



EPI Monthly Report

Florida Department of Health in Miami-Dade County

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Influenza Prevention at Work and at Home

Emily Moore, MPH

Influenza (or flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and can have serious consequences, even hospitalization or death. Some people, such as young children, older individuals, and people with certain health conditions, are at a higher risk for serious flu complications. During the 2014 - 2015 flu season, widespread influenza activity is being reported in most U.S. states including Florida. The Florida Department of Health in Miami-Dade County Epidemiology, Disease Control and Immunization Services closely monitors local influenza activities through percentage of influenza like illness (ILI) visits among all Emergency Department visits. The Centers for Disease Control and Prevention (CDC) have also identified that among specimens testing positive for influenza A (H3N2), about 50% are genetically different from the H3N2 strains that have circulated during previous years, meaning that protection through vaccination against this particular strain of influenza may be lower than what is normally seen. Nevertheless, vaccination still remains the strongest defense against influenza.

To ensure your health during this 2014-2015 flu season, it is important to take certain precautions at home and at the office:

- Get vaccinated. Everyone 6 months old or older should receive an influenza vaccine. The flu vaccine is an especially important precaution for healthcare workers who may be exposed to the

virus at work.

- Avoid close contact with people who are sick.
- Wash your hands with soap and warm water. You can also use an alcohol-based (60% alcohol or higher) hand rub if no soap and water are available.
- Avoid touching your face, particularly your eyes, mouth and nose.
- Cover your mouth and nose with a tissue if you are coughing or sneezing.
- Stay home from work if you are sick, and keep your children home from school if they become ill.
- Practice other good health habits such as disinfecting surfaces, getting plenty of sleep, eating nutritious foods, drinking water, and managing stress. These healthy habits boost your immune system and make you less susceptible to infection.

Know the FACTS of Flu:

F - fever

A - aches

C - chills

T - tiredness

S - sudden onset

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These everyday preventive actions can help slow the spread of the germs which cause many different illnesses, including influenza.

If all else fails and you do become ill with the flu, antiviral drugs can help to treat (not cure) the illness. These medications should be started ideally within 2 days of becoming sick. High risk individuals (children, pregnant women, the elderly, American Indians or Alaskan Natives, and those with particular pre-existing conditions) should not hesitate in taking antiviral medications because influenza in these individuals could result in dangerous complications.

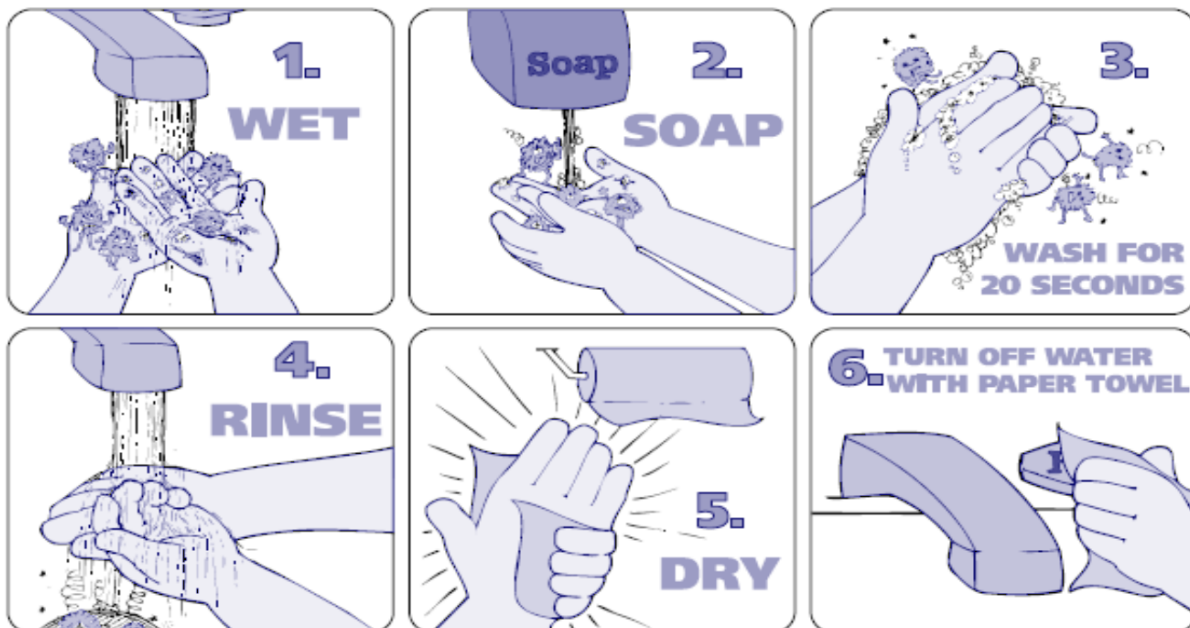
Flu prevention is possible when one is vaccinated and takes the proper preventive

actions. For more information on the flu vaccine, visit

cdc.gov/flu, or

<http://www.floridahealth.gov/programs-and-services/prevention/flu-prevention/index.html>

The Right Way to Wash Your Hands





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Unintentional Poisoning Related Emergency Department Visits Among Young Children – Miami-Dade County, 2013

Anthoni Llau, PhD

Introduction

Fatal child poisonings involving drugs and other household substances have decreased substantially in the United States since the 1970's. The Poison Prevention Packaging Act, which is largely attributed to the decline in unintentional poisonings among young children, became law in 1972 issuing regulations requiring child-resistant packaging for medicines and hazardous household substances. According to the Consumer Product and Safety Commission, unintentional poisoning deaths involving children aged less than 5 years declined from 216 in 1972 to approximately 36 per year between 2009 and 2011. Despite this decrease, unintentional nonfatal poisonings involving preschool-aged children (< 5 years) remains a concern. According to the American Association of Poison Control Centers, more than 1 million preschoolers experienced potentially toxic exposures during 2013. The National Electronic Injury Surveillance System (NEISS) also estimated 81,569 emergency department (ED) visits due to unintentional poisonings among children < 5 years of age during 2013. Additionally, during 2013, children 5 years old or younger accounted for 60% of all non-fatal unintentional poisoning exposures, indicating this group is disproportionately at risk since they comprise only 6% of the national population. Although overall national childhood poisoning estimates are readily accessible, there is a lack of detailed information available at a local level. The purpose of this study was to evaluate unintentional poisonings among young children treated at ED's in Miami-Dade County, FL and describe the victims and products involved.

Methods

All Miami-Dade County, FL residents aged < 5 years that visited an ED due to an unintentional

poisoning during 2013 were selected for this analysis. The data was obtained from the Florida Agency for Health Care Administration. Unintentional poisonings were identified by selecting records with an International Classification of Diseases, Ninth Revision (ICD-9) external cause of injury and poisoning codes (E-codes) of E858.0 – E858.9 (Accidental Poisoning By Drugs, Medicinal Substances, And Biologicals) or E860 - E869 (Accidental Poisoning By Other Solid And Liquid Substances, Gases, And Vapors). The following variables were analyzed: age, gender, implicated drug/substance, and total ED charges. Moreover, location of poisoning occurrence was also determined by selecting poisoning records with an additional E-code of 849.0 – 849.9. All analyses were performed using SAS version 9.3.

Results

During 2013, there were 506 nonfatal unintentional poisoning ED visits involving Miami-Dade County children aged < 5 years. These cases represented just over a third of all unintentional poisoning-related ED visits among Miami-Dade residents. A small proportion of ED visits (3.4%) resulted in hospitalizations. Rates for non-fatal unintentional poisoning ED visits were eight times higher among young children (333/100,000 children aged < 5 years) versus all other ages (41/100,000 persons aged 5+ years). Children aged 1-2 years accounted for nearly 70% of unintentional poisoning-related ED visits. The highest poisoning-related ED rates involved children 1 year of age with an estimated 636 ED visits per 100,000 population. Although this was 1.24 times greater than ED rates among 2 year olds (512/100,000), it was 2.6 and 4.9 times higher than 3 and 4 year olds, respectively. Poisoning-related ED rates involving children aged <



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5 years were slightly higher among males (347/100,000) compared to females (315/100,000). Drugs/medicinals accounted for 64% of all unintentional poisoning-related ED visits. The most common drug/medicinal poisonings involved other/specified drugs (10.5% of all unintentional poisonings) followed by cardiovascular agents (5.9%), anti-rheumatics, benzodiazepines, and skin/mucous membrane/oral drugs (5.3% each), systemic agents (4.9%), (4.9%), and aromatic analgesics such as acetaminophen (4.3%). In contrast, exposure to solids/liquids/gases comprised 36% of all unintentional poisoning-related ED visits. Commonly reported solid/liquid/gas exposures included other specified corrosives (6.7% of all unintentional poisonings) followed by unspecified solids/liquids and detergents/shampoos (5.3% each), and rodenticides (2.6%).

The place of occurrence was known for 38% of unintentional poisonings, of which the majority (76%) took place in a home setting. Another 23% of poisonings occurred in other/unspecified settings. Unintentional poisoning-related visits involving young children resulted in total ED charges of nearly \$700,000 (median - \$883) during 2013.

Discussion

A large proportion of unintentional poisoning ED visits occurred in young children, of which the majority involved 1 to 2 year olds. In addition, unintentional poisonings involving young children were slightly more likely among males compared to females. Lastly, a majority of poisonings occurred within home settings. These findings are consistent with the results of previous studies.

Nearly two-thirds of poisonings resulted from ingestion of medications, unfortunately, over a tenth of the drugs/medicinals involved were not known. Moreover, the substance was not known

for approximately 12% of poisonings resulting from solid/liquid/gas exposures. These visits likely contained exposures that would have provided a better indication of the medicine/substances implicated in childhood poisonings. The transition from ICD-9 to ICD-10 coding in October 2015, however, should improve in determining which types of medicines/substances are involved.

Despite regulations requiring child-resistant packaging for medicines and hazardous household substances, the high ED visitation rate among young children suggests that unintentional poisonings remain an important public health concern for this age group. Additional strategies to reduce the risk of unintentional poisonings among young children include:

- Keeping medicines and toxic products in their original packaging out of the reach of children

- Follow label directions and read all warnings when giving medicines to children

- Safely disposing of unused, unneeded, or expired prescription and over the counter drugs, vitamins, and supplements.

Poison control centers also represent a valuable source of information for residents and medical providers. They can assist families in managing the treatment of poisonings after they occur and advise parents/caregivers whether to seek medical attention when a child is exposed to medicines/substances. This can assist families in avoiding costly and time-consuming visits to ED's.

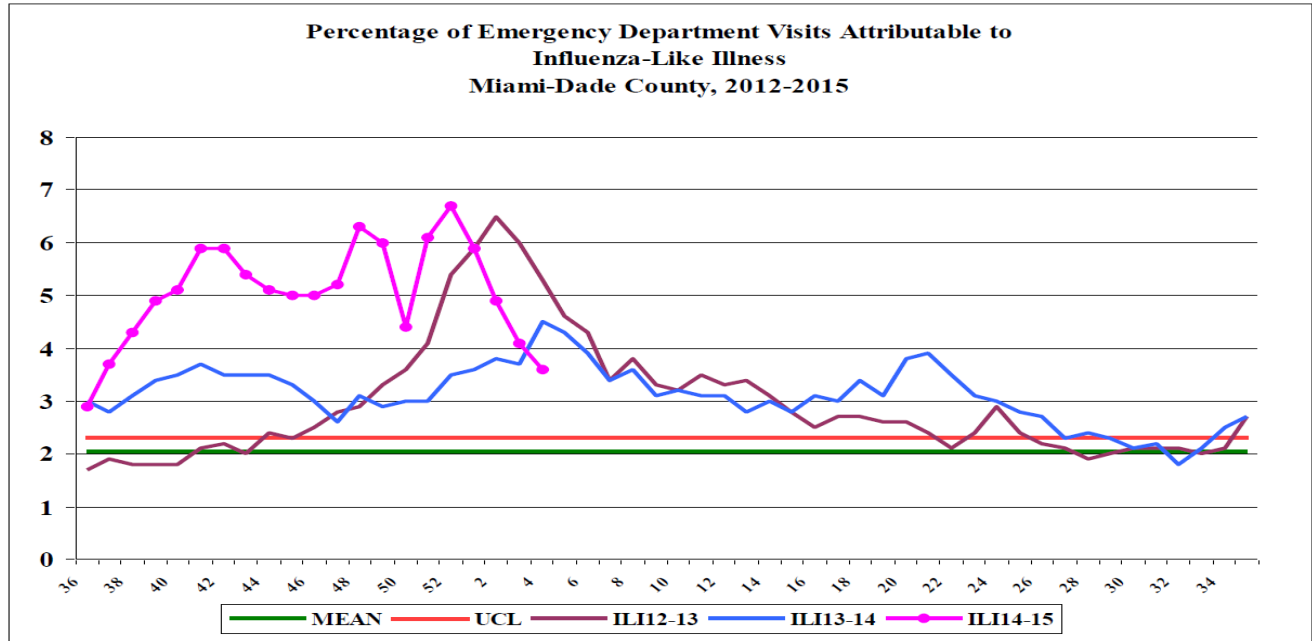


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Influenza-Like-Illness, All Age



During this period, there were 22,472 ED visits; among them 799 (3.6%) were ILI. At the same week of last year, 4.5% 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**.

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

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, contact Emily Moore at (305) 470-6918.



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Miami-Dade County Monthly Report Select Reportable Disease/Conditions December 2014

Diseases/Conditions	2014 Current Month	2014 Year to Date	2013 Year to Date	2012 Year to Date
HIV/AIDS				
AIDS*	34	518	683	602
HIV	112	1411	1369	1113
STD				
Infectious Syphilis*	25	329	364	305
Chlamydia*	764	9655	9753	9380
Gonorrhea*	193	2137	2285	2283
TB				
Tuberculosis**	18	128	135	119
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	22	349	353	336
Chikungunya Fever	12	84	0	0
Ciguatera Poisoning	2	24	27	23
Cryptosporidiosis	2	38	20	22
Cyclosporiasis	3	4	3	2
Dengue Fever	4	41	45	51
Escherichia coli, Shiga Toxin-Producing	0	21	11	9
E. coli, Non-O157	0	0	0	0
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	17	222	268	235
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	1	1	2
Legionellosis	1	19	26	19
Leptospirosis	0	0	0	0
Listeriosis	0	5	3	9
Lyme disease	1	10	6	13
Malaria	1	7	9	7
Meningitis (except aseptic)	4	30	33	25
Meningococcal Disease	1	12	16	17
Salmonella serotype Typhi (Typhoid Fever)	0	1	3	3
Salmonellosis	58	656	591	584
Shigellosis	7	649	93	82
Streptococcus pneumoniae, Drug Resistant	5	44	85	73
Toxoplasmosis	0	0	0	0
Vibriosis	10	16	15	13
West Nile Fever	0	0	0	0
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	0	0	0	1
Pertussis	5	36	42	67
Rubella	0	0	0	0
Tetanus	0	0	1	1
Varicella	7	48	65	44
Hepatitis				
Hepatitis A	4	35	32	25
Hepatitis B (Acute)	0	11	20	18
Lead				
Lead Poisoning	6	75	91	108

*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.