



MIAMI-DADE COUNTY HEALTH DEPARTMENT

EPI MONTHLY REPORT

Utilizing School Breaks to Immunize

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Vaccines are responsible for the control of many infectious diseases that were once common in this country such as polio, measles and diphtheria. Thus, maintaining low rates of these and other vaccine preventable diseases are of great significance to ensure reemergence does not occur. An example of continuing vaccination coverage is the implementation of the Tdap requirement for 11 year old children. One of the benefits of this vaccine is that it helps maintain adequate coverage against pertussis which has been responsible for recent outbreaks throughout the United States. Increasing immunization coverage rates may stop vaccine preventable disease outbreaks and save lives.

In Miami-Dade County (MDC) there is a population of 2.5 million people, of which 50% are foreign born. With such a higher percentage of school-aged children immigrating from different countries, vaccine catch-up schedules are common for Miami-Dade students.

Catch-up schedules can take added effort on the part of the health care provider to determine which vaccines are needed and the proper intervals to administer them. It may also increase the burden on parents having to schedule additional immunization appointments. Some students are given temporary medical exemptions (TME's) on the DH-680 (Florida Certificate of Immunization) that is used to allow entrance into school when a child is still in need of a required vaccine. It is extremely important that parents' review their child's DH-680 and follow up with their health care provider to obtain any missing vaccines or doses needed to complete a vaccine series. Making certain that children receive all their vaccinations on time is one of the most important things a parent can do to help protect their child's long-term health, as well as the health of the community.

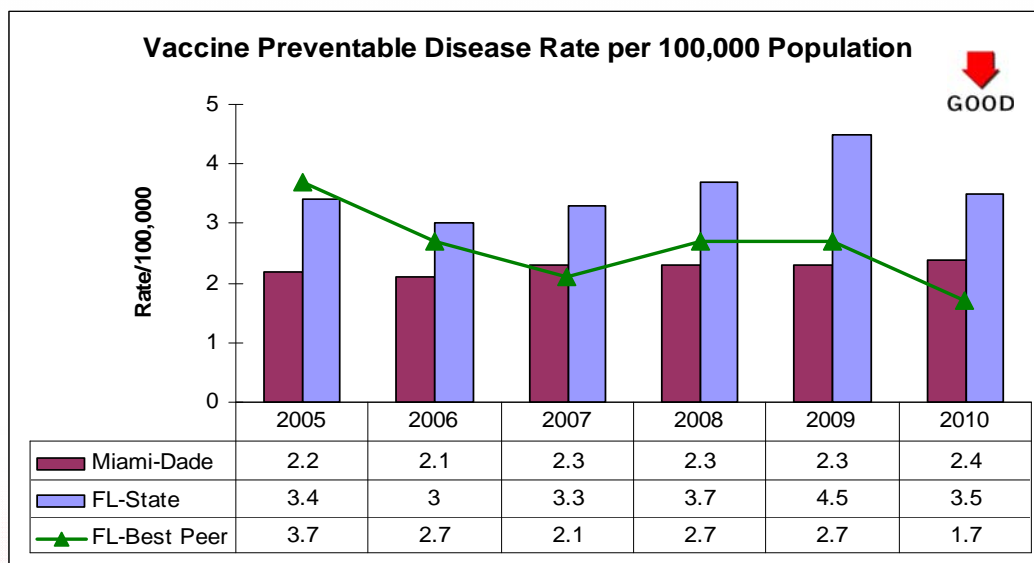
The graph below shows the vaccine preventable disease rate per 100,000 population in MDC compared to Florida State and the best peer county from 2005 to 2010. As compared to Florida State, MDC has continually maintained lower vaccine preventable disease rates for all 5 years.

Utilizing winter and spring breaks may be a great opportunity to vaccinate children on time. Also, school breaks such as teachers planning day and state holidays are other alternative days to check children's immunization records for the current and upcoming school year. Unfortunately, most parents wait until the summer months to vaccinate their children, which may make the process difficult since this is the busiest vaccination time of the year. During the summer immunization rush, last minute scheduling of appointments that fit parents' schedules may be difficult and the waiting time in clinics as well as doctors offices may be longer than expected. These factors can cause a delay in vaccinations that are needed for school entry. Parents are urged to frequently check their child's immunization

records and beat the immunization rush that occurs before the new school year.

In order for MDC to ensure that the vaccine preventable disease rate remains low, a collaborative effort of parents, school officials, and health care providers must stay on top of immunization schedules and work together to circulate the latest guidelines for school entry requirements. Checking immunization records throughout the school year in addition to utilizing children's well-check visits with their health care providers may assist in having children up-to-date with their immunization.

The Miami-Dade County Health Department Immunization Program provides free vaccines to all school-aged children (0 to 18). Moreover, the program provides trainings for health care providers on immunization practices and vaccine requirements. To schedule an appointment or request a training session, please contact us @ 786-845-0550.



Contact Lens Safety Awareness

by WebMD



Dos and Don'ts of Contact Lens Wear

American Optometric Association (AOA) spokesman Randall Fuerst, OD, says one of the most common causes of contact lens-related complications is failure to replace contacts as recommended.

"This is particularly common with lenses approved for two-week use," he tells WebMD. "People often use them for three weeks or even a month, which can cause problems."

When wearers use lenses longer than recommended or don't follow proper handling and storage practices, there is a greater likelihood of deposit buildup that can lead to chronic eye redness or infection.

Wash Hands, Replace Case, Don't Top Off

Among the other AOA recommendations:

- Always wash and dry your hands before handling contact lenses.
- Clean lenses often, as recommended by your eye doctor. Rub the lenses with your fingers and rinse thoroughly before soaking lenses overnight in sufficient multi-purpose solution to completely cover the lenses.
- Use only fresh solution every time to clean and store contacts. Never top off old solution with new because the active ingredient in some solutions can break down over time. This is also why contact lens solutions should never be used after the discard date on the bottle has passed.
- Never use tap water in any area of lens care, including rinsing the lens and lens case. Tap water may contain microorganisms that can cause eye infection.

Store lenses in the proper lens storage case and replace your case at least every three months. Clean the case after each use and keep it open and dry between cleaning.

<http://www.webmd.com/eye-health/news/20111209/most-contact-lens-users-do-not-follow-safety-steps>

EVERYDAY HEALTH
VACCINE Data

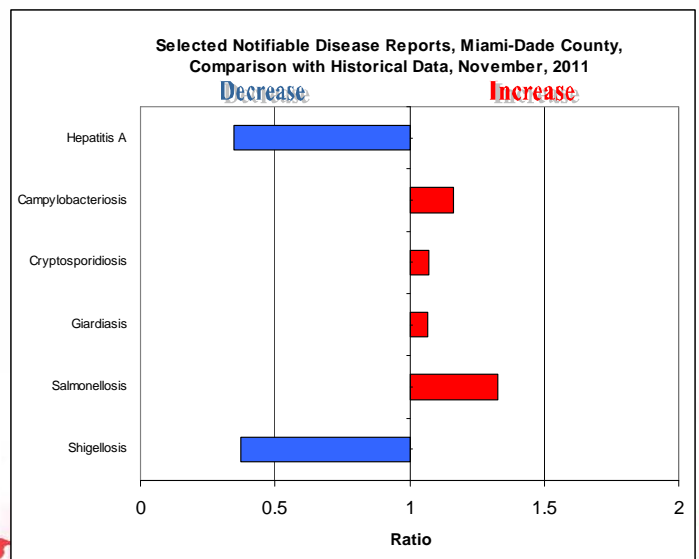
Prevention

Help Us

TO REPORT ANY DISEASE AND FOR INFORMATION CALL:

Epidemiology, Disease Control & Immunization Services

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



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

EDC-IS

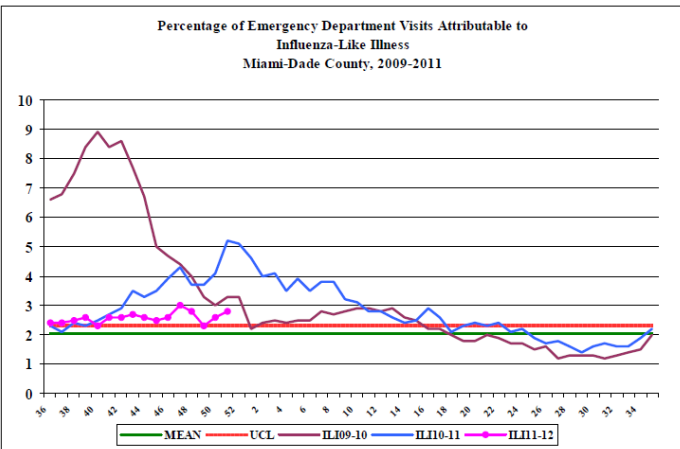
Week 51: 12/18/2011– 12/24/2011

Epidemiology, Disease Control
& Immunization Services
MCHD

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 19,784 ED visits; among them 548 (2.8%) were ILI. At the same week of last year, 5.2% 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

November 2011



Diseases/Conditions	2011 Current Month	2011 Year to Date	2010 Year to Date	2009 Year to Date
HIV/AIDS				
AIDS*	57	693	625	784
HIV	98	1355	1155	1253
STD				
Infectious Syphilis*	20	279	318	N/A
Chlamydia*	665	7898	7960	N/A
Gonorrhea*	179	2150	2268	N/A
TB				
Tuberculosis**	6	117	139	N/A

Epidemiology, Disease Control & Immunization Services

Epidemiology

Campylobacteriosis	10	381	175	154
Ciguatera Poisoning	0	17	13	34
Cryptosporidiosis	2	21	21	24
Cyclosporiasis	0	5	1	1
Dengue Fever	3	17	46	8
E. coli, O157:H7	0	8	10	18
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	24	279	723	597
Influenza Novel Strain	0	0	20	1350
Influenza, Pediatric Death	0	0	0	2
Legionellosis	0	16	11	18
Leptospirosis	0	0	1	0
Listeriosis	0	4	14	0
Lyme disease	0	3	5	6
Malaria	1	18	26	17
Meningitis (except aseptic)	0	0	0	0
Meningococcal Disease	1	15	18	15
Salmonellosis	62	547	454	506
Shigellosis	4	106	191	159
Streptococcus pneumoniae, Drug Resistant	5	80	124	102
Toxoplasmosis	0	0	1	1
Typhoid Fever	0	3	3	3
Vibriosis	1	2	2	0
West Nile Fever	0	1	0	1

Immunization Preventable Diseases

Measles	0	0	0	0
Mumps	0	0	4	1
Pertussis	0	27	26	34
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	2	46	70	55

Hepatitis

Hepatitis A	1	22	42	41
Hepatitis B (Acute)	1	5	25	12

Lead

Lead Poisoning	4	121	214	135
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*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.