Miami-Dade County Health Department Epidemiology, Disease Control & Immunization Services (EDC-IS)

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Maternal and Child Health Indicator Highlights in Miami-Dade County, 2006-2007

The **number of live births** in Miami-Dade County increased from 33,688 in 2006 to 34,237 in 2007.

The **birth rate (per 1,000 population)** increased from 13.6 in 2006 to 13.9 in 2007.

The number of births to teenagers 10 – 14 years increased from 41 births in 2006 to 48 births in 2007. These accounted for 0.1% all live births for both years. Non-Hispanic Blacks accounted for 58.3%, Hispanics accounted for 41.7% and Non-Hispanic Whites accounted for 0.0% of the births in this age group.

The birth rate for teenagers 10 – 14 years (per 1,000 females of that age group) was three times higher for Non-Hispanic Blacks (1.3) when compared to Whites (0.4) (both Hispanic and Non-Hispanic) in 2007. The overall rate increased from 0.50 in 2006 to 0.6 in 2007.

The number of births to teenagers 15 – 19 years increased from 3,004 in 2006 to 3,071 in 2007. These accounted for 8.9% and 9.0% of all live births, respectively. In 2007, Non-Hispanic Blacks accounted for 35.4%, Non-Hispanic Whites accounted for 7.3% and Hispanics accounted for 52.8% of the births in that age group.

The **birth rate for teenagers 15 – 19 years (per 1,000 females of that age group)** was 46.5 for Non-Hispanic Blacks and 31.6 for Whites (both Hispanic and Non-Hispanic) in 2007. The overall rate was 35.1 in 2006 and increased to 36.5 in 2007. The **percentage of unmarried mothers** among all live births increased from 47.0% in 2006 to 48.6% in 2007. This is higher than the 2007 State of Florida percentage of 46.0%.

The percentage of teenagers 15 – 19 years that delivered for the second time or higher (teenage repeat birth) slightly decreased in percentage from 540 births (18.0%) in 2006 to 546 births (17.8%) in 2007.

The percentage of teenagers 10-17 years that delivered for the second time or higher (teenage repeat birth) was highest among Non-Hispanic Blacks (10.3%) compared to Non-Hispanic Whites (6.9%) and Hispanics (9.0%) in 2007. In 2006, the percentage was slightly higher in Non-Hispanic Whites (11.7%) compared to Non-Hispanic Blacks (9.2%) and Hispanics (11.4%).

The overall percentage of infants born at less than 37 weeks (preterm) increased slightly from 11.0% in 2006 to 11.1% in 2007. In 2007, the State of Florida percentage was 14.1%.

The **percentage of infants born at less than 37 weeks (preterm)** in 2007 was higher among Non-Hispanic Blacks (15.6%) compared to Non-Hispanic Whites (9.9%) and Hispanics (9.8%).

The **percentage of infants born at less** than 37 weeks (preterm) to mothers between 10 - 14 years decreased from 22.0% in 2006 to 20.8% in 2007 while the percentage born to mothers 20 years and above increased slightly from 10.8% in 2006 to 10.9%.

www.dladlelheallth.org



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The percentage of infants born at less than 37 weeks (preterm) in 2007 was highest among women who did not have a high school diploma (12.1%) compared to women that had a high school diploma (10.9%). The findings were similar to 2006 data.

The **percentage of low birth weight (<2,500 grams)** increased from 8.6% in 2006 to 9.0% in 2007. In 2007, the percentage of low birth weight for the State of Florida was 8.7%.

From 2006-2007, while **the percentage of low birth weight (<2,500 grams)** increased among Non-Hispanic Blacks from 13.0% to 14.7%, the percentage decreased among Non-Hispanic and Hispanic Whites from 8.4% to 7.5%.

The **percentage of low birth weight (<2,500 grams)** was highest among mothers between the ages of 10 to 14 years. The percentage for this age group was 22.0% in 2006 and increased to 25.0% in 2007. This is over twice the percentage for mothers 15 to 19 years (11.2%) and almost three times the percentage for mothers 20 years and above (8.8%).

The **percentage of mothers receiving prenatal care in the first trimester** in 2007 was highest among Non-Hispanic Whites (80.5%), followed by Hispanics (78.7%) and then Non-Hispanic Blacks (66.9%). All of the race/ ethnicities experienced a slight decrease in prenatal care since 2006.

The percentage of mothers receiving prenatal care in the first trimester in 2007

was lowest among mothers between 10 to 14 years (37.5%) when compared to those between 15 to 19 years (61.6%) and 20 years and above (77.6%).



The overall **percentage of mothers with late or no prenatal care** increased from 2.0% in 2006 to 2.3% in 2007.

The racial group that had the **highest percentage of late or no prenatal care** was Non-Hispanic Blacks (3.2%) when compared to Non-Hispanic Whites (1.6%) and Hispanics (2.0%) in 2007.

The **percentage of mothers using Medicaid for payment at delivery** was highest for Non-Hispanic Blacks (65.3%). Non-Hispanic Whites had the lowest percentage of Medicaid usage at 23.7% followed by Hispanics at 38.9%. All of these percentages show an increase in Medicaid usage from 2006 to 2007.

The **percentage of mothers using Medicaid for payment at delivery** was higher for unmarried mothers



(60.7%) than for married mothers (24.2%) and higher for those with less than a high school education (54.3%) than with a college degree (39.3%). The overall percentage of Medicaid payment at delivery increased slightly from 41.7% in 2006 to 42.0% in 2007.

The maternal mortality rate* (per 100,000 live births) in-

creased from 5.9 in 2006 to 20.5 in 2007. There were 7 deaths of which 2 were Black, 2 were Haitian and 3 were Hispanic.

The **infant death rate*** (per 1,000 live births) decreased slightly from 6.5 in 2006 to 6.3 in 2007. From 2006-2007, Non-Hispanic Whites decreased from 7.2 to 5.1, Non-Hispanic Blacks increased from 11.6 to 11.8 and Hispanics decreased from 4.0 to 3.9. There were 216 infant deaths in 2007.

The **neonatal death rate*** (per 1,000 live births) decreased from 4.2 in 2006 to 3.9 in 2007. Non-Hispanic Whites decreased from 4.5 to 2.3, Non-Hispanic Blacks increased from 6.4 to 6.7 and Hispanics decreased from 2.8 to 2.6. There were 132 neonatal deaths in 2007.

The **post-neonatal death rate* (per 1,000 live births)** stayed the same from 2006-2007. The overall rate was 2.4. The rate was 5.2 for Non-Hispanic Blacks, 2.8 for Non-Hispanic Whites and 1.3 for Hispanics. There were 78 post-neonatal deaths in 2006 compared to 84 in 2007.

The fetal death rate* (per 1,000 live births and fetal deaths) decreased from 8.2 in 2006 to 7.8 in 2007. From 2006-2007, Non-Hispanic Whites decreased from 7.5 to 5.6, Non-Hispanic Blacks increased from 11.3 to 13.0 and Hispanics decreased from 6.2 to 5.4. There were 269 fetal deaths in 2007.

Definition of terms:

*Infant deaths are deaths within the first year of life. These include both neonatal and postneonatal deaths.

Neonatal deaths are deaths of an infant within the first 27 days of life. **Postneonatal deaths** are deaths of an infant between 28 days and one year of life.

Fetal deaths are deaths prior to the complete expulsion or extraction from its mother of a product of conception; the fetus shows no signs of life such as breathing or beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles. Fetal deaths are also referred to as stillbirths or miscarriages. Only spontaneous fetal deaths of 20 or more weeks gestation are reported.

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 or its management but not from accidental or incidental causes.

2009 MARCH IS...

Mental Retardation Awareness Month

National Colorectal Cancer Awareness Month

National Kidney Month

National Nutrition Month®

Awareness Month Save Your Vision Month

National Brain Injury

Awareness Month

National Endometriosis

Workplace Eye Wellness Month



National <u>Nutrition</u>Month® — The theme for March 2009 is "Eat Right."

MyPyramid.gov steps to A Hauther you National Nutrition Month® is a nutrition education and information campaign created annually in March by the American Dietetic Association. It focuses on the importance of making informed food choices and developing sound eating and physical activity habits.

DID YOU KNOW??

Along with good nutrition and regular physical activity, adequate rest is a big part of any formula for fitness and health. When you get a good night's sleep, you feel better and are maximizing brain tion and energy levels. How well you sleep can depend on what you eat.

Consider these tips for a good night's sleep:)

- Have a small meal or snack no less than three hours before going to bed.
- Limit your nighttime intake of caffeine from coffee, soft drinks and energy drinks.
- Limit your alcohol intake at night.
- Don't avoid food entirely at night. If you go to bed hungry, your body may complain by waking you in the middle of the night.

Regular physical activity will also help you sleep well, since exercise helps your body expend energy during the day and recoup at night. However, avoid exercising within three hours of bedtime because that can keep you awake.

Visit eatright.org for further information.

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	-325	-324 <mark>2</mark>
Tuberculosis Program	305	-324	-2470
mmunization Service	305	-470	-5660
To make an appointment	786	-845	-0550

AVIAN FLU WATCH Unless indicated, information is current as of March 30, 2009



• Since 2003, there have been 413 human cases of avian influenza (H5N1) confirmed by the World Health Organization (WHO). Of these, 256 cases have died. This means there is a 62% (256/413) fatality rate.

• **15 Countries with confirmed** *human* **cases** include Bangladesh, Cambodia, China, Djibouti, Indonesia, Thailand, Vietnam, Iraq, Azerbaijan, Egypt, Turkey, Nigeria, Pakistan, Myanmar, and Lao People's Democratic Republic .

• No human cases of avian influenza (H5N1) have

been reported in the United States.

• H5N1 has been confirmed in *birds* in several other countries since 2003. H5N1 has been documented in birds in more than 30 countries in Europe & Eurasia, South Asia, Africa, East Asia and the Pacific, and the Near East. For a list of these countries, visit the World Organization for Animal Health Web Site at :http://www.oie.int/downld/AVIAN%20INFLUENZA/A _AI-Asia.htm.

• No restrictions on travel to affected countries have been imposed. Travelers should avoid contact with live poultry and monitor their health for ten days after returning from an affected country. SOURCES: WHO, OIE, CDC

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 2 and analysis, program updates, field investigations, or provider education. For 0 more information or to submit an article, \circ contact Lizbeth Londoño at 305-470-6918.

Monthly Report Selected Reportable Diseases/Conditions in Miami-Dade County, February 2009

Diseases/Conditions	2009	2009	2008	2007	2006	2005
	this Month	Year to Date				
AIDS *Provisional	N/A	N/A	N/A	N/A	N/A	N/A
Campylobacteriosis	13	19	23	22	16	8
Ciguatera Poisoning	0	3	3	0	0	0
Cryptosporidiosis	1	1	2	5	2	3
Cyclosporosis	0	0	2	0	0	0
Dengue Fever	2	2	1	1	0	0
E. coli, O157:H7	0	0	0	0	0	0
E. coli, Non-O157	0	0	0	0	0	0
Encephalitis (except WNV)	0	0	0	0	0	0
Encephalitis, West Nile Virus	0	0	0	0	0	0
Giardiasis, Acute	54	66	19	21	23	13
Hepatitis A	3	8	5	5	6	4
Hepatitis B	1	1	1	3	3	2
HIV *Provisional	N/A	N/A	N/A	N/A	N/A	N/A
Influenza A (H5)	0	0	0	0	0	0
Influenza Isolates	0	0	0	0	0	0
Influenza Novel Strain	0	0	0	0	0	0
Influenza, Pediatric Death	0	0	0	0	0	0
Lead Poisoning	0	9	23	17	20	11
Legionnai re's Disease	1	1	1	0	0	1
Leptospirosis	0	0	0	0	0	0
Lyme disease	0	0	0	0	0	0
Malaria	5	5	0	0	0	0
Measles	0	0	0	0	0	0
Meningitis (except aseptic)	0	0	0	0	0	0
Meningococcal Disease	3	4	0	2	3	1
Mumps	0	0	1	0	0	0
Pertussis	1	2	0	7	1	0
Rubella	0	0	0	0	0	0
Rubella, Congenital	0	0	0	0	0	0
Salmonellosis	25	55	40	45	39	24
Shigellosis	15	28	3	20	19	22
Streptococcus pneumoniae, Drug Resistant	6	13	15	5	6	1
Tetanus	0	0	0	0	0	0
Toxoplasmosis	0	0	0	1	0	0
Tuberculosis *Provisional	N/A	N/A	0	0	0	0
Typhoid Fever	0	0	0	0	1	1
V <i>ibri</i> o _C holera Type O1	0	0	0	0	0	0
Vibrio cholera Non-O1	0	0	0	0	0	0
Vibrio, Other	0	0	0	0	0	0
West Nile Fever	0	0	0	0	0	0



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*Data on AIDS are provisional at the county level and are subject to edit checks by state and federal

agencies.

** Data on tuberculosis are provisional at the county level.