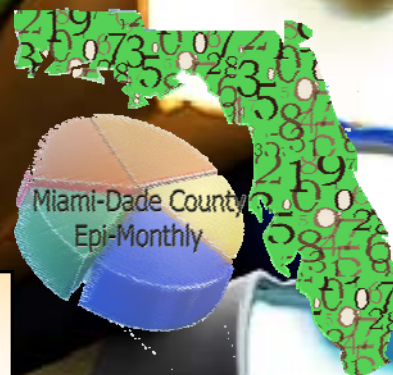


Epi Monthly Report



CDC Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year

On August 2009, CDC updated its guidance for state and local public health officials and school administration for school (K-12) responses to influenza during the 2009-2010 school year. This guidance is designed to decrease exposure to regular seasonal flu and 2009 H1N1 flu while limiting the disruption of day-to-day activities and the vital learning that goes on in schools. CDC will continue to monitor the situation and update the current guidance as more information is obtained on 2009 H1N1.

About 55 million students and 7 million staff attend the more than 130,000 public and private schools in the United States each day. By implementing these recommendations, schools and health officials can help protect one-fifth of the country's population from flu. Collaboration is essential: CDC, the U.S. Department of Education, state and local public health and education agencies, schools, students, staff, families, businesses, and communities all have active roles to play.

The decision to dismiss students should be made locally and should balance the goal of reducing the number of people who become seriously ill or die from influenza with the goal of minimizing social disruption and safety risks to children sometimes associated with school dismissal. Based on the experience and knowledge gained in jurisdictions that had large outbreaks in spring 2009, the potential benefits of preemptively dismissing students from school are often outweighed by negative consequences, including students being left home alone, health workers missing shifts when they must stay home with their children, students missing meals, and interruption of students' education. Still, although the situation in fall 2009 is unpredictable, more communities may be affected, reflecting wider transmission. The overall impact of 2009 H1N1 should be greater than in the spring, and school dismissals may be warranted, depending on the disease burden and other conditions.

Inside this issue:

CDC Guidance for State and Local Public Health Officials and School Administrators for School (K-12) 2009-2010 School Year

1

CDC Guidance for State and Local Public Health Officials and School Administrators for School (K-12) 2009-2010 School Year

2

Selected Notifiable Disease Reports, Historical data, July 2009

3

EDC-IS Influenza/Respiratory Illness Surveillance Report

4

Monthly Report, Selected Reportable Diseases/ Conditions in July 2009

5

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Recommended school responses for the 2009-2010 school year

Under conditions with similar severity as in spring 2009

- Stay home when sick:

Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. They should stay home even if they are using antiviral drugs.



- Separate ill students and staff:

Students and staff who appear to have flu-like illness should be sent to a room separate from others until they can be sent home. CDC recommends that they wear a surgical mask, if possible, and that those who care for ill students and staff wear protective gear such as a mask.

- Hand hygiene and respiratory etiquette:

The new recommendations emphasize the importance of the basic foundations of influenza prevention: stay home when sick, wash hands frequently with soap and water when possible, and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).

- Routine cleaning:

School staff should routinely clean areas that students and staff touch often with the cleaners they typically use. Special cleaning with bleach and other non-detergent-based cleaners is not necessary.

- Early treatment of high-risk students and staff:
People at high risk for influenza complications who become ill with influenza-like illness should speak with their health care provider as soon as possible. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths. People at high risk include those who are pregnant, have asthma or diabetes, have compromised immune systems, or have neuromuscular diseases.
- Consideration of selective school dismissal:
Although there are not many schools where all or most students are at high risk (for example, schools for medically fragile children or for pregnant students) a community might decide to dismiss such a school to better protect these high-risk students.

For more information, see CDC Recommendations .



**Please stay updated by visiting
CDC.gov**

2009 August is...

National Immunization Awareness Month

World Breastfeeding Week

National Health Center Week

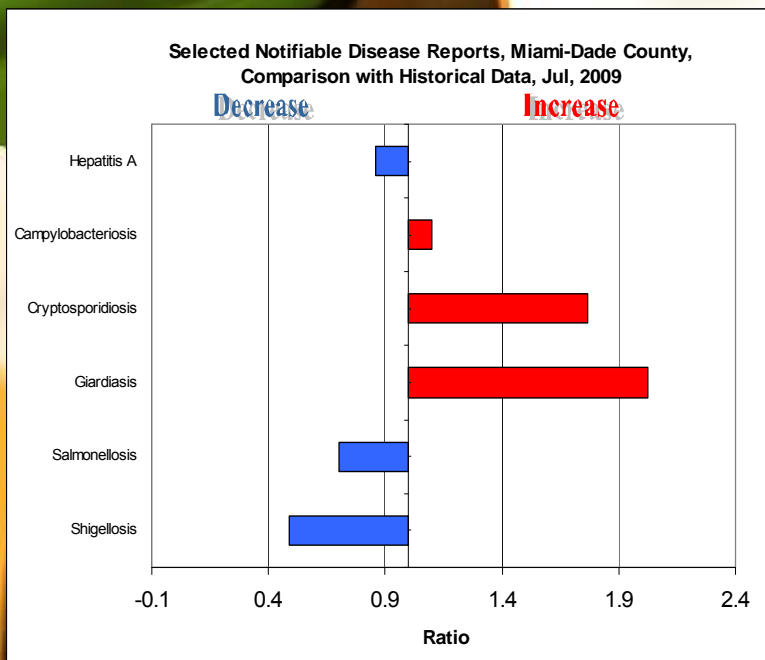
Upcoming September Topic is.. “Whole Grains Month”

Is your child eating enough whole grains? The amount of grains you need to eat depend on your age, gender and level of physical activity. At least half of the grains you and your child eats should be whole grains.

If your child isn't consuming recommended amounts of whole grains, he is missing valuable fiber, antioxidants, vitamins, minerals and nutrients. Here are some tasty whole-grain ideas:

- Make sandwiches with whole-grain bread.
- Make pizza with a whole-grain crust.
- Offer popcorn instead of chips. Some varieties are 100-percent whole-grain.

For more information, please visit
www.wholegrainscouncil.org



TO REPORT ANY DISEASE AND FOR INFORMATION CALL:

Epidemiology, Disease Control
& Immunization Services

Childhood Lead Poisoning

Prevention Program	305-470-6877
Hepatitis	305-470-5536
Immunizations or outbreaks	305-470-5660
HIV/AIDS Program	305-470-6999
STD Program	305-325-3242
Tuberculosis Program	305-324-2470
Immunization Service	305-470-5660
To make an appointment	786-845-0550

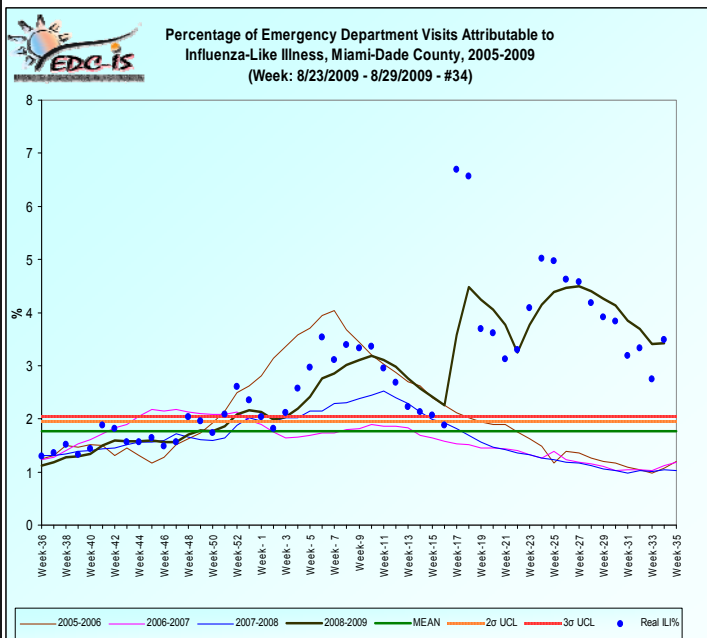
Miami-Dade County Health Department EDC-IS Influenza/Respiratory Illness Surveillance Report



Week 34: 8/23/2009 – 8/29/2009

Miami Dade County Health Department EDC-IS collects and analyzes weekly information on influenza activity in Miami-Dade County. On a daily basis, selected Miami-Dade County hospitals electronically transmit hospital emergency department data to the Miami-Dade County Health Department.

This data is then categorized into 10 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". Each week, staff will determine the percentage of all emergency department visits that fall into the ILI category.



During this week, influenza-like illness activity increased and was above the mean. About 3.48% of emergency department visits were attributed to influenza-like illness, compared with 1.36% observed during the same week last influenza season.

For more information, please contact
Erin O'Connell at 305-470-5660.

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, 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, contact Lizbeth Londoño at 305-470-6918.

Monthly Report

Selected Reportable Diseases/Conditions in Miami-Dade County, July 2009

Diseases/Conditions	2009 this Month	2009 Year to Date	2008 Year to Date	2007 Year to Date	2006 Year to Date	2005 Year to Date
AIDS ^{*Provisional}	92	558	742	480	N/A	N/A
Campylobacteriosis	18	70	77	85	96	83
Ciguatera Poisoning	3	16	12	0	0	0
Cryptosporidiosis	4	11	11	16	8	15
Cyclosporiasis	1	1	4	0	0	11
Dengue Fever	0	3	1	3	1	0
<i>E. coli</i> , O157:H7	0	0	2	1	0	0
<i>E. coli</i> , Non-O157	0	0	1	0	0	1
Encephalitis (except WNV)	0	0	4	1	0	0
Encephalitis, West Nile Virus	0	0	0	0	0	0
Giardiasis, Acute	52	354	140	144	119	114
Hepatitis A	4	33	19	17	25	33
Hepatitis B	1	8	10	10	15	30
HIV ^{*Provisional}	120	702	1019	837	N/A	N/A
Influenza A (H5)	0	0	0	0	0	0
Influenza Isolates	0	0	0	0	0	0
Influenza Novel Strain	697	1126	0	0	0	0
Influenza, Pediatric Death	0	1	0	0	0	0
Lead Poisoning	12	70	93	78	81	105
Legionnaire's Disease	2	9	5	1	7	2
Leptospirosis	0	0	0	0	0	2
Lyme disease	0	1	3	0	0	0
Malaria	2	10	4	5	7	4
Measles	0	0	0	0	0	0
Meningitis (except aseptic)	0	0	3	6	11	9
Meningococcal Disease	2	13	6	5	8	5
Mumps	0	0	2	1	0	0
Pertussis	0	18	13	12	5	8
Rubella	0	0	1	0	0	0
Rubella, Congenital	0	0	0	0	0	0
Salmonellosis	39	245	238	180	284	255
Shigellosis	7	92	27	75	67	167
<i>Streptococcus pneumoniae</i> , Drug Resistant	5	75	70	57	70	43
Tetanus	0	0	0	0	0	0
Toxoplasmosis	1	1	0	1	0	7
Tuberculosis ^{*Provisional}	N/A	N/A	N/A	N/A	N/A	N/A
Typhoid Fever	0	2	0	1	2	2
<i>Vibrio cholera</i> Type O1	0	0	0	0	0	0
<i>Vibrio cholera</i> Non-O1	0	0	0	0	0	0
<i>Vibrio</i> , Other	0	0	2	0	0	0
West Nile Fever	0	0	0	0	0	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.