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Miami-Dade County
HEALTH DEPARTMENT

A Report on Environmental Childcare Inspections: Miami-Dade County 1999-2003

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Background

Thousands of children at risk for lead poisoning in Miami-Dade County spend many hours in childcare facilities. Currently there are 1,154 childcare facilities in the county. Many are pre-1978 structures, containing lead-based paint, located in high-risk areas*, and may be sources of lead exposure for preschool children. These facilities were not regularly inspected for lead hazards prior to 1999, due to lack of sufficient resources, trained inspectors, and specific procedures to carry out this activity. Lead based paint, which was banned from residential use on exterior and interior surfaces, toys, and furniture in 1978, remains the most common potential source of lead exposure for children under 6 years of age in the United States.

The Miami-Dade County Health Department (MDCHD) Environmental Health Division (EHD) is currently responsible for conducting basic health and safety inspections of childcare facilities as part of the licensing process for new facilities and annually thereafter. Areas and surfaces accessible to children should be free of toxic substances and hazardous materials,

including lead. The Miami-Dade County Childhood Lead Poisoning Prevention Program (CLPPP) initiated lead hazard inspections of childcare facilities in 1999, under the existing interagency agreement between DCHD and the Department of Children and Families (DCF). One of the primary prevention goals of the CLPP Program, since the program's inception in 1999, has been to prevent children's exposure to lead in childcare facilities in Miami-Dade county, by conducting environmental inspections of childcare centers built before 1978 in targeted zip code areas*.

Methods

Childcare inspections were conducted using a Niton XL-309 spectrum analyzer lead detector by certified lead inspectors/risk assessors. All dust, paint, soil, and water samples were sent to the Florida Department of Health State Laboratory in Jacksonville, Florida for analysis. The findings of the childcare inspections were entered into an excel database. The office of Childcare Licensing and the EHD of MDCHD provided a list of childcare facilities to the CLPP Program. During fiscal year (FY) 1999-2000, the CLPPP

* zip code areas with $\geq 27\%$ pre-1950 housing

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environmental specialist completed lead hazard inspections in all of the licensed childcare facilities in one of the targeted zip codes, 33127. Environmental lead hazards were found in seven of the 13 inspected facilities.

During FY 2000- 2001 CLPP Program staff and a student from the University of Miami identified childcare facilities built before 1978, and located in target zip codes, using tax assessor information. Of the childcare facilities located in our target area, 98% were built prior to 1978. The environmental inspector began lead inspection of childcare facilities with the oldest childcare centers receiving priority for inspection. From March to June 2001, 38 childcare centers were inspected, and 16 of those had lead hazards.

During FY 2001- 2002 the CLPPP staff wrote and finalized a standard protocol for childcare investigation in Miami-Dade County. The environmental inspectors conducted 24 environmental inspections of childcare facilities built before 1950 in targeted zip code areas, nine of which had lead hazards.

During FY 2002-2003 the CLPP program inspected the remaining pre-1950 childcare centers and began inspecting childcare centers in our target area built between 1950 and 1978. Twenty-three childcare facilities built before 1978 were inspected, and 6 were found to have lead hazards.

The CLPP Program provided notification, of the lead hazards found and recommendations for mitigation/remediation to the director of each childcare center. Childcare facilities with lead hazards that did not comply with the inspectors' recommendations in a timely manner were reported to DCF. In those centers where hazards were identified, parents were notified and offered free lead screening for their children.

Results

Environmental Inspections

From August 1999 through May 2003, 98 childcare facilities located in zip codes 33127, 33135, 33137, 33138, 33145, 33147, 33150, and 33161 were inspected (Figure 1).

Half of all the childcare facilities inspected were

built before 1950 and 46% of them were built between 1950 and 1978. Of the 98 childcare facilities inspected, 38 (40%) had one or more lead hazards. The most common lead hazards found in the childcare facilities were interior and exterior paint, soil, and lead-contaminated dust (Figure 2).

Lead-based paint in deteriorating condition (on walls, doors or windows) was a major source of lead exposure in childcare facilities. Some other lead hazards included:

- *Dust*: lead dust in the classrooms
- *Equipment*: lead-based paint on playground equipment such as merry-go-rounds, a swing set, wooden playground equipment, and a metal baby crib
- *Drinking water*: water from a water fountain
- *Soil*: lead contaminated soil around the childcare facility building and soil in child play areas
- *Other*: lead paint on a shed outside the childcare facility; the soil and exterior paint from an adjacent house

During one inspection the lead dust found in the classrooms was generated from a ceramic firing kiln and was blown into the classrooms via air conditioning vents. In four childcare facilities, inspections revealed lead-based paint on playground equipment such as merry-go-rounds, a swing set, and wooden playground equipment. On another occasion the inspector found lead-based paint on a metal baby crib, which in Figure 2 is classified as "equipment".

Although most of the water samples taken at childcare facilities were negative for lead, the water from a water fountain in a hallway of one childcare center tested positive for lead contamination. The category "soil" in Figure 2 includes lead contaminated soil found around the childcare facility building and soil in child play areas. In one instance, the inspector identified lead paint on a shed outside the childcare facility. In several instances, imported mini-blinds contained lead, which was added to the material as a stabilizer. During one inspection it was the soil and



Figure 1.

Reported Lead Poisoning Cases and Inspected Daycare Centers Miami-Dade County, 01/01/1999-11/30/2003

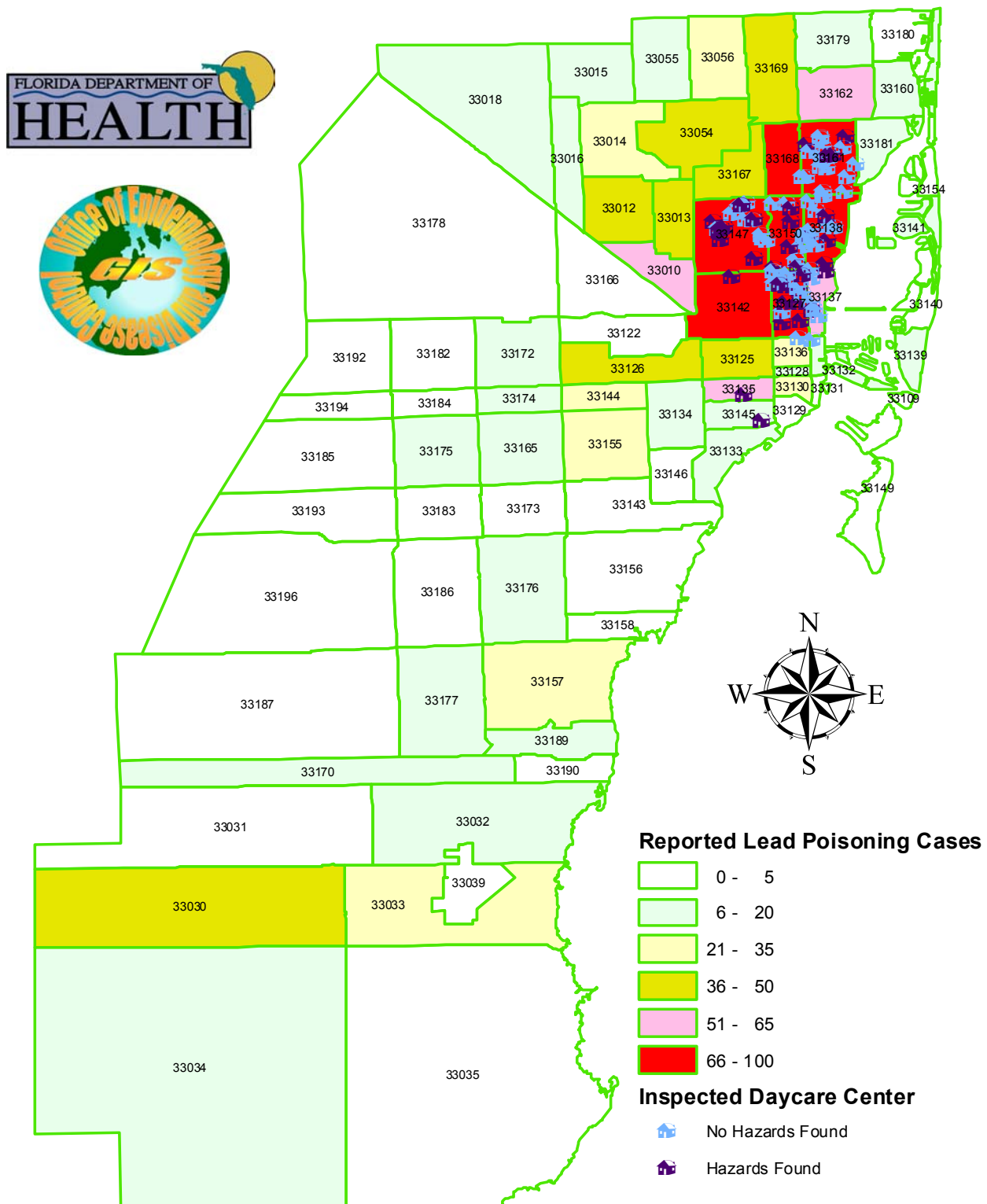
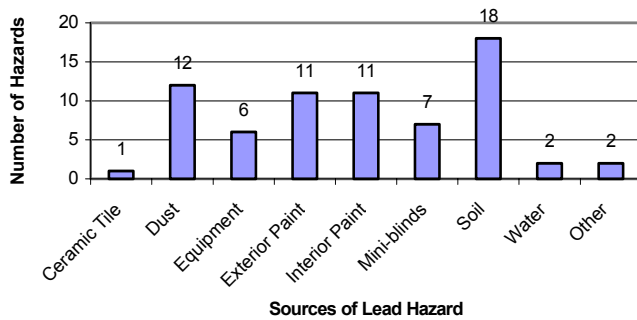


Figure 2. Lead Hazards Found in Environmental Childcare Inspections, Miami-Dade County, 1999-2003



exterior paint from an adjacent house that was causing a lead hazard at the childcare facility. These latter two hazards, the shed and adjacent house, have been classified as “Other” in Figure 2.

Screenings in childcare facilities

The CLPP Program screened 174 children at five childcare facilities found to have potential lead hazards in FY 1999-2000. The Program coordinator and family support worker collected capillary blood specimens using retractable lancets. The CDC Prevention Specialist ensured appropriate hand washing to reduce false positives and the epidemiologist maintained all aspects of data collection. Of those successfully screened, 2 were identified with elevated blood lead levels.

Conclusion

Of childcare facilities inspected from 1999 through 2003, 60% did not have lead hazards. Although Niton (XRF) testing detected lead-based paint in many of the old facilities, this did not constitute a lead hazard if the paint was not peeling or chipping, and the building was in good condition. Although few children with elevated blood lead levels were identified in childcare facilities, childcare inspections remain an important primary prevention measure. Without this measure, the 70 lead hazards identified during childcare environmental inspections would have gone unnoticed. This fiscal year, 2003-2004, the CLPP Program will continue to inspect childcare facilities in Miami-Dade County to ensure that all childcare activities take place in a lead safe environment.

A Broad Picture: Influenza Surveillance in Florida and Miami-Dade

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Overview

The goal of having an influenza surveillance system is to obtain a broad picture of influenza activity at the national, state, and local level. The Influenza Branch at the Center for Disease Control and Prevention (CDC) conducts surveillance for influenza each year from October through mid-May. Information obtained through the surveillance system aids public health authorities to determine *when* viruses circulate, *identify* strains and detect *change* in them, monitor *influenza-related illness*, and measure impact of influenza on *deaths* in the United States. The CDC Influenza Surveillance has four components: 120 World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System Collaboration Laboratories (NREVSS), 122 Cities Mortality Reporting System, State and Territorial Epidemiologists Reports, and the Influenza Sentinel Physicians Surveillance Network.

Influenza Surveillance in Florida

Florida is involved with each component of the national influenza surveillance system. There are two WHO collaborating laboratories (Jacksonville and Tampa) and four cities reporting mortality (Miami, Tampa, St. Petersburg, and Jacksonville) via their vital statistics offices, reporting the total number of death certificates that list pneumonia and influenza as causes of death. The Florida Department of Health reports estimated level of influenza activity in the state to the CDC as sporadic, regional, or widespread. More information about this reporting can be obtained at: <http://www.cdc.gov/flu/weekly/fluactivity.htm>. Florida also monitors reports of patients being seen with influenza-like illness (ILI)* by age group through the Sentinel Physician Surveillance Network. During the 2002-2003 flu season, Florida had 92 participating sentinel physicians, and



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for the 2003-2004 flu season there are 102 enrolled. Currently, there are 7 physicians in Miami who participate as members of this network.

Why be part of the sentinel physician network?

You will assist the Florida Department of Health and the CDC in monitoring the flu season. Data reported by the sentinel providers, in combination with other influenza surveillance information, provides a national picture of influenza virus and ILI activity in the U.S. This data guides the activities of health care providers and public health officials involved in influenza outbreak management and prevention across the country. The following specialties can be influenza sentinel providers: family practice, internal medicine, pediatrics, and infectious diseases. They can be in any type of practice (e.g., private, public health clinic, urgent care center, emergency room, university health center).

What data do sentinel providers collect?

- 1) Record and report the number of patients diagnosed with influenza-like illness (ILI) weekly to CDC either via the internet, telephone, or fax
- 2) Submit laboratory specimens for influenza virus isolation and strain typing, free of charge, to the Florida Department of Health Bureau of Laboratories

You can participate in one or both components. Most providers report that it takes them **less than 30 minutes a week** to compile and report their data.

Benefits for participants

- Weekly updates on clinical and laboratory influenza surveillance results through Florida Department of Health newsletter, Epi Update (free of charge)
- CDC's Morbidity and Mortality Weekly Report (MMWR), a subscription valued at \$130.00 (free of charge)
- Free subscription to the Emerging Infectious Diseases Journal

For more information or if you wish to participate, call the Office of Epidemiology and Disease Control at (305) 324-2413. To view or print the Florida Influenza Surveillance Sentinel Physician Network Enrollment Form visit the following website:

http://www.doh.state.fl.us/disease_ctrl/epi/surv/fluenrollment_form.pdf

Flu Season 2003-2004:

The flu season began early (October 2003), with more widespread activity than usual. Most of the influenza has been type A (H3N2), with the variant strain, Fujian being the predominant strain. One of the three vaccine strains, A/Panama/2007/99, is a very close match to the Fujian strain, and therefore the vaccine is believed to provide cross protection to it. H3N2 strains are often associated with outbreaks that are a little more serious, result in more hospitalizations and sometimes more deaths than some of the other flu strains. As a result, due to higher than expected vaccinations, we encountered a flu vaccine shortage. In addition, most states began to increase their influenza surveillance activities. Florida initiated enhanced surveillance by requesting all county health departments to report influenza-like illness outbreaks and cases of pediatric deaths and encephalopathy to the Bureau of Epidemiology in Tallahassee every week.

Pediatric deaths and encephalopathy: During the 2003-2004 influenza season, due to an increasing number of influenza-related deaths among children, and cases of encephalopathy, the Centers for Disease Control and Prevention (CDC) has requested that influenza-associated deaths and cases of encephalopathy in children <18 years be reported immediately to the health department. A pediatric death is considered to be influenza-associated if a diagnosis of influenza virus has been made based upon laboratory or rapid diagnostic testing of clinical or autopsy specimens. A pediatric encephalopathy case is a considered to be influenza-associated if ALL of the following are met:

- A. Altered mental status or personality change
- B. Duration of altered mental status >24 hours
- C. Occurring within 5 days of an acute febrile illness

*CDC defines ILI as fever (temperature of >100°F) AND cough OR sore throat.



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D. Any laboratory or rapid diagnostic test evidence of influenza virus infection

Avian Influenza: Recently, the governments of Vietnam and Thailand have reported confirmed human cases and deaths from avian influenza. This is a H5N1 influenza A virus that normally circulates among wild birds, but can infect poultry and rarely has infected people in the past. Since mid-December 2003, poultry populations of the Republic of Korea, Japan, Vietnam, Thailand and Cambodia have reported outbreaks of H5N1 infection. Human infections with H5N1 this season appear to have been acquired via direct contact with diseased birds. So far there has been no evidence of person-to-person transmission of the virus.

The CDC has recommended institution of enhanced surveillance efforts by state and local health departments, so as to identify patients who have been hospitalized with unexplained pneumonia, acute respiratory distress syndrome (ARDS), or severe respiratory illness and have traveled to Vietnam, South Korea and Japan within ten days from onset of symptoms. At this time no travel alerts exist for the affected regions. However, the CDC and WHO advise travelers to consult with their physicians regarding influenza vaccination prior to travel. During their travel they are advised to avoid poultry farms, contact with animals in live food markets and any surfaces that appear to be contaminated with feces from poultry or other animals. (<http://www.cdc.gov/flu/avian/index.htm>).

What Influenza Activities Are Occurring in Miami-Dade?

In addition to ongoing reporting by our sentinel physicians, through healthcare providers and the office of the medical examiners, we are monitoring the following:

1. Influenza related deaths, especially in ages <18
2. Cases of pediatric encephalopathy due to influenza
3. Outbreak and clusters of cases of ILI

We have asked selected healthcare facilities to provide us weekly, estimates of ILI cases seen in their emergency rooms, the number of influenza positive tests, and samples from ILI cases for testing for in-

fluenza.

These activities provide us with a broad view of influenza activity in our community. They do not give us information about specific numbers of cases in Miami-Dade.

Testing for Influenza Activity

The appropriate samples for influenza include a nasopharyngeal or throat swab, nasal wash, or nasal aspirates transported in viral media. **Samples should be collected on those patients who have been ILL FOR LESS THAN 72 HOURS.**

- Culture
 - ◊ “Gold standard”
 - ◊ Results within up to 2 weeks
- Rapid EIA and “EIA-Like” tests
 - ◊ Results within 24 hours
 - ◊ Rapid influenza test sensitivity ranges from 45% to 90% and the specificity ranges from 60% to 95% depending on the assay⁴.

The State Laboratories are testing specimens from the sentinel physician network, providers participating in local influenza surveillance activities, and ILI outbreaks and deaths, to assist in diagnosis and determine which influenza strains are circulating in Florida.

Prevention

- The best protection is vaccination each fall. For more information on who should get vaccinated, please go to <http://www.cdc.gov/flu/protect/vaccine.htm>
- Avoid close contact with those who are sick
- If possible, stay home from work or school if you are sick
- Cover your mouth and nose with a tissue when coughing or sneezing
- Wash your hands often with soap and water or alcohol-based cleanser
- Avoid touching your ears, nose, or mouth

Summary

In the United States reporting of influenza activity is



voluntary by states and healthcare providers. “The reported information answers the questions of where, when, and what influenza viruses are circulating. It can be used to determine if influenza activity is increasing or decreasing, but cannot be used to ascertain how many people have become ill with influenza during the influenza season”¹.

Individual cases of influenza are not reportable in Florida. However, outbreaks and clusters of cases of influenza are reportable. Please contact the Health Department, Office of Epidemiology and Disease Control for any questions, or to report any influenza-like illness clusters or outbreaks at 305-324-2413.

References

- 1) <http://www.cdc.gov/flu/>
- 2) http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/index.htm
- 3) Update: Influenza-Associated Deaths Reported Among Children Aged <18 Years- United States, 2003--04 Influenza Season MMWR January 9, 2004 / 52(53);1286-1288
- 4) Munoz FM, Galasso GJ, Gwaltney JM, et al. Current research on influenza and other respiratory viruses: II International Symposium. *Antiviral Res* 2000;46:91--124.



Statewide walk to focus on physical activity

January 27, 2004

TALLAHASSEE-Today, DOH Secretary John O. Agwunobi, M.D., M.B.A., announced “Step Up, Florida - on our way to healthy living!,” a statewide event promoting physical activity and healthy lifestyles. This event will also showcase the numerous opportunities that Florida offers citizens and visitors to be physically active.

“Whether walking or jogging in your community; swimming at any of our parks and beaches; biking or rollerblading on any of the hundreds of miles of bike trails in Florida, everyone in this state has a multitude of options available to them to facilitate a physically active lifestyle,” said Agwunobi. “During ‘Step Up, Florida’ communities will come together to showcase their commitment to healthy lifestyles and educate the public on the importance of staying active.”

Designed as a relay event, participants will pass a flag from county line to county line. The destination-oriented event will go through 36 counties on its way to Tallahassee.

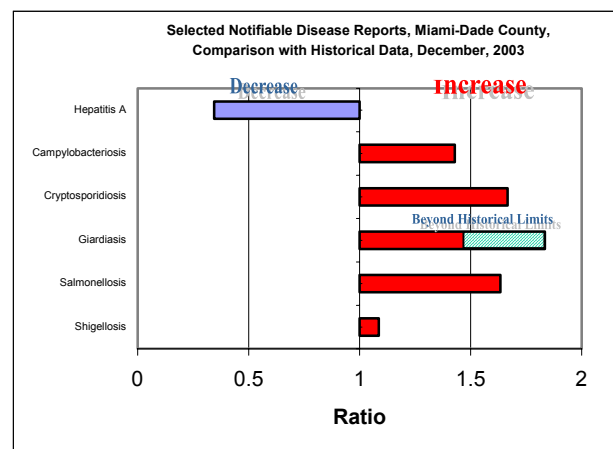
Beginning February 2, in Key Largo, participants will play an important role in the “Step Up, Florida!” relay as it passes through their county. Along each of the three routes participants will promote various types of physical activity, including: walking, biking, hiking, canoeing, kayaking, swimming, and running. The first route moves north following the East Coast and meets route 2 in Volusia County February 18.

This second route of this statewide event will launch February 3 from Collier County moving north through Central Florida to join route 1. Once joined, the route will move north to St. Johns County before heading to Tallahassee.

The third route will kick-off in Escambia County February 16 and follow the Panhandle coast to meet the combined first and second route March 2.

The routes will meet in Tallahassee March 2, which is the opening day of Florida’s Legislative Session. This celebration will also include reflection on the statewide walk in 1823 that ended with Tallahassee being named the capitol of Florida. Each of the host county health departments and a number of state agencies, non-profits and community organizations will be involved throughout the month-long event.

A website will provide a map of the event, a chronological look at the progress each day and highlight the distance covered by each leg. For more information on “Step Up, Florida!” visit the DOH website at www.doh.state.fl.us.



*Ratio of current month total to mean of 15 month totals (from previous, comparable, and subsequent month periods for the past 5 years).



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Monthly Report

Selected Reportable Diseases/Conditions in Miami-Dade County, December 2003

Diseases/Conditions	2003 this Month	2003 Year to Date	2002 Year to Date	2001 Year to Date	2000 Year to Date	1999 Year to Date
AIDS ^{Provisional}	115	1083	1149	1226	1315	1344
Animal Rabies	0	0	0	1	0	0
Campylobacteriosis	21	153	129	127	162	177
<i>Chlamydia trachomatis</i>	156	3956	4643	3778	3010	4083
Ciguatera Poisoning	0	0	2	0	2	0
Cryptosporidiosis	5	18	15	12	33	35
Cyclosporiasis	1	2	2	0	0	0
Diphtheria	0	0	0	0	0	0
<i>E. coli</i> , O157:H7	2	2	5	2	6	9
<i>E. coli</i> , Non-O157	1	3	2	1	1	0
<i>E. coli</i> , Other	1	1	0	0	0	0
Encephalitis (except WNV)	0	0	1	0	0	0
Encephalitis, West Nile Virus	0	5	1	0	0	0
Giardiasis, Acute	31	227	238	272	241	149
Gonorrhea	68	1664	1977	1932	1995	2807
Granuloma Inguinale	0	0	0	0	0	0
Hepatitis A	3	59	142	192	125	115
Hepatitis B	4	51	57	78	132	77
HIV ^{Provisional}	164	1756	2005	1780	1779	2024
Lead Poisoning	20	272	323	281	394	413
Legionnaire's Disease	2	10	1	3	0	0
Leptospirosis	0	0	0	0	0	1
Lyme disease	8	11	2	7	8	1
Lymphogranuloma Venereum	0	0	0	0	0	0
Malaria	4	16	16	21	25	29
Measles	0	0	0	0	0	0
Meningitis (except aseptic)	1	8	12	11	19	11
Meningococcal Disease	1	5	15	16	31	22
Mumps	0	0	0	0	2	5
Pertussis	2	11	6	3	7	18
Polio	0	0	0	0	0	0
Rubella	0	0	0	0	0	0
Rubella, Congenital	0	0	0	0	1	0
Salmonellosis	50	540	376	321	283	373
Shigellosis	20	295	264	153	234	231
<i>Streptococcus pneumoniae</i> , Drug Resistant	14	115	113	171	213	118
Syphilis, Infectious	22	197	232	185	131	83
Syphilis, Other	70	1007	1085	867	728	739
Tetanus	0	0	0	1	1	0
Toxoplasmosis	4	13	24	19	1	2

* 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.

