



Epi Monthly

February 2018

Volume 19, Issue 2

This Month in Public Health

- **February is Heart Health Month. Heart disease is the leading cause of death for men and women in the United States. National Wear Red Day takes place on February 2nd, and encourages awareness about the dangers of heart disease.**
- **Other Public Health related events that took place during the month of February include National Donor Day (Feb 14th), National Condom Day (Feb 14th), National Eating Disorders Awareness Week (Feb 23—Mar 1), and Muscular Dystrophy Awareness Week (Feb 13—Feb 19).**

Letter from the Editor:

Dear Esteemed Colleagues,

The Epidemiology, Disease Control & Immunization Services program is moving! Our team is in the process of relocating to new offices.

As a result of this move, our mailing addresses will be changing, and some important phone numbers and fax numbers may be changing as well. All necessary changes in contact information and addresses will be documented in the upcoming issues of Epi Monthly, and an email blast will be sent to inform you all of any changes that are made. The newsletter and the monthly disease report will continue to be released on schedule.

We appreciate your patience during our time of transition. Should you have any questions, you may email the editor at emily.moore@flhealth.gov.

Emily Moore, MPH—Editor, Epi Monthly

Inside this issue:

This Month in Public Health	1
Letter from the Editor	1
Heart Disease: A National Burden	2
EDC-IS Influenza/Respiratory Illness Surveillance Report	4
Selected Reportable Diseases/ Conditions from January 2018	5

Heart Disease: A National Burden

By Elizabeth Timoszyk, MPH

During American Heart Month, we are reminded of the prevalent public health threat of heart disease, an umbrella term for a variety of diseases such as coronary artery disease (CAD), atherosclerosis, cardiomyopathy, and congestive heart failure¹. CAD is the most common type of heart disease and is the leading cause of heart attacks in America^{2,3}. Heart disease continues to be the number one cause of death for American men and women, claiming 1 in 4 lives per year⁴. In Florida, heart disease was the leading cause of death in 2016 and claimed 3 out of 10 lives in 2014⁵. Heart disease can be prevented, however, with healthy lifestyle choices and proper clinical management. This February, we will highlight the current data on heart disease risk factors in the U.S., disparities in risks, and recommendations for reducing risk and managing heart disease.



Examining Risk Factors: According to the CDC, nearly half of all Americans have at least one of the three major risk factors for heart disease: high blood pressure, high cholesterol, or are smokers⁴. The CDC states that 1 in 3 Americans have high blood pressure ($\geq 140/90$ mmHg), and only about half of these Americans are considered to have their condition under control with proper medication, diet, and exercise⁶. It is important to routinely check for high blood pressure, as often there are no warning signs or symptoms⁶. Similarly, high cholesterol does not have any warning signs or symptoms and cholesterol levels should be routinely checked through blood testing. Although the percentage of Americans living with high total cholesterol levels (≥ 240 mg/dL) has been on a downward trend since 1999-2000 (18.3%), about 11% of Americans had high cholesterol in 2013-2014⁷. Both high blood pressure and cholesterol can be managed with medications in conjunction with lifestyle modifications, such as eating healthier foods, increasing physical activity, and reducing or quitting smoking^{6,7}. Smoking is the third major contributor to heart disease, as smoking increases plaque buildup in blood vessels, lowers HDL (“good”) cholesterol, and causes blood vessels to thicken and become narrower⁸. Although overall rates of smoking continue to decrease, 15.1% of adults in the U.S. were current smokers in 2015^{9,10}. Other risk factors and medical conditions for heart disease include poor diet, overweight or obesity, physical inactivity, excessive alcohol consumption, and diabetes⁴. These additional conditions are often interrelated and exacerbate the two main risk factors for heart disease, high blood pressure and high cholesterol.

“Heart disease continues to be the number one cause of death for men and women, claiming 1 in 4 lives per year.”

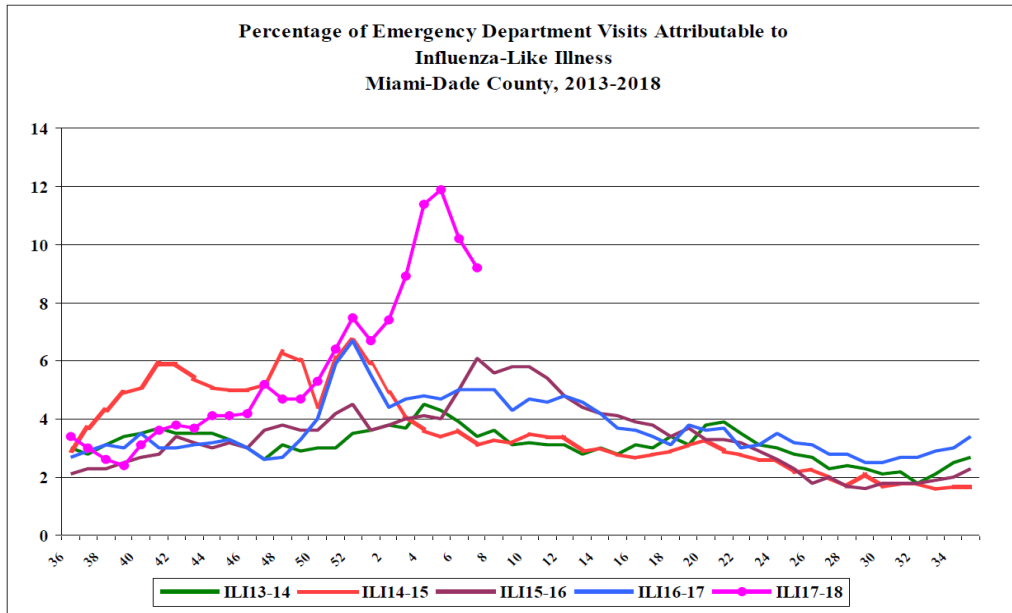
Risk Factor and Outcomes Disparities: There are many disparities among the risk factors of heart disease. For example, the age-adjusted percentage of all adults over age 20 with high blood pressure in 2009-10 was 30.0%¹¹. However, African Americans had a significantly higher age-adjusted prevalence of high blood pressure (40.4%) compared to non-Hispanic whites (26.1%) and Hispanics (27.4%)^{11,12}. In the U.S., the overall rate of adults with diagnosed diabetes was 8.7% in 2011-2014¹³. However, African Americans, Hispanic/Latino Americans, non-Hispanic American Indians, and Alaska Natives had a higher prevalence of diagnosed diabetes compared to white non-Hispanics¹³. Rates of diagnosed diabetes were also higher among adults with less than a high school diploma (11.4%) compared to those with a high school diploma (10.3%) or higher (7.4%)¹³. Cigarette smoking is also stratified by demographics such as race/ethnicity, U.S. census region, and socioeconomic status⁹. In 2015, rates of smoking were highest among non-Hispanic American Indians/Alaska Natives (21.9%) and non-Hispanic individuals of multiple races (20.2%)⁹. Non-Hispanic Asians had the lowest rates of smoking (7.0%) followed by Hispanics (10.1%)⁹. Across the U.S., the Midwest region had the highest prevalence of smokers (18.7%) followed by the South (15.3%)⁹. Lastly, Americans living below the poverty level are significantly more likely to smoke cigarettes, with a prevalence of 26.1% in 2015^{9,14}. Understanding these disparities among high-risk populations can help us better manage and prevent heart disease.

Combating Heart Disease: There are many organizations dedicated to researching heart disease and providing education for patients and providers, such as the American Heart Association and the Department of Health and Human Services' Million Hearts initiative. Healthcare providers play an important role in preventing and managing patients' risk. Encouraging patients to adopt healthy lifestyles and routinely checking blood pressure and cholesterol levels make a significant impact in preventing and managing heart disease^{15,16}. To achieve healthy lifestyle changes, the CDC recommends eating foods with fiber and unsaturated fats and reducing foods with saturated fat, added sugars, and high sodium, as well as limiting alcohol consumption¹⁶. Adults should also engage in 2.5 hours of moderate intensity physical activity on a weekly basis through activities such as brisk walking or bicycle riding¹⁶. Ensuring medication adherence among patients living with high blood pressure, high cholesterol, and/or diabetes also reduces risk of complications from heart disease¹⁷. This American Heart Month, we recognize and thank you for your dedication to improving the lives of Floridians and reducing the widespread impacts of heart disease.

SOURCES

1. https://www.cdc.gov/heartdisease/other_conditions.htm
2. https://www.cdc.gov/heartdisease/heart_attack.htm
3. https://www.cdc.gov/heartdisease/coronary_ad.htm
4. <https://www.cdc.gov/heartdisease/facts.htm>
5. <http://www.floridahealth.gov/diseases-and-conditions/heart-disease/>
6. <https://www.cdc.gov/bloodpressure/index.htm>
7. <https://www.cdc.gov/cholesterol/facts.htm>
8. https://www.cdc.gov/tobacco/basic_information/health_effects/heart_disease/index.htm
9. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm
10. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm
11. <https://www.cdc.gov/nchs/data/hus/16.pdf#053>
12. <https://www.cdc.gov/nchs/data/databriefs/db107.htm>
13. <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>
14. <https://www.cdc.gov/tobacco/disparities/geographic/index.htm>
15. <https://www.cdc.gov/bloodpressure/control.htm>
16. <https://www.cdc.gov/cholesterol/managing-cholesterol.htm>
17. https://www.cdc.gov/heartdisease/medical_conditions.htm

Influenza-Like-Illness, All Age



During this period, there were 37,034 ED visits; among them 3,400 (9.2%) were ILI. At the same week of last year, 5.0% of ED visits were ILI.



TO REPORT ANY DISEASE AND FOR INFORMATION CALL:
Epidemiology, Disease Control & Immunization Services

- Childhood Lead Poisoning Prevention Program305-470-6877
- Hepatitis305-470-5536
- Immunizations or outbreaks305-470-5660
- HIV/AIDS Program305-470-6999
- STD Program305-575-5430
- Tuberculosis Program305- 575-5415
- Immunization Service305-470-5660
- To make an appointment.....786-845-0550

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.

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, please contact Emily Moore at (305) 470-6918.



Miami-Dade County Monthly Report Select Reportable Disease/Conditions January 2018

Diseases/Conditions	2018 Current Month	2018 Year to Date	2017 Year to Date	2016 Year to Date
HIV/AIDS				
AIDS*	52	52	33	27
HIV	104	104	91	106
STD				
Infectious Syphilis*	31	31	23	22
Chlamydia*	893	893	895	680
Gonorrhea*	289	289	211	158
TB				
Tuberculosis**	5	5	2	3
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	57	57	25	42
Chikungunya Fever	0	0	0	0
Ciguatera Poisoning	2	2	0	0
Cryptosporidiosis	0	0	0	0
Cyclosporiasis	0	0	0	0
Dengue Fever	0	0	0	1
Escherichia coli, Shiga Toxin-Producing	4	4	0	1
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	1	1	2	8
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	0	0	0
Legionellosis	4	4	3	0
Leptospirosis	0	0	0	0
Listeriosis	0	0	1	0
Lyme disease	1	1	0	0
Malaria	3	3	0	0
Meningitis (except aseptic)	0	0	0	0
Meningococcal Disease	0	0	2	0
Salmonella serotype Typhi (Typhoid Fever)	1	1	0	0
Salmonellosis	29	29	20	33
Shigellosis	19	19	4	12
Streptococcus pneumoniae, Drug Resistant	10	10	2	0
Vibriosis	0	0	1	0
West Nile Fever	0	0	0	0
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	0	0	0	0
Pertussis	1	1	0	2
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	2	2	1	1
Hepatitis				
Hepatitis A	1	1	2	1
Hepatitis B (Acute)	4	4	2	0
Healthy Homes				
Lead Poisoning	2	2	6	2

*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.