Hepatitis A Surveillance September 2018

Key Points



11% cases linked to other cases

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40-49 year olds had highest incidence



39% cases reported injection drug use

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The 56 hepatitis A cases in September were reported among the **14 counties outlined in black**. The central

Florida region has seen the highest hepatitis A

31% co-infected with hepatitis B and/or C

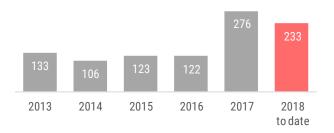
increased each month since April 2018 and has remained at or above the previous 5-year-average all year.

The number of reported hepatitis A cases has steadily

From January 1, 2018 through September 30, 2018, 233 hepatitis A cases were reported among 23 counties. The number of reported hepatitis A cases more than doubled from 2016 to 2017 after remaining relatively constant in previous years. Thus far in 2018, it

appears case counts will exceed those seen in 2017.

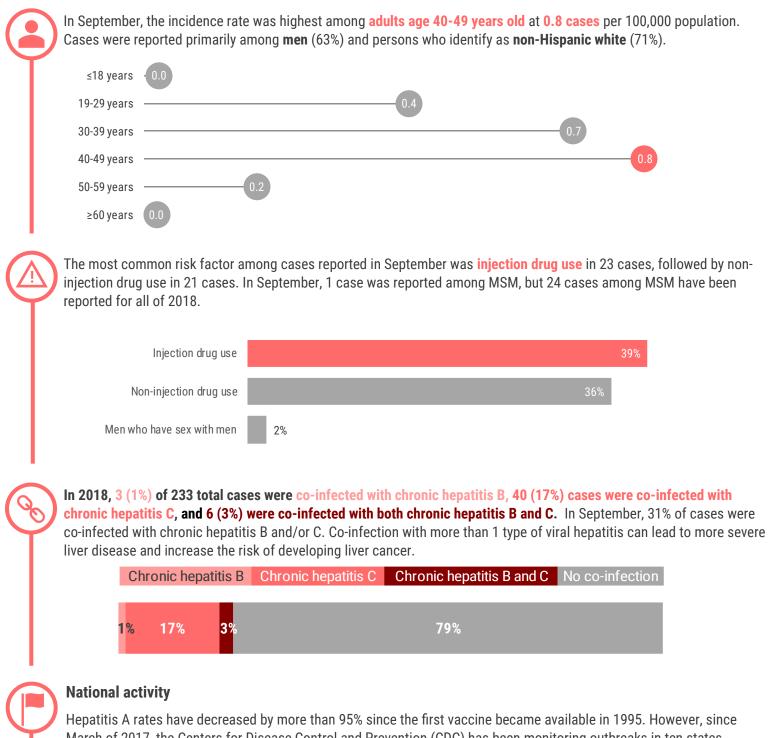
activity levels so far this year. In 2018, 81% of cases have been acquired locally in Florida. Cumulative rate per 100,000 population Jan-Sep 2018 0.0 0.1 - 0.5 0.6 - 1.7 1.8 - 5.4



99% The best way to prevent hepatitis A infection is through vaccination. In 2018, 99% of hepatitis A cases had never received a documented dose of hepatitis A 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.

In September, 6 (11%) of 56 total cases of hepatitis A were linked to other cases. Three cases were linked to other cases by household contact, two cases by sexual contact, and 1 case by non-sexual personal contact.





March of 2017, the Centers for Disease Control and Prevention (CDC) has been monitoring outbreaks in ten states among persons who use drugs and/or 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 here: www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm.

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/vpd. For more information on the data sources used in Florida for hepatitis A surveillance, see the last page.

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-impactof-past-vaccination-coverage-and-immunity-on-pertussis-resurgence.