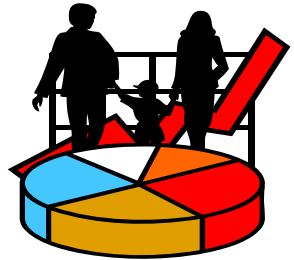


# Epi Monthly Report



## Inside this issue:

**Pedestrian Injuries to Children Aged 0-17 Years, Miami-Dade County, 2003-2005, Part 2** **1**

**Selected Notifiable Disease Reports, Miami-Dade County, Comparison with Historical Data, October 2007** **3**

**Avian Flu Watch** **4**

**Monthly Report, Selected Reportable Diseases/ Conditions in Miami-Dade County, October 2007** **5**

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## Pedestrian Injuries to Children Aged 0-17 Years, Miami-Dade County, 2003-2005, Part 2

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### 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 second installment in a series of analysis of pedestrian injuries involving children is to describe the factors involved.

### Methods

The 2003-2005 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. Two definitions are used throughout this report: 1) pedestrian incidents representing all 964 cases and include injured and non-injured

children; and 2) pedestrian injuries representing the 566 cases classified as non-incapacitating injury, incapacitating injury, and fatality.

### Results

#### Seasonality of Incidents

Over this 3-year period, child pedestrian incidents demonstrated two variations throughout the year: a decline between May and June (52 injuries to 39 injuries) and an increase after August (30 injuries to 44 injuries) (figure 1).

#### Time of Incident

Weekday incidents steadily increased after 9am, reaching their peak in the hours between 4pm-7pm (27% of all incidents). Weekend incidents peaked between the hours of 4pm-midnight (figure 2).

#### Location of Incidents

Most child pedestrian incidents occurred on a roadway at non-intersection locations (49%) (figure 3). Incidents that occurred at intersections or at locations influenced by an intersection accounted for another 30% of cases. Parking lots were the 3rd highest location with 8% of inci-



dents.

**Pedestrian Action**

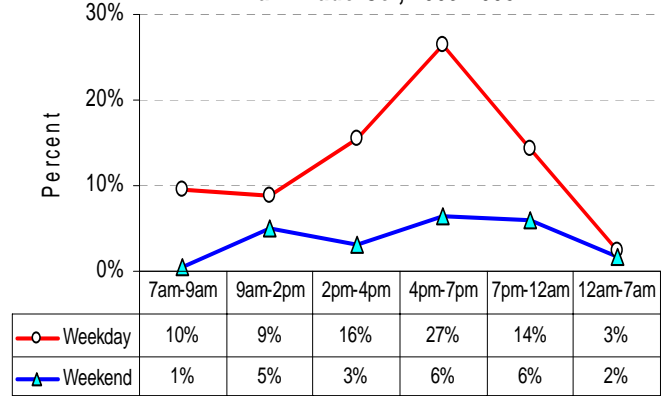
Among only those incidents that resulted in an injury or death, the most frequent action by the child leading up to the crash was not crossing at the intersection (35%) (figure 4). Another 18% were properly crossing at either the intersection or at a mid-block crosswalk, 7% were standing or playing in the road and 6% were walking along the roadway. The pedestrian action was not recorded for more than 1/3 of the cases.

**Driver & Vehicle Factors**

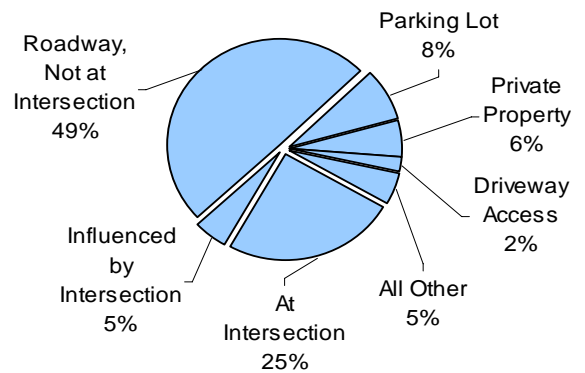
Most incidents involved passenger cars (61%), with the vehicle driving straight ahead (69%) and involved locations that had no traffic signals or controls at the site of the incident (64%) (table 1). Sixty percent of incidents occurred in residential areas. These results were similar for injury-related incidents.

Pick-up trucks were the second most frequent vehicle involved in child pedestrian crashes (13% of incidents and 16% of injuries). One in ten pedestrian injuries occurred as a result of the vehicle making a right or left turn prior to striking the victim. Nearly 1/3 of the vehicles involved in the crash were not insured and 13% of the drivers were cited by police for a moving violation.

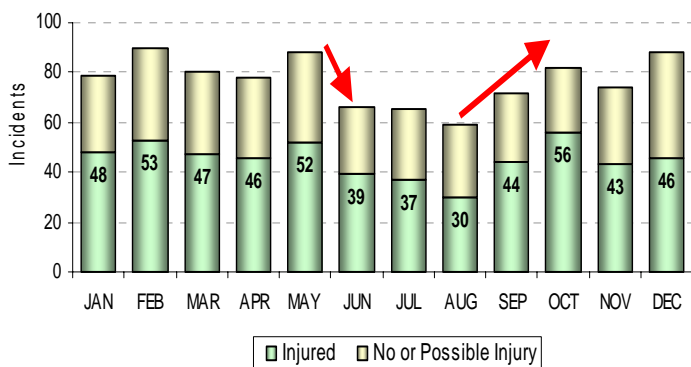
**Figure 2. Time of Pedestrian Incident by Day of Week Residents Aged 0-17 Yrs Miami-Dade Co., 2003-2005**



**Figure 3. Location of Pedestrian Incidents Residents Aged 0-17 Yrs Miami-Dade Co., 2003-2005**



**Figure 1. Monthly Distribution of Pedestrian Incidents Residents Aged 0-17 Yrs Miami-Dade Co., 2003-2005**



**Figure 4. Pedestrian Action in Incidents that Resulted in Injury or Death, Residents Aged 0-17 Yrs Miami-Dade Co., 2003-2005**

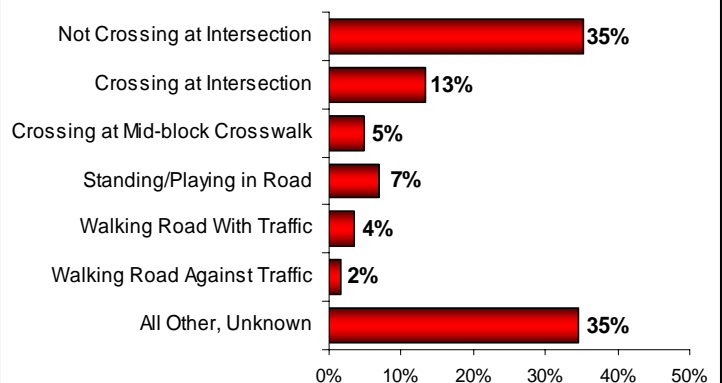


Table 1. Vehicle and Driver Factors	% of All Incidents	% of Injury- related Incidents
Type of Vehicle		
Car	61%	64%
Pickup Truck	13%	16%
Van	8%	8%
All Other/Unknown	18%	12%
Vehicle Movement		
Driving Straight Ahead	69%	69%
Making Left or Right Turn	11%	11%
Backing Up	4%	4%
All Other	16%	16%
Traffic Control at Scene		
No Traffic Signals or Control	64%	68%
Traffic Light	16%	15%
Stop Sign	10%	7%
Speed Control Zone	8%	5%
Type of Location		
Primarily Residential	60%	60%
Primarily Business	40%	40%
Vehicles that were Uninsured	31%	26%
Drivers Cited for Moving Violations	13%	14%
Hit and Run Incidents	23%	9%

## Conclusion

These observations emphasize the importance of conducting prevention programs and teaching children proper pedestrian behavior. Such behaviors include teaching children to cross at street corners, use traffic signals and crosswalks, and making eye contact with drivers before crossing.



## 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

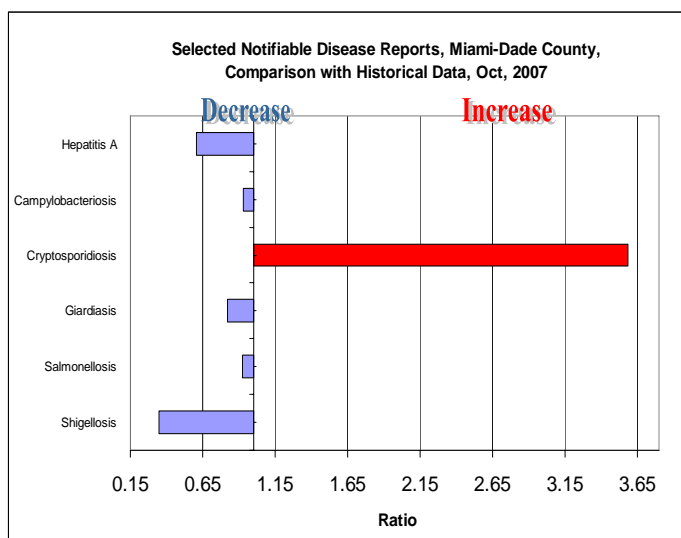
Other diseases and outbreaks (305) 470-5660

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  
November 12, 2007



- **Since 2003, 335 human cases of avian influenza (H5N1) have been confirmed** by the World Health Organization (WHO). Of these, 206 have been fatal.
- **Countries with confirmed human cases** include Cambodia, China, Djibouti, Indonesia, Thailand, Vietnam, Iraq, Azerbaijan, Egypt, Turkey, and Lao People's Democratic Republic.
- **No human cases of avian influenza (H5N1) have been reported in the United States.**
- **The most recent confirmed case of human infection with H5N1 avian influenza is from Indonesia.** The 31 year old male was hospitalized Nov. 3 after becoming symptomatic Oct. 31. He died Nov. 6; the investigation into the source of his exposure, which includes looking into a nearby swallow farm, is ongoing. Also from Indonesia, a 30 year old female died Nov. 3 after being admitted to the hospital Oct. 31 with symptoms. Poultry deaths in the case's proximity have been implicated as the source of her exposure. On Oct. 31 the Ministry of Health of Indonesia announced that a 3 year old male had developed symptoms Oct. 14 but recovered. Source exposure investigations discovered evidence of poultry deaths in the case's household 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/download/AVIAN%20INFLUENZA/A\\_AI-Asia.htm](http://www.oie.int/download/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!!**

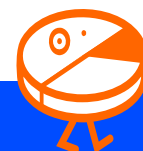
Sentinel providers are key to the success of the Florida Department of Health's Influenza Surveillance System. Data reported by sentinel providers gives a picture of the influenza virus and ILI activity in the U.S. and Florida which can be used to guide prevention and control activities, vaccine strain 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 Diana Rodriguez, Managing Editor at 305-470-5660.



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

<b>Diseases/Conditions</b>	<b>2007 this Month</b>	<b>2007 Year to Date</b>	<b>2006 Year to Date</b>	<b>2005 Year to Date</b>	<b>2004 Year to Date</b>	<b>2003 Year to Date</b>
AIDS <sup>*Provisional</sup>	81	683	996	1051	1152	857
Campylobacteriosis	9	123	143	115	122	115
Ciguatera Poisoning	4	4	0	0	0	0
Cryptosporidiosis	11	41	27	27	16	11
Cyclosporiasis	0	0	0	11	2	1
Dengue Fever	0	3	2	3	4	1
<i>E. coli</i> , O157:H7	1	3	1	0	3	0
<i>E. coli</i> , Non-O157	2	2	0	1	1	2
Encephalitis (except WNV)	0	3	0	0	1	0
Encephalitis, West Nile Virus	0	1	0	0	15	6
Giardiasis, Acute	18	218	182	185	245	154
Hepatitis A	3	31	43	54	37	52
Hepatitis B	5	18	22	39	28	47
HIV <sup>*Provisional</sup>	138	1231	1011	1150	1416	1384
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	17	133	125	146	264	215
Legionnaire's Disease	0	1	9	6	7	5
Leptospirosis	0	0	0	2	0	0
Lyme disease	3	7	0	0	3	4
Malaria	0	9	14	8	16	12
Measles	0	0	0	0	1	0
Meningitis (except aseptic)	2	8	12	11	10	7
Meningococcal Disease	0	8	12	6	18	4
Mumps	1	3	0	0	0	0
Pertussis	0	22	5	9	9	9
Rubella	0	0	0	0	0	0
Rubella, Congenital	0	0	0	0	0	0
Salmonellosis	48	333	478	469	370	443
Shigellosis	5	107	117	223	137	263
<i>Streptococcus pneumoniae</i> , Drug R	2	72	87	56	58	109
Tetanus	0	0	0	0	0	0
Toxoplasmosis	0	2	0	9	7	9
Tuberculosis <sup>*Provisional</sup>	14	135	154	165	196	173
Typhoid Fever	1	2	6	2	3	4
<i>Vibrio cholera</i> Type O1	0	0	0	0	0	0
<i>Vibrio cholera</i> 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.

