



EPI Monthly Report

Florida Department of Health in Miami-Dade County

[HTTP://MIAMIDADE.FLORIDAHEALTH.GOV/](http://MIAMIDADE.FLORIDAHEALTH.GOV/)

Childhood Drownings and Layers of Protection Anthoni Llau, PhD

Drowning has been the leading cause of death among children aged 1 – 4 years in Miami-Dade County. Since 2005, Miami-Dade County has had the 2nd highest number of drowning deaths (47) in children aged 1 – 4 years among all Florida counties. The fatal drowning rate for Miami-Dade children aged 1 – 4 years is nearly twice that of any other age group. In addition, for every child aged 1 – 4 years that drowned, another six experienced a nonfatal drowning requiring a hospitalization or an emergency department visit. Nonfatal drownings may cause brain damage that result in long-term disabilities ranging from memory problems and learning disabilities

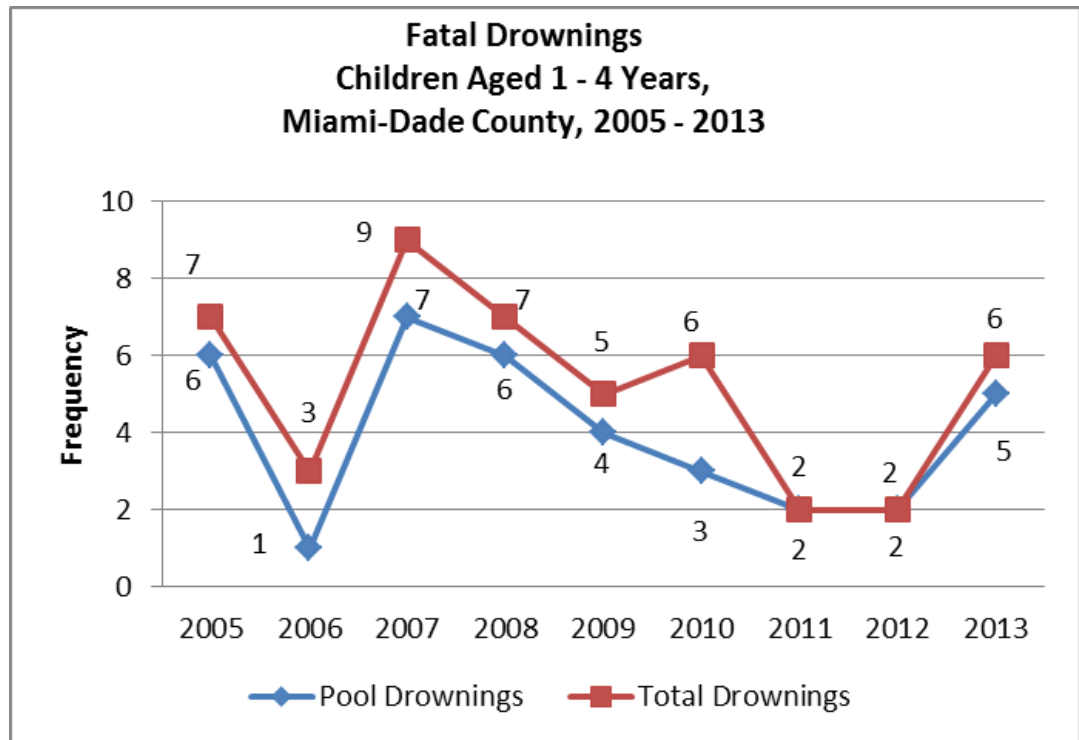
to permanent loss of basic functioning.

Drowning Location

Approximately three-fourths of fatal drownings among 1 – 4 year olds occur in swimming pools. Other drowning deaths tend to occur in varying locations (natural water, pond, canal, & bathtub). Fatal drownings in swimming pools closely mirrors the trends of all drowning deaths for this age group. Moreover, a large majority of (74%) nonfatal drownings among children 1 -4 years also occur in swimming pools.

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Drowning Prevention - Layers of Protection

In 2011, the Florida Department of Health Injury Prevention Section developed a campaign, “WaterproofFL—Pool Safety is Everyone’s Responsibility”. The Waterproof FL campaign aims to educate residents and visitors in order to prevent childhood drownings. It emphasizes layers of protection which means that a pool, spa, or hot tub is equipped with several devices to delay unsupervised access or to warn of a child's presence. Layers of protection follow national recommendations and include supervision, barriers, and emergency preparedness.

Layer 1: Supervision

Since the majority of drownings in children 1 – 4 years occur in a swimming pool, supervision is considered the first and most crucial layer of protection. This means that someone is always actively watching when a child is in or near the pool. Unfortunately, most drownings occur when there is a lapse in supervision, even for a short time. Therefore, incorporating barriers can further reduce the risk of a child drowning.

Layer 2: Barriers

Barriers should be used to physically block a child from entering the pool area. Examples of barriers include:

- A pool fence at least four feet high with a self-closing, self-latching gate which encircles the pool and provides no direct access
- Child-proof locks on all doors leading to the pool

Alarms on all doors and windows leading to the pool

An approved pool covering

Parents are reminded that these barriers and devices should supplement and not substitute constant adult supervision.

Layer 3: Emergency Preparedness

Emergency preparedness layers are intended to minimize fatal/severe injury drowning outcomes should a child gain access to the water, such as swim instruction, proper rescue techniques, and knowing Cardiopulmonary Resuscitation (CPR).

If a child is missing, check the water first

Have an accessible phone to be able to call 911 in the event of an emergency

Have appropriate equipment, such as reaching or throwing equipment, life jackets and a first aid kit

Enroll in Red Cross first aid and CPR/AED courses to learn how to prevent and respond to emergencies

Enroll children in Red Cross approved swimming lessons

The Florida Department of Health in Miami-Dade County stresses that no single device or solution can prevent a drowning. Parents and caregivers, therefore, should implement several layers of protection to help ensure a pool is equipped with safety features to prevent childhood drownings. Additional information regarding layers of protection can be found on the Waterproof FL website at (<http://www.waterprooffl.com/>).

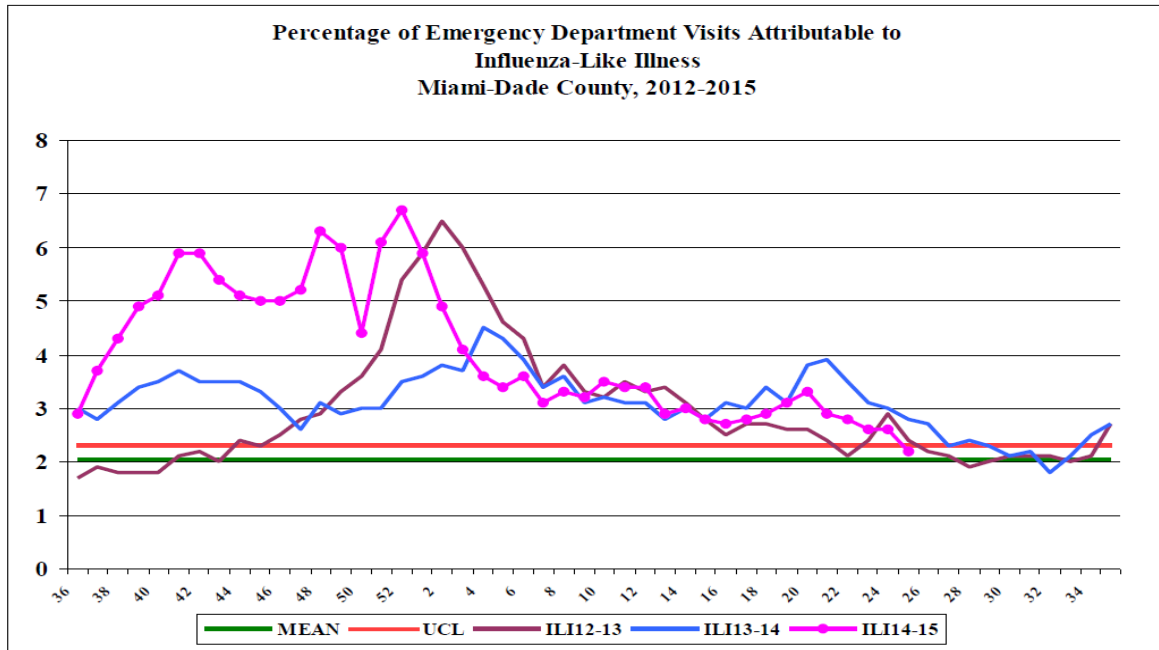


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Influenza-Like-Illness, All Age



During this period, there were 21,651 ED visits; among them 482 (2.2%) were ILI. At the same week of last year, 2.8% 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**.

For more information, please contact

Lakisha Thomas at 305-470-5660.

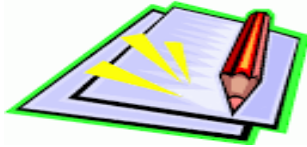
TO REPORT ANY DISEASE AND FOR INFORMATION CALL:
Epidemiology, Disease Control & Immunization Services

Childhood Lead Poisoning

Prevention Program305-470-6877
 Hepatitis305-470-5536
 Immunizations or outbreaks305-470-5660
 HIV/AIDS Program305-623-7420
 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, please contact Emily Moore at (305) 470-6918.



Miami-Dade County Monthly Report Select Reportable Disease/Conditions May 2015

Diseases/Conditions	2015 Current Month	2015 Year to Date	2014 Year to Date	2013 Year to Date
HIV/AIDS				
AIDS*	33	176	232	314
HIV	116	649	563	582
STD				
Infectious Syphilis*	34	125	126	136
Chlamydia*	953	3983	3974	3915
Gonorrhea*	164	715	804	1023
TB				
Tuberculosis**	10	45	54	32
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Cam pylobacteriosis	33	135	139	100
Chikungunya Fever	1	8	0	0
Ciguatera Poisoning	1	5	7	2
Cryptosporidiosis	0	5	11	9
Cyclosporiasis	0	0	0	1
Dengue Fever	1	5	7	12
Escherichia coli, Shiga Toxin-Producing	0	0	6	2
E. coli, Non-O157	0	0	0	0
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	9	69	85	100
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	0	1	1
Legionellosis	2	10	8	10
Leptospirosis	0	1	0	0
Listeriosis	0	0	1	1
Lyme disease	0	2	0	1
Malaria	1	1	1	5
Meningitis (except aseptic)	0	2	10	11
Meningococcal Disease	0	4	4	10
Salmonella serotype Typhi (Typhoid Fever)	0	2	1	0
Salmonellosis	42	182	185	166
Shigellosis	5	45	435	20
Streptococcus pneumoniae, Drug Resistant	0	0	34	50
Toxoplasmosis	0	0	0	0
Vibriosis	5	6	3	4
West Nile Fever	0	0	0	0
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	1	2	0	0
Pertussis	1	11	12	19
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	8	23	23	40
Hepatitis				
Hepatitis A	2	10	13	12
Hepatitis B (Acute)	1	6	5	8
Lead				
Lead Poisoning	6	29	23	38

*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.