




Hepatitis A Surveillance

2018-To-Date Key Points

 5,103 cases

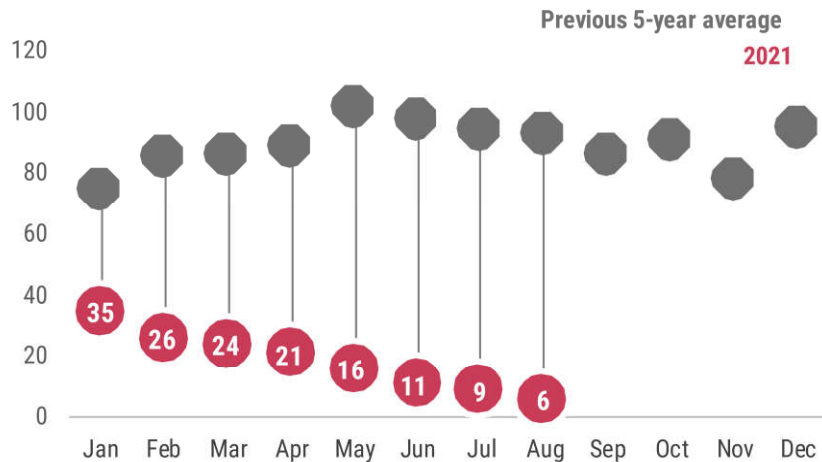
 23% cases linked to other cases

 Since 2018, 30-39 year olds have had the highest incidence rate

 24% co-infected with hepatitis B or C

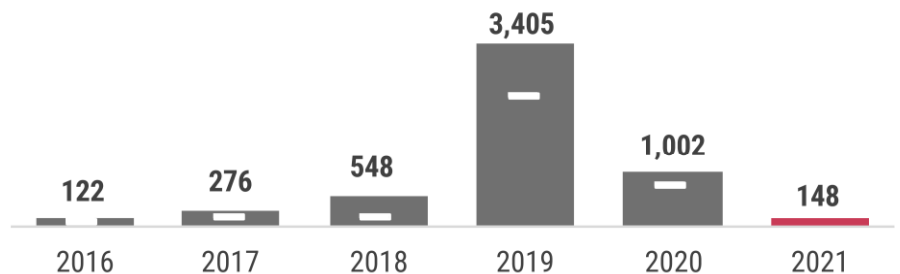


The number of reported hepatitis A cases in August decreased from the previous months and was below the previous 5-year average. Since January 1, 2018, 98% of cases have likely been acquired in Florida. In August, 6 hepatitis A cases were reported in 6 counties. The number of hepatitis A cases from January 2021 to August 2021 have steadily decreased.



Since January 1, 2021, 148 hepatitis A cases were reported.

Consistent with the national hepatitis A outbreak, cases increased dramatically during 2018 and 2019 in Florida. In August 2021, there was a 94% decrease in overall cases when compared to cases as of August 2019.



*The white bars indicate the total number of cases as of August for each year



97%

never vaccinated

The best way to prevent hepatitis A infection is through vaccination. Since January 1, 2018, 97% of people with hepatitis A had never received a documented dose of hepatitis A vaccine. In August 2021, 100% of infected people had not received the vaccine or had unknown vaccination status. Since 2006, hepatitis A vaccine has been recommended for all children at age 1 year. Hepatitis A vaccine is also recommended for certain adult high-risk groups, including persons using injection and non-injection drugs, persons experiencing homelessness, and men who have sex with men. 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.

The COVID-19 pandemic is affecting health care seeking behavior, which may be impacting the diagnosis and reporting of hepatitis A cases that are shown in this report. For more information on the COVID-19 pandemic in Florida, please visit FloridaHealthCOVID-19.gov.

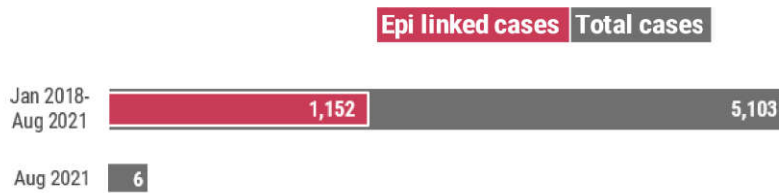


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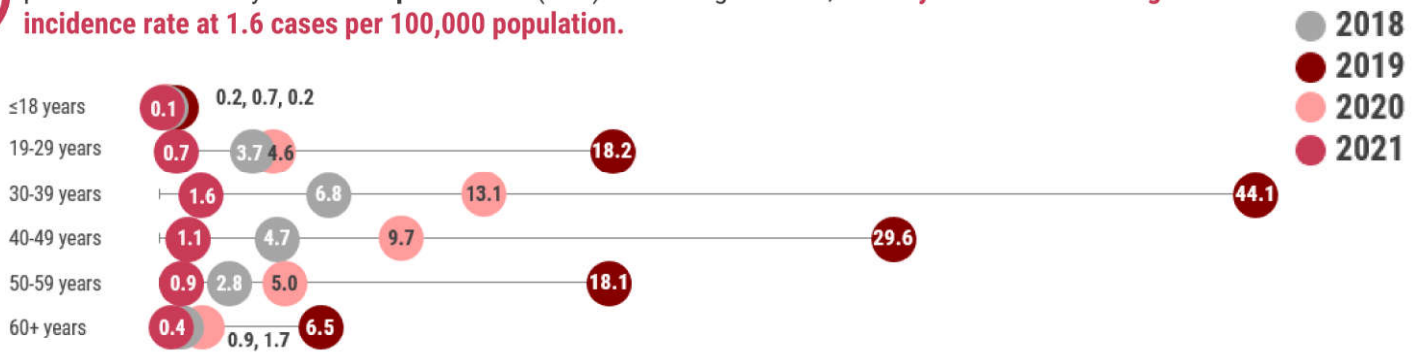


Since 2018, **1,152 (23%)** of 5,103 hepatitis A cases were **epidemiologically (epi) linked to other cases**. In August 2021, no cases were epi-linked to other cases.

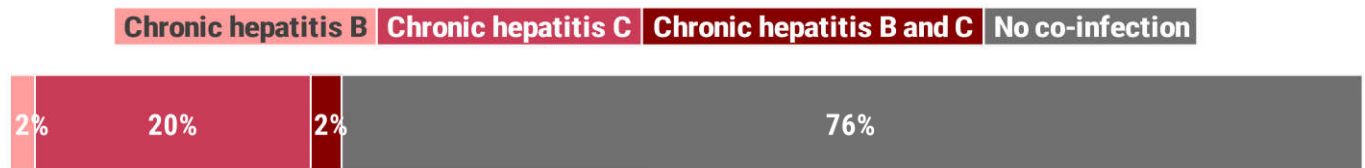
In August 2021, there was an **average of 1 contact per case**. Contacts are those who were exposed to the virus and recommended prophylaxis for illness prevention.



Since 2018, **incidence rates have increased among all age groups** with cases reported primarily among **men (64%)** and persons who identify as **non-Hispanic white (82%)**. As of August 2021, **30-39 year olds had the highest incidence rate at 1.6 cases per 100,000 population**.



Since 2018, **96 cases (2%)** were co-infected with chronic hepatitis B, **1,041 cases (20%)** were co-infected with chronic hepatitis C, and **110 cases (2%)** were co-infected with both chronic hepatitis B and C. In August 2021, no cases were co-infected with chronic hepatitis B or C. Co-infection with more than one 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 outbreaks were first identified in 2016, the Centers for Disease Control and Prevention has been monitoring outbreaks in 36 states. 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 FloridaHealth.gov/HepA. For more information on the data sources used in Florida for hepatitis A surveillance, see the last page of this report.

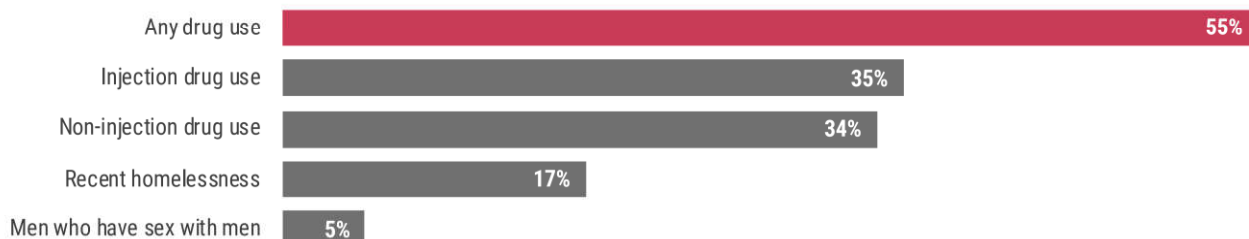
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Statewide Response to the Increase in Hepatitis A Cases

Several Florida counties have experienced ongoing local transmission of hepatitis A since 2017. Since 2018, 98% of Florida's cases (n=5,103) have likely been acquired in Florida. These cases share several common risk factors including drug use (both injection or non-injection drugs), identifying as men who have sex with men, or recently experiencing homelessness. **Individuals with any of these risk factors should receive the hepatitis A vaccine, and health care providers are encouraged to actively offer the hepatitis A vaccine to individuals at risk. Vaccination is the best way to prevent hepatitis A infection.**

For additional information, please see the declaration of public health emergency issued by the State Surgeon General in August 2019, available at: [FloridaHealth.gov/_documents/newsroom/press-releases/2019/08/phe-hav-filed-08-01-2019.pdf](https://www.floridahealth.gov/_documents/newsroom/press-releases/2019/08/phe-hav-filed-08-01-2019.pdf).

Since 2018, over half (60%) of the 5,103 cases acquired in Florida reported at least one of the risk factors below, while 38% reported no or unknown risk factors. The most commonly identified risk factor was **any drug use**, reported by 2,805 cases (55%). Injection (35%) and non-injection (34%) were both common forms of drug use reported, followed by recent homelessness (17%).



Hepatitis A infections can be severe, leading to inpatient hospitalization and sometimes death. Since January 1, 2018, 3,469 (69%) cases acquired in Florida have been hospitalized due to hepatitis A infection with 77 deaths identified as hepatitis A associated.

69% hospitalized
77 deaths

The Florida Department of Health is actively working to vaccinate those most at risk for hepatitis A infection. In August 2021, 2,505 doses were administered. **The number of first doses of hepatitis A vaccine administered by both private providers and county health departments to adults age 18 years and older, as recorded in Florida SHOTS, decreased and was below the previous 5-year-average.** This may be due to changes in vaccine administration during the COVID-19 pandemic. **Vaccination is the best way to prevent hepatitis A infection.**

