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Asthma in New Jersey

Introduction

Asthma is a chronic respiratory disease that is characterized by inflammation and episodic narrowing of the airways. Symptoms may include shortness of breath, coughing, wheezing, chest pain, and chest tightness. Asthma cannot be cured and with the exception of work-related asthma (WRA), research has not identified how to prevent asthma from occurring. However, critical breakthroughs in science have generated a body of information that can be effectively used to control asthma enabling most people who are affected to live active and healthy lives.

Asthma control can usually be achieved through adherence to an effective medical management plan, treatment of coexisting medical conditions and avoidance of environmental and occupational triggers. Since 1991, the National Asthma Education and Prevention Program (NAEPP) of the National Heart, Lung and Blood Institute (NHLBI) has convened three expert panels to develop and update *Guidelines for the Diagnosis and Management of Asthma*. These Guidelines translate scientific findings into recommendations for patient care. Published in 2007, *Expert Panel Report 3 (EPR3): Guidelines for the Diagnosis and Management of Asthma* is organized around four essential components of asthma care including assessment and monitoring, patient education, pharmacologic treatment, and control of environmental factors and other health conditions that can affect asthma.¹

Despite clinical and pharmacologic advancements related to asthma care, many patients experience uncontrolled asthma which can result in activity limitations, missed school days, missed work days, hospitalizations, emergency department visits, and even death. These outcomes are generally considered avoidable; yet, they occur frequently placing a tremendous burden on patients, their families, and the State in terms of reduced quality of life, lost productivity, occupational impairment, educational disruption, decreased income, and increased health care related expenditures. The Asthma and Allergy Foundation of America estimates the annual total cost of asthma in New Jersey was nearly \$324 million in 1998.²

The purpose of this report is to provide statewide surveillance data that will assist individuals and organizations in their efforts to reduce the burden of asthma in New Jersey. With funding from the Centers for Disease Control and Prevention (CDC), the New Jersey Department of Health and Senior Services (NJDHSS) maintains a comprehensive surveillance system to monitor and report on asthma prevalence, emergency department visits, hospitalizations, deaths and various factors that are associated with the disease. NJDHSS also implements a WRA surveillance project that has been funded by the National Institute for Occupational Safety and Health (NIOSH) since 1988. The data included here provides information about the burden of asthma, associated factors, and changes that occur over time. This information can be used to:

- Plan, implement, and evaluate interventions
- Target interventions and resources for populations most affected
- Inform legislation or public policies
- Impact school, work, or other institutionally based policies
- Inform clinical practice
- Revise the goals, objectives, or activities of programs or organizations
- Generate hypotheses or stimulate research activities
- Provide support for funding proposals
- Communicate information about asthma

This version of “Asthma in New Jersey” includes the most recent statewide surveillance data on asthma. It is the fourth in a series of planned updates to the information and data that was first presented in “Asthma in New Jersey” (2003). “Asthma in New Jersey” will now be published as individual chapters that can be updated independently and used as stand-alone documents (Table 1).

Table 1		
Asthma in New Jersey		
Chapter	Status	Publication Date
Introduction	Completed	2010
Chapter 1: Lifetime Asthma and Current Asthma	Completed	2010
Chapter 2: Work-related Asthma	Planned	
Chapter 3: Children Living with Asthma	Planned	
Chapter 4: Adults Living with Asthma	Planned	
Chapter 5: Emergency Department Visits	Planned	
Chapter 6: Hospitalizations	Planned	
Chapter 7: Mortality	Planned	
Conclusion	Planned	

Acronyms:

ED – Emergency Department

EPR3 – Expert Panel Report 3

NAEPP – National Asthma Education and Prevention Program

NHLBI – National Heart, Lung and Blood Institute

NIOSH – National Institute for Occupational Safety and Health

WRA – Work-Related Asthma

CDC – Centers for Disease Control and Prevention

NJDHSS – New Jersey Department of Health and Senior Services

Definitions:

Public Health Surveillance – “Ongoing, systematic collection, analysis, and interpretation of health-related data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those responsible for prevention and control.”³

Lifetime Asthma – Proportion of the population who reports ever having asthma at a single point in time

Current Asthma – Proportion of the population who reports having asthma at a single point in time

References:

1. National Heart, Lung, and Blood Institute. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, August 2007.
Available: <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>
2. Asthma and Allergy Foundation of America. State Costs at a Glance-1998.
Available: <http://www.aafa.org/display.cfm?id=6&sub=63&cont=142>
3. Centers for Disease Control and Prevention. Overview of Public Health Surveillance, Accessed June 11, 2010.
Available: <http://www.cdc.gov/ncphi/diss/nndss/phs/files/overview.ppt>

Acknowledgements:

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For more information about the NJ Asthma Awareness and Education Program:

www.nj.gov/health/asthma

For asthma resources from the Pediatric Adult Asthma Coalition of New Jersey (PACNJ):

www.pacnj.org

For work-related asthma resources from the NJ Occupational Health Surveillance Program:

www.state.nj.us/health/eoh/survweb/wra

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