

Imported Communicable Diseases in Miami-Dade County, 1995-2000

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Background: Every year Miami-Dade County has a large number of international visitors as well as a very large immigrant population. Since 1990, approximately 37,000 immigrants have come to the county each year, and over half the population is foreign born. Therefore, there is a potential for many communicable diseases to be imported by either immigrants or residents who travel to or visit relatives in countries where communicable diseases such as hepatitis A are common.

Material and methods: The Miami-Dade County Health Department Office of Epidemiology and Disease Control has had an electronic database of reported communicable diseases since 1995. The import status and country of origin of communicable disease cases were analyzed using SAS.

Results: Between 1995 and July, 2000, there was an average of 128 reportable communicable diseases cases imported from other countries each year. This represents 7.5% of all reportable cases in Miami-Dade County, and the proportion of cases has increased from 2.8% to 14.2% during the 5-year period.

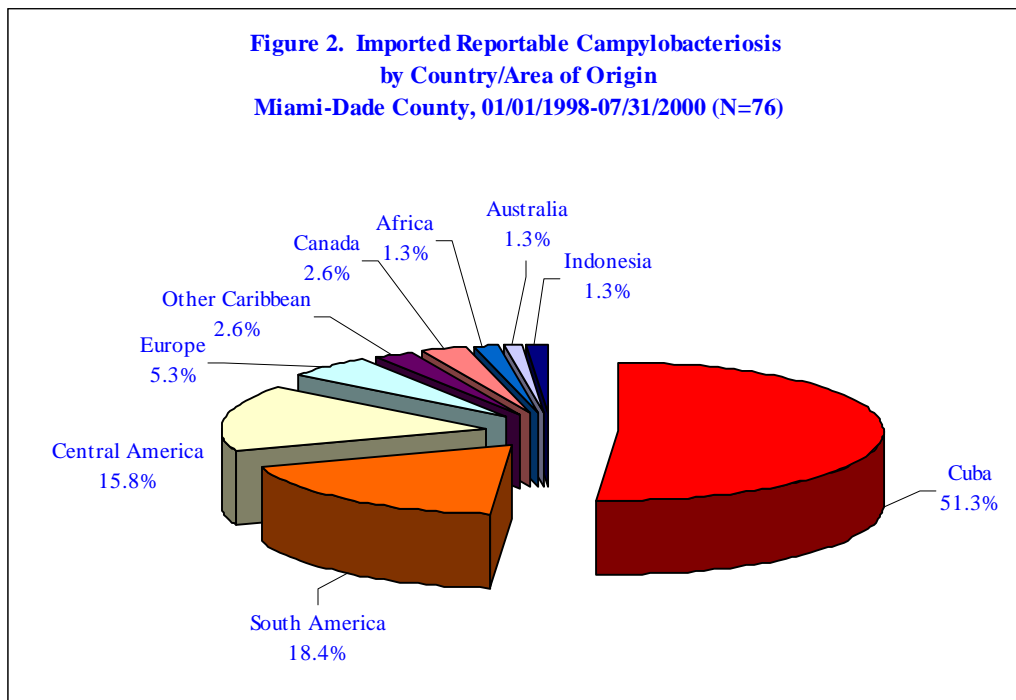
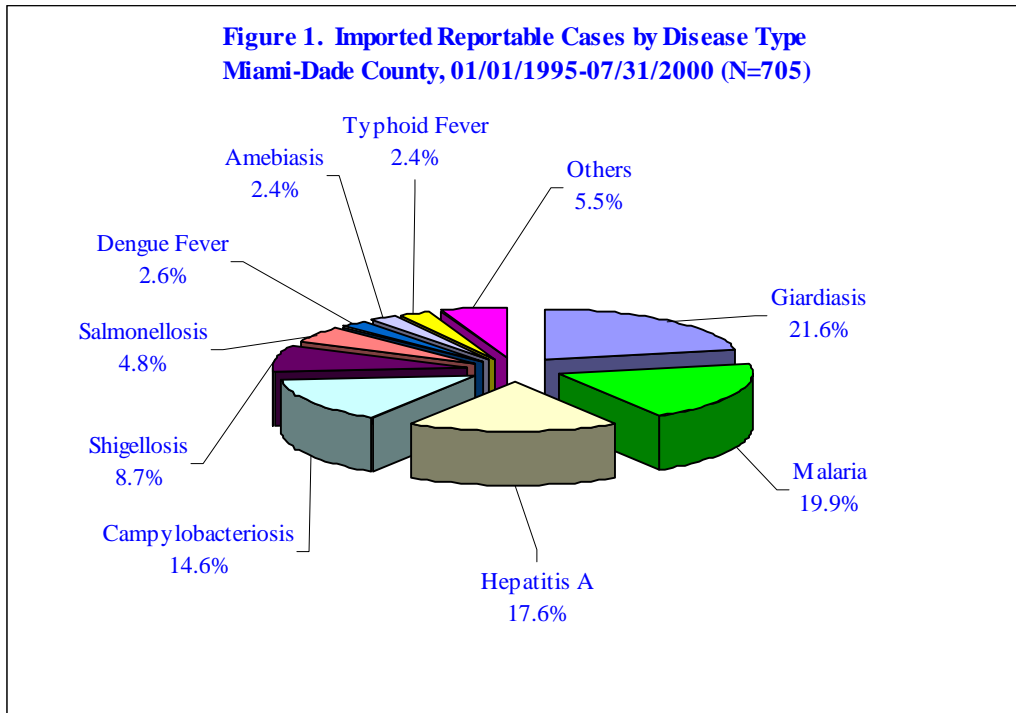
Giardiasis, malaria, hepatitis A, and campylobacteriosis accounted for 73.7% of all imported disease cases (figure 1). Figures 2-5 depict the distribution of cases by country of origin for campylobacteriosis,

giardiasis hepatitis A and malaria. Currently, data are not captured in the surveillance system about if cases are among immigrants or travelers. However, cases from Cuba are almost exclusively among immigrants since few can travel to Cuba. Many Cuban refugees are screened for enteric diseases at the health department's Refugee Health Assessment Clinic.

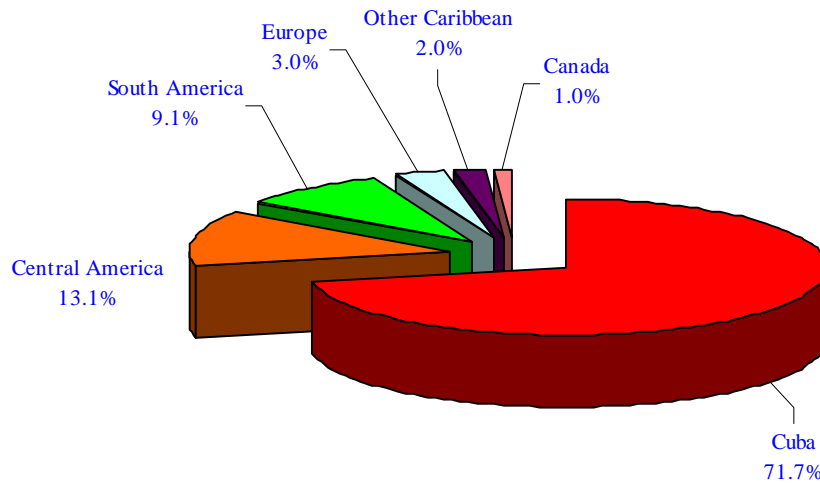
Conclusion: Importation of communicable diseases is common in Miami-Dade County and appears to be increasing. Cases are imported by travelers and immigrants, but it is unknown what percentage of these cases is among travelers vs. immigrants.

Recommendations: 1) Capture data in the surveillance database regarding if case acquired while patient was traveling or a case among recent immigrant, 2) Screening of enteric diseases among immigrants at the refugee health assessment program should be continued and should be promoted at private clinics, 3) Travelers should be educated about the importance of prevention of malaria, dengue fever, and enteric diseases.

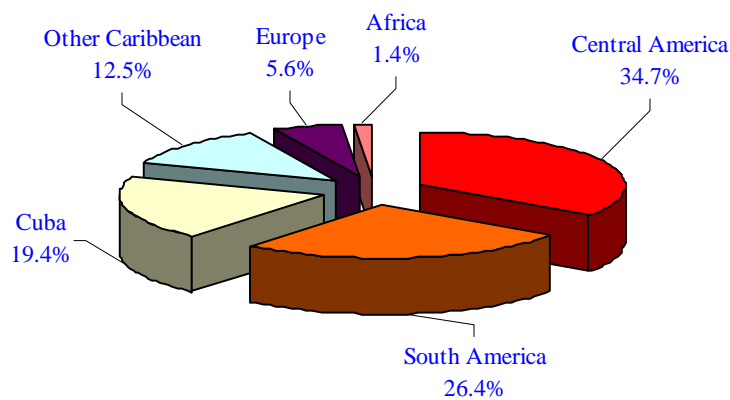
Discussion: Cases with countries of origin in the Caribbean and Central American could be among immigrants or travelers. Cases from Asia, Africa and Europe are more likely to be among travelers although there may be some immigrants from these areas. Immigration vs. traveler status should be captured since the prevention interventions depend on how the diseases were acquired.

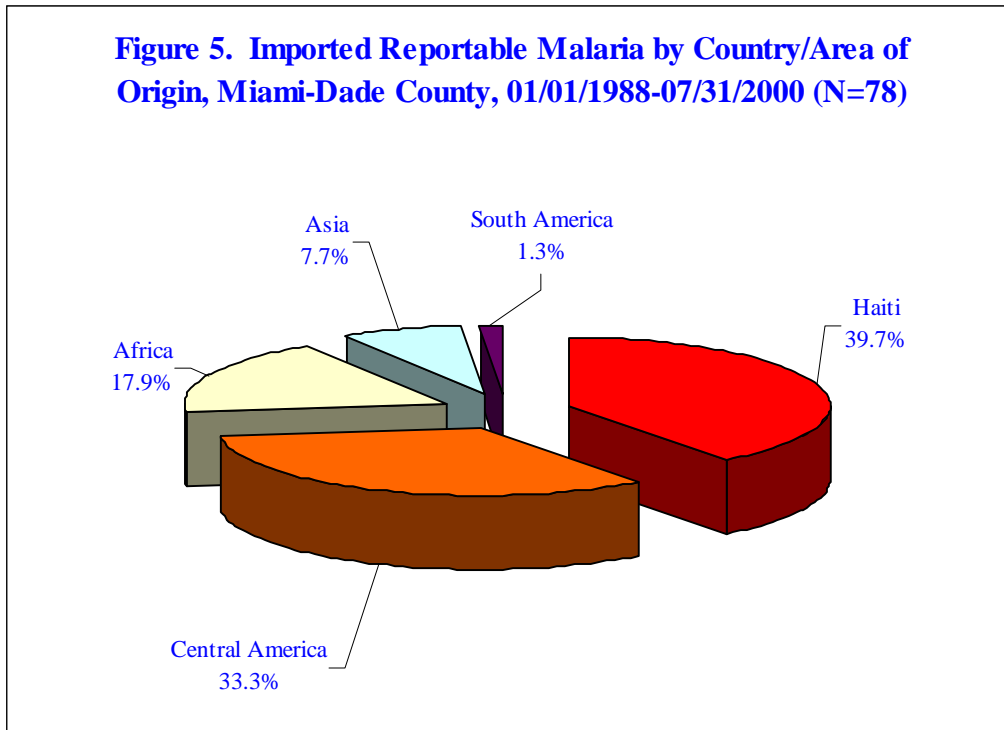


**Figure 3. Imported Reportable Giardiasis
by Country/Area of Origin
Miami-Dade County, 01/01/1998-07/31/2000 (N=99)**



**Figure 4. Imported Reportable Hepatitis A
by Country/Area of Origin
Miami-Dade County, 01/01/1998-07/31/2000 (N=72)**





To report diseases or for information:

Office of Epidemiology and Disease Control

Childhood lead poisoning prevention program (305) 324-2414

Hepatitis (305) 324-2490

Other diseases and outbreaks (305) 324-2413

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

Influenza and Respiratory Syncytial Virus Surveillance Summary Update

(Week ending November 18, 2000-Week 46)

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[The following article appeared in EPI UPDATE A weekly publication by the Bureau of Epidemiology Florida Department of Health (For December 1, 2000)]

National report: During week 45 (November 12-18, 2000), 583 specimens were tested by World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories across the United States. Eighteen isolates, 16 influenza A (H1N1), one influenza A (H3N2) and one influenza B virus. Since October 1, 77 (1%) influenza isolates (57 influenza A (H1N1), 5 influenza A (H3N2) and 8 influenza B) have been recovered from 6,763 specimens tested. Influenza A (H1N1) have been identified from California, Colorado, Florida and Texas; influenza A (H3N2) isolates have been identified in Florida, Hawaii and Kentucky and influenza B isolates have been identified in Alaska, California, Florida and Oklahoma. The percentage of all deaths due to Pneumonia and Influenza (P&I) as reported by the vital statistics offices of 122 U.S. cities was 6.6% during week 46. This percentage is below the epidemic threshold of 7.8% for this time of year.

Regional influenza activity was reported from state and territorial health departments in Kentucky and Texas. Sixteen states (Alabama, Alaska, Arkansas, Colorado, Florida, Georgia,

Hawaii, Indiana, Kansas, Louisiana, Maine, Michigan, New Mexico, Ohio, Oklahoma and Tennessee) reported sporadic influenza activity. No influenza activity was reported from twenty-four states.

During week 46, 1% of patient visits to U.S. sentinel physicians were due to influenza-like illness (ILI). The percentage of ILI was within baseline levels of 0% to 3% in all 9 surveillance regions.

Florida: Data from Florida suggest low levels of influenza activity. Overall, two percent of 13, 028 patients seeking care by reporting physicians in the influenza sentinel surveillance system met the case definition for ILI during week 46. Influenza-like illness activity was detected in 13 counties from Leon to Miami Dade. Higher flu activity than expected for this time of year (>3%) was reported by physicians in Leon and Polk counties. No new influenza virus isolates were recovered this week. This far 17 isolations have been made at the state labs this season.

Respiratory syncytial virus (RSV) activity appears to be higher in north Florida than in the southern part of the state. Eleven hospital laboratories in the state reported that 23.1-50% of RSV tests performed were positive. This is an increase from week 44 when the percentage of positive tests ranged from 25-42.5%. The highest percentage was reported from north east Florida, the lowest from the southwest.

FDA Approves Tamiflu for another indication—prevention of influenza

[The following article appeared in EPI UPDATE A weekly publication by the Bureau of Epidemiology Florida Department of Health (For December 1, 2000)]

**(Originally published by the FDA—
Division of Federal—State Relations)**

November 20, 2000—FDA today approved another indication for Tamiflu (oseltamivir phosphate), a neuraminidase inhibitor. Its new additional indication is for prevention of influenza in adults and children 13 years and older. Tamiflu is an oral anti-viral drug previously approved by FDA for the treatment of uncomplicated influenza in adults.

In a pooled analysis of two seasonal prophylaxis studies in healthy unvaccinated adults and adolescents, Tamiflu 75 mg once daily taken for 42 days during a community outbreak reduced the incidence of laboratory confirmed clinical influenza from 4.8 percent for the placebo group to 1.2 percent for the Tamiflu group. In a seasonal prevention study in elderly residents of nursing homes, 75 mg of Tamiflu taken once a day for 42 days reduced the incidence from 4.4 percent for the placebo group to 0.4 percent for the Tamiflu group. Approximately 80 percent of this

elderly population were vaccinated against the influenza.

In a study of post-exposure prevention in households, 75 mg of Tamiflu was given once daily within two days of onset of symptoms and continued for seven days. Results of this study show Tamiflu reduced the incidence of laboratory confirmed clinical influenza from 12 percent in the placebo group to 1 percent in the Tamiflu group.

Side effects from Tamiflu, when taken for prevention, were similar to those from patients who took the drug for treatment. The most common side effects were nausea, vomiting, headache and fatigue.

Efficacy for Tamiflu for the prevention of influenza has not been established in immunocompromised patients.

Patients should continue receiving an annual flu vaccination according to the guidelines on immunization practices. Tamiflu is not a substitute for the flu vaccine.

Tamiflu is manufactured by Roche Pharmaceuticals, Inc. of Nutley New Jersey and Gilead Sciences, Inc. in Foster City C.A.

Monthly Report

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

Diseases/Conditions	Reported Cases this Month	2000 Year to Date	1999 Year to Date	1998 Year to Date
AIDS ^{*Provisional}	105	1162	1203	1395
Campylobacteriosis	12	130	149	141
Chancroid	0	0	0	2
<i>Chlamydia trachomatis</i>	278	3041	3486	2643
Ciguatera Poisoning	0	2	0	0
Cryptosporidiosis	13	28	33	29
Cyclosporiasis	0	0	0	2
Diphtheria	0	0	0	0
<i>E. coli</i> , O157:H7	0	3	5	2
<i>E. coli</i> , Other	0	1	0	1
Encephalitis	0	0	0	0
Giardiasis, Acute	27	205	97	132
Gonorrhea	248	2419	2322	1951
Granuloma Inguinale	0	0	0	0
<i>Haemophilus influenzae</i> B (invasive)	1	2	3	1
Hepatitis A	19	75	94	121
Hepatitis B	5	49	80	67
HIV ^{*Provisional}	139	1379	1460	1650
Lead Poisoning	11	355	Not available	Not available
Legionnaire's Disease	0	0	1	2
Leptospirosis	0	0	1	0
Lyme disease	3	7	5	2
Lymphogranuloma Venereum	0	0	0	2
Malaria	0	21	25	28
Measles	0	0	0	0
Meningitis (except aseptic)	4	21	32	31
Meningococcal Disease	2	24	20	11
Mumps	0	1	3	0
Pertussis	0	7	14	14
Polio	0	0	0	0
Rabies, Animal	0	0	0	1
Rubella	0	1	0	0
Salmonellosis	36	243	312	296
Shigellosis	29	194	198	296
<i>Streptococcus pneumoniae</i> , Drug Resistant	16	170	197	126
Syphilis, Infectious	16	111	63	22
Syphilis, Other	48	602	663	581
Tetanus	0	1	0	0
Toxoplasmosis	0	0	1	2
Tuberculosis ^{*Provisional}	12	215	217	245
Typhoid Fever	0	2	16	3
<i>Vibrio cholera</i>	0	0	0	0
<i>Vibrio</i> , Other	0	0	0	1

*Data on AIDS are 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.