

# Hepatitis A Surveillance

## February Key Points



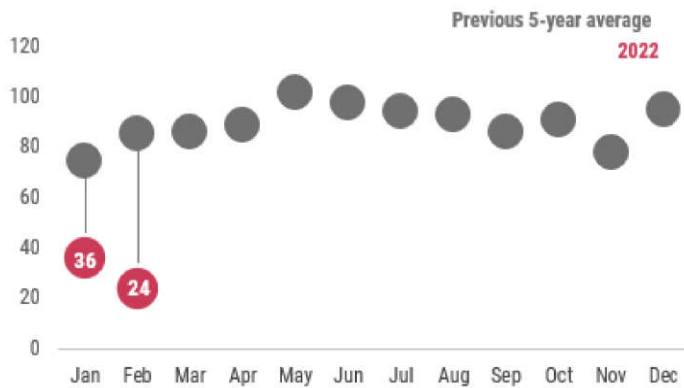
1 case linked to other cases

30-39 year olds had the highest incidence rate

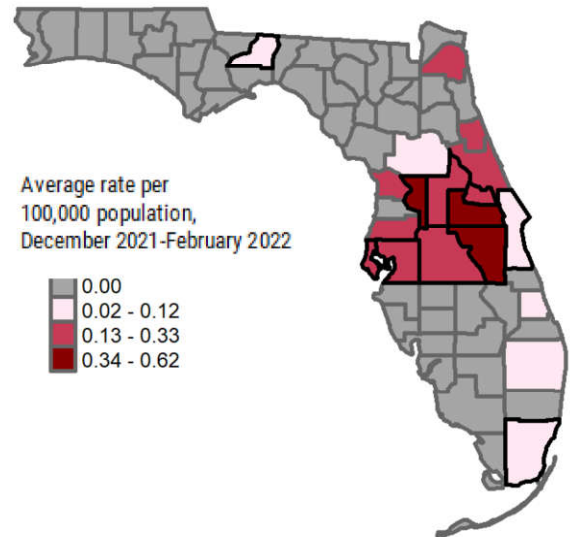
92% of cases not up-to-date or unknown vaccination status



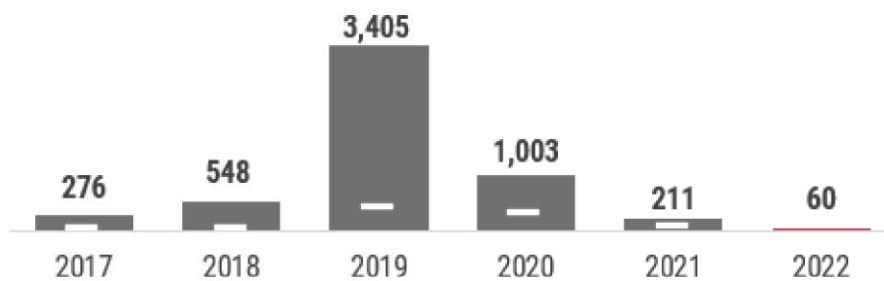
The number of reported hepatitis A cases in February decreased from the previous month and was below the previous 5-year average.



In February 2022, 24 hepatitis A cases were reported in 11 counties, outlined in black in the map below. From December 2021 through February 2022 the average county rates were highest in Central Florida.



In 2022, 60 hepatitis A cases\* were reported.



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



**92%**  
not vaccinated

The best way to prevent hepatitis A infection is through vaccination. In February 2022, 92% 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](http://www.CDC.gov/Vaccines/HCP/VIS/VIS-Statements/Hep-A.html).

\* Of the 36 cases reported in January 2022, 9 cases had illness prior to 2021, but were not reported prior to January 2022.

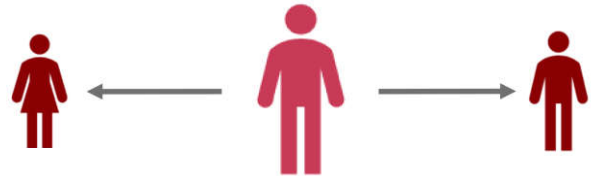


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In February 2022, **1 case** was **epidemiologically (epi) linked to another case**.

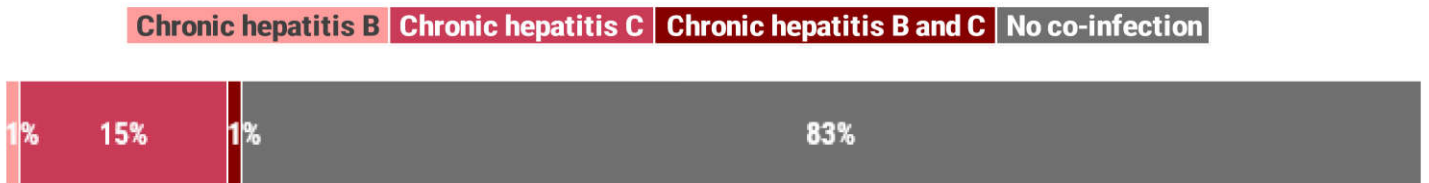
In February 2022, there was an average of **2 contacts to reported cases**. Contacts are those who were exposed to the virus and recommended prophylaxis for illness prevention.



In February 2022, **30-39 year olds have the highest incidence rate at 0.63 cases per 100,000 population**. Similarly in 2021, 30-39 year olds also had the highest incidence rate at 1.48 cases per 100,000 population.



In February 2022, **no cases were co-infected with chronic hepatitis C** and **no cases were co-infected with chronic hepatitis B**. In 2021, the **most common coinfection was with chronic hepatitis C with 15%** of reported cases being coinfecting. 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 37 states. As of February 2022, 15 states (including Florida) have declared an end to their outbreak. More information about these outbreaks can be found here: [www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm](http://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm)

## Hepatitis A surveillance goals

- Identify cases to limit transmission
- Identify and prevent outbreaks
- Monitor effectiveness of immunization programs and vaccines


To learn more about hepatitis A, please visit [FloridaHealth.gov/HepA](http://FloridaHealth.gov/HepA). For more information on the data sources used in Florida for hepatitis A surveillance, see the last page of this report.

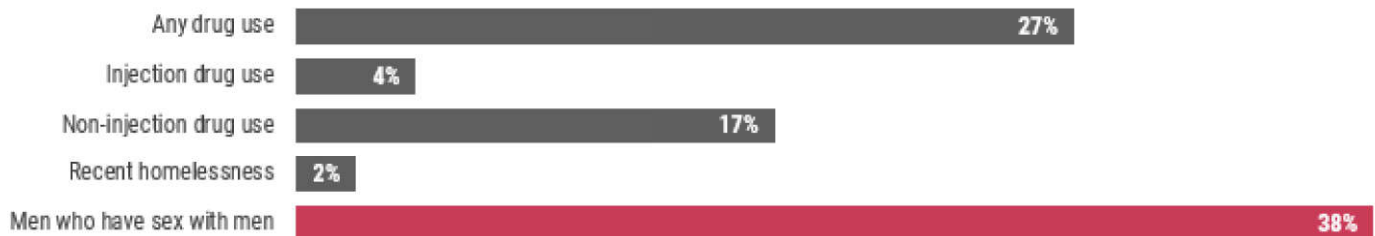
## Hepatitis A Surveillance


On August 31, 2021, Florida announced the end of the hepatitis A outbreak due to a decline in reported cases. During the previous 3 months, case numbers have returned to baseline incidence in Florida prior to the outbreak. Ongoing local transmission of hepatitis A was initially reported in 2017 and declared an outbreak on January 1, 2018 with a public health emergency issued by the State Surgeon General in August 2019. Hepatitis A activity will continue to be monitored.


**Vaccination is the best way to prevent hepatitis A infection. Health care providers are encouraged to actively offer the hepatitis A vaccine to individuals at risk.**

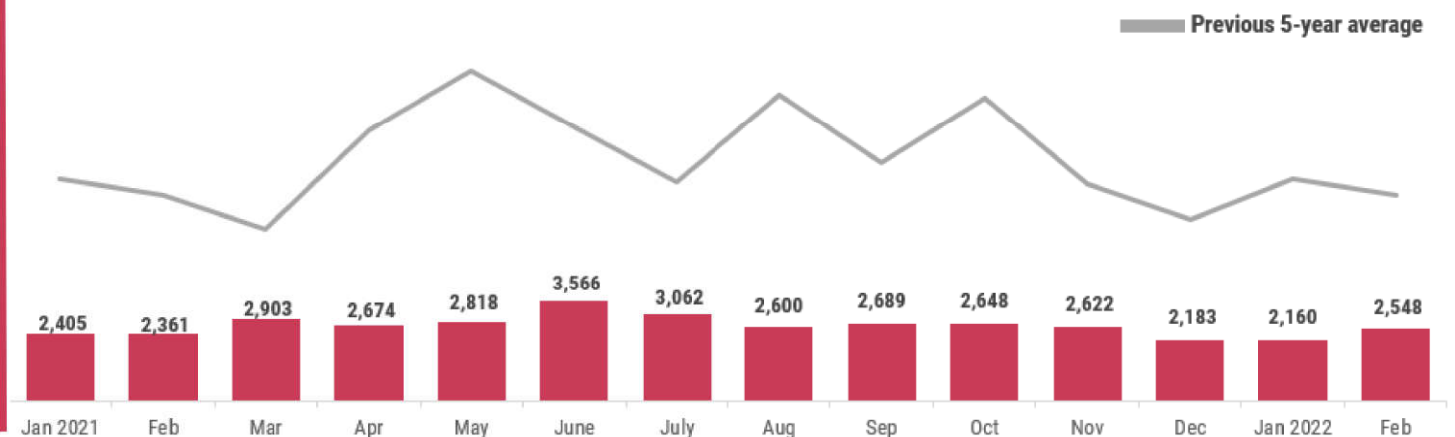
For additional information, please see: <http://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>

 **In 2022, 47% of the 48 reported cases acquired in Florida\* reported at least one of the risk factors below, while 53% reported no or unknown risk factors.** The most commonly identified risk factor was **men who have sex with men**, reported by **18 cases (38%)**. The next most common risk factor was **any drug use (27%)** reported in 13 cases. Of the 13 cases, the most common form of drug use was **non-injection drug (17%)** reported in 8 cases. **Injection drug use (4%)** was reported in 2 cases and in the remaining 3 cases, the type of drug-use was unknown. **Recent homelessness** was reported in (2%) of reported cases. In 2022, there has been **an increase** in reported cases among men who have sex with men when



 Hepatitis A infections can be severe, leading to inpatient hospitalization and sometimes death. **In 2022, 27 cases (56%) acquired in Florida\* have been hospitalized due to hepatitis A infection.** No deaths have been identified as hepatitis A associated in 2022.

 The Florida Department of Health is actively working to vaccinate those most at risk for hepatitis A infection. In February 2022, 2,548 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, increased 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.**



\* The 9 cases with illness prior to 2021 are excluded from this analysis. Only cases acquired in Florida are included in this analysis.