Epi Monthly

Florida Department of Health in Miami-Dade County May 2022 Vol 23, Issue 5

Public Health LOOK OUT!

- June is **Alzheimer's and Brain Awareness Month**. This month raises awareness on Alzheimer's and other dementias that burden an estimated 55 million people globally. In the United States, Alzheimer's disease is the most common type of dementia, with more than 6 million individuals living with this devastating disease. This month is dedicated to promote brain health and educate the public on Alzheimer's and other dementias, fighting existing stigma to #ENDALZ. Visit alz.org to learn more!
- **National Men's Health Week** is celebrated **June 13-19th**, to encourage men and young boys to take care of their physical and mental health. In the United States, more than 1 in 3 men are overweight, and approximately 1 in every 4 die due to heart disease, the leading cause of death for men in the U.S. This week details the importance of regular visits to the doctor, healthy food choices, and incorporating physical activity into daily habits. Being proactive with our health is essential to reducing risk of chronic disease and living long healthy lives. Visit CDC.gov view recent data on men's health in the U.S.
- **National HIV Testing Day** is observed on **June 27th** each year to increase awareness on the importance of HIV testing and early diagnosis. In the United States, by the end of 2019, approximately 1.19 million people had HIV and of these, about 13% were unaware of their infection. This year's theme is "HIV Testing is Self-Care", emphasizing how knowing your status is essential to staying healthy and promoting well-being through early diagnosis and treatment. Options to self-test provide a great way to learn your HIV status on your own time and in your own space. Visit the CDC.gov to learn more on HIV self-tests.

For the most recent information on COVID-19 in Florida please visit: https://floridahealthcovid19.gov/

In this Issue

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International Investigation of Monkeypox Virus Infection in Non-Endemic Countries

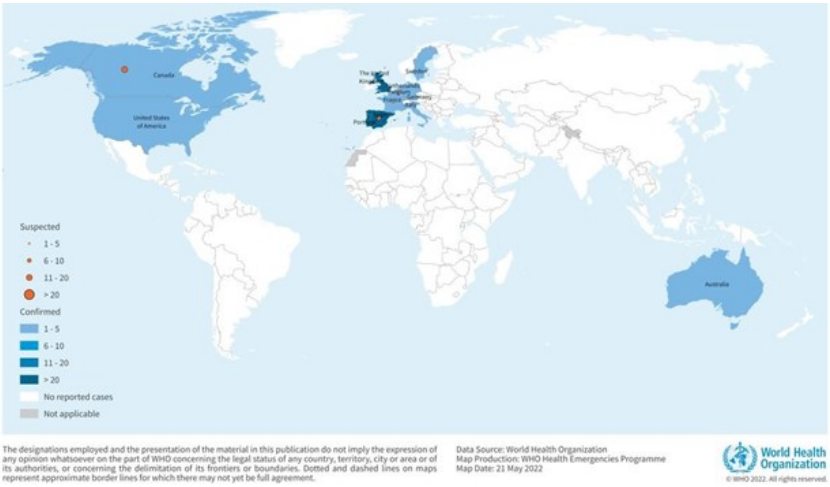
By: Yoselin Garcia

What is Monkeypox?

Monkeypox, a rare zoonotic disease endemic to countries in central and western Africa, is caused by the monkeypox virus. Monkeypox virus belongs to the genus *Orthopoxvirus* in the family *Poxviridae*. The *Orthopoxvirus* genus also includes variola virus (smallpox), vaccinia virus (smallpox vaccine), and cowpox virus. While the first human case of this rare disease was observed in 1970 in the Democratic Republic of the Congo, monkeypox was first discovered in 1958 among a colony of monkeys used for research purposes.[1] There are two clades of the monkeypox virus, the West African clade and the Congo Basin (Central African) clade.[2] Case fatality is 1% and 10% for the West and Central African clades, respectively.[3] The incubation period of the monkeypox virus can range from 5-21 days but is more commonly observed within 7-14 days. Initial symptoms of fever/chills, headache, muscle aches, backache, and exhaustion are non-specific. Cases will also develop lymphadenopathy, which is characteristic to monkeypox. Within 1-3 days after the initial fever, cases will develop a rash, usually originating on the face and spreading to other parts of the body. Lesions will begin in the macule stage and progress to papules, vesicles, and pustulates, before scabbing and falling off. Illness commonly lasts about 2-4 weeks in infected individuals.[4] Monkeypox virus enters the body through broken skin, the respiratory tract, or mucous membranes. Transmission requires close contact with the virus from an animal, human, or fomite, including direct contact with bodily fluids or lesion material, direct or indirect contact with contaminated material, animal bite or scratch, bush meat preparation, or via respiratory droplets during prolonged face-to-face contact. Up to date, a reservoir host for monkeypox is unknown, but African rodents are suspected to have a role in transmission.[5] Additionally, there is no established safe treatment for this infection, but administration of the smallpox vaccine, antivirals, and vaccinia immune globulin (VIG) is used to control the spread of monkeypox outbreaks.[6]

Current Situation

The World Health Organization (WHO) in partnership with the Centers for Disease Control and Prevention, International Health Regulations (IHR) National Focal Point for the United Kingdom, and the UK Health Security Agency (UKHSA) are currently investigating an international monkeypox outbreak occurring in non-endemic countries. On May 7, the WHO was notified of a suspected case of monkeypox in an individual with recent travel to Nigeria. The case arrived in the UK from Nigeria on May 4 with a rash characteristic to the monkeypox infection. Symptom onset was determined to be April 29. The case was hospitalized and immediately placed in isolation.[3] On May 14, two additional cases of monkeypox were identified in London by the UKHSA. The individuals reside in the same household and have no link with the initial case identified nor any recent travel history. On May 16, four more cases were identified among individuals who identify as gay, bisexual, or men who have sex with men (MSM). This third cluster of cases had no association to the previously diagnosed cases. By May 18, a total of nine confirmed cases of monkeypox infection were identified in England.[7] Concurrently, on May 17, the CDC, in partnership with the Massachusetts Department of Public Health, identified a suspected case of monkeypox virus in an individual with recent travel from Canada. The case had skin lesions with several features characteristic of the monkeypox infection, prompting a specialized laboratory response. On May 18, the case tested positive for the monkeypox virus and became the first confirmed case of monkeypox in the United States.[8] As of May 21, 92 laboratory-confirmed cases and an additional 28 suspected cases of monkeypox have been reported to the WHO and are currently under investigation. Cases have been reported from the following non-endemic countries: Australia, Canada, United States of America, United Kingdom, Spain, Portugal, Italy, Germany, France, Belgium, Netherlands, and Sweden.[9]



Source: World Health Organization, 21 May 2022.

To date, a total of 10 monkeypox/orthopoxvirus cases have been reported to the CDC and are currently under investigation in 8 states across the United States, including 2 cases in Florida.[10]

Currently, all PCR-confirmed cases reported have been identified as being infected with the West African clade, which is historically less severe in illness and transmissibility. Close contacts for all confirmed and suspected cases are being identified, assessed, and classified based on their exposure. In England, the UKHSA is advising high-risk contacts and individuals who may have been exposed to isolate at home for up to 21 days. The smallpox vaccine is also being offered to close contacts of individuals diagnosed with monkeypox to reduce risk of severe illness. Notably, reported monkeypox cases have mainly, but not exclusively, been identified among men who are gay, bisexual, and MSM, who sought care in primary care and sexual health clinics.[7] In the United States, confirmed cases of monkeypox are currently isolated and do not pose a risk to the public.[10]

The CDC has issued a Health Alert Network (HAN) Health Advisory urging clinicians to be vigilant of the characteristic rash associated with monkeypox infection. Clinicians and health care providers should have heightened suspicion if the skin lesion is seen in persons who have recently traveled to countries with confirmed monkeypox cases, report close contact with an individual who has a similar rash or has a diagnosis of confirmed or suspected monkeypox, or is a man who frequently has close, intimate physical contact with other men. Skin lesions may spread to or begin on the genital or perianal area. It is important to note that clinical presentation may be confused with sexually transmitted infections like syphilis or herpes, or with varicella infection.

The Florida Department of Health in Miami-Dade is advising all clinicians and healthcare providers to consult with their local health department if a patient is suspected to have monkeypox infection. If the health department cannot be reached, please contact the **CDC Emergency Operations Center (770-488-7100)** upon suspicion. For more information on Infection prevention and control of monkeypox in healthcare settings, please visit Infection Control: Hospital | Monkeypox | Poxvirus | CDC.

Florida Department of Health in Miami-Dade County, Epidemiology, Disease Control, and Immunization Services

305-470-5660 *(available 24 hours / 7 days a week).*

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Shigellosis in Miami-Dade County, 2017-2021.

By: Nicole Muse

Introduction: What is Shigellosis?

Shigellosis is an acute infectious disease caused by a group of bacteria named *Shigella*. Approximately, 450,000 cases of shigellosis are reported each year in the United States, estimated by the Centers for Disease Control and Prevention (CDC), making it the third most common bacterial enteric disease. *Shigella* is a gram-negative bacteria in the family Enterobacteriaceae composed of four species: *S. sonnei, S. flexneri, S. dysenteriae*, and *S. boydii*. The most common species reported among cases in the U.S. is *S. sonnei*.[2]

Epidemiology of Shigellosis

The fecal-oral route is the mode of transmission. Only a small amount (10-100 organisms) is enough to cause illness, making it easy to be spread among adults and children. Infected humans are the main reservoir with very rare infections found in non-human primates.[3] Mechanisms of transmission include ingesting food or water (untreated or recreational) that is contaminated with the bacteria, person-to-person transmission within households and in childcare facilities where hand washing is not practiced after defecation, oral-anal contact during sexual activity, and touching surfaces and objects contaminated with feces subsequently then touching mouth. Incubation period before symptom onset is typically within 1-3 days.[1] Characteristic symptoms include diarrhea (often bloody), fever, nausea, and abdominal pain. Asymptomatic infections may occur. The degree of infection is mild usually resolving within 5-7 days and rarely requires hospitalization or treatment. However, in certain cases where a severe infection is presented or antibiotic resistant *Shigella* infections are detected, treatment or hospitalization may be needed. Approximately, 77,000 drug-resistant *Shigella* infections occur in the U.S. each year, according to the CDC.[2] Period of communicability is measured by the duration of the bacteria being excreted in the feces of the infected person, even if diarrhea subsides. Some individuals may remain infectious for several months.[3] Groups of individuals who are most likely to get infected with *Shigella* include young children in day care centers, travelers to areas with poor sanitation and hygiene practices, gay, bisexual, or men who have sex with men (MSM), and individuals with weakened immune systems.[2] Therefore, following preventative steps to reduce the risk of *Shigella* infections such as washing hands with soap and water, avoiding swallowing untreated water, practicing safe food and water habits while traveling, and not having sex when your partner has diarrhea, are important in preventing the spread into the community.

Diagnosis

Diagnosis of Shigellosis is done through the detection of *Shigella* in a stool specimen. This specimen is sent to the laboratory where testing by culture or culture-independent diagnostic test (CIDT) is performed.[3] Due to the mild symptoms of *Shigella* infections, many cases are often undetected or undiagnosed. Testing and diagnosis may lead to early detection of outbreaks in the community, improved outcome of patient, and appropriate treatment, if needed.

Shigellosis Surveillance in Miami-Dade

Shigellosis has been declared a reportable disease in the state of Florida since 2005.[4] The Florida Department of Health in Miami-Dade County conducts surveillance of *Shigella* infections through the data collection of passive surveillance of laboratory-confirmed human Shigella infections. Statistical analysis of this data is used to determine certain trends and patterns in the community. Such surveillance allows public health officials to inform the community of the prevention and mitigation of the *Shigella*-related exposures causing these infections, detect outbreaks of illness due to this bacteria early enough to change its course, and learn from the epidemiology of specific cases to create better prevention strategies. Laboratories and physicians are two key factors in reporting Shigellosis cases. Commercial diagnostic laboratories submit detected *Shigella* isolates to the Florida Bureau of Public Health Laboratory (BPHL) for confirmation, speciation, and subtyping. Medical records are requested from the physician for evidence of clinical description of illness. The DOH continues the investigation of Shigellosis cases by interviewing those individuals who have a reported laboratory-confirmed specimen to obtain more information on exposure factors related to the infection, symptom onset and description, determine if part of a sensitive setting, and educate on how to prevent and reduce the risk of further exposure of this bacteria to their close contacts and spread into the community.

Methods

Confirmed shigellosis cases from 01/01/2017 – 12/31/2021 in Miami-Dade County were obtained from the Florida Department of Health's surveillance system, Merlin. Florida and Miami-Dade County population estimates were obtained from Florida Charts to calculate the incidence rates per 100,000 population for age, sex, and race/ethnicity. Data analysis was conducted using SAS 9.4 and graphically summarized using Microsoft Excel. Shigellosis clusters in Miami-Dade County were geographically identified through ArcGIS.

Results

The trend in number of shigellosis cases from 2017-2021 has been slightly lower in Miami-Dade County when compared to Florida. The highest frequency of confirmed cases occurred in 2018 for both Miami-Dade County (n=198) and Florida (n=1,510) (Table 1). Incidence rate of shigellosis in Miami-Dade County has also fluctuated between 2017-2021 with a peak of 7.1 in 2018 when compared to 3 in 2017 (Figure 1). However, when compared to Miami-Dade County, Florida has sustained a much higher and stable incidence rate seen between 2017-2019. Since then, a noticeable decline in incidence rate is seen between 2020-2021 for Miami-Dade County and Florida due to the COVID-19 pandemic.

Table 1. Frequency and Incidence Rate of Shigellosis by Year in Miami-Dade and Florida

	2017		2018		2019		2020		2021	
	N	Rate per 100,000	N	Rate per 100,000	N	Rate per 100,000	N	Rate per 100,000	N	Rate per 100,000
Miami-Dade	82	3.0	198	7.1	128	4.5	54	1.9	35	1.2
Florida	1,307	6.4	1,510	7.2	1,420	6.7	549	2.5	227	1.0

Age

Shigellosis incidence rates were significantly higher in children under 5 years of age between 2017-2021. The highest incidence rate among children under 5 years of age was 40 per 100,000 population, followed by children 5-14 years of age with a rate of 19 per 100,000, and those 15-24 years of age with a rate of 6 per 100,000 (Figure 2).

Sex

Females had an overall higher incidence rate compared to males between 2017-2021. A notable peak occurred in both females and males in 2018 with a rate of 7.6 per 100,000 and 6.4 per 100,000, respectively (Figure 3).

Race/Ethnicity

Non-Hispanic Blacks had the highest incidence rate consecutively from 2017-2021, except in 2020. In 2018, the incidence rate for Non-Hispanic Blacks was 10.4 per 100,000 when compared to Non-Hispanic Whites (4.6 per 100,000) and Hispanics (6.3 per 100,000), respectively. In 2020, COVID-19 affected all three groups resulting in a similar incidence rate for each one (Figure 4).

Figure 1. Incidence Rate of Shigellosis in Miami-Dade and Florida by Year, 2017-2021.

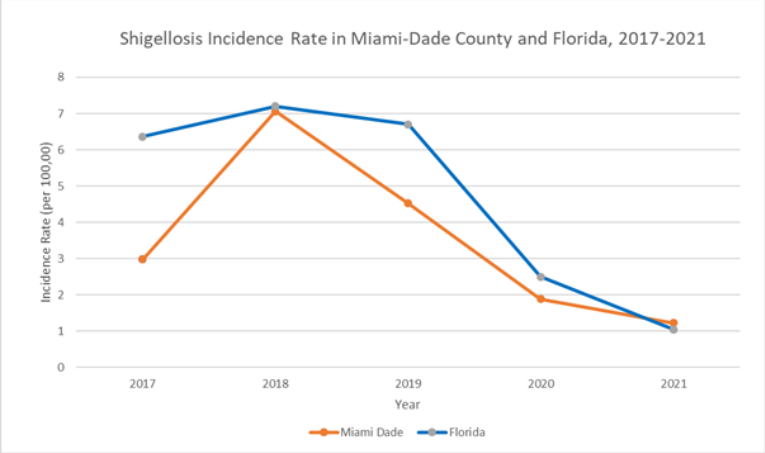


Figure 2. Shigellosis Incidence Rate by Age Group in Miami-Dade, 2017-2021.

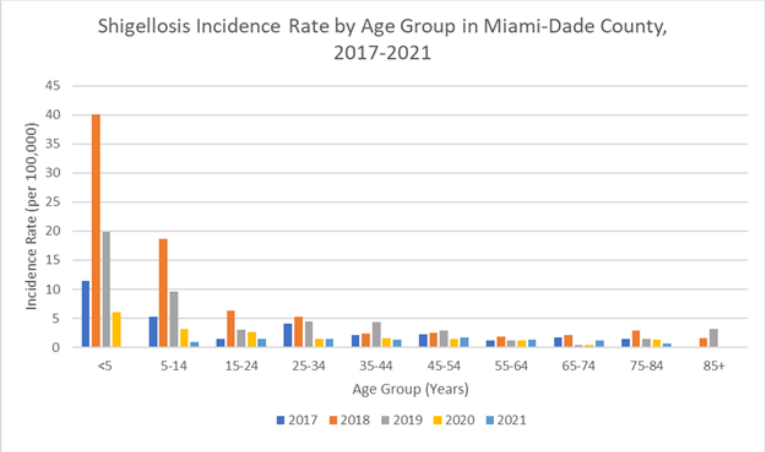
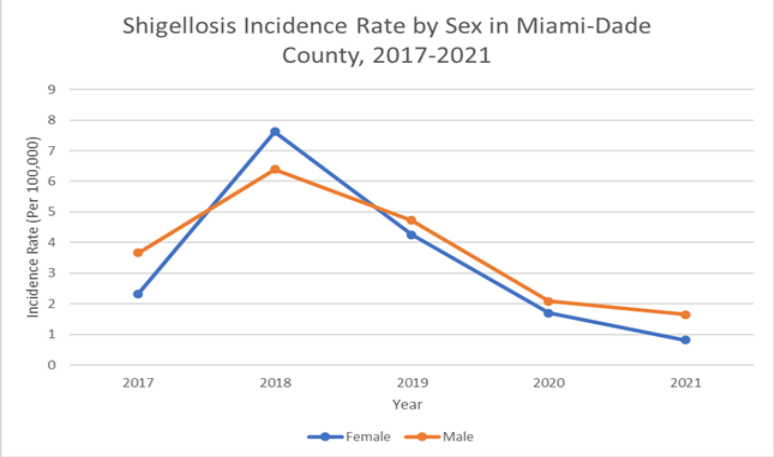


Figure 3. Shigellosis Incidence Rate by Sex in Miami-Dade, 2017-2021.



Seasonality

Figure 5 shows that there is distinct seasonal pattern related to reported confirmed shigellosis cases in Miami-Dade County. The CDC reports that a high incidence nationally in shigellosis is driven by outbreaks and not seasonality.[2] The highest frequency of cases in Miami-Dade County occurred during 2018 with a notable peak in May and higher than average cases on all months of the year except in September and December. During 2019, a similar uptick in cases was seen throughout the year, yet the highest frequency of cases occurred in January. During 2021, the frequency of cases was below average possibly due to the effects and restrictions of the COVID-19 pandemic.

Outbreak

Up to 10% of reported confirmed shigellosis cases were associated with identified outbreaks in Miami-Dade County between 2017-2021. The highest percentage of outbreak associated shigellosis cases occurred in 2019 rather than in 2018 which had the highest number of cases (Figure 6).

Location

The majority of reported Shigellosis cases occurred in the northern, eastern, and southern regions of Miami-Dade County. Between 2017-2021, one high density area was detected in the eastern region indicating a higher incidence of shigellosis and possible current hot spot compared to other regions (Figure 7).

Discussion

In the past 5 years, the burden of Shigellosis among children under 5 years of age was significantly higher when compared to the incidence rate of other age groups in Miami-Dade County. The data analyzed is consistent with the national trends described by the CDC showing that children are indeed more likely to contract Shigellosis.[2] Day care facilities create the perfect environment for unintentional transmission of Shigellosis and other enteric diseases mainly through diaper changes among children who are not toilet trained. Another example is through poor hand hygiene in children who attend day care facilities and touch contaminated objects such as toys or share items with their playmates. In such cases, the Florida Department of Health communicates and provides an exclusion protocol to day care facilities to follow so further exposures and outbreaks are prevented.

Figure 4. Shigellosis Incidence Rate by Race/Ethnicity in Miami-Dade, 2017-2021.

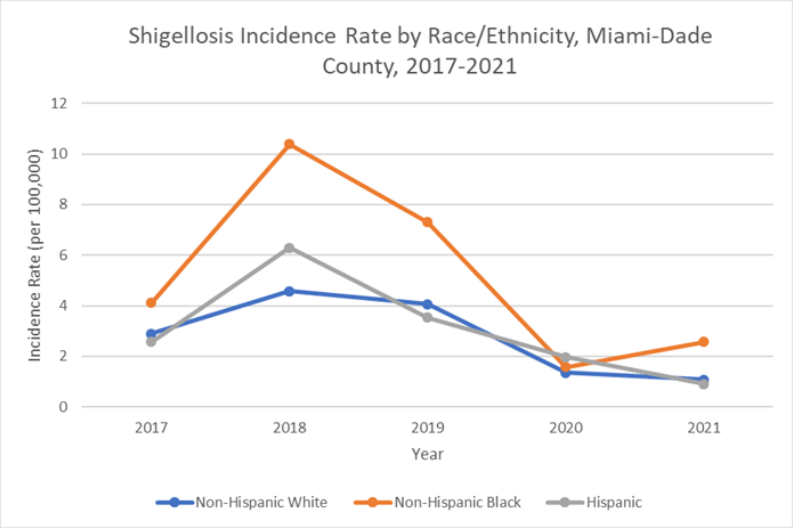


Figure 5. Frequency of Shigellosis Cases by Year in Miami-Dade, 2017-2021.

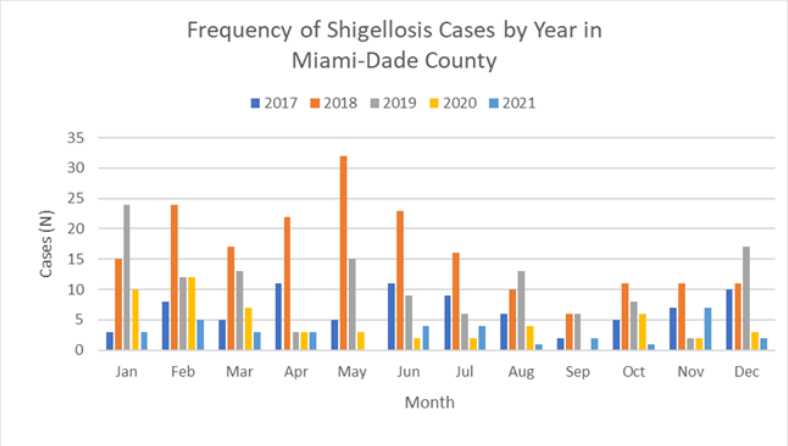
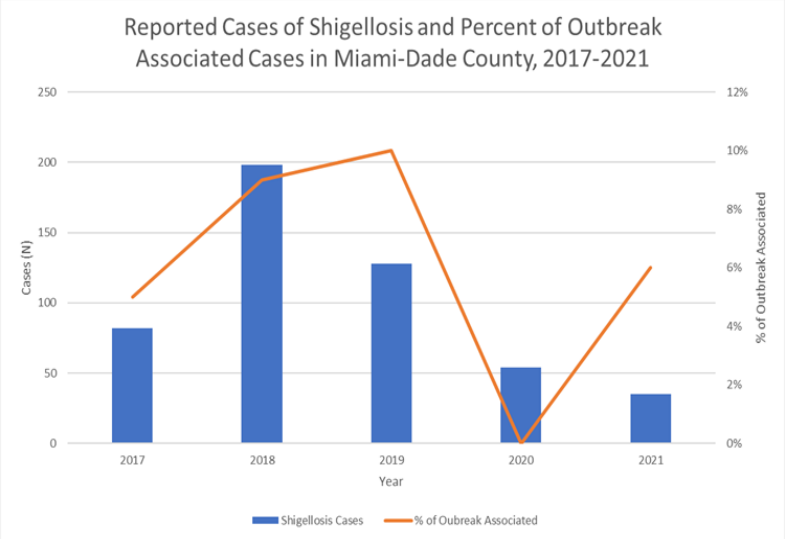


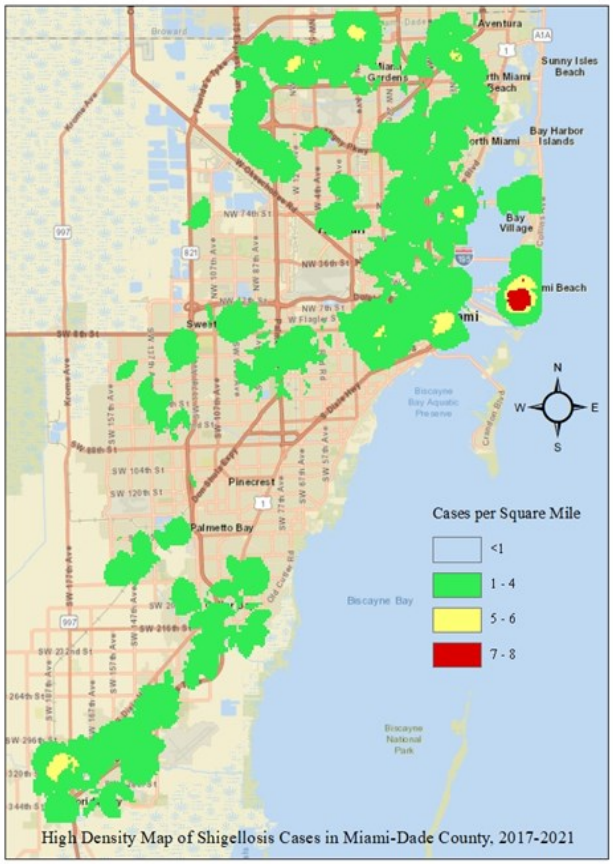
Figure 6. Reported Cases of Shigellosis and Percent of Outbreak-Associated Cases in Miami-Dade, 2017-2021.



In May 2018, the cause for the peak in incidence rate is unknown, but data shows that it is directly associated with children under the age of 5 and mostly Non-Hispanic Blacks who maintained a higher incidence rate compared to other race/ethnicity groups throughout the 5-year period.

Although higher incidence rates in Shigellosis are thought to be associated with months of higher temperatures where the perfect environment is created for *Shigella* to grow in, the data analyzed in Miami-Dade County indicates that higher incidence rates did not show a seasonal pattern. Sporadic peaks were rather seen in different months for each year indicating that Shigellosis' driving factor are outbreaks. Outbreaks may be related to waterborne, foodborne, travel-associated, sensitive occupations, or day care facility exposures. A previous study performed by the Milwaukee Health Department concluded that their highest number of reported cases between 1978 and 1988 occurred during the months of November, December, and January, attributed to poor sanitary practices in day care facilities in major cities.[5] Foremost, this emphasizes the importance of practicing hand hygiene by washing hands with soap and water, basic food safety precautions, and drinking treated water in all age groups to prevent Shigellosis. One limitation that should be considered is that not all symptomatic Shigellosis cases are tested or diagnosed by clinicians, resulting in a lower number of reported cases to health departments. This may be attributed to mild symptoms, socioeconomic factors, level of health education, difficulty accessing health insurance, or hesitancy in seeking medical care.

Figure 7. High Density Map of Shigellosis Cases in Miami-Dade, 2017-2021



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Appendix:

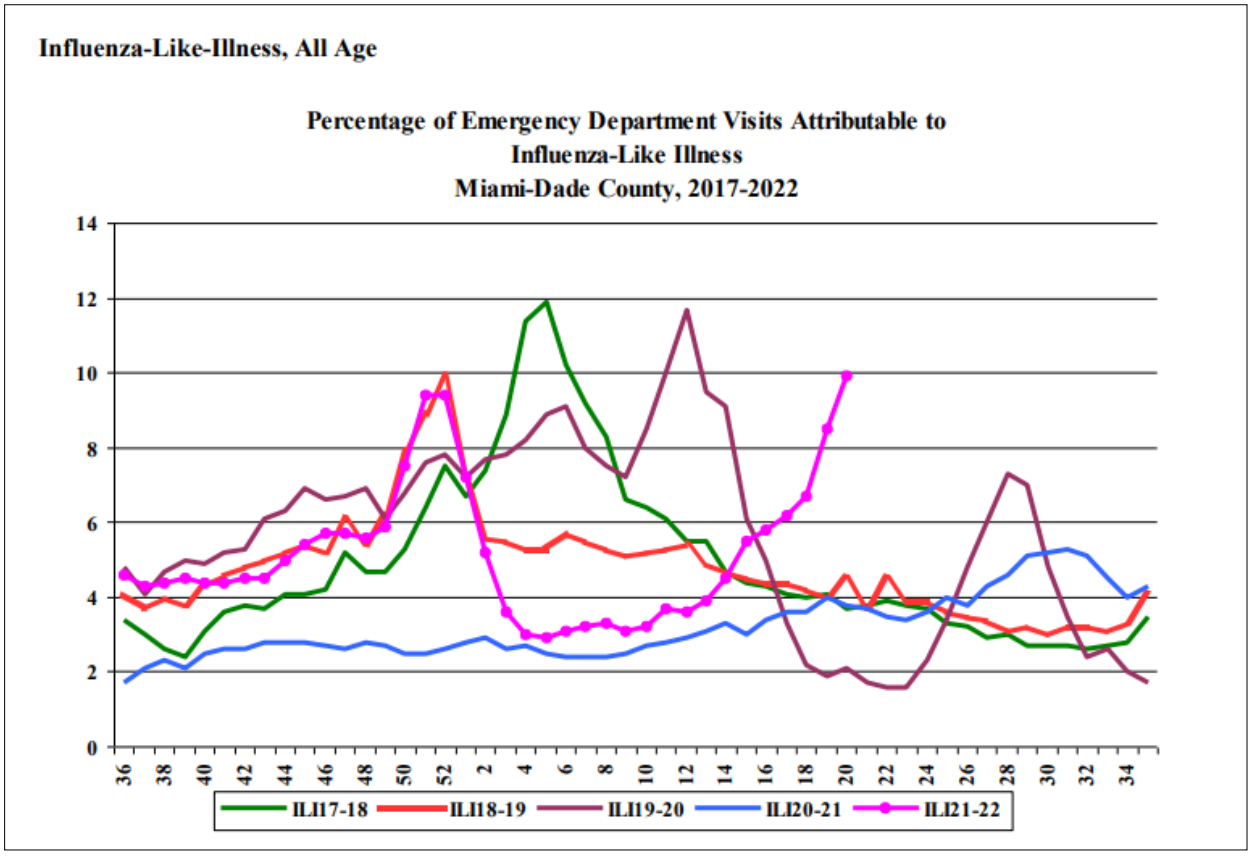
Reported Cases and Incidence Rates of Shigellosis by Year in Miami-Dade County.

	2017		2018		2019		2020		2021	
	N	Rate per 100,000	N	Rate per 100,000	N	Rate per 100,000	N	Rate per 100,000	N	Rate per 100,000
Age										
<5 years	18	11.4	64	40.1	32	19.8	10	6.1	0	0.0
5-14 years	16	5.3	57	18.6	30	9.7	10	3.2	3	0.9
15-24 years	5	1.5	21	6.3	10	3.0	9	2.7	5	1.5
25-34 years	16	4.1	21	5.3	18	4.5	6	1.5	6	1.5
35-44 years	8	2.1	9	2.4	17	4.4	6	1.5	5	1.3
45-54 years	9	2.2	10	2.5	12	2.9	6	1.4	7	1.7
55-64 years	4	1.2	6	1.8	4	1.2	4	1.1	5	1.4
65-74 years	4	1.8	5	2.1	1	0.4	1	0.4	3	1.2
75-84 years	2	1.5	4	2.9	2	1.4	2	1.4	1	0.6
85+ years	0	0.0	1	1.5	2	3.1	0	0.0	0	0.0
Sex										
Female	33	2.3	110	7.6	62	4.3	25	1.7	12	0.8
Male	49	3.7	87	6.4	65	4.7	29	2.1	23	1.7
Race/Ethnicity										
Non-Hispanic White	11	2.9	17	4.6	15	4.1	5	1.4	4	1.1
Non-Hispanic Black	21	4.1	53	10.4	37	7.3	8	1.6	13	2.6
Hispanic	48	2.6	121	6.3	69	3.5	39	2.0	18	0.9

Florida Department of Health in Miami-Dade County
Epidemiology, Disease Control and Immunization Services

Influenza Like Illness Surveillance Report

On a daily basis, all of Miami-Dade County's emergency department (ED) hospitals electronically transmit ED data to the Florida Department of Health. This data is then categorized into 11 distinct syndromes. The influenza-like illness (ILI) syndrome consists of fever with either cough or sore throat. It can also include a chief complaint of “flu” or "ILI". This season's 2020-2021 data is compared to the previous 4 influenza seasons (2016-2017, 2017-2018, 2018-2019, 2019-2020).



Across all ages, there were 42,663 ED visits; among them 4,224 (9.9%) were ILI. During the same week last year, 3.8% of ED visits were ILI.

PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

Florida Department of Health in Miami-Dade County 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

Stephanie Ramirez at 305-470-5660.

Miami-Dade County Monthly Report
Select Reportable Disease/Conditions
April 2022

Diseases/Conditions	2022 Current Month	2022 Year to Date	2021 Year to Date	2020 Year to Date
HIV/AIDS				
AIDS*	36	132	134	123
HIV	123	630	422	409
STD				
Infectious Syphilis*	57	204	177	172
Chlamydia*	1200	4641	4663	4192
Gonorrhea*	559	1932	2068	1420
TB				
Tuberculosis**	7	49	34	29
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	83	203	162	182
Chikungunya Fever	0	0	0	0
Ciguatera Poisoning	0	0	0	4
Cryptosporidiosis	11	19	11	10
Cyclosporiasis	0	0	1	1
Dengue Fever	4	12	1	7
Escherichia coli, Shiga Toxin-Producing	15	47	20	28
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	29	86	34	40
Influenza, Pediatric Death	0	0	0	0
Legionellosis	5	12	15	9
Leptospirosis	0	0	1	0
Listeriosis	0	1	2	3
Lyme disease	2	3	0	3
Malaria	0	0	1	2
Meningitis (except aseptic)	0	1	5	4
Meningococcal Disease	1	3	2	1
Salmonella serotype Typhy (Typhoid Fever)	0	0	0	0
Salmonellosis	74	268	168	177
Shigellosis	15	39	21	59
Pneumoniae, invasive disease	10	26	8	31
Vibriosis	3	5	0	2
West Nile Fever	0	0	0	0
Zika Virus (non-congenital)	0	0	0	0
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	0	2	2	1
Pertussis	1	4	0	7
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	1	6	3	24
Hepatitis				
Hepatitis A	2	5	3	8
Hepatitis B (Acute)	12	29	8	16
Healthy Homes				
Lead Poisoning	28	92	32	29

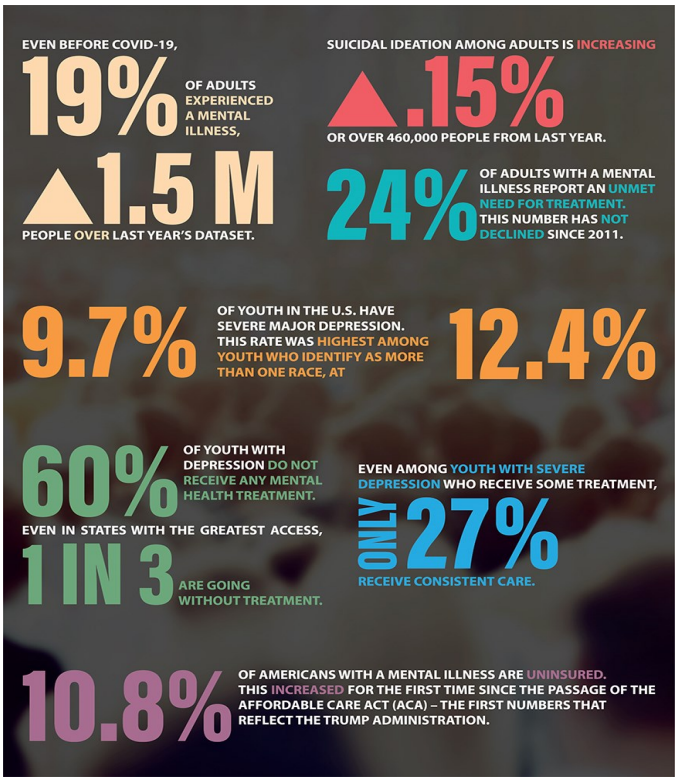
*Data is provisional at the county level and is subject to edit checks by state and federal agencies.

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

Data on EDC-IS includes Confirmed and Probable cases.

What's New at DOH-Miami-Dade:

- DOH Miami-Dade recognizes Vaccine Rollout and Supply Distribution teams for handling over 1.5 million doses of COVID-19 vaccines and over several hundred pallets of ancillary supplies provided to the community! Congratulations!
- May is **Nurses Month**! DOH Miami-Dade would like to give a special *THANK YOU* to all the nurses that continue to provide excellent, quality care to our community. You make the difference!
- On May 19th, 2022, the CDC expanded COVID-19 vaccine booster eligibility to everyone 5 years of age and older! Children should receive a booster shot 5 months after their initial Pfizer-BioNTech vaccination series. Visit CDC.gov for more information!
- The **Test to Treat Initiative** provides individuals with rapidly accessible, free, lifesaving oral COVID-19 antiviral pills. Visit the HHS.gov to locate a COVID-19 Test to Treat site near you!
- Every home in the United States is eligible to receive a **3rd** set of free at-home COVID-19 rapid antigen tests. Test results given within 30 minutes, no lab drop off required! Visit COVIDtests.gov to order your free at-home tests!



To report diseases and for information, call EDC-IS at:

Childhood Lead Poisoning Prevention Program	**305-470-6877**
Epidemiology and Disease Surveillance	**305-470-5660**
Hepatitis Program	**305-470-5536**
HIV/AIDS Program	**305-470-6999**
Immunization Services	**305-470-5660**
STD Program	**305-575-5430**
Tuberculosis Program	**305-575-5415**
Appointment Line	**786-845-0550**

About the Epi Monthly Report

The Epi Monthly Report is a publication of the Florida Department of Health in Miami-Dade County: Epidemiology, Disease Control & Immunization Services. 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, please contact Yoselin Garcia at (786) 582-2266 or Yoselin.Garcia@flhealth.gov.

Florida HEALTH Miami-Dade County