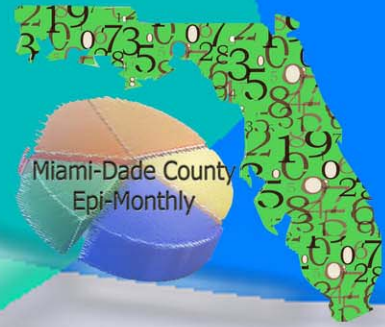


MIAMI-DADE COUNTY HEALTH DEPARTMENT

EPI MONTHLY REPORT



Pool-Related Injuries among Children Aged 1 – 17 Years, Miami-Dade County, 2007 - 2008

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Inside this issue:

Objective

To use syndromic surveillance to describe trends in pool-related injuries among children aged 1 – 17 years that may not be detected through other surveillance systems

Background

Although drowning remains a leading cause of unintentional injury-related death among children, other non-fatal pool related injuries (e.g. diving, slips) can result in serious outcomes. Current research on pool-related injuries primarily focuses on drowning events. This may be because other pool injuries besides drownings are difficult to determine through International Classification of Diseases (ICD) coding. One characteristic of ICD version 9 (ICD-9), which is used to determine the reason for hospital admissions and emergency room visits, is that the external cause of injury codes are often not mutually exclusive. The codes for place of injury occurrence illustrate this.

These exclusions make it difficult to obtain accurate estimates of the incidence of events such as pool-related injuries.

There are 76,477 residential pools in Miami-Dade County. This study uses the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) and local 911 calls to describe non-fatal pool-related injuries among children aged 1 – 17 years.

Methods

Miami-Dade County 2007 – 2008 pool injury data among youths 1 - 17 years old was extracted from the following sources: 1) emergency department (ED) chief complaint data and 2) Miami-Dade Fire Rescue 911 Call Center. The ED data was captured electronically from ESSENCE where seventeen of Miami-Dade County's largest hospitals participate. Potential duplicates within both data sets (i.e. calling fire rescue and visiting an ED shortly thereafter) were accounted for by excluding ED visits and 911 calls with simi-

Pool-Related Injuries among Children Aged 1 – 17 Years, Miami-Dade County, 2007 - 2008

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Pool-Related Injuries among Children Aged 1 – 17 Years, Miami-Dade County, 2007 - 2008

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Selected Notifiable Disease Reports, Historical data, December 2009

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EDC-IS Influenza/Respiratory Illness Surveillance Report

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Monthly Report, Selected Reportable Diseases/ Conditions in December 2009

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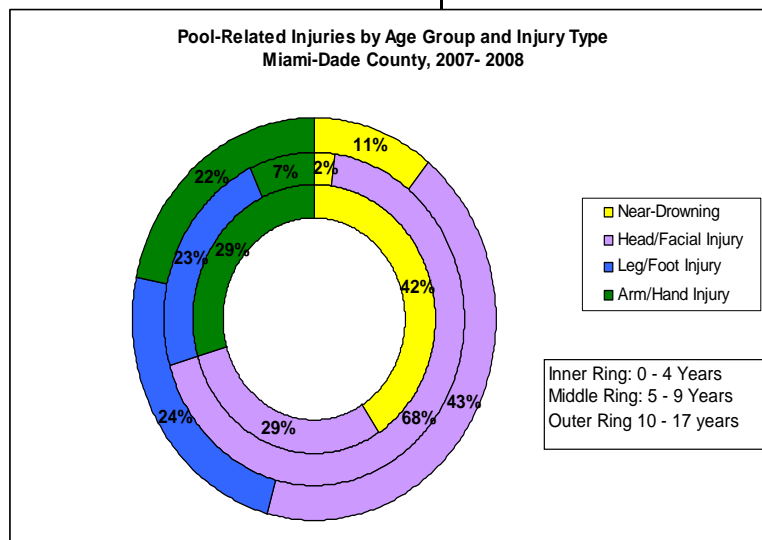
lar temporal and demographical information. Variables studied included: age, race/ethnicity, injury type, body part injured, gender, and month of injury. Analysis was conducted using SAS 9.1.3.

Results

During 2007 – 2008 there were a combined 208 pool-related injuries among youths aged 1 – 17 years, 64% of which were ED visits and 36% were fire rescue calls. Nearly two-thirds (62%) of pool-related injuries occurred during the summer (June – September). Overall injury rates were similar among the 1 – 4, 5 – 9, and 10 – 14 age groups. The type of injury, however, varied among certain age groups. Drownings/near drownings were the most prevalent pool-related injuries among 1 – 4 year olds (19 per 100,000). In contrast, head/facial wounds (23 per 100,000) comprised the majority of injuries among 5 – 9 year olds. Most injuries (64%) were sustained by males. They also comprised the majority of drownings/near drownings (65%) and head/facial injuries (74%). The majority of pool-related injury fire rescue calls were attributed to falls and drownings (38% each). Emergency department reports revealed a large majority of injuries (80%) occurred among Hispanics.

Conclusions

The use of local syndromic surveillance systems obtained estimates of pool-related injury events. Several swimming pool-related incidents resulted in head/facial injuries, especially among males and youths between 5 and 9 years of age. The head/facial injuries may have possibly been due to either an accidental fall or through the act of jumping or diving. These incidents may be prevented through the dissemination of pool-related safety tips such as prohibiting running on the pool deck and avoiding reckless jumping/diving in addition to current drowning prevention measures.



January 2010...

Cervical Health Awareness Month

Glaucoma Awareness Month

National Birth Defects Prevention Month

National Radon Action Month

Thyroid Awareness Month



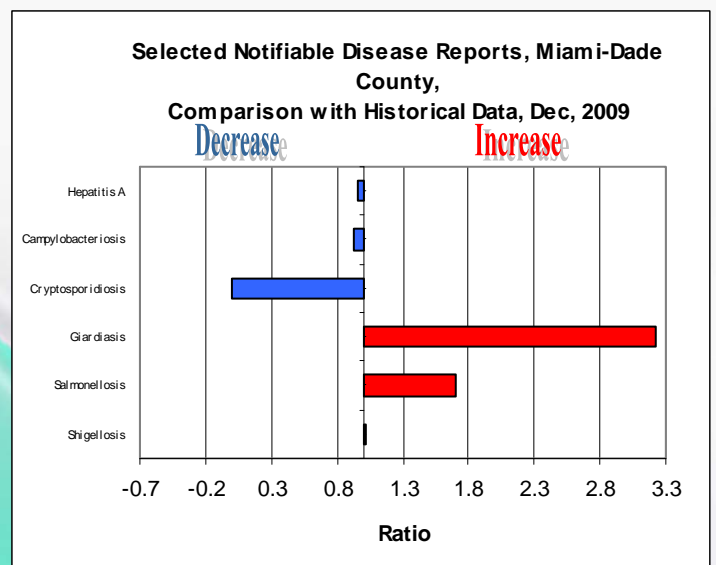
Topic of the Month: The Fifth Disease

Fifth disease is a mild rash illness that occurs most commonly in children. The ill child typically has a "slapped-cheek" rash on the face and a lacy red rash on the trunk and limbs. Occasionally, the rash may itch. An ill child may have a low-grade fever, malaise, or a "cold" a few days before the rash breaks out. The child is usually not very ill, and the rash resolves in 7 to 10 days.

For further information, visit cdc.gov

**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 Program305-325-3242
- Tuberculosis Program305-324-2470
- Immunization Service305-470-5660
- To make an appointment.....786-845-0550



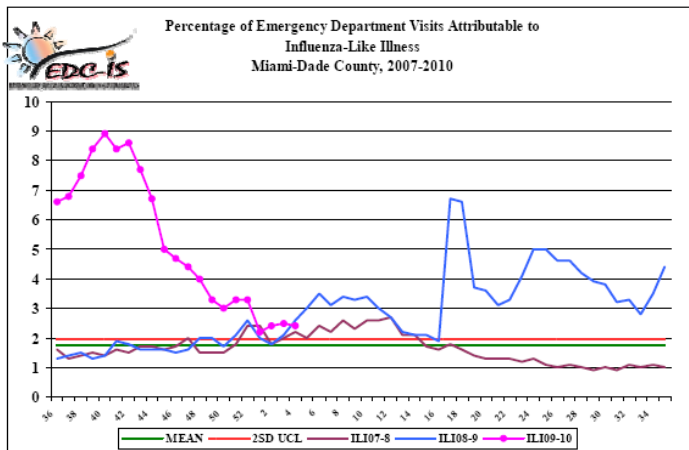
Miami-Dade County Health Department
EDC-IS Influenza/Respiratory Illness
Surveillance Report



Week 04: 01/24/2010– 01/30/2010

Miami Dade County Health Department EDC-IS collects and analyzes weekly information on influenza activity in Miami-Dade County. On a daily basis, selected Miami-Dade County hospitals electronically transmit hospital emergency department data to the Miami-Dade County Health Department.

This data is then categorized into 10 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”. Each week, staff will determine the percentage of all emergency department visits that fall into the ILI category.



During this period, there were 6,872 ED visits; among them 264 (308%) were ILI. At the same week of last year, 5.2% of ED visits were ILI.

For more information, please contact
Erin O’Connell at 305-470-5660.

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, 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 Lizbeth Londoño at 305-470-6918.

**Monthly Report
Selected Reportable Diseases/Conditions in Miami-Dade County,
December 2009**

Diseases/Conditions	2009 this Month	2009 Year to Date	2008 Year to Date	2007 Year to Date
AIDS ^{*Provisional}	68	888	1091	788
Campylobacteriosis	10	164	147	144
Ciguatera Poisoning	0	34	19	4
Cryptosporidiosis	2	24	64	48
Cyclosporiasis	0	3	9	0
Dengue Fever	3	14	10	7
<i>E. coli</i> , O157:H7	0	0	2	6
<i>E. coli</i> , Non-O157	0	0	1	2
Encephalitis (except WNV)	0	0	5	3
Encephalitis, West Nile Virus	0	1	0	1
Giardiasis, Acute	66	667	293	263
Hepatitis A	3	47	31	37
Hepatitis B	0	12	14	19
HIV ^{*Provisional}	91	1229	1585	1417
Influenza A (H5)	0	0	0	0
Influenza Isolates	0	0	0	0
Influenza Novel Strain	39	1416	0	0
Influenza, Pediatric Death	0	2	0	0
Lead Poisoning	28	166	190	177
Legionnaire's Disease	2	21	11	6
Listeriosis	4	4	5	1
Leptospirosis	2	2	0	2
Lyme disease	0	6	8	9
Malaria	3	20	15	11
Measles	0	0	0	0
Meningitis (except aseptic)	0	0	0	0
Meningococcal Disease	0	15	9	9
Mumps	4	5	6	4
Pertussis	2	37	31	28
Rubella	0	0	1	0
Rubella, Congenital	0	0	0	0
Salmonellosis	62	573	535	426
Shigellosis	11	170	72	125
<i>Streptococcus pneumoniae</i> , Drug Resistant	12	117	129	97
Tetanus	0	0	1	0
Toxoplasmosis	1	2	6	7
Tuberculosis ^{*Provisional}	17	158	199	173
Typhoid Fever	0	3	2	3
Varicella	2	60	74	42
Vibriosis	5	5	5	1
West Nile Fever	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.

