

Epi Monthly Report

Influenza Sentinel Providers...We Need You!

THANK YOU!

The Miami-Dade County Health Department, Office of Epidemiology and Disease Control would like to express its sincerest gratitude to all the health care professionals volunteering in the Influenza Sentinel Provider Surveillance System. The time you committed and the effort exerted have guaranteed the success of this system. As an irreplaceable asset, you provide the information essential to monitor the impact of influenza in our community and statewide.

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 Department of Health, 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 labora-

tory for virus isolation **free of charge**.

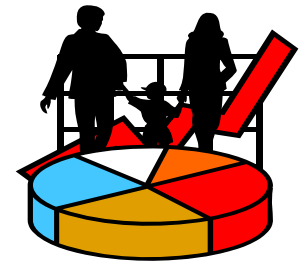
Who can be an Influenza Sentinel Provider?

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 ninth leading cause of death in Florida in 2006, with about 2,500 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.



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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



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

Anthoni Llau, MPH¹ and Steve Dearwater, MS²

¹Miami-Dade County Health Department, Office of Epidemiology and Disease Control;
²University 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.

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. The 920 traffic crashes that occurred between 2003-2005 which involved a pedestrian aged 17 years and younger were analyzed. 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.

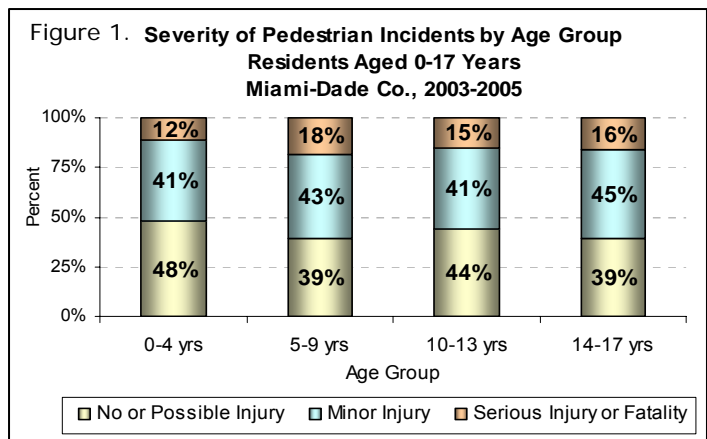
Results

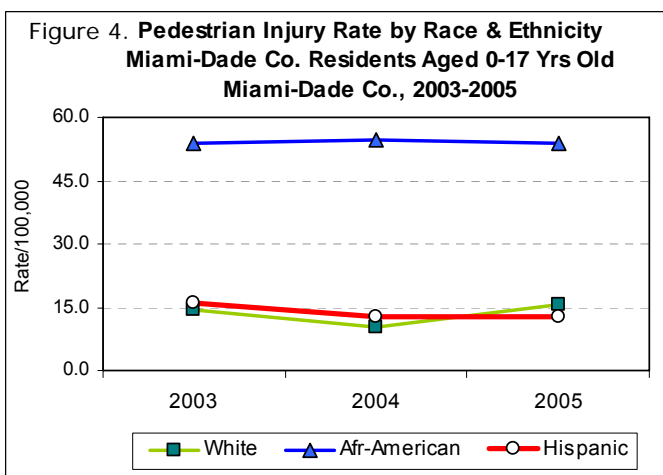
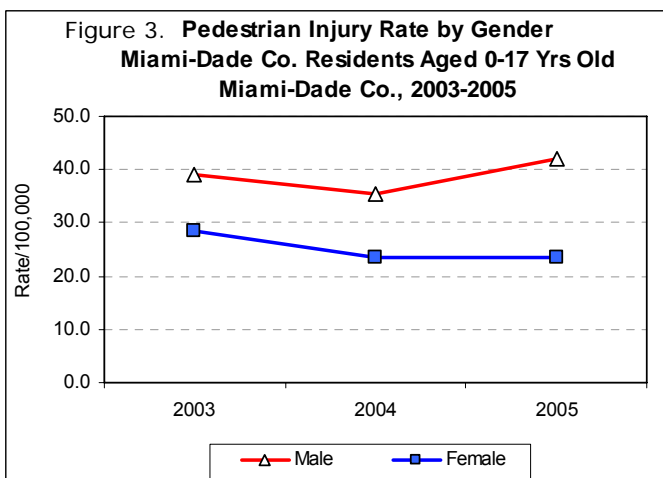
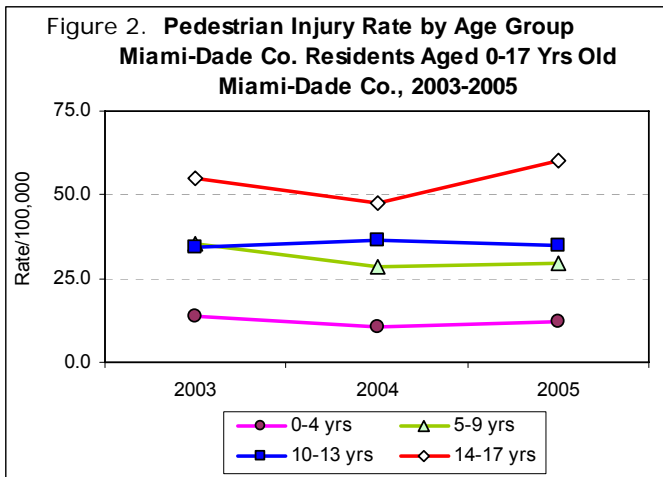
Between 2003-2005, 964 county children were involved in 920 traffic-related pedestrian crashes (45 events involved multiple persons). A total of 566 (59%) of these incidents resulted in some type of injury: 13 were fatalities, another 140 suffered incapacitating injuries and 413 experienced less severe injuries. Only 64 children escaped uninjured from these pedestrian crashes.

The distribution of injury severity was similar across 4 different age groups, with the percent injured ranging from 53% for children aged 0-4 to 61% for 5-9 and 14-17 year old children (figure 1). Children aged 14-17 years old were most at-risk, accounting for 39% of all pedestrian injuries. The 2005 injury rate for the 14-17 year age group was the only rate that increased over 2004 and was nearly twice the rate of children aged 10-13 and 5-9 years (figure 2). Sixty percent of child pe-

destrians injured in a crash were males (figure 3). In 2005, the male pedestrian injury rate was 42.1/100,000, nearly double the female rate (23.4/100,000). African-American children 18 years of age and under were disproportionately affected by pedestrian injuries, representing 47% of all child victims during this 3-year period (figure 4). Furthermore, 8 of the 13 pedestrian fatalities occurred to African-American children.

Injury Severity	N	%
No Indication of Injury	64	7%
Possible Injury (No Visible Signs of Injury; May Have Complained of Pain)	334	35%
Non-Incapacitating Injury (Bruising, Limping, Cuts)	413	43%
Incapacitating Injury (Person May Have Been Transported from Scene)	140	15%
Fatality	13	1%
Total	964	100%





Conclusions

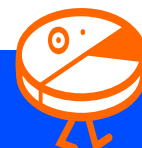
Children are at an increased risk for pedestrian injury and death because of their limited understanding of traffic laws and little sense of danger. In addition, parents

and caregivers often overestimate their child's traffic skills.

To help prevent your child from getting hurt as a pedestrian, the National SAFE KIDS Campaign recommends the following tips:

- Children under age 10 should not be allowed to cross streets by themselves.
- Teach proper pedestrian behavior by modeling pedestrian behavior correctly, such as crossing at street corners, using traffic signals and crosswalks when available, and making eye contact with drivers before crossing.
- Teach children to look LEFT, RIGHT, and then LEFT again when crossing a street, and to continue looking around when crossing.
- Teach children that seeing the driver in a vehicle does not mean that the driver can see them.
- Never allow children to run into the street.
- Do not allow children to play in driveways, unfenced yards, streets, or parking lots.
- When walking along a street with no sidewalks, teach children to walk facing oncoming traffic, as far left as possible.
- Teach children to cross the street at least 10 feet in front of a school bus.
- Children should wait for adults on the same side of the street where the school bus loads and unloads.

Other preventive measures to take may include insisting on safer traffic measures, pedestrian walkways that separate pedestrians from the traffic, and lower speed limits.



AVIAN FLU WATCH

Unless indicated, information is current as of
October 25, 2007



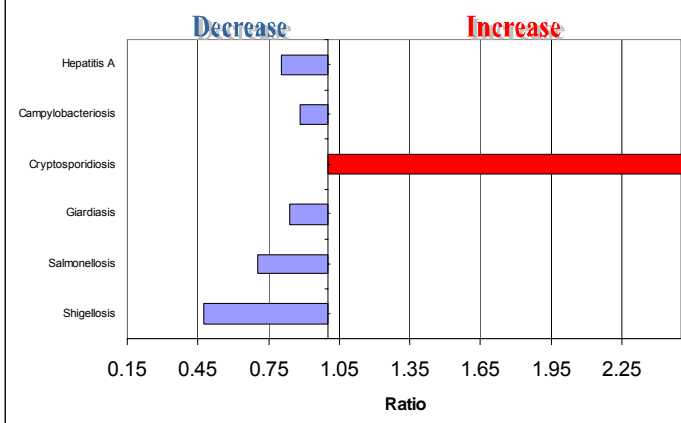
- Since 2003, 332 human cases of avian influenza (H5N1) have been confirmed by the World Health Organization (WHO). Of these, 204 have been fatal.
- Countries with confirmed *human* cases include Cambodia, China, Djibouti, Indonesia, Thailand, Vietnam, Iraq, Azerbaijan, Egypt, Turkey, and Lao People's 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 5 year old female was hospitalized Oct. 20 after presenting with symptoms on Oct. 14; she was pronounced dead Oct. 22. On Oct. 13 a 12 year old male died that was hospitalized after becoming symptomatic Sept. 30. A 44 year old female died Oct. 6 after becoming symptomatic Oct. 1. Lastly and also from Indonesia, a 21 year old male died Sept. 28 after being hospitalized Sept. 25 with symptoms. Investigations into the source of exposure for these cases has revealed that most have had contact with dead or sick poultry.
- 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.
- 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.

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

Selected Notifiable Disease Reports, Miami-Dade County, Comparison with Historical Data, Sept, 2007



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.

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



Monthly Report
Selected Reportable Diseases/Conditions in Miami-Dade County,
September 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	54	601	911	1020	1075	761
Campylobacteriosis	10	114	138	105	108	102
Ciguatera Poisoning	0	0	0	0	0	0
Cryptosporidiosis	10	30	22	25	16	9
Cyclosporiasis	0	0	0	11	2	1
Dengue Fever	0	3	1	1	3	1
<i>E. coli, O157:H7</i>	1	2	1	0	3	0
<i>E. coli, Non-O157</i>	0	0	0	1	1	2
Encephalitis (except WNV)	2	3	0	0	1	0
Encephalitis, West Nile Virus	1	0	0	0	14	5
Giardiasis, Acute	20	200	165	155	226	137
Hepatitis A	6	28	37	48	34	46
Hepatitis B	3	13	20	37	26	45
HIV *Provisional	122	1095	909	1092	1310	1219
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	11	115	116	129	215	190
Legionnaire's Disease	0	1	7	5	7	5
Leptospirosis	0	0	0	2	0	0
Lyme disease	4	4	0	0	3	4
Malaria	2	9	14	7	15	9
Measles	0	0	0	0	1	0
Meningitis (except aseptic)	0	6	12	11	8	7
Meningococcal Disease	3	8	12	5	15	3
Mumps	0	2	0	0	0	0
Pertussis	9	22	5	9	9	9
Rubella	0	0	0	0	0	0
Rubella, Congenital	0	0	0	0	0	0
Salmonellosis	41	285	400	391	330	382
Shigellosis	8	102	97	206	132	240
<i>Streptococcus pneumoniae, Drug Resistant</i>	8	69	83	53	54	96
Tetanus	0	0	0	0	0	0
Toxoplasmosis	1	2	0	9	5	8
Tuberculosis *Provisional	15	121	143	148	177	158
Typhoid Fever	0	1	6	2	3	4
<i>Vibrio cholera Type O1</i>	0	0	0	0	0	0
<i>Vibrio cholera Non-O1</i>	0	0	0	0	0	0
West Nile Fever	0	0	0	0	4	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.

