

Epi Monthly Report

Office of Epidemiology and Disease Control



Miami-Dade County
HEALTH DEPARTMENT

Updated childhood lead poisoning screening recommendations

Eleni D. Sfakianaki, M.D., M.S.P.H.
Medical Executive Director

May 22, 2001

Dear Colleagues:

Please find enclosed our updated screening recommendations for childhood lead poisoning. We have added children who have immigrated within the last 12 months into the United States to our list of high-risk groups.

Since we distributed our first set of recommendations last year, surveillance data indicate that recently immigrated children are also at risk for lead poisoning. Since July 1999, lead poisoning cases have been reported to us among children from the following countries: Cuba, Haiti, Mexico, El Salvador, India, Nicaragua, Venezuela, Iran, Bahamas, and Pakistan. Of cases reported to us from private providers, about 8% have been among immigrant children. Among children, primarily Cuban, seen at the Miami-Dade County Health Department's Refugee Health Assessment Center, 15% have had elevated blood lead levels.

We are also enclosing a form to report cases of childhood lead poisoning. Lead poisoning is defined in Florida as a blood lead result of $\geq 10 \mu\text{g Pb/dL}$

blood. Our Childhood Lead Poisoning and Prevention Program follows up on each case of lead poisoning with case management and education as well as environmental investigations for levels $\geq 15 \mu\text{g Pb/dL}$ blood. The information gathered from the investigation is shared with the child's physician.

If you have any questions, please call Childhood Lead Office of Epidemiology and Disease Control, Miami-Dade County Health Department at: (305) 324-2414 from 8:00AM to 5:00PM weekdays, or (305) 377-6751 after 5:00PM and during weekends.

Sincerely yours,

Eleni D. Sfakianaki

Eleni D. Sfakianaki, M.D., M.S.P.H.
Medical Executive Director



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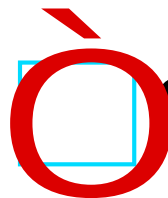
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Childhood Lead Poisoning* Screening Map for Miami-Dade County

To report lead poisoning* cases, call (305) 324-2414

Screening Guidelines:

Screen Children at ages 12 and 24 months (at 36-72 months if child has not been screened previously) who meet any of the following criteria:

- Are enrolled in Medicaid or receive health care in a publicly funded clinic
- Receive any type of public assistance
- Live in or regularly visit a house that was built before 1950
- Live in or regularly visit a house built before 1978 that is being remodeled
- Recently arrived to the U.S. within one year
- Have a sibling or playmate with lead poisoning
- Live in or attend day care in any of the following zip code areas (corresponding to the yellow shaded areas on the map)

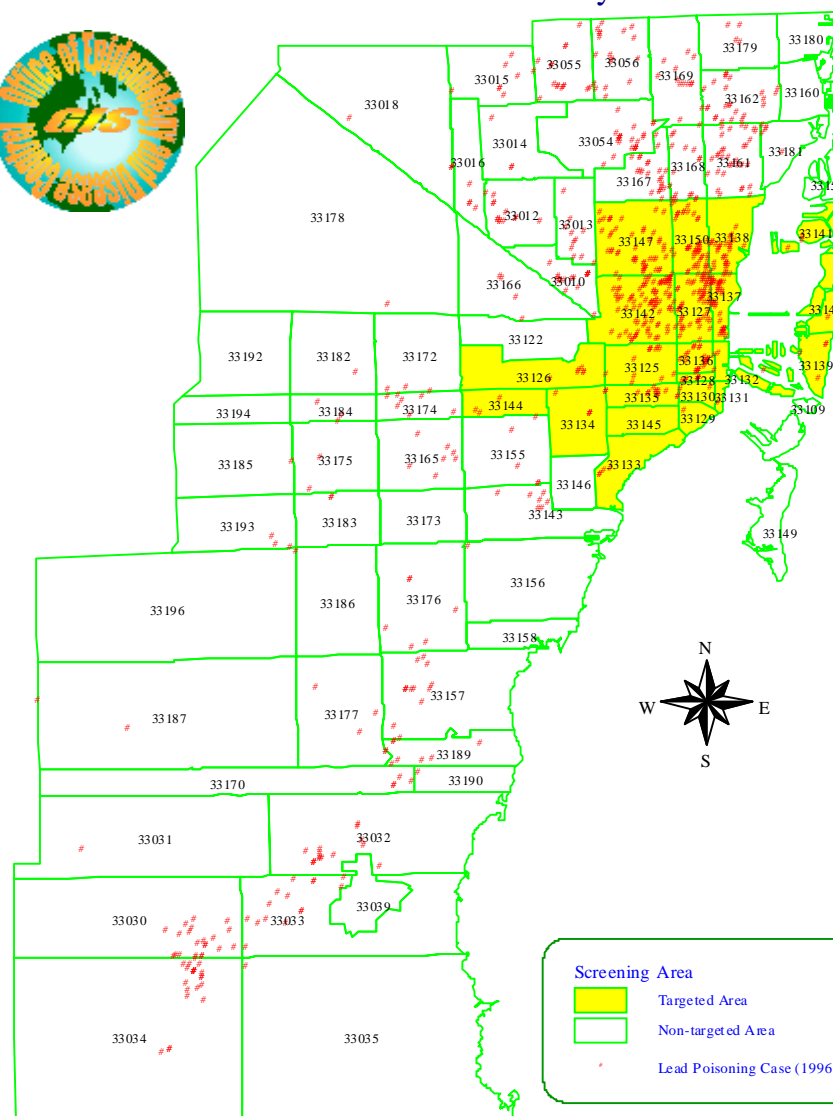
List of Target Zip Code Areas

33125 33126 33127 33128 33129 33130 33131
33132 33133 33134 33135 33136 33137 33138
33139 33140 33141 33142 33144 33145 33147
33150

* Lead Poisoning is a blood lead level greater than or equal to 10 ug/dL of whole blood.
05/10/2001



Geographic Guide to Screening Children for Lead Poisoning Miami-Dade County





Complete and fax to (305) 325-3443
Childhood Lead Poisoning Prevention Reporting Form
Any questions, please call (305) 324-2414.

Patient Name: _____, _____ **Sex:** _____ **Date of Birth:** _____

Last

First

Race: (please check)

Language: (please check)

Ethnicity: (please check)

☐ Am. Indian/Pacific Islander

☐ Spanish

☐ Hispanic

☐ Asian/Pacific islander

☐ English

☐ Non-Hispanic

☐ Black

☐ Creole

☐ Haitian

☐ White

☐ Other: _____

☐ Other: _____

☐ Other (specify _____)

Country of Birth: _____

Type of insurance: (please check) ☐ Public (i.e. Medicaid), ☐ Private, ☐ Other: _____

Parent/Guardian Name: _____, _____

Last

First

Relationship to child: _____ **Phone Number:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Blood Lead Result : _____ $\mu\text{g/dL}$

Sample Type: (check one)

Screened Site: (check one)

☐ Capillary

☐ Clinic

☐ Venous

☐ CLPPP Clinic

Sample Date: ____/____/____

☐ Private Physician

☐ Other Fixed Site

Hemoglobin Test Result: _____ **Date:** _____

Laboratory sent to: (check one)

☐ Smith Kline

☐ Quest/ Nichols Lab

☐ Mayo

☐ Jackson Memorial Hosp. Lab

☐ Other: _____

Provider Name: _____

Physician Office: _____

Test Reason: (check one)

☐ Medicaid EPSDT

☐ Follow-up

Provider Address: _____

☐ Routine Screen

City: _____ **State:** _____ **Zip:** _____

☐ Confirmatory

Provider Phone #: _____ **Fax #:** _____

☐ Symptoms

PLEASE ATTACH COPY OF LAB TEST RESULT

Summary report: Influenza activity in Florida, 2000-2001 season

Carina Blackmore, MS, Vet. Med., PhD, NE Florida

[The following article appeared in EPI UPDATE, a weekly publication by the Bureau of Epidemiology, Florida Department of Health (For May 18, 2001)]

The 2000-2001 influenza season was mild in Florida. Three hundred sixty nine viral specimens, 29% fewer than during the 1999-2000 season, were cultured for respiratory viruses in our state laboratories this year (Figure 1). Twenty four percent were positive for influenza. Most (52%) of the isolates were influenza B however influenza A/H1N1 and influenza A/H3N2 were also isolated (Figure 2; Figure 3). The percentage of influenza-like illness (ILI) patient visits to physicians participating in the Florida Influenza Sentinel Surveillance Network stayed within baseline levels (0-3%) throughout the year (Figure 3). Last season influenza activity peaked in early January when 5% of patients sought care for ILI.

Fifty-two clinics in 25 Florida counties participated in the influenza sentinel surveillance network last year. The goal of this program is to have 1 sentinel physician/ 250,000 Florida residents, a goal we hope to achieve during the 2001-2002 season.

No outbreaks of influenza were reported to the state health office.

The overall nationwide influenza activity was also milder than normal during the 2000-2001 season but nonetheless peaked in mid-late January 2001 when 24% of the respiratory specimens submitted to WHO and NERVSS laboratories tested positive for influenza and 4% of patient visits to sentinel physicians were due to ILI. During the past 3 seasons, the peak percentages of respiratory specimens positive for influenza viruses have ranged from 28% to 33% and the peak percentages for ILI visits has ranged between 5% and 6%.

Based on genetic testing of virus strains, CDC concluded that by and large, the 2000-2001 influenza

vaccine strains were well matched to circulating influenza virus strains. Circulating influenza A virus strains were very similar to this years vaccine strains. For this reason, influenza A/H1N1/New Caledonia and influenza A/H3N2/Moscow will remain the influenza A virus components of the 2001-2002 years vaccine. However, more than 80% of circulating influenza B strains were more similar to the influenza B/ Sichuan than the B/Beijing strain found in the 2000-2001 vaccine. B/Sichuan will replace B/Beijing as the influenza B component of the 2001-2002 vaccine.



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



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Figure 1. Reported flu isolations, 1999-2000 and 2000-2001 flu seasons- Florida

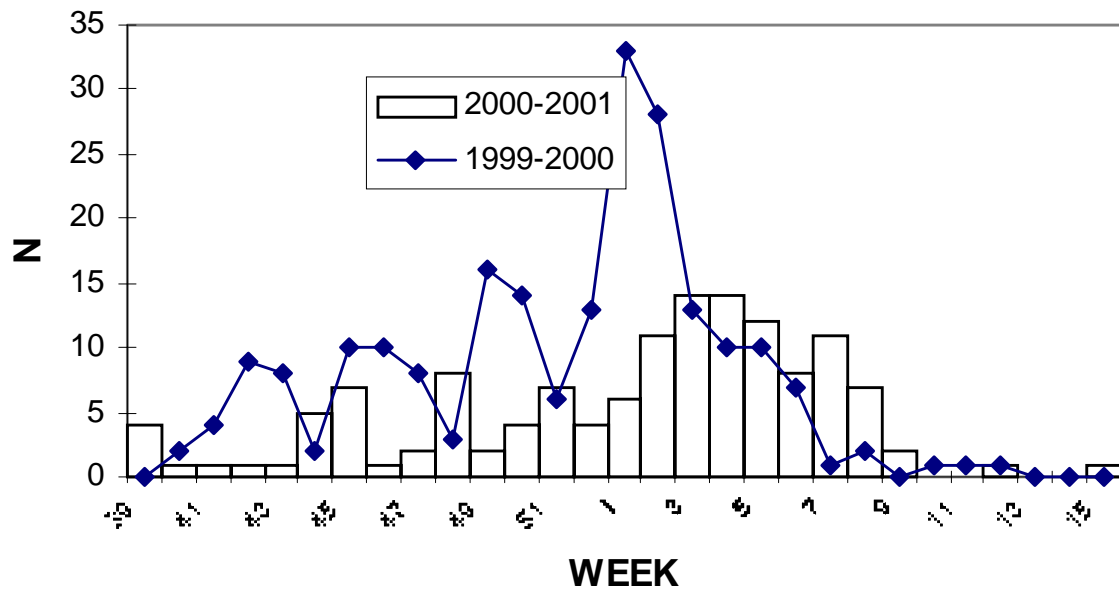


Figure 2. Influenza isolations by subtypes, Florida 2000-2001

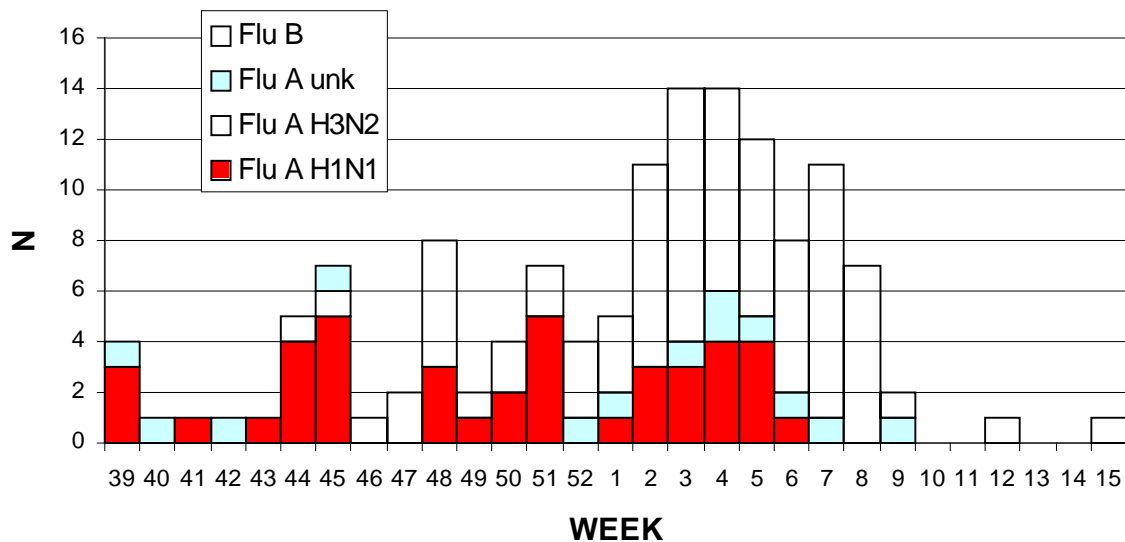
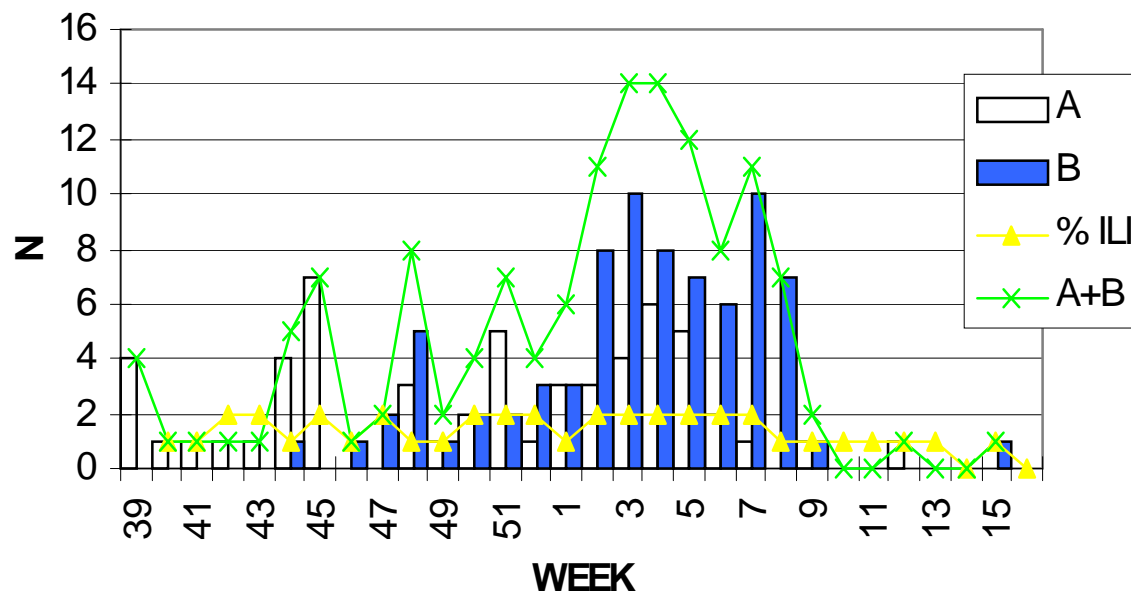


Figure 3. Influenza virus isolations and patients with Influenza-Like Illness (ILI), Florida, 2000-2001



Monthly Report

Selected Reportable Diseases/Conditions in Miami-Dade County, April 2001

Diseases/Conditions	Reported Cases this Month	2001 Year to Date	2000 Year to Date	1999 Year to Date	1998 Year to Date
AIDS *Provisional	107	479	538	562	544
Campylobacteriosis	10	31	20	27	18
Chancroid	0	0	0	0	0
<i>Chlamydia trachomatis</i>	267	946	1442	1466	671
Ciguatera Poisoning	0	0	0	0	0
Cryptosporidiosis	1	5	1	3	2
Cyclosporiasis	0	0	0	0	0
Diphtheria	0	0	0	0	0
<i>E. coli</i> , O157:H7	0	0	0	0	0
<i>E. coli</i> , Other	0	0	0	0	0
Encephalitis	0	0	0	0	0
Giardiasis, Acute	28	73	3	15	15
Gonorrhea	121	585	1125	1049	480
Granuloma Inguinale	0	0	0	0	0
<i>Haemophilus influenzae</i> B (invasive)	0	1	1	0	0
Hepatitis A	15	52	22	18	46
Hepatitis B	4	13	7	11	17
HIV *Provisional	156	529	547	557	611
Lead Poisoning	26	84	118	Not available	Not available
Legionnaire's Disease	0	0	0	0	1
Leptospirosis	0	0	0	0	0
Lyme disease	1	2	0	0	0
Lymphogranuloma Venereum	0	0	0	0	0
Malaria	0	8	2	6	6
Measles	0	0	0	0	0
Meningitis (except aseptic)	1	3	6	11	7
Meningococcal Disease	2	6	7	5	2
Mumps	0	0	1	2	0
Pertussis	1	1	3	2	7
Polio	0	0	0	0	0
Rabies, Animal	0	0	0	0	1
Rubella	0	0	0	0	0
Salmonellosis	17	51	37	50	61
Shigellosis	9	28	27	38	50
<i>Streptococcus pneumoniae</i> , Drug Resistant	15	60	68	56	25
Syphilis, Infectious	11	58	49	25	10
Syphilis, Other	79	259	272	349	191
Tetanus	1	1	0	0	0
Toxoplasmosis	3	4	0	0	0
Tuberculosis *Provisional	14	39	80	74	111
Typhoid Fever	0	0	0	15	2
<i>Vibrio</i> , <i>cholera</i>	0	0	0	0	0
<i>Vibrio</i> , Other	0	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.

