



# MIAMI-DADE COUNTY HEALTH DEPARTMENT EPI MONTHLY REPORT

## Maternal and Child Health Indicator Highlights in Miami-Dade County, 2008-2009

Erica LeCounte, MPH Candidate, Erin O'Connell, MPH, Guoyan Zhang, MD, MPH

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**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

### Background/Methods

The Miami-Dade County Health Department (MDCHD) Office of Vital Statistics manages data provided by birth, death and fetal death certificates. This data is important because it helps determine what the health priorities should be for pregnant women and infants in the county. The following report describes key indicators that reflect maternal and child health status, such as low birth weight, prematurity, access to prenatal care and fetal and infant death. From 2008 to 2009, demographic variables, such as age, race/ethnicity, socioeconomic status and marital status, were analyzed to identify disparities in birth outcomes.

### Results

The number of live births in Miami-Dade County decreased from 33,599 in 2008 to 32,315 in 2009. The combined 2008-2009 data demonstrated that 13.6% of mothers were Non-Hispanic White, 23.6% were Non-Hispanic Black, and 60.5% were Hispanic. This is similar to the overall population that is 17.6% Non-Hispanic White, 19.5% Non-Hispanic Black and 62.5% Hispanic. Approximately half (49.8%) of mothers were unmarried and 16.3% did not have a high school diploma. First-time mothers accounted for 44.2% of births. Cesarean section deliveries accounted for nearly half (49.0%) of total births. Pre-pregnancy Body Mass Index (BMI) revealed that 24.1% of mothers were overweight (BMI 25 – 29.9) and 17.1% were obese (BMI 30+). Over half (51.5%) of all mothers participated in the Women, Infants and Children (WIC) Program.

### Birth Rate

The birth rate in 2008 was 13.6 per 1,000 population and in 2009 was 13.1 per 1,000 population. These rates are slightly lower than the national birth rate for the United States in 2008 and 2009, but higher than the birth rate for the state of Florida during the same years.

### Fertility Rate

The fertility rate in 2008 and 2009 was 65.1 and 63.3 per 1,000 women aged 15-44 years respectively in Miami-Dade County. This is slightly lower than the national fertility rate for the U.S. and the fertility rate for the state of Florida.

### Prenatal Care

There was a slight decrease in the percentage of mothers receiving care in the first trimester of pregnancy from 72.3% in 2008 to 70.9% in 2009. Non-Hispanic Blacks had the lowest percentage (66.8%) of mothers receiving first trimester prenatal care compared to Non-Hispanic Whites (76.6%) and Hispanics (72.3%). Only 2.1% of mothers received late or no pre-natal care. Only 57.8% of teenagers 10-19 years of age received prenatal care in the first trimester compared to 73.0% for mothers 20 years and above.

### Insurance payment upon delivery

Overall, 39.9% of mothers had private insurance, 44.2% had Medicaid or other government support payment and 15.7% were categorized as self-pay. The majority of Non-Hispanic Blacks, 63.2%, used Medicaid for payment compared to 25.1% for Non-Hispanic Whites and 42.0% for Hispanics.

### Teenage births

Among all births, 8.5% were to mothers 10-19 years of age, with only 1.3% of teenage births occurring among those 10-14 years of age. Non-Hispanic Blacks (40.2%) and Hispanics (50.2%) represented 90.4% of the teenage births while Non-Hispanic Whites accounted for 8.6% of teenage births. Repeat births comprised 17.7% of teenage births.

### Pre-term birth (<37 weeks)

The percentage of babies born premature decreased slightly from 11.3% in 2008 to 10.6% in 2009. Non-Hispanic Blacks had a higher percentage (15.1%) of pre-term births than Non-Hispanic Whites (9.9%) and Hispanics (9.6%). Pre-term births were highest among the 10 to 14 (25.5%) and the 40 and above (20.2%) age groups.

### Low birth weight rate (<2,500 grams or <5.5 pounds)

The rate (9.0%) of low birth weight stayed the same from 2008-2009. Non-Hispanic Blacks had a higher rate (13.8%) of low birth weight babies than Non-Hispanic Whites (7.9%) and Hispanics (7.4%). Mothers 40 years and above had the highest rate (24.4%) of low birth weight infants, followed by mothers 10-19 years of age (11.4%). Among all low birth weight infants, 58.6% were born pre-term (<37 weeks gestation).

### Maternal mortality\*

There were 6 maternal deaths in 2008 and 12 in 2009. In 2008, 4 of the deaths were among Hispanics and 2 were among Non-Hispanic Blacks. In 2009, 2 of the deaths were among Non-Hispanic white, 6 were among Hispanics and 4 were among Non-Hispanic Blacks.

### Fetal mortality\*

There were 251 fetal deaths (stillbirths) in 2008 and 249 in 2009. The rate of fetal deaths for Non-Hispanic Blacks (11.7 per 1,000 live births plus fetal deaths) was 3 times higher when compared to Non-Hispanic Whites (3.2 per 1,000 live births plus fetal deaths) in 2008 and there were similar results in 2009.

### Infant mortality\*

There were 174 infant deaths in 2008 and 189 infant deaths in 2009. Neonatal deaths accounted for 56.9% of the deaths in 2008 and 63.5% of the deaths in 2009. The infant mortality rate for Non-Hispanic Blacks was almost 2 times the rate of infant mortality for Non-Hispanic

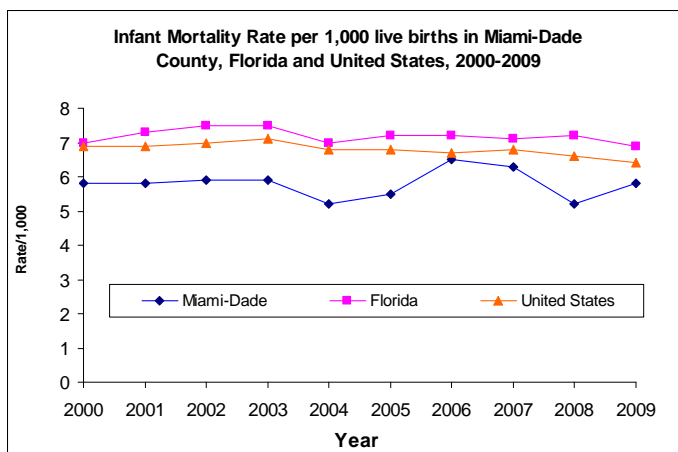
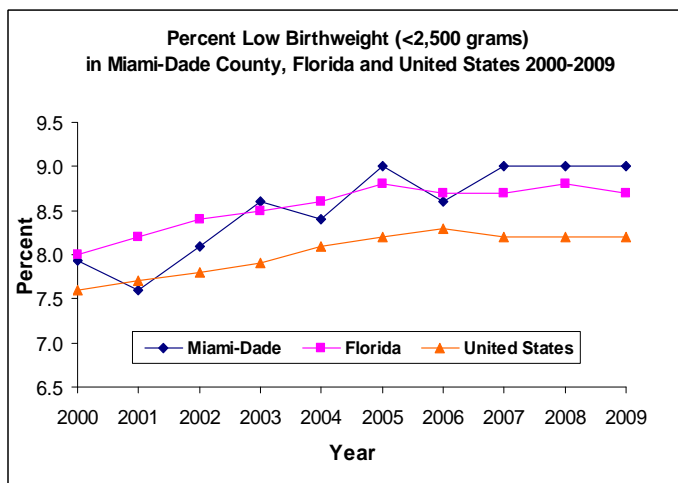
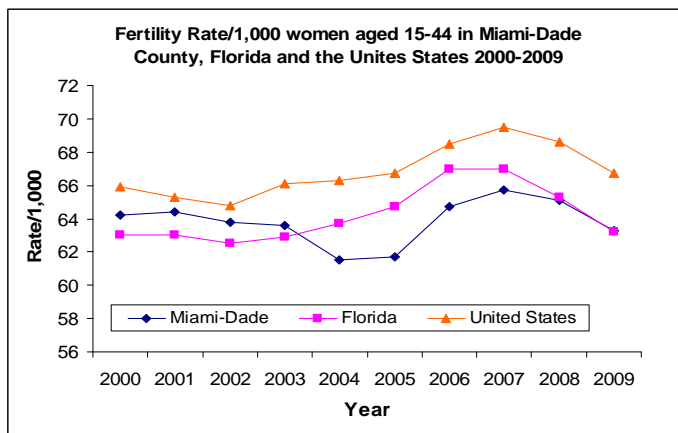
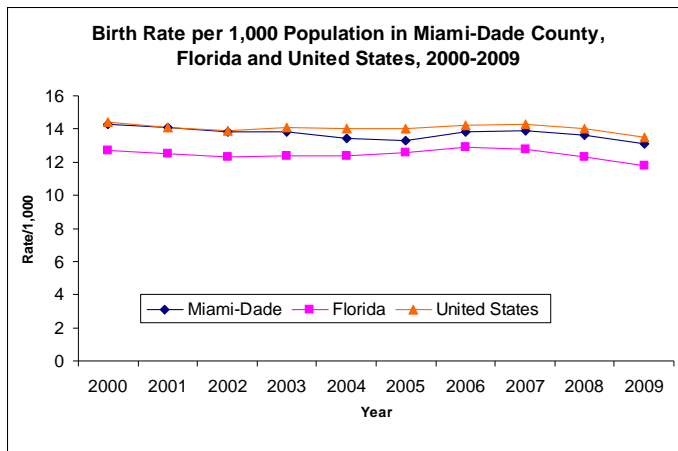
\*Maternal mortality is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy but not from accidental or incidental causes.

Infant mortality describes deaths less than 1 year of age. These include neonatal and post neonatal deaths.

Neonatal mortality is defined as the death of an infant within the first 27 days of life.

Post-neonatal mortality is defined as the death of an infant between 28 days and one year of life.

Fetal mortality is defined as the death of a fetus at 20 or more weeks gestation. It may also be referred to as a stillbirth, spontaneous abortion or miscarriage.





# Measles: Make Sure Your Child Is Fully Immunized

According to the CDC, from January 1 to June 17, 2011, more measles cases were reported in the United States compared with the same period since 1996. Most of the cases were among or linked to travelers returning from or visiting from other countries. Although measles was eliminated in the United States in 2000, it continues to be common in many developed and developing countries. This includes Western Europe, a common destination for U.S. travelers. Unvaccinated U.S. travelers, especially infants and young children, are at risk for being exposed to measles. Infected U.S. residents returning from international travel or infected foreign visitors to the United States put others at risk for measles, leading to outbreaks.

This is a reminder to make sure that your vaccinations are up-to-date, including when you're preparing to travel. And, if you plan to travel abroad with an infant or young child, be sure to talk with your child's doctor about what is recommended for measles vaccination of young travelers.

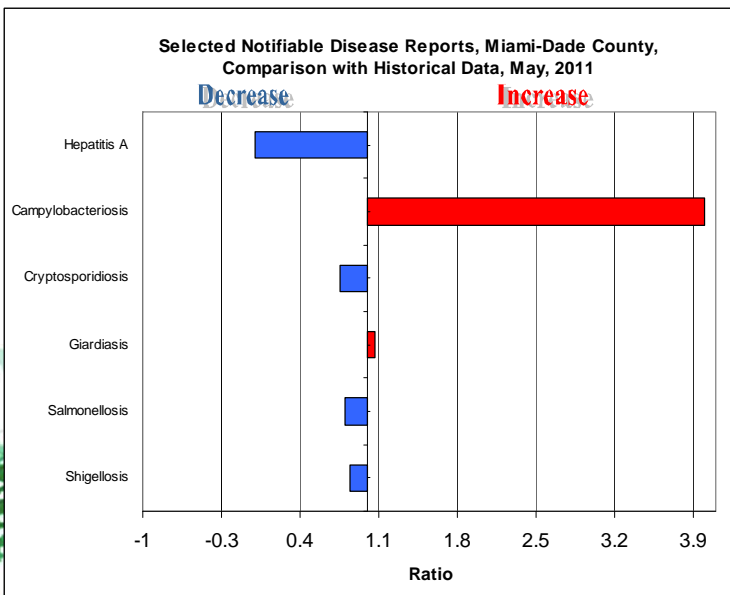
One of the best ways to protect children from measles and other vaccine-preventable diseases is to vaccinate them on time

For more information please visit:

<http://aapnews.aappublications.org>

[www.cdc.gov/Features/Measles/](http://www.cdc.gov/Features/Measles/)

EVERYDAY HEALTH  
**VACCINE** Data  
 Everyday Health  
 Prevention Help Us



**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

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

**EDC-IS**  
 Epidemiology, Disease Control  
 & Immunization Services  
 MDCHD

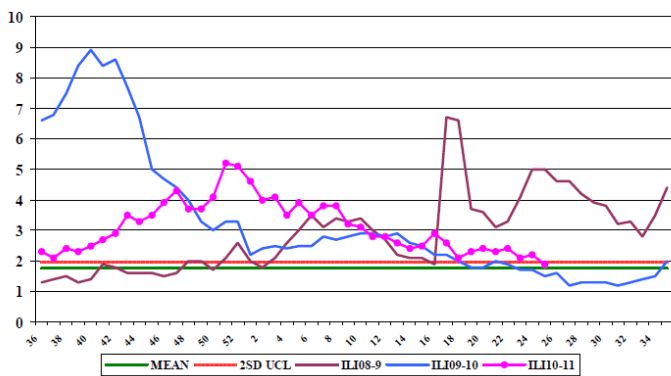


**Week 25: 06/19/2011– 06/25/2011**

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.

Percentage of Emergency Department Visits Attributable to Influenza-Like Illness  
 Miami-Dade County, 2008-2011



During this period, there were 19,346 ED visits; among them 365 (1.9%) were ILI. At the same week of last year, 1.5% 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

### May 2011

Diseases/Conditions	2011	2011	2010	2009
	Current Month	Year to Date	Year to Date	Year to Date
<b>HIV/AIDS</b>				
AIDS*	66	280	294	338
HIV	128	680	527	488
<b>STD</b>				
Infectious Syphilis	20	134	N/A	N/A
Chlamydia	679	3519	N/A	N/A
Gonorrhea	178	899	N/A	N/A
<b>TB</b>				
Tuberculosis**	7	42	35	68

#### Epidemiology, Disease Control & Immunization Services

##### Epidemiology

Campylobacteriosis	57	186	63	36
Ciguatera Poisoning	0	6	0	3
Cryptosporidiosis	1	7	3	7
Cyclosporiasis	1	1	0	0
Dengue Fever	1	4	4	2
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	24	141	261	246
Influenza Novel Strain	0	0	20	54
Influenza, Pediatric Death	0	0	0	0
Legionellosis	0	8	3	5
Leptospirosis	0	0	0	0
Listeriosis	0	0	3	0
Lyme disease	0	0	1	0
Malaria	0	7	11	7
Meningitis (except aseptic)	0	0	0	0
Meningococcal Disease	3	7	10	11
Salmonellosis	35	126	108	145
Shigellosis	11	47	69	68
Streptococcus pneumoniae, Drug Resistant	8	44	85	60
Toxoplasmosis	0	0	1	0
Typhoid Fever	0	1	2	1
Vibriosis	0	1	0	0
West Nile Fever	0	0	0	0

##### Immunization Preventable Diseases

Measles	0	0	0	0
Mumps	0	0	1	0
Pertussis	6	10	13	14
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	6	20	47	35

##### Hepatitis

Hepatitis A	0	11	17	23
Hepatitis B (Acute)	0	1	11	4

##### Lead

Lead Poisoning	15	59	108	54
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\*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.