



## This Month in Public Health

- World Hepatitis Day is observed annually on July 28<sup>th</sup>. The World Health Organization estimates that about 300 million individuals globally are living with hepatitis—undiagnosed and unaware. The theme for World Hepatitis Day 2019, “[Find the Missing Millions.](#)” aims to encourage the screening, diagnosis and treatment of individuals with hepatitis to save lives and eliminate one of the biggest global health threats.
- The National Council of Youth Sports observes [National Youth Sports Week](#) from July 15–21, 2019 to encourage youth engagement and activity in sports. Research has highlighted the role sports play in creating healthy lifestyles for children and adolescents, including physical, social and mental health benefits. The [Physical Activity Guidelines for Americans](#), a publication by the Centers for Disease Control and Prevention (CDC), promotes providing young people with opportunities and encouragement to participate in sports and games that are appropriate for their age, that are enjoyable, and that offer variety.
- July is UV Safety Month! According to The American Cancer Society, over-exposure to UV rays is responsible for causing most skin cancers, such as basal cell, squamous cell and melanoma skin cancers. As the Sunshine State welcomes all residents and visitors to bask in the Florida sunshine, UV Safety Month aims to remind Florida visitors and residents to protect their skin from exposure to UV rays coming from both the sun and man-made sources (like tanning beds), which can be harmful and cause skin damage. For more tips and information on protecting your skin, visit the [American Cancer Society](#) and the [Florida Department of Health](#).

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Please click the image to the left to watch the video.

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### Mumps Outbreak at the University of Florida: A Campus-driven Approach to “Bump the Mumps”

By: Erica Anderson

As the end of the summer approaches, college students across Florida are preparing to exchange summer fun for work in the classroom because the fall semester of college is arriving. Aside from buying school supplies and shopping for dormitory furniture, incoming college students need to ensure they have met their university requirements for immunizations, including the measles, mumps and rubella (MMR) vaccine. With the current mumps outbreak at the University of Florida (UF), located in Gainesville, FL, ensuring that students are vaccinated has never been more imperative for the health of all Floridians.

Mumps is a contagious viral disease caused by paramyxovirus, a member of the Rubulavirus family of diseases. Symptoms commonly include puffy cheeks and swollen and sensitive salivary glands on either one or both sides of the face.<sup>1</sup> Additional symptoms of mumps may include fever, headache, muscle aches, tiredness and loss of appetite.<sup>1</sup> The average incubation period, or time before symptoms become apparent, for mumps is between 16–18 days, but can be up to 25 days from exposure.<sup>1</sup> According to the CDC, “mumps spreads through direct contact with saliva or respiratory droplets from the mouth, nose, or throat”.<sup>1</sup> For example, an infected person with mumps can spread the virus through coughing, sneezing, kissing, sharing items such as food utensils and drinks that contain saliva, or even touching items or surfaces with their unwashed hands that subsequently can be touched by others. Sharing close spaces—such as community bathrooms, dining halls, dormitories and community spaces in college—increases the chance of spreading illnesses and infectious diseases due to close contact between students. Most people with the mumps completely recover within two weeks after symptom



Photo credit: CDC

The UF Student Health Care Center, in partnership with the Florida Department of Health in Alachua County and the UF Division of Student Affairs, has been investigating an outbreak of mumps on the university campus since May 2019. The University has shared [information](#) with students and the larger community regarding the virus and best practices for protection against it. The campus usually receives between 1–2 cases each academic year; however, as of June 8, the university has reported 24 cases.<sup>2</sup> UF requires that all incoming students have the MMR vaccination, thus, all cases had previously been vaccinated.<sup>2</sup> Usually, most people receive the vaccine as a toddler, but after 20 years, vaccine efficacy reduces to 88%. Therefore, an individual may still contract the mumps even though they are vaccinated, though symptoms are less likely to be severe. In accordance with CDC recommendations, UF is advising that individuals who are either immunosuppressed or in direct contact with a confirmed mumps case receive a 3<sup>rd</sup> MMR booster vaccine.<sup>2</sup>

**PROTECT YOURSELF AGAINST MUMPS**

The best way to prevent mumps is through an MMR vaccination.

**PREVENT THE SPREAD OF MUMPS THROUGH THESE STEPS:**






-  **DON'T** share items that may have saliva on them (drinks from cups, water bottles).
-  **COVER** your coughs and sneezes.
-  **WASH** your hands often and thoroughly with soap and water.
-  **CLEAN** and disinfect shared surfaces.
-  **STAY HOME** if you are sick. Contact your provider for treatment.

Photo credit: University of Florida

As our Miami-based Gators prepare to head back to school, DOH Miami-Dade would like to reiterate the message of preventing exposure to mumps, as outlined in the infographic to the right. While merely being on campus does not increase risk of infection, it is advised that returning and new students as well as university faculty and staff be aware and proactive on preventing the spread of the virus—and bump the mumps.

#### References

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### 18-month Zika PRNT Testing: Updated Guidance for Clinicians in Miami-Dade County

By: Johanna Segura and Álvaro Mejía-Echeverry

Since 2016, the Florida Department of Health in Miami Dade County, Epidemiology, Disease Control, and Immunization Services (EDC-IS) has been following pregnant women exposed to Zika Virus. Zika virus infection during pregnancy can cause serious health problems in the fetus, including microcephaly and a variety of brain anomalies; additionally, infants may appear healthy at birth but can develop long-term health problems as they grow.<sup>1,2</sup> The Centers for Disease Control and Prevention (CDC) US Zika Pregnancy Registry collaborates with the Florida Department of Health Birth Defect Registry to track all newborns of pregnancies with laboratory evidence of Zika virus infection. CDC recommends laboratory testing and clinical evaluation for three clinical scenarios in the setting of possible maternal Zika virus exposure: 1) infants with clinical findings consistent with congenital Zika syndrome regardless of maternal testing results, 2) infants without clinical findings consistent with congenital Zika syndrome who were born to mothers with laboratory evidence of possible Zika virus infection, and 3) infants without clinical findings consistent with congenital Zika syndrome who were born to mothers without laboratory evidence of possible Zika virus infection.<sup>3</sup>

With Zika IgM antibody testing, false-positive results can occur due to non-specific reactivity or cross-reactivity with other flaviviruses.<sup>4</sup> The plaque reduction neutralization test (PRNT), a quantitative assay that measures virus-specific neutralizing antibody titers, can be used to help identify false-positive results.<sup>5</sup>

PRNT is currently only available through a limited number of state health departments and CDC. The Florida Department of Health, Bureau of Public Health Laboratories (BPHL) in Tampa is one of the laboratories in the U.S. that can perform the Zika PRNT.

It is unknown how long a child remains Zika PRNT positive.<sup>1</sup> As of July 16, 2019, DOH will continue to provide free Zika PRNT testing with prior approval, for infants 18-24 months of age born to mothers with potential Zika virus exposure during pregnancy, who meet the following criteria:

1. Children currently being followed in the U.S. Zika Pregnancy Registry and who are currently between the ages of 18 and 33 months.
2. Infants—symptomatic and asymptomatic—born to mothers with negative test results or born to mothers who were not tested.
3. Exposure risk that includes: travel/residence in an area with active Zika virus transmission during pregnancy or possible sexual exposure during pregnancy. Whether there was post-natal travel history and where and when travel occurred should be clearly indicated.

Providers can obtain prior approval to submit specimens to BPHL by first calling EDC-IS at 305-470-5660. EDC-IS will complete the BPHL 1847 laboratory requisition form for the provider if the potential case is approved for testing. Sample collection can be done through the pediatrician as those services are not available at the DOH clinic. Testing is completely voluntary. Costs of sample collection are not covered. DOH letters to parents will be provided upon provider's request. Additional information will be shared as it is made available.

A child 18-24 months of age with a positive Zika PRNT result would be presumed to have a congenital exposure and would qualify for a free Early Steps assessment. Florida Early Steps early intervention is available for children less than three years of age who display or are at significant risk of developing developmental delays. This includes infants born with certain birth defects consistent with congenital Zika syndrome.<sup>6</sup> Children  $\leq 3$  years with symptoms or developmental delays identified after birth are also referred to Early Steps for assessment (regardless of Zika infection status).

#### References

1. Centers for Disease Control. Evaluation & Testing for Zika Virus. Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 2019, [www.cdc.gov/pregnancy/zika/testing-follow-up/evaluation-testing.htm](http://www.cdc.gov/pregnancy/zika/testing-follow-up/evaluation-testing.htm)
2. Satterfield-Nash A, Kotzky K, Allen J, et al. Health and Development at Age 19–24 Months of 19 Children Who Were Born with Microcephaly and Laboratory Evidence of Congenital Zika Virus Infection During the 2015 Zika Virus Outbreak — Brazil, 2017. *MMWR Morb Mortal Wkly Rep* 2017;66:1347–1351. doi: <http://dx.doi.org/10.15585/mmwr.mm6649a2>
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6. Satterfield-Nash A, Kotzky K, Allen J, et al. Health and Development at Age 19–24 Months of 19 Children Who Were Born with Microcephaly and Laboratory Evidence of Congenital Zika Virus Infection During the 2015 Zika Virus Outbreak — Brazil, 2017. *MMWR Morb Mortal Wkly Rep* 2017;66:1347–1351. doi: <http://dx.doi.org/10.15585/mmwr.mm6649a2>

# Opioid-related Emergency Department Utilizations—Miami-Dade County, 2008-2017

By: Guoyan Zhang, Danielle Fernandez, Vanessa Villamil, and Reynald Jean

## Background

The Centers for Disease Control and Prevention (CDC) revealed that emergency department (ED) visits for suspected opioid overdoses reported by 52 jurisdictions in 45 states increased 30 percent in the U.S. between July 2016 and September 2017.<sup>1</sup> In 2017, Florida was ranked sixteenth in drug overdose-related mortality rates and was among six states that declared opioid abuse a public health emergency.<sup>2,3</sup> This study aimed to characterize opioid-related ED visits among Miami-Dade County residents between 2008 and 2017.

## Methods

Data on ED visits between 2008 and 2017 were obtained from the Florida Agency for Health Care Admission (AHCA). Opioid-related ED visits among residents aged 10 years and older were identified using any diagnosis code of International Classification of Diseases, Ninth or Tenth Revision, Clinical Modification (ICD-9-CM or ICD-10-CM): (1) ICD-9-CM Codes Prior to October 1, 2015 including 304.00–304.02, 304.70–304.72, 305.50–305.52, 965.00–965.02, 965.09, 970.1, E850.0–E850.2, E935.0–E935.2 and E940.1; (2) ICD-10-CM Codes Starting October 1, 2015 including F11 and selected T40(4). For 2017 ED data, unique client IDs were used to identify frequency of ED use. SAS 9.4 was used for data analysis and ArcGIS 10.3.1 was employed to identify high frequency ED visit areas.

## Results

Between 2008 and 2017, opioid-related ED visits in Miami-Dade County significantly increased with a peak of 2,548 visits in 2016 (as compared to 833 in 2008) and 2,077 in 2017 (Figure 1). Increases in ED visits occurred most often among people aged 18-64 years and 65 and above. Additionally, ED visits among individuals aged 10-17 showed a slight increase from 14 in 2008 to 26 in 2017 (Figure 2). Figure 3 shows the trends of opioid-related ED visits by race/ethnicity. Overall, between 2008 and 2017, thirteen percent of the non-Hispanic White population accounted for 35.9% of total opioid-related ED visits, and 18% of non-Hispanic Black and 68% of Hispanic accounted 18.9% and 41.8% of total opioid-related ED visits, respectively (Figure 3).

In 2017, there were a total of 1,661 residents who visited EDs for opioid-related complaints with an average of 1.2 visits per person, which accounted for 2,077 opioid-related ED visits in Miami-Dade County. Most visits (81%) occurred among adults between the ages of 25 and 64 with median age of 42 years and range 10 to 95 years (43.7 ±16.4). Sixty percent were male. The majority of individuals who visited EDs (86%) had a single visit, 9% had 2 visits, and 5% had 3 or more visits. Median charges for each visit was \$5,296. Six patients, aged 17 to 50 years, were marked expired at discharge status. While geographic areas with highest frequencies of opioid-related ED visits were mostly correlated with opioid overdose-related death hotspot areas, two additional locations with high frequency of ED visits were also identified in the South Dade area (Figure 4).

Figure 1. Opioid-related Emergency Department Visits by Year—Miami-Dade County, 2008-2017.

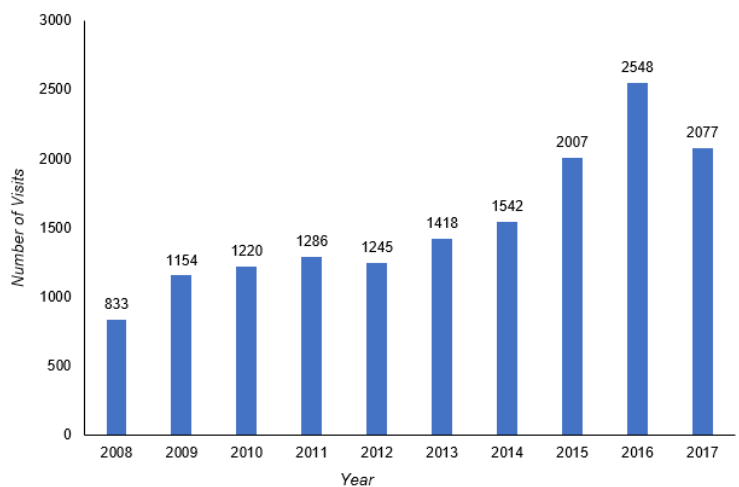


Figure 2. Opioid-related Emergency Department Visits by Age Group—Miami-Dade County, 2008-2017.

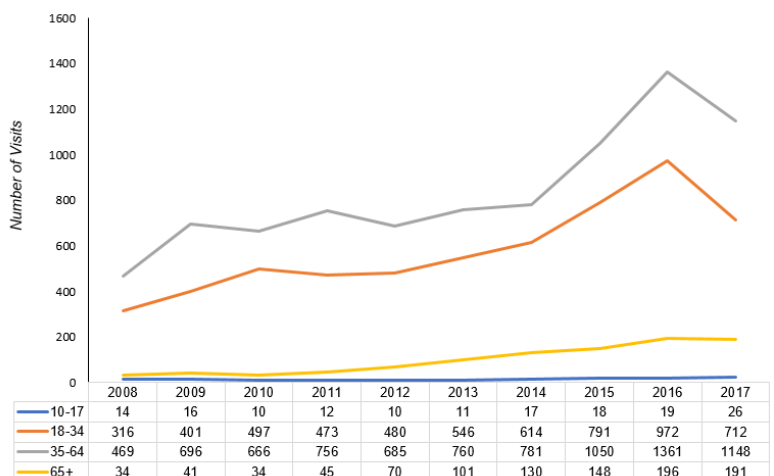


Figure 3. Opioid-related Emergency Department Visits by Race/ethnicity—Miami-Dade County, 2008-2017.

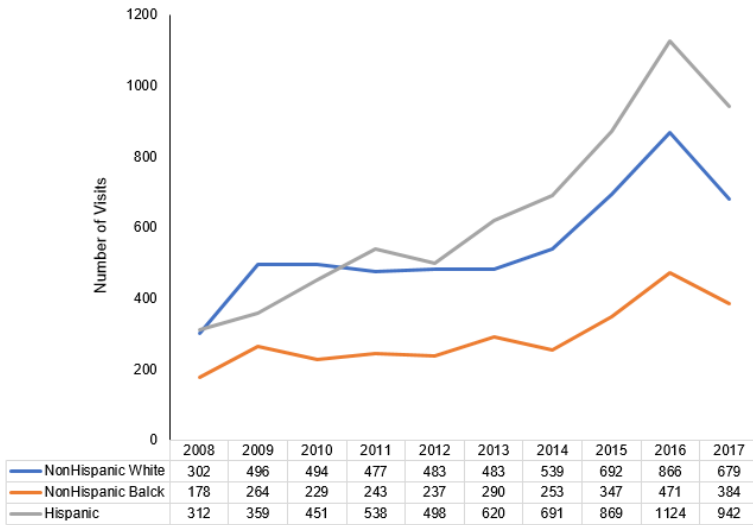
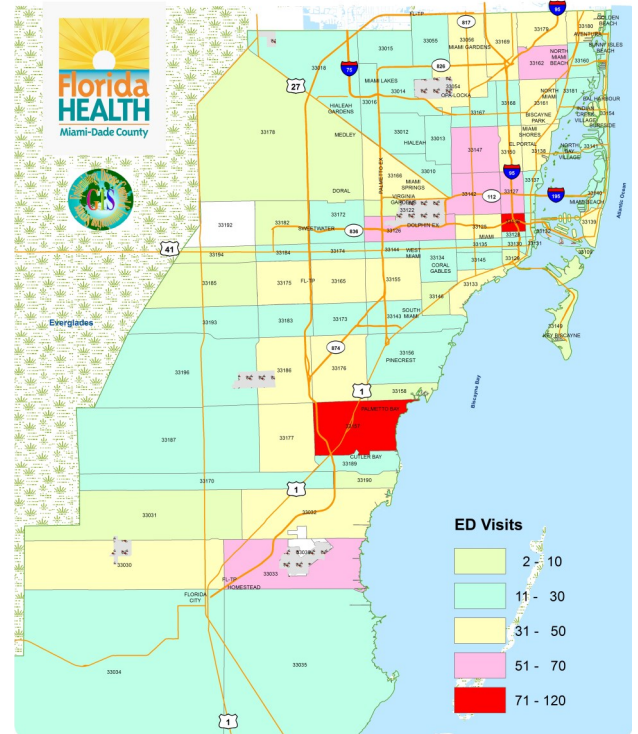


Figure 4. Opioid-related Emergency Department Visits by ZIP code—Miami-Dade County, 2017.



**Conclusion**

Findings indicate that most opioid-related ED visits occurred among residents aged 25-64 years, among men and women alike, and among non-Hispanic White as compared to Non-Hispanic Black and Hispanic. Most opioid-related ED visits geographically overlapped with those of opioid overdose-related deaths; however, high-frequency ED visits were also clustered in additional areas of the county. Further research should seek the association between ED visitation and health outcomes among opioid users.

**References**

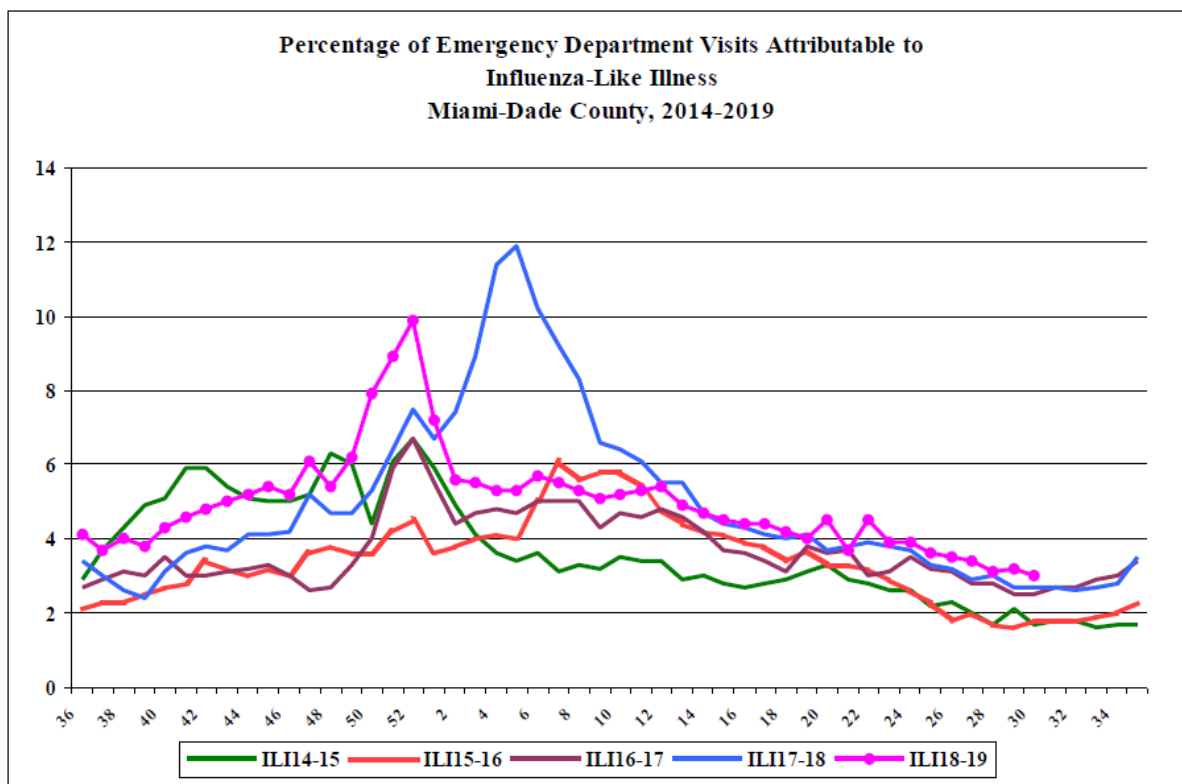
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2. Drug Overdose Mortality by State [https://www.cdc.gov/nchs/pressroom/sosmap/drug\\_poisoning\\_mortality/drug\\_poisoning.htm](https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm)
3. A State by State Look at the Opioid Crisis <https://www.moveforwardpt.com/Resources/Detail/opioid-abuse-statistics-of-50-states-2>
4. HCUP Fast Stats - Opioid-Related Hospital Use <https://www.hcup-us.ahrq.gov/faststats/OpioidUseServlet?setting1=IP&location=US>

# 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 2017-2018 data is compared to the previous 4 influenza seasons (2013-2014, 2014-2015, 2015-2016, 2016-2017).

### Influenza-Like-Illness, All Age



Across all ages, there were 31,148 ED visits; among them 920 (3.0%) were ILI. At the same week of last year, 2.7% 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 June 2019

Diseases/Conditions	2019 Current Month	2019 Year to Date	2018 Year to Date	2017 Year to Date
<b>HIV/AIDS</b>				
AIDS*	28	216	255	236
HIV	106	769	733	697
<b>STD</b>				
Infectious Syphilis*	39	230	224	207
Chlamydia*	1196	7327	6577	6433
Gonorrhea*	403	2285	2091	1645
<b>TB</b>				
Tuberculosis**	16	68	57	37
<b>Epidemiology, Disease Control &amp; Immunization Services</b>				
<b>Epidemiology</b>				
Campylobacteriosis	71	428	420	314
Chikungunya Fever	0	0	0	0
Ciguatera Poisoning	5	25	18	7
Cryptosporidiosis	4	28	13	14
Cyclosporiasis	2	3	0	0
Dengue Fever	8	30	1	1
Escherichia coli, Shiga Toxin-Producing	10	61	78	20
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	16	87	89	62
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	0	1	1
Legionellosis	6	28	28	15
Leptospirosis	0	0	0	0
Listeriosis	1	1	1	4
Lyme disease	0	1	1	1
Malaria	0	3	7	4
Meningitis (except aseptic)	3	7	6	2
Meningococcal Disease	0	2	0	5
Salmonella serotype Typhi (Typhoid Fever)	0	2	2	0
Salmonellosis	100	360	282	303
Shigellosis	18	139	164	42
Streptococcus pneumoniae, Drug Resistant	0	8	11	16
Vibriosis	1	10	4	3
West Nile Fever	0	0	0	0
Zika Virus (non-congenital)	1	13	15	50
<b>Immunization Preventable Diseases</b>				
Measles	0	0	1	0
Mumps	7	19	6	0
Pertussis	3	14	11	16
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	7	60	44	21
<b>Hepatitis</b>				
Hepatitis A	4	22	6	60
Hepatitis B (Acute)	2	34	20	20
<b>Healthy Homes</b>				
Lead Poisoning	10	0	0	0

\*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 County (DOH Miami-Dade) Immunization Program urges parents to check their children's immunization record to see if they are due for a vaccine. Children entering Kindergarten and 7<sup>th</sup> grade are normally due for a vaccine and need to meet the requirements for school entry. DOH Miami-Dade provides free back-to-school immunizations to children between the ages of 2 months through 18 years of age. For information on clinic locations, schedules and hours, please visit the DOH [Back to School Immunization page](#) or call 786-845-0550 to schedule an appointment.
- DOH Miami-Dade is proud to announce that our HIV/AIDS and School Health programs were recently recognized and awarded by the National Association of County and City Health Officials (NACCHO) for two (2) *Model Practices* and two (2) *Promising Practices* in the 2019 application cycle. [Model and Promising Practices](#) represent a program processes that demonstrates exemplary and replicable qualities in response to a local public health need and that the implemented programs reflect collaboration and innovation.
- In continuing its 8<sup>th</sup> year annual tradition to commemorate World Breastfeeding Week and National Breastfeeding Month next month, DOH-Miami-Dade is excited to announce a unique partnership with IKEA® Miami to host the "2019 BreastfeedMiami: [Big Latch On](#) Event" which will be held August 3rd, 2019 from 9:00am to 3:00pm at IKEA® Miami located at 1801 NW 117th Ave, Miami, FL 33172. To register, click on the event flyer or visit [2019BreastfeedMiami.eventbrite.com](http://2019BreastfeedMiami.eventbrite.com).

## IKEA Miami

### 2019 BreastfeedMiami Big Latch On Event

presented by the  
Florida Department of Health  
Miami-Dade WIC Program

Saturday, August 3rd  
9:00am - 3:00pm  
at **IKEA Miami**

Parenting & Kid Workshops

**FREE** Breakfast for the first  
200 registered breastfeeding  
mothers participating in the  
Big Latch On!

Sign Up Today!

[2019BreastfeedMiami.eventbrite.com](http://2019BreastfeedMiami.eventbrite.com)



### 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

## It's easy to protect yourself from UV exposure...



Long-sleeved shirts, pants, and a wide-brimmed hat offer the best protection. If you're wearing a baseball cap or short-sleeved shirt, make sure to put sunscreen on your ears, neck, and arms.



Use a sunscreen of at least SPF 15 on any exposed skin, and don't forget to re-apply it every two hours, as well as after swimming, sweating, or toweling off.



Seek shade as much as possible between 10 a.m. and 4 p.m., which are peak times for sunlight. Avoid indoor tanning.



If you work outdoors, ask about sun protection at your job, like wearing sun-protective clothing.

### 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 Danielle Fernandez at 305-470-6980 or [danielle.fernandez@flhealth.gov](mailto:danielle.fernandez@flhealth.gov).

