Miami-Dade County Health Department
Office of Epidemiology and Disease Control

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Epi Monthly Report

Pedestrian Injuries to Children Aged 0-17 Years, Miami-Dade County, 2003-2005, Part 3

Anthoni Llau, MPH[1] and Steve Dearwater, MS[2]
[1]Miami-Dade County Health Department, Office of Epidemiology and Disease Control; [2]University of Miami

Background

Although fewer children are walking and exposing themselves to the risks of traffic, pedestrian injury remains the 2nd leading cause of injury-related death and 4th leading cause of injury hospitalization among county children aged 5-14 years. Miami-Dade County experiences approximately 5 child pedestrian fatalities and another 70 hospitalizations for pedestrian injuries each year to children aged 0-17 years of age.

The objective of this third installment in a series of analysis of pedestrian injuries involving children is to describe where pedestrian incidents occurred.

Methods

The 2003-2004 data used in this summary was obtained from the Motor Vehicle Traffic Crash Reports from Miami-Dade County Metropolitan Planning Organization and Department of Highway Safety & Motor Vehicles. The following maps present data on child pedestrian incidents that occurred between the years 2003-2004. Data for 2005 has not yet been geo-coded to allow locations to be displayed on a map.

Results

The vast majority of child pedestrian incidents were clustered in the northeast section of the county.

Other areas that demonstrated some clustering of pedestrian injury included:

- Zip codes in the Homestead and Florida City area along the US 1 corridor.
- 33193 and 33196 zip codes which correspond to The Hammocks and Kendall West areas.
- 33170, 33177, 33189 zip codes which correspond to Goulds, S. Miami Heights and Cutler Bay areas.
- 33157 zip code which corresponds to Palmetto Bay and Cutler Bay areas.

FLORIDA DEPARTMENT OF HEALTH

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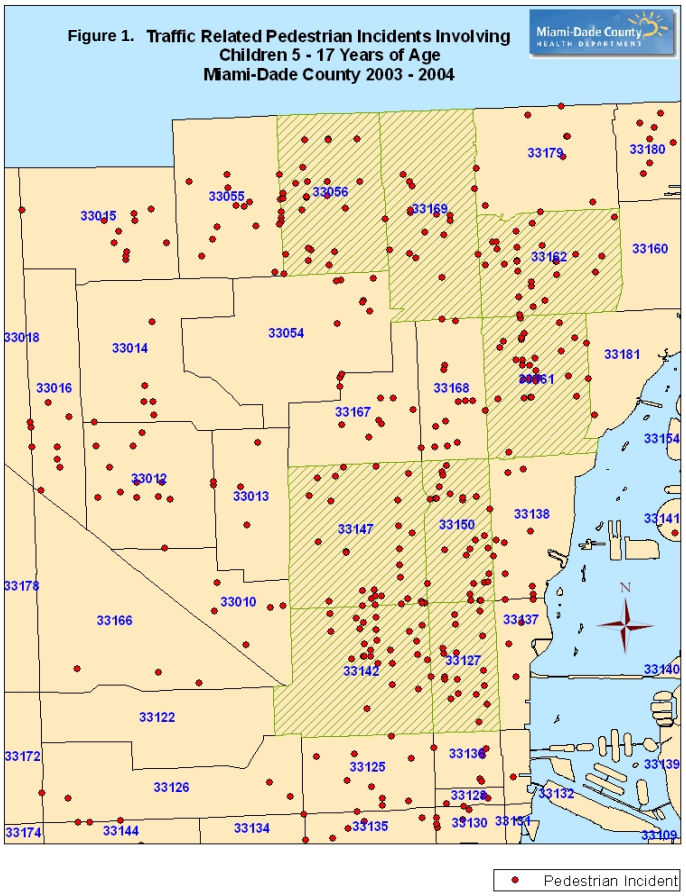
Fermin Leguen MD, MPH
Chief Physician, Miami-Dade County Health Department
Director, Office of Epidemiology and Disease Control

8600 NW 17th Street
Suite 200
Miami, Florida 33126

Tel: (305) 470-5660
Fax: (305) 470-5533
E-mail:
fermin_leguen@doh.state.fl.us

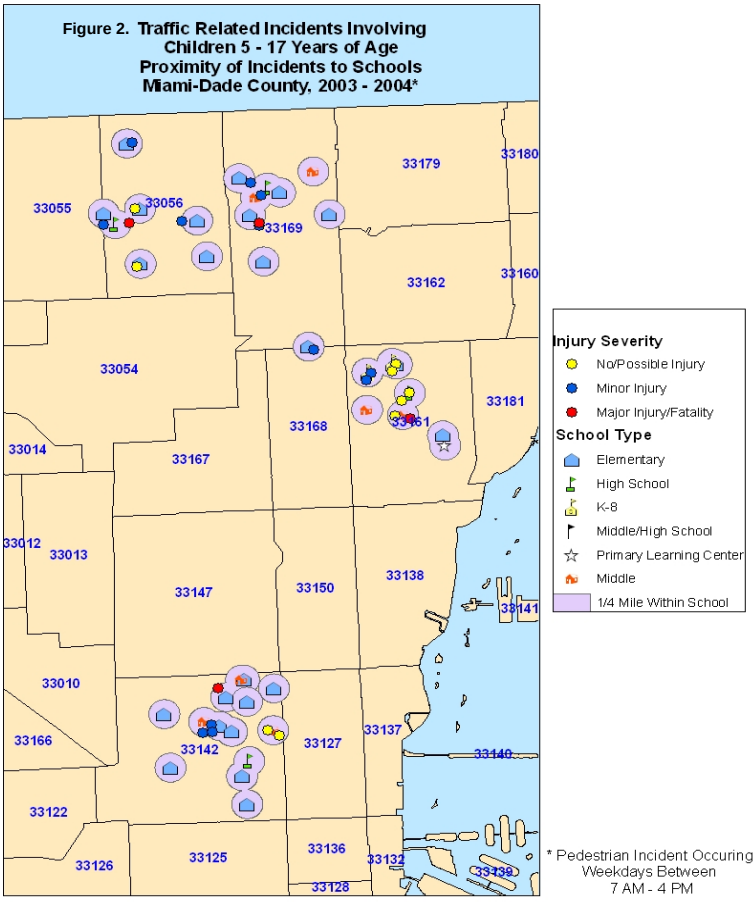


The eight zip codes that experienced the most child pedestrian incidents between 2003-2004 were all located in the northeast section of the county (figure 1):

- 33056 (Miami Gardens area: 37 incidents with 22 non-fatal injuries)
- 33169 (Miami Gardens area: 20 incidents with 12 non-fatal injuries)
- 33061 (North Miami area; 34 incidents with 11 on-fatal injuries)
- 33162 (North Miami Beach area: 27 incidents with 21 non-fatal injuries)
- 33127 (Little Haiti, Model City areas: 32 incidents with 22 non-fatal injuries)
- 33142 (Allapattah, Brownsville area: 30 incidents with 1 fatality and 12 non-fatal injuries)
- 33147 (W. Little River, Brownsville areas: 36 incidents with 3 fatalities, 13 non-fatal injuries)
- 33150 (Pinewood, Model City, Little Haiti areas: 32 incidents with 14 non-fatal injuries)

The map to the right attempts to estimate how frequently pedestrian incidents and injuries occurred while children walked to and from school. Only pedestrian incidents that occurred during a weekday between the hours of 7am-4pm are shown. All elementary, middle and high schools located within each zip code were identified on the map with the purple circle that surrounds each school representing a quarter-mile radius from each school. Four zip codes experienced at least six daytime pedestrian incidents within a ¼ mile of a school during 2003 and 2004.

- 33169 (Miami Gardens area: 6 incidents, 5 non-fatal injuries)
- 33056 (Miami Gardens area: 6 incidents, 4 non-fatal injuries)
- 33142 (Allapattah, Model City, Brownsville areas: 6 incidents, 3 non-fatal injuries, 1 fatality)
- 33161 (North Miami area: 8 incidents, 3 non-fatal injuries)



Conclusion

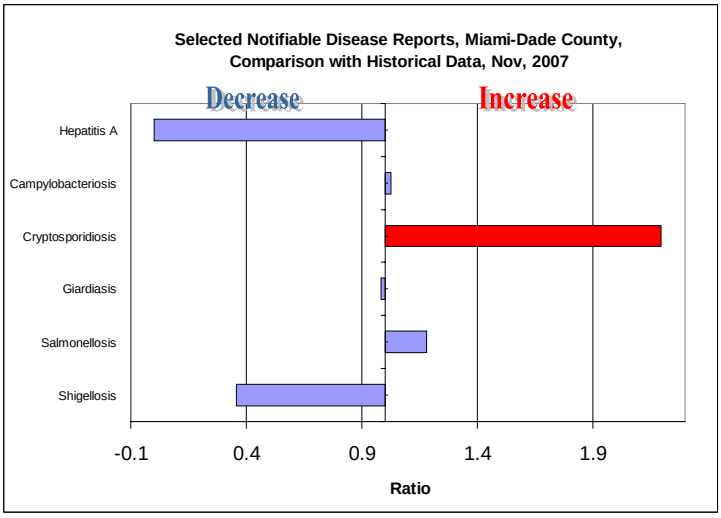
Many child pedestrian deaths occur in the evenings when visibility may be reduced. Areas that pose an increased risk of injury or death as a child pedestrian, according to the National SAFE KIDS Campaign, include the following:

- **High traffic areas**
- **Areas with a high number of parked vehicles on street**
- **Areas with higher posted speed limits**
- **Areas with no divided highways**
- **Areas with few pedestrian-control devices, such as crosswalk signals**
- **Areas that lack clear pedestrian pavement markings**
- **Locations that lack designated play areas**
- **Residential areas**
- **Straight, paved, dry roads**

TO REPORT ANY DISEASE AND FOR INFORMATION CALL:

Office of Epidemiology and Disease Control

Childhood Lead Poisoning Prevention Program	(305) 470-6877
Hepatitis	(305) 470-5536
Other diseases and outbreaks	(305) 470-5660
HIV/AIDS Program	(305) 470-6999
STD Program	*(305) 325-3242*
Tuberculosis Program	*(305) 324-2470*
Special Immunization Program	(786) 845-0550



AVIAN FLU WATCH

Unless indicated, information is current as of December 18, 2007



- **Since 2003, 340 human cases of avian influenza (H5N1) have been confirmed** by the World Health Organization (WHO). Of these, 209 have been fatal.
- **Countries with confirmed *human* cases** include Cambodia, China, Djibouti, Indonesia, Thailand, Vietnam, Iraq, Azerbaijan, Egypt, Turkey, Lao People's Democratic Republic, and Myanmar.
- **No human cases of avian influenza (H5N1) have been reported in the United States.**
- **The country of Myanmar has reported its first confirmed case of human infection with H5N1 avian influenza.** The 7 year old female who has recovered came down with fever and headache Nov. 21 and was hospitalized Nov. 27. Initial findings from the source exposure investigation suggests there was dead poultry near her home. This case was detected through routine surveillance. A 47 year old male died Dec. 13 after being hospitalized Dec. 9 with symptoms in Indonesia. Also from Indonesia, a 28 year old female who sold decorative plants on the side of the road developed symptoms Dec. 1 but died Dec. 10 after being hospitalized. The investigation into the source of exposure for these cases is underway. In China, a 24 year old male developed symptoms Nov. 24 and was hospitalized Nov. 27 but died Dec. 2. The father of this man, a 52 year old, became symptomatic Dec. 3 and was hospitalized immediately. He was one of the close contacts initially under observation; there is no indication thus far that either of these cases had contact with sick birds prior to symptom onset.
- **H5N1 has been confirmed in *birds* in several other countries since 2003.** H5N1 has been documented in birds in more than 30 countries in Europe & Eurasia, South Asia, Africa, East Asia and the Pacific, and the Near East. For a list of these countries, visit the World Organisation for Animal Health Web Site at http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm.
- **No restrictions on travel to affected countries have been imposed.** Travelers should avoid contact with live poultry and monitor their health for ten days after returning from an affected country.

SOURCES: World Health Organization; World Organisation for Animal Health; Centers for Disease Control and Prevention

PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

The Miami-Dade County Health Department 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 **Erin O'Connell** at 305-470-5660.

About the Epi Monthly Report

The Epi Monthly Report is a publication of the Miami-Dade County Health Department, Office of Epidemiology and Disease Control, 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, contact Erin O'Connell, Managing Editor at 305-470-5660.

Monthly Report
Selected Reportable Diseases/Conditions in Miami-Dade County, November 2007

Diseases/Conditions	2007 this Month	2007 Year to Date	2006 Year to Date	2005 Year to Date	2004 Year to Date	2003 Year to Date
AIDS *Provisional	84	767	1089	1163	1258	918
Campylobacteriosis	10	133	150	129	127	132
Ciguatera Poisoning	0	4	0	0	0	0
Cryptosporidiosis	6	47	35	35	17	13
Cyclosporosis	0	0	0	20	2	1
Dengue Fever	0	3	3	3	5	1
E. coli , O157:H7	1	0	0	0	0	0
E. coli , Non-O157	1	0	0	0	0	0
Encephalitis (except WNV)	0	3	0	0	1	0
Encephalitis, West Nile Virus	0	1	0	0	15	6
Giardiasis, Acute	21	239	199	199	259	197
Hepatitis A	0	31	46	59	40	56
Hepatitis B	0	18	24	45	35	49
HIV *Provisional	114	1345	1092	1267	1528	1474
Influenza A (H5)	0	0	0	0	0	0
Influenza Isolates	0	0	0	0	0	0
Influenza Novel Strain	0	0	0	0	0	0
Influenza, Pediatric Death	0	0	0	0	0	0
Lead Poisoning	23	156	133	160	278	254
Legionnaire's Disease	2	3	9	8	11	8
Leptospirosis	0	0	0	2	0	0
Lyme disease	0	7	0	0	3	4
Malaria	0	9	15	10	18	12
Measles	0	0	0	0	1	0
Meningitis (except aseptic)	1	9	12	11	11	7
Meningococcal Disease	0	8	13	6	20	4
Mumps	0	3	0	0	0	0
Pertussis	4	26	8	9	9	9
Rubella	0	0	0	0	0	0
Rubella, Congenital	0	0	0	0	0	0
Salmonellosis	53	386	550	550	409	493
Shigellosis	5	112	137	242	143	275
Streptococcus pneumoniae, Drug Resistant	12	84	92	59	59	109
Tetanus	0	0	0	0	0	0
Toxoplasmosis	1	3	0	9	11	9
Tuberculosis *Provisional	16	146	178	186	230	194
Typhoid Fever	0	2	6	2	3	4
Vibrio cholera Type O1	0	0	0	0	0	0
Vibrio cholera Non-O1	0	0	0	0	0	0
West Nile Fever	0	0	0	0	6	0

* Data on AIDS are provisional at the county level and are subject to edit checks by state and federal agencies.
** Data on tuberculosis are provisional at the county level.