

Inside this issue:

Typhoid Fever: Not Only a Disease of the Past

Selected Notifiable Disease Reports, Historical data, SOCIAL MEDIA AND KIDS: SOME BENE-FITS, SOME WOR-RIES (AAP)

EDC-IS Influenza/Respiratory Illness Surveillance Report

Monthly Report, Selected Reportable Diseases/ Conditions in February 2011

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EPI MONTHLY REPORT

Typhoid Fever: Not Only a Disease of the Past Erin O'Connell, MPH

The Miami-Dade County Health Department is currently investigating a laboratory confirmed case of Typhoid Fever in a patient with no recent travel history outside of the United States. This is rare because most of the cases seen in Miami-Dade are from persons that acquired the disease while traveling abroad. Though some may consider typhoid fever a disease of the past, it actually affects nearly 20 million persons annually. These occur primarily in developing countries. The US typically has only 400 cases a year, and 75% are among persons that traveled internationally. Typhoid fever is a disease that has touched American history since it was brought to the continent in the 15th century. It has caused large-scale epidemics that cost thousands of lives when the Pilgrims settled in the 1600's and during the Civil War. In the late 1800's/early 1900's, there was a famous case in a New York woman nicknamed "Typhoid Mary." As a cook, she transmitted the disease to patrons that ate her food. Public health authorities put her into quarantine on an island, where she was confined for the rest of her life.

Typhoid fever is a disease that comes from the bacteria Salmonella Tyhpi which lives only in humans. Persons with typhoid fever carry the bacteria in their blood and intestinal tract. In addition, a small number of persons, called carriers, recover from typhoid fever but continue to carry the bacteria. Both ill persons and carriers shed S. Typhi in their feces. You can become ill if you eat food or drink beverages that have been handled by a person who has S. Typhi or if the bacteria gets into the water you use for drinking. Proper and frequent hand washing can help reduce the likelihood of infection. Persons with typhoid fever usually have a sustained fever as high as 104° F (40° C). They may also feel weak, have stomach pains, headache, diarrhea, or loss of appetite. In some cases, patients have a rash of rose-colored spots. The most common method to confirm illness is through laboratory tests of stool or blood samples.

Fortunately, there is both a vaccine and an effective treatment for this disease. Vaccination is primarily recommended for persons traveling to endemic areas. In addition, several antibiotics are effective for the treatment of typhoid fever. Three commonly prescribed antibiotics are Ampicillin, Trimethoprim-sulfamethoxazole, and Ciprofloxacin. Persons given antibiotics usually begin to feel better within 3 days, and deaths rarely occur. However, persons who do not get treatment may continue to have fever for weeks or months, and as many as 20% may die from complications of the infection.

How can I avoid typhoid fever?

1. Get vaccinated against typhoid fever, especially when traveling to endemic areas.

If you are traveling abroad and would like a Typhoid Fever vaccine from the Miami-Dade County Health Department Travel Immunization Clinic, please call 786-845-0550.

2. Avoid Risky Foods and Drinks when traveling abroad

-If you drink water, buy it bottled or bring it to a boil for 1 minute before you drink it. Bottled carbonated water is safer than uncarbonated water.

-Ask for drinks without ice unless the ice is made from bottled or boiled water. Avoid popsicles and flavored ices that may have been made with contaminated water.

-Eat foods that have been thoroughly cooked and that are still hot and steaming.

-Avoid raw vegetables and fruits that cannot be peeled. Vegetables like lettuce are easily contaminated and are very hard to wash well.

-When you eat raw fruit or vegetables that can be peeled, peel them yourself.

-Avoid foods and beverages from street vendors.

Cases in Miami-Dade County

Typhoid fever is a mandated reportable disease in the State of Florida. Therefore, all health care practitioners and laboratories that detect S. typhi must report it to their local health department. It is the duty of health department staff to investigate each case to determine the source of the infection, identify potential occupational risks, such as a restaurant worker, and to educate the patient on the disease.

Since the year 2000, there have been 40 cases among Miami-Dade residents, of which 29 (72.5%) were acquired outside of the US. The majority of the imported cases (44.8%)

were acquired in Haiti. Nearly 60% of all cases were among the adult population aged 18 – 64 years, and only a small percentage (5%) were among persons 65 years and above. Males accounted for 72.5% of the cases. There are typically 3 cases a year, however there was a peak of 7 cases in 2002 and 8 cases

in 2006.

Characteristics of Typhoid Fever cases in Miami-				
Dade County, $2000-2010$ (n = 40)			
Characteristic	n	%		
Age group				
0 - 4	7	17.5		
5 - 17	7	17.5		
18 - 34	13	32.5		
35 - 64	11	27.5		
65+	2	5.0		
Gender				
Female	11	27.5		
Male	29	72.5		
Race/ethnicity				
Non-Hispanic White	1	2.5		
Non-Hispanic Black	19	47.5		
Hispanic	13	32.5		
Other	7	17.5		
Import status				
Acquired in the US	11	27.5		
Acquired outside of US	29	72.5		
County of origin (outside US)				
Bangladesh	3	10.3		
Cuba	1	3.5		
El Salvador	1	3.5		
Haiti	13	44.8		
India	3	10.3		
Lebanon	1	3.5		
Pakistan	1	3.5		
Peru	3	10.3		
Unknown	3	10.3		



For more information, please visit the CDC Typhoid Fever website at: http://www.cdc.gov/nczved/divisions/dfbmd/ diseases/typhoid_fever

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SOCIAL MEDIA AND KIDS: SOME BENEFITS, SOME WORRIES

American Academy of Pediatrics

http://pediatrics.aappublications.org/cgi/reprint/peds.2011-0054v1



Pediatricians are adding another topic to their list of questions for visits with school-aged and adolescent patients: Are you on Facebook? Recognizing the increasing importance of all types of media in their young patients' lives, pediatricians often hear from parents who are concerned about their children's engagement with social media.

The American Academy of Pediatrics (AAP) has issued a new clinical report, "The Impact of Social Media Use on Children, Adolescents and Families" in the April issue of Pediatrics (published online March • 28). The report offers background on the latest research in this area, and recommendations on how pediatricians, parents and youth can successfully • navigate this new mode of communication EVERYDAY HEALTH

TEXTIN(

Everyday Health

Social MEDIA

Teenagers

Smart Choices



The new AAP guidelines include recommendations for pediatricians to help families navigate the social media landscape, including:

- Advise parents to talk to children and adolescents about their online use and the specific issues that today's online kids face, such as cyberbullying, sexting, and difficulty managing their time.
- Advise parents to work on their own "participation gap" in their homes by becoming better educated about the many technologies their children are using.
- Discuss with families the need for a family online-use plan, with an emphasis on citizenship and healthy behavior.
- Discuss with parents the importance of supervising online activities via active participation and communication, not just via monitoring software

Read the article:

http://pediatrics.aappublications.org/cgi/reprint/peds.2011-0054v1



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	305-325-3242
Tuberculosis Program	305- 575-5415
Immunization Service	305-470-5660
To ma <mark>ke an</mark> appointment	



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

Week 12: 03/20/2011-03/26/2011



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 21,787 ED visits; among them 617 (2.8%) were ILI. At the same week of last year, 2.8% 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

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Discasso/Conditions	2011	2011	2010	2009
Diseases/Conditions	Current Month	Year to Date	Year to Date	Year to Date
Epidemiology, Disease Control				
& Immunization Service HIV/AIDS	50	400	404	
	52	100	104	21
HIV STD	86	219	127	44
Infectious Synhilis	30	59	N/A	N/A
Chlamydia	670	1382	N/A	N/A
Gonorrhea	141	332	N/A	N/A
ТВ		002		
Tuberculosis**	6	15	15	N/A
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	21	48	22	19
Ciguatera Poisoning	3	4	0	3
Cryptosporidiosis	3	4	0	1
Cyclosporiasis	0	0	0	0
Dengue Fever	1	1	1	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	25	63	91	66
Influenza Novel Strain	0	0	6	0
Influenza, Pediatric Death	0	0	0	0
Legionellosis	4	5	1	1
Leptospirosis	0	0	0	0
Listeriosis	0	0	3	0
Lyme disease	0	0	0	0
Malaria	2	3	5	5
Meningitis (except aseptic)	0	0	0	0
Meningococcal Disease	1	1	2	4
Salmonellosis	21	43	36	53
Shigellosis	9	14	14	26
Streptococcus pneumoniae, Drug Resistant	9	18	26	13
Toxoplasmosis	0	0	0	0
Typhoid Fever	0	0	0	0
Vibriosis	0	1	0	0
West Nile Fever	0	0	0	0
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	0	0	0	0
Pertussis	0	0	0	2
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	7	8	13	9
Hepatitis				

Hepatitis

Hepatitis A Hepatitis B (Acute)

Lead

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Lead Poisoning

*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.

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HEALTH

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