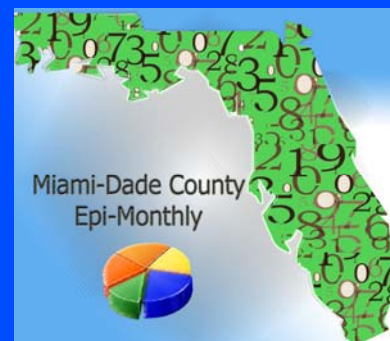


Epi Monthly Report



Surveillance of Emergency Department (ED) Visits and Reporting Practices for Chicken Pox in Miami-Dade County, 2007

Lizbeth Londono, BS, Anthoni Llau, MPH, Erin O'Connell, MPH, Fermin Leguen, MD, MPH, Guoyan Zhang, MD, MPH,

Background

Chicken pox is a disease caused by infection with the varicella zoster virus, which causes fever and an itchy rash. The vaccine has been available in the US since 1995; however, since then, approximately 10,600 persons have been hospitalized and 100 to 150 die each year. **In December 2006, chicken pox became a reportable disease in Florida.** Miami-Dade County Health Department notified all providers and hospitals in the county of this change by mailing the 2007 Miami Dade Healthcare Provider Reportable Disease Handbook.

Methods

Data from the year 2007 was extracted by querying for chicken pox or varicella as the chief complaint for ED visits in Electronic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE) and varicella cases in the Florida electronic disease reporting system, Merlin. Fourteen of the county's largest hospitals participate in ESSENCE; however, there are 9 smaller hospitals with emergency departments that are not part of ESSENCE. Variables studied include: age, race/ethnicity, gender and month of ED visits. Analysis was conducted using SAS 9.1.3.

Results

ESSENCE data: There were 120 ED visits for chicken pox among hospitals which participate in ESSENCE.

Children under age 4 had the highest rate (19 per 100,000 population) of ED visits for chicken pox. The rate consistently decreased with age. Seasonality showed that the numbers of ED visits were highest during November thru February. There was no difference in the rate of ED visits between males and females.

Merlin data: There were 43 reported cases of chicken pox in 2007 of which 26 (60.5 %) were confirmed and 17 (39.5%) were probable. Among all the reported cases, 26 were among males and 17 were among females. Miami Dade County's cases accounted for 3.3% of cases in Florida; however, the county encompasses 14% of the state's population.

Conclusions:

Since only 43 cases were reported but there were 120 emergency department visits in addition to an unknown number of visits at private healthcare providers and hospitals not using ESSENCE, there is a discrepancy in the number of reported chicken pox cases. This may be due to lack of awareness about the updated reportable disease guidelines. Emphasis on communicating the updated reportable disease list via email, phone, mail, and on-site hospital visits may be necessary to ensure compliance with reporting. Vaccination among children under 4 may lower overall rates of chicken pox in the community.

Inside this issue:

Surveillance of ED Visits and Reporting Practices for Chicken Pox in Miami-Dade County, 2007

1

Incidence of Lead Poisoning Among Haitian Children in Miami-Dade County, 1999-2006

2

Selected Notifiable Disease Reports, Comparison with Historical data, March 2008

3

Avian Flu Watch

4

Monthly Report, Selected Reportable Diseases/ Conditions in Miami-Dade County, March 2008

5

Fermin Leguen MD, MPH
Chief Physician, Miami-Dade County Health Department
Director, Office of Epidemiology and Disease Control

8600 NW 17th Street
Suite 200
Miami, Florida 33126

Tel: (305) 470-5660
Fax: (305) 470-5533
E-mail:
Fermin_Leguen@doh.state.fl.us

Incidence of Lead Poisoning Among Haitian Children in Miami-Dade County, 1999-2006

Alicia Camps Sotirescu, MD, MS, GPM

Background

According to data from the 2000 U. S. Census Bureau, approximately 96,000 Haitians reside in Miami-Dade County, representing 4.2% of the county's population. Twenty six percent of the lead poisoning cases reported to the Miami-Dade County Childhood Lead Poisoning Prevention Program (CLPPP) between 1999 and 2006 were of Haitian origin. A lead poisoning case is defined as a blood lead level of 10ug/dL (microgram per deciliter) or greater of whole blood lead measured from a venous specimen or blood lead levels of 10 ug/dL or greater from two capillary draws within 12 weeks of each other. Lead poisoning can cause reductions in IQ (intelligence quotient), leading to learning disabilities, behavioral problems, impaired growth, hearing loss, seizures, coma, and even death caused by very high levels (higher than 70ug/dL).

Methods

Data was collected among Haitian children who resided in Miami-Dade County and who had elevated blood lead levels (EBLLs) reported to the CLPPP between 1999-2006. The children were divided into two different age groups: children 0 to 6 years and children 6 to 18 years. Data was extracted using the Systematic Tracking of Elevated Lead Levels And Remediation (STELLAR) database and analysis was conducted using SAS 9.1.3.

Results

The CLPPP received 2,602 reports of lead poisoning between 1999 and 2006 and of these reports, 696 (26.7%) were among Haitians. The majority (69%) of children had a blood lead level between 10-14 ug/dL (Figure 1.2). Fifty six percent of Haitian children with elevated lead poisoning levels were male and forty four percent were female. Children under 6 years of age accounted for 88.2% of the Haitian cases in Miami-Dade County. Children between 1-2 years represented 43% of all cases and lead poisoning decreased with age.

Limitations

This data may not reflect the actual incidence of lead poisoning among Haitian children due to: lack of accessibility to healthcare services and non-compliance of healthcare providers and/or parents with the recommendations for testing blood lead levels.

Conclusions

Despite the decrease in the number of lead poisoning cases among Haitian children in recent years, it still remains a public health threat, as evidenced by the number of children with high blood levels of lead among recent immigrants. There is also a high proportion of old buildings (built before 1978) in the Little Haiti neighborhood, which is a common location for newly arrived Haitian immigrants to live. Increased childhood lead poisoning outreach and educational efforts in the Haitian community are necessary. Health care providers should become more aware about the importance of screening children at high risk for lead poisoning. High risk groups include children enrolled in Medicaid and WIC programs, immigrants, and adopted and foster children.

Figure 1.1 Number of Haitian Children with Lead Poisoning by Age in Miami-Dade County, 1999-2006

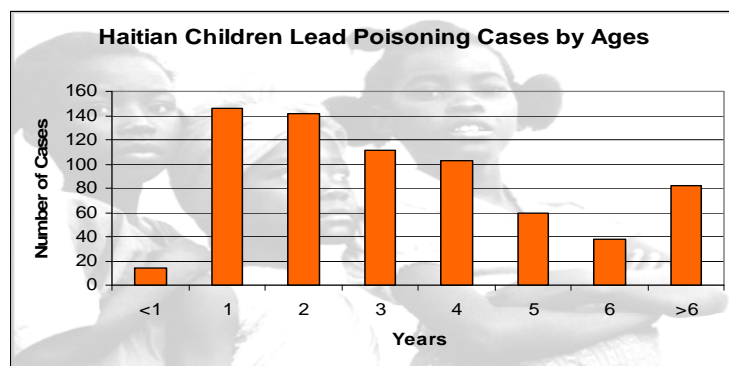
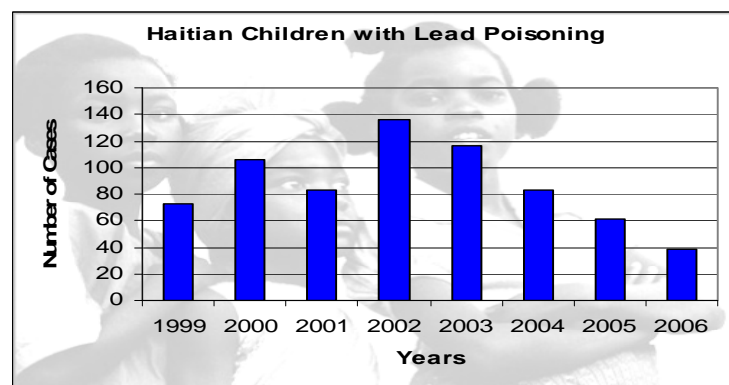


Figure 1.2 Number of Haitian Children with Lead Poisoning in Miami-Dade County, 1999-2006



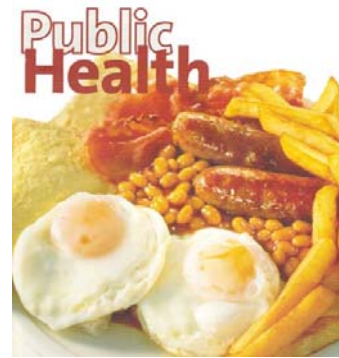
April is

- Alcohol Awareness Month
- Autism Awareness Month
- Cancer Control Month
- Cesarean Awareness Month
- Child Abuse Prevention Month
- Counseling Awareness Month
- Health Information Privacy and Security Week (13—19)
- Occupational Therapy Month
- NATIONAL PUBLIC HEALTH WEEK (7—13)**
- Sexual Assault Awareness Month
- STD Awareness Month
- Women's Eye Health and Safety Month
- World Health Day (7)
- National Youth Sports Safety Month



TO REPORT ANY DISEASE AND FOR INFORMATION CALL: Office of Epidemiology and Disease Control

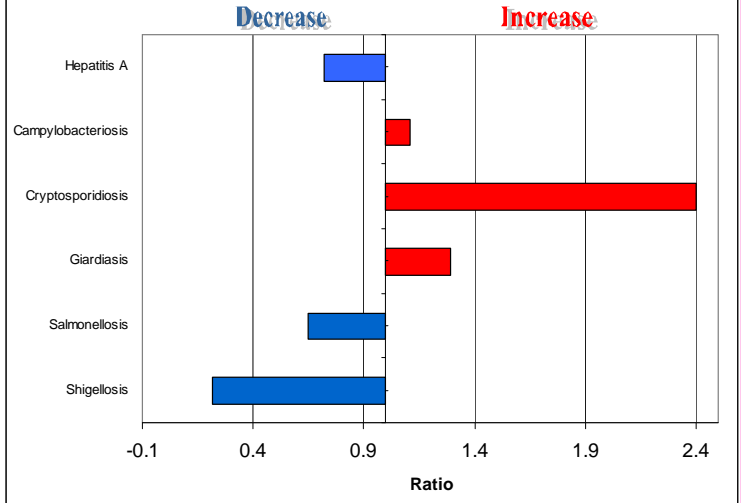
Childhood Lead Poisoning Prevention Program	305-470-6877
Hepatitis	305-470-5536
Other diseases and outbreaks	305-470-5660
HIV/AIDS Program	305-470-6999
STD Program	305-325-3242
Tuberculosis Program	305-324-2470
Special Immunization Program	786-845-0550



Need a website for kids to learn about their health?

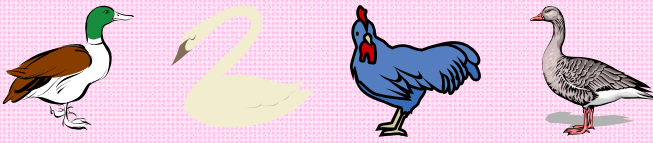
BAM is an online destination for kids (9-13) created by the Centers for Disease Control and Prevention (CDC). BAM! Provides kids with the information they need to make healthy lifestyle choices. The site focuses on topics such as diseases, food & nutrition, physical activity, and safety — using kid-friendly lingo, games, quizzes, and other interactive features.

Selected Notifiable Disease Reports, Miami-Dade County, Comparison with Historical Data, Mar, 2008



AVIAN FLU WATCH

Unless indicated, information is current as of
April 17, 2008



- Since 2003, there have been 381 human cases of avian influenza (H5N1) confirmed by the World Health Organization (WHO). Of these, 240 cases have died. This means there is a 63% (240/381) fatality rate.
- **14 Countries with confirmed human cases** include Cambodia, China, Djibouti, Indonesia, Thailand, Vietnam, Iraq, Azerbaijan, Egypt, Turkey, Nigeria, Pakistan, Myanmar, and Lao People's Democratic Republic .



- **No human cases of avian influenza (H5N1) have been reported in the United States.**
 - **H5N1 has been confirmed in birds in several other countries since 2003.** H5N1 has been documented in birds in more than 30 countries in Europe & Eurasia, South Asia, Africa, East Asia and the Pacific, and the Near East. For a list of these countries, visit the World Organization for Animal Health Web Site at :
http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm.
 - **No restrictions on travel to affected countries have been imposed.** Travelers should avoid contact with live poultry and monitor their health for ten days after returning from an affected country.
- SOURCES: WHO, OIE, CDC

PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

The Miami-Dade County Health Department
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 **Erin O'Connell** at 305-470-5660.

About the Epi Monthly Report

The Epi Monthly Report is a publication of the Miami-Dade County Health Department, Office of Epidemiology and Disease Control. 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, contact Lizbeth Londoño at 305-470-6918.

Monthly Report
Selected Reportable Diseases/Conditions in Miami-Dade County,
March 2008

Diseases/Conditions	2008	2008	2007	2006	2005	2004
	this Month	Year to Date	Year to Date	Year to Date	Year to Date	Year to Date
AIDS ^{*Provisional}	159	381	245	357	372	395
Campylobacteriosis	13	36	28	29	19	27
Ciguatera Poisoning	2	5	0	0	0	0
Cryptosporidiosis	4	6	7	4	5	2
Cyclosporiasis	1	3	0	0	0	0
Dengue Fever	0	1	0	0	0	1
<i>E. coli</i> , O157:H7	2	0	0	0	0	0
<i>E. coli</i> , Non-O157	0	0	0	0	0	0
Encephalitis (except WNV)	1	1	0	0	0	0
Encephalitis, West Nile Virus	0	0	0	0	0	0
Giardiasis, Acute	27	47	33	40	33	68
Hepatitis A	5	10	8	10	15	6
Hepatitis B	1	2	3	4	7	12
HIV ^{*Provisional}	151	449	351	300	359	436
Influenza A (H5)	0	0	0	0	0	0
Influenza Isolates	0	0	0	0	0	0
Influenza Novel Strain	0	0	0	0	0	0
Influenza, Pediatric Death	0	0	0	0	0	0
Lead Poisoning	13	36	33	32	23	45
Legionnaire's Disease	2	3	1	0	1	0
Leptospirosis	0	0	0	0	0	0
Lyme disease	0	0	0	0	0	0
Malaria	1	1	0	3	0	3
Measles	0	0	0	0	0	0
Meningitis (except aseptic)	1	1	1	1	3	0
Meningococcal Disease	1	1	2	6	3	7
Mumps	0	1	1	0	0	0
Pertussis	0	0	10	3	1	0
Rubella	0	0	0	0	0	0
Rubella, Congenital	0	0	0	0	0	0
Salmonellosis	23	65	72	65	66	56
Shigellosis	5	8	30	23	52	56
<i>Streptococcus pneumoniae</i> , Drug Resistant	10	24	22	28	3	8
Tetanus	0	0	0	0	0	0
Toxoplasmosis	0	0	1	0	0	1
Tuberculosis ^{**Provisional}	15	42	41	61	43	38
Typhoid Fever	0	0	0	2	2	1
<i>Vibrio cholera</i> Type O1	0	0	0	0	0	0
<i>Vibrio cholera</i> Non-O1	0	0	0	0	0	0
<i>Vibrio</i> , Other	0	0	0	0	0	0
West Nile Fever	0	0	0	0	0	0

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

** Data on tuberculosis are provisional at the county level.