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EDC-IS
Epidemiology, Disease Control & Immunization Services
MDCHD

MIAMI-DADE COUNTY HEALTH DEPARTMENT

EPI MONTHLY REPORT

Health Advisory:

Immunization status among Kindergarten and 7th grade students in Miami-Dade County

Inside this issue:

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Dear Providers,

Florida Statute §1003.22 requires all Miami-Dade County school children to be fully immunized against specific vaccine-preventable diseases in order to attend school.

According to Department of Education data, the number of Completed, Part A, (K-12th requirements excluding 7th grade) found on the DOH Form 680, for kindergarten students for the year 2010 was 78.9% for Miami-Dade County schools. This falls far below the state recommendation of 95% students completed requirements to enter kindergarten. This number indicates that there is a high rate of children that are not completely immunized for their age group.

One of the main reasons this may be occurring is that some medical providers may be issuing Part B, Temporary Medical Exemptions on the DOH Form 680 for kindergarten students that are complete in their requirements for kindergarten. Medical providers need to be selecting Part A (K-12th requirements excluding 7th grade) if the immunizations are complete for kindergarten requirements.

Secondly, errors are being identified on student's DOH 680 that are entering 7th grade. Students in 7th grade that have completed their kindergarten requirements and have now received a TDaP, should receive the DOH 680 selecting, Part A (7th grade requirements only).

In addition, for Hepatitis A, meningitis, or HPV please do not issue Part B, Temporary Medical Exempt to remind parents to come back. These immunizations are recommended, but not required for school entry, and indicate to the state that their immunizations are non-compliant for school entry and attendance.

Included in this months Epi Monthly Report is an immunization guideline for the 2011-2012 school year. The guide outlines the required vaccines by age, grade level and dose. Providers, school officials and parents may utilize this information as a reference to ensure children are properly vaccinated. Anyone needing further clarification should contact the Miami-Dade health department immunization program at (786) 845-0550.

FLORIDA DEPARTMENT OF HEALTH
Miami-Dade County Health Department

Miami-Dade County Immunization Requirements 2011-2012 School Year

Required Vaccines:
Diphtheria/Tetanus/Pertussis (DTAP)
Polio Series
Measles/Mumps/Rubella (MMR)
Hepatitis B Series (Hep B)
Varicella

Tetanus/Pertussis Booster (Tdap) 7th Grade

By the time a child starts school he/she should have already had all required immunizations. A physical examination is required for entrance to kindergarten and those entering 7th grade.

PROOF OF THE FOLLOWING IS REQUIRED FOR NEW STUDENTS, TRANSFER STUDENTS AND ENTRY TO SOME GRADE LEVELS

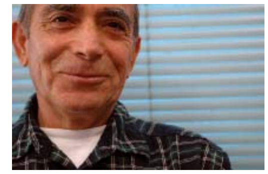
KINDERGARTEN – 12TH GRADE			
Vaccine	**Dosage**	**Recommended Age**	**Additional Instructions**
(DTaP) Diphtheria/Tetanus/Pertussis	4-5 doses	2 months 4 months 6 months 15-18 months 4-6 years	If the 4th DTaP dose is given on or after the 4th birthday, the 5th dose is not required.
Polio Series	3-4 doses	2 months 4 months 6-18 months 4-6 years	If the 3rd dose is given on or after the 4th birthday, the 4th dose is not required. [1]
(MMR) Mumps, Measles, Rubella	2 doses	12-15 months 4-6 years	N/A
(Hep B) Hepatitis B	3 doses	Birth 1-2 months 6-18 months	3 dose series can be started at any age. Minimum intervals between dosages: 4wks between dose 1 and 2 8wks between dose 2 and 3 A minimum of 16wks between dose 1 and 3
(Varicella) Chickenpox	1 - 2 doses	12-15 months 4-6 years	Children entering grades K-3 requires 2 doses. Children entering grades 4-10 require 1 dose. [2] Exempt with history of chickenpox[3]
(Tdap or Td) Tetanus/Diphtheria/Pertussis Booster or Tetanus/Diphtheria Booster	1 dose	11-12 years	Required for entrance into 7th grade after the above series of vaccines have been completed.

[1]This 3 dose exception does not apply when the sequential IPV/OPV regimen was administered
[2] Minimum intervals by age: If the child is 13yrs or older a 1 month interval between dose 1 & 2 is needed. For children younger than 13, a 3 month interval between dose 1 & 2 is needed.
[3]The Varicella vaccine is not required if there is documentation from a provider/laboratory stating the child has had chickenpox.

www.dadehealth.org
IMMUNIZATIONS ARE AVAILABLE BY THE MIAMI-DADE COUNTY HEALTH DEPARTMENT
FOR IMMUNIZATION INFORMATION, CALL (786) 845-0550

prostate cancer early detection

- *September Health Observance 2011*



The American Cancer Society (ACS) recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information.

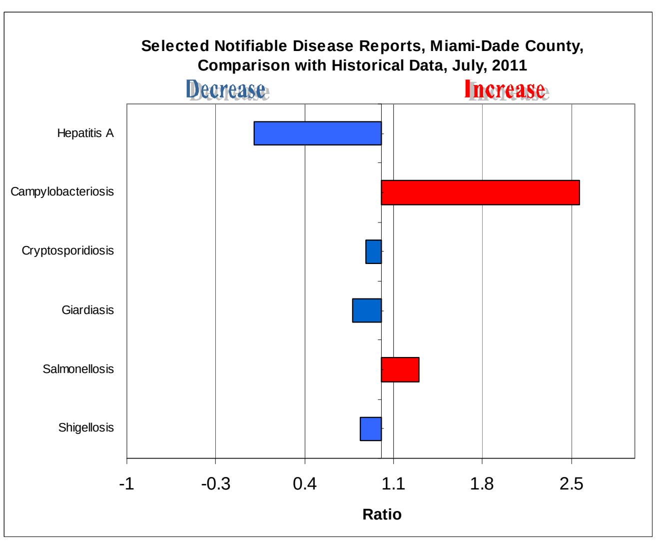
The discussion about screening should take place at age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years.

This discussion should take place starting at age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65).
This discussion should take place at age 40 for men at even higher risk (those with several first-degree relatives who had prostate cancer at an early age).

After this discussion, those men who want to be screened should be tested with the prostate specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening.
If, after this discussion, a man is unable to decide if testing is right for him, the screening decision can be made by the health care provider, who should take into account the patient's general health preferences and values.
Men who choose to be tested who have a PSA of less than 2.5 ng/ml, may only need to be retested every 2 years.
Screening should be done yearly for men whose PSA level is 2.5 ng/ml or higher.

Because prostate cancer grows slowly, those men without symptoms of prostate cancer who do not have a 10-year life expectancy should not be offered testing since they are not likely to benefit. Overall health status, and not age alone, is important when making decisions about screening.

Even after a decision about testing has been made, the discussion about the pros and cons of testing should be repeated as new information about the benefits and risks of testing becomes available. Further discussions are also needed to take into account changes in the patient's health, values, and preferences.



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 305-575-5430
Tuberculosis Program 305- 575-5415
Immunization Service 305-470-5660
To make an appointment...................786-845-0550

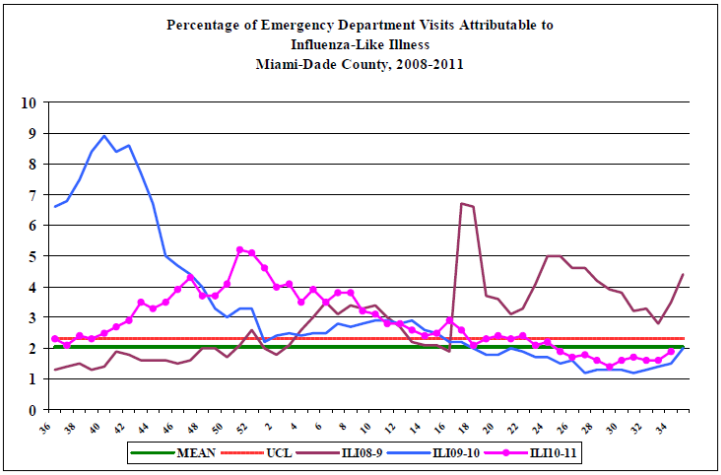
Miami-Dade County Health Department

EDC-IS Influenza/Respiratory Illness Surveillance Report

Week 34: 08/21/2011– 08/27/2011

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 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". Each week, staff will determine the percentage of all emergency department visits that fall into the ILI category.



During this period, there were 19,513 ED visits; among them 367(1.9%) were ILI. At the same week of last year, 1.5% of ED visits were ILI.

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 **Lakisha Thomas** 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.

Miami-Dade County Monthly Report
Select reportable Disease/Conditions
July 2011

Diseases/Conditions	2011 Current Month	2011 Year to Date	2010 Year to Date	2009 Year to Date
HIV/AIDS				
AIDS*	69	437	400	529
HIV	97	944	687	779
STD				
Infectious Syphilis*	24	182	198	N/A
Chlamydia*	707	5007	4987	N/A
Gonorrhea*	185	1317	1366	N/A
TB				
Tuberculosis**	13	71	87	N/A
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	42	293	121	70
Ciguatera Poisoning	5	12	5	16
Cryptosporidiosis	2	11	6	11
Cyclosporiasis	0	2	1	1
Dengue Fever	0	5	18	2
E. coli, O157:H7	0	0	0	0
E. coli, Non-O157	0	0	0	0
Encephalitis (except WNV)	0	0	0	0
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	20	176	397	350
Influenza Novel Strain	0	0	20	1101
Influenza, Pediatric Death	0	0	0	1
Legionellosis	0	9	5	9
Leptospirosis	0	0	0	0
Listeriosis	0	0	13	0
Lyme disease	0	0	2	1
Malaria	1	10	14	10
Meningitis (except aseptic)	0	0	0	0
Meningococcal Disease	1	10	13	13
Salmonellosis	72	255	199	240
Shigellosis	12	68	107	90
Streptococcus pneumoniae, Drug Resistant	2	56	106	72
Toxoplasmosis	0	0	1	1
Typhoid Fever	1	2	2	2
Vibriosis	0	1	0	0
West Nile Fever	0	0	0	0
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	0	0	3	0
Pertussis	2	15	19	18
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	5	29	59	44
Hepatitis				
Hepatitis A	0	12	28	30
Hepatitis B (Acute)	0	2	15	8
Lead				
Lead Poisoning	24	94	140	68

*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.