Reasons Given for Utilization of Services from an Unlicensed Dentist

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Background: In December of 1998, the State of Florida initiated an Unlicensed Activity Office to investigate unlicensed practitioners. Since its inception, approximately 40 unlicensed practitioners have been arrested on a variety of charges throughout the state of Florida. In March of 2000, the office arrested a man who was practicing dentistry in Miami-Dade County without a license. The officials documented very poor infection control practices.

Objective: To determine possible reasons for use of services of an unlicensed dentist and to examine if there had been any potential transmission of hepatitis B, C, or HIV between clients who received services from the unlicensed dental practitioner.

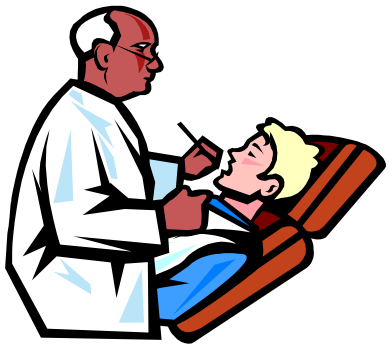
Methods: Client contact information was obtained from a confiscated record book belonging to the practitioner. Miami-Dade County Health Department (MDCHD) personnel attempted to contact the listed clients so they could be advised to undergo screening for blood borne pathogens, namely hepatitis B, hepatitis C, and HIV. In addition, a hotline was made available to the public. This hotline was advertised on several local television, radio, and newspaper releases. Clients who desired to come in for testing were tested at the MDCHD Sexually Transmitted Diseases (STD) Clinic. A standardized questionnaire containing both closed- and open-ended questions was used to obtain demographic information as well as information related to the use of this practitioner and what services were received. A certified HIV counselor, who was also trained about viral hepatitis, interviewed clients face-to-face. Serologic samples were drawn following the interview and pre–test-counseling session. Data were analyzed using Epi-Info.

Results: Approximately three hundred and forty-five clients were identified from the record book, and 125 (36%) clients were contacted. Of the 125, 85 (68%) reported receiving no services, 33 (26%) agreed to receive testing, and 5 (4%) admitted to services, but were reluctant to be tested, and 3 (2%) refused to give information. A total of forty-one clients were interviewed and tested in MDCHD including the 33 contacted clients and 8 additional clients who either get information from the hotline or other clients.

All 41 clients were of Hispanic ethnicity, the majority of whom were of Honduran (29.3%), Cuban (24.4%), and Guatemalan (17.1%) origin. Approximately forty-four percent reported living in the United States for less than twelve years. The average age was 44.5±15.7 years ranged from 20 to 83 years. Of the 41 clients tested, 30 (73%) used the practitioner for financial reasons alone, 8 (19.2%) clients used these services because of convenience (e.g. he was able to see them at home on a Sunday or after work), 3 (7.2%) were referred by a friend, and 2 (4.8%) could not obtain an appointment at their usual clinic. Four (9.8%) clients reported having dental insurance at the time of services. Only six clients (14.6%) reported that they knew he was unlicensed.

All of the clients tested negative for HIV, hepatitis B surface antigen (HbsAg), and hepatitis C antibody test (HCV EIA). Two clients tested positive for hepatitis B core antibody total (anti-HBc) and hepatitis B surface antibody (HbsAb), indicating previous infection with hepatitis B. The unlicensed practitioner saw both clients on the same day. However, only one of the clients received an invasive procedure.

Conclusions: The use of the unlicensed dentist appears to be associated with both real and potential barriers to dental services in Miami-Dade County. There is a need for consumer education regarding dental agencies, services, and resources available in the community. It is important to educate the community and raise awareness regarding the potential health risks of using unlicensed health care practitioners. Transmission between the two clients who tested anti-HBc and HbsAb positive seems unlikely based on current information. However, this investigation is ongoing.



Risk Factors for Lead Poisoning in Recently Arrived Immigrant Children Seen at the Miami-Dade County Health Department Refugee Health Assessment Center

Gilbert V.R., Trepka M.J., Hustace T, Santana J.C., and Miami-Dade County Health Department Refugee Health Assessment Center, Miami, FL.

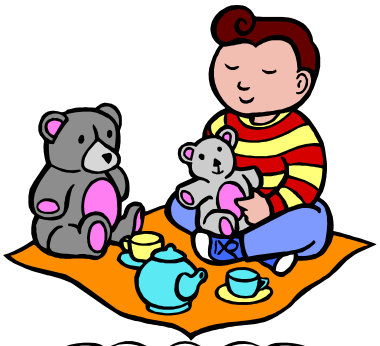
Background: Since July 1999, the Miami-Dade County Health Department (MDCHD) has had a Childhood Lead Poisoning Prevention (CLPP) Program. As part of the new program, lead screening of children began on October 18, 1999 at the MDCHD Refugee Health Assessment Center, which screens recently arrived refugees primarily from Cuba.

Methods: All refugee children between the ages of 6 months and 6 years of age who attend the clinic are screened. If any have a blood lead level (BLL) 10 µg/dL or greater, they are interviewed by a CLPP Program case manager using a standard questionnaire to assess risk factors for all children identified with elevated BLLs in Miami-Dade County. If the level is 10 -15 µg/dL, they are interviewed on the telephone. Children with blood lead levels higher than 15 µg/dL receive a home visit from the case manager and the environmental inspector. Risk factors were analyzed using Epi-Info version 6.0.

Results: Of the 467 children screened at the Refugee Center, 95 (20%) had elevated lead levels. Of the 95 children with elevated BLLs, questionnaires were administered to the families of 91 (96%) children. Eighty-

eight (97%) of those questioned recently arrived from Cuba, two from El Salvador (2%), and one child from Mexico (1%). Anemia was present in 23 (25%) children. Over half of the children (52%) were described as hyperactive by parents, and 27 (30%) children reportedly exhibited pica. Due to their recent arrival in this country, the sources of exposure were assumed to have been in their countries of origin. Therefore, questions about potential exposures referred to their previous home environment. Currently, the CLPP Program is conducting open-ended interviews with refugee families to develop a more precise risk assessment tool appropriate to the environments of their countries of origin. Sixty-six percent of the children lived in a home with peeling paint, and 62% percent of the children played on porches or near windows with peeling paint. Approximately 73% of the children lived in a home during renovations, and 69% of children lived in a house built before 1980. Other risk factors included living near an industrial source potentially involving lead (57%) and/or near heavily traveled road or highway (74%). The proportion of children with parents who had an occupation or hobby involving lead was 34% and 27%, respectively. In addition, 10% of children lived in homes where batteries were recharged or rebuilt for home electricity. Making or handling lead pellets used in rifles was associated with the highest levels.

Conclusions: The prevalence (20%) of lead poisoning among children attending the refugee center is much higher than that seen among children in the United States (4.4%). Although it is difficult to prevent exposure in their country of origin, identification of these children benefits them for several reasons. They receive needed medical care, parents are educated about nutrition and avoiding exposure in their new home, and CLPP staff ensure that the children do not enter a home with lead hazards which could add to their lead burden.



To report diseases or for information:

Office of Epidemiology and Disease Control

Childhood Lead Poisoning Prevention Program	
	305-324-2414
Other diseases and outbreaks	**305-324-2413**
Injury Prevention Program	**305-324-2953**
HIV/AIDS Program	**305-377-7400**
STD Program	**305-325-3242**
Tuberculosis Program	**305-324-2470**
Special Immunization Program	**305-376-1976**
Nights, weekends, and holidays	**305-377-6751**

Invasive *Streptococcus pneumoniae* cases

When reporting *S. pneumoniae* cases, please remember to fax us copy of laboratory results and the case report form.

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Website:www.dadehealth.org

Monthly Report

Selected Reportable Disease/Conditions in Miami-Dade County, *March, 2000*

Diseases/Conditions	Reported Cases this Month	2000 Year to Date	1999 Year to Date	1998 Year to Date
AIDS *Provisional	129	413	391	391
Amebiasis, Acute	0	0	1	0
Campylobacteriosis	6	7	14	7
Chancroid	0	0	0	0
Chlamydia trachomatis	383	1092	1078	589
Ciguatera Poisoning	0	0	0	0
Cryptosporidiosis	1	1	0	1
Cyclosporosis	0	0	0	0
Diphtheria	0	0	0	0
E. coli, 0157:H7	0	0	0	0
E. coli, Other	0	0	0	0
Encephalitis	0	0	0	0
Giardiasis, Acute	2	2	4	10
Gonorrhea	254	797	745	714
Granuloma Inguinale	0	0	0	0
Haemophilus influenzae B (invasive)	1	1	0	0
Hepatitis A	14	14	9	35
Hepatitis B	4	4	9	1
HIV *Provisional	186	495	405	519
Lead Poisoning	27	90	29	13
Legionnaire's Disease	0	0	0	0
Leptospirosis	0	0	0	0
Lyme disease	0	0	0	0
Lymphogranuloma Venereum	0	0	0	2
Malaria	0	0	6	5
Measles	0	0	0	0
Meningitis (except aseptic)	1	2	1	5
Meningococcal Disease	0	5	4	2
Mumps	0	0	1	0
Pertussis	0	0	2	7
Polio	0	0	0	0
Rabies, Animal	0	0	0	1
Rubella	0	0	0	0
Salmonellosis	16	24	27	44
Shigellosis	15	18	26	29
Streptococcus pneumoniae, Drug Resistant	12	24	9	14
Syphilis, Infectious	16	40	20	9
Syphilis, Other	89	222	286	155
Tetanus	0	0	0	0
Toxoplasmosis	0	0	0	0
Tuberculosis *Provisional	20	48	47	82
Typhoid Fever	0	0	13	1
Vibrio, *cholera*	0	0	0	0
Vibrio, Other	0	0	0	0

*All data on AIDS are provisional at the county level and are subject to edit checks by state and federal agencies.

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