Epi Monthly Report

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Inside this issue:

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National Cervical Health Awareness Month

January is National Cervical Health Awareness Month in the United States, a time set aside to remind clinicians and public health professionals to encourage women to take necessary prevention measures in protecting their cervical and reproductive health. Cervical cancer was once the leading cause of cancer death for women in the United States, but in the past 40 years, the number of cases of cervical cancer and the number of deaths from cervical cancer have declined. This decrease is the result of many women getting regular screening tests. On average, however, 12,000 women in the United States are still diagnosed with cervical cancer every year, and 4,200 die. Cervical cancer is highly preventable when women engage in regular health screenings and Pap tests. When cervical cancer cells are detected early enough, the disease is highly treatable and is associated with a high survival rate. Recent changes in prevention recommendations have also made it possible for young men to join the fight against HPV infection and the subsequent development of cervical cancer in their female partners.

There are several risk factors associated with cervical cancer. Almost all cervical cancers are caused by human papillomavirus, or HPV, the most common sexually-transmitted infection in the United States. Because HPV infection rarely causes signs or symptoms, most people who contract HPV do not know that they have it, increasing the chances of transmission. Contracting HPV can increase a woman's risk of developing cervical cancer over time. Other risk factors associated with cervical cancers are smoking, having HIV/AIDS, using birth control for an extended period of time (five or more years), giving birth to three or more children, and having several sexual partners.

The incidence rate of developing cervical cancer, as well as the risk of dying from cervical cancer, varies across race/ethnicity. In 2013, Hispanic women were more likely to

be diagnosed with cervical cancer compared with their White, Black, and Asian/Pacific Islander counterparts. In the same year, however, Black women were more likely than women of other races/ethnicities to die from cervical cancer, highlighting a serious health disparity. This disproportionate death rate among Black women is due largely to a lack of pre-cancer screenings. One study conducted by the National Cancer Institute found that many women of color cite lack of access to preventive health care as the main reason for not receiving a regular Pap test. Due to this larger issue of unequal access to screenings, it is important to remove economic and social barriers that would prevent any woman from receiving care.

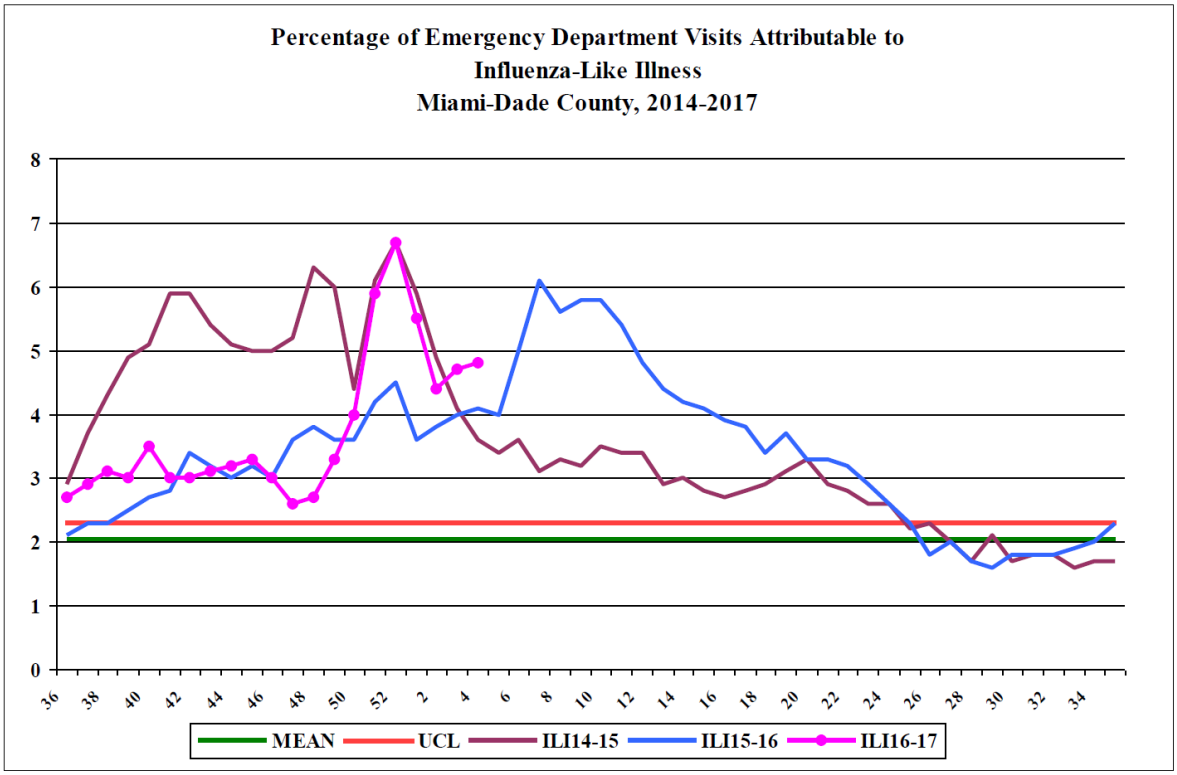
The best thing women can do to prevent cervical and other gynecological cancers is to undergo regular screening tests starting at age 21 or upon becoming sexually active. These health screenings include a Pap test, which helps to identify pre-cancerous cells in the cervix that could develop into cervical cancer if left untreated. HPV, which can cause these cellular mutations, can be detected using an HPV test. To prevent contracting HPV altogether, young people may receive the HPV vaccine, which protects against the types of the virus which cause most gynecological cancers. Until recently, it was only recommended that young girls be vaccinated against HPV, but in recent years the Centers for Disease Control and Prevention (CDC) have changed the recommendations to include young boys as well, as the virus is mainly transmitted during sexual contact, and because HPV can also cause cancers in men. Boys and girls can start receiving their HPV vaccine at ages 11 or 12, but children can receive the vaccine as early as age 9 or as late as age 26.

Aside from receiving the HPV vaccine and getting regular screening tests, there are several other preventive measures that women can employ to lower their risk of developing cervical cancer:

- Don't smoke, or if you do smoke, try to quit
- Use condoms during sex
- Limit your number of sexual partners

For more information, visit https://www.cdc.gov/cancer/cervical/.

Influenza-Like-Illness, All Age



During this period, there were 32,625 ED visits; among them 1,558 (4.8%) were ILI. At the same week of last year, 4.1% of ED visits were ILI.

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

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**.

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

Miami-Dade County Monthly Report
Select Reportable Disease/Conditions
December 2016

Diseases/Conditions	2016 Current Month	2016 Year to Date	2015 Year to Date	2014 Year to Date
HIV/AIDS				
AIDS*	27	495	468	508
HIV	127	1483	1349	1212
STD				
Infectious Syphilis*	28	403	325	329
Chlamydia*	1255	12214	10768	9655
Gonorrhea*	310	2885	2221	2137
TB				
Tuberculosis**	24	116	125	128
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	41	327	651	348
Chikungunya Fever	0	0	28	82
Ciguatera Poisoning	4	18	15	24
Cryptosporidiosis	5	31	49	38
Cyclosporiasis	0	2	4	4
Dengue Fever	2	22	35	40
Escherichia coli, Shiga Toxin-Producing	1	9	17	27
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	4	183	196	220
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	0	2	1
Legionellosis	8	30	32	19
Leptospirosis	0	0	1	0
Listeriosis	4	9	6	5
Lyme disease	9	11	9	14
Malaria	1	9	8	7
Meningitis (except aseptic)	1	3	9	29
Meningococcal Disease	0	1	6	12
Salmonella serotype Typhy (Typhoid Fever)	0	1	2	1
Salmonellosis	87	769	718	651
Shigellosis	1	71	144	647
Streptococcus pneumoniae, Drug Resistant	0	5	2	45
Vibriosis	4	14	19	16
West Nile Fever	1	1	0	0
Immunization Preventable Diseases				
Measles	0	4	0	0
Mumps	1	5	3	0
Pertussis	2	25	35	36
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	11	79	56	47
Hepatitis				
Hepatitis A	8	48	37	35
Hepatitis B (Acute)	4	23	14	11
Healthy Homes				
Lead Poisoning	13	115	81	77

*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.