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

VOLUME 8. ISSUE 1
JANUARY 2007

Epi Monthly Report

Child Passengers Involved in Motor Vehicle Crashes, Miami-Dade County, FL 2005

Maria Bustamante, MPH, Guoyan Zhang, MD, MPH, Julia Belkowitz, MD, Judy Schaechter, MD

Introduction

Motor vehicle crashes were the first leading cause of unintentional injury deaths in Miami-Dade County during 2005 among children under the age of 16. The second leading cause of unintentional injury hospitalizations among children under the age of 16 in Miami-Dade County during 2005 was motor vehicle crashes. There were 7,538 passengers under 16 involved in motor vehicle crashes during 2005. Thirty-two percent of all children involved in motor vehicle crashes were injured. Six of these children died as a result of their injuries. Older children were more likely to suffer severe injuries (incapacitating and fatal injuries).

Groups at Risk

Children less likely to be restrained with a child restraint device/safety belt:

- Children in older age groups
- Males 8-15 years of age
- Non-Hispanic Black children across all age groups

Risk Factors

- 92% of all infants involved in crashes were restrained, however restraint use declines with age. Once out of a car seat, older children are less likely to use the appropriate restraints such as booster seats and seat belts
- Toddlers and young children who were not restrained were more likely to be injured during a motor vehicle crash
- Young children (4-8 years old) reduce the risk of injury by 59% if in a booster seat
- Drivers that restrained themselves with a safety belt were twice as likely to restrain child passengers as compared to drivers that did not use any restraints

Prevention Tips

- Everybody needs a child safety seat, booster seat, or safety belt
- Not restraining your child is against the law and punishable by a fine
- Each child must be in a car seat sized according to the child's height and weight
- Never hold a child on your lap! You could crush him/her in a crash, or the child may be torn from your arms

Inside this issue:

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

- All children under 13 years old should ride properly restrained in the back seat
    - All children less than 1 year of age should be in a rear facing car seat
    - Children more than 1 year AND 20 pounds can use a forward-facing car seat
    - Children more than 40 pounds should use a booster seat with the car's lap and shoulder belt
    - Once the vehicle's seat belt fits properly - with the shoulder strap over the shoulder and the lap portion over the hip bones, a child can use the seat belt only. This usually happens around 8-9 years of age or 4 feet 9 inches tall
    - Check with a Certified Passenger Safety Technician to help you choose the correct car seat and make sure you are using it properly

Child Passenger Safety Programs

Program	Telephone
Injury Free Coalition for Kids of Miami	305-243-3928
City of Miami Beach Fire Rescue Child Passenger Safety Program	305-673-4935
Florida Highway Patrol Child Car Seat Program	305-470-2260
Miami Dade Fire Rescue Child Car Seat Program	786-331-4927
Seat Check: Get a free child safety seat inspection	866-SEAT-CHECK
Miami Dade Police Department Child Car Seat Program	305-471-3055

Figure 1. Distribution of Child Passengers Involved in Motor Vehicle Crashes by Age Group, Miami-Dade County, FL 2005

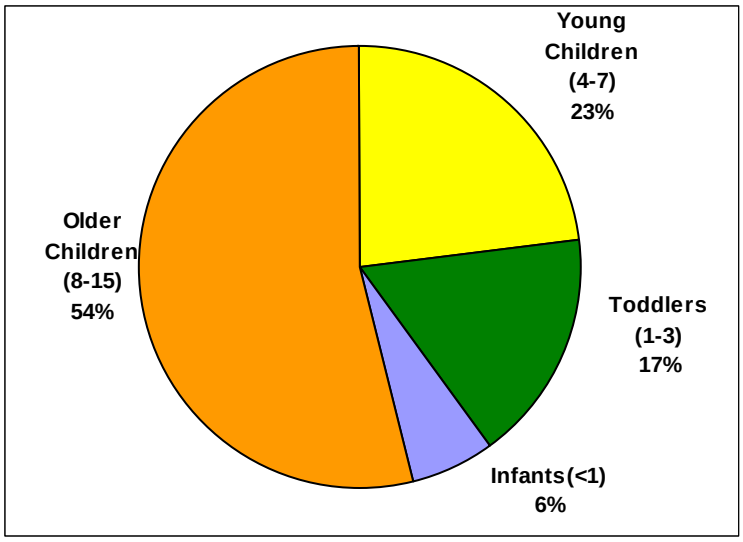


Figure 2. Rate of Motor Vehicle Crashes Involving Child Passenger by Age Group Miami-Dade County, FL 2005

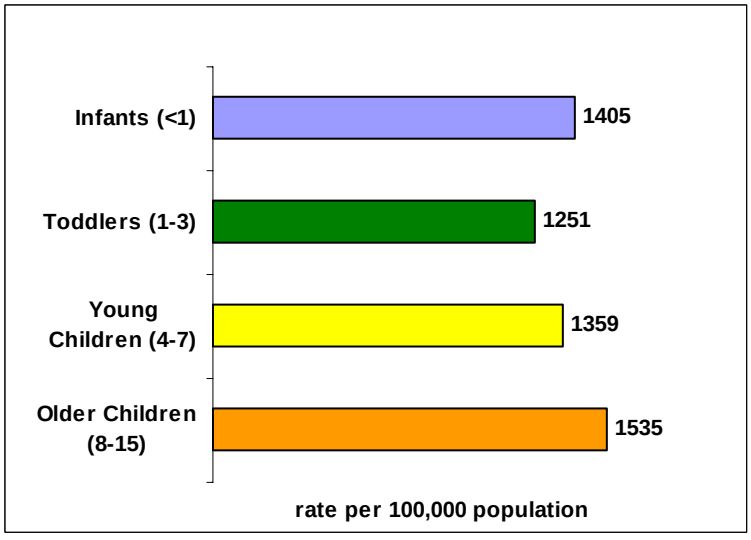
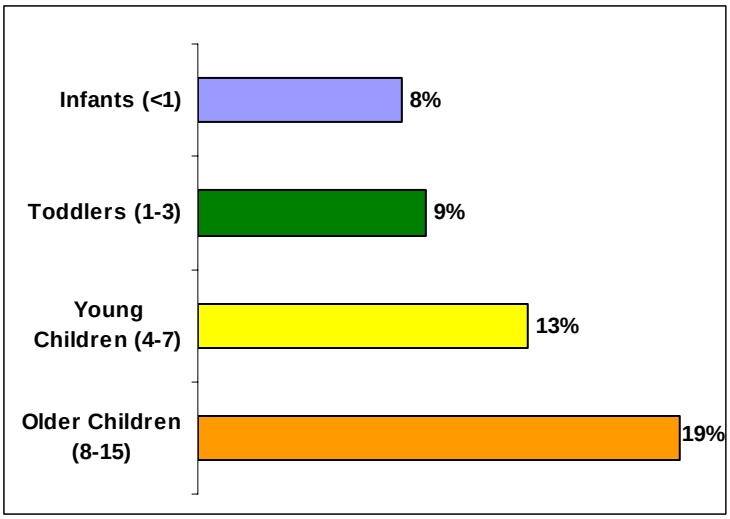


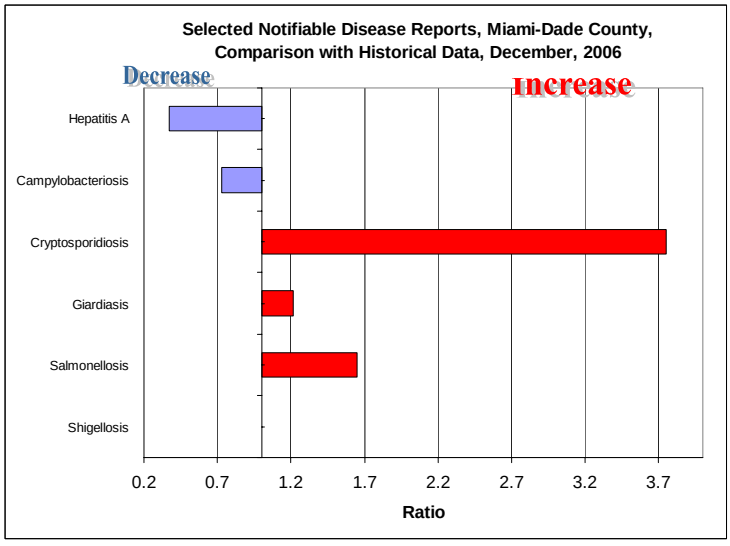
Figure 3. Percent of Unrestrained Children Involved in Motor Vehicle Crashes by Age Group Miami-Dade County, FL 2005



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 February 3, 2007



- **Since 2003, 271 human cases of avian influenza (H5N1) have been confirmed** by the World Health Organization (WHO). Of these, 165 have been fatal.
- **Countries with confirmed *human* cases** include Cambodia, China, Djibouti, Indonesia, Thailand, Vietnam, Iraq, Azerbaijan, Egypt and Turkey.
- **No human cases of avian influenza (H5N1) have been reported in the United States.**
- **There has been an additional confirmed human H5N1 case occurring in Nigeria.** The most recent case was a 22-year-old female who died January 16th. The government of Nigeria announced the presence of A/H5N1 in this deceased female. The mother of the 22-year-old female died January 4th with similar symptoms. The source of exposure for this case from Lagos is still under investigation. To date all contacts for this case did not develop symptoms and tested negative for A/H5N1. The source of exposure is still under investigation. Prior to this case, a 6-year-old female from Indonesia, developed symptoms January 8th, and later died at the hospital January 19th. It was indicated during the initial investigation that dead poultry may have been the source of her exposure. Also in Indonesia, a 32-year-old female developed symptoms January 11th and later died January 19th at the hospital. In the days prior to symptom onset this woman was involved in the slaughter of sick chickens as indicated by the source exposure investigation.
- **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

Why does Florida need influenza sentinel providers?

Sentinel providers are key to the success of the Florida Department of Health's Influenza Surveillance System. An influenza sentinel provider conducts surveillance for influenza-like illness (ILI) in collaboration with the Florida State Health Department, Bureau of Epidemiology and the Centers for Disease Control and Prevention (CDC). Data reported by sentinel providers, in combination with other influenza surveillance data, provides a national picture of influenza virus and ILI activity in the U.S. and Florida.

What data do sentinel providers collect and how do they report?

Sentinel providers report the total number of patient visits each week and number of patient visits for ILI by age group (0–4 years, 5–24 years, 25–64 years, and ≥ 65 years) year round. These data are transmitted once a week via the internet or via fax to a central database at CDC. Most providers report that it takes **less than 30 minutes a week** to compile and report their data. In addition, sentinel providers can submit specimens from a subset of patients to the state laboratory for virus isolation **free of charge**.

Who can be an Influenza Sentinel Provider?

Providers of any specialty (e.g., family practice, internal medicine, pediatrics, infectious diseases) in any type of practice (e.g., private practice, public health clinic, urgent care center, emergency room, university student health center) are eligible to be sentinel providers.

Why Volunteer?

Epidemics of influenza usually occur during the winter months and are responsible for approximately 36,000 deaths per year in the United States. Influenza and pneumonia together were the eighth leading cause of death in Florida in 2004, with over 3,000 deaths statewide. Serious complications due to influenza can also occur in persons with chronic health conditions such as heart disease, diabetes, or HIV. Recently, human infections and deaths from bird flu (influenza A H5N1) reported worldwide since 2003 have generated great concern for this or another strain's potential for a pandemic.

Data from sentinel providers are critical for monitoring the impact of influenza. In combination with other influenza surveillance data, they can be used to guide prevention and control activities, vaccine strain selection, and patient care. Sentinel providers receive feedback on the data submitted, summaries of Florida and national influenza data, a free subscription to CDC's Morbidity and Mortality Weekly Report (valued at $150.00) and the Emerging Infectious Diseases Journal. Most importantly, the data provided are critical for protecting the public's health.

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 Diana Rodriguez, Managing Editor at 305-470-5660.

Monthly Report
Selected Reportable Diseases/Conditions in Miami-Dade County, December 2006

Diseases/Conditions	2006 this Month	2006 Year to Date	2005 Year to Date	2004 Year to Date	2003 Year to Date	2002 Year to Date
AIDS *Provisional	82	1172	1238	1332	1021	1093
Animal Rabies	0	0	0	0	0	0
Campylobacteriosis	9	159	150	135	153	129
Chlamydia trachomatis	489	5245	3892	4933	3956	4643
Ciguatera Poisoning	3	3	0	0	0	2
Cryptosporidiosis	6	41	37	19	19	15
Cyclosporosis	1	1	26	2	2	2
Dengue Fever	4	7	3	5	4	5
Diphtheria	0	0	0	0	0	0
E. coli, O157:H7	1	2	1	5	2	5
E. coli, Non-O157	0	0	1	1	3	2
E. coli, Other	0	0	0	0	0	0
Encephalitis (except WNV)	1	1	0	1	0	1
Encephalitis, West Nile Virus	0	0	0	15	6	2
West Nile Fever	0	0	0	6	0	1
Giardiasis, Acute	25	224	229	283	228	239
Gonorrhea	145	1923	1661	1891	1664	1977
Hepatitis A	2	48	62	41	59	143
Hepatitis B	3	27	45	39	53	58
HIV *Provisional	91	1202	1369	1601	1626	1898
Lead Poisoning	16	149	174	307	274	232
Legionnaire's Disease	2	11	13	13	10	2
Leptospirosis	0	0	2	0	0	0
Lyme disease	0	0	2	3	12	2
Malaria	0	15	14	21	16	16
Measles	0	0	0	1	0	0
Meningitis (except aseptic)	1	13	12	11	8	12
Meningococcal Disease	0	13	9	20	5	17
Mumps	1	1	0	0	0	0
Pertussis	16	24	9	9	11	6
Polio	0	0	0		0	0
Rubella	0	0	0	0	0	0
Rubella, Congenital	0	0	0	0	0	0
Salmonellosis	62	612	645	439	545	379
Shigellosis	16	153	257	160	295	264
Streptococcus pneumoniae, Drug Resistant	22	114	77	62	123	123
Syphilis, Infectious	11	202	168	213	197	232
Syphilis, Other	50	664	546	781	1007	1085
Tetanus	0	0	0	0	0	0
Toxoplasmosis	0	0	9	15	13	24
Tuberculosis *Provisional	25	203	210	271	209	239
Typhoid Fever	1	7	2	3	5	4
Vibrio cholera Type O1	0	0	0	0	0	0
Vibrio cholera Non-O1	0	0	1	0	0	0
Vibrio, Other	0	0	0	0	2	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.

To: **All Miami-Dade County Medical Providers**

From: **Sandra Y. Smith, RN, BSN, Program Director**
Special Immunization Program

Through: **Lillian Rivera, RN, MSN, Administrator**
Miami-Dade County Health Department

Date: **January 31, 2007**

Subject: **Discontinuation of Targeted Testing for Tuberculosis Disease and PPD Implantations**

Prior to 2002, one of the requirements for first-time school entry was for every child to be tested for the exposure to Tuberculosis disease by implantation and interpretation of either the Tine or the Mantoux test. In 1985, the Miami-Dade County Health Department (MDCHD) Special Immunization Program (SIP) began assisting the medical community by providing Tuberculosis Skin Testing (TST) to all children entering private or public school in Florida as well as daycare centers and Head Start Programs. In 2002, the Centers for Disease Control and Prevention (CDC) changed its mandate surrounding the management of Tuberculosis disease by requiring medical providers to screen rather than test all patients to rule out the possible risk for Tuberculosis disease.

In conjunction with this change, the Department of Health (DOH) and the Department of Education (DOE) revised the School Health Examination Form (DH3040) to include the risk assessment, thus requiring a medical provider's signature certifying that the child is not at risk and is therefore, healthy enough for school entry. The DOH and DOE provided an 18-month grace period, which expired in 2004, as of which all medical providers would perform screenings for risk of TB exposure to all first-time school entries with the option to test if they are going to follow up by treating the infection.

The Special Immunization Program is mandated to control and eliminate vaccine preventable diseases, of which the control of Tuberculosis disease is not recognized in the United States of America as a vaccine preventable. Therefore, as of **March 1, 2007**, the Special Immunization Program will no longer be providing screening or testing of children 0 months through 18 years of age for risk or infection of Tuberculosis disease. Any child requiring entry to private/public school, daycare or Head Start programs in Miami-Dade County or any other county in Florida must be screened for risk of TB exposure by the medical provider who is performing and completing the School Entry Examination Form (DH3040) or performing the physical examination. This includes implantation and interpretation of the test within 48 to 72 hours. If the test is interpreted as a positive reading, the medical provider is required to evaluate the client by doing further diagnostic evaluation for testing for disease. All communicable diseases must be reported to the Department of Health, including Tuberculosis disease.
SIP will continue to provide immunization services to children between the ages of 0 months through 18 years of age under the guidelines of the Centers for Disease Control and Prevention National Immunization Program and the Advisory Committee for Immunization Practices as well as the requirements of the *Standards for Child and Adolescent Immunization Practices* and the Vaccines for Children Program. If you have any questions, please contact our office at 786-845-0550 Monday through Friday, excluding holidays and weekends, between the hours of 8 am and 5 pm and we would be happy to assist you.

SYS/rn