

Epi Monthly Report

Office of Epidemiology and Disease Control



Miami-Dade County
HEALTH DEPARTMENT

Maternal and Infant Health Indicators Highlights in Miami-Dade County, 1999

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Live births in Miami-Dade County declined by 6.1% from 33,541 in 1991 to 31,487 in 1999. The crude birth rate decreased by 12.3% from 17.1 live births per 1,000 population in 1991 to 15.0 in 1999. The fertility rate declined 4.6% from 74.3 live births per 1,000 women aged 15-44 years to 70.9 in 1999.

Birth rate for young teenagers was 1.3 live births per 1,000 women aged 10-14 years in 1999, which was 40.9% lower than the rate (2.2) in 1991 (figure 1).

Birth rate for teenagers 15-19 years was 50.9 per 1,000 in 1999, which was 10.1% lower than the rate (61.6) in 1991 (figure 2).

Prenatal care utilization during the first trimester of pregnancy improved to 85.9% for 1999 from 75% in 1991, a 14.5% increase (figure 3). The proportion of pregnant women with late or no care decreased 53.3% from 4.5% in 1991 to 2.1% in 1999.

The percent of pre-term births (less than 37 weeks) decreased 7.5% from 10.6% in 1991 to 9.8% in 1999.

The percent of low birth-weight live

births (less than 2,500 grams) increased slightly from 7.8% in 1991 to 7.9% in 1999 (figure 4). Among black mothers, low birth-weight births declined from 11.9% to 11.4% between 1991 and 1999.

The fetal mortality rate decreased from 10.6 to 8.3 fetal death per 1,000 live births plus fetal deaths between 1991 and 1999.

The infant mortality rate decreased 31.1% from 7.4 deaths per 1,000 live births in 1991 to 5.1 per 1,000 live births in 1991 (figure 5). The neonatal mortality rate also dropped from 5.0 per 1,000 live births to 3.3 between 1991 and 1999. The postnatal mortality rate was 1.8 per 1,000 live births for 1999, down 25% from 2.4 per 1,000 live births in 1991.

Summary: Most indicators improved from 1991 to 1999. In addition, Miami-Dade County compared favorably with Florida and the United States regarding early prenatal care and infant mortality rate (figures 3 and 5) and with Florida regarding



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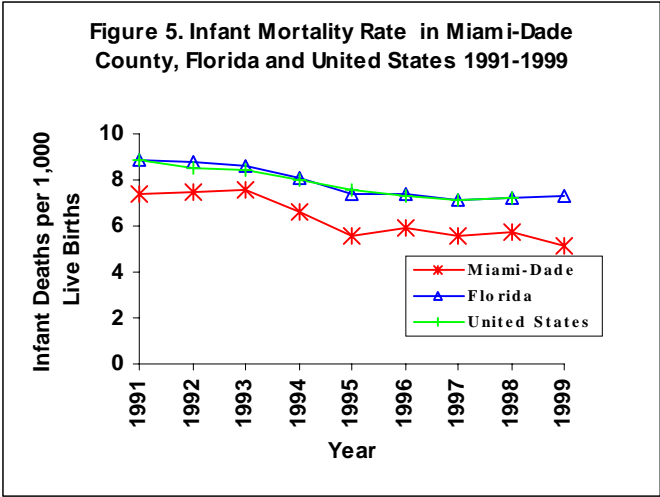
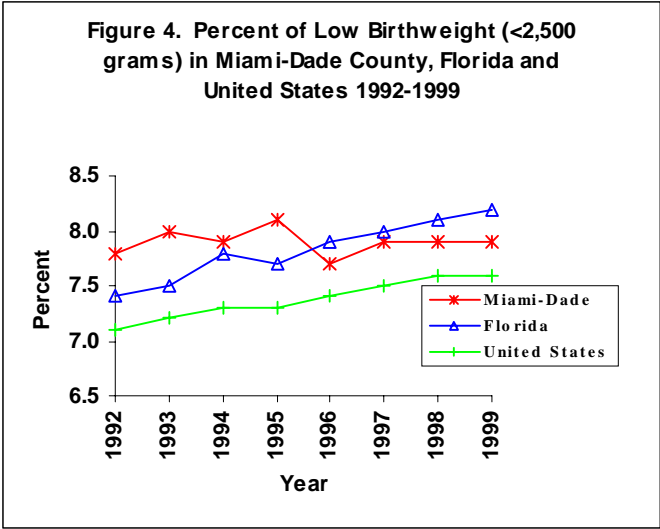
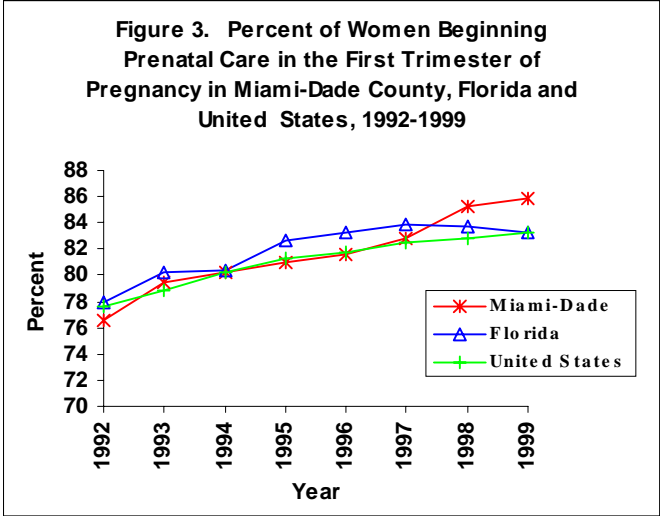
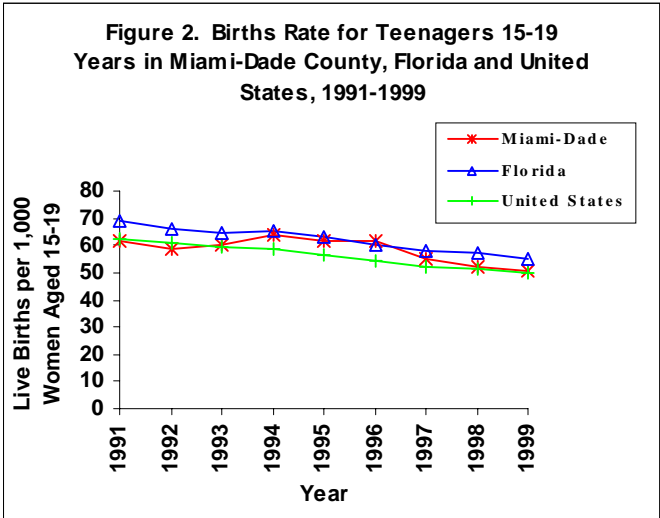
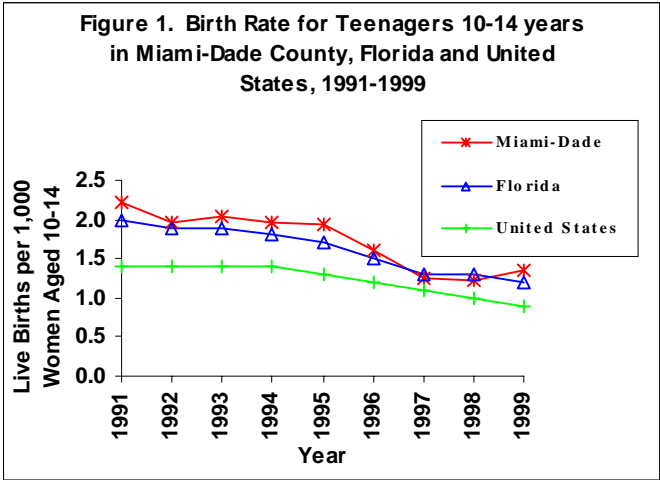


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low birth-weight (figure 4). Although birth rates among teens declined, the rate for young teenagers remains above those of Florida and the United States (figure 1).



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



Vaccination in January is Best Protection Now Against This Slow Starting Flu Season

Carina Blackmore, M.S. Vet. Med., Ph.D.

[The following article appeared in EPI UPDATE, a weekly publication by the Bureau of Epidemiology, Florida Department of Health (For January 17, 2001)]

CDC influenza surveillance supports the warning to persons at high risk for complications from influenza that it's not too late to get a flu shot this flu season. Influenza activity in the United States is increasing; however it has been low and lower than the same period last year.

The highest influenza activity was reported in Texas. However, six other states are reporting regional influenza activity: Arkansas, Colorado, Georgia, Kentucky, Maryland, and Tennessee. An additional 35 states reported sporadic influenza activity.

Since October 1, 14,010 specimens have been tested for influenza virus and 349, or 2 percent, tested positive; 259, or 74 percent, were influenza type A. However, in the Pacific region of the United States, influenza type B viruses accounted for most of the positive isolates. So far this season, influenza specimens taken from patients ill with the flu have been well-matched to the current 2000-01 influenza vaccine: A/Panama (H3N2), A/New Caledonia (H1N1), and B/Beijing.

Influenza vaccine for this flu season is in good supply now and can still save lives if administered to high risks persons in January. For each additional million elderly vaccinated this flu season, an estimated 900 deaths and 1,300 hospitalizations can be prevented, according to James Singleton from the CDC's Adult Vaccine Preventable Disease Activity.

CDC estimates that about 5 million doses of flu vaccine are still available for purchase. This week, CDC and Aventis Pasteur changed the minimum order to 50 doses, half of the earlier minimum 100 doses, to make it more convenient for smaller health care providers to be able to purchase vaccine with confidence that it will all be used. The vaccine is now available for purchase and can be used to vaccinate

anyone, including healthy adults who wish to avoid influenza illness.

During 14 of the last 18 years, the flu season peaked in January or later. The flu season runs through April. The flu shot offers protection 10 to 14 days after vaccination. In an average flu season, 20,000 Americans die and 110,000 are hospitalized because of complications from influenza illness.

"We recognize that this has been a frustrating year for doctors and patients. This fall we asked them to be patient because of the flu vaccine delays. Now the vaccine is available and we're telling them to give or get flu shots in January," said CDC's Keiji Fukuda, M.D. "That early patience combined with some persistence now to get the flu shot means Americans at high risk for complications, or anyone who wants to avoid illness from influenza, can be protected."

People at high risk for complications from influenza illness, their household contacts and health care workers who have not yet been vaccinated should make every effort to obtain vaccine and continue to be vaccinated during January, according to Dr. Fukuda.

Anyone 65 years of age or older, residents of nursing homes, adults and children 6 months of age or older with diabetes, immune system problems, or chronic lung disease are considered high risk for complications and should be vaccinated to protect against the flu. Women who will be in the second or third trimester of pregnancy during the influenza season (November through April) should be vaccinated against the flu.

Health care providers can obtain additional influenza vaccine by calling Aventis Pasteur at 800 720-8972 or visit <http://www.vaccineshoppe.com>. For more information about flu disease and flu vaccine, visit:



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<http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>

If you have questions and comments, please don't hesitate to contact me!

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Influenza Surveillance Update (Week ending January 20, 2001-Week 3)

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[The following article appeared in EPI UPDATE, a weekly publication by the Bureau of Epidemiology, Florida Department of Health (For February 2, 2001)]

Florida: Florida is one of 19 states still reporting low levels of influenza activity. Overall, two percent of 13,676 patients seeking care by reporting physicians in the influenza sentinel surveillance met the case definition for ILI during week 3. Influenza-like illness activity was detected statewide from Escambia to Miami Dade. Higher flu activity than expected for this time of year (>3%) was reported by physicians in Duval and Seminole counties. More than 10 percent of patients seen by sentinels in Orange and Leon counties were diagnosed with ILI. Ten isolates of influenza were recovered in the state this week: influenza A (H1N1) was isolated from patients in Hillsborough (1), Indian River (1), Nassau (1) and Polk (1) counties and flu B from patients in Charlotte (1), Duval (3), Hillsborough (1) and Seminole (1) counties. An adenovirus isolation was also reported this week from a patient in Hillsborough County. Since October 1, 85 influenza isolations have been reported to the state health office: 34 influenza A (H1N1) isolates from Broward, Charlotte, Dade, Duval, Escambia, Indian River, Lake, Leon, Nassau, Orange and Polk counties, one influenza A (H3N2) from Duval county, 10 untyped influenza A

isolates from Alachua, Clay, Columbia, Hillsborough, Orange, Palm Beach and Pinellas counties) and 40 influenza B isolates from Brevard, Broward, Charlotte, Clay, Duval, Hillsborough, Indian River, Leon, Levy, Orange, Palm Beach, Polk, Santa Rosa, Seminole and Volusia counties.

National report: Influenza activity is increasing nationwide. Twelve state and territorial health departments reported widespread and 18 states reported regional activity during week 3. Influenza isolates were recovered from twenty-two percent of the 1772 specimens tested by WHO and NREVSS laboratories. Seventy six percent of the isolates were flu A predominating (65-88% of all isolates) during the last three weeks in the East North Central, Mountain, New England, South Atlantic, West North Central and West South Central regions. Influenza B has predominated in the Mid-Atlantic (New York, Pennsylvania and New Jersey) and Pacific regions and approximately equal numbers of influenza A and influenza B has been reported from the East South Central (Alabama, Kentucky, Mississippi and Tennessee) region.

Of the 153 virus strains that have been antigenically characterized at CDC, all but eight have been antigenically similar to the vaccine strains. Eight A (H1N1) (7%) were similar to A/Bayern/07/95. Although this is a distinct virus, the vaccine induces production of high titers of cross-reactive antibodies to A/ Bayern-like viruses.

During week 3, the percentage of all deaths due to P&I as reported by the vital statistics offices of 122 U.S. cities was 7.9%, which is below the epidemic threshold of 8.6%. Three percent of patient visits to U.S. sentinel physicians were due to influenza-like illness (ILI). The percentage of patient visits for ILI was above baseline levels (3%) in the Mountain, Pacific and West South Central regions.



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Monthly Report

Selected Reportable Diseases/Conditions in Miami-Dade County, December 2000

Diseases/Conditions	Reported Cases	2000	1999	1998
	this Month	Year to Date	Year to Date	Year to Date
AIDS *Provisional	44	1320	1352	1601
Campylobacteriosis	19	185	172	169
Chancroid	0	0	0	2
<i>Chlamydia trachomatis</i>	181	3417	3953	3596
Ciguatera Poisoning	0	2	0	0
Cryptosporidiosis	4	38	35	36
Cyclosporiasis	0	0	2	2
Diphtheria	0	0	0	0
<i>E. coli</i> , O157:H7	4	7	5	9
<i>E. coli</i> , Other	1	2	0	0
Encephalitis	0	1	0	2
Giardiasis, Acute	13	264	111	166
Gonorrhea	101	2626	2639	2626
Granuloma Inguinale	0	0	0	0
<i>Haemophilus influenzae</i> B (invasive)	2	9	3	1
Hepatitis A	14	111	111	127
Hepatitis B	8	64	101	76
HIV *Provisional	88	1659	1729	1888
Lead Poisoning	21	401	Not available	Not available
Legionnaire's Disease	0	2	1	2
Leptospirosis	0	0	1	0
Lyme disease	1	8	7	1
Lymphogranuloma Venereum	0	0	0	2
Malaria	4	27	28	39
Measles	0	0	0	0
Meningitis (except aseptic)	5	26	37	33
Meningococcal Disease	7	33	31	14
Mumps	0	2	5	0
Pertussis	0	7	18	14
Polio	0	0	0	0
Rabies, Animal	0	0	0	1
Rubella	0	1	0	0
Salmonellosis	29	322	379	384
Shigellosis	24	255	229	345
<i>Streptococcus pneumoniae</i> , Drug Resistant	36	232	205	141
Syphilis, Infectious	2	125	86	31
Syphilis, Other	42	725	799	738
Tetanus	0	1	0	0
Toxoplasmosis	0	1	1	2
Tuberculosis *Provisional	44	274	264	290
Typhoid Fever	0	2	16	3
<i>Vibrio</i> , <i>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.



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