



EPI MONTHLY REPORT

MIAMI-DADE COUNTY HEALTH DEPARTMENT

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Pertussis and Prevention

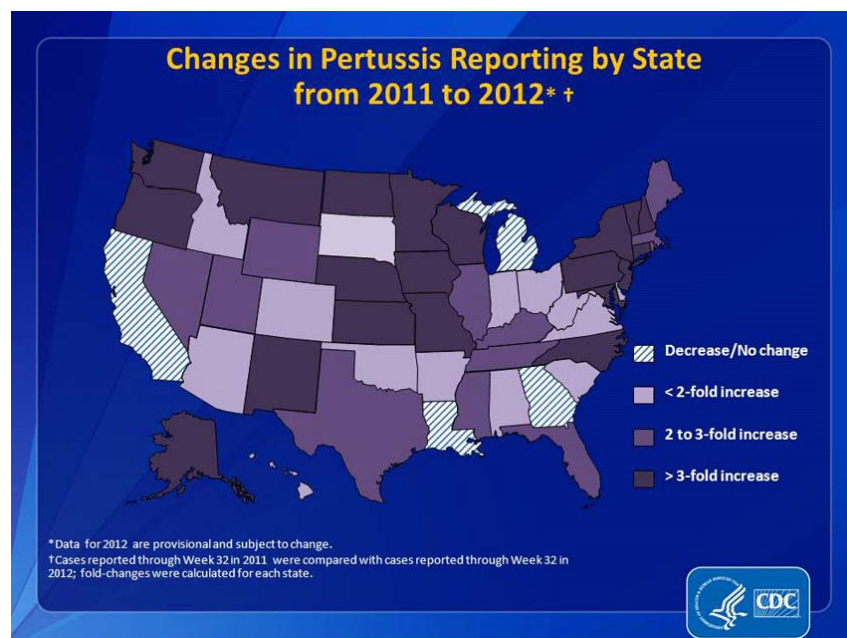
According to a Centers for Disease Control and Prevention (CDC) report, during the first half of 2012, increased pertussis cases or outbreaks have been reported in a majority of states. As of August 11, 2012, 46 states and Washington, D.C. have reported an increase in pertussis cases compared with the same time period in 2011. Several states are struggling to stop the disease from spreading and with the new school year opening, the concerns have been increasing. In Miami-Dade County, there were 20 confirmed cases in 2011. Although there has been no outbreak reported from local daycares and schools, as of September 19, 2012, there were 40 confirmed pertussis cases in Miami-Dade County.

Pertussis is an endemic (common) disease in the United States, with peaks in disease every 3 to 5 years and frequent outbreaks. Pertussis outbreaks can be difficult to identify and manage. Other respiratory pathogens often cause clinical symptoms similar to pertussis, and co-circulation with other pathogens (bacterial and viral) does occur. In order to respond appropriately (e.g.,

provide appropriate antibiotic prophylaxis), it is important to confirm that *Bordetella pertussis* is circulating in the outbreak setting and to determine whether other pathogens are contributing to the outbreak. Polymerase chain reaction (PCR) tests vary in specificity, so obtaining culture confirmation of pertussis for at least one suspicious case is recommended by the CDC anytime there is suspicion of a pertussis outbreak.

Everyone should practice healthy habits such as washing hands often, covering coughs, getting vaccinated and staying home when sick. It is particularly important to keep infants and other people at high risk for pertussis complications away from infected individuals.

Included in this month's Epi Monthly Report is a fact sheet on Pertussis. If you or someone you know needs vaccination against pertussis, contact the Miami-Dade County Health Department Immunization Program at (786) 845-0550 to schedule an appointment.



Epidemiology, Disease
Control & Immunization
Services

8600 NW 17th Street
Suite 200

Miami, Florida 33126

Tel: (305) 470-5660

Fax: (305) 470-5533

For more information, please visit: www.cdc.gov

Reference: <http://www.cdc.gov/pertussis/outbreaks.html>



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Pertussis (Whooping Cough) Fact Sheet

What is Pertussis?

Pertussis, or whooping cough, is a highly contagious bacterial infection that causes an uncontrollable, violent cough lasting for several weeks or even months. It is caused by the bacteria *Bordetella pertussis* which is found in the mouth, nose, and throat of an infected person. Pertussis can occur at any age but is most harmful for young babies and can be life threatening.

How serious is Pertussis?

More than half of babies younger than 1 year who get Pertussis need care in the hospital. About 1 out of 5 babies and children with the disease will get pneumonia. Pneumonia is a major reason why babies die from Pertussis. Other problems include seizures and brain damage.

What are the symptoms of Pertussis?

Pertussis has 3 stages:

1. In the first stage there is a runny nose, sneezing, a fever and a mild cough that gets worse over 1-2 weeks. Infants may have a pause in breathing (apnea).
2. During the second stage people have coughing attacks. At the end of each attack, there can be a high-pitched "whoop" sound. Babies and young children may turn blue and have difficulty breathing. This stage may last 1-6 weeks.
3. In the third stage the cough slowly disappears over 2-3 weeks. Many people will have coughing attacks with later colds and other infections.

How soon after infection do symptoms appear?

The incubation period is usually 7 to 10 days with a range of 4 to 21 days and in rare cases may be as long as 42 days.

How is Pertussis spread?

Pertussis is primarily spread from person to person by direct contact with mucus or droplets produced when an infected person coughs, sneezes or talks. People with Pertussis can spread the disease from the time they get a runny nose until 3 weeks after their cough starts.

Older children and adults often have mild disease. They can spread Pertussis and not know it. This is because they do not feel very sick so they do not see a doctor or get treated. People with Pertussis can prevent the spread of the disease if they take the right antibiotics.

How can I protect myself and my family from getting sick with Pertussis?

Get vaccinated! The best way to protect yourself and your family from getting sick is to get vaccinated. Booster doses are needed throughout life because the Pertussis vaccine wears off over time. Everyone should get vaccinated.

- **Young children** need four to five doses of **DTaP** by kindergarten (ages 4-6).
- **Students enrolling in the 7th through 10th grade** in Florida need to have met the requirement for a **Tdap** booster before the start of the 2012-2013 school year.
- **Adults** are also recommended to receive a Tdap booster, **especially if they are pregnant, in contact with infants or are health care workers**, but most adults have not yet received Tdap.

What is the treatment for Pertussis?

People with Pertussis should get treated with antibiotics. The recommended antibiotics include azithromycin (Zithromax), erythromycin and clarithromycin (Biaxin). Alternately, trimethoprim-sulfamethoxazole (Bactrim) can be used. Antibiotics are most helpful when started during the first stage of the disease because that may help clear symptoms. People should avoid close contact with others, especially babies and pregnant women until they have taken 5 days of the appropriate antibiotics.

Post-Exposure Prevention

It is important for some people who have had close contact to persons with whooping cough to get antibiotic medications. These people include:

- Young children <1 year old
- Pregnant women
- People who have close contact with pregnant women and young children (including health care workers)

If you know that you or family members have been around someone with Pertussis, contact your doctor. Close contact is defined as sharing toys, food, or utensils, face-to-face contact, direct exposure to cough, sneeze, or secretions, or sharing a confined space for over one hour.

Healthy Habits

All people should practice healthy habits. Examples include washing hands often, covering coughs, getting vaccinated and staying home when sick.

For more information, please visit: www.cdc.gov



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Back to School Health

The back to school craze has finally passed and we are beginning to adjust to all of the changes surrounding a new school year. While morning traffic is on a steady rise, that is not the only adverse effect of back to school season. With children and adolescents back to a group setting, disease trends are also on the rise. However, with proper precautions, we can keep our families happy and healthy. Let's make sure our kids don't bring home anything other than their homework assignments.

The most significant step for preventing the spread of germs and illness is hand washing. Start healthy hand washing habits today!

1. Wash your hands as often as possible (even if your hands look clean). Here are some important instances when to wash your hands to help control the spread of illness:

- ✦ After using the bathroom
- ✦ After coughing or sneezing
- ✦ After cleaning a child who has gone to the bathroom
- ✦ After touching books or money
- ✦ Before preparing food
- ✦ Before eating
- ✦ After petting an animal



2. Other rules for staying healthy:

- ✦ Stay away from anyone with a cold or flu
- ✦ Get plenty of rest
- ✦ Visit your doctor and dentist yearly
- ✦ Get your shots as scheduled and recommended by your doctor, especially an annual flu shot. To schedule an appointment for vaccines, you may contact the Miami-Dade County Health Department Immunization Program at (786) 845-0550.



3. And most importantly, when your child is sick, stick to the following do's and don'ts:

DO's:

- Keep your child at home
- Call the daycare or school about the child's illness
- Check with your child's doctor if he/she is:
 - appearing and acting ill
 - having these symptoms: diarrhea, vomiting, and/or fever
- Inform your child's doctor that he/she attends a daycare/school

DON'Ts:

- Don't take your child to daycare/school if he/she has any of the following:
 - Diarrhea, watery stools or bloody stools
 - Vomiting
 - Pink or red eyes
 - Head lice or nits
 - Rash
 - Fever with sore throat or any of the above symptoms
- Don't wait for your sick child to get worse, instead visit the doctor and don't bring him/her back to daycare or school until he/she is well and healthy

For more information, please visit: www.cdc.gov, www.dadehealth.org or consult your physician



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



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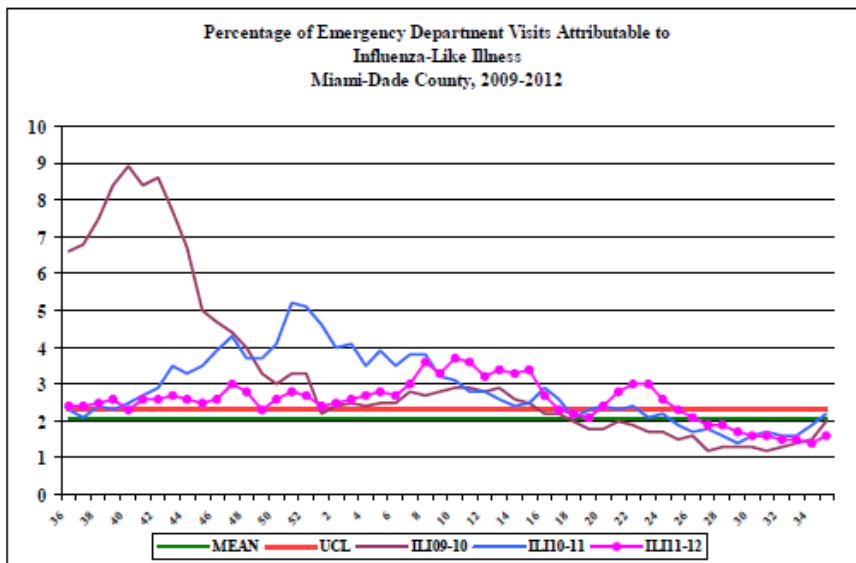
Miami-Dade County Health Department EDC-IS Influenza/Respiratory Illness Surveillance Report

Week 38: 09/16/2012– 09/22/2012

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.

Influenza-Like-Illness, All Age



During this period, there were 22,272 ED visits; among them 394 (1.8%) were ILI. At the same week of last year, 2.5% 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 Esther Bell at (305) 470-6918.



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

Diseases/Conditions	2012 Current Month	2012 Year to Date	2011 Year to Date	2010 Year to Date
HIV/AIDS				
AIDS*	N/A	N/A	N/A	N/A
HIV	N/A	N/A	N/A	N/A
STD				
Infectious Syphilis*	20	215	209	231
Chlamydia*	953	6375	5711	5707
Gonorrhea*	223	1633	1530	1592
TB				
Tuberculosis**	12	57	87	97
Epidemiology, Disease Control & Immunization Services				
Epidemiology				
Campylobacteriosis	43	233	327	142
Ciguatera Poisoning	10	13	12	13
Cryptosporidiosis	2	15	13	9
Cyclosporiasis	0	1	5	1
Dengue Fever	7	16	6	27
E. coli, O157:H7	0	2	13	8
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	26	144	200	489
Influenza Novel Strain	0	0	0	20
Influenza, Pediatric Death	0	2	0	0
Legionellosis	3	11	11	6
Leptospirosis	0	0	0	0
Listeriosis	0	1	0	13
Lyme disease	1	7	0	3
Malaria	0	5	13	17
Meningitis (except aseptic)	1	15	21	14
Meningococcal Disease	0	11	10	13
Salmonellosis	49	305	369	260
Shigellosis	11	40	82	135
Streptococcus pneumoniae, Drug Resistant	3	49	61	109
Toxoplasmosis	1	3	0	1
Typhoid Fever	0	1	3	2
Vibriosis	0	2	1	0
West Nile Fever	0	0	0	0
Immunization Preventable Diseases				
Measles	0	0	0	0
Mumps	0	1	0	3
Pertussis	9	46	20	22
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	2	33	33	62
Hepatitis				
Hepatitis A	0	19	13	30
Hepatitis B (Acute)	1	15	4	20
Lead				
Lead Poisoning	6	57	108	167

*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.