

# New Jersey establishes a Rapid Response Team to provide timely support for COVID-19 and non-COVID-19 related investigations



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CATEGORY: **Epidemiology and Laboratory Capacity (ELC)**

The New Jersey Department of Health established a Rapid Response Team to support COVID-19 and non-COVID-19-related disease investigations. The team can quickly pivot to assist various communicable disease response and data quality assurance activities.



## The “What”

The declaration of SARS-CoV-2 (COVID-19) as a global pandemic in March 2020 led to a surge in hospital admissions, stressing our health care and public health systems. This unprecedented crisis exposed the urgent need for bolstered support within the New Jersey Department of Health (NJDOH), particularly the Communicable Disease Service (CDS). This was an all-hands-on-deck situation on both the local and state levels, which impacted investigations of other communicable diseases, public health surveillance, and other critical services.

In early 2021, NJDOH utilized Epidemiology and Laboratory Capacity for the Prevention and Control of Emerging Infectious Diseases (ELC) funding to establish a Rapid Response Team (RRT). This team provides rapid support to subject matter experts (SMEs) within CDS as well as to local health departments (LHDs) for COVID-19 and non-COVID-19-related disease investigations. RRT is comprised of twelve members from various backgrounds including social services, nursing, public health epidemiology, health education, and environmental health. Additionally, there are three bilingual (Spanish) team members available to conduct case interviews as well as translate education materials. RRT can be implemented regionally, or for individual support in a county or municipality.

RRT played a pivotal role in assisting LHDs throughout the entire state during major outbreaks by conducting case investigations; monitoring travelers, cases, and contacts; and performing COVID-19 contact tracing.

Proactively training each team member in all aspects of communicable disease has allowed NJDOH to have a team in place unlike any other, should another public emergency arise.



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## The “So What”

RRT has provided invaluable support to CDS and LHDs by performing case investigation and contact tracing for COVID-19. While still in pandemic response in 2022, RRT pivoted to supporting SMEs and LHDs with case follow-up and contact monitoring for mpox (approximately 760 cases) and Ebola (approximately 270 cases).

From 2021-2023, the team reviewed COVID-19 vaccine breakthrough cases from hospital admissions in New Jersey, totaling 28,030 cases. The manual review of these cases improved data reconciliation and accuracy in reporting to show 41% of those cases were COVID-19-related hospitalizations and 38% were non-COVID-19-related hospitalizations. The team also provided support in resolving the Communicable Disease Reporting and Surveillance System (CDRSS) algorithm problems for Hepatitis C cases, updating approximately 5,500 cases within CDRSS.

Since the implementation of the team in 2021, they have worked on over 80 different disease investigations including but not limited to: multiple foodborne illnesses, vector borne illnesses, hepatitis, and Legionella case investigation and outbreak management. In 2019, multi-state salmonella cluster investigations had a turnaround time averaging seven days. RRT improved turnaround time to three days with higher numbers of long-term follow up.

Aside from investigations, RRT has worked on approximately 27 different data driven assignments including but not limited to vector borne illnesses, influenza, Hepatitis C, and long-term care COVID-19 outbreaks.

## The “Now What”

The flexibility of the RRT can quickly pivot and respond where needed when there are staff shortages or outbreak surges. Additionally, the team has improved accuracy of data collection and timeliness of communicable disease investigations. RRT has been able to develop partnerships with internal and external stakeholders throughout the public health community. RRT aims to expand its reach to partner statewide with all LHDs.

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Key contributors to this project include Kimberly Goskowski, New Jersey Department of Health.