Lead Poisoning Prevention and Awareness

Approximately 250,000 children in the U.S. aged 1 to 5 have blood lead levels greater than 10 micrograms of lead per deciliter of blood, the level at which the Center for Disease Control and Prevention (CDC) recommends public health actions be initiated. From 2005 to 2010, Miami-Dade County, FL had an average of 186 lead poisoning cases. Lead poisoning can affect nearly every system in the body. The MDCHD Lead Poisoning Prevention and Healthy Homes Program is committed to protecting children and families from lead poisoning and other environmental health risks. The program was established in 1999 and focuses on lead poisoning prevention and community awareness, case management, environmental investigations and surveillance. The Program also conducts free blood-lead screenings for high-risk populations. In 2008, the “Healthy Homes” initiative was incorporated into the Program. The Healthy Homes initiative consists of a comprehensive approach to identifying and eliminating environmental health risks that may exist in the home (i.e. lead-based paint, mold, carbon monoxide and pesticides). The initiative also refers families to local health and housing programs that can help mitigate hazards in the home.

How do you know if a child has lead poisoning?
The only way to determine if a child has lead poisoning is by a blood lead test. Because lead poisoning often occurs with no obvious symptoms, it frequently goes unrecognized. Children can have lead poisoning and not look or act sick. It is important that parents ask their child’s physician to test their child because blood lead testing is not performed routinely. This is especially important if a child has risk factors for lead exposure such as: a child that is a refugee or immigrant, adopted from outside of the U.S., lives in a pre-1978 home or exhibits delayed cognitive development.

What are the health effects of lead poisoning?
In children, low levels of lead exposure can result in damage to the brain and nervous system. Lead poisoning may even cause behavior and learning problems. Very high levels of lead in children may cause seizures, coma and even death. Children who seem healthy can have high levels of lead in their bodies. Research has shown that lead poisoning is more dangerous to children than adults. Children’s growing bodies absorb more lead than adults. The brain and nervous system of a child are more sensitive to the damaging effects of lead. Lead poisoning levels peak in children between the ages of 12 and 36 months of age.

What are the sources of lead exposure?
- **Lead Based Paint**- Dust from lead-based
paint is the most common source of lead poisoning for children in the U.S. The federal government banned lead-based paint from housing in 1978, but many homes and apartments built before 1978 still contain lead. Lead-based paint can be found inside and outside of single family homes, apartments, and both public and private housing built before 1978. Home renovation and repair activities that disturb lead-based paint can put children at great risk for exposure to hazardous lead dust if not performed properly.

- **Soil**: Children playing in yards can ingest or inhale lead dust from contaminated soil. Soil can pick up lead from the exterior paint of a home. Soil may also be contaminated with lead from the past use of leaded gas in cars.
- **Jobs and Hobbies**: Work and hobby sites where lead is used may contain lead dust. Individuals can bring it home on their hands or clothes. Hobbies that use lead include pottery, stained glass, jewelry making, refinishing furniture, home repair and several others. Jobs that involve lead include battery recycling or manufacturing, smelting or welding, heating/air conditioning or ventilation maintenance, auto/radiator repair, and bridge painting.
- **Consumer Products**: Some painted toys and old furniture may contain lead.
- **Traditional or Folk Remedies**: Traditional or folk remedies may contain lead such as “greta” and “azarcon.” These items are sometimes used to treat an upset stomach.

**How can you reduce or prevent lead exposure?**

Determine the construction year of the house or the dwelling where your child spends a large amount of time (e.g., grandparents or daycare). In housing built before 1978, assume that the paint has lead unless tests show otherwise. You may also test your home for lead based paint and dust by an EPA certified lead risk assessor or inspector. Make sure your child does not have access to chipping, peeling, or chalking paint or chewable surfaces painted with lead-based paint. Parents should prevent children from playing in bare soil. Grass may be applied to areas of bare soil or covered with mulch or wood chips. It is important to create barriers between play areas and potential lead sources. Children's hands and toys should be washed regularly. Hands and toys can become contaminated from household dust or exterior soil. Household members should avoid taking lead dust home from work or hobby sites. Family members that may come in contact with lead should change clothes and shower after finishing a task that involves lead-based products. Work clothes that may be contaminated should be washed separately.

Providing a diet that is high in iron, vitamin C and calcium may help reduce the effects of lead. These foods consist of lean meats, fruits and milk.

### Reported Confirmed Cases of Lead Poisoning Among All Age Groups

In 2010, 243 confirmed cases of lead poisoning were reported to the Miami-Dade County Lead Poisoning Prevention and Healthy Homes Program. The number of cases reported increased by 53% from the previous year. This is due to an increase in imported cases as a result of the Haiti Earthquake (49 of the cases), an increase in the number of adult cases reported to the MDCHD and the initiation of new case management guidelines for adult lead poisoning cases in FL.

### Reported Confirmed Cases of Lead Poisoning By Age 2010

Children aged 1 to 4 years of age comprised 23% (57/243) of the lead poisoning cases in Miami-Dade County in 2010. Second to that were individuals 5 to 9 years of age and 10 to 14 years of age.

**References:**

http://www.cdc.gov/nceh/lead/

http://www.myfloridaeh.com/medicine/lead/index.html
Get Smart About Antibiotic Week
(November 14-20)
Using antibiotic wisely by WebMD

Antibiotics are medicines that kill bacteria. Bacteria can cause infections such as strep throat, ear infections, urinary tract infections, and sinus infections (sinusitis). There are many types of antibiotics. Each works a little differently and acts on different types of bacteria. Your doctor will decide which antibiotic will work best for your infection.

Antibiotics are powerful medicines, but they cannot cure everything. Antibiotics do not work against illnesses that are caused by a virus. They do not help illnesses such as:
- Common colds.
- Influenza (flu).
- Most cases of acute bronchitis.
- Most sore throats not caused by strep.
- Runny noses.

These illnesses usually go away by themselves.

If you take antibiotics when you do not need them, they may not work when you do need them. Each time you take antibiotics, you are more likely to have some bacteria that the medicine does not kill. Over time these bacteria change (mutate) and become harder to kill. The antibiotics that used to kill them no longer work. These bacteria are called antibiotic-resistant bacteria. These tougher bacteria can cause longer and more serious infections. To treat them you may need different, stronger antibiotics that cost more. A stronger antibiotic may have more side effects than the first medicine.

Antibiotic-resistant bacteria also can spread to family members, children, and fellow workers. Your community then will have a risk of getting an infection that is harder to cure and costs more to treat. Some antibiotics that doctors prescribed in the past to treat common infections no longer work.

Be smart about using antibiotics: Know that antibiotics can help treat infections caused by bacteria but not by viruses. Here are some things you can do to help make sure antibiotics will work when you need them:

- Always ask your doctor if antibiotics are the best treatment. Explain that you do not want antibiotics unless you need them.
- Avoid pressuring your doctor into prescribing antibiotics when they won't help you feel better or cure your illness. Ask your doctor what else you can do to feel better.
- Do not use antibiotics that were prescribed for a different illness or for someone else. You may delay correct treatment and become sicker.
- Protect yourself from illnesses. Keep your hands clean by washing them well with soap and clean, running water.
- Get a flu vaccine and other vaccines when you need them.

Questions you can ask your doctor include:
- Why do I need antibiotics?
- What are the side effects of this antibiotic?
- Can I do anything to prevent the side effects?
- How do I take the antibiotic? Do I take it at a certain time of day?
- Do I take it with food?
- Will the antibiotic interfere with any other medicines?
- Will anything happen if I take this with other medicines, certain foods, or alcohol?
- Do I need to refrigerate antibiotics? Are there any special storage instructions?
- If you need to take antibiotics, always tell your doctor or pharmacist about other medicines or dietary supplements you are taking.
- Be sure to talk about any special diet you may be following, any food or drug allergies you may have, and any health problems you have. Make sure your doctor knows if you are pregnant or trying to get pregnant.

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

Week 44: 10/30/2011– 11/05/2011

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 11 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 20,174 ED visits; among them 531 (2.6%) were ILI. At the same week of last year, 3.3% of ED visits were ILI.

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 Lakisha Thomas 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**

**October 2011**

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**Epidemiology, Disease Control & Immunization Services**

**Epidemiology**

- **Campylobacteriosis**: 15 371 168 143
- **Ciguatera Poisoning**: 5 17 13 34
- **Cryptosporidiosis**: 1 19 20 24
- **Cyclosporiasis**: 0 5 1 1
- **Dengue Fever**: 2 14 40 4
- **E. coli, O157:H7**: 0 8 10 16
- **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**: 23 255 660 545
- **Influenza Novel Strain**: 0 0 20 1309
- **Influenza, Pediatric Death**: 0 0 0 2
- **Legionellosis**: 4 16 10 18
- **Leptospirosis**: 0 0 1 0
- **Listeriosis**: 1 4 14 0
- **Lyme disease**: 3 3 5 5
- **Malaria**: 2 17 20 17
- **Meningitis (except aseptic)**: 0 0 0 0
- **Meningococcal Disease**: 2 14 16 13
- **Salmonellosis**: 51 485 406 446
- **Shigellosis**: 10 101 176 144
- **Streptococcus pneumoniae, Drug Resistant**: 13 75 119 97
- **Toxoplasmosis**: 0 0 1 1
- **Typhoid Fever**: 0 3 2 3
- **Vibriosis**: 0 1 2 0
- **West Nile Fever**: 0 1 0 1

**Immunization Preventable Diseases**

- **Measles**: 0 0 0 0
- **Mumps**: 0 0 3 1
- **Pertussis**: 3 27 24 34
- **Rubella**: 0 0 0 0
- **Tetanus**: 0 0 0 0
- **Varicella**: 5 44 66 54

**Hepatitis**

- **Hepatitis A**: 3 21 37 41
- **Hepatitis B (Acute)**: 0 4 23 11

**Lead**

- **Lead Poisoning**: 117 2031 133

*Data is provisional at the county level and is subject to edit checks by state and federal agencies.*

[www.dadehealth.org](http://www.dadehealth.org)