

EPI MONTHLY REPORT



Health Advisory: First Confirmed Case of Locally Acquired Dengue Fever in Miami-Dade

Inside this issue:

A Miami-Dade County resident was recently confirmed with a diagnosis of Dengue Fever, this patient did not have a history of travel outside the United States within the incubation period of this disease (3 to 14 days), therefore we are reporting this as a locally acquired case of Dengue Fever. As you may be aware, imported dengue cases may increase the likelihood of local dengue transmission in Florida. Additionally, imported dengue infections occur at a higher rate than reflected by passive surveillance. As part of our efforts to monitor and early identification of the presence of dengue in Miami-Dade, we would like to assist you in testing your patients for dengue fever and related illnesses.

The Florida Department of Health (DOH) laboratories provide testing for Dengue fever (DF) and other mosquito-borne illnesses such as West Nile Virus (WNV), St. Louis Encephalitis (SLE), and Eastern and Western Equine Encephalitis (EEE, WEE). A serum specimen is required to test For Dengue fever. However, all arboviruses can be tested in the CSF and sera when specimens are available.

Case definition: An acute febrile illness characterized by frontal headache, retro-ocular pain, muscle and joint pain, and rash. The most common vector is the *Aedes aegypti* mosquito and transmission usually occurs in tropical or subtropical areas. Severe manifestations (dengue hemorrhagic fever and dengue shock syndrome) are rare but may be fatal.

We urge you to consider dengue as a differential diagnosis in clients with recent travel history to and from dengue endemic regions, presenting complaints of high fever, myalgia, severe headache, retro-orbital pain, rash, nausea and/or vomiting. If you suspect acute dengue or any other arboviral illness in a patient, please notify it to the office of Epidemiology and Disease Control at (305) 470-5660. We can be reached 24 hours, 7 days, on weekends and holidays. We will coordinate with your laboratory staff and Infection Control Practitioner (ICP) to receive your patient's specimens at the DOH laboratory. There is no charge for testing.

Your reporting is critical in the monitoring and prevention of Dengue and other mosquito-borne illnesses in our community.

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Dengue Clinical Sample Submission Guidelines

When dengue is suspected in a patient, a sample should be promptly submitted to either the DOH Bureau of Laboratories in Tampa or a commercial laboratory such as Quest or LabCorp. The following categories will help you determine which laboratory is appropriate:

- DOH Bureau of Laboratories
Acute sample (< 5 days post onset)
Submit to BOL-Tampa
Only available sample is convalescent (>6 days post onset) without travel to endemic country or Key West (suspect local transmission outside of Key West)
Submit to BOL-Tampa or BOL-Jacksonville
- Commercial Laboratory
Only available sample is convalescent (>6 days post onset) with travel to endemic country or Key West

To submit a sample to the state laboratory, collect a red top or tiger top tube and follow packaging and shipping guidelines for diagnostic specimens (<https://www.doh.state.fl.us/lab/laboratoryservices.htm>). If the sample is acute (collected five or fewer days post onset), the sera should be shipped frozen on dry ice to the address below: Note: although this is best for detecting virus, viral RNA may still be detectable in freshly collected acute serum that is immediately sent overnight to the laboratory in a cooler with frozen gel ice.

A completed Florida Department of Health laboratory submission form should accompany all specimens (http://www.doh.state.fl.us/lab/PDF_Files/doh_form.pdf). The name of the contact at the county health department who approved sample submission to BOL should be included on the submission form. For acute samples, indicate Arbovirus PCR and Arbovirus Antibody. For convalescent sam-

ples, indicate only Arbovirus Antibody. In both cases, the following steps should be completed:

- Write dengue in the comments section on the bottom of the form
- Fill in date of onset and travel in the mandatory arbovirus section
- Include date of specimen collection at the top of the form
- Fill in Health Care Provider Information box with the name, address, and contact phone of the person to whose attention the final laboratory report is to be sent



Prepare for December

It's Christmas Time!

Watch the kids.

Children are at high risk for injuries that can lead to death or disability. Keep a watchful eye on your kids when they're eating and playing. Keep potentially dangerous toys, food, drinks, household items, choking hazards (like coins and hard candy), and other objects out of kids' reach. Learn how to provide early treatment for children who are choking. Make sure toys are used properly.

Prevent injuries.

Injuries from falls and fireworks often occur around the holidays. Use step stools instead of furniture when hanging decorations. Leave the fireworks to the professionals. Most residential fires occur during the winter months. Keep candles away from children, pets, walkways, trees, and curtains. Never leave fire replaces, stoves, or candles unattended. Don't use generators, grills, or other gasoline- or charcoal-burning devices inside your home or garage. Install a smoke detector and carbon monoxide detector in your home. Test and change the batteries regularly.

Handle and prepare food safely.

As you prepare holiday meals, keep you and your family safe from food-related illness. Wash hands And surfaces often. Avoid cross-contamination by keeping raw meat, poultry, seafood, and eggs (including their juices) away from ready-to-eat foods and eating surfaces. Cook foods to the proper temperature. Refrigerate promptly. Do not leave perishable foods out for more than two hours.

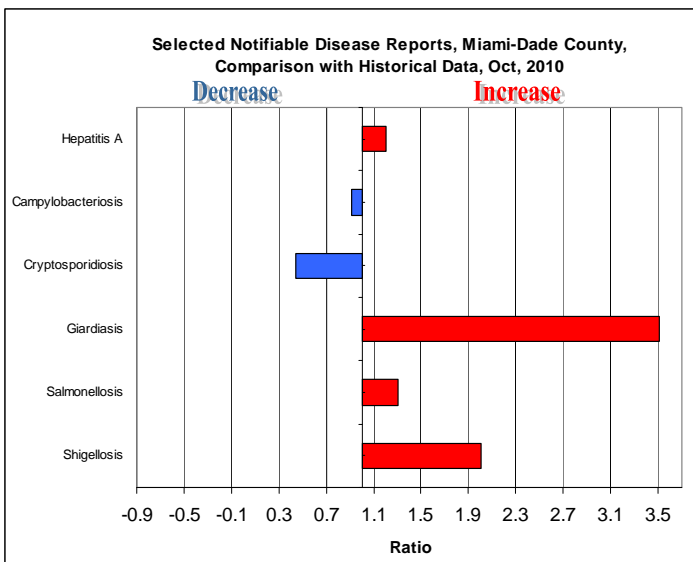
Eat healthy, and be active.

With balance and moderation, you can enjoy the holidays the healthy way. Choose fresh fruit as a festive and sweet substitute for candy. Select just one or two of your favorites from the host of tempting foods. Find fun ways to stay active, such as dancing to your favorite holiday music. Be active for at least 2½ hours a week. Help kids and teens be active for at least 1 hour a day.



**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	305-325-3242
Tuberculosis Program	305-324-2470



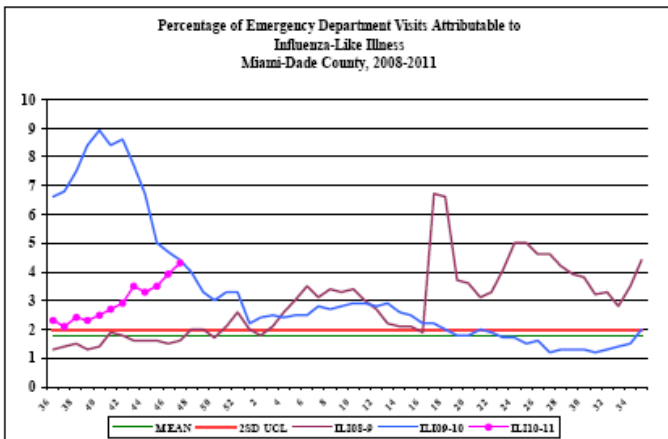
Miami-Dade County Health Department
EDC-IS Influenza/Respiratory Illness
Surveillance Report



Week 47: 11/21/2010– 11/27/2010

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 21, 382 ED visits; among them 917 (4.3%) were ILI. At the same week of last year, 4.4% 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.



Miami-Dade County Monthly Report

Select reportable Disease/Conditions

October 2010

Diseases/Conditions	2010 Current Month	2010 Year to Date	2009 Year to Date	2008 Year to Date
HIV/AIDS				
AIDS*	66	615	758	923
HIV	101	974	985	1319
STD				
Infectious Syphilis	26	295	N/A	N/A
Chlamydia	754	7238	N/A	N/A
Gonorrhea	230	2047	N/A	N/A
TB				
Tuberculosis**	9	124	N/A	N/A
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	8	168	143	125
Ciguatera Poisoning	0	13	34	19
Cryptosporidiosis	1	20	24	52
Cyclosporiasis	0	1	1	5
Dengue Fever	2	40	7	6
E. coli, O157:H7	0	0	0	2
E. coli, Non-O157	0	0	0	1
Encephalitis (except WNV)	1	1	0	5
Encephalitis, West Nile Virus	0	0	1	0
Giardiasis, Acute	77	661	549	216
Influenza Novel Strain	0	20	1337	0
Influenza, Pediatric Death	0	0	2	0
Legionellosis	3	10	18	6
Leptospirosis	0	1	0	0
Listeriosis	0	14	0	4
Lyme disease	0	5	5	8
Malaria	2	21	17	11
Meningitis (except aseptic)	0	0	0	3
Meningococcal Disease	1	17	13	8
Salmonellosis	71	409	450	414
Shigellosis	21	176	144	52
Streptococcus pneumoniae, Drug Resistant	5	120	101	90
Toxoplasmosis	0	1	1	1
Typhoid Fever	1	3	3	1
Vibriosis	1	2	0	2
West Nile Fever	0	0	0	0
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	0	3	1	5
Pertussis	2	27	35	22
Rubella	0	0	0	1
Tetanus	0	0	0	0
Varicella	3	68	56	50
Hepatitis				
Hepatitis A	4	42	44	29
Hepatitis B (Acute)	0	26	11	14
Lead				
Lead Poisoning	20	225	136	155

*Data on AIDS are 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.