

EPI Monthly Report

Florida Department of Health in Miami-Dade County

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Head Back to School Safer and Healthier This Year: A Message from the CDC

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Heading back to school is an exciting time of year for students and families. As students go back to school, it is important that they eat healthy and stay active, are up to date on their immunizations, and know the signs of bullying for a healthier and safer school year.

Eat healthy and stay active- Children spend the vast majority of their day at school, so it's a place that can have a big impact in all aspects of their lives. Schools can help students learn about the importance of eating healthier and being more physically active, which can lower the risk of becoming obese and developing related diseases. Prevention works. The health of students—what they eat and how much physical activity they get—is linked to their academic success. Early research is also starting to show that healthy school lunches may help to lower obesity rates. Health and academics are linked – so time spent for health is also time spent for learning. The Dietary Guidelines for Americans recommend that children and adolescents limit their intake of solid fats, cholesterol, sodium, added sugars, and refined grains. Eating a healthy breakfast is associated with improved cognitive function. Young people aged 6-17 should participate in at least 60 minutes of physical activity every day. Research shows that physical activity can help cognitive skills, attitudes, concentration, attention and improve classroom behavior – so students are ready to learn.

Get vaccinated-

Getting your children and teens ready to go back to school is the perfect time to

make sure they are up-to-date with their immunizations. Vaccination protects students from diseases and keeps them healthy. A list of required immunizations for children entering kindergarten through 12th grade is located on page 3 of this report. If you do not have health insurance, or if it does not cover vaccines, the Florida Department of Health in Miami-Dade County, Immunization Program provides free vaccines to children aged 0 to 18. For more information, you may contact the Immunization Program at 786-845-0550.

Heads Up: Concussions- Each year, U.S. emergency departments treat an estimated 173,285 sports and recreation related traumatic brain injuries (TBI), including concussions, among children and teens, from birth to 19 years. A concussion is a type of TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth. Children and teens are more likely to get a concussion and take longer to recover than adults.



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Concussion symptoms may appear mild, but the injury can lead to problems affecting how a person thinks, learns, acts, and/or feels. Concussions can occur outside of sports or during *any* sport or recreation activity, so all parents need to learn the signs and know what to do if a concussion occurs with the **ABC's** of concussions: **A**ssess the situation, **B**e alert for signs and symptoms, and **C**ontact a healthcare professional.

Bullying– Bullying is a form of youth violence that can result in physical injury and social and emotional distress. In 2011, 20% of high school students reported being bullied on school property and 16% reported being bullied electronically through technology, also known as electronic aggression (bullying that occurs through e-mail, instant messaging, a website, text messaging, or videos/pictures posted on websites or sent through cell phones) or cyberbullying. Victimized youth are at increased risk for mental health problems, including depression and anxiety, psychosomatic complaints such as headaches, and poor school

adjustment. Youth who bully others are at increased risk for substance use, academic problems, and violence later in adolescence and adulthood. The ultimate goal is to stop bullying before it starts. Some school-based prevention methods include the following: A whole school anti-bullying policy, promoting cooperation between school staff and parents, improving supervision of students, and using school rules and behavior management techniques in the classroom and throughout the school to detect and address bullying and providing consequences for bullying.

References:

1. Centers for Disease Control and Prevention. (2013, August 13). Head Back to School Safer and Healthier This Year. Retrieved from <http://www.cdc.gov/media/dpk/2013/dpk-back-to-school.html#graphics>.
2. Centers for Disease Control and Prevention. [Photograph of students]. Retrieved from <http://www.cdc.gov/healthyyouth/>.

Topic of the Month



August is National Immunization Awareness Month (#NIAM13). Immunizations are one of the top 10 public health accomplishments of the 20th Century. While immunizations have significantly reduced the incidence of many serious infectious diseases, vaccination rates for some diseases are not meeting national public health goals. And not everyone realizes that immunizations are not just for children – they are needed throughout our lifetime.

National Immunization Awareness Month is the perfect time to promote vaccines and remind family, friends, and co-workers to get caught up on their shots. We can all use this month to raise awareness about vaccines and share what we know with our community.

Here are just a few ideas:

- Talk to friends and family members about how vaccines aren't just for kids. People of all ages can get shots to protect them from serious diseases.
- Encourage people in your community to get the flu shot every year.
- Health care professional can help patients and others understand the importance of disease prevention through immunizations. Your recommendation is one the most important factors in increasing immunization rates in our community.



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Miami-Dade County Immunization Requirements 2013-2014 School Year

Required Vaccines for K-12:

Diphtheria/Tetanus/Pertussis (DTaP)

Polio Series (IPV)

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.¹

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

KINDERGARTEN – 12 TH GRADE			
Vaccine	Dosage	Recommended Age	Additional Instructions
(DTaP) Diphtheria/Tetanus/Pertussis	4-5 doses	2 months 4 months 6 months 12-18 months 4-6 years	If the 4 th DTaP dose is given on or after the 4 th birthday and a minimum of 6 months has elapsed since the 3 rd dose, the 5 th dose is not required.
(IPV) Polio Series	3-4 doses*	2 months 4 months 6-18 months 4-6 years	If the 3 rd dose is given on or after the 4 th birthday, the 4 th dose is not required. ² *An additional dose is needed, if the last dose was given <u>before</u> the 4 th birthday, for kindergarten entry.
(MMR) Mumps, Measles, Rubella	2 doses	12-15 months 4-6 years	2 doses for K-12 (minimum 28 days between doses)
(Hep B) Hepatitis B	3 doses*	Birth 1-2 months 6-18 months	3 dose series can be started at any age. <u>Minimum intervals between dosages:</u> 4wks between dose 1 and 2 8wks between dose 2 and 3 A minimum of 16wks between dose 1 and 3. ³ *There is an alternate 2 dose vaccine series for adolescents 11 through 15 years of age.
(Varicella) Chickenpox	1 - 2 doses	12-15 months 4-6 years	Children entering grades K-5 requires 2 doses. Children entering grades 6-11 require 1 dose. ⁴ Exempt with history of chickenpox. ⁵
(Tdap) Tetanus/Diphtheria/Pertussis	1 dose	11-12 years	Required for entrance into 7 th , 8 th , 9 th , 10 th and 11 th grade after the above series of vaccines have been completed. ⁶

¹Any child who has incomplete documentation of vaccination for the required number of doses should be admitted in school only if they have an up to date temporary medical exemption, permanent medical exemption or religious exemption.

²This 3 dose exception does not apply when a combination of IPV and OPV regimen is administered

³The minimum age for the third dose of Hep B vaccine is 24 weeks.

⁴Minimum intervals by age: For children younger than 13yrs, a 3 month interval between dose 1 & 2 is needed. If the child is 13yrs or older a 1 month interval between dose 1 & 2 is needed.

⁵The Varicella vaccine is not required if there is a history of chickenpox documented by the healthcare provider in the space provided on the DH 680 Form.

⁶Td may be substituted for the Tdap vaccine if the Tdap vaccine is contraindicated.

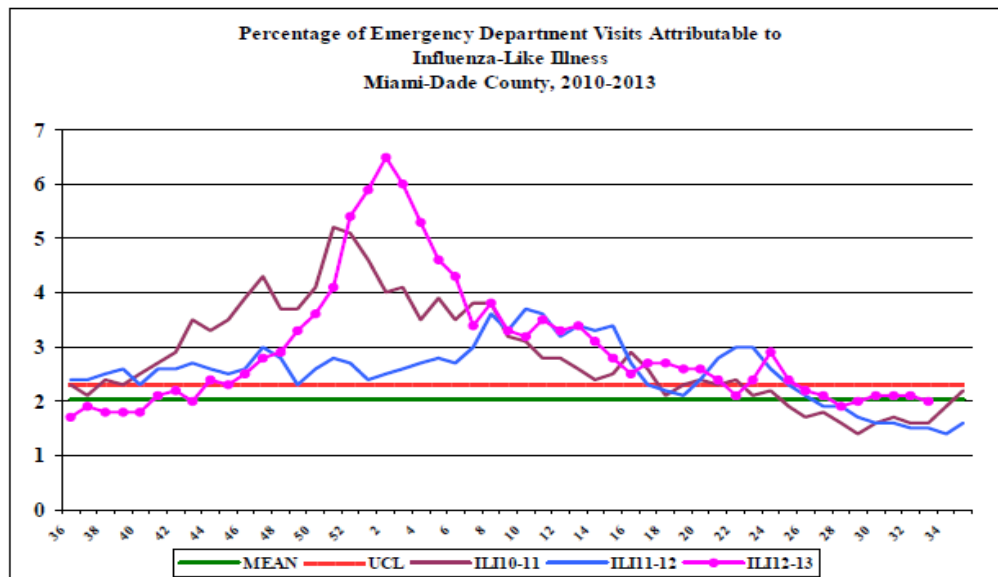
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EDC-IS Influenza-Like Illness Surveillance Report Week 33: 08/11/2013– 08/17/2013

Influenza-Like-Illness, All Age



During this period, there were 21,976 ED visits; among them 441 (2.0%) were ILI. At the same week of last year, 1.5% of ED visits were ILI.

PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

Florida Department of Health in Miami-Dade County NEEDS Influenza Sentinel Providers!

TO REPORT ANY DISEASE AND FOR INFORMATION CALL:
Epidemiology, Disease Control & Immunization Services

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.

- Childhood Lead Poisoning Prevention Program305-470-6877
- Hepatitis305-470-5536
- Immunizations or outbreaks305-470-5660
- HIV/AIDS Program305-470-6999
- STD Program305-575-5430
- Tuberculosis Program305- 575-5415
- Immunization Service305-470-5660
- To make an appointment.....786-845-0550

- 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 Florida Department of Health in Miami-Dade County: Epidemiology, Disease Control & Immunization Services (EDC-IS). 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 Lakisha Thomas at (305) 470-5653.



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Miami-Dade County Monthly Report Select Reportable Disease/Conditions July 2013

Diseases/Conditions	2013 Current Month	2013 Year to Date	2012 Year to Date	2011 Year to Date
HIV/AIDS				
AIDS*	59	473	319	480
HIV	127	905	641	812
STD				
Infectious Syphilis*	40	204	195	182
Chlamydia*	921	5962	5422	5007
Gonorrhea*	198	1407	1410	1317
TB				
Tuberculosis**	8	71	45	71
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	69	205	190	290
Ciguatera Poisoning	0	9	3	12
Cryptosporidiosis	4	13	13	11
Cyclosporiasis	1	2	1	2
Dengue Fever	4	17	9	5
E. coli, O157:H7	0	3	4	9
E. coli, Non-O157	0	0	0	0
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	41	153	117	155
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	1	2	0
Legionellosis	3	17	8	9
Leptospirosis	0	0	0	0
Listeriosis	0	1	1	0
Lyme disease	0	1	2	0
Malaria	0	5	5	10
Meningitis (except aseptic)	7	23	14	18
Meningococcal Disease	0	11	11	10
Salmonellosis	72	304	254	251
Shigellosis	4	27	29	69
Streptococcus pneumoniae, Drug Resistant	4	59	46	56
Toxoplasmosis	0	0	2	0
Typhoid Fever	0	1	2	2
Vibriosis	4	9	3	1
West Nile Fever	0	0	0	0
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	0	0	1	0
Pertussis	4	31	37	15
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	4	47	31	29
Hepatitis				
Hepatitis A	1	15	19	11
Hepatitis B (Acute)	2	10	12	2
Lead				
Lead Poisoning	8	58	49	92

*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.

