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EDC-IS
Epidemiology, Disease Control & Immunization Services
MDCHD

EPI MONTHLY REPORT

MIAMI-DADE COUNTY HEALTH DEPARTMENT

Inside the Issue

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Lymphogranuloma Venereum (LGV) Cases in South Florida, 2009-2010

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Introduction

Chlamydia trachomatis (CT) is associated with oculo-genital diseases. Serovars A, B, Ba, and C cause ocular trachoma, while serovars D-K are responsible for both inclusion conjunctivitis and urogenital tract infections. Serovars L1, L2, and L3 are associated with lymphogranuloma venereum (LGV)[1]. Endemic in Africa, India, Southeast Asia, South America, and the Caribbean, LGV initially causes painless genital lesions, and if left untreated causes suppurative lymphadenopathy and eventual fistula formation [2]. Recently, LGV proctitis has been reported in the Netherlands, Europe, Canada, Australia, and the United States [3,4,5,6,7,] LGV proctitis has been described in men who have sex with men (MSM) engaging in receptive anal intercourse and has been strongly associated with HIV infection [8]. Reports of these outbreaks have led to routine LGV screening in our clinic.

Aim

To describe the clinical and epidemiological characteristics of patients with LGV proctitis in South Florida from 2009-2010.

Methods

- Individuals seen in the sexual transmitted illnesses (STI) clinic with a history of receptive anal intercourse were offered a rectal swab for CT and gonorrhea testing.
- Positive samples for rectal CT were sent to the Centers for Disease Control and Prevention (CDC) Chlamydia Reference Testing Laboratory for LGV serovar testing.
- Chlamydia trachomatis LGV DNA is detected in the CDC laboratory by Nucleic Acid Amplification/ompA gene sequencing and then is reported to the clinic.
- Pertinent medical and epidemiological information was extracted from the medical record.

Results

- Five cases of LGV proctitis were identified.
- All five cases were males.
- Four cases were HIV positive.
- Ages ranged from 27 to 42 years of age.
- All men were reported as MSM, but one also had sex with women.
- Most presented with anal symptoms or had abnormal physical findings in the ano- rectal area.
- Most had inguinal lymphadenopathy (LAD)
- All cases reported had history of other STIs.
- Final LGV DNA test results were available months after patients were tested in the clinic.

Case	Gender	HIV	Clinical Findings	Sexual Orientation	Prior STD History
1	M	Yes	LAD Ano-rectal sx	MSM	Yes
2	M	Yes	LAD Ano-rectal sx	MSM	Yes
3	M	Yes	LAD Ano-rectal sx	MSM	Yes
4	M	Yes	LAD Ano-rectal sx	MSM	Yes
5	M	No	unavailable	MSM + heterosexual	Yes

Conclusion

This is the first report of LGV proctitis cases in South Florida.

- Practitioners in the community should be alerted about the emergence of this STI, especially in HIV positive MSM.

- Empiric treatment should be considered in selected cases given delays in diagnosis.

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Mosquito Control and Prevention

Alazandria Cruze, MPH, CPH, FL-EIS Fellow

Many factors make Miami-Dade County (MDC) an ideal location for mosquito breeding with the leading factor being the sub-tropical environment. MDC is home to approximately 45 species of mosquitoes though only a few create sufficient annoyance that require concern. Mosquitoes may transmit diseases such as West Nile Virus, Dengue Fever, Encephalitis, Malaria, dog heartworm and etc.

The Aedes aegypti mosquito is the only mosquito species that can transmit dengue, and is active during daylight hours making it difficult to avoid. The dengue mosquito lays its eggs on the walls of containers with stagnant water both inside the house and around it. Mosquito eggs hatch when submerged in water and may lie dormant for months. Only the female mosquito bites humans, and may be found indoors in dark areas such as closets, under beds, and behind curtains. Female mosquitoes may reproduce up to 5 times during their life time with each breeding producing dozens of eggs. However, a large dengue outbreak may be caused by only a few mosquitoes per household, increasing the necessity for adequate mosquito control. In 2010, Miami reported its 1st case of Dengue Fever in 50 years.

Due to the multitude of illnesses that may arise from bites from infected mosquitoes, residents should implement prevention measures to stay healthy. Residents can reduce mosquito numbers in their neighborhood by removing breeding sources around their homes. MDC started the Drain and Cover campaign, a prevention strategy to help eliminate standing water around residences and increase skin protection. Standing water from garbage cans, house gutters, pool covers, coolers, toys, flower pots or any other containers where water may collect, should be drained and turned over when possible to prevent further water collection. Broken appliances, old tires, drums, bottles, cans, pots and pans and other items that aren't being used should be discarded.

Residents should also empty and clean birdbaths and pets' water bowls once or twice a week, as well as cover boats and vehicles with tarps to prevent the accumulation of water. Emptying plastic swimming pools when not in use and maintaining the water balance (pool chemistry) of swimming pools will help control mosquito breeding areas around homes.

To help reduce the risk of being bitten by mosquitoes, wearing clothes such as long pants, long sleeve shirts and shoes is important. Use of mosquito repellent to both exposed skin and clothing is recommended as well. DEET (chemical name, N,N-diethyl-meta-toluamide) is the most effective mosquito repellant, and it is recommended that individuals use repellants containing a 20-30% concentration of DEET. Additional control measures include covering doors and windows with screen and repairing broken screens on patios, porches, doors and windows to ensure mosquitoes are kept out of living areas.
Employing control measures may help reduce MDC residents' risk of mosquito transmitted diseases and help ensure a healthier environment for both residents and visitors.

References: CDC, Miami-Dade County Health Department, Miami-Dade County Mosquito Control.

Topic of the Month

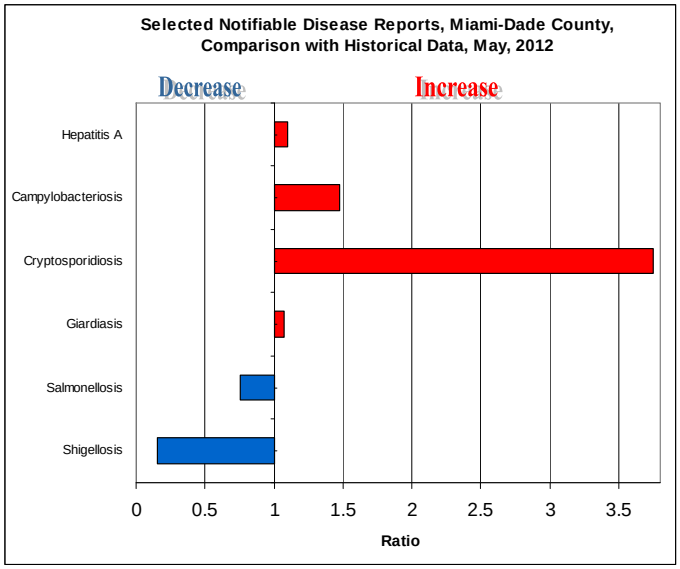
Brain Health [alz.org]

Like other parts of your body, your brain may lose some agility as you get older. It can deteriorate even more if you don't take care of it. Science is unlocking many of the mysteries of the brain, but we don't have all the answers yet. You can do everything "right" and still not prevent Alzheimer's disease. What's offered here is the best and most up-to-date information available about brain health so you can make your own decisions about your overall health.

Tips on keeping your brain healthy:

1. Stay physically active: helps maintain good blood flow to the brain and encourages new brain cells.
2. Have a brain-healthy diet: low fat and low cholesterol foods with rich dark vegetables and fruits can help protect the brain cells.
3. Stay socially active: it can reduce stress levels and help maintain healthy connections among brain cells.
4. Stay mentally active: mentally stimulating activities strengthen brain cells and the connections between them.

For more information please visit: alz.org



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

Childhood Lead Poisoning Prevention Program	305-470-6877
Hepatitis	305-470-5536
Immunizations or outbreaks	305-470-5660
HIV/AIDS Program	305-470-6999
STD Program	305-575-5430
Tuberculosis Program	305- 575-5415
Immunization Service	305-470-5660
To make an appointment	786-845-0550

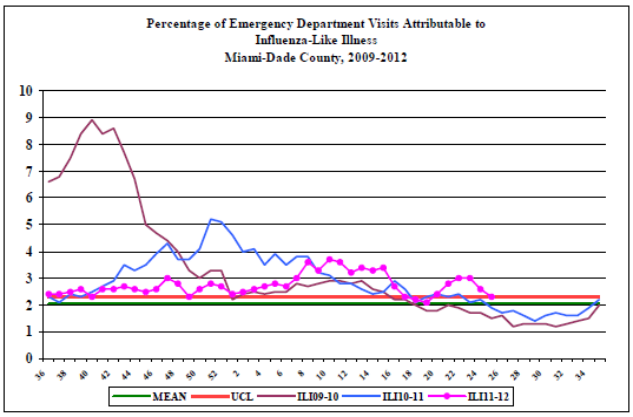
Miami-Dade County Health Department

EDC-IS Influenza/Respiratory Illness Surveillance Report

Week 25: 06/17/2012– 06/23/2012

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 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". Each week, staff will determine the percentage of all



emergency department visits that fall into the ILI category.

During this period, there were 21,036 ED visits; among them 476 (2.3%) were ILI. At the same week of last year, 1.9% of ED visits were ILI.

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 **Lakisha Thomas** 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.

EDC-IS
Epidemiology, Disease Control & Immunization Services MDCHD

Miami-Dade County Monthly Report
Select Reportable Disease/Conditions
May 2012

Diseases/Conditions	2012 Current Month	2012 Year to Date	2011 Year to Date	2010 Year to Date
HIV/AIDS				
AIDS*	34	233	278	288
HIV	80	484	587	510
STD				
Infectious Syphilis*	30	136	134	146
Chlamydia*	780	3915	3519	3484
Gonorrhea*	206	1023	899	942
TB				
Tuberculosis**	10	32	42	35
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	21	109	185	63
Ciguatera Poisoning	2	3	6	0
Cryptosporidiosis	5	11	7	3
Cyclosporiasis	0	0	1	0
Dengue Fever	0	3	4	4
E. coli, O157:H7	0	2	8	2
E. coli, Non-O157	0	0	0	0
Encephalitis (except WNV)	0	0	0	0
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	24	78	130	261
Influenza Novel Strain	0	0	0	20
Influenza, Pediatric Death		2	0	0
Legionellosis	0	3	8	3
Leptospirosis	0	0	0	0
Listeriosis	0	1	0	3
Lyme disease	4	4	0	1
Malaria	3	5	7	11
Meningitis (except aseptic)	0	8	15	9
Meningococcal Disease	3	9	7	10
Salmonellosis	33	146	125	108
Shigellosis	2	20	48	69
Streptococcus pneumoniae, Drug Resistant	3	36	44	85
Toxoplasmosis	0	2	0	1
Typhoid Fever	0	0	1	2
Vibriosis	0	1	1	0
West Nile Fever	0	0	0	0
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	0	1	0	1
Pertussis	8	23	10	13
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	8	26	20	47
Hepatitis				
Hepatitis A	3	10	11	17
Hepatitis B (Acute)	2	11	2	11
Lead				
Lead Poisoning	6	29	57	108

*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.