

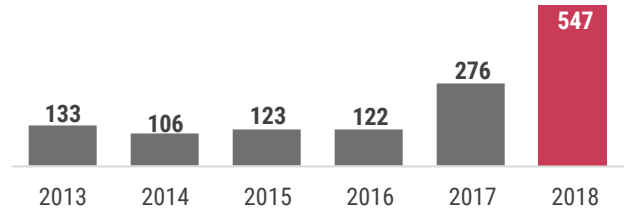
# Hepatitis A Surveillance

## 2018 Yearly Summary

Hepatitis A cases increased dramatically in 2018 with case counts almost double those seen the previous year. Cases were concentrated primarily in the central region of the state, although 46% of counties reported at least one case. Many cases (23%) were co-infected with hepatitis B and C, and drug use was the most commonly reported risk factor (52%).

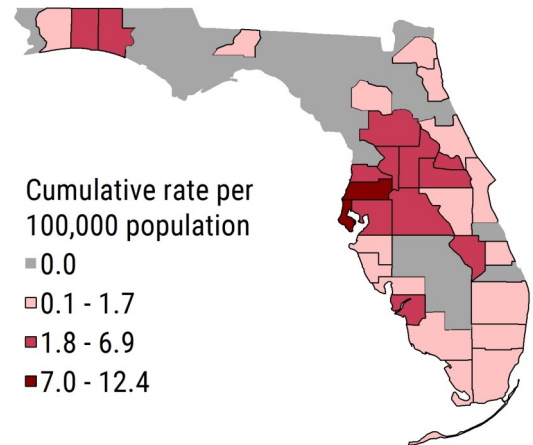
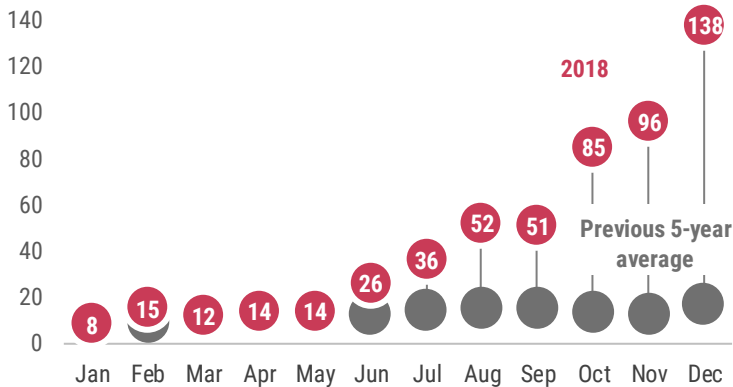
From January 1, 2018 through December 31, 2018, **547 hepatitis A cases** were reported in 31 counties. ▶

Case counts in 2018 exceeded those seen in previous years and were more than double the case counts in the last 5 years.

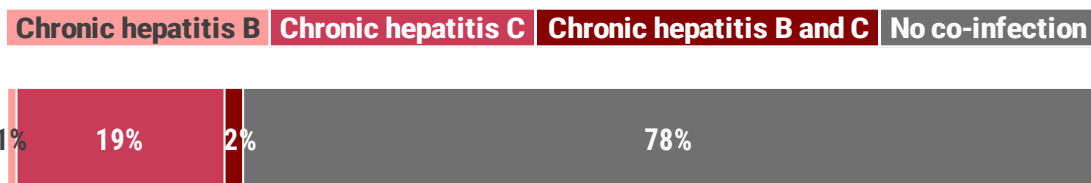


The number of reported hepatitis A cases steadily increased each month since April 2018 and remained at or above the previous 5-year-average all year. ▼

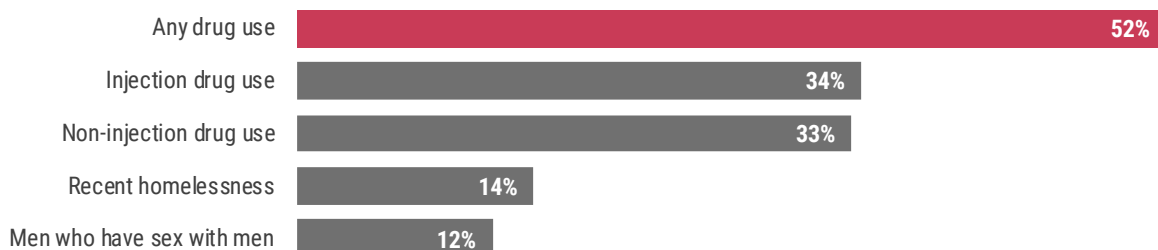
The central Florida region had the highest hepatitis A activity levels. In 2018, 96% of cases were likely infected locally in Florida. ▼



In 2018, 5 (1%) cases were co-infected with chronic hepatitis B, 104 (19%) cases were co-infected with chronic hepatitis C, and 10 (2%) cases were co-infected with both chronic hepatitis B and C.



Over half (59%) of the 525 cases likely acquired in Florida reported at least one of the risk factors below, while 41% reported no or unknown risk factors. The most commonly identified risk factor was **drug use**, reported by 271 (52%) cases. Injection drug use was just as common a risk factor as non-injection drug use. Homelessness, reported by 14% of cases, was also a common risk factor.



# Vaccine-Preventable Diseases Surveillance System Summary

## Case Data

- Current case data are preliminary and will change as new information is gathered. The most recent data available are displayed in this report.
- Pertussis, varicella, hepatitis A, and measles are reportable diseases in Florida. Case information is documented by county health department (CHD) epidemiologists in Merlin, Florida's reportable disease surveillance system.
- Only Florida residents are included in case counts, but contact investigations are conducted for all exposed individuals.
  - Pertussis, varicella, hepatitis A, and measles case counts include both confirmed and probable cases.
- Map counts and rates are determined by the individual's county of residence; these data do not take into account location of exposure.
- CHD epidemiologists also report outbreaks of pertussis, varicella, and hepatitis A into Merlin.
  - Household-associated cases are defined as  $\geq 2$  cases exposed within the same household.
  - Pertussis and mumps outbreaks are defined as  $\geq 2$  cases associated with a specific setting outside of a household.
  - Varicella outbreaks are defined as  $\geq 5$  cases associated with a specific setting outside of a household.
  - Measles outbreaks are defined as any person acquiring measles while in Florida.
- For more information about reportable diseases, please visit [FloridaHealth.gov/DiseaseReporting](https://www.floridahealth.gov/disease-reporting).
- For more information about Florida's guides to surveillance and investigation, including disease-specific surveillance case definitions, please visit [FloridaHealth.gov/GSI](https://www.floridahealth.gov/GSI).

## Population Data

- Population data used to calculate incidence rates are from FLHealthCHARTS (Community Health Assessment Resource Tool Set).
- For more information about FLHealthCHARTS, please visit [FLHealthCharts.com](https://www.flhealthcharts.com).

## Vaccination Data

- Vaccination data for identified cases are from Merlin, as documented by CHD staff.
- Vaccination status is determined using the Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, 2018.
- For more information about immunization schedules, please visit [www.CDC.gov/Vaccines/Schedules/index.html](https://www.CDC.gov/Vaccines/Schedules/index.html).
- Individuals are considered up-to-date on vaccinations if they have received the recommended number of doses of vaccine for a particular disease for their age at the time of their illness onset. Individuals are considered under-vaccinated if they have received at least one but not all doses of vaccine recommended for a particular disease for their age at the time of their illness onset.
- For a full text version of a new study on pertussis vaccination, please visit [www.CIDID.org/Publications-1/2018/3/29/The-Impact-of-Past-Vaccination-Coverage-and-Immunity-on-Pertussis-Resurgence](https://www.CIDID.org/Publications-1/2018/3/29/The-Impact-of-Past-Vaccination-Coverage-and-Immunity-on-Pertussis-Resurgence).