Miami-Dade County Health Department Office of Epidemiology and Disease Control OLUME 9. ISSUE 7 August 2008

Epi Monthly Report

Deaths & Hospitalizations Due to Motor Vehicle Crashes Children Aged 0-17 Years, Miami-Dade County, 2000-2006

Steve Dearwater, MS



Being the occupant of a motor vehicle involved in a crash is the leading cause of death and 3rd leading cause of hospitalized injury among children aged 0-17 years in Miami-Dade County. More than half of these deaths and serious injuries could be prevented by placing children in

age- and size-appropriate restraint systems. This fact sheet reviews the trend in motor vehicle crash (MVC) deaths and hospitalizations in Miami-Dade County over the seven-year period 2000-2006

Trend for MVC Deaths and Hospitalizations

Between 2000-2006, 137 Miami-Dade County children aged 0-17 years died as occupants in MVC's. After four years of unchanged incidence between 2001-2004, the mortality rate declined 60% between 2004-2006 to its lowest observed rate in 2006.

Nonfatal injuries from MVC's that required hospitalization also declined since 2004, although not as sharply as observed for deaths. Between the highest nonfatal rate observed in 2002 to 2006, the hospitalized injury rate has declined 26%.





Hospitalization Rate for Injuries to Motor Vehicle

Crash Occupants, Children Aged 0-17 Yrs.



Inside this issue:

Deaths & Hospitalizations Due to Motor Vehicle Crashes Children Aged 0-17 Years

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

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Trend in Traumatic Brain Injury Incidence for MVC Victims

- Motor vehicle crashes are the number one cause of fatal traumatic brain injury (TBI) and 3rd leading cause of hospitalized TBI in this age group.
- After reaching a peak in 2004, when 23% of fatal MVC victims sustained a TBI, the incidence declined to 6% in 2006, the lowest rate seen this decade.
- The percentage of children hospitalized with a diagnosis of TBI has also declined consistently over this 7-year period, from a high of 30% in 2000 to 19% in 2006.



The 7-year trend for MVC injury rates were compared for 4 different age groups. The injury rates presented combine injury for both deaths and hospitalizations.

- The MVC injury rate for adolescents aged 15-17 years fluctuated greatly over this 7-year period. However, since its peak in 2002 (115.8/100,000) and 2006 (83.3/100,000), the rate has declined 28%.
- The MVC injury rate for children aged 10-14 years declined 45% between 2001-2006, with most of this decline occurring after 2004.
- Age 5-9 corresponds to the age when children should be using booster seats or car seats with harnesses and higher weight limits. This age group has demonstrated the worst trend of any age group, increasing 72% between 2000-2004. Since 2004, the rate declined sharply in 2005 then increased slightly in 2006.
- Age 0-4 corresponds to the age when children must be properly restrained in car seats with harnesses. Since 2000, the injury rate for this age group has declined 56%.



Injury Rate/100,000 Children Aged 0-17 Yrs



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Prevention Points

- Everybody needs a child safety seat, booster seat, or safety belt every ride.
- Not properly restraining your child is against the law and punishable by a fine.
- Each child must be in a car seat sized according to the child's age, height and weight.
- Never hold a child on your lap in a car! You could crush him/her in a crash, or the child may be torn from your arms. You are not as strong as the force of the vehicle and its speed.



- All children under 13 years old should ride properly restrained in the back seat
 - Children 0-18 months should be in rear facing car seats. $\mathbf{\nabla}$
 - ☑ Children older than 18 months until they reach 40 pounds should travel in a forward facing car seat with a harness.
 - Children more than 40 pounds should use a booster seat with the car's lap and shoulder belt or a car seat with a five point harness that accommodates children over 40 pounds.
 - ☑ Children between 8-11 years old or at least 4'9" tall are ready to use the adult lap and shoulder belt if: - The shoulder belt lies across the middle shoulder and chest (not against the neck)
 - The lap belt lies low across the upper thighs (not across the stomach)
 - The child is tall enough to sit against the vehicle seat back with knees bent naturally over the edge of the seat without slouching and stay in that position throughout the trip.
- Child Passenger Safety Programs in Miami—Dade County: Injury Free Coalition for Kids of Miami 305-243-3928 City of Miami Beach Fire Rescue Child Passenger Safety Program 305-673-4935 Florida Highway Patrol Child Car Seat Program 305-470-2260 Miami Dade Fire Rescue Child Car Seat Program 786-331-4927 Miami Dade Police Department Child Car Seat Program 305-471-3055 To locate a child safety seat inspection station outside the Miami area call 866-SEAT-CHECK

August is...

- **Cataract** Awareness Month
- Children's Eve Health and Safety Month
- National Immunization Awareness Month
- **Psoriasis Awareness Month**
- National Minority Donor Awareness Day







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 outbreak <mark>s</mark>	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

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AVIAN FLU WATCH Unless indicated, information is current as of June 2008

• Since 2003, there have been 385 human cases of avian influenza (H5N1) confirmed by the World Health Organization (WHO). Of these, 243cases have died. This means there is a 63% (243/385) fatality rate.

• **15 Countries with confirmed human cases** include Bangladesh, 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.

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

Diseases/Conditions 2008 bis Month 2008 Year to Date 2007 Year to Date 2005 Year to Date 2004 Year to Date 2005 Year to Date 2004 Year to Date 2004 Year to Date 2005 Year to Date 2004 Year to Date 2004 Year to Date 2005 Year to Date 2004 Year to Date 2004 Year to Date 2004 Year to Date 2005 Year to Date 2004 Year to Date		701125					
This Month Year to Date Year to Date <td rowspan="2">Diseases/Conditions</td> <td>2008</td> <td>2008</td> <td>2007</td> <td>2006</td> <td>2005</td> <td>2004</td>	Diseases/Conditions	2008	2008	2007	2006	2005	2004
AIDS 96 773 468 725 831 840 Campylobacteriosis 12 77 85 96 83 87 Cynpspordidosis 4 11 16 8 15 11 Cynpspordidosis 0 4 0 0 11 1 Cynpsporosis 0 4 0 0 11 1 0 3 E. coll, O-O157 0 0 0 0 0 0 0 1 Encephalitis (west Nile Vrus 0 0 0 0 0 0 0 3 20 Hepatitis B 3 10 10 15 30 24 444 119 114 174 Hepatitis B 3 10 10 15 30 24 444 119 114 174 4683 1026 1026 1026 1026 1026 1026 1026 1026 1026 <td< td=""><td>this Month</td><td>Year to Date</td><td>Year to Date</td><td>Year to Date</td><td>Year to Date</td><td>Year to Date</td></td<>		this Month	Year to Date				
Campybbacteriosis 12 77 865 966 883 87 Ciguateia Poisoning 2 12 0 </td <td>AIDS "Provisional</td> <td>96</td> <td>773</td> <td>488</td> <td>725</td> <td>831</td> <td>840</td>	AIDS "Provisional	96	773	488	725	831	840
Clguate Poisoning 2 12 0 0 0 Crytosporidiosis 4 11 16 8 15 11 Dengue Faver 0 1 3 1 0 3 E. coll, Non-O157 0 0 0 0 0 0 0 E. coll, Non-O157 0	Campylobacteriosis	12	77	85	96	83	87
Cryptosporidiosis 4 11 16 8 15 11 Cyclosporosis 0 4 0 01 1 1 0 Dengue Fever 0 1 3 1 0 3 1 0 3 E. coli, Non-O157 0	Ciguatera Poisoning	2	12	0	0	0	0
Cyclosporois 0 4 0 11 1 Dengue Fever 0 1 3 1 0 38 E. coll, OTS7.H7 0	Cryptosporidiosis	4	11	16	8	15	11
Dengue Fever 0 1 3 1 0 33 E. coll, Non-0157 0	Cyclosporosis	0	4	0	0	11	1
E. coli, O157:H7 0 0 0 0 0 0 E. coli, Non-O157 0 <	Dengue Fever	0	1	3	1	0	3
E. coli, Non-O157 0 0 0 0 0 0 Encephallits (except WNV) 1 2 1 0 0 1 1 Glardiasis, Acute 23 140 144 119 114 174 Hepatits A 3 19 17 25 33 20 Hepatits B 3 10 155 1017 833 660 859 1026 Influenza A (H5) 0 0 0 0 0 0 0 0 Influenza Novel Strain 0	E. coli , O157:H7	0	0	0	0	0	0
Encephalitis (except WNV) 1 2 1 0 0 Encephalitis, West Nile Virus 0 0 0 0 0 3 Siardiasis, Acute 23 140 144 119 114 174 Hepatitis A 3 19 17 25 33 20 Hepatitis B 3 10 10 15 30 24 HV "Provenand 155 1017 833 660 859 1026 Influenza K(H5) 0	<i>E. coli</i> , Non-O157	0	0	0	0	0	0
Encephalitis, West Nile Virus 0 0 0 0 3 Giardiasis, Acute 23 140 144 119 114 174 Hepatitis A 3 19 17 25 33 20 Hepatitis B 3 10 10 15 30 24 HV Provisional 155 1017 833 660 859 1026 Influenza A (H5) 0 <t< td=""><td>Encephalitis (except WNV)</td><td>1</td><td>2</td><td>1</td><td>0</td><td>0</td><td>1</td></t<>	Encephalitis (except WNV)	1	2	1	0	0	1
Glardiasis, Acute 23 140 144 119 114 174 Hepatitis A 3 19 17 25 33 20 Hepatitis B 3 10 0 155 1017 833 660 859 1026 Influenza A (H5) 0 </td <td>Encephalitis, West Nile Virus</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>3</td>	Encephalitis, West Nile Virus	0	0	0	0	0	3
Hepatitis A 3 19 17 25 33 20 Hepatitis B 3 10 10 15 30 24 HW ^{'Provisional} 155 1017 833 660 859 1026 Influenza (H5) 0 <t< td=""><td>Giardiasis, Acute</td><td>23</td><td>140</td><td>144</td><td>119</td><td>114</td><td>174</td></t<>	Giardiasis, Acute	23	140	144	119	114	174
Hepatitis B 3 10 15 30 24 HV ^{Provisional} 155 1017 833 660 859 1026 Influenza A (H5) 0 0 0 0 0 0 0 0 0 Influenza Solates 0 <	Hepatitis A	3	19	17	25	33	20
HIV ^{-Provisional} 155 1017 833 660 859 1026 Influenza A (H5) 0	Hepatitis B	3	10	10	15	30	24
Influenza A (H5) 0	HIV *Provision al	155	1017	833	660	859	1026
Influenza Isolates 0	Influenza A (H5)	0	0	0	0	0	0
Influenza Novel Strain 0	Influenza Isolates	0	0	0	0	0	0
Influenza, Pediatric Death 0 177 Legionnaire's Disease 0 0 0 0 0 0 0 0 2 00 0 <th< td=""><td>Influenza Novel Strain</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></th<>	Influenza Novel Strain	0	0	0	0	0	0
Lead Poisoning 20 93 78 81 105 177 Legionnaire's Disease 0 5 1 7 2 6 Leptospirosis 0 0 0 0 2 0 Lyme disease 1 3 0 0 0 2 0 Malaria 1 4 5 7 4 10 Measles 0 0 0 0 0 0 1 Meningitis (except aseptic) 0	Influenza, Pediatric Death	0	0	0	0	0	0
Legionnaire's Disease 0 5 1 7 2 6 Leptospirosis 0 0 0 0 2 0 Lyme disease 1 3 0 0 0 2 0 Malaria 1 4 5 7 4 10 Measles 0 0 0 0 0 0 14 Meningits (except aseptic) 0 </td <td>Lead Poisoning</td> <td>20</td> <td>93</td> <td>78</td> <td>81</td> <td>105</td> <td>177</td>	Lead Poisoning	20	93	78	81	105	177
Leptospirosis 0 0 0 2 0 Lyme disease 1 3 0 0 0 2 Malaria 1 4 5 7 4 10 Measles 0 0 0 0 0 0 1 Meningcoccal Disease 0 6 5 8 5 12 Mumps 0 2 1 0	Legionnaire's Disease	0	5	1	7	2	6
Lyme disease 1 3 0 0 2 Malaria 1 4 5 7 4 10 Measles 0 0 0 0 0 1 Meningitis (except aseptic) 0 <	Leptospirosis	0	0	0	0	2	0
Malaria 1 4 5 7 4 10 Measles 0 0 0 0 0 1 Meningitis (except aseptic) 0 0 0 0 0 0 Munps 0 2 1 0 0 0 0 Petussis 1 13 12 5 8 7 Rubella 0 1 0 0 0 0 Rubella, Congenital 0 0 0 0 0 0 S higellosis 48 238 180 284 255 225 S higellosis 6 25 75 67 167 109 S treptococcus pneumoniae, Drug Resistant 5 69 57 70 43 50 Tetanus 0 0 0 0 0 0 0 0 Toxoplasmosis 0 0 0 0 0 0 0 0 Vibrio cholera Non-O1 0 0 0	Lyme disease	1	3	0	0	0	2
Measles 0 </td <td>Malaria</td> <td>1</td> <td>4</td> <td>5</td> <td>7</td> <td>4</td> <td>10</td>	Malaria	1	4	5	7	4	10
Meningitis (except aseptic) 0<	Measles	0	0	0	0	0	1
Meningococcal Disease 0 6 5 8 5 12 Mumps 0 2 1 0 </td <td>Meningitis (except aseptic)</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td>	Meningitis (except aseptic)	0	0	0	0	0	0
Mumps 0 2 1 0 0 0 Petussis 1 13 12 5 8 7 Rubella 0 1 0 0 0 0 0 Rubella, Congenital 0	Meningococcal Disease	0	6	5	8	5	12
Petussis 1 13 12 5 8 7 Rubella 0 1 0	Mumps	0	2	1	0	0	0
Rubella 0 1 0 0 0 0 Rubella, Congenital 0 <td>Pertussis</td> <td>1</td> <td>13</td> <td>12</td> <td>5</td> <td>8</td> <td>7</td>	Pertussis	1	13	12	5	8	7
Rubella, Congenital 0	Rubella	0	1	0	0	0	0
Salmonellosis 48 238 180 284 255 225 Shigellosis 6 25 75 67 167 109 Streptococcus pneumoniae, Drug Resistant 5 69 57 70 43 50 Tetanus 0 0 0 0 0 0 0 0 Toxoplasmosis 0<	Rubella, Congenital	0	0	0	0	0	0
Shigellosis 6 25 75 67 167 109 Streptococcus pneumoniae, Drug Resistant 5 69 57 70 43 50 Tetanus 0 <td< td=""><td>Salmonellosis</td><td>48</td><td>238</td><td>180</td><td>284</td><td>255</td><td>225</td></td<>	Salmonellosis	48	238	180	284	255	225
Streptococcus pneumoniae, Drug Resistant 5 69 57 70 43 50 Tetanus 0 <	Shigellosis	6	25	75	67	167	109
Tetanus 0 </td <td>S<i>t</i>reptococcus pneumoniae, Drug Resistant</td> <td>5</td> <td>69</td> <td>57</td> <td>70</td> <td>43</td> <td>50</td>	S <i>t</i> reptococcus pneumoniae, Drug Resistant	5	69	57	70	43	50
Toxoplasmosis 0 133 98 92 115 104 133 133 133 134 133 133 133 133 133 130 133	Tetanus	0	0	0	0	0	0
Tuberculosis *Provisional 13 98 92 115 104 133 Typhoid Fever 0 0 0 1 2 <td>Toxoplasmosis</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td>	Toxoplasmosis	0	0	0	0	0	0
Typhoid Fever 0 0 1 2 2 2 2 Vibrio cholera Type O1 0	Tuberculosis ^{*Provisional}	13	98	92	115	104	133
Vibrio cholera Type O1 0	Typhoid Fever	0	0	1	2	2	2
Vibrio cholera Non-O1 0 2	Vibrio cholera Type O1	0	0	0	0	0	0
Vibrio, Other 0 2	V <i>ibrio</i> cholera Non-O1	0	0	0	0	0	0
West Nile Fever 0 0 0 0 2	Vibrio, Other	0	0	0	0	0	0
	West Nile Fever	0	0	0	0	0	2

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

 $\ast\ast$ Data on tuberculosis are provisional at the county level.

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