 doses.	A total of 3 doses with one of these doses given on or after the 4 <sup>th</sup> birth- day or any 4 doses	2 doses	1 dose	3 doses	None	None
2 <sup>nd</sup> - 5 <sup>th</sup> grade	3 doses  NOTE: Children 7 years of age and older, who have not been previously vaccinated with the pri- mary DTaP series, should receive 3 doses of Tetanus, diphtheria (Td)	3 doses	2 doses	1 dose	3 doses	None	None
6th grade and higher	3 doses	3 doses	2 doses	1 dose required for chil- dren born on or after 1/1/98§	3 doses	1 dose required for children born on or after 1/1/97 given no earlier than 10 years of age	1 dose required for children born on or after 1/1/97 ••

#### Immunizations cont'd

Additional vaccines are recommended by the Centers for Disease Control and Prevention (CDC). The chart above lists only the vaccines that <u>are required</u> for school attendance in NJ. Please note that unvaccinated children, including those with medical and/or religious exemptions, may be excluded from school during a vaccine preventable disease outbreak or threatened outbreak to ensure public health safety. For the complete CDC Recommended Immunization Schedule, please visit <a href="http://www.cdc.gov/vaccines/schedule/index.html">http://www.cdc.gov/vaccines/schedule/index.html</a>.

The Antibody Titer Law (Holly's Law, NJSA 26:2N-8-11), passed on January 14, 2004,

For more information, please visit <a href="http://nj.gov/health/cd/documents/antibody\_titer\_law.pdf">http://nj.gov/health/cd/documents/antibody\_titer\_law.pdf</a>

\* <u>DTaP</u>: Children who previously attended child care/preschool should have received 4 doses since the requirement to receive the fourth birthday booster dose (5<sup>th</sup> dose) does not apply until the child attends Kindergarten. However, if one of these 4 doses was given after the 4<sup>th</sup> birthday, this child will not need an additional dose for Kindergarten. Children will need 5 doses if all doses were administered <u>prior to</u> the 4<sup>th</sup> birthday in order to enter Kindergarten.

<u>Polio</u>: Children who previously attended child care/preschool should have 3 doses since the requirement to receive the fourth birthday booster dose (4<sup>th</sup> dose) does not apply until the child attends Kindergarten. However, if one of these 3 doses was given after the 4<sup>th</sup> birthday, this child will not need an additional dose for Kindergarten.

Children will need 4 doses if all doses were administered <u>prior to</u> the 4<sup>th</sup> birthday.

t A child is required to receive two doses of measles, one dose of mumps, and one dose of rubella once he/she enters Kindergarten. Since single antigen (separate components of the vaccine) is not readily available, most children will have two MMR vaccines.

The Antibody Titer Law (Holly's Law, NJSA 26:2N-8-1 l), passed on January 14, 2004, requires the New Jersey Department of Health (NIDOH) to accept serologic evidence of protective immunity to measles, mumps and rubella in lieu of the second ACTP recommended measles, mumps and rubella vaccine. For more information, please visit <a href="http://nj.gov/health/cd/documents/antibody titer law.pdf">http://nj.gov/health/cd/documents/antibody titer law.pdf</a>.

§ Varicella vaccine is only required for children born on or after January 1, 1998. A child will not have to receive the varicella vaccine if he/she previously had chickenpox as long as a parent can provide the school with one of the following: 1) Documented laboratory evidence showing immunity (protection) from chickenpox, 2) A physician's written statement that the child previously had chickenpox, or 3) A parent's written statement that the child previously had chickenpox.

1 Two doses of hepatitis B vaccine is acceptable if child received the vaccine between 11-15 yrs. of age AND the vaccine is identified as Adolescent Formulation.

Children who present documented laboratory evidence of hepatitis B disease or immunity, constituting a medical exemption, shall not be required to receive hepatitis B vaccine.

•• Tdap and Meningococcal vaccines are required for all entering 6<sup>th</sup> graders who are 11 years of age or older; 6<sup>th</sup> graders < 11 years must receive Tdap and meningococcal vaccines once age 11 is reached.

For the complete list of "NJ Immunization Requirements Frequently Asked Questions", please visit <a href="http://nj.gov/health/cd/imm.shtml">http://nj.gov/health/cd/imm.shtml</a>.

# 2019 Novel Coronavirus



#### What is a novel coronavirus?

Novel (meaning "new") coronavirus is a virus strain that has only spread in people since December 2019. Health experts are concerned because little is known about this new virus and it has the potential to cause severe illness in some people.

#### How does novel coronavirus spread?

Health experts are still learning the details about how this new coronavirus spreads. Other coronaviruses spread from an infected person to others through:

- · The air by coughing and sneezing
- · Close personal contact, such as touching or shaking hands
- · Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes
- In rare cases, contact with feces (poop)

#### How severe is novel coronavirus?

Health experts are still learning about the illness caused by the new virus. People infected have had illness that has ranged from mild (like a common cold) to severe pneumonia that requires medical care in a hospital. So far, deaths have been reported mainly in older adults who had other health conditions.

## What are the symptoms?

People who have been diagnosed with novel coronavirus have symptoms that may appear in as few as two days or as long as 14 days after exposure to the virus. Symptoms may include fever, cough, and shortness of breath.







# Who is at risk for novel coronavirus?

Currently, there is a widespread outbreak in Wuhan, China. At this time the risk in the U.S. to the general public is low. At this time, there are a small number of cases in the U.S. To limit the risk of spread, health officials are working with healthcare providers to promptly identify and evaluate anyone they think may have the virus.

Travelers to and from certain areas of the world may be at increased risk. See wwwnc.cdc.gov/travel for the latest travel guidance from the CDC.

# How can I prevent from getting novel coronavirus?

If you are traveling overseas (to China, but also to other places) follow the CDC's guidance at www.nc.cdc.gov/travel.

Right now, the novel coronavirus has not been spreading widely in the United States, so there are no additional precautions recommended for the general public. Steps you can take to prevent spread of flu and common cold will also help prevent coronavirus:

- Wash hands often with soap and water. If not available, use hand sanitizer.
- Avoid touching your eyes, nose or mouth with unwashed hands.
- Avoid contact with people who are sick.
- Stay home while you are sick and avoid contact with others.
- Cover your mouth and nose with a tissue or sleeve when coughing or sneezing.

Currently, there are no vaccines available to prevent novel coronavirus infections.



# How is novel coronavirus treated?

There is no specific treatment for coronavirus. Most people with mild coronavirus illness will recover on their own by drinking plenty of fluids, resting, and taking pain and fever medications. However, some people develop pneumonia and need medical care or treatment in a hospital.

For more information: https://www.nj.gov./health/cd/topics/ncov.shtml

Follow the New Jersey Department of Health on <u>Twitter</u> @njdeptofhealth, <u>Facebook/njdeptofhealth</u> and <u>Instagram@njdeptofhealth</u>.



**Maternal Health** 

Governor Murphy Declared January 23, 2020 as Maternal Health Awareness Day. Read the full Proclamation here: <a href="https://www.nj.gov/health/Maternal%20Health%20Awareness%20Day">https://www.nj.gov/health/Maternal%20Health%20Awareness%20Day</a> Proclamation%2001-23-20-rotated.pdf.



View or download resources for celebrating and promoting Maternal Health Awareness in your community or organization <a href="http://rwjms.rutgers.edu/documents/MHADNJ/MHADNJ%20Publicity%20Kit%20Overview">http://rwjms.rutgers.edu/documents/MHADNJ/MHADNJ%20Publicity%20Kit%20Overview</a> 2020.pdf.

# "Wanna be an Executive?" by Paul David Roman, Past President

# To my fellow Board Members:

Whether you are an Executive in your nonpublic health world or not, we want to make you an Executive if you are willing and worthy.

The New Jersey Local Boards of Health Association, (NJLBHA) has as its leadership group an Executive Committee made up of our President, Executive VP, Membership VP, Communications VP, Secretary, Treasurer, and At-Large members (originally on a regional basis), usually no more than seven. This body performs the governance function for our Association and provides the leadership on behalf of our member Boards and individuals. We are the de-facto representative for the almost 450 local Boards and their nearly 3200 elected or appointed members throughout New Jersey. We speak on your behalf to the State, its agencies and officials and in other forums such as the PHACE (Public Health Associations Collaborative Effort) consortium.

An Executive body charged with the above responsibilities, must have strong representative participation for those of whom we speak. **We need you**. There are currently at least 6 seats open for At-Large members and this Spring, we will be holding our Annual Election for many of our Executive Committee positions. We would like to hear from you and particularly your desire to serve. We can meet you individually or at one of our Executive Committee Meeting, for consideration. Meetings are held on Saturday Mornings at 10:30am in the South Brunswick Township Hall. Our next few dates are, February 15<sup>th</sup>, March 7, April 4, and May 2 with our Annual Meeting tentatively scheduled for June 6<sup>th</sup>.

For whatever reasons you chose to belong to a local board of health, you are giving of your time, your interest, and your expertise to a vital community function. This is an opportunity to rise to the next level of involvement and participation. Won't you please consider this offer and join us in leading a fine organization which has had many successful opportunities to assist you or your peers since 1992? Public Health is constantly evolving. We must address the new challenges as well as remain alert to the old persistent ones that never go away.

Help us to help you and give us your time and talent.



# We would love to hear from you!

Do you have any important news or event information you would like to share on our website or in our newsletter? Please send it to nilbhanews@gmail.com.

Laura O'Reilly, RN, MSM, VP Communications



The NJLBHA Annual Public Health Awards dinner in December 2019 at Pierre's in South Brunswick was a great success! Public Health Professionals and volunteers gathered to recognize the achievements of our colleagues.

Is there anyone you would like to recognize? Please keep them in mind when we send out next year's nomination forms.

# **Highlights of the evening:**

Walter A. Stein , recently deceased, 1 of 6 Founders and Past President of NJLBHA was recognized and missed by all.

Paul David Roman, past president of NJLBHA was the first recipient of the renamed in memoriam, the Walter A. Stein Public Advocate of the Year Award.

Senator Singer was the recipient of the BOH Member of the Year Christopher Saccenti Award

Karen LaRussa was the recipient of the Public Health Educator of the Year Award. (City of East Orange)

Kevin G. Sumner was the recipient of the **Health Officer of the Year Award**. (Middlebrook Regional Health commission)

Erin DePalma was the recipient of the Registered Environmental Specialist of the Year Award. (Fort Lee)

Claudette Murdock recipient of the Public Health Nurse of the Year Award (Englewood Health Department)

Shanice Johnson was recognized for Public Health Education, for her work with the Morris County Office of Health Management and the North Jersey Health Collaborative

Aben Lee was recognized for Public Health Nursing, Fort lee Health Department

Robert Uhrik was recognized for Registered Environmental Health, South Brunswick Health Department

Lucy Forgione was recognized as Health Officer, Bernards Township Health Department

Christopher Merkel was recognized as Health Officer in Monmouth County

Trevor Weigle was recognized as Health Officer, Mt. Olive township Health Department

View and download photos form this event at: https://www.njlbha.org/Pages/AnnualAwardDinner.html

# 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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