

EPI Monthly Report

Florida Department of Health in Miami-Dade County

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“Not so Young at Heart: CDC’s Report on Heart Age in the United States”

Emily Moore, MPH

According to a 2015 report by the Centers for Disease Control & Prevention (CDC), most Americans have a heart older than their actual age. A person’s heart age is the predicted age of their vascular system determined by various cardiovascular risk factors.¹ By comparing this heart age measure with an individual’s actual age, providers may be able to better communicate risks to patients and, at a population level, educate communities on how to encourage and support heart health through appropriate programs and policies.

Heart disease is the leading cause of death in the United States. While there are many unpreventable factors—such as getting older or a person’s genetics—that can put a person at risk for heart disease, there are preventable risk factors that can contribute to an older heart age. High blood pressure, high cholesterol, diabetes, and behavioral risk factors such as poor diet, physical inactivity and smoking can add years to a person’s

heart. The aforementioned CDC report, which looked at US adults ages 30-74, reported that other demographic factors contributed significantly to predicted heart age: men had older hearts than their female counterparts of the same actual age, and the presence of significant differences in heart age among racial/ethnic groups, as well. Heart age was higher among non-Hispanic Black men and women than any other racial/ethnic group. A person’s geographic location can also play a part in their predicted heart age: Southern states showed older predicted heart age than Northern states, with the “oldest” heart ages found in Mississippi, West Virginia, Louisiana, Kentucky, and Alabama. In contrast, states with the “youngest” hearts were Utah, Colorado, California, Massachusetts, and Hawaii.

Below is an infographic that CDC provided explaining how different factors contribute differentially to heart age for the two sexes:

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Examples of actual age vs. heart age

Many people have a heart age that is greater than their actual age because of certain reasons.

Actual Age	Reasons	Heart Age
45 year old male	<ul style="list-style-type: none">• Smoker• High blood pressure (systolic blood pressure of 150 mm Hg)• Diabetic• Healthy weight (body mass index (BMI) of 23)	75 years
50 year old female	<ul style="list-style-type: none">• Non-Smoker• High blood pressure (systolic blood pressure of 148 mm Hg)• Diabetic• Obese (BMI of 32)	85 years



Source: Framingham Heart Age Calculator, www.cdc.gov/heartdisease/heartage.htm

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CDC reports that the gold standard is a heart age that matches a person's actual age. With this study, the CDC provided recommendations as to what can be done with this information to decrease heart age and improve heart health. One of the first things that both clinicians and patients can do is to calculate predicted heart age using the CDC-provided heart age calculator tool found here: <http://www.cdc.gov/vitalsigns/cardiovascular-disease/heartage.html>

After learning their patient's predicted heart age, CDC recommends that clinicians help their patients to identify one or two risk factors that can add years to their heart, and that they work with their patient to make an action plan to reduce or eliminate that risk. Risk factors to consider include: smoking, physical inactivity, and poor diet. The clinician can also help their patients become linked to community initiatives or programs that work to reduce heart disease-related risk factors, such as a neighborhood weight clinic, walking club, smoking cessation program, or nutrition classes; however, the clinician also needs to be aware of any barriers

to programs or care that their at-risk heart patients may have.

CDC encourages individuals with a high heart age to take action—learn your calculated heart age and work with your doctor to identify a risk factor that you're ready to change in order to achieve a healthier heart age.

Learning a patient's heart age is a simple way to help clinicians communicate the risk of heart disease to their patients. Patients, who otherwise may not have been concerned with individual risk factors, may be more likely to change their perceptions about their own risk for heart disease when informed that their heart is aging at a much faster pace than they could have imagined. With this risk measurement, it is the hope of CDC and local and state health officials alike that the assessment of cardiovascular risk will change for the better and will help to inform more effective treatment and prevention solutions.

For more information, visit Vital Signs at <http://www.cdc.gov/vitalsigns/heartage/index.html>

Prescription for a younger heart



High blood pressure – Make control your goal.



High cholesterol – Work with your doctor on a treatment plan to manage your cholesterol.



Diabetes – Work with your doctor on a treatment plan to manage your diabetes.



Tobacco use – If you don't smoke, don't start. If you do smoke, get help to quit. Avoid secondhand smoke.



Unhealthy diet – Eat a healthy diet, low in sodium and trans fats and high in fresh fruits and vegetables.



Physical inactivity – Get 150 minutes every week of a moderate intensity exercise such as brisk walking.



Obese – Maintain a healthy weight.

Source: Vital Signs, September 2013

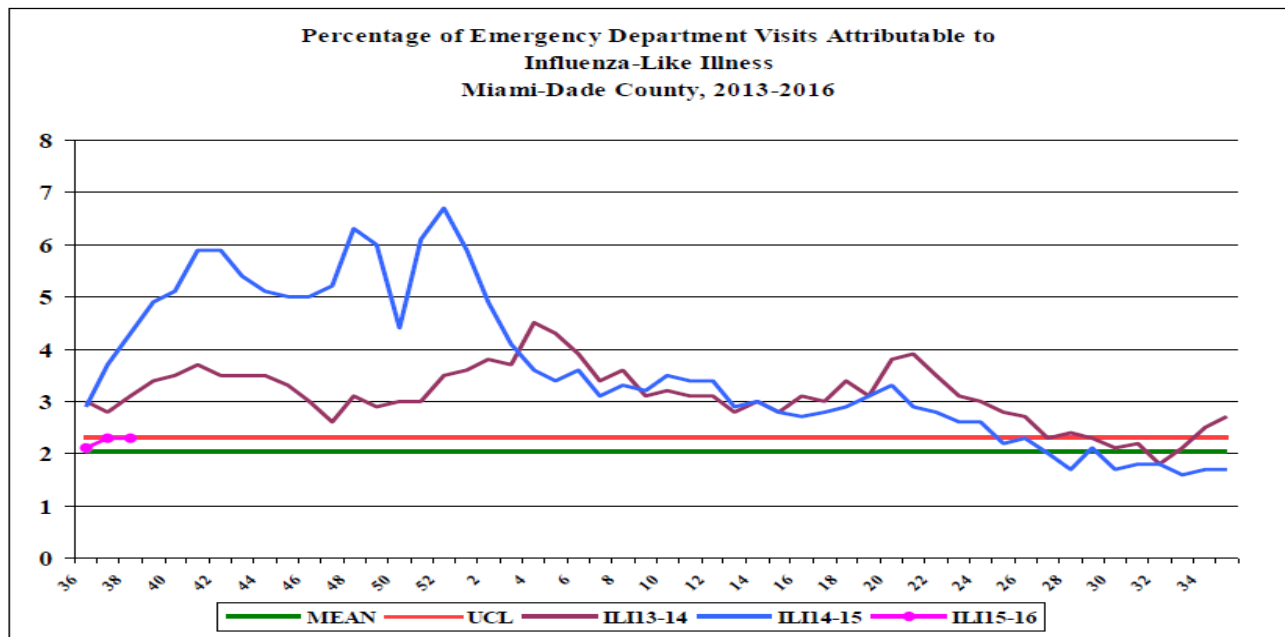
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Influenza-Like-Illness, All Age



During this period, there were 23,578 ED visits; among them 550 (2.3%) were ILI. At the same week of last year, 4.3% 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

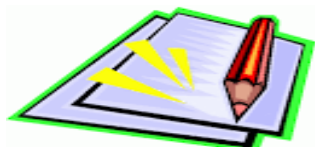
About the Epi Monthly Report

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.

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

Diseases/Conditions	2015 Current Month	2015 Year to Date	2014 Year to Date	2013 Year to Date
HIV/AIDS				
AIDS*	35	334	387	495
HIV	137	1053	944	913
STD				
Infectious Syphilis*	32	207	240	236
Chlamydia*	973	6662	6473	6858
Gonorrhea*	195	1272	1423	1618
TB				
Tuberculosis**	7	70	92	79
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	29	256	263	253
Chikungunya Fever	3	15	31	0
Ciguatera Poisoning	0	9	17	15
Cryptosporidiosis	5	16	20	15
Cyclosporiasis	0	2	1	2
Dengue Fever	5	12	22	24
Escherichia coli, Shiga Toxin-Producing	0	1	18	4
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	20	120	146	173
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	0	1	1
Legionellosis	1	14	14	18
Leptospirosis	0	1	0	0
Listeriosis	0	2	2	1
Lyme disease	2	3	4	2
Malaria	1	5	6	7
Meningitis (except aseptic)	0	3	13	26
Meningococcal Disease	1	6	7	14
Salmonella serotype Typhi (Typhoid Fever)	0	2	1	1
Salmonellosis	80	411	395	371
Shigellosis	26	100	615	39
Streptococcus pneumoniae, Drug Resistant	0	0	36	63
Toxoplasmosis	0	0	0	0
Vibriosis	1	13	5	10
West Nile Fever	0	0	0	0
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	0	3	0	0
Pertussis	6	23	24	34
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	2	28	34	49
Hepatitis				
Hepatitis A	6	30	23	19
Hepatitis B (Acute)	1	9	7	10
Lead				
Lead Poisoning	14	49	47	65

*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.