

EPI Monthly Report

Florida Department of Health in Miami-Dade County

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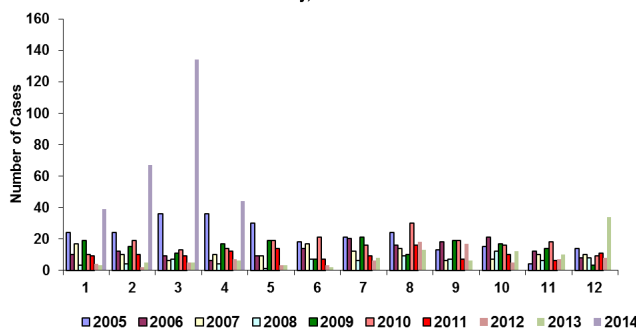
Shigellosis cases continue to increase in Miami-Dade County

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Since December of 2013, there has been a significant increase in the number of reported cases of *Shigella* in Miami-Dade County (Figure-1). The Florida Department of Health in Miami-Dade County (FDOH-Miami-Dade) has confirmed 284 *Shigella* cases (shigellosis) from January 1, 2014 to April 20, 2014. There were 134 confirmed cases based on onset date during March alone. In March 2014, the FDOH-Miami-Dade sent an alert letter to daycare centers, schools and healthcare providers, which contained recommended interventions to help stop ongoing transmission.

Most of the confirmed cases (77.1%) are among children aged 1-9 years old (38.7% for 1-4 and 38.4% for 5-9 years old children). NonHispanic Black and Hispanic accounted for 43.9% and 47.7% of cases, respectively.

Figure-1. Reported Cases of Shigellosis by Month in Miami-Dade County, 01/01/2005-04/20/2014



Shigellosis is an infectious disease caused by a group of bacteria called *Shigella*. Shigellosis symptoms may develop within 1 to 3 days after having been infected with the *Shigella* bacteria, and include diarrhea that is watery and sometimes bloody. Other symptoms include nausea, vomiting, abdominal pain, and fever. Symptoms usually resolve within 5 to 7 days. Some individuals who are infected may not show any symptoms but may still pass the *Shigella* bacteria to other people. A person is infectious while they are sick and up to four weeks after the symptoms resolve.

Shigellosis is very contagious and can spread easily

from person to person. The infection may be acquired by swallowing something contaminated with the stool of an infected person. This most commonly happens when an infected person does not wash his/her hands properly after using the bathroom, and then touches someone else's hands or surfaces, or prepares food for others. It is particularly likely to occur among toddlers who are not fully toilet-trained. Family members and playmates of such children are at high risk of becoming infected.

When a community-wide increase in shigellosis occurs, a community-wide approach to promote handwashing and basic hygiene among children and adults can stop the outbreak. Improvements in worker hygiene during vegetable and fruit picking and packing may prevent shigellosis caused by contaminated produce.

The FDOH-Miami Dade continues urging parents, schools and day care centers to take precautionary action to prevent the spread of shigellosis.

• Proper hand washing is the most effective way to prevent shigellosis and many other diseases

- Wash hands after:
 - ✦ bathroom visits
 - ✦ diaper changes
 - ✦ play time
 - ✦ handling of pets or soil
 - ✦ before and after food preparation and eating
 - ✦ Hand washing among children should be frequent and supervised by an adult, especially in child care centers and homes with children who have not been fully toilet-trained.
 - ✦ Everyone who changes a child's diaper should

Inside the Issue

1 Shigellosis Cases in Miami-Dade

2 STD Awareness Month

3 EDC-IS Influenza/Respiratory Illness Surveillance Report

4 Selected Reportable Diseases/Conditions in March 2014

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immediately wash the hands of both the changer and the child carefully with soap and warm water

✦ Proper hand washing consists of lathering hands with soap and warm water for at least 20 seconds. Be sure to rinse the palms, backs of hands, between fingers, under fingernails, and around wrists.

✦ Go to www.cdc.gov/handwashing to learn more about hand hygiene

✦ Clean and disinfect bathrooms, diaper changing areas, and soiled toys on a routine basis

✦ People who have diarrhea should not prepare food or drinks for others

People with diarrhea should stay home from daycare, school or work for **at least one full calendar day after symptoms stop**

Clusters of diarrheal illness found in a community setting (such as a school, child care center, nursing home, or any other institution) are reportable to the health department at **305-470-5660**. The Florida Department of Health in Miami-Dade is currently working with child care centers, schools and healthcare providers regarding reported cases of shigellosis.

Since other bacteria and viruses can cause these same symptoms, the only way to diagnose the disease is by testing a sample of stool for the bacteria. **If you or your child has had any of the symptoms listed above, please consult your physician. Your physician will report any positive *Shigella* results to the health department.**

For further information about shigellosis please visit: www.cdc.gov/nczved/divisions/dfbmd/diseases/shigellosis/



Every year, the public health and medical communities recognize April as STD Awareness Month. This month-long observance provides individuals, doctors, and community-based organizations the perfect opportunity to address ways to prevent some of nearly 20 million new sexually transmitted diseases (STDs) that occur in the United States each year. While most of these infections will not cause harm, some have the potential to lead to serious health problems, if not diagnosed and treated early. Studies show that people who have STDs such as gonorrhea, herpes, and syphilis are more likely to get HIV compared to those who are STD-free. The same risky behaviors that can lead to acquiring STDs also puts you at risk for HIV. Patient education and STD and HIV testing are important steps in preventing the spread of the disease.



Providers should educate patients on their risk for STDs and HIV, and make taking a sexual history a priority.

Individuals should take steps to lower their risk of acquiring an STD.

For more information about STD Awareness Month, please visit the CDC's website at www.cdc.gov/Features/STDAwareness.

Resources
1. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention. (2014). STD awareness month. Retrieved from <http://www.cdc.gov/std/sam/default.htm>

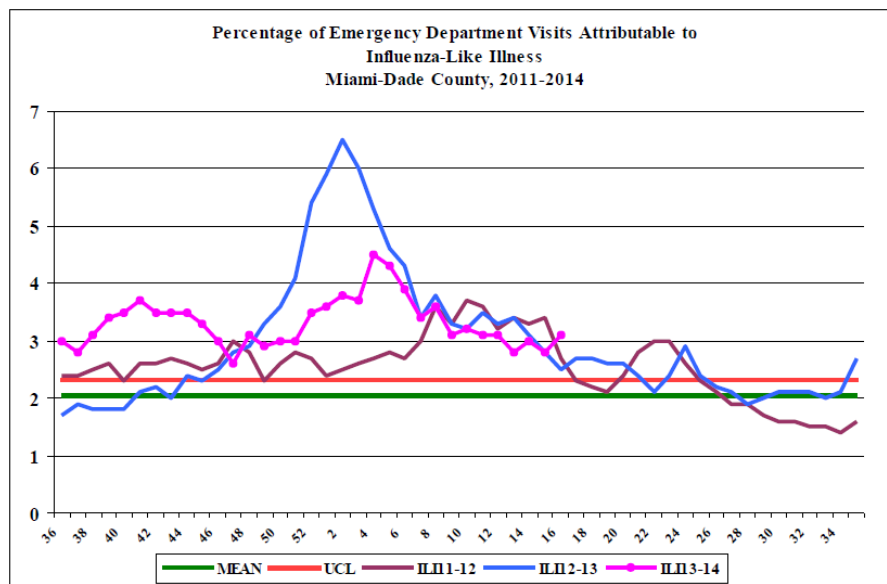
EPI Monthly Report

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Influenza-Like-Illness, All Age



During this period, there were 24,494 ED visits; among them 757 (3.1%) were ILI. At the same week of last year, 2.5% 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

Lakisha Thomas at 305-470-5660.

TO REPORT ANY DISEASE AND FOR INFORMATION CALL:
Epidemiology, Disease Control & Immunization Services

- Childhood Lead Poisoning
- Prevention Program305-470-6877
- Hepatitis305-470-5536
- Immunizations or outbreaks305-470-5660
- HIV/AIDS Program305-470-6999
- STD Program305-575-5430
- Tuberculosis Program305-575-5415
- Immunization Service305-470-5660
- To make an appointment.....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, contact Kathleen Ochipa at (305) 470-6918.



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Miami-Dade County Monthly Report Select Reportable Disease/Conditions March 2014

| Diseases/Conditions | 2014 Current Month | 2014 Year to Date | 2013 Year to Date | 2012 Year to Date |
|--|-----------------------|----------------------|----------------------|----------------------|
| HIV/AIDS | | | | |
| AIDS* | 43 | 126 | 193 | 135 |
| HIV | 126 | 344 | 378 | 277 |
| STD | | | | |
| Infectious Syphilis* | 38 | 81 | 73 | 85 |
| Chlamydia* | 937 | 2448 | 2412 | 2346 |
| Gonorrhea* | 189 | 505 | 599 | 639 |
| TB | | | | |
| Tuberculosis** | 8 | 22 | 15 | 14 |
| Epidemiology, Disease Control & Immunization Services | | | | |
| Epidemiology | | | | |
| Campylobacteriosis | 23 | 63 | 58 | 69 |
| Ciguatera Poisoning | 4 | 4 | 0 | 1 |
| Cryptosporidiosis | 0 | 6 | 5 | 4 |
| Cyclosporiasis | 0 | 0 | 1 | 0 |
| Dengue Fever | 2 | 5 | 8 | 1 |
| Escherichia coli, Shiga Toxin-Producing | 0 | 0 | 2 | 3 |
| E. coli, Non-O157 | 0 | 0 | 0 | 0 |
| Encephalitis, West Nile Virus | 0 | 0 | 0 | 0 |
| Giardiasis | 22 | 53 | 62 | 37 |
| Influenza Novel Strain | 0 | 0 | 0 | 0 |
| Influenza, Pediatric Death | 0 | 1 | 0 | 2 |
| Legionellosis | 2 | 4 | 8 | 3 |
| Leptospirosis | 0 | 0 | 0 | 0 |
| Listeriosis | 0 | 0 | 0 | 1 |
| Lyme disease | 0 | 1 | 0 | 0 |
| Malaria | 0 | 1 | 5 | 2 |
| Meningitis (except aseptic) | 1 | 6 | 4 | 6 |
| Meningococcal Disease | 1 | 2 | 8 | 5 |
| Salmonellosis | 34 | 103 | 88 | 82 |
| Shigellosis | 115 | 190 | 11 | 9 |
| Streptococcus pneumoniae, Drug Resistant | 6 | 19 | 34 | 28 |
| Toxoplasmosis | 0 | 0 | 0 | 0 |
| Typhoid Fever | 0 | 0 | 0 | 1 |
| Vibriosis | 0 | 2 | 0 | 1 |
| West Nile Fever | 0 | 0 | 0 | 0 |
| Immunization Preventable Diseases | | | | |
| Measles | 0 | 0 | 0 | 0 |
| Mumps | 0 | 0 | 0 | 1 |
| Pertussis | 5 | 7 | 8 | 10 |
| Rubella | 0 | 0 | 0 | 0 |
| Tetanus | 0 | 0 | 0 | 0 |
| Varicella | 1 | 11 | 28 | 13 |
| Hepatitis | | | | |
| Hepatitis A | 4 | 6 | 7 | 6 |
| Hepatitis B (Acute) | 2 | 5 | 4 | 3 |
| Lead | | | | |
| Lead Poisoning | 3 | 14 | 25 | 13 |

*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.