Epi Monthly

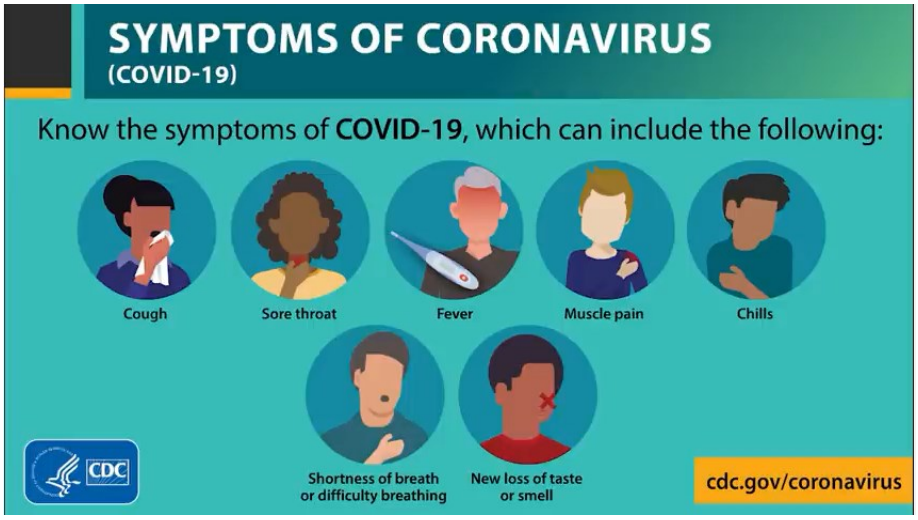
Florida Department of Health in Miami-Dade County May 2020 Vol 21, Issue 5

Public Health LOOK OUT!

- Hurricane season begins June 1st. Preparing for hurricane season during the COVID-19 pandemic can be challenging, that is why it is important to plan ahead. For advice from emergency response professionals please visit the CDC's dedicated page: Preparing for Hurricanes During the COVID-19 Pandemic.
- June is PTSD Awareness Month. There are about 8 million people in the United States with posttraumatic stress disorder (PTSD), a mental health problem that some people develop after experiencing or witnessing a life-threatening event. Everyone with PTSD, whether they are veterans or survivors of sexual assault, serious accidents, natural disasters, or other traumatic events, needs to know that treatments are available and can lead to a better quality of life.
- National HIV Testing Day (NHTD) was first observed on June 27, 1995. NHTD is a day to encourage people to get tested for HIV, know their status, and get linked to care and treatment. Visit locator.hiv.gov to find HIV services near you.

For the most recent information on COVID-19 in Florida please visit:
https://floridahealthcovid19.gov/

In this Issue



Florida Department of Health in Miami-Dade County
Epidemiology, Disease Control, and Immunization Services
8175 NW 12th Street, Suite 316
Miami, FL 33126
Phone: 305-470-5660
Fax: 305-470-5533
eFax: 786-732-8714

What You Can do if You are at Higher Risk of Severe Illness from COVID-19

Are You at Higher Risk for Severe Illness?

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
  - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

Here's What You Can do to Help Protect Yourself

Stay home if possible.

Wash your hands often.

Avoid close contact and stay at least 6 feet (about 2 arms' length) from other people.

Clean and disinfect frequently touched surfaces.

Cover your mouth and nose with a cloth face cover when around others.

Cover coughs and sneezes.

Call your healthcare provider if you are sick.

For more information on steps you can take to protect yourself, see CDC's webpage on How to Protect Yourself

cdc.gov/coronavirus

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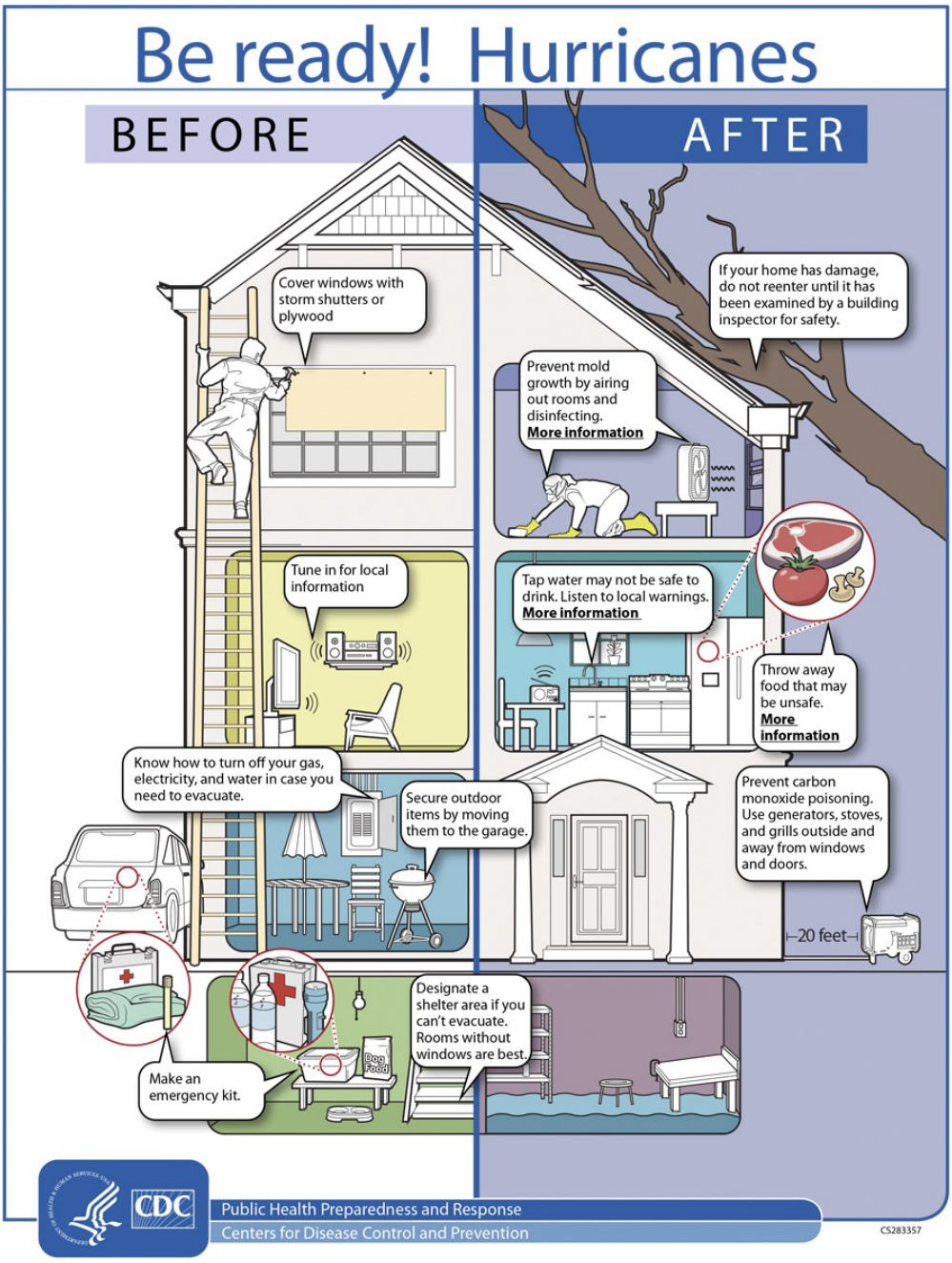


Hurricane Preparedness Resources:

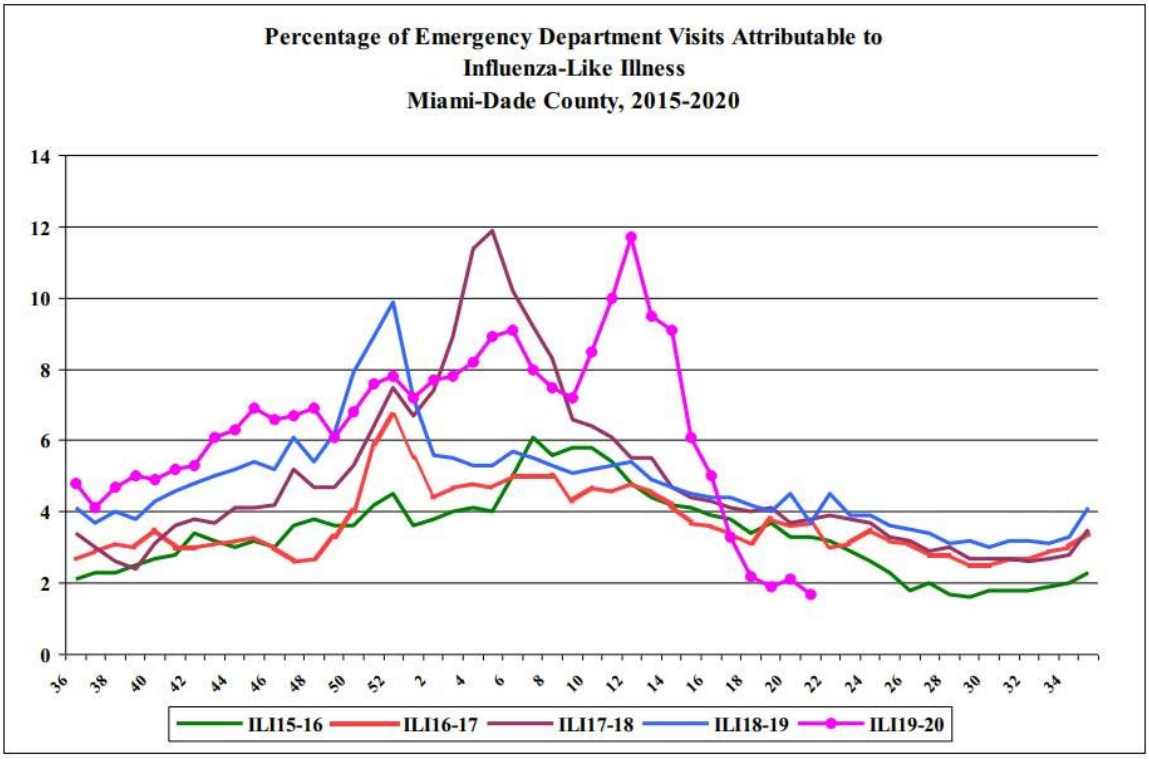
- Forecasts for storms and their impacts are available at www.hurricanes.gov
- The 2020 Disaster Preparedness Sales Tax Holiday: Taxpayer Information Publication on the 2020 Disaster Preparedness Sales Tax Holiday
- Preparing for Hurricanes During the COVID-19 Pandemic: Preparing for Hurricanes During the COVID-19 Pandemic
- Families with special needs are encouraged to sign up with the Miami Dade Office of Emergency Management Special Needs Registry.
- Create a personalized disaster plan using FEMA step-by-step guide.
- Planning for pets is important. Floridadisaster.org offers advice for pet and livestock management.
- Prepare for a Hurricane with FEMA Hurricane preparedness guide.

Florida Department of Health in Miami-Dade County
Epidemiology, Disease Control and Immunization Services

Influenza Like Illness Surveillance Report

On a daily basis, all of Miami-Dade County's emergency department (ED) hospitals electronically transmit ED data to the Florida Department of Health. This data is then categorized into 11 distinct syndromes. The influenza-like illness (ILI) syndrome consists of fever with either cough or sore throat. It can also include a chief complaint of “flu” or "ILI". This season's 2019-2020 data is compared to the previous 4 influenza seasons (2015-2016, 2016-2017, 2017-2018, 2018-2019).

Influenza-Like-Illness, All Age



Across all ages, there were 17,902 ED visits; among them 301 (1.7%) were ILI. During the same week last year, 3.7% of ED visits were ILI.

PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

Florida Department of Health in Miami-Dade County NEEDS Influenza Sentinel Providers!

Sentinel providers are key to the success of the Florida Department of Health’s Influenza Surveillance System. Data reported by sentinel providers gives a picture of the influenza virus and ILI activity in the U.S. and Florida which can be used to guide prevention and control activities, vaccine strain selection, and patient care.

- Providers of any specialty, in any type of practice, are eligible to be sentinel providers.
- Most providers report that it takes **less than 30 minutes a week** to compile and report data on the total number of patients seen and the number of patients seen with influenza-like illness.
- Sentinel providers can submit specimens from a subset of patients to the state laboratory for virus isolation **free of charge**.

For more information, please contact

Stephanie Calle at 305-470-5660.

Miami-Dade County Monthly Report
Select Reportable Disease/Conditions
April 2020

Diseases/Conditions	2020 Current Month	2020 Year to Date	2019 Year to Date	2018 Year to Date
HIV/AIDS				
AIDS*	30	123	166	154
HIV	90	409	539	500
STD				
Infectious Syphilis*	43	172	159	131
Chlamydia*	586	4192	4887	4307
Gonorrhea*	222	1420	1503	1317
TB				
Tuberculosis**	2	29	27	26
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	35	182	272	254
Chikungunya Fever	0	0	0	0
Ciguatera Poisoning	1	4	17	8
Cryptosporidiosis	1	10	19	8
Cyclosporiasis	0	1	1	0
Dengue Fever	0	7	0	0
Escherichia coli, Shiga Toxin-Producing	3	27	34	39
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	14	40	53	57
Influenza, Pediatric Death	0	0	0	1
Legionellosis	3	9	16	11
Leptospirosis	0	0	0	0
Listeriosis	1	3	0	1
Lyme disease	0	3	0	0
Malaria	0	2	2	5
Meningitis (except aseptic)	1	4	2	6
Meningococcal Disease	1	1	2	0
Salmonella serotype Typhy (Typhoid Fever)	0	0	1	2
Salmonellosis	35	178	188	140
Shigellosis	5	59	92	94
Streptococcus Pneumoniae, invasive disease	2	31	0	0
Vibriosis	0	2	4	1
West Nile Fever	0	0	0	0
Zika Virus (non-congenital)	0	0	11	13
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	0	1	9	5
Pertussis	0	7	9	6
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	3	24	40	15
Hepatitis				
Hepatitis A	1	8	14	6
Hepatitis B (Acute)	2	21	9	15
Healthy Homes				
Lead Poisoning	2	32	48	67

*Data is provisional at the county level and is subject to edit checks by state and federal agencies.

** Data on tuberculosis are provisional at the county level.

Data on EDC-IS includes Confirmed and Probable cases.

What's New at DOH Miami-Dade

The Florida Department of Health in Miami-Dade is under a mosquito-borne illness alert due to West Nile Virus. It is important to practice mosquito protection efforts such as remembering to "Drain and Cover" as well as by covering skin with clothing and repellent.

To report diseases and for information, call EDC-IS at:

Childhood Lead Poisoning Prevention Program	305-470-6877
Epidemiology and Disease Surveillance	305-470-5660
Hepatitis Program	305-470-5536
HIV/AIDS Program	305-470-6999
Immunization Services	305-470-5660
STD Program	305-575-5430
Tuberculosis Program	305-575-5415
Appointment Line	786-845-0550

About the Epi Monthly Report

The Epi Monthly Report is a publication of the Florida Department of Health in Miami-Dade County: Epidemiology, Disease Control & Immunization Services. The publication serves a primary audience of physicians, nurses, and public health professionals. Articles published in the Epi Monthly Report may focus on quantitative research and analysis, program updates, field investigations, or provider education. For more information or to submit an article, please contact Vanessa Villamil at 305-470-5643 or vanessa.villamil@flhealth.gov.

Florida HEALTH
Miami-Dade County

Epi Monthly

Florida Department of Health in Miami-Dade County April 2020 Vol 21, Issue 4

Public Health LOOK OUT!

- May is American Stroke Month. Every 40 seconds someone in the United States has a stroke. Stroke is preventable through a healthy diet, healthy weight, and physical activity. Controlling other medical conditions can also help reduce the risk. For more information and prevention tools please visit: https://www.cdc.gov/stroke/.
- World No Tobacco Day is celebrated every year on May 31st. This years campaign will focus on empowering young people o become a tobacco-free generation.
- May is also Hepatitis Awareness Month and May 19th is Hepatitis Testing Day. Hepatitis is an inflammation of the liver, which is often caused by a virus. The most common are hepatitis A, hepatitis B, and hepatitis C. For more information please visit: https://www.cdc.gov/hepatitis/awareness.

For the most recent information on COVID-19 in Florida please visit:
https://floridahealthcovid19.gov/

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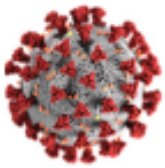
What you should know about COVID-19 to protect yourself and others



Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.

Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.

Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.

Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.

Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.

CDC

CS314987-A 04/15/2020

cdc.gov/coronavirus

10 ways to manage respiratory symptoms at home

If you have fever, cough, or shortness of breath, call your healthcare provider. They may tell you to manage your care from home. Follow these tips:

1. **Stay home** from work, school, and away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.

2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.

3. **Get rest and stay hydrated.**

4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.

5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.

6. **Cover your cough and sneezes.**

7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.

9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.

10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

CDC

Florida HEALTH

For more information: **www.cdc.gov/COVID19**
https://tinyurl.com/u7oyx4s

CS 315823-A 03/12/2020

Florida Department of Health in Miami-Dade County
Epidemiology, Disease Control and Immunization Services

Influenza Like Illness Surveillance Report

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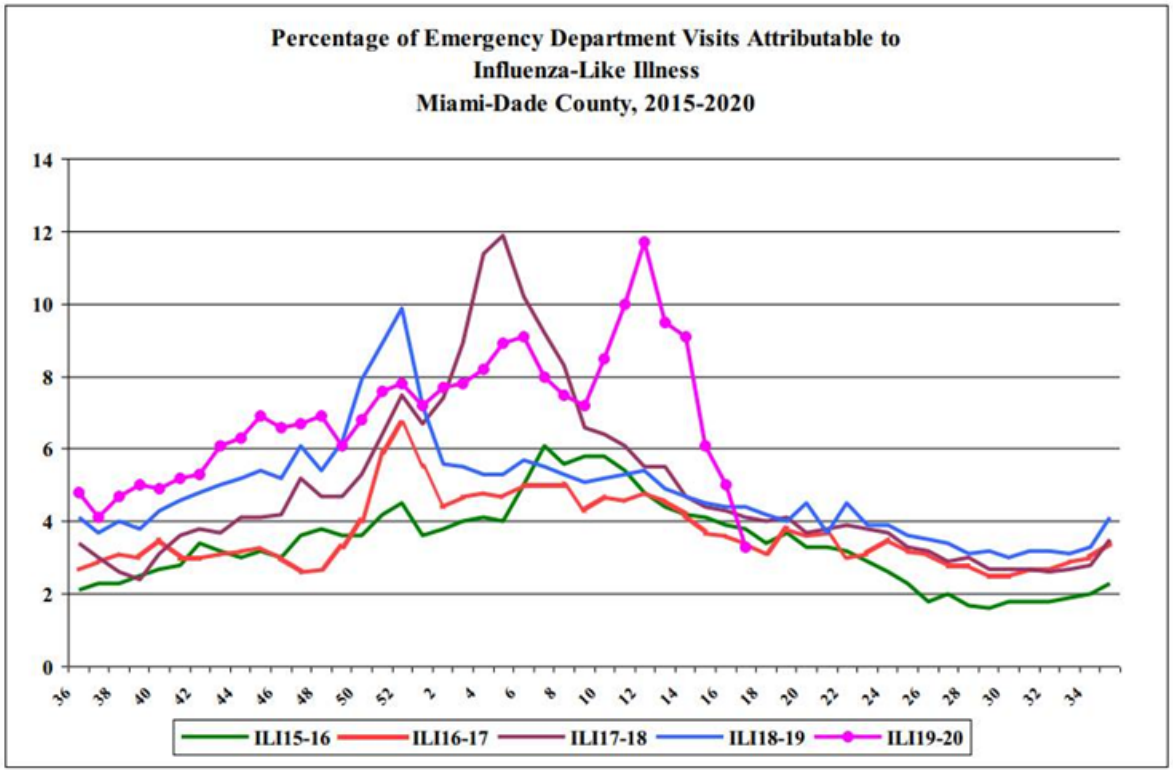
Influenza-Like-Illness, All Age



Across all ages, there were 14,623 ED visits; among them 475 (3.3%) were ILI. During the same week last year, 4.4% of ED visits were ILI.

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Miami-Dade County Monthly Report
Select Reportable Disease/Conditions
March 2020

Diseases/Conditions	2020 Current Month	2020 Year to Date	2019 Year to Date	2018 Year to Date
HIV/AIDS				
AIDS*	26	86	166	117
HIV	117	305	539	375
STD				
Infectious Syphilis*	45	129	111	99
Chlamydia*	1216	3606	3521	3199
Gonorrhea*	425	1198	1090	1001
TB				
Tuberculosis**	8	27	27	26
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	46	147	189	176
Chikungunya Fever	0	1	0	0
Ciguatera Poisoning	1	3	10	8
Cryptosporidiosis	2	9	10	7
Cyclosporiasis	0	1	0	0
Dengue Fever	2	7	14	1
Escherichia coli, Shiga Toxin-Producing	4	24	21	29
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	10	26	29	43
Influenza, Pediatric Death	0	0	0	1
Legionellosis	2	6	12	9
Leptospirosis	0	0	0	0
Listeriosis	2	2	0	1
Lyme disease	0	3	0	0
Malaria	0	2	2	4
Meningitis (except aseptic)	0	3	2	4
Meningococcal Disease	0	0	0	0
Salmonella serotype Typhy (Typhoid Fever)	0	0	1	1
Salmonellosis	43	143	118	98
Shigellosis	9	54	70	69
Streptococcus Pneumoniae, invasive disease	7	29	0	0
Vibriosis	0	2	3	0
West Nile Fever	0	0	0	0
Zika Virus (non-congenital)	0	0	8	10
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	1	1	4	4
Pertussis	1	7	7	5
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	3	21	34	10
Hepatitis				
Hepatitis A	2	7	9	4
Hepatitis B (Acute)	5	15	3	6
Healthy Homes				
Lead Poisoning	13	30	33	50

*Data is provisional at the county level and is subject to edit checks by state and federal agencies.

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Data on EDC-IS includes Confirmed and Probable cases.

What's New at DOH Miami-Dade

- All Florida Department of Health in Miami-Dade clinic services are by appointment only until further notice.
- The WIC program continues to provide services remotely via phone, email, mail, and fax. Some WIC centers remain open for clients that need to come in person. For more information and the latest updates please visit www.miamidadewc.org.

Did You Know?

There are various COVID-19 community -based testing sites across Miami-Dade County. The varying eligibility requirements and site location information is updated as the information becomes available. For more information please visit: miamidade.floridahealth.gov.

To report diseases and for information, call EDC-IS at:

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HIV/AIDS Program	305-470-6999
Immunization Services	305-470-5660
STD Program	305-575-5430
Tuberculosis Program	305-575-5415
Appointment Line	786-845-0550

The COVID-19 Call Center is available 24/7 | 1 (866) 779-6121 | COVID-19@flhealth.gov

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Epi Monthly

Florida Department of Health in Miami-Dade County March 2020 Vol 21, Issue 3

Public Health LOOK OUT!

- National Public Health Week (NPHW) is being celebrated April 6-12, 2020. While gatherings are discouraged at this time, there are still many ways to celebrate public health. For ideas on how to celebrate safely, please visit the NPHW website.
- World Immunization Week 2020 takes place from April 24-30th. The theme this year is #VaccinesWork, focusing on how vaccines protect people of all ages from diseases in a successful and cost effective manner.
- April is also National Minority Health Month. This years theme is Active & Healthy; an effort to promote the benefits of physical activity. For more information and resources please visit the Healthy People 2020's site on social determinants of health.

For the most recent information on COVID-19 in Florida please visit:
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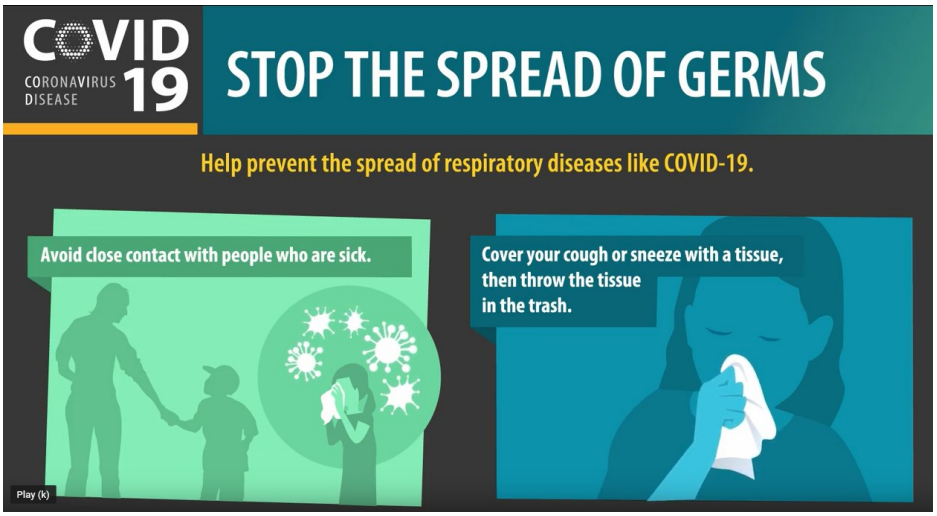

Click the image to the left to watch the video.

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COVID-19

You tested positive—now what?

Florida Department of Health • FloridaHealth.gov

Stay home.

Home isolation and at-home care is what most people will need. Be sure to:

- Keep track of your symptoms.
- Get rest and stay hydrated.
- Ask your health care provider about pain and fever medication.
- Follow the Centers for Disease Control and Prevention's guidance for at-home care: CDC.gov/coronavirus/2019-ncov/if-you-are-sick/.

Your Symptoms

Are your symptoms getting worse or better?

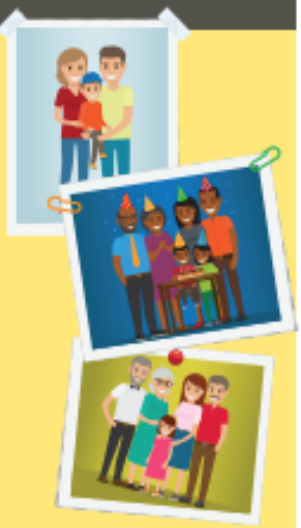
Fever Cough Shortness of Breath

If you think your symptoms are worse than a common cold or a mild flu, call your health care provider or emergency room—based on what you report, you may be asked to leave your home for medical care.

Your Household

If you share your home, don't share COVID-19.

Stay away from other people and isolate in a room. If you have access to a bathroom only you can use, that would be ideal for the household. Everyone in the home should practice hand and face hygiene.



- Cover your coughs and sneezes with your inside elbow and a tissue—throw your tissue away.
- Wash your hands often with soap and water.
- Don't touch your face.
- Wear a facemask when taking care of someone who is sick.
- Don't share personal things and household items.
- Clean all "high-touch" surfaces—door knobs, counters, refrigerator handles—every day.

People Outside of Your Household

If you've been in close contact with people outside of your home in the last 2 weeks, tell them you have COVID-19.

To stop the spread of COVID-19 in your community, share these tips:

- Stay home for 14 days starting with the day they last saw you.
- Practice social distancing: if they must leave home, keep at least 6 feet between themselves and others.
- Keep track of possible COVID-19 symptoms: fever, cough and shortness of breath.
- Find more information: FLHealthCOVID19.gov or CDC.gov/coronavirus.

Florida Health Office of Communications 05-27-20

10 ways to manage respiratory symptoms at home

If you have fever, cough, or shortness of breath, call your healthcare provider. They may tell you to manage your care from home. Follow these tips:

1. **Stay home** from work, school, and away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.

2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.

3. **Get rest and stay hydrated.**

4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.

5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.

6. **Cover your cough and sneezes.**

7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.

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CDC

Florida HEALTH

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https://tinyurl.com/u7oyx4s

CS 315823-A 03/12/2020

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Epidemiology, Disease Control and Immunization Services

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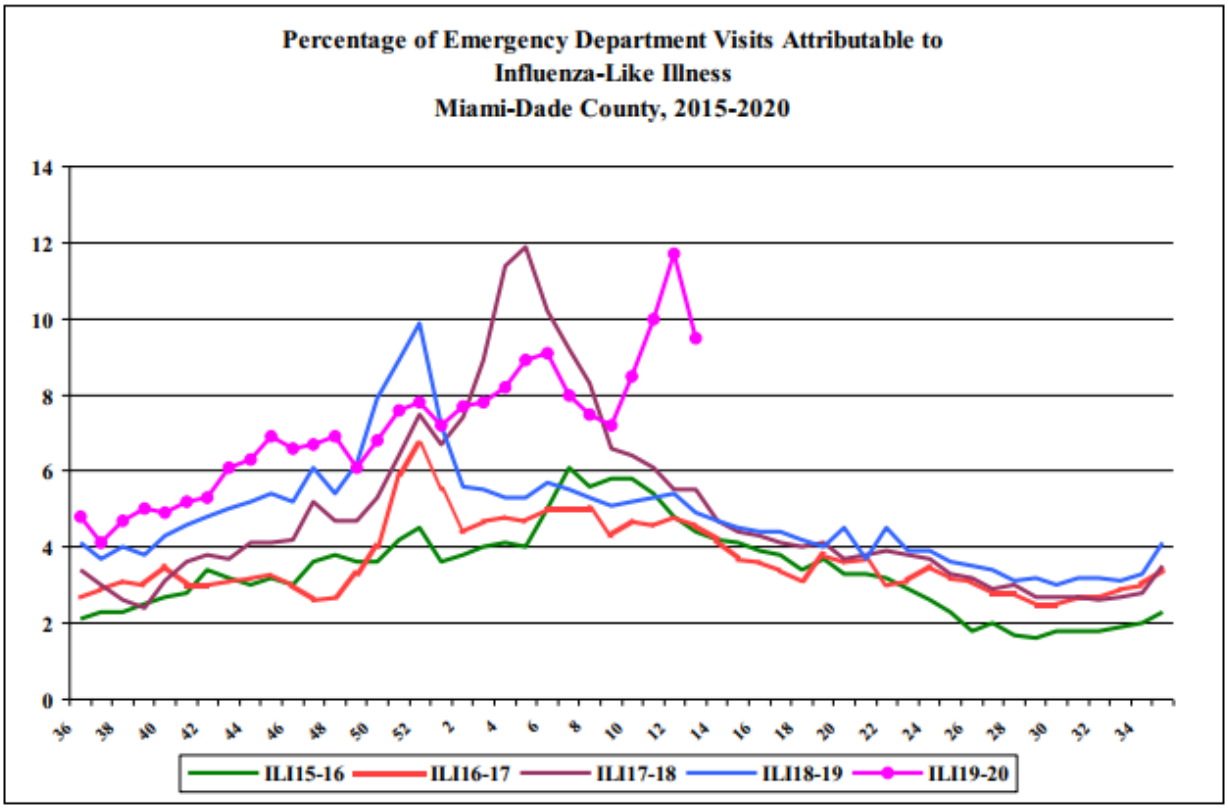
Influenza-Like-Illness, All Age



Across all ages, there were 36,412 ED visits; among them 2,987 (8.2%) were ILI. During the same week last year, 5.3% of ED visits were ILI.

PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

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February 2020

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HIV/AIDS				
AIDS*	24	62	91	80
HIV	84	200	282	224
STD				
Infectious Syphilis*	35	84	80	68
Chlamydia*	1271	2390	2324	2087
Gonorrhea*	391	773	727	651
TB				
Tuberculosis**	N/A	N/A	14	12
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	62	101	124	103
Chikungunya Fever	1	1	0	0
Ciguatera Poisoning	2	2	8	4
Cryptosporidiosis	4	7	6	2
Cyclosporiasis	0	0	0	0
Dengue Fever	4	5	14	1
Escherichia coli, Shiga Toxin-Producing	8	20	18	16
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	8	16	17	10
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	0	0	0
Legionellosis	1	4	7	5
Leptospirosis	0	0	0	0
Listeriosis	0	0	0	1
Lyme disease	2	3	0	0
Malaria	1	2	0	4
Meningitis (except aseptic)	0	3	1	3
Meningococcal Disease	0	0	0	0
Salmonella serotype Typhy (Typhoid Fever)	0	0	1	1
Salmonellosis	48	100	83	61
Shigellosis	22	45	50	41
Streptococcus Pneumoniae, invasive disease	12	22	2	7
Vibriosis	1	2	3	0
West Nile Fever	0	0	0	0
Zika Virus (non-congenital)	0	0	3	7
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	0	0	3	1
Pertussis	5	6	5	4
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	9	18	26	5
Hepatitis				
Hepatitis A	4	5	6	3
Hepatitis B (Acute)	7	12	2	4
Healthy Homes				
Lead Poisoning	9	17	23	34

*Data is provisional at the county level and is subject to edit checks by state and federal agencies.

** Data on tuberculosis are provisional at the county level.

Data on EDC-IS includes Confirmed and Probable cases.

To report diseases and for information, call EDC-IS at:	
Childhood Lead Poisoning Prevention Program	305-470-6877
Epidemiology and Disease Surveillance	305-470-5660
Hepatitis Program	305-470-5536
HIV/AIDS Program	305-470-6999
Immunization Services	305-470-5660
STD Program	305-575-5430
Tuberculosis Program	305-575-5415
Appointment Line	786-845-0550

The COVID-19 Call Center is available 24/7 | 1 (866) 779-6121 | COVID-19@flhealth.gov

About the Epi Monthly Report

The Epi Monthly Report is a publication of the Florida Department of Health in Miami-Dade County: Epidemiology, Disease Control & Immunization Services. The publication serves a primary audience of physicians, nurses, and public health professionals. Articles published in the Epi Monthly Report may focus on quantitative research and analysis, program updates, field investigations, or provider education. For more information or to submit an article, please contact Vanessa Villamil at 305-470-5643 or vanessa.villamil@flhealth.gov.

Epi Monthly

Florida Department of Health in Miami-Dade County February 2020 Vol 21, Issue 2

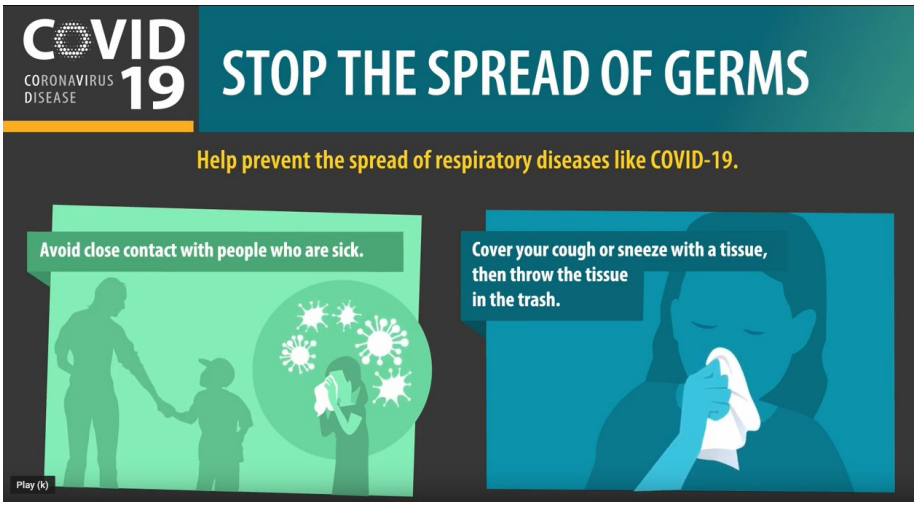
Public Health LOOK OUT!

- March 3rd is World Birth Defects Day. Worldwide, more than 10 million babies are born each year with a serious birth defect. These congenital disorders are a leading cause of death in the first year of life and affect all races and ethnicities. Babies who survive may have physical, intellectual, or developmental disabilities that can range from mild to severe. The March of Dimes and more than 100 other international organizations are teaming up for World Birth Defects Day to raise awareness of birth defects and advocate for more surveillance, prevention, care, and research to help affected babies and children.

- March 24th is World Tuberculosis Day. Tuberculosis (TB) is present in much of the world today and causes the deaths of nearly 1.5 million people each year, mainly in developing countries. World TB Day commemorates the day in 1882 when Dr. Robert Koch announced his discovery of the cause of tuberculosis. World TB Day is a day to educate the public about the impact of TB around the world and raise awareness of challenges faced in eliminating this disease, such as latent infection. For more information and resources please visit: https://www.cdc.gov/tb/worldtbday/default.htm.

- March is Brain Injury Awareness Month. The Change Your Mind public awareness campaign, led by the Brain Injury Association of America, intends to educate the general public about the incidence of brain injury and the needs of people with brain injuries. The campaign aims to de-stigmatize brain injury through community outreach, empower those who have survived brain injury, and promote support available to people living with brain injury.

In this Issue



Click the image to the left to watch the video.

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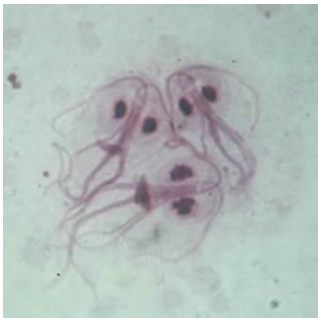
Acute Giardiasis: Transmission and Prevention

By: Patricia Perez

Background:

Acute giardiasis is the most commonly diagnosed enteric parasitic disease in the United States.[3] Caused by the protozoan *Giardia lamblia*, the disease is frequently characterized by diarrhea, malaise, bloating, nausea, foul-smelling, greasy stools, and weight loss – although some people may show no symptoms at all. Even though giardiasis is not typically associated with mortality, every year thousands of people are hospitalized in the United States due to severe dehydration and other complications associated with the infection.[6] Giardiasis prevalence can be considered an indicator of poor sanitary conditions and hygiene practices. Up to two-thirds of people infected are asymptomatic, therefore silent, inadvertent transmission of the parasite is very likely. Although giardiasis rates seem to be decreasing at the national level, in 2019 there were over 180 reported acute giardiasis cases in Miami-Dade County. Given the large number of travelers from underdeveloped countries to Miami-Dade County as well as the number of locally acquired Giardiasis cases, Miami-Dade County residents would greatly benefit from targeted education on the prevention of giardiasis.[4,5]



***Giardia lamblia* trophozoites.**
Image courtesy of DPDx, CDC

Transmission:

Anything contaminated with feces from *Giardia*-infected humans and animals has the potential to infect humans if ingested. This includes drinking any recreational water and uncooked food contaminated with the parasite. The median incubation period of *Giardia* is 7-10 days.[4] It is important to note that *Giardia* may also live up to 45 minutes in chlorinated swimming pools.[1] In addition, the parasite can be transmitted through fecal-oral means which includes certain types of sexual contact.[2,3] An infected person can excrete 1-10 billion cysts daily and since only 10-25 cysts are required for an infection to ensue, transmission within households and care facilities such as daycares is common.[3] Excreted cysts are very resilient and can even survive in the environment for months.

Who is at risk?

Anyone can get giardiasis. However, individuals who have recently visited countries with underdeveloped waste-management, or spent time in the wilderness, such as near rivers or lakes are at an increased risk. Children in day care centers and their caretakers are at an increased risk as well because of their close contact with feces. Additionally having anal sex is associated with increased risk of *Giardia* infection. Persons with HIV are at risk of having prolonged *Giardia* infections.

Prevention:

The best prevention against *Giardia* is proper and consistent handwashing. As long as a person is excreting *Giardia* cysts, they are infectious. Therefore, washing one's hands after using the bathroom or changing a diaper is essential. When spending time outdoors, individuals should avoid accidentally swallowing water from a river or lake – any outdoor water ingested should be boiled or filtered. In addition, since dogs can frequently become infected with *Giardia*, one must take extra precaution when picking up waste.[8]

Note to travelers:

Miami-Dade County has a high number of travelers to countries where giardiasis is common which can increase the risk of infection.[3] An epidemiological study conducted by the Florida Department of Health in Miami-Dade County, between 2011 and 2014 found that among the 19.8% travel-associated cases, 32.7% were from Cuba, 25% were from Central America, and 10.9% were from South America – the remaining 31.4% consisted of cases from the Caribbean, Asia, North America, Africa, and Europe.[5] When visiting these endemic areas, it is important for individuals to practice proper handwashing and avoid ingesting local water or eating foods that have been washed with contaminated water.

References:

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Creutzfeldt-Jakob Disease: There is More to it Than Mad Cows

By: Jenna Webb and Stephanie Calle

Background:

Transmissible spongiform encephalopathies (TSEs), or prion diseases, are rare, rapidly progressive neurodegenerative disorders that are fatal. Prions are abnormally folded versions of normal proteins found in humans and animals.[1,2] For human prion diseases, the cellular prion protein (PrP^{c}) is abnormally folded into the prion, scrapie prion protein (PrP^{Sc}).[3] The function of PrP^{c} is still unclear, but it is usually located in the brain.[1,2,3]

The most common human prion disease is Creutzfeldt-Jakob disease (CJD).[3] CJD was first described by German neurologists Hans Gerhard Creutzfeldt and Alfons Maria Jakob. In 1920, six patients of Creutzfeldt were experiencing progressive dementia and spasms, while having neurodegeneration. The next year, Jakob described a patient with similar symptoms to Creutzfeldt's patients and in 1922, this syndrome was named CJD.[4] The purpose of this report is to provide information on the different types of CJD as well as an overview of CJD in Miami-Dade County.

Types of CJD:

Classic CJD:

There are three forms of classic CJD, sporadic CJD, inherited CJD, and iatrogenic CJD (iCJD).

- Sporadic CJD is the most common form of CJD and makes up approximately 85% of CJD cases.[1,2,5] With this form of CJD, PrP^{Sc} spontaneously folds for unknown reasons. There are no genetic mutations or exposure to CJD infected material.[3]
- Inherited CJD includes two forms; fatal familial insomnia and Gerstmann-Sträussler-Scheinker disease.[5] All inherited CJD are characterized by a specific mutation occurring within PrP gene that is not seen in sporadic CJD.[6]
- iCJD is different from the previously mentioned types of CJD because it is acquired. The source for iCJD is typically tissue implants and surgical instruments contaminated with prions. According to the Centers for Disease Control and Prevention (CDC), iCJD can be another form of sporadic CJD, just with a known exposure source.[6] For information on how hospitals can prevent iCJD transmission, please visit CDC's website (https://www.cdc.gov/prions/cjd/infection-control.html).

Common symptoms of classic CJD are ataxia or poor coordination, rapidly progressive dementia, impaired vision, depression, akinetic mutism, and myoclonus. CJD can present like other neurological disorders, such as Parkinson's disease.[7]

Variant CJD (vCJD):

vCJD is not related to classic CJD because it is acquired by a source, meat contaminated with prions and is not a form of sporadic CJD. The clinical features and etiology of vCJD are different compared to classic CJD8. In vCJD, the first symptoms are psychiatric symptoms, it affects a younger population, and it has a longer duration than classic CJD (13-14 months vs. 2 to 4 months).[7] In 1996, the first cases of vCJD were identified in the United Kingdom due to contaminated meat from cows, affected by bovine spongiform encephalopathy or more famously known as 'mad cow disease'.[3] In the United States, there have been a total of four cases of vCJD over the years, but all cases had a history of travel.[9] In comparison, there were a little over 500 deaths due to classic CJD in 2017 alone.[10]

Diagnosing CJD:

The only way to confirm a CJD diagnosis is through a brain biopsy or autopsy. It is important to note that brain biopsies to diagnosis CJD are not recommended because a confirmed diagnosis does not affect the disease outcome for the patient. Additionally, this type of surgery can be dangerous for the patient, but even if it is performed, there is a chance that the neurosurgeon will not biopsy the part of the brain that contains the prions.[6,7] There are several other tests a provider can use to help diagnose CJD while a patient is alive, but these tests cannot independently confirm CJD. These tests include electroencephalography (EEG), Real Time-Quaking-Induced Conversion (RT-QuIC), 14-3-3, T-tau, and magnetic resonance imaging (MRI).[7]

The National Prion Disease Pathology Surveillance Center (NPDPSC) has an autopsy coordination program that offers assistance for brain-only autopsies, for more information please visit their website.

CJD in Miami-Dade County:

The FL DOH defines a confirmed CJD case as a person (2019) who had a clinically compatible illness and was diagnosed by one or more of the following:[11]

- Standard neuropathological techniques,
- **Or** immunocytochemical testing,
- **Or** Western blot confirmed protease-resistant prion protein,
- **Or** presence of scrapie-associated fibrils conducted on brain ti

The FL DOH defines a probable CJD case as a person (2019):[11]

Clinical criteria:

With clinically compatible illness

OR all of the following (Presumptive):

- Progressive dementia,
- **And** a clinical duration to death <2 years,
- **And** at least 2 of the following clinical features:
    - o Myoclonus
    - o Visual or cerebellar signs
    - o Pyramidal or extrapyramidal signs
    - o Akinetic mutism,
- **And** no alternative diagnosis suggested during routine investigation.

AND

Laboratory criteria:

- Confirmatory or presumptive clinical criteria and a RT-QuIC positive

OR

- Presumptive clinical criteria
- **AND** a positive 14-3-3 test,
- **Or** typical EEG (periodic sharp wave complexes),
- **Or** high signal in caudate/putamen on an MRI or at least two cortical regions (temporal, parietal, occipital) either on diffusion-weighted imaging (DWI) or fluid attenuated inversion recovery (FLAIR).

Methods:

Data for CJD case investigations of Miami-Dade County residents were extracted from Merlin, the Florida Department of Health's (FL DOH) Epidemiology Surveillance System. Data gathered includes confirmed and probable cases that were reported to the CDC from January 1st, 2010 to December 31st, 2019. The data were analyzed using SAS Studio 3.6.

Results:

It is important to mention that the case definition for CJD has changed between 2010 to 2019. All cases that were included met the case definition at the time the case was reported. Since 2010, there have been six confirmed cases of CJD and five probable cases of CJD in Miami-Dade County. The average age was 70.6, with a range of 51 to 87. The majority of cases were female (72.7%) and Hispanic (81.8%) (Table 1). The most commonly reported symptoms in cases were progressive dementia, ataxia or poor coordination, myoclonus, and visual or cerebellar signs. All cases passed away within two years of symptoms onset (Figure 2).

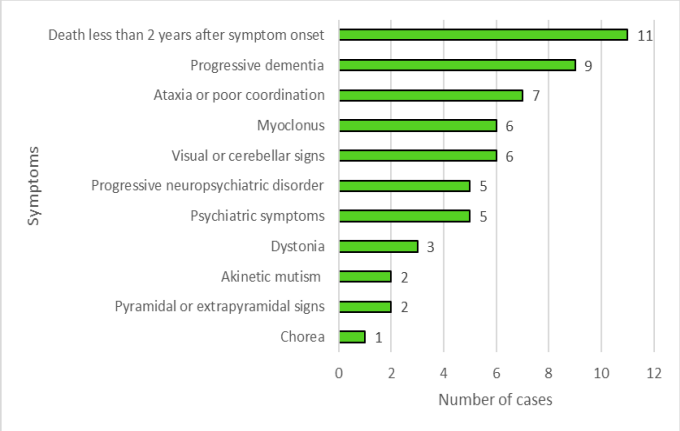
Conclusion:

Although CJD is a rare disease, it has a large impact on the patient's quality of life and on their family. It is important to rule out other neurodegenerative disorders and educate the family on disease progression and outcomes of CJD. NPDPSC is a great resource to use, not just for providers, but for families as well.

Table 1. Demographics of confirmed and probable cases of Creutzfeldt-Jakob Disease in Miami-Dade County, 2010-2019

Disease Status	**n(%)**
Confirmed	6(54.6)
Probable	5(45.5)
Age (years)	
Mean	70.6
Range	51-87
Gender	
Female	8(72.7)
Male	3(27.3)
Race and Ethnicity	
White Non-Hispanic	1(9.1)
Black Non-Hispanic	1(9.1)
Hispanic	9(81.8)

Figure 1. Symptoms associated with confirmed and probable cases of Creutzfeldt-Jakob Disease in Miami-Dade County, 2010-2019



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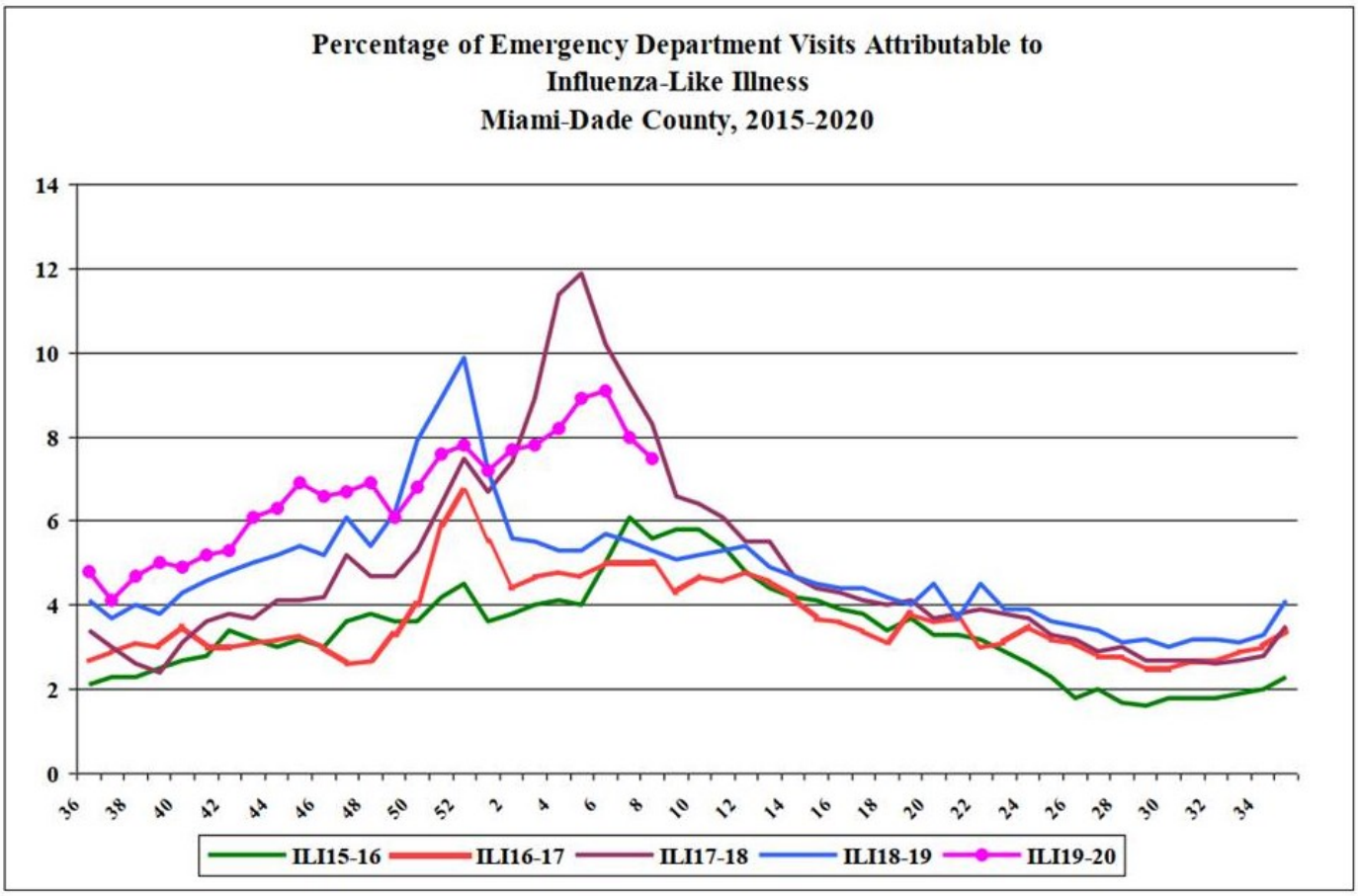
Florida Department of Health in Miami-Dade County
Epidemiology, Disease Control and Immunization Services

Influenza Like Illness Surveillance Report

On a daily basis, all of Miami-Dade County's emergency department (ED) hospitals electronically transmit ED data to the Florida Department of Health. This data is then categorized into 11 distinct syndromes. The influenza-like illness (ILI) syndrome consists of fever with either cough or sore throat. It can also include a chief complaint of “flu” or "ILI". This season's 2019-2020 data is compared to the previous 4 influenza seasons (2015-2016, 2016-2017, 2017-2018, 2018-2019).

Influenza-Like-Illness, All Age



PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

Florida Department of Health in Miami-Dade County NEEDS Influenza Sentinel Providers!

Sentinel providers are key to the success of the Florida Department of Health’s Influenza Surveillance System. Data reported by sentinel providers gives a picture of the influenza virus and ILI activity in the U.S. and Florida which can be used to guide prevention and control activities, vaccine strain selection, and patient care.

- Providers of any specialty, in any type of practice, are eligible to be sentinel providers.
- Most providers report that it takes **less than 30 minutes a week** to compile and report data on the total number of patients seen and the number of patients seen with influenza-like illness.
- Sentinel providers can submit specimens from a subset of patients to the state laboratory for virus isolation **free of charge**.

For more information, please contact

Stephanie Calle at 305-470-5660.

Miami-Dade County Monthly Report
Select Reportable Disease/Conditions
January 2020

Diseases/Conditions	2020 Current Month	2020 Year to Date	2019 Year to Date	2018 Year to Date
HIV/AIDS				
AIDS*	38	38	28	52
HIV	123	123	132	104
STD				
Infectious Syphilis*	49	49	37	31
Chlamydia*	1115	1115	1134	893
Gonorrhea*	382	382	358	289
TB				
Tuberculosis**	9	9	7	5
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	39	39	62	56
Chikungunya Fever	0	0	0	0
Ciguatera Poisoning	0	0	5	2
Cryptosporidiosis	3	3	2	0
Cyclosporiasis	1	1	0	0
Dengue Fever	1	1	9	0
Escherichia coli, Shiga Toxin-Producing	12	12	11	5
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	8	8	0	1
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	0	0	0
Legionellosis	3	3	3	4
Leptospirosis	0	0	0	0
Listeriosis	0	0	0	0
Lyme disease	1	1	0	0
Malaria	1	1	0	3
Meningitis (except aseptic)	3	3	1	0
Meningococcal Disease	0	0	0	0
Salmonella serotype Typhy (Typhoid Fever)	0	0	0	1
Salmonellosis	52	52	36	29
Shigellosis	23	23	26	18
Streptococcus Pneumoniae, invasive disease	10	10	0	0
Vibriosis	1	1	1	0
West Nile Fever	0	0	0	0
Zika Virus (non-congenital)	0	0	0	2
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	0	0	0	0
Pertussis	1	1	3	1
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	9	9	9	2
Hepatitis				
Hepatitis A	1	1	3	1
Hepatitis B (Acute)	5	5	0	0
Healthy Homes				
Lead Poisoning	8	8	14	15

*Data is provisional at the county level and is subject to edit checks by state and federal agencies.

** Data on tuberculosis are provisional at the county level.

Data on EDC-IS includes Confirmed and Probable cases.

Did You Know?

The U.S. Census Bureau conducts a nation wide count every 10 years to determine the number of people living in the country. The count determines how funding is distributed for various vital resources including schools, hospitals, and roads. The invitation to respond will be first sent out in March. Taking the census is safe and confidential. The data is only used for statistics and cannot be shared with agencies such as law enforcement, immigration, or for the determination of government benefits.

What's New DOH Miami-Dade

- Be on the look out for limited-edition condoms distributed by the Florida Department of Health in Miami-Dade! Last year a call for designers was made in partnership with AIGA Miami, and the Wolfsonian– FIU, to submit condom wrapper designs with educational material. A jury of professional designers and public health experts selected 10 designs that will be placed on a limited-edition collection and distributed to the public free of charge by the department of health this year.
- Additionally, the Florida Department of Health in Miami-Dade County, the Miami-Dade County Office of Community Advocacy, and AIGA Miami hosted a Pop-Up Art Exhibit at HistoryMiami Museum on February 26th as part of the "Getting 2 Zero" Awareness Week Campaign focusing on HIV testing and condoms.
- On February 20th the Florida Department of Health Celebrated 131 years since its creation in 1889 as a response to yellow fever epidemics at that time in Florida.

To report diseases and for information, call EDC-IS at:

Childhood Lead Poisoning Prevention Program	305-470-6877
Epidemiology and Disease Surveillance	305-470-5660
Hepatitis Program	305-470-5536
HIV/AIDS Program	305-470-6999
Immunization Services	305-470-5660
STD Program	305-575-5430
Tuberculosis Program	305-575-5415
Appointment Line	786-845-0550

About the Epi Monthly Report

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Florida HEALTH Miami-Dade County

Epi Monthly

Florida Department of Health in Miami-Dade County January 2020 Vol 21, Issue 1

Public Health LOOK OUT!

February is Black History Month. Many African Americans have made significant contributions to disciplines in the United States, including public health. The following are examples of a few:

- Dr. James Durham, who was born into slavery, became the first African American doctor in the United States. He saved more yellow fever victims than any other physician during an epidemic in New Orleans in 1789 (https://guides.mclibrary.duke.edu/blackhistorymonth/chronology).
- Henrietta Lacks' cervical cancer cells were taken in 1951 and used to create a cell line called HeLa (https://guides.mclibrary.duke.edu/blackhistorymonth/chronology). The cells were part of many scientific advances including testing the live polio vaccine and linking human papillomavirus and cervical cancer (https://www.technologynetworks.com/cell-science/lists/5-contributions-hela-cells-have-made-to-science-305036).
- In 1995, Dr. Helene Gayle became the first female and first African American Director of the National Center for HIV, STD, and TB Prevention for the Centers for Disease Control and Prevention (https://guides.mclibrary.duke.edu/blackhistorymonth/chronology).

In this Issue

Click the image to the left to watch the video.

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Human Trafficking– Risks and Signs

By: Vanessa Villamil

Background:

Human trafficking is a crime that involves using force, fraud, or coercion often through manipulation, to compel a person into labor or commercial sex. Additionally, anyone engaging in commercial sex under the age of 18 is considered a victim of human trafficking, regardless of the use of force, fraud, or coercion.[1] Worldwide it is believed that there are more cases of labor trafficking than sex trafficking. Labor trafficking takes place in a wide range of industries including but not limited to restaurants, cleaning services, construction, and agriculture. It involves forcing individuals to work in unacceptable conditions often for little or no pay. Individuals are not always trafficked across borders, they are often trafficked in their hometowns or by persons they know.[2]

Who is at Risk?

Anyone can be a victim of human trafficking. However, there are some individuals whose circumstances may make them more vulnerable to human trafficking, including:

- Individuals that have experienced childhood abuse
- Runaway and homeless youth
- Children in foster care and the juvenile justice system
- Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) individuals
- Migrant workers
- Undocumented immigrants
- Individuals with low incomes
- Individuals with a history of substance abuse[3]

What are the Signs?

There are a wide range of indicators for human trafficking. Being aware of these indicators can help identify victims and link them to resources. These may include an individual that:

- Is unpaid or paid very little
- Owes a large debt and is unable to pay it off
- Is recruited to work through false information regarding the nature or conditions of the work
- Is not given proper safety equipment
- Exhibits poor mental health or abnormal behavior
- Shows signs of substance abuse
- Is unable to clarify where they live
- Shares scripted stories[4]

In Miami-Dade County and Florida:

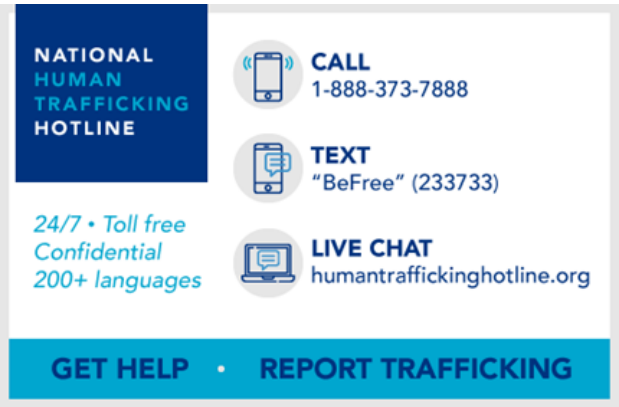
Assessing how widespread human trafficking is in a community can be challenging. One vital source of human trafficking data comes from the National Human Trafficking Hotline (NHTH), where reports of human trafficking are received through phone calls, texts, webchats, webforms, and e-mails. In 2018 the NHTH received 1,885 contacts and reported 767 cases of human trafficking in Florida, making it the third highest reporter of human trafficking in the nation.[5] Most of the cases reported to the hotline in Florida were considered sex trafficking, were females, and were adults.[6] Although, NHTH provides one of the most extensive data sets on human trafficking in the United States, it is not comprehensive and does not capture the full scope of the issue. One limitation of this data is that it is received passively through self-reports, or through reports from concerned individuals. The reports often have incomplete demographic information and do not include a health history.[6]

In October 2018 new ICD-10 codes for human trafficking were created. These codes allow for documentation of cases of labor and sex trafficking in patients that visit medical facilities for treatment and help make the distinction between human trafficking and other types of abuse, a distinction that was not previously made.[7] The implementation of these codes will lead to improved tracking of human trafficking in individuals that seek care in our communities.

In its first full year of ICD-10 implementation (2019), provisional data for Miami-Dade did not show a significant number of human trafficking cases identified through Emergency Department visits and hospitalizations. The low number of identified cases may indicate a lack of full implementation of the ICD-10 codes, low victim emergency department and hospital utilization, or low identification of victims by healthcare providers. Future analysis of this data at a point in time when the dataset is more robust will be necessary to better understand these issues.

Recommendations:

Super Bowl LIV will be held at the Hard Rock Stadium on February 2nd, 2020. As Miami prepares for a high influx or tourism, public health officials are preparing for the various ways the community's health may be affected. It is important that health care and public health professionals who may be in contact with populations at a higher risk be alert to the signs of human trafficking. For more information on signs of trafficking, as well as to find resources please visit: https://humantraffickinghotline.org/human-trafficking/recognizing-signs



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Mass Gatherings and Public Health

By: Evelyn Garcia

Background:

The World Health Organization (WHO) describes mass gatherings as "planned or spontaneous events where the number of people attending could strain the planning and response resources of the community or country hosting the event."[1] Mass gatherings, supplemented by globalization and travel, provide the opportunity for a complex network of interconnections between individuals from all over the world. The uniqueness of these events is matched by the particularity of the health risks faced, such as increased likelihood for transmission of infectious diseases and increased risk for injuries associated with crowding and poor sanitation.

Health Risks:

Travelers attending mass gatherings could be carriers of disease. These gatherings allow for close contact with a large number of individuals, which can allow pathogens to be easily transmitted, setting the foundation for the rapid spread of infection. Attendees can then become carriers of communicable diseases and propagate them to various geographical localities. In the past, outbreaks of influenza, measles, and foodborne diseases have been associated with mass gatherings.[2] An example of this was the influenza outbreak associated with the World Youth Day 2008 event in Sydney, Australia.[3]

Airborne diseases are of special concern because airborne-transmitted diseases can be highly contagious and at high risk of spread.[4] Although some individuals may appear asymptomatic, the differing incubation periods of pathogens could make it difficult to identify carriers in order to prevent an outbreak.

Foodborne diseases are also of concern during mass gatherings due to the quick preparation of food in temporary facilities.[2] If proper food sanitation and preparation guidelines are not strictly followed, it can lead to the transmission of foodborne pathogens.[4] Transmission of pathogens person to person through food consumption is also possible and concerning given the increasing prevalence of multi-drug resistant bacteria.[5]

Other health risks to consider for mass gathering events include the risk for heat-related illness and drug or alcohol-related illness and injury.[7] Being aware of the potential risks during any mass gathering helps public health officials and healthcare providers allocate resources and target prevention efforts.

Recommendations:

With Superbowl LIV taking place soon in Miami-Dade, it is important to be informed about the necessary mass gathering precautions recommended for attendees as well as any medical conditions that could be exacerbated.[2] It is also crucial to have updated immunization records, especially with communicable diseases associated with mass gatherings such as influenza, hepatitis A and B, and measles.[6] Attendees to these events must also inform themselves on proper respiratory etiquette and general hygiene guidelines.

For mitigating health risks, CDC guidelines recommend:[2]

- Identifying requirements for attending the event such as necessary vaccinations.
- Identifying recommendations suggested by host site or country, for attendees of the event.
- Informing attendees on proper sanitation and hand washing techniques, use of insect repellant, and food safety.
- Following up with CDC Traveler's Health website for further recommendations at www.cdc.gov/travel and for information regarding current disease outbreaks around the world.

For assessing health risks, CDC guidelines recommend:[2]

- Inquiring about traveler's scheduled activities beyond the event to be attended.
- Considering patients current health conditions and counseling on the importance of ensuring they have the adequate medical supplies needed.
- Ensuring patient has appropriate documentation of prescriptions.

Hand Hygiene Resources:

References:

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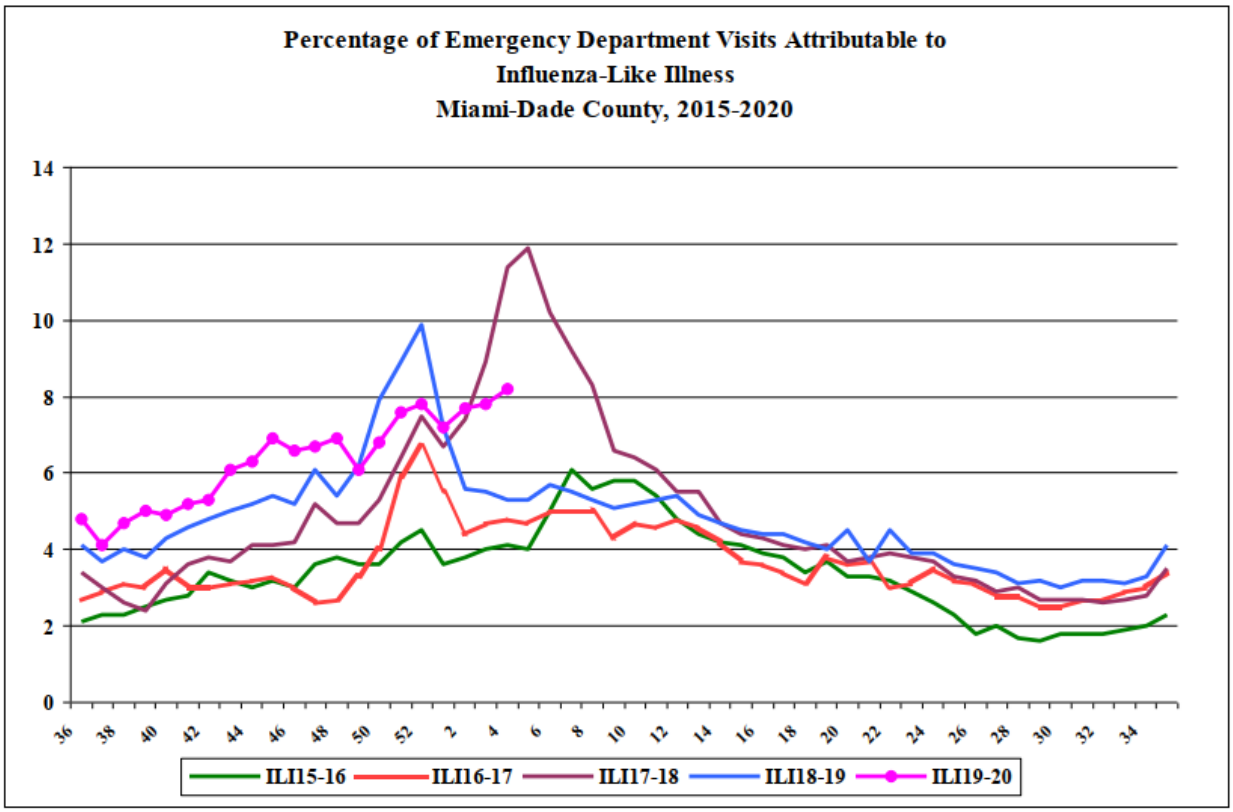
Florida Department of Health in Miami-Dade County
Epidemiology, Disease Control and Immunization Services

Influenza Like Illness Surveillance Report

On a daily basis, all of Miami-Dade County's emergency department (ED) hospitals electronically transmit ED data to the Florida Department of Health. This data is then categorized into 11 distinct syndromes. The influenza-like illness (ILI) syndrome consists of fever with either cough or sore throat. It can also include a chief complaint of “flu” or "ILI". This season's 2019-2020 data is compared to the previous 4 influenza seasons (2015-2016, 2016-2017, 2017-2018, 2018-2019).



Across all ages, there were 36,412 ED visits; among them 2,987 (8.2%) were ILI. During the same week last year, 5.3% of ED visits were ILI.

PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

Florida Department of Health in Miami-Dade County NEEDS Influenza Sentinel Providers!

Sentinel providers are key to the success of the Florida Department of Health’s Influenza Surveillance System. Data reported by sentinel providers gives a picture of the influenza virus and ILI activity in the U.S. and Florida which can be used to guide prevention and control activities, vaccine strain selection, and patient care.

- Providers of any specialty, in any type of practice, are eligible to be sentinel providers.
- Most providers report that it takes **less than 30 minutes a week** to compile and report data on the total number of patients seen and the number of patients seen with influenza-like illness.
- Sentinel providers can submit specimens from a subset of patients to the state laboratory for virus isolation **free of charge**.

For more information, please contact

Stephanie Calle at 305-470-5660.

Miami-Dade County Monthly Report
Select Reportable Disease/Conditions
December 2019

Diseases/Conditions	2019 Current Month	2019 Year to Date	2018 Year to Date	2017 Year to Date
HIV/AIDS				
AIDS*	19	420	418	443
HIV	73	1327	1288	1332
STD				
Infectious Syphilis*	48	401	465	381
Chlamydia*	1283	15019	13376	12153
Gonorrhea*	478	4857	4245	3398
TB				
Tuberculosis**	12	118	125	100
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	77	861	796	694
Chikungunya Fever	1	3	1	1
Ciguatera Poisoning	1	43	36	13
Cryptosporidiosis	8	76	45	43
Cyclosporiasis	5	31	3	5
Dengue Fever	21	236	45	9
Escherichia coli, Shiga Toxin-Producing	12	157	176	36
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	11	181	188	136
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	1	2	1	1
Legionellosis	2	52	64	42
Leptospirosis	0	0	1	0
Listeriosis	1	6	8	9
Lyme disease	2	5	7	13
Malaria	1	5	11	6
Meningitis (except aseptic)	2	12	11	11
Meningococcal Disease	0	3	0	6
Salmonella serotype Typhy (Typhoid Fever)	0	3	4	2
Salmonellosis	95	1036	901	804
Shigellosis	19	262	291	121
Streptococcus pneumoniae, Drug Resistant	3	21	16	27
Vibriosis	4	22	23	17
West Nile Fever	0	0	1	0
Zika Virus (non-congenital)	3	36	34	144
Immunization Preventable Diseases				
Measles	0	0	3	0
Mumps	1	61	12	10
Pertussis	2	36	21	37
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	9	161	89	62
Hepatitis				
Hepatitis A	6	42	18	128
Hepatitis B (Acute)	10	44	47	42
Healthy Homes				
Lead Poisoning	13	134	185	307

*Data is provisional at the county level and is subject to edit checks by state and federal agencies.

** Data on tuberculosis are provisional at the county level.

Data on EDC-IS includes Confirmed and Probable cases.

Did You Know?

The Centers for Disease Control and Prevention is currently monitoring an outbreak of a 2019 novel coronavirus (2019-nCOV) in Wuhan City, Hubei Province, China. It is recommended that healthcare providers obtain a detailed travel history for all patients being evaluated in the United States for fever and acute respiratory illness. For more information and guidance please visit: https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html.

Public Health Observances

- February is also National Cancer Prevention Month. More than 40 percent of all cancers diagnosed and nearly half of all deaths from cancers in the United States can be attributed to preventable causes. Steps can be taken to reduce cancer risk such as not smoking, maintaining a healthy weight, exercising regularly, protecting your skin from the sun, and getting vaccinated against viruses that cause certain cancers.
- February 7 is National Wear Red Day. Observed each year on the first Friday in February, National Wear Red Day brings greater attention to heart disease as the leading cause of death for Americans.
- February 23-29 is National Eating Disorder Awareness Week. The National Eating Disorders Association aims to improve public understanding of eating disorders and their causes, dangers, and treatments and to empower everyone to reduce risk factors and join prevention efforts.

To report diseases and for information, call EDC-IS at:

Childhood Lead Poisoning Prevention Program	305-470-6877
Epidemiology and Disease Surveillance	305-470-5660
Hepatitis Program	305-470-5536
HIV/AIDS Program	305-470-6999
Immunization Services	305-470-5660
STD Program	305-575-5430
Tuberculosis Program	305-575-5415
Appointment Line	786-845-0550

What's New at DOH Miami-Dade

On January 9th, 2020 DOH-Miami-Dade team members attended the Grand Opening and Ribbon Cutting of Miami Rescue Mission's Doral Clinic. This clinic will provide free medical services to low income citizens in the community.

About the Epi Monthly Report

The Epi Monthly Report is a publication of the Florida Department of Health in Miami-Dade County: Epidemiology, Disease Control & Immunization Services. The publication serves a primary audience of physicians, nurses, and public health professionals. Articles published in the Epi Monthly Report may focus on quantitative research and analysis, program updates, field investigations, or provider education. For more information or to submit an article, please contact Vanessa Villamil at 305-470-5643 or vanessa.villamil@flhealth.gov.

Novel Coronavirus (2019-nCoV) and You

What is 2019 novel coronavirus?

The 2019 novel coronavirus (2019-nCoV) is a new virus that causes respiratory illness in people and can spread from person-to-person. This virus was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get 2019-nCoV?

This 2019-nCoV virus does seem to be able to spread from person-to-person although it's not clear how easily this happens. Person-to-person spread in the United States has not yet been detected, but it's likely to occur to some extent. At this time this virus is not spreading in the United States so the likelihood of someone in the U.S. getting sick with this virus is very low. Right now, the greatest risk of infection is for people in Wuhan or people who have traveled to Wuhan and less so, other parts of China. CDC continues to closely monitor the situation.

Have there been cases of 2019-nCoV in the U.S.?

Yes. The first infection with 2019-nCoV in the United States was reported on January 21, 2020. The current count of cases of infection with 2019-nCoV in the United States is available on CDC's webpage: www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

How does 2019-nCoV spread?

The exact way the virus is spread is not fully known. With similar coronaviruses (MERS and SARS) person-to-person spread is thought to have happened mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other viruses that cause respiratory illness spread. There also may be some spread when a person touches a surface or object that has virus on it and then touches his or her own mouth, nose, or possibly their eyes. Spread of SARS and MERS between people has generally occurred between close contacts. There is much more to learn about 2019-nCoV and investigations are ongoing.

What are the symptoms of 2019-nCoV?

Patients with 2019-nCoV have reportedly had mild to severe respiratory illness with symptoms of:

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Many patients have pneumonia in both lungs.

How can I help protect myself?

- This virus is not spreading in the United States right now, but the best way to prevent infection is to avoid being exposed to this virus. There are simple everyday preventive actions to help prevent the spread of respiratory viruses. These include:
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.

If you are sick, to keep from spreading respiratory illness to others, you should:

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled to China and got sick?

If you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should get medical care. Call the office of your health care provider before you go and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against 2019-nCoV. The best way to prevent infection is to avoid being exposed to this virus.

Is there a treatment?

There is no specific antiviral treatment for 2019-nCoV. People with 2019-nCov can seek medical care to help relieve symptoms.

www.cdc.gov/nCoV

Appendix B. What to do if you are sick with 2019 Novel Coronavirus (2019-nCoV).

What to do if you are sick with 2019 Novel Coronavirus (2019-nCoV)

If you are sick with 2019-nCoV follow the steps below to help prevent 2019-nCoV from spreading to people in your home and community.

Stay home except to get medical care

You should not leave your home, except to get medical care. Do not go to work, school, or public areas, and do not use public transportation or taxis.

Separate yourself from other people in your home

As much as possible, you should stay in a different room from other people in your home. Also, you should use a separate bathroom, if available.

Call ahead before visiting your doctor

Before your medical appointment, call the healthcare provider and tell them that you have, or are being evaluated for, 2019-nCoV infection. This will help the healthcare provider's office take steps to keep other people from getting infected.

Wear a facemask

You should wear a facemask when you are in the same room with other people and when you visit a healthcare provider. If you cannot wear a facemask, the people who live with you should wear one while they are in the same room with you.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze, or you can cough or sneeze into your sleeve. Throw used tissues in a lined trash can, and immediately wash your hands with soap and water for at least 20 seconds.

Wash your hands

Wash your hands often and thoroughly with soap and water for at least 20 seconds. You can use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid sharing household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in your home. After using these items, you should wash them thoroughly with soap and water.

Monitor your symptoms

Get medical care quickly if your illness is getting worse (for example if you are having trouble breathing). Call the healthcare provider ahead of time and tell them that you have, or are being evaluated for, 2019-nCoV infection. This will help the healthcare provider's office take steps to keep other people from getting infected.

www.cdc.gov/nCoV

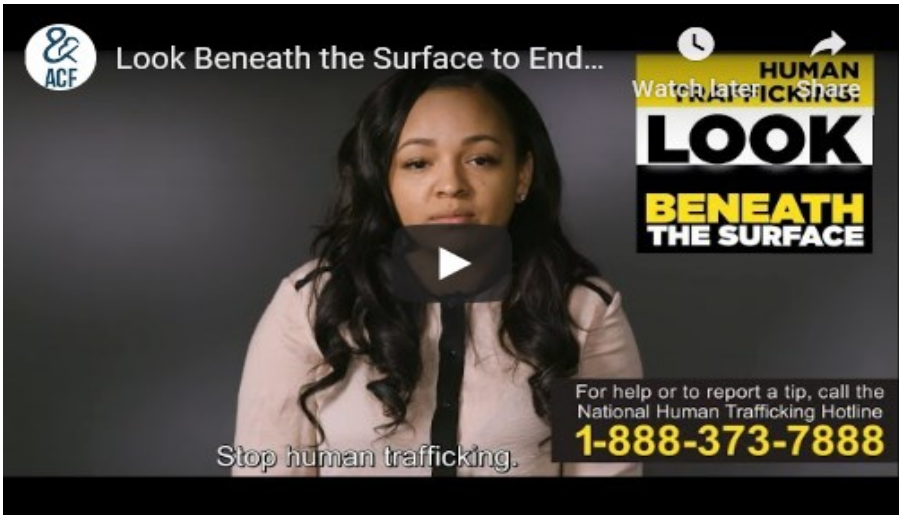
Epi Monthly

Florida Department of Health in Miami-Dade County December 2019 Vol 20, Issue 12

Public Health LOOK OUT!

- January is **Cervical Cancer Awareness Month.** Lower your risk of cervical cancer by receiving the Human Papillomavirus (HPV) Vaccine which protects against HPV that most often causes cervical cancer. Regular screenings through the Pap test or through the HPV test can also help prevent cervical cancer or identify it early. For more information please visit: https://www.cdc.gov/cancer/dcpc/resources/features/cervicalcancer/index.htm.
- January is **National Slavery and Human Trafficking Prevention Month**. Human trafficking includes what is known as **labor trafficking,** defined as working against ones will for little or no pay. It also includes what is known as **sex trafficking,** defined as having sex for anything of value such as money, food, shelter, clothes, or drugs. Knowing the signs of trafficking is important for identifying victims and connecting them to support and services. The National Human Trafficking Hotline 1-888-373-7888 is a free 24/7 resource for reporting any suspected human trafficking. For more information and resources please visit: https://www.acf.hhs.gov/otip.
- January is also **National Birth Defects Prevention Month.** Although not all birth defects can be prevented, managing health conditions and adopting healthy behaviors before and during pregnancy such as reaching a healthy weight, getting vaccinated, and taking folic acid can lead to an increased likelihood of having a healthy baby. For more information on birth defect prevention please visit: https://www.cdc.gov/ncbddd/birthdefects/prevention-month.html.

In this Issue



Click the image to the left to watch the video.

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A shot worth taking: Assessing 9-valent HPV vaccine completion among adolescents in Miami-Dade County, Florida, for 2018 and 2019

By: Daniel Mauck

Background

Human papillomavirus (HPV) is a group of viruses that can lead to cancers of the cervix, vagina, and vulva in women, penis in men, and anus and back of the throat in both women and men later in life.[1] Infections with HPV are so common that about 80 million Americans are currently infected with some type of HPV.[1] The Centers for Disease Control and Prevention (CDC) estimates that HPV causes about 14 million infections and nearly 35,000 cases of cancer in men and women each year in the United States (US).[1] Many HPV infections go away by themselves within two years, but can sometimes last longer and cause cancer in the previously mentioned organs.[1]

In 2006, the US became the first country to license an HPV vaccine for females aged 9 to 26.[2] That same year, the CDC Advisory Committee on Immunization Practices (ACIP) recommended a three-dose HPV vaccination series for girls aged 11 or 12.[3] The recommendations were later extended to include boys.[3] Three HPV vaccines are currently licensed for use in the US.[4] These vaccines include a quadrivalent vaccine called Gardasil, a bivalent vaccine called Cevarix, and a 9-valent vaccine called Gardasil 9.[4] The vaccines protect against types of HPV known to cause cancer and genital warts.[4] In October 2016, the Food and Drug Administration (FDA) approved 9-valent HPV for use in a two-dose series for girls and boys aged 9–14 and the ACIP recommended a two-dose schedule for adolescents initiating HPV vaccination in this age range.[4] The CDC currently recommends that all girls and boys receive two doses of HPV vaccine if started at age 11–12 or three doses if started at age 15 or later.[1] For adolescents aged 9 to 14, the two doses should be given at 0 and 6–12 months.[4] For adolescents aged 15 to 19, the three doses should be given at 0, 1–2, and 6 months.[4] To be most effective at preventing HPV-associated cancers later in life, the series should be given prior to exposure to HPV.[1]

While completion of the HPV vaccine series is increasing, half of adolescents have not received all the recommended doses.[5] In the US, 51.1% of adolescents (13 to 17 years old) completed the HPV vaccine series in 2018, up from 48.6% in 2017 according to National Immunization Survey-Teen (NIS-Teen) data.[6] The percentage of adolescents completing the HPV vaccine series in Florida was 46.5% in 2018, compared to 42.3% in 2017.[7] This analysis aimed to assess the percentage of adolescents completing the 9-valent HPV vaccine series (2 or 3 doses) in three health department clinics in Miami-Dade County, Florida, 2015–2019 and to compare the percentage with state and national levels.

Methods

Visit data for clients receiving the 9-valent HPV vaccine was drawn from Florida SHOTS and race/ethnicity data was drawn from Health Management System (HMS). The two datasets were merged by each clients state immunization ID using SAS 9.4. The cohort included adolescents age 9 to 19 seen for 9-valent HPV vaccinations at three health department clinics in Miami-Dade County, Florida, between January 1, 2015 and December 6, 2019. Adolescents starting the 9-valent HPV vaccine series in 2017 were followed through December 31, 2018. Similarly, adolescents starting the 9-valent HPV vaccine series in 2018 were followed through December 6, 2019. Visits occurring in years prior to the analysis year were excluded. The frequency procedure was used to assess HPV completion percentages in 2018 and 2019.

Results

Characteristics of the cohorts

The 2018 and 2019 groups both had a slight majority of males (51.5% and 53.1%, respectively) and clients aged 9–14 (59.3% and 63.7%, respectively) (Table 1). The majority of the 2018 cohort was Hispanic (81.0%), followed by non-Hispanic black (12.2%), non-Hispanic white (3.9%), other (2.7%), and unknown (0.1%) (Table 1). In 2019, the majority of the cohort was also Hispanic (80.7%), followed by non-Hispanic black (11.5%), non-Hispanic white (4.2%), other (3.4%), and unknown (0.2%) (Table 1). The median number of days between the first and second visit were similar in 2018 and 2019 by sex and race/ethnicity (Table 3). The median number of days between the first and second visit were smaller for the 15–19 age group than the 9–14 age group in 2018 and 2019 (Table 3).

Completion of HPV in 2018 and 2019

5,065 adolescents who started the 9-valent HPV vaccine series in 2017 were followed through December 31, 2018. Overall, 31.2% completed the recommended doses in 2018 (Table 1). Non-Hispanic blacks, the second largest group, had the lowest completion percentages for 2 and 3 doses (34.3% and 5.9%, respectively) (Table 2). By age group, 39.9% of clients aged 9–14 received 2 HPV doses and 17.7% of clients aged 15–19 received 3 doses (Table 2). Among females, 40.0% of clients aged 9–14 received 2 doses and 20.6% of clients aged 15–19 received 3 doses. Among males, 39.9% of clients aged 9–14 received 2 doses and 15.2% of clients aged 15–19 received 3 doses.

5,221 adolescents who started the 9-valent HPV vaccine series in 2018 were followed through December 6, 2019. The overall completion percentage in 2019 was 36.1 (Table 1). For non-Hispanic blacks, the percentage for completing 2 doses decreased in 2019 (29.6%) while the percentage for completing 3 doses increased (8.4%) compared to 2018 (Table 2). By age group, 43.1% of clients aged 9–14 completed 2 doses and 23.4% of clients aged 15–19 completed 3 doses (Table 2). Among females, 44.4% of clients aged 9–14 received 2 doses and 26.1% of clients aged 15–19 received 3 doses. Among males, 41.9% of clients aged 9–14 received 2 doses and 21.2% of clients aged 15–19 received 3 doses.

Table 1. Demographics of adolescents completing HPV vaccines in 2018 and 2019, Miami-Dade County.

	2018 n (%)	2019 n (%)
Sex		
Female	2,457 (48.5)	2,449 (46.9)
Male	2,608 (51.5)	2,772 (53.1)
Age group, years		
9–14	3,001 (59.3)	3,328 (63.7)
15–19	2,064 (40.7)	1,893 (36.3)
Race/ethnicity		
Hispanic	3,610 (81.0)	3,677 (80.7)
Non-Hispanic Black	545 (12.2)	523 (11.5)
Non-Hispanic White	175 (3.9)	193 (4.2)
Other*	121 (2.7)	155 (3.4)
Unknown**	4 (0.1)	8 (0.2)
HPV doses completed		
1 dose	2,689 (53.1)	2,577 (49.3)
2 doses	1,995 (39.4)	2,196 (42.0)
3 doses	383 (7.6)	449 (8.6)
Overall HPV completion***	1,581 (31.2)	1,885 (36.1)

* Other includes Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and other race/ethnicity combinations.
** Unknown includes unknown/unreported, and clients who declined to answer.
*** Overall HPV completion was calculated as 9 to 14 year olds completing 2 and 3 doses plus 15 to 19 year olds completing 3 doses divided by total for year. For 2018: (1198+17+366)/5065. For 2019: (1435+6+443+1)/5221.

Conclusion

Completion for 9-valent HPV vaccine in the Miami-Dade County clinics is lower than national and state levels. Efforts are needed to improve HPV completion rates in Miami-Dade County clinics, especially among adolescents aged 15–19 and non-Hispanic blacks, to meet the Healthy People 2020 target of 80%.[8] Meningococcal and tetanus, diphtheria, and pertussis vaccinations are recommended at age 11–12; encouraging the HPV vaccine at the same time could improve HPV vaccination rates.[9] The use of electronic reminders (electronic medical record, text messaging, emails) for providers and parents/clients may raise HPV vaccination rates.[9] Strong and consistent provider recommendations can also boost HPV vaccination rates.[3] Promoting the timely receipt and completion of the HPV vaccine series in adolescents of Miami-Dade will benefit the community greatly in the long run since the vaccine is a proven method for preventing HPV-associated cancers later in life.[1]

Table 2. Number of HPV vaccine doses among adolescents in 2018 and 2019, Miami-Dade County.

	2018		2019	
	2 doses, n (col %)	3 doses, n (col %)	2 doses, n (col %)	3 doses, n (col %)
Sex				
Female	945 (38.5)	208 (8.5)	1,034 (42.2)	224 (9.2)
Male	1,050 (40.3)	175 (6.7)	1,162 (41.9)	225 (8.1)
Age group, years				
9–14	1,198 (39.9)	17 (0.6)	1,435 (43.1)	6 (0.2)
15–19	797 (38.6)	366 (17.7)	761 (40.2)	443 (23.4)
Race/ethnicity				
Hispanic	1,535 (42.5)	309 (8.6)	1,660 (45.2)	364 (9.9)
Non-Hispanic Black	187 (34.3)	32 (5.9)	155 (29.6)	44 (8.4)
Non-Hispanic White	67 (38.3)	17 (9.7)	76 (39.4)	17 (8.8)
Other	44 (36.4)	18 (14.9)	67 (43.2)	13 (8.4)
Unknown	1 (25.0)	0 (0.0)	2 (25.0)	2 (25.0)

Table 3. Days between first and second visit among adolescents in 2018 and 2019, Miami-Dade County.

	2018 median (range)	2019 median (range)
Sex		
Female	182.0 (27.0–653.0)	183.0 (26.0–565.0)
Male	182.0 (26.0–608.0)	182.0 (26.0–630.0)
Age group, years		
9–14	201.0 (28.0–653.0)	201.0 (28.0–630.0)
15–19	63.0 (63.0–511.0)	38.0 (26.0–470.0)
Race/ethnicity		
Hispanic	182.0 (26.0–653.0)	182.0 (26.0–630.0)
Non-Hispanic Black	182.0 (28.0–542.0)	184.0 (28.0–529.0)
Non-Hispanic White	187.0 (28.0–469.0)	184.0 (28.0–393.0)
Other	112.0 (28.0–443.0)	187.0 (28.0–511.0)
Unknown	210.0 (210.0–210.0)	68.0 (32.0–181.0)

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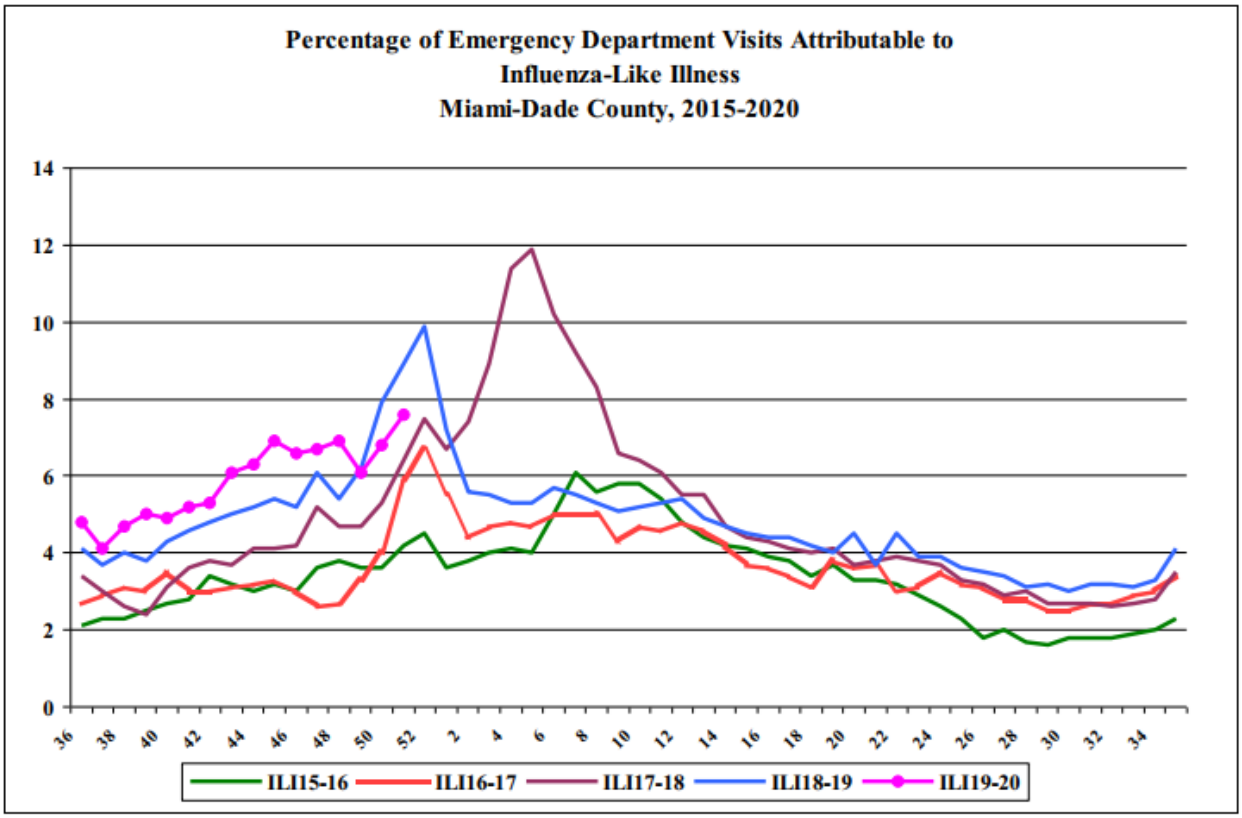
Florida Department of Health in Miami-Dade County
Epidemiology, Disease Control and Immunization Services

Influenza Like Illness Surveillance Report

On a daily basis, all of Miami-Dade County's emergency department (ED) hospitals electronically transmit ED data to the Florida Department of Health. This data is then categorized into 11 distinct syndromes. The influenza-like illness (ILI) syndrome consists of fever with either cough or sore throat. It can also include a chief complaint of “flu” or "ILI". This season's 2019-2020 data is compared to the previous 4 influenza seasons (2015-2016, 2016-2017, 2017-2018, 2018-2019).

Influenza-Like-Illness, All Age



Across all ages, there were 36,162 ED visits; among them 2,743 (7.6%) were ILI. During the same week

PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

Florida Department of Health in Miami-Dade County NEEDS Influenza Sentinel Providers!

Sentinel providers are key to the success of the Florida Department of Health’s Influenza Surveillance System. Data reported by sentinel providers gives a picture of the influenza virus and ILI activity in the U.S. and Florida which can be used to guide prevention and control activities, vaccine strain selection, and patient care.

- Providers of any specialty, in any type of practice, are eligible to be sentinel providers.
- Most providers report that it takes **less than 30 minutes a week** to compile and report data on the total number of patients seen and the number of patients seen with influenza-like illness.
- Sentinel providers can submit specimens from a subset of patients to the state laboratory for virus isolation **free of charge**.

For more information, please contact

Stephanie Calle at 305-470-5660.

Miami-Dade County Monthly Report
Select Reportable Disease/Conditions
November 2019

Diseases/Conditions	2019 Current Month	2019 Year to Date	2018 Year to Date	2017 Year to Date
HIV/AIDS				
AIDS*	46	403	383	443
HIV	117	1268	1188	1332
STD				
Infectious Syphilis*	39	353	444	346
Chlamydia*	1098	13736	12323	11132
Gonorrhea*	386	4379	3896	3056
TB				
Tuberculosis**	11	106	110	74
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	51	783	738	626
Chikungunya Fever	0	2	1	1
Ciguatera Poisoning	0	43	35	10
Cryptosporidiosis	9	68	41	39
Cyclosporiasis	0	26	0	4
Dengue Fever	23	215	29	9
Escherichia coli, Shiga Toxin-Producing	21	145	166	34
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	14	170	163	120
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	0	0	0
Legionellosis	9	50	59	42
Leptospirosis	0	0	1	0
Listeriosis	0	5	5	7
Lyme disease	0	3	6	6
Malaria	0	4	11	5
Meningitis (except aseptic)	1	10	11	10
Meningococcal Disease	0	3	0	6
Salmonella serotype Typhy (Typhoid Fever)	0	3	4	2
Salmonellosis	74	940	792	746
Shigellosis	19	243	269	103
Streptococcus pneumoniae, Drug Resistant	1	17	15	23
Vibriosis	2	18	5	4
West Nile Fever	0	0	0	0
Zika Virus (non-congenital)	3	33	30	135
Immunization Preventable Diseases				
Measles	0	0	3	0
Mumps	1	60	10	7
Pertussis	2	34	16	34
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	8	152	75	44
Hepatitis				
Hepatitis A	2	36	18	119
Hepatitis B (Acute)	8	43	46	39
Healthy Homes				
Lead Poisoning	11	122	173	376

*Data is provisional at the county level and is subject to edit checks by state and federal agencies.

** Data on tuberculosis are provisional at the county level.

Data on EDC-IS includes Confirmed and Probable cases.

What's New at DOH Miami-Dade

- Between December 1st and December 9th, DOH-Miami-Dade collaborated with many community partners in observance of World AIDS Day which is observed globally on December 1st.
- The Miami-Dade WIC and Nutrition Program hosted their 6th annual Holiday Health & Resource Fair on Saturday December 7th, 2019 at the Florida City WIC Clinic. There were a total of 2,003 registered attendees, not including the approximately 500 staff, volunteers, and partners that participated as well. The free services and goods provided to the attendees included health and dental screenings, dental and eye exams, toys, books, hot meals, and groceries. (See picture below.)
- On December 23rd, DOH-Miami-Dade issued another Mosquito Borne Illness alert. Two cases of locally transmitted dengue fever have been confirmed in Miami-Dade residents. These cases are geographically linked to a travel-related case. Miami-Dade County has fourteen local cases in 2019. To protect yourself and others practice personal mosquito protection and remember to "Drain and Cover."

To report diseases and for information, call EDC-IS at:

Childhood Lead Poisoning Prevention Program	305-470-6877
Epidemiology and Disease Surveillance	305-470-5660
Hepatitis Program	305-470-5536
HIV/AIDS Program	305-470-6999
Immunization Services	305-470-5660
STD Program	305-575-5430
Tuberculosis Program	305-575-5415
Appointment Line	786-845-0550

DOH-Miami-Dade WIC staff that participated in the 6th Annual Holiday Homestead/FL City Health & Resource Fair on December 7th.

About the Epi Monthly Report

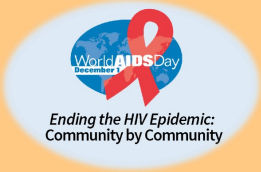
The Epi Monthly Report is a publication of the Florida Department of Health in Miami-Dade County: Epidemiology, Disease Control & Immunization Services. The publication serves a primary audience of physicians, nurses, and public health professionals. Articles published in the Epi Monthly Report may focus on quantitative research and analysis, program updates, field investigations, or provider education. For more information or to submit an article, please contact Vanessa Villamil at 305-470-5643 or vanessa.villamil@flhealth.gov.

Epi Monthly

Florida Department of Health in Miami-Dade County November 2019 Vol 20, Issue 11

Public Health LOOK OUT!

- December 1st is World AIDS Day. This day has been observed since 1988 and this year's theme is "Ending the HIV/AIDS Epidemic: Community by Community". The goal of this observance is to raise awareness of AIDS, to educate communities about ways to prevent and treat HIV infections, and to commemorate the lives of those who died due to this disease. Click on the image on the right to visit the U.S. Department of Health & Human Services' webpage on HIV.



- December is National Drunk and Drugged Driving Prevention Month, a time during which public and private sector organizations raise awareness of the dangers of impaired driving with the hope of preventing accidents and fatalities. According to the National Highway Traffic Safety Administration (NHTSA), drunk-driving-related deaths claim more than 10,000 lives per year. Additionally, in about 16% of motor vehicle crashes, legal and illegal drugs (other than alcohol) are involved. To avoid impaired driving this holiday season, you can make use of the "Tow To Go" service offered by AAA and Budweiser that provides a free confidential ride from anywhere to anyone. AAA membership is not required. Click here for more information on Tow To Go Services. For more information on the risks of impaired driving, click here.

- December is also Safe Toys and Celebrations Month. According to the U.S. Consumer Product Safety Commission's (CPSC) annual report on Toy-Related Deaths and Injuries, there were an estimated 226,100 toy-related injuries treated in U.S. hospital emergency departments and 17 deaths in 2018. For tips on buying age-appropriate toys for the holidays you can visit the Toy Association's Play Safe website for an age-by-age toy buying guide.

In this Issue

Click the image to the left to watch the video.

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Food Safety Tips for Thanksgiving

By: Daniel Mauck

A foodborne disease outbreak is defined as two or more similar illnesses resulting from ingestion of the same food item.[1] Common symptoms of foodborne illness include vomiting, diarrhea, abdominal cramps, and flu-like symptoms.[2] The symptoms can start anywhere from hours to days after consuming contaminated food or drinks.[2] Symptoms often go away within a few hours to a few days, usually without medical treatment in healthy people.[2] Foodborne illness can be severe or life-threatening for older adults, infants, young children, pregnant women, and people with a suppressed or weakened immune system.[2]

Between 1998 and 2012, there were 1,114 reports of foodborne disease where the implicated food or ingredient could be identified; poultry was the most frequently reported food category among the outbreaks (25%).[1] Outbreaks associated with poultry accounted for more illnesses (27%) and hospitalizations (21%) than any other food category.[1] Restaurants were the most commonly reported location of food preparation of poultry-associated outbreaks (37%), followed by private homes (25%).[1] The most commonly reported factors contributing to poultry-associated outbreaks were food-handling errors (64%) and inadequate cooking (53%).[1]

Practicing food safety when thawing, handling, cooking, and storing food this Thanksgiving can help prevent foodborne illness.[3] It is not recommended to thaw a turkey on the counter.[3] This can allow the growth of harmful bacteria.[3] When thawing a turkey in the refrigerator, allow one day for every five pounds of turkey.[4] It is also important to practice safety when handling uncooked food. Wash your hands with soap and water for 20 seconds before and after handling food.[2] Wash cutting boards, utensils, and countertops after preparing each food item.[2] Do not rinse raw meat before cooking.[2] This can cause bacteria to spread around the sink and countertop if water or other liquid splashes.[2] Turkey should be cooked to an internal temperature of 165°F.[3] The temperature can be checked by inserting a food thermometer into the center of the stuffing and the thickest portions of the breast, thigh, and wing joint.[3]

Proper handling of leftovers can also reduce the risk of foodborne illness. Leftover food should be refrigerated as soon as possible or within two hours.[3] Do not store leftover stuffing inside the turkey.[5] Leftovers should be eaten within three to four days or can be frozen for longer storage.[5]

These few simple practices can help prevent foodborne illness:

- Handwashing is one of the most important. Hands should be washed for 20 seconds, making sure to scrub the backs of hands, between fingers, and under nails.[6]
- Do not use the same cutting boards and utensils to prepare meats and produce; use separate ones.[6]
- Food should be thawed or marinated in the refrigerator to prevent growth of harmful bacteria.[6]
- Use a food thermometer to make sure food is cooked to an internal temperature hot enough to kill germs.[6]
- Food should be refrigerated in a shallow container within two hours after preparation.[6]

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The Buzz About Dengue

By: Nicole Muse and Jenna Webb

Background

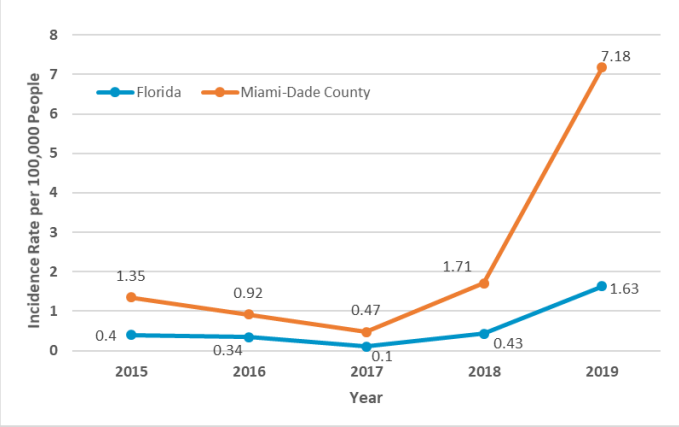
Dengue fever is a mosquito-borne illness caused by the infection of any of the four virus serotypes (DENV1-4).[1] Belonging to the genus *Flavivirus*, within the family *Flaviviridae*, these four dengue viruses are closely related to other arboviruses such as Zika, Yellow Fever, West Nile Fever, and Japanese Encephalitis viruses.

The emergence of dengue as a global public health problem initiated during the Chin dynasty (265-420 A.D.) with the earliest recorded case published in a Chinese encyclopedia.[2] By the start of the 19th century, first reports of major dengue epidemics had been widely distributed geographically throughout Asia, Africa, and North America. In the American continents, programs were implemented to eradicate the mosquito vector and epidemic dengue was eventually found to be rare. These efforts were discontinued in the early 1970s. As a result, the vector *Aedes aegypti* reemerged gaining back the geographic distribution it once held, intensifying dengue transmission by introducing new virus serotypes, and causing many nonendemic countries to become endemic to this disease.[2] To date, 40% of the world's population live in areas with risk of dengue and 903 cases have been reported in the U.S. in 2019, according to the CDC.[3] In the state of Florida, the last epidemic of locally transmitted dengue was in 1934 with 15,000 people reported to be infected and since then, the only reported cases in Florida were from people visiting dengue-endemic countries. However, the virus began recirculating in Florida in 2010 when 63 locally-acquired cases were reported in Monroe County, one in Broward County, and one in Miami-Dade County4. Since that year, dengue became a nationally notifiable disease.

Transmission

Dengue is transmitted primarily by the infected female *Aedes aegypti* or the *Aedes albopictus* mosquito.[1] Once a human is infected, the incubation period is on average one week with a range of 3 to 14 days. During the 1 to 2 days of viremia before symptom onset, DENV may also be transmitted by means of blood transfusions, receipt of organ donation, or as an occupational accident in a healthcare or laboratory setting.[4] Vertical transmission may also occur when an infected pregnant woman transmits the virus to her fetus in utero or during delivery, increasing the risk for obstetric and neonatal complications.[1] Infection with one of the four dengue serotypes does not provide lifelong immunity to the other DENVs.[5]

Figure 1. Incidence Rates of Dengue Fever in Florida and Miami-Dade County, 2015-2019.



**Florida and Miami-Dade County populations were derived from Florida Charts.*

Clinical Manifestation and Diagnosis

Even though most dengue infections are asymptomatic, approximately one in four people infected with DENV will get sick with mild or severe symptoms including fever (104 F degrees), combined with either nausea, vomiting, rash, headache, muscle and joint pains, or pain behind the eyes. Symptoms typically last 2-7 days.[6] Severe dengue — dengue hemorrhagic fever and dengue shock syndrome — may also occur but with the addition of hemorrhaging due to decreased platelet count, signs of shock, and even death.[2] According to the CDC, approximately 1 in 20 people infected with dengue who are symptomatic will develop severe dengue. DENV infections with any of the four viral serotypes will only provide long-lasting immunity with that particular DENV serotype. However, infection may occur again with the transmission of any of the other three DENV serotypes.[7]

Laboratory diagnosis of dengue is performed by testing blood serum to detect viral components or antibodies produced in response to the infection in those who present with signs and symptoms or recent possible exposure with the dengue virus.[7] There are three primary diagnostic tests available: Reverse-transcriptase-polymerase-chain-reaction (RT-PCR) assay, serology tests (IgM and IgG antibody detection), and plaque reduction neutralization test (PRNT).

Since the Dengue and Zika virus are members of the *Flavivirus* family, it is difficult to specifically diagnose for dengue through laboratory testing due to the cross-reactivity and structural similarity between both viruses.[8] As a result of the similar nature of these two viruses, there is a higher risk of misinterpretation of the test results, misdiagnosis, and a higher rate of false positives depending on how reliable the assay test is. In August of this year, the Florida Department of Health in Miami-Dade County (DOH-Miami Dade) sent out an updated guidance on dengue to local clinicians: "Dengue Fever – Information for Clinicians". The document is included at the end of this article.

Current Miami-Dade County Status

According to the World Health Organization, the number of reported dengue cases has increased approximately 6-fold between 2010 (0.5 million) to 2016 (over 3.34 million).[8] Although in the past this disease was concentrated in only 9 countries, currently more than 100 countries, including the Americas and Europe, now consider this disease to be endemic.[6] Brazil alone reported 1.5 million cases out of the 2.38 million cases reported in the Americas in 2016. Post Zika outbreak, a decline of dengue cases was noticed during the 2017-2018 years with a 73% reduction compared to 2016.[8] However, during the 2019 year, a drastic increase in dengue cases has been observed, where DENV-1 and DENV-2 have been the most common serotypes to be circulating in Southeast Asian and Central American region.[6]

Table 1. Demographic Characteristics of Confirmed, Probable, and Suspect Dengue Fever Cases – Florida and Miami-Dade County, 2019.

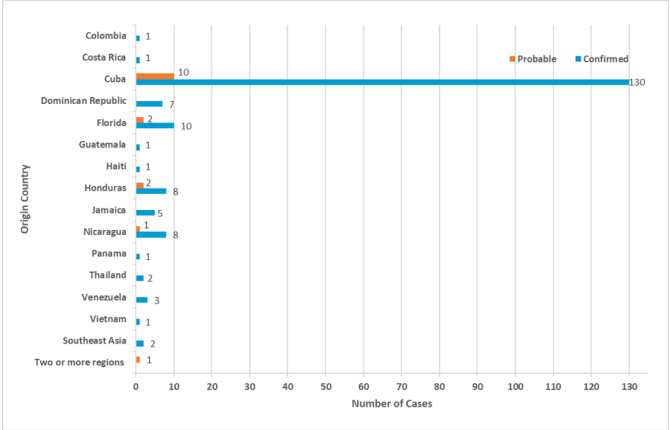
	Florida n(%)	Miami-Dade County n(%)
Total Number of Cases	346	206
Disease Status		
Confirmed	292(84.4)	180(88.24)
Probable	38(11)	16(7.84)
Suspect	16(4.6)	8(3.92)
Age Group		
0-14	28(8.1)	12(5.9)
15-44	109(31.5)	59(28.9)
45+	209(60.4)	133(65.2)
Gender		
Female	190(54.9)	110(53.9)
Male	156(45.1)	94(46.1)
Race/Ethnicity		
Non-Hispanic White	17(4.9)	4(2.0)
Non-Hispanic Other	5(1.5)	2(1.0)
Hispanic	290(83.8)	192(94.1)
Other/Unknown	34(9.8)	6(2.9)

Miami-Dade County has become a gateway for travel-associated cases and emergence of locally-acquired dengue cases due to the vast amounts of international travelers from dengue-endemic Caribbean and Latin American countries, and the presence of *Aedes* mosquito populations increasing as a result of suiting environmental factors. As of August 6, 2019, the Florida Department of Health in Miami-Dade County has confirmed the first locally-acquired case of dengue. Since then, 11 locally-acquired cases have been confirmed in Miami-Dade County and a mosquito-borne illness alert has been issued. In 2019, a total of 325 travel-associated cases and 12 locally-acquired cases of dengue have been reported in the state of Florida.

Methods

Case investigation data for cases of DENV that were reported to DOH-Miami-Dade between January 1, 2015 and November 3, 2019 were obtained from Merlin, the Florida Department of Health Epidemiology Electronic Surveillance System. The data obtained consisted of laboratory report date and travel history for confirmed, probable, and suspect cases. The data were analyzed using version 3.6 of SAS Studio.

Figure 2. Reported Confirmed and Probable Dengue Fever Cases by Origin and Disease Status – Miami-Dade County, 2019.

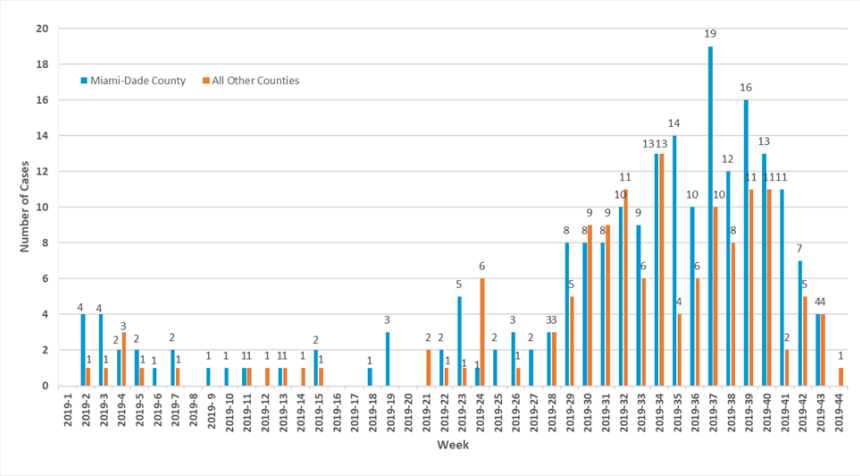


Results

Between 2015 and 2019, the case counts for dengue have been on the rise. In 2019, Florida has reported 346 dengue cases with an incidence rate of 1.63 per 100,000. Of all the Florida cases, Miami-Dade County contributed to 206 (~60%) of dengue cases reported with the highest incidence rate (7.18 per 100,000) in the last 5 years (Figure 1). A drop in the incidence rate was noted in 2017. A few investigators proposed that a possible explanation for this may be that in those infected with Zika during the outbreak a Zika immunity was induced, thereby creating a cross-protection against dengue.[9] Over 88% (n=180) of dengue reported cases in Miami-Dade County were classified as confirmed cases.

Among all cases, dengue infection occurred more commonly in females (55%, 54%) than in males (45%, 46%) and the greatest number of cases predominated in the Hispanic ethnic group (84%, 94%) for both Florida and Miami-Dade County as seen on Table 1. Cases reporting a "Country of Origin" located in Central America or the Caribbean represented the majority of DENV infections acquired outside of Florida, with the highest number of cases coming from Cuba (n=130, 72%), as shown in Figure 2. However, due to the 10 (5.52%) confirmed locally-acquired dengue cases reported in Miami-Dade County, the state of Florida has the second highest number of reported cases by place of origin. A weekly analysis of the distribution of dengue cases in 2019 for Miami-Dade County has shown an increase after week 23 (n=5) with a peak observed in week 37 (n=19), followed by a noteworthy decrease. Dengue cases reported for all other counties in Florida reached its peak in week 34 (n=13). Although dengue is known to be a seasonal disease, cases can occur at any time of the year as seen on Figure 3.

Figure 3. Reported Dengue Fever Cases by Epi Week in Miami-Dade County and All Other Counties in Florida, 2019.



Prevention and Control

Increased travel, urbanization, expanding geographic population distribution, and climate change are just a few factors that have contributed to an increase in dengue incidence.[5] These raise awareness for the need and urgency of developing prevention and control measures for dengue. With no vaccine currently available to prevent this disease, it is important to have an efficient active surveillance system in county health departments and hospitals, provide education to the medical and public community, and implement an effective mosquito control program to eliminate the vector.[10]

The DOH-Miami-Dade County monitors dengue by investigating reports of clinical and laboratory evidence. Epidemiologists in the DOH also perform a syndromic surveillance through ESSENCE FL by querying key words related to the symptoms of the disease and investigating possible cases of interest. In addition, as of August 2019, the Florida Department of Health in Miami-Dade County has initiated an enhanced surveillance system by partnering with select health care facilities in Miami-Dade County and offering free arboviral testing through the Bureau of Public Health Laboratory (BPHL) through December 31, 2019.

In order to prevent the bite and spread of mosquito-borne diseases, it is important to "Drain and Cover." Mosquitos only need a small amount of water the size of a bottle cap to breed. Any standing water that may accumulate in containers such as flower pots, garbage cans, pool covers, birdbaths, or others should be drained. Cover windows, sliding doors, and patios with screens to prevent the entrance of any mosquitos to your home area. Always spray on repellent containing 20-30% DEET on bare skin or clothing, and wear clothing that covers the arms and legs when mosquitos are active.[11] Miami-Dade County's Mosquito Control program works closely with the Department of Health to control the mosquito population by using a variety of surveillance methods to identify and track mosquito populations that live in an area of interest. Inspectors are also sent out to locations of suspect cases upon referral by the Department of Health where possible arboviral transmission may occur or upon request by County residents who report any significant mosquito activity or breeding sites found in their home residence.

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Florida Department of Health in Miami-Dade County
Epidemiology, Disease Control and Immunization Services

Influenza Like Illness Surveillance Report

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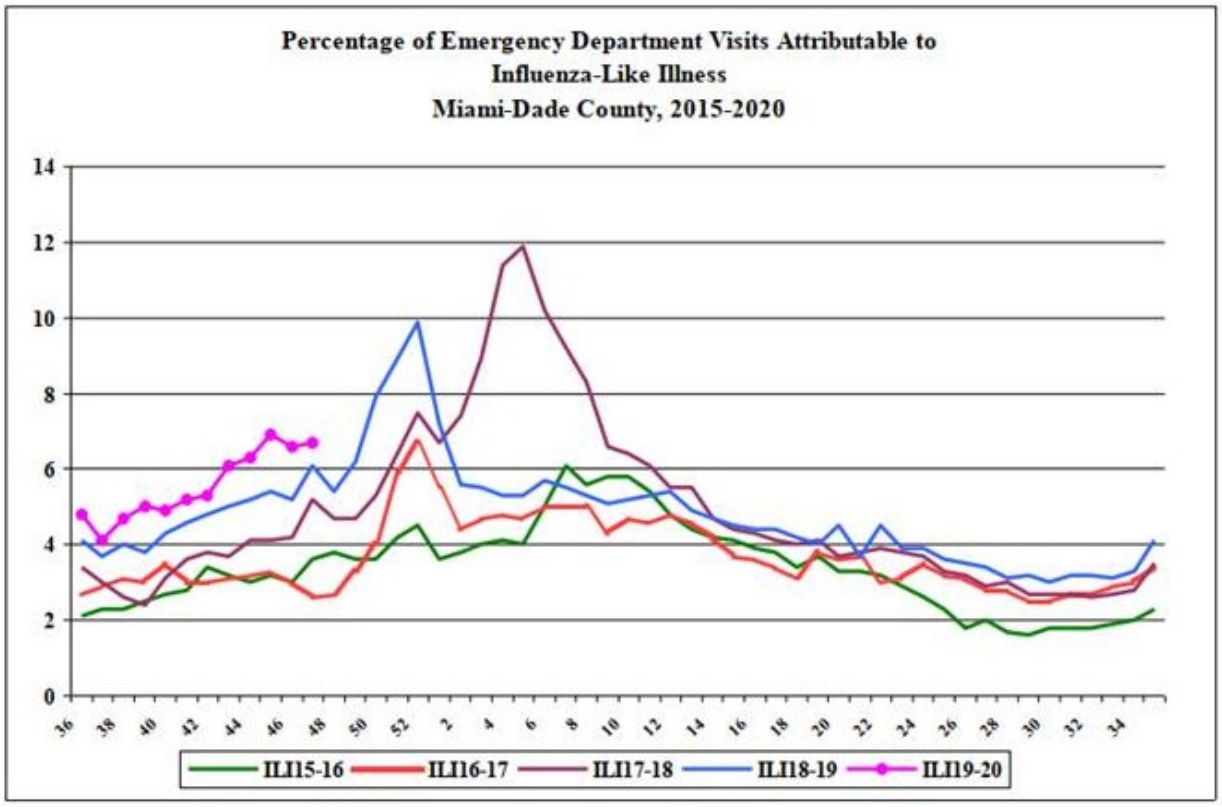
Influenza-Like-Illness, All Age



Across all ages, there were 35,438 ED visits; among them 2,358 (6.7%) were ILI. During the same week last year, 6.1% of ED visits were ILI.

PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

Florida Department of Health in Miami-Dade County NEEDS Influenza Sentinel Providers!

Sentinel providers are key to the success of the Florida Department of Health’s Influenza Surveillance System. Data reported by sentinel providers gives a picture of the influenza virus and ILI activity in the U.S. and Florida which can be used to guide prevention and control activities, vaccine strain selection, and patient care.

- Providers of any specialty, in any type of practice, are eligible to be sentinel providers.
- Most providers report that it takes **less than 30 minutes a week** to compile and report data on the total number of patients seen and the number of patients seen with influenza-like illness.
- Sentinel providers can submit specimens from a subset of patients to the state laboratory for virus isolation **free of charge**.

For more information, please contact

Stephanie Calle at 305-470-5660.

Miami-Dade County Monthly Report
Select Reportable Disease/Conditions
October 2019

Diseases/Conditions	2019 Current Month	2019 Year to Date	2018 Year to Date	2017 Year to Date
HIV/AIDS				
AIDS*	45	358	363	321
HIV	126	1165	1099	1044
STD				
Infectious Syphilis*	29	314	398	313
Chlamydia*	1399	12638	11272	10176
Gonorrhea*	436	3993	3545	2794
TB				
Tuberculosis**	4	95	100	74
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	68	732	676	572
Chikungunya Fever	2	2	1	1
Ciguatera Poisoning	2	43	34	7
Cryptosporidiosis	0	59	37	38
Cyclosporiasis	0	26	0	4
Dengue Fever	56	192	17	5
Escherichia coli, Shiga Toxin-Producing	15	124	153	28
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	21	156	154	113
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	1	1	1
Legionellosis	2	41	54	38
Leptospirosis	0	0	1	0
Listeriosis	4	5	5	7
Lyme disease	0	2	4	4
Malaria	0	3	11	5
Meningitis (except aseptic)	0	9	9	9
Meningococcal Disease	0	3	0	6
Salmonella serotype Typhy (Typhoid Fever)	0	3	4	2
Salmonellosis	117	866	699	663
Shigellosis	14	223	249	89
Streptococcus pneumoniae, Drug Resistant	2	18	14	23
Vibriosis	1	16	6	4
West Nile Fever	0	0	0	0
Zika Virus (non-congenital)	5	28	27	118
Immunization Preventable Diseases				
Measles	0	0	3	0
Mumps	4	59	7	6
Pertussis	4	32	15	32
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	16	144	66	37
Hepatitis				
Hepatitis A	4	34	15	106
Hepatitis B (Acute)	9	56	42	34
Healthy Homes				
Lead Poisoning	19	112	163	339

*Data is provisional at the county level and is subject to edit checks by state and federal agencies.

** Data on tuberculosis are provisional at the county level.

Data on EDC-IS includes Confirmed and Probable cases.

What's New at DOH Miami-Dade

- The Miami-Dade WIC and Nutrition Program will be hosting their 6th annual Holiday Health & Resource Fair on Saturday December 7th, 2019 from 9:30am-1:30pm at the Florida City WIC Clinic at 753 West Palm Drive Florida City, FL 33034. It is free and open to the public. There were over 2,000 people in attendance last year who received health screenings, books, toys, food, and prizes.
- The Florida Department of Health in Miami-Dade is under a Mosquito Borne Illness alert. A case of dengue fever of local transmission has been confirmed in a Miami-Dade resident. Miami has twelve local cases in 2019. To protect yourself and others practice personal mosquito protection and remember to "Drain and Cover."
- December 1st is World AIDS Day. The Department of Health is partnering with organizations throughout the state in observance. The theme this year is Ending the HIV Epidemic: Community by Community. Find out what events are going on near you: https://knowyourhivstatus.com/calendar/

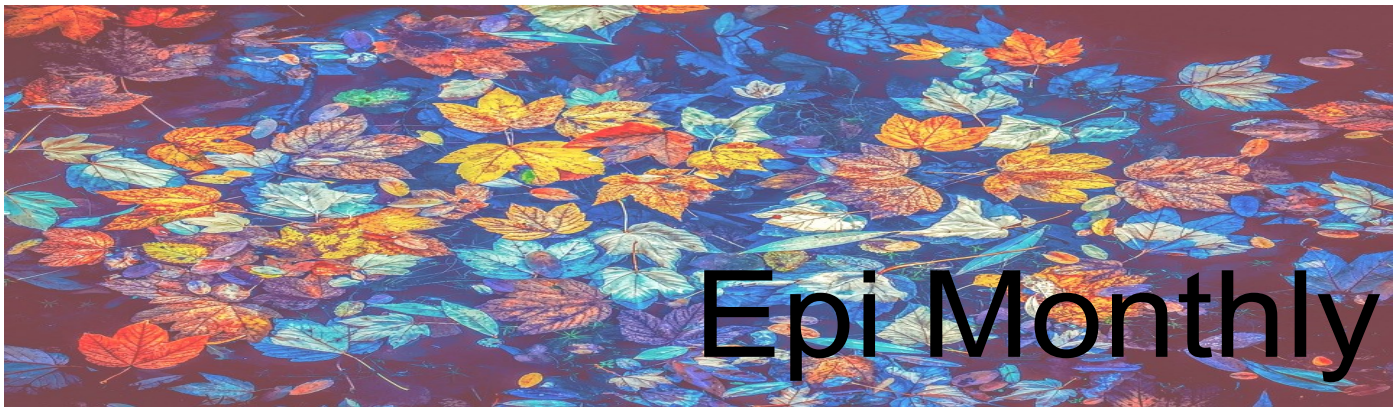
To report diseases and for information, call EDC-IS at:

Childhood Lead Poisoning Prevention Program	305-470-6877
Epidemiology and Disease Surveillance	305-470-5660
Hepatitis Program	305-470-5536
HIV/AIDS Program	305-470-6999
Immunization Services	305-470-5660
STD Program	305-575-5430
Tuberculosis Program	305-575-5415
Appointment Line	786-845-0550

About the Epi Monthly Report

The Epi Monthly Report is a publication of the Florida Department of Health in Miami-Dade County: Epidemiology, Disease Control & Immunization Services. The publication serves a primary audience of physicians, nurses, and public health professionals. Articles published in the Epi Monthly Report may focus on quantitative research and analysis, program updates, field investigations, or provider education. For more information or to submit an article, please contact Vanessa Villamil at 305-470-5643 or vanessa.villamil@flhealth.gov.

Florida HEALTH Miami-Dade County



Epi Monthly

Florida Department of Health in Miami-Dade County October 2019 Vol 20, Issue 10

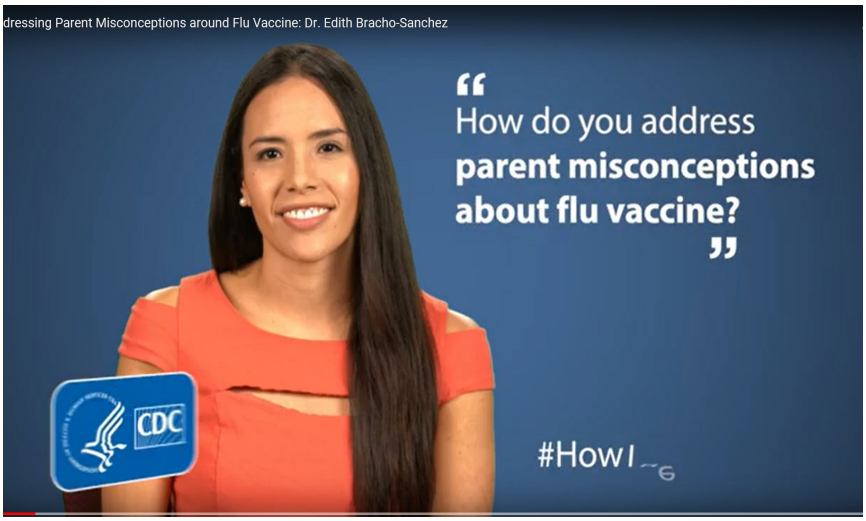
Public Health LOOK OUT!

- November is National Lung Cancer Awareness Month. Lung cancer screening is recommended for those who have a history of chronic smoking and are between 55 and 80 years old. Testing is recommended for those who are current smokers or have quit within the past 15 years and are between 55 and 80 years old. It's also essential to get your home tested for Radon, which is the second leading cause of lung cancer. It's a naturally occurring gas that is found in dirt and rocks, which can get trapped in houses.

- It is also COPD Awareness Month; COPD is Chronic Obstructive Pulmonary Disease, which includes emphysema and chronic bronchitis. COPD makes breathing difficult for the 16 million Americans who have been diagnosed. Chronic lower respiratory disease, primarily COPD, was the third leading cause of death in the United States in 2014. There are complications when it comes to COPD, which include needing special equipment such as portable oxygen tanks, not being able to engage in social activities, and many more. Tobacco smoke is the leading cause of COPD along with other pollutants.

- November is also National Alzheimer's Disease Awareness Month, which highlights the most common form of dementia. There is virtually no cure for the disease that affects 5.4 million Americans, and continually increases over the years. One in 3 seniors dies with Alzheimer's or a related form of dementia. While some risk factors cannot be controlled staying active and making healthy choices can help. For more information and prevention tips please visit https://www.cdc.gov/dotw/alzheimers/.

In this Issue



Click the image to the left to watch the video.

Florida Department of Health in Miami-Dade County
Epidemiology, Disease Control, and Immunization Services
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eFax: 786-732-8714

In the News

E-Cigarette or Vaping Product Use Associated with Lung Injury: An Outbreak

By: Kyle Nowotny

The Florida Department of Health in Miami-Dade County (DOH-Miami-Dade) is taking part in a nationwide outbreak investigation of e-cigarette or vaping product use associated with lung injury (EVALI). This is a new outbreak amongst individuals who use electronic cigarettes, or similar devices, to vape various products. The most common products identified by the Centers for Disease Control and Prevention (CDC) are nicotine and tetrahydrocannabinol (THC), with THC being the most reported substances used. Many of these products are purchased off the streets, either from dealers, friends, or family. Several patients have reported that symptoms began hours to days after inhalation, with some reporting longer onset times.[1]

The most common symptoms fall into two categories: pulmonary and gastrointestinal symptoms. Pulmonary symptoms typically include cough, shortness of breath, or chest pain. Another common symptom is found upon computerized tomography (CT) scanning, which reveals ground-glass opacities, while chest x-rays show pulmonary infiltrates. Gastrointestinal symptoms may include nausea, vomiting, abdominal pain, or diarrhea.[1] Though less common, other symptoms have been reported, such as weight loss, fever, or fatigue. In addition, symptoms may vary between cases.[2]

The CDC has defined EVALI confirmed cases as patients who vaped in the last 90 days, who have identifiable pulmonary infiltrates or opacities and who have negative respiratory viral screenings, ranging from influenza to Legionella, with no other plausible cause for disease. Probable cases are defined as patients who vaped in the past 90 days and have pulmonary infiltrates or opacities, but also have pulmonary infections, though their clinical team does not believe the pulmonary infections explain their symptoms.

There is no singular brand, product, or flavor associated with this outbreak.[2] Devices are equally as varied, and include electronic nicotine delivery systems, vaporizers, vape pens, dab pens, and more.[3] In coordination with the Florida Department of Health, DOH-Miami-Dade is working to collect vaping samples from cases for testing to determine the exact chemical composition of products used. So far, no singular agent has been identified as the cause of this outbreak. Considering the wide range of products used, it is believed that the outbreak may be the result of several chemicals. It is therefore the recommendation of the CDC that no one should vape any products, especially, products that contain THC or are bought off the street.[1]

As of October 22, 2019, the CDC has reported 1,604 cases of EVALI in 49 states, the District of Columbia, and 1 territory. Additionally, there have been 34 deaths in 24 states.[1] In Florida, there are 78 cases with 1 death, as of October 29, 2019.[3]

Anyone experiencing symptoms should immediately visit the nearest emergency department for treatment. To report a possible case of EVALI, please call the DOH-Miami-Dade, Epidemiology, Disease Control, and Immunization Serves (EDC-IS) at 305-470-5660. More information can be found at http://www.floridahealth.gov/newsroom/2019/09/092019-outbreak-of-lung-injury-associated-with-ecigarette-use-vaping.pr.html or at https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html.

References

1. Outbreak of lung injury associated with e-cigarette use, or vaping. (2019, October 11). Retrieved October 14, 2019, from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease-html
2. Severe pulmonary disease associated with using e-cigarette products. (2019, August 30). Retrieved October 14, 2019, from https://emergency.cdc.gov/han/han00421.asp
3. Lung injury associated with e-cigarette use, or vaping – Florida. (2019, October 8). Retrieved October 14, 2019, from http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.LungInjuryE-CigaretteUse.

Lead Poisoning: The Invisible Toxicity

By: Judith Agbotse and Mohnisha Jit

Background

Lead is a naturally occurring toxic metal found in the Earth's crust. Its widespread use has resulted in extensive environmental contamination, human exposure, and significant public health problems in many parts of the world. Important sources of environmental contamination include mining, smelting, manufacturing and recycling activities, and, in some countries, the continued use of leaded paint in homes, leaded gasoline, and leaded aviation fuel. However, lead is also used in many other products such as pigments, paints, solder, stained glass, lead crystal glassware, ammunition, ceramic glazes, jewelry, toys and in some cosmetics and traditional medicines.[1] It can be brought into the home from soil or lead debris on shoes, or it can be blown in from lead dust on windows. It is most commonly found in paint from homes built before 1978, and the paint becomes a hazard once it starts to deteriorate, chip, or peel. Lead poisoning occurs when lead is accumulated in the bloodstream and is diagnosed by conducting a blood test. When ingested or inhaled, lead can cause many health issues. Lead poisoning can cause learning, hearing, and behavioral problems, and can be harmful to one's organs.[1] In serious cases, lead poisoning can even result in death.

According to a study from the American Journal of Public Health, blood lead levels (BLLs) in the United States have decreased substantially over the past 40 years as a result of the removal of lead from gasoline, residential paint, and solder used for water pipes and food and beverage cans.[4] However, ingestion of lead-based paint, particularly prevalent in older housing, remains one of the most common sources of lead exposures among young children.[1]

The Florida Department of Health in Miami-Dade County's Lead Poisoning Prevention Program is a program funded by the Centers for Disease Control and Prevention (CDC) that aims to increase primary prevention activities by obtaining information through epidemiologic investigations to determine what potential source of exposure needs to be removed from a home. Also, the program aims to increase lead screening among children who are at high risk of lead poisoning by administering lead screenings at community events and local clinics, and to reduce the number of adults with elevated BLLs by encouraging them to get a lead test during a doctor's visit. A confirmed case of lead poisoning is defined as an individual of any age with a blood lead level greater than or equal to 5 µg/dL from a venous specimen, or blood lead level greater than or equal to 5 µg/dL from two capillary specimens taken within three months of one another.[2] In 2012, the CDC updated the national case definition for lead poisoning from a blood lead level (BLL) ≥10 µg/dL to ≥5 µg/dL based on the adverse health effects caused by BLLs <10 µg/dL in both children and adults.[3]

Methods

Data from 2013 to 2018 for lead poisoning case investigations of Miami-Dade County residents were pulled from the Florida Department of Health's reportable disease surveillance system, Merlin. The data was analyzed using Microsoft Excel. The variables analyzed were age, gender, race/ethnicity, source of exposure, and the year in which the case was reported.

Results

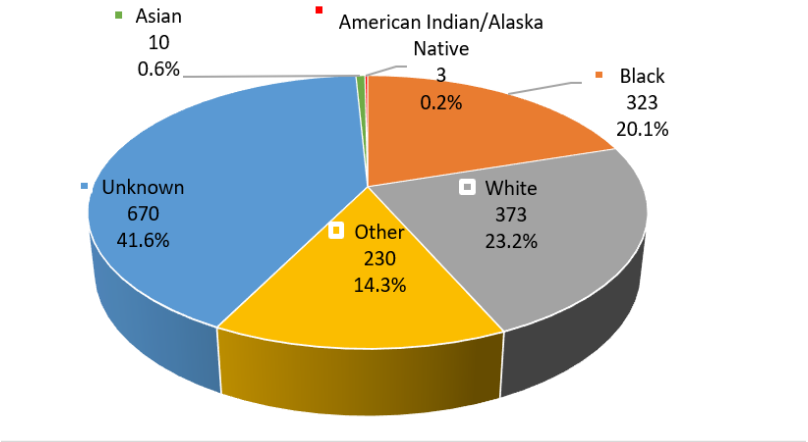
The number of cases reported in Miami-Dade County increased overall during the time period analyzed. There was a decrease from 2013, which had 112 cases, to 98 cases in 2015, then slightly increased between 2015 and 2016. There was a jump from 124 cases in 2016 to 515 cases in 2017 and then continued to increase to 654 cases in 2018 (Figure 1).

In Miami-Dade County, there was a total of 654 lead poisoning cases reported in 2018. Of those, 277 (42.4 %) were children under the age of 17 and 122 (24.8%) were adults. By gender, 136 cases were females (20.8%) and 518 were males (79.2%). In terms of race, most of the lead poisoning cases were Black at 121 (18.5%) cases, followed by White at 104 (15.9%) cases, other races at 77 (11.8%) cases, Asians/Pacific Islanders at 2 (0.3%) cases, and American Indians/Alaskan Natives with the lowest at 1 (0.2%) case (Figure 2). There were 349 (53.4%) cases that reported "unknown" for the category of race.

Of the 122 adult cases reported in 2018, 20 of the patients answered "Yes" to being exposed to lead at work (occupational exposure). Of the 20 occupational exposure cases, 2 cases were from an unknown source, 6 from lead-based paint at work, 5 cases from being exposed to firearms, 2 cases from leaded fishing equipment, 2 cases were exposed to waste management, and 3 from other. While most of the adult cases were from an exposure to lead-based paint and firearms at work, most of the 277 children cases were caused by exposure to two sources: toys and jewelry (74 cases) and tile floors or counter tops (75 cases). Of the remaining children cases, 55 cases were of children living in a home built before 1978, 39 cases were exposed to lead-based paint at home, 31 cases were exposed to soil, and 22 cases were a result of take-home exposure from a household member.

Figure 1. Number of Cases Reported by Year, Miami-Dade County, 2013-2018.

Figure 2. Number of Cases Reported by Race, Miami-Dade County, 2018.



Conclusion

Reporting both positive and negative blood lead levels is a vital step in reducing and preventing lead poisoning in Miami-Dade County, and findings indicate that the amount of cases increased due to the case definition change for lead poisoning. Children between the ages of 0–17 have been tested more than adults in the last 5 years. The number of children screened has increased from 126 cases in 2012 to 315 cases in 2018. In 2018, the most common source of exposure for the reported cases of lead poisoning in Miami-Dade for children were toys/jewelry and tile floors/ countertops. Meanwhile, adults had the least amount of cases reported and the most common source of exposure for adults came from occupational or hobby related exposures such as working around or with lead-based paint or firearms. While tiles and toys are the most common source of lead poisoning in children, 22 of 229 cases were due to a household member that came into contact with lead as a result of an occupational exposure. This is why household members exposed to lead at work must shower and change clothes before entering their vehicle or coming home, wash their work and hobby clothes separately from the rest of their family's clothes; and must keep all work and hobby materials away from living areas.[5] Lead poisoning is a serious, but preventable public health problem that can result in long-lasting neurological damage to young children whose growing bodies are highly susceptible. In serious cases, lead poisoning can cause death. It is important for healthcare providers to provide screenings and follow-up appointments to children ages 0–6 years and also report all levels whether positive or negative.

References

1. World Health Organization. Lead Poisoning and Health. https://www.who.int/news-room/fact-sheets/detail/lead-poisoning-and-health. Accessed October 10, 2019.
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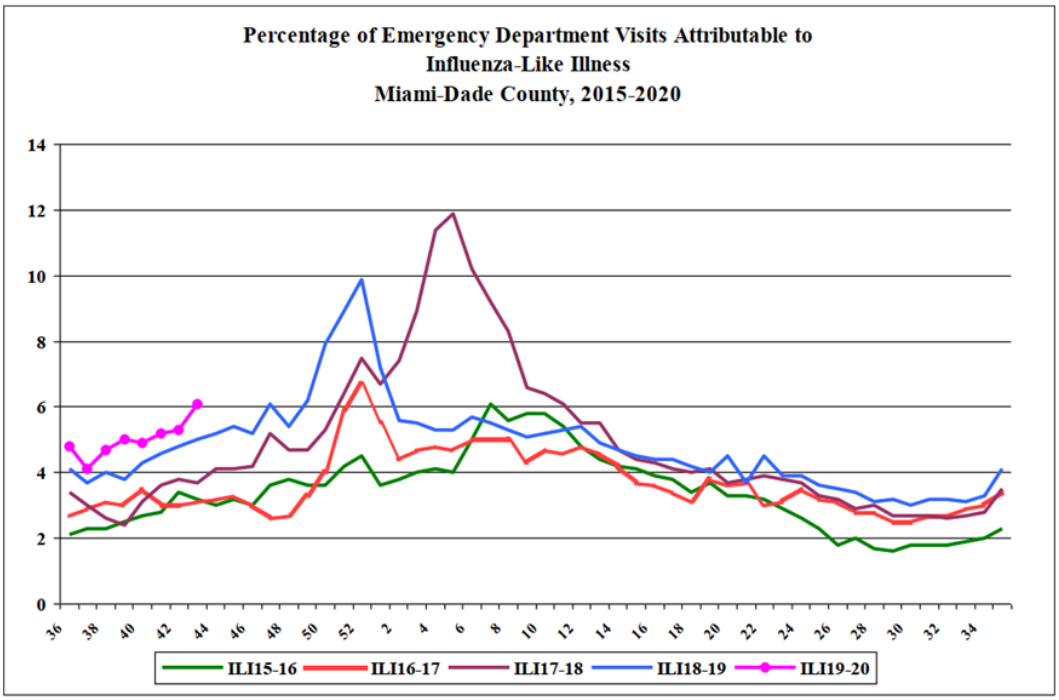
Influenza-Like-Illness, All Age



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September 2019

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STD				
Infectious Syphilis*	28	285	355	276
Chlamydia*	1112	11239	9987	9119
Gonorrhea*	419	3557	3155	2479
TB				
Tuberculosis**	7	91	88	74
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	62	664	621	494
Chikungunya Fever	0	0	1	0
Ciguatera Poisoning	9	41	27	7
Cryptosporidiosis	11	50	35	32
Cyclosporiasis	1	26	0	1
Dengue Fever	55	137	9	3
Escherichia coli, Shiga Toxin-Producing	8	108	137	24
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	8	135	135	103
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	0	0	0
Legionellosis	4	39	44	31
Leptospirosis	0	0	1	0
Listeriosis	0	1	4	6
Lyme disease	0	2	4	3
Malaria	0	3	10	5
Meningitis (except aseptic)	0	9	8	7
Meningococcal Disease	1	3	0	6
Salmonella serotype Typhy (Typhoid Fever)	1	3	4	2
Salmonellosis	96	750	605	568
Shigellosis	16	212	237	82
Streptococcus pneumoniae, Drug Resistant	4	14	14	22
Vibriosis	3	15	4	3
West Nile Fever	0	0	0	0
Zika Virus (non-congenital)	3	24	23	101
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Measles	0	0	3	0
Mumps	1	55	7	4
Pertussis	3	28	13	31
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	24	128	62	30
Hepatitis				
Hepatitis A	1	30	13	94
Hepatitis B (Acute)	4	49	39	32
Healthy Homes				
Lead Poisoning	6	92	148	302

*Data is provisional at the county level and is subject to edit checks by state and federal agencies.

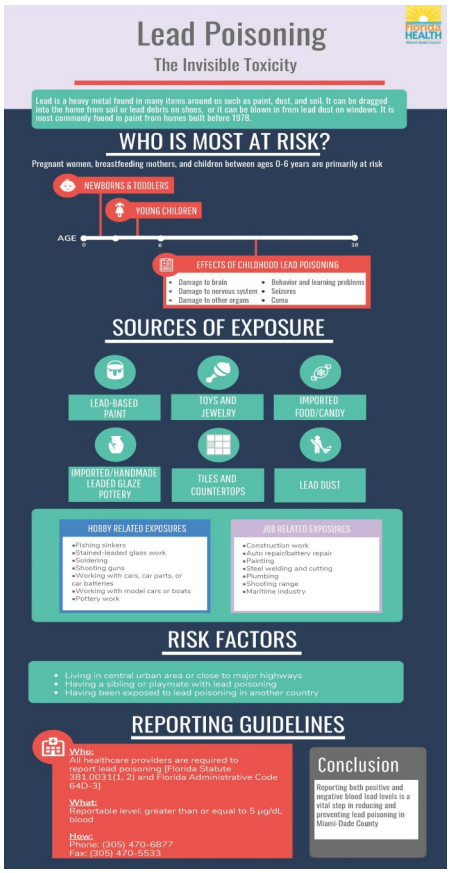
** Data on tuberculosis are provisional at the county level.

Data on EDC-IS includes Confirmed and Probable cases.

What's New at DOH Miami-Dade

- In October the DOH Miami-Dade celebrated National Latinx AIDS Awareness Day (NLAAD) by joining local partners in hosting three free community events offering testing, health screenings, health resources, and referrals to PrEP throughout Miami-Dade County. This year's theme was Living with HIV or not… we're fighting this together, emphasizing that everyone has a role in helping end HIV.
- The Florida Department of Health in Miami-Dade and Broward counties are launching an **Ending the HIV Epidemic Survey** to provide communities an opportunity to provide input on how to improve prevention and care efforts. The Miami-Dade County Survey can be found at https://www.surveymonkey.com/r/EtHEMiami or by visiting www.TestMiami.org. The survey is open until to November 15th.

The Florida Dept of Health reminds everyone to #DrainandCover to help prevent mosquito borne diseases



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Florida HEALTH Miami-Dade County