

MIAMI-DADE COUNTY HEALTH DEPARTMENT
EPI MONTHLY REPORT

CDC Guidance on the Use of Influenza Antiviral Agents and Rapid Influenza Diagnostic Tests During the 2010-2011 Influenza Season

Inside this issue:

1 *CDC Guidance on the Use of Influenza Antiviral Agents and Rapid Influenza Diagnostic Tests During the 2010-2011 Influenza Season*

3 *Selected Notifiable Disease Reports, Historical data, December 2010*

4 *EDC-IS Influenza/Respiratory Illness Surveillance Report*

5 *Monthly Report, Selected Reportable Diseases/ Conditions in December 2010*

Fermin Leguen MD, MPH
 Chief Physician, Miami-Dade County Health Department
 Epidemiology, Disease Control & Immunization Services
 8600 NW 17th Street
 Suite 200
 Miami, Florida 33126

Summary

As influenza activity increases in the United States, clinicians are urged to consult CDC guidance on the use of influenza antiviral agents and rapid influenza diagnostic tests this season. Updated recommendations on the use of antiviral medications will be published in an upcoming Morbidity and Mortality Weekly Report (MMWR), but an interim version of the recommendations is currently available on CDC's website at <http://www.cdc.gov/flu/professionals/antivirals/index.htm>.

The updated guidance for health care professionals on the use of rapid influenza diagnostic tests is available at http://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm. For the most recent summary of influenza activity in the United States, consult the CDC influenza surveillance report FluView at <http://www.cdc.gov/flu/weekly/fluactivitysurv.htm>.

Recommendations

Antiviral Agents Guidance:

The recommendations on the use of influenza antiviral agents contain information on treatment and chemoprophylaxis of influenza virus infection, and also provide a summary of the effectiveness and safety of antiviral medications. Highlights include recommendations for the following:

- 1) early empiric antiviral treatment of suspected or confirmed influenza among people with severe, complicated, or progressive illness or those hospitalized for influenza;
- 2) early empiric antiviral treatment of suspected or confirmed influenza among people at higher risk for influenza complications;
- 3) use of either oseltamivir or zanamivir for influenza A and B treatment or chemoprophylaxis, and recommendations not to use rimantadine or amantadine as influenza antiviral medications due to high levels of resistance to these medications among circulating influenza A viruses;
- 4) use of antiviral medications among children younger than 1 year of age;

- 5) use of local data on influenza virus circulation and influenza testing of respiratory specimens from patients with suspected influenza, when available, to help inform clinicians about influenza circulation; and
- 6) consideration of antiviral treatment for any previously healthy, non high-risk symptomatic outpatient with confirmed or suspected influenza, based upon clinical judgment, if treatment can be initiated within 48 hours of illness onset.

Rapid Influenza Diagnostic Tests Guidance:

Recommendations on the use of rapid influenza diagnostic tests are available to help guide clinical decisions and to determine if outbreaks of respiratory illness in closed settings are due to influenza virus infection. The guidance also provides information for interpreting rapid diagnostic test results. Highlights include recommendations for the following:

- 1) use of rapid influenza diagnostic tests when a positive result will change the clinical management of patients or change outbreak control strategies in a population, especially if the setting includes hospitalized patients or persons at high risk for influenza-associated complications;
- 2) avoiding the use of negative rapid test results to guide decisions regarding treating patients with influenza antiviral medications due to the suboptimal sensitivity of rapid tests;
- 3) evaluation of rapid diagnostic test results in the context of other available clinical and epidemiological information; and
- 4) consideration of further influenza laboratory testing in the following circumstances:
 - a. when a patient tests negative by rapid test during periods of high influenza activity;
 - b. when a patients tests positive by rapid test during periods of low influenza activity; or

- c. when a patient has had recent close exposure to pigs, poultry, or other animals and novel influenza A virus infection is possible.

For More Information

For Information on Use of Influenza Antiviral Agents During the 2010-2011 Influenza Season go to:
<http://www.cdc.gov/flu/professionals/antivirals/index.htm>

For Information on Use of Rapid Influenza Diagnostic Tests for the 2010-2011 Influenza Season go to:
<http://www.cdc.gov/flu/professionals/diagnosis/>
 For other inquiries, please visit www.cdc.gov/flu or call CDC's toll-free information line, 800-CDC-INFO (800-232-4636).
 TTY: (888) 232-6348, is available 24 hours a day, every day.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Stop Violence Before It Starts

EDC-IS



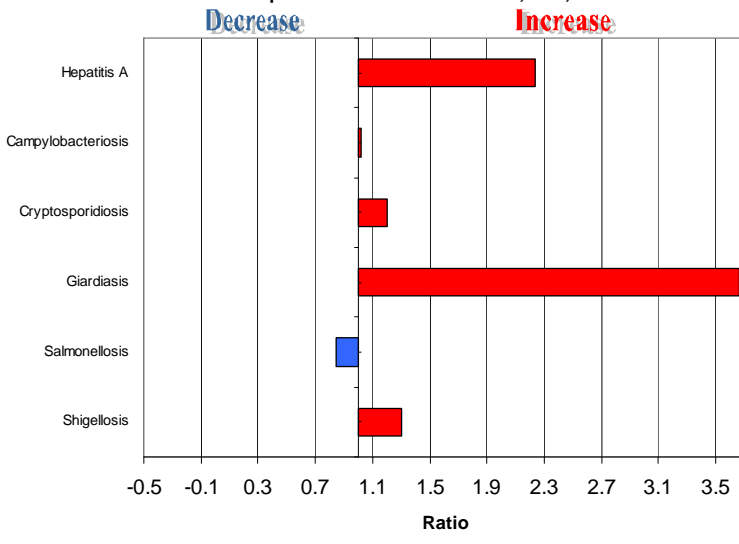
Free On-Line Violence Prevention Course

Each year, more than 53,000 people lose their lives to violence. In addition to the tremendous physical and emotional toll, violence has substantial medical and lost productivity costs. In 2000, these totaled more than \$70 billion in the United States. The figure grows when we add criminal justice system costs, social services, and other expenses.

As Dr. Rodney Hammond, director of CDC's Division of Violence Prevention, says, "Violence isn't something that just happens that you can't do anything about. It can be prevented."

One way CDC is helping the nation prevent violence is a free on-line course that's available 24 hours a day, seven days a week. It's called Principles of Prevention. For more information, visit www.vetoviolence.org/pop.

Selected Notifiable Disease Reports, Miami-Dade County, Comparison with Historical Data, Dec, 2010



**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 Program305-325-3242
- Tuberculosis Program305- 575-5415
- Immunization Service305-470-5660
- To make an appointment.....786-845-0550

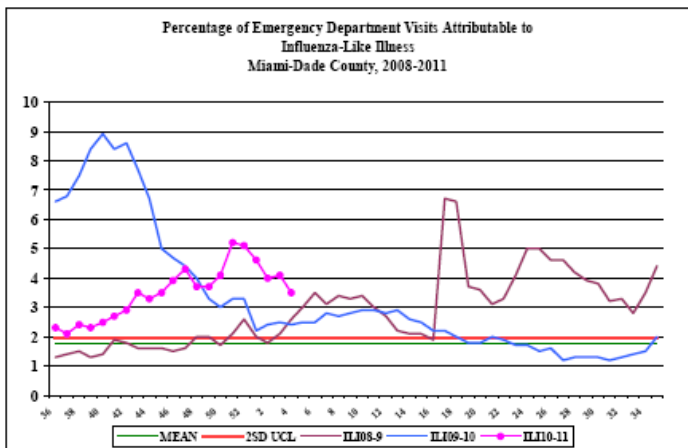
Miami-Dade County Health Department
EDC-IS Influenza/Respiratory Illness
Surveillance Report

Week 04: 01/23/2011– 12/29/2011



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 10 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 20,533 ED visits; among them 713 (3.5%) were ILI. At the same week of last year, 2.4% of ED visits were ILI.

For more information, please contact
Erin O’Connell at 305-470-5660.

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
Erin O’Connell 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

December 2010

Diseases/Conditions	2010 Current Month	2010 Year to Date	2009 Year to Date	2008 Year to Date
HIV/AIDS				
AIDS*	61	728	867	1064
HIV	130	1244	1168	1518
STD				
Infectious Syphilis	29	347	N/A	N/A
Chlamydia	679	8639	N/A	N/A
Gonorrhea	172	2440	N/A	N/A
TB				
Tuberculosis**	15	154	N/A	N/A

Epidemiology, Disease Control & Immunization Services

Epidemiology

Campylobacteriosis	11	186	164	144
Ciguatera Poisoning	0	13	34	19
Cryptosporidiosis	2	23	24	64
Cyclosporiasis	0	1	3	9
Dengue Fever	7	53	10	3
E. coli, O157:H7	0	0	0	0
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	75	798	663	291
Influenza Novel Strain	0	20	1389	0
Influenza, Pediatric Death	0	0	2	0
Legionellosis	1	12	18	10
Leptospirosis	0	1	1	0
Listeriosis	0	14	3	5
Lyme disease	1	6	6	7
Malaria	8	34	20	13
Meningitis (except aseptic)	0	0	0	0
Meningococcal Disease	0	18	15	9
Salmonellosis	31	486	567	533
Shigellosis	14	205	170	72
Streptococcus pneumoniae, Drug Resistant	16	140	114	128
Toxoplasmosis	0	1	2	2
Typhoid Fever	0	3	3	2
Vibriosis	12	14	5	5
West Nile Fever	0	0	1	0

Immunization Preventable Diseases

Measles	0	0	0	0
Mumps	0	4	5	6
Pertussis	1	28	36	30
Rubella	0	0	0	1
Tetanus	0	0	0	1
Varicella	10	80	57	73

Hepatitis

Hepatitis A	7	49	43	27
Hepatitis B (Acute)	2	27	12	14

Lead

Lead Poisoning	26	240	159	185
----------------	----	-----	-----	-----

*Data on AIDS are 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.

