



# Epi Monthly

March 2018

Volume 19, Issue 3

## This Month in Public Health

- **March is National Nutrition Month, focusing on the importance of making informed, healthy food choices.**
- **March is also Colorectal Cancer Awareness Month, Brain Injury Awareness Month, National Kidney Month, and Multiple Sclerosis Education and Awareness Month.**

## A Message from the Epidemiology Program:

Esteemed colleagues,

March 30th is **National Doctor's Day**, a day set aside to honor physicians and the life-saving work that they do. We at the Florida Department of Health in Miami-Dade County are proud to partner with so many wonderful physicians who work tirelessly to protect the residents of our community. Thank you so much for your continued commitment to the health and well-being of Miami-Dade, and for making it a healthier place every day.

-Epidemiology, Disease Control & Immunization Services

### Inside this issue:

This Month in Public Health	1
Message from the Epidemiology Program	1
Yellow Fever Virus Update	2
EDC-IS Influenza/Respiratory Illness Surveillance Report	3
Selected Reportable Diseases/ Conditions from February 2018	4

Emily Moore, MPH

Yellow fever is a mosquito-borne virus that is in the same family as dengue, chikungunya, and Zika viruses. Symptoms take three to six days to develop, and include fever, chills, headache, backache, and muscle aches. Of those who become infected with yellow fever, around 15% will develop very severe and life-threatening symptoms, including bleeding, shock, and organ failure.<sup>1</sup>

According to recent reports by the Centers for Disease Control & Prevention (CDC), a large-scale yellow fever outbreak is currently ongoing in Brazil. In early 2018, 10 unvaccinated travelers to Brazil contracted yellow fever, 4 of whom died.<sup>2</sup> The CDC have issued a Level 2 Travel Alert for certain states in Brazil (Espírito Santo State, São Paulo State, and Rio de Janeiro State as well as a number of cities in Bahia State), encouraging vaccination for those who live in and travel to these areas.<sup>3</sup> Those who have never received the yellow fever vaccine are advised to avoid travel to these areas of Brazil.

This outbreak in Brazil coincides with a shortage of the yellow fever vaccine. Only a limited number of clinics in the United States are currently able to provide the vaccine, therefore travelers are advised to contact a provider well in advance of travel to a yellow fever-affected area. Those going to an affected area need to receive the vaccine at least 10 days before travel. If 10 years or more have passed since receiving the yellow fever vaccine, a booster shot is necessary. Patients and clinicians can find a list of clinics that are currently providing the yellow fever vaccine by following this link: <https://wwwnc.cdc.gov/travel/yellow-fever-vaccination-clinics/search>

Aside from receiving the vaccine, the best way to prevent yellow fever infection is to prevent mosquito bites. While traveling in an area where yellow fever is ongoing, wear an EPA-registered insect repellent, cover your arms and legs with sleeves and long pants, and sleep in an air conditioned room or underneath a mosquito net. Travelers who have received the yellow fever vaccine still need to practice mosquito bite prevention techniques, as mosquitoes can still spread other pathogens for which there is no vaccine.<sup>4</sup>

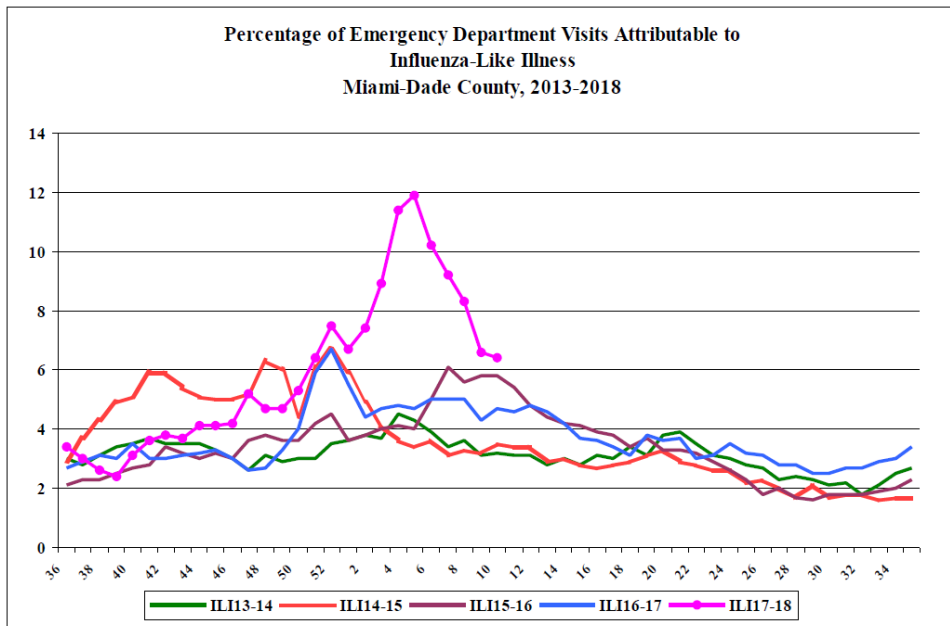
For more information regarding yellow fever, the yellow fever vaccine, and the current travel advisory for Brazil, visit <https://www.cdc.gov/yellowfever/>



#### References:

1. <https://wwwnc.cdc.gov/travel/notices/alert/yellow-fever-brazil>
2. Hamer, et al. (2018). Fatal Yellow Fever in Travelers to Brazil, 2018. *Morbidity & Mortality Weekly Report*. Early Release, Vol. 67.
3. <https://wwwnc.cdc.gov/travel/yellowbook/2018/infectious-diseases-related-to-travel/yellow-fever-malaria-information-by-country>
4. <https://www.cdc.gov/yellowfever/prevention/index.html>

Influenza-Like-Illness, All Age



During this period, there were 34,810 ED visits; among them 2,229 (6.4%) were ILI. At the same week of last year, 4.7% of ED visits were ILI.



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

**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 February 2018

Diseases/Conditions	2018 Current Month	2018 Year to Date	2017 Year to Date	2016 Year to Date
<b>HIV/AIDS</b>				
AIDS*	28	80	63	71
HIV	120	224	193	238
<b>STD</b>				
Infectious Syphilis*	37	68	57	55
Chlamydia*	1194	2087	1914	1740
Gonorrhea*	362	651	432	367
<b>TB</b>				
Tuberculosis**	5	14	12	12
<b>Epidemiology, Disease Control &amp; Immunization Services</b>				
<b>Epidemiology</b>				
Campylobacteriosis	47	104	91	97
Chikungunya Fever	0	0	0	0
Ciguatera Poisoning	2	4	2	0
Cryptosporidiosis	2	2	0	5
Cyclosporiasis	0	0	0	0
Dengue Fever	1	1	0	0
Escherichia coli, Shiga Toxin-Producing	11	16	1	1
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	9	10	9	20
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	0	0	0
Legionellosis	1	5	5	0
Leptospirosis	0	0	0	0
Listeriosis	1	1	3	0
Lyme disease	0	0	0	0
Malaria	1	4	1	0
Meningitis (except aseptic)	3	0	0	0
Meningococcal Disease	0	0	2	0
Salmonella serotype Typhi (Typhoid Fever)	0	1	0	0
Salmonellosis	33	62	69	68
Shigellosis	23	41	13	19
Streptococcus pneumoniae, Drug Resistant	2	12	2	1
Vibriosis	0	0	1	0
West Nile Fever	0	0	0	0
<b>Immunization Preventable Diseases</b>				
Measles	0	0	0	0
Mumps	1	1	0	0
Pertussis	4	5	5	5
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	3	5	7	17
<b>Hepatitis</b>				
Hepatitis A	2	3	6	3
Hepatitis B (Acute)	6	10	3	1
<b>Healthy Homes</b>				
Lead Poisoning	2	4	15	9

\*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.