



# EPI MONTHLY REPORT

## MIAMI-DADE COUNTY HEALTH DEPARTMENT

October 2012

Dear Residents:

The Miami-Dade County Health Department (Health Department) and the Florida Department of Health completed the investigation of whether there is an elevated risk of cancer in the neighborhood near Northwest 36<sup>th</sup> Avenue and Northwest 86<sup>th</sup> Street. (Census tracts 9.01 and 9.02).

The Florida Department of Health, Bureau of Epidemiology conducted an extensive analysis on cancer cases in the area of concern using data from the Florida Cancer Data System (FCDS), the state-wide cancer registry. According to Florida Statute, all cancer cases diagnosed and/or treated in Florida since 1981 must be reported to FCDS. Cancer registries are primary unbiased data sources for cancer cluster analysis.

- Cancer cases were analyzed based on type of primary cancer. If a patient was diagnosed with two primary cancers, he/she was counted as two cases.
- Cases in the Census Tracts were selected based on patient address when the patient was diagnosed.
- Cases among overall Florida residents were included in the analysis for comparisons.

There was no indication that the number of newly-diagnosed cancer cases increased in recent years within the area of concern. The distribution of cancer cases by type and age group are consistent with that of the overall Florida population. Compared to average cancer rates for Florida overall, the rates of most cancer types were either similar to or lower than average levels for the state. Among all types of cancer examined in the investigated area, only the rate of stomach cancer was higher than the Florida average.

In general, the incidence of stomach cancer is higher among Hispanics and Asians than among Non-Hispanic Whites. The Hispanic population accounts for 79% of the total population within the investigated area. The rate of stomach cancer in the investigated area was consistent with that of the overall Florida Hispanic population. The common risk factors of stomach cancer are: *Helicobacter pylori* infection, diet, smoking, family history, pernicious anemia, some stomach polyps, and chronic gastritis.

The Centers for Disease Control and Prevention (CDC) defines a cancer cluster as "a greater than expected number of cancer cases that occurs within a group of people in a geographic area over a defined period of time" In other words, a cancer "cluster" is a situation in which there are more cancer cases in a group of people, in a location, and in a time period than would be expected based on usual patterns. A cancer "cluster" usually refers to an excess of one particular type of cancer.

The Miami Dade County Health Department recommends that residents, in order to ease the burden of cancer, follow the CDC strategies for preventing and controlling cancer:

- Early screening such as mammograms and colonoscopies,
- Vaccination-vaccines help to reduce the risk of some types of cancers.
- A person's cancer risk can also be reduced by receiving regular medical care, avoiding tobacco, limiting alcohol use, avoiding excessive exposure to ultraviolet rays from the sun and tanning beds, eating a diet rich in fruits and vegetables, maintaining a healthy weight, and being physically active.

We remain committed to protecting the health of your community. Should you have any questions, please call us at (305) 470-5660.

Sincerely,

*Lillian Rivera*

Lillian Rivera, RN, MSN, PhD  
Administrator, Miami-Dade County Health Department

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September 2012

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### FREQUENTLY ASKED QUESTIONS

#### HOW DOES FLORIDA MONITOR CANCER?

The Florida Cancer Data System (FCDS) is Florida's statewide, population-based cancer surveillance system. FCDS was legislatively mandated in 1978 to collect incidence data on all cases seen in Florida since 1981. The goal of FCDS is to reduce death and illness due to cancer by providing data on cancer incidence. These data are used to observe cancer trends and provide a research base for studies into the possible causes of cancer.

According to Florida statute, all cancer cases diagnosed and/or treated in Florida since 1981 must be reported to FCDS.

Cancer registries are a primary source for unbiased population-based cancer cluster studies.

#### WHY IS OUR CANCER REGISTRY CANCER DATA ALMOST TWO YEARS BEHIND?

In order to ensure completeness and quality of the cancer registry data, the Florida Cancer Data System (FCDS) follows national requirements and conducts a number of procedures to verify data and find cases, which include checking Florida vital records for deaths from cancer among Florida residents, checking hospital discharge data and other data from the Agency for Health Care Administration (AHCA) for any cancer patients who were diagnosed or treated in Florida hospitals, and obtaining data from other state cancer registries for Florida residents who were diagnosed or treated in other states. FCDS also links Florida cancer data with the National Death Index to find any Florida cancer patients who died in other states. Obtaining data from other state and federal agencies and performing these procedures will take more than a year. According to the Centers for Disease Control and Prevention (CDC)'s protocol for state cancer registries, the annual cancer data can be considered as complete 24 months after the closing date. For example, the cancer data in 2010 will become final on 1/1/2013.

In this investigation, new cancer cases from 2011 or 2012 were not included because the data are far from complete. Adding 2011 and 2012 data in the analysis will falsely underestimate the incidence rate of cancer for the investigated area.

All cancer registries which publish high quality data have a substantial lag period before the data for a given year are complete. The most recent cancer incidence data available from the FCDS is from 2010, however this data may reflect cancer deaths that occurred in 2011 and 2012 since over half of all persons diagnosed with a cancer will be alive for five years or more after their diagnosis.

#### SEVERAL PEOPLE IN MY NEIGHBORHOOD HAVE BEEN DIAGNOSED WITH CANCER. IS THIS UNUSUAL?

No, this situation occurs more often than you might expect. People often wonder if there are "too many cancers" in their neighborhoods, but most of the time it turns out that the number is about what we would predict. Here are some reasons why there may be quite a few people living in your neighborhoods that have been diagnosed with a cancer:

- **Cancers are very common.** Current information shows that approximately one out of three Americans will develop cancer in their lifetime, and cancer will affect three out of four families. Therefore, you will find people who have been diagnosed with a cancer in just about every neighborhood. Cancers are most common in neighborhoods with lots of older residents because cancer risk increases with age.
- **Cancer is not one disease.** There are many types of cancers. Different cancers have different risk factors, treatments and outcomes. So, even though all cancers involve out-of-control growth of cells, the different cancers are really different diseases. So for example, if your neighborhood has three people with three different cancers (such as lung cancer, breast cancer, and liver cancer), those three people actually have three different diseases - even though they all are called "cancer". These three cancers have very different causes, so there would be no reason to think that one common factor in the neighborhood would be to blame.
- **Cancer rates often vary from year to year and from place to place by chance.** The number of cancer cases will never be exactly the same in each neighborhood. In some places the number will be higher than average and some places it will be lower than average for no reason other than chance. Your neighborhood could just happen to have a higher than average number of people with new cancers just by chance.
- **People diagnosed with cancer are living longer.** Currently, over half of all persons diagnosed with a cancer will be alive for five years or more after their diagnosis. Therefore, the chances are better than ever that there are a number of cancer survivors living in your neighborhood.





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### WHAT IS A CANCER "CLUSTER"?

Cancer clusters are higher numbers of the same type of cancer than is expected within a period of time in a specific area. For instance, when people learn that quite a few friends, family members or neighbors have cancer, they may suspect a cancer cluster. A cancer cluster is more likely if it occurs in a group of people where these cancers are not likely to occur. For example, we would not expect to find many cancer cases among children in a small town or neighborhood. We also would not expect to find large numbers of rare cancers.

Many people assume that if a cluster is statistically confirmed it means there is something wrong with the neighborhood environment (such as pollution of the air, water or soil). This is not necessarily the case. Usually, the reasons cancers "cluster" in residential neighborhoods have little to do with the physical environment. In most cases, cancers "cluster" in neighborhoods because residents have similar cancer risk factors (such as smoking or being older), or by chance.

Public health officials nationwide receive hundreds of inquiries every year about suspected clusters. However, after an evaluation only a small fraction of these suspected clusters are actually confirmed.

### WHY ARE CANCER RATES HIGHER IN SOME AREAS THAN OTHERS?

There are three general reasons why cancer rates may be higher in one area than another:

- **Common risk factors:** If a place has many older residents, for example, cancer rates will be higher than in a place with many younger residents. Some kinds of cancers are more common among people of one race or ethnicity than another. For example, breast cancer rates are generally higher among white women than among women of other races. Therefore, we would expect breast cancer rates to be higher in areas where the population is mostly white.
- **Coincidence:** Cancer rates may be higher or lower in an area compared to the rest of the state just by chance.
- **The environment:** Cancer rates could be higher in one area than another because of something in the physical environment. However, most scientists believe that environmental factors play a much smaller role than life-style related factors (such as smoking and diet) or personal risk factors (such as age, family history or race) in the development of most cancers.

### WHAT CAN I DO TO LOWER MY RISK OF DEVELOPING OR DYING FROM CANCER?

- Don't smoke, or dip or chew tobacco
- Eat at least 5 servings of fresh fruit and vegetables a day
- Cut down the amount of fat in your diet
- Limit the amount of alcohol you drink
- Try to get some exercise every day
- Protect yourself from the sun and avoid getting sunburned
- Women need to examine their breasts once a month, as well as get regular breast examinations, mammograms, and Pap smears
- Men aged 50 years and over should have their prostate examined (45 for high risk person)
- Discuss with your doctor the advisability of colon cancer screening
- Ask your doctor for other specific recommendations, particularly if you have a family history of cancer

#### References

<http://fcds.med.miami.edu/>

[http://www.ccrca.org/Inside\\_CCR/FAQ.shtml](http://www.ccrca.org/Inside_CCR/FAQ.shtml)

<http://www.cancer.gov/cancertopics/factsheet/Risk/clusters>

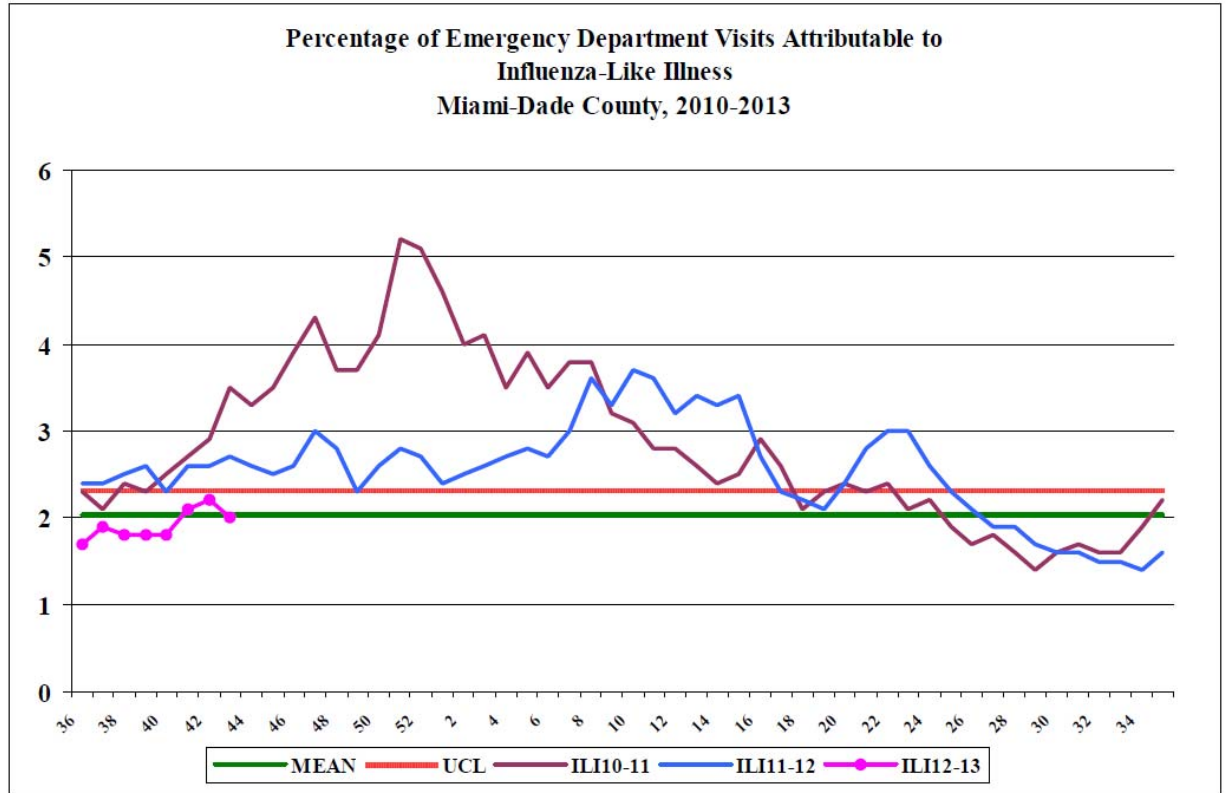
<http://www.cdc.gov/cancer/>



# EPI MONTHLY REPORT

MIAMI-DADE COUNTY HEALTH DEPARTMENT

## Influenza-Like-Illness, All Age



During this period, there were 22,879 ED visits; among them 456 (2.0%) were ILI. At the same week of last year, 2.7% 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.

**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  |

**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 Esther Bell at (305) 470-6918.





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

| Diseases/Conditions  | 2012<br>Current Month | 2012<br>Year to Date | 2011<br>Year to Date | 2010<br>Year to Date |
|--|-----------------------|----------------------|----------------------|----------------------|
| <b>HIV/AIDS</b>  |                       |                      |                      |                      |
| AIDS*  | 60                    | 454                  | 572                  | 508                  |
| HIV  | 102                   | 905                  | 1038                 | 895                  |
| <b>STD</b>   |                       |                      |                      |                      |
| Infectious Syphilis*   | 19                    | 234                  | 237                  | 269                  |
| Chlamydia*   | 735                   | 7110                 | 6490                 | 6484                 |
| Gonorrhea*   | 154                   | 1782                 | 1750                 | 1817                 |
| <b>TB</b>  |                       |                      |                      |                      |
| Tuberculosis**   | 24                    | 81                   | 99                   | 115                  |
| <b>Epidemiology, Disease Control &amp; Immunization Services</b> |                       |                      |                      |                      |
| <b>Epidemiology</b>  |                       |                      |                      |                      |
| Campylobacteriosis   | 40                    | 273                  | 357                  | 160                  |
| Ciguatera Poisoning  | 2                     | 15                   | 12                   | 13                   |
| Cryptosporidiosis  | 4                     | 19                   | 18                   | 19                   |
| Cyclosporiasis   | 0                     | 1                    | 5                    | 1                    |
| Dengue Fever   | 10                    | 26                   | 12                   | 38                   |
| E. coli, O157:H7   | 0                     | 2                    | 14                   | 10                   |
| 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                    | 168                  | 222                  | 583                  |
| Influenza Novel Strain   | 0                     | 0                    | 0                    | 20                   |
| Influenza, Pediatric Death                                       | 0                     | 2                    | 0                    | 0                    |
| Legionellosis  | 3                     | 14                   | 12                   | 7                    |
| Leptospirosis  | 0                     | 0                    | 0                    | 1                    |
| Listeriosis  | 0                     | 1                    | 3                    | 14                   |
| Lyme disease   | 2                     | 9                    | 0                    | 5                    |
| Malaria  | 1                     | 6                    | 15                   | 18                   |
| Meningitis (except aseptic)                                      | 2                     | 17                   | 22                   | 15                   |
| Meningococcal Disease  | 1                     | 12                   | 12                   | 15                   |
| Salmonellosis  | 89                    | 395                  | 432                  | 335                  |
| Shigellosis  | 19                    | 59                   | 92                   | 155                  |
| Streptococcus pneumoniae, Drug Resistant                         | 6                     | 55                   | 62                   | 114                  |
| Toxoplasmosis  | 0                     | 3                    | 0                    | 1                    |
| Typhoid Fever  | 0                     | 1                    | 3                    | 2                    |
| Vibriosis  | 0                     | 2                    | 1                    | 1                    |
| West Nile Fever  | 0                     | 0                    | 1                    | 0                    |
| <b>Immunization Preventable Diseases</b>                         |                       |                      |                      |                      |
| Measles  | 0                     | 0                    | 0                    | 0                    |
| Mumps  | 0                     | 1                    | 0                    | 3                    |
| Pertussis  | 6                     | 52                   | 24                   | 22                   |
| Rubella  | 0                     | 0                    | 0                    | 0                    |
| Tetanus  | 0                     | 0                    | 0                    | 0                    |
| Varicella  | 4                     | 37                   | 39                   | 63                   |
| <b>Hepatitis</b>   |                       |                      |                      |                      |
| Hepatitis A  | 0                     | 19                   | 18                   | 33                   |
| Hepatitis B (Acute)  | 2                     | 17                   | 5                    | 23                   |
| <b>Lead</b>  |                       |                      |                      |                      |
| Lead Poisoning   | 12                    | 68                   | 112                  | 184                  |

\*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.