

# EPI MONTHLY REPORT

FLORIDA DEPARTMENT OF HEALTH IN MIAMI-DADE COUNTY  
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## Questions People Ask About Cancer

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Cancer, known medically as a malignant neoplasm, is a broad group of diseases involving unregulated cell growth. There are many different types of cancers, but all share one hallmark characteristic: unchecked growth that progresses toward limitless expansion. It is difficult to imagine anyone who has not heard of this illness. Most people have been affected because either they or their loved ones or friends are cancer survivors. Because cancer is so prevalent, people have many questions about possible causes, strategies for prevention and why several people in their neighborhood have been diagnosed with cancer. The following information may answer your questions.



### What are risk factors for cancer?

Some cancers are caused by things people do or expose themselves to, and others, such as genetics, cannot be avoided. The risk factors that increase the chance a person will develop cancer include: tobacco, sunlight, certain chemicals, viruses and bacteria, certain hormones, alcohol, a poor diet, lack of physical activity and being overweight, radiation, genetics, and growing older.

People exposed to nuclear fallout have a higher cancer risk than those who were not exposed. Rarely, radiation treatment for one type of cancer can cause another cancer to grow many years later. This is why doctors and dentists use the lowest possible doses of radiation for x-rays and scans (much lower than the doses used for cancer treatment).

Genes that run in families can cause cancer. Of every 20 cases of cancer, about 1 is linked to genes that are inherited from parents.

The most important risk factor for cancer is growing older. Most cancers occur in people over the age of 65, but people of all ages, including children, can get cancer, too.

### Can stress cause cancer?

Researchers have done many studies to see if there is a link between personality, stress, and cancer. No scientific evidence has shown that a person's personality or outlook can affect their cancer risk.

There are many factors to look at in the relationship between stress and cancer. It's known that stress affects the immune system, but so do many other things. Despite many studies, a link between psychological stress and cancer has not

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been proven. Looking at the studies that have been done, it seems they sometimes come to opposite conclusions.

## **Several people in my neighborhood have been diagnosed with cancer. Is this unusual?**

No, this situation occurs more often than you might expect. People often wonder if there are "too many cancers" in their neighborhoods, but most of the time it turns out that the number is about what we would predict. Here are some reasons why there may be quite a few people living in your neighborhoods that have been diagnosed with a cancer:

**Cancers are very common.** It's important to remember that cancer is common. Nearly half of all men and a little over one-third of all women in the United States will develop cancer during their lifetimes, and cancer will affect three out of four families. It's a leading cause of death – cancer causes about 1 out of every 5 deaths in the United States. So, it's fairly common for several people in a relatively small area to develop cancer around the same time. Therefore, you will find people who have been diagnosed with a cancer in just about every neighborhood. Cancers are most common in neighborhoods with lots of older residents because cancer risk increases with age.

**Cancer is not one disease.** There are many types of cancers. Different cancers have different risk factors, treatments and outcomes. So, even though all cancers involve out-of-control growth of cells, the different cancers are really different diseases. So for example, if your neighborhood has three people with three different cancers (such as lung cancer, breast cancer, and liver cancer), those three people actually have three different diseases - even though they all are called "cancer". These three cancers have very different causes, so there would be no reason to think that one common factor in the neighborhood would be to blame.

**Cancer rates often vary from year to year and from place to place by chance.** The number of cancer cases will never be exactly the same in each neighborhood. In some places the number will be higher than average and some places it will be lower than average for no reason other than chance. Your neighborhood could just happen to have a higher than average number of people with new cancers just by chance.

**People diagnosed with cancer are living longer.** Currently, over half of all persons diagnosed with a cancer will be alive for five years or more after their diagnosis. Therefore, the chances are better than ever that there are a number of cancer survivors living in your neighborhood.

## **What is a cancer "cluster"?**

Cancer clusters are higher numbers of the same type of cancer than is expected within a period of time in a specific area. For instance, when people learn that quite a few friends, family members or neighbors have cancer, they may suspect a cancer cluster. A cancer cluster is more likely if it occurs in a group of people where these cancers are not likely to occur. For example, we would not expect to find many cancer cases among children in a small town or neighborhood. We also would not expect to find large numbers of rare cancers.

Many people assume that if a cluster is statistically confirmed it means there is something wrong with the neighborhood environment (such as pollution of the air, water or soil). This is not necessarily the case. Usually, the reasons cancers "cluster" in residential neighborhoods have little to do with the physical environment. In most cases, cancers "cluster" in neighborhoods because residents have similar cancer risk factors (such as smoking or being older), or by chance.



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Public health officials nationwide receive hundreds of inquiries every year about suspected clusters. However, after an evaluation only a small fraction of these suspected clusters are actually confirmed.

## Why are cancer rates higher in some areas than others?

There are three general reasons why cancer rates may be higher in one area than another:

**1. Common risk factors:** If a place has many older residents, for example, cancer rates will be higher than in a place with many younger residents. Some kinds of cancers are more common among people of one race or ethnicity than another. For example, breast cancer rates are generally higher among white women than among women of other races. Therefore, we would expect breast cancer rates to be higher in areas where the population is mostly white.

**2. Coincidence:** Cancer rates may be higher or lower in an area compared to the rest of the state just by chance.

**3. The environment:** Cancer rates could be higher in one area than another because of something in the physical environment. However, most scientists believe that environmental factors play a much smaller role than life-style related factors (such as smoking and diet) or personal risk factors (such as age, family history or race) in the development of most cancers.

## Can cancer be prevented?

There is no sure way to prevent cancer, but there are things you can do that might reduce your chances of getting it.

### **Tobacco**

Many cancers might be prevented if people didn't use tobacco. Smoking damages nearly every organ in the human body and accounts for some 30% of all cancer deaths. Cigarettes,

cigars, pipes, and oral (smokeless) tobacco products cause cancer and should not be used. People who use tobacco should try to quit. Studies clearly show that ex-smokers have less cancer than people who continue to smoke. It's best to never use tobacco at all and to stay away from secondhand smoke.

### **Alcohol**

Drinking alcohol is linked to a higher risk of certain types of cancer. Some people think that certain types of alcohol are safer than others. But ethanol is the type of alcohol found in all alcoholic drinks, whether they are beers, wines, or liquors. Overall, it's the amount of alcohol that is drunk over time, not the type of drink, which seems to be the most important factor in raising cancer risk. If you drink, limit your intake to no more than 2 drinks per day for men and 1 drink a day for women. This may help curb your cancer risk. The combined use of alcohol and tobacco raises the risk of mouth, throat, voice box, and esophagus cancer far more than the effects of either drinking or smoking alone.

### **Ultraviolet (UV) rays and sunlight**

You can lower your chances of getting skin cancer by:

- Staying out of the sun between the hours of 10 a.m. and 4 p.m.
- Wearing a hat, shirt, and sunglasses when you are in the sun
- Using sunscreen with a sun protection factor (SPF) of 15 or higher
- Not using tanning beds or sun lamps

### **Diet**

We know that our diet (what we eat or don't eat) is linked to some types of cancer, but the exact reasons are not yet clear. The best information we have suggests a lower cancer risk for people who:

- Eat a lot of fresh vegetables and fruits (at least 2½ cups a day)
- Choose whole grains rather than refined grains and sugars



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- Limit red meats (beef, pork, and lamb)
- Limit processed meats (such as bacon, deli meats, and hot dogs)
- Choose foods in amounts that help them get to and stay at a healthy weight
- Limit alcohol intake to 1 alcoholic drink a day or less for women and 2 or less for men

### **Physical Activity**

Being active can help control your weight and reduce body fat. Most scientists agree that it is a good idea for an adult to have moderate physical activity (such as brisk walking) for at least 30 minutes on 5 or more days each week.

### **Vaccines**

The human papillomavirus (HPV) vaccine helps prevent most cervical cancers and some vaginal and vulvar cancers, and the hepatitis B vaccine can help reduce liver cancer risk.

### **Screenings**

Screening for cervical, colorectal, and breast cancers also helps find these diseases at an early, often highly treatable stage.

- **Cervix:** Women should begin having Pap tests 3 years after they begin having sexual intercourse, or when they reach age 21 (whichever comes first). Most women should have a Pap test at least once every 3 years.
- **Colon and rectum:** People aged 50 and older should be screened.
- **Breast:** Women in their forties and older have mammograms every 1 to 2 years.

### **Topic of the Month**



### **Prostate Cancer**

Prostate cancer is a form of cancer that develops in the prostate, a small gland within the male reproductive system. Prostate cancer usually grows slowly and produces little symptoms until the advanced stages of the disease.

Most men with prostate cancer die of other causes and never know they have this cancer. When prostate cancer is found still contained within the prostate gland there is a 99 percent survival rate. However, once it has spread outside of the prostate, it is dangerous. This aggressive type of prostate cancer can occur at any age and is more difficult to treat.

Cancer that has spread beyond the prostate to reach other tissues like bones, lymph nodes and lungs is not curable. However, advances in treatments enable patients to control the cancer's advance for many years.

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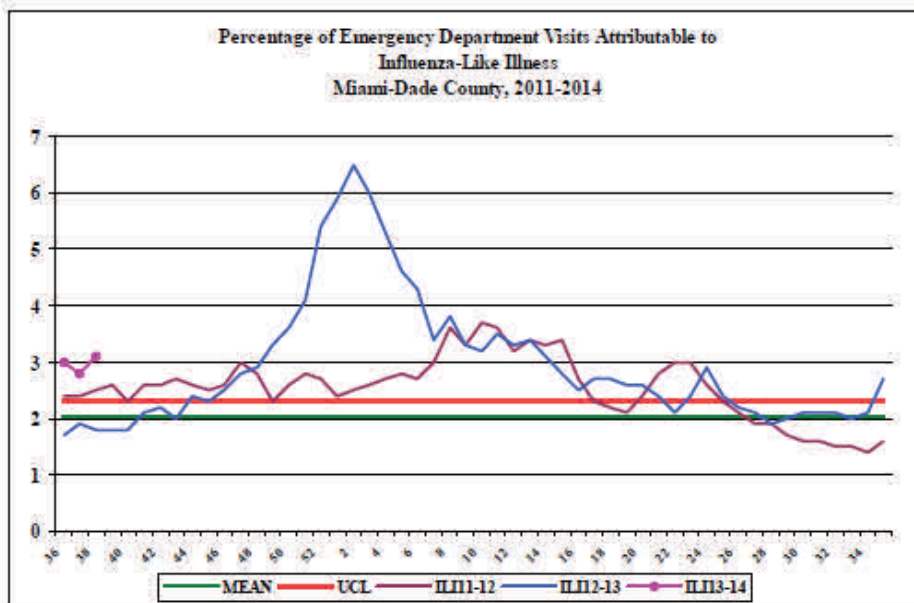


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Influenza-Like-Illness, All Age



During this period, there were 23,410 ED visits; among them 723 (3.1%) were ILI. At the same week of last year, 1.8% 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 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

### 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, contact Kathleen Ochipa at (305) 470-6918.



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### Miami-Dade County Monthly Report Select Reportable Disease/Conditions August 2013

Diseases/Conditions	2013 Current Month	2013 Year to Date	2012 Year to Date	2011 Year to Date
<b>HIV/AIDS</b>				
AIDS*	48	518	378	498
HIV	102	1002	743	934
<b>STD</b>				
Infectious Syphilis*	32	236	215	209
Chlamydia*	896	6858	6375	5711
Gonorrhea*	211	1618	1633	1530
<b>TB</b>				
Tuberculosis**	8	79	57	87
<b>Epidemiology, Disease Control &amp; Immunization Services</b>				
<b>Epidemiology</b>				
Campylobacteriosis	47	252	233	326
Ciguatera Poisoning	6	15	13	12
Cryptosporidiosis	2	15	15	13
Cyclosporiasis	0	2	1	5
Dengue Fever	9	26	15	6
E. coli, O157:H7	0	3	4	13
E. coli, Non-O157	0	0	0	0
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	22	175	143	190
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	1	2	0
Legionellosis	1	18	11	11
Leptospirosis	0	0	0	0
Listeriosis	0	1	1	0
Lyme disease	1	2	3	0
Malaria	2	7	5	13
Meningitis (except aseptic)	3	26	15	21
Meningococcal Disease	3	14	11	10
Salmonellosis	65	370	301	367
Shigellosis	13	40	40	82
Streptococcus pneumoniae, Drug Resistant	2	61	49	61
Toxoplasmosis	0	0	3	0
Typhoid Fever	0	1	2	3
Vibriosis	1	10	3	1
West Nile Fever	0	0	0	0
<b>Immunization Preventable Diseases</b>				
Measles	0	0	0	0
Mumps	0	0	1	0
Pertussis	3	34	46	20
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	2	49	33	33
<b>Hepatitis</b>				
Hepatitis A	4	19	19	11
Hepatitis B (Acute)	0	10	13	3
<b>Lead</b>				
Lead Poisoning	9	67	55	105

\*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.

