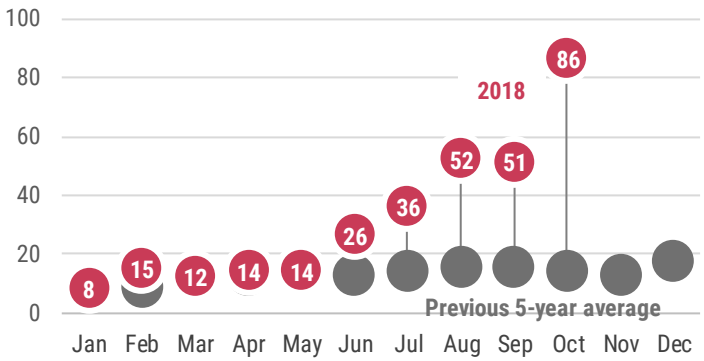
Hepatitis A Surveillance
October 2018

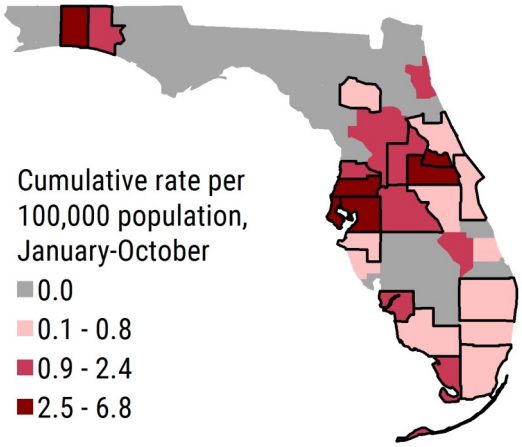
Year to Date Key Points

- 314 cases
- 14% cases linked to other cases
- 30-39 year olds had highest incidence
- 44% of cases reported drug use
- 21% co-infected with hepatitis B or C

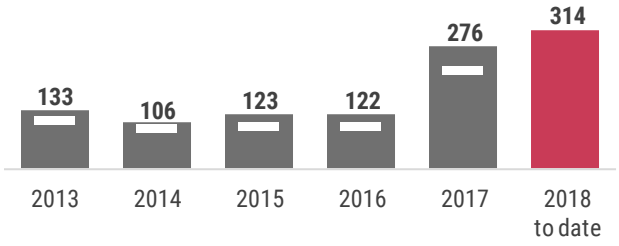
The number of reported hepatitis A cases steadily increased each month since April 2018 and has remained at or above the previous 5-year-average all year. The number of cases reported in October increased from the previous month, and was the highest reported to date in 2018.



The 86 hepatitis A cases in October were reported in the **19 counties outlined in black**. The central Florida region has the highest hepatitis A activity levels so far this year. In 2018, 84% of cases have been acquired locally in Florida.



From January 1, 2018 through October 31, 2018, 314 hepatitis A cases were reported in 23 counties. The number of cases as of October 31 in previous years are marked by the white bars for 2013-2017. The number of reported hepatitis A cases more than doubled from 2016 to 2017 after remaining relatively constant in previous years. Case counts in 2018 have exceeded those seen in previous years.



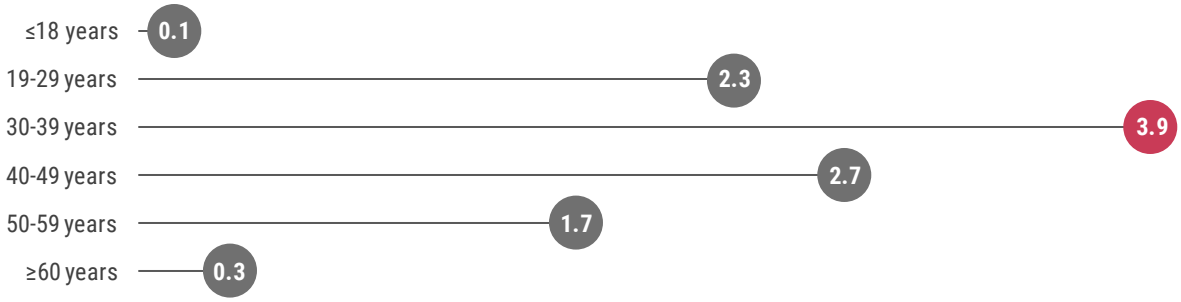
98%

never vaccinated

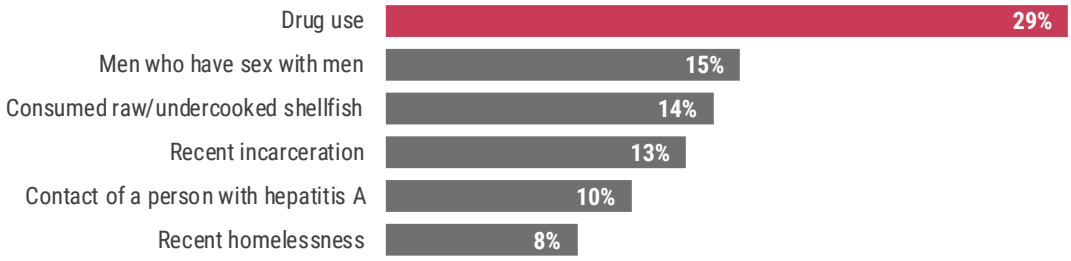
The best way to prevent hepatitis A infection is through vaccination. So far in 2018, 98% of people with hepatitis A had never received a documented dose of hepatitis A vaccine. In October, 100% of cases had not received the vaccine. Hepatitis A vaccine is recommended for all children at age 1 year and for certain high-risk groups of adults including illegal drug users and men who have sex with men (MSM). To learn more about the hepatitis A vaccine, talk to your doctor or visit: www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-a.html.

So far in 2018, **44 (14%)** of **314 total cases** of hepatitis A were **linked to other cases**. In October, only 3% of cases were linked to other cases. In October, 33% of relationships were **household contact**, 33% **sexual contact**, and 33% **non-sexual personal contact**.

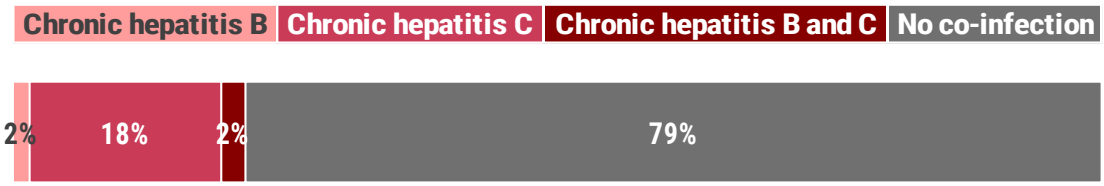
So far in 2018, the incidence rate was highest among **adults aged 30-39 years old** at **3.9 cases** per 100,000 population. In October, the incidence rate was highest among adults aged 30-49 years old at 0.9 cases per 100,000 population. In 2018, cases were reported primarily among **men** (68%) and persons who identify as **non-Hispanic white** (76%).



The most common risk factor among cases reported in October was **drug use,** reported by 25 (29%) cases. Men who have sex with men represented 15% of cases this month.



Thus far in 2018, 5 (2%) cases were co-infected with chronic hepatitis B, 55 (18%) cases were co-infected with chronic hepatitis C, and 7 (2%) cases were co-infected with both chronic hepatitis B and C. In October, 26% of cases were co-infected with chronic hepatitis B or C. Co-infection with more than 1 type of viral hepatitis can lead to more severe liver disease and increase the risk of developing liver cancer.



National activity

Hepatitis A rates have decreased by more than 95% since the first vaccine became available in 1995. However, since March of 2017, the Centers for Disease Control and Prevention has been monitoring outbreaks in ten states among persons who use drugs and persons who are homeless. Kentucky and West Virginia have been the most heavily impacted, and response efforts are ongoing. More information about these outbreaks can be found at www.cdc.gov/mmwr/volumes/67/wr/mm6743a3.htm?s_cid=mm6743a3_w

Hepatitis A surveillance goals

- Identify and control outbreaks and monitor trends
- Identify and mitigate common sources
- Monitor effectiveness of immunization programs and vaccines

To learn more about hepatitis A, please visit www.floridahealth.gov/hepA. For more information on the data sources used in Florida for hepatitis A surveillance, see the last page of this report.

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, and hepatitis A 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, and hepatitis A case counts include both confirmed and probable cases, while measles case counts include only confirmed cases.
- CHD epidemiologists also report outbreaks of pertussis, varicella, and hepatitis A into Merlin.
  - Household-associated cases are defined as ≥2 cases exposed within the same household.
  - Pertussis and mumps outbreaks are defined as ≥2 cases associated with a specific setting outside of a household.
  - Varicella outbreaks are defined as ≥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 www.Floridahealth.gov/diseasereporting.
- For more information about Florida's guides to surveillance and investigation, including disease-specific surveillance case definitions, please visit 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 www.flhealthcharts.com.

Vaccination Data

- Vaccination data for identified cases are from Merlin, as documented by CHD epidemiologists.
- 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.
- 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.