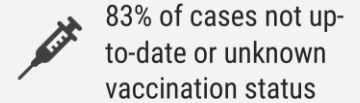
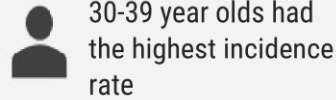
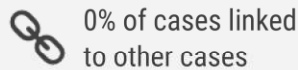


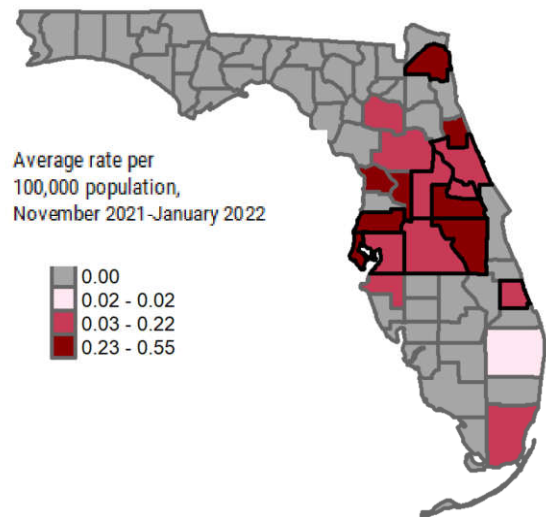
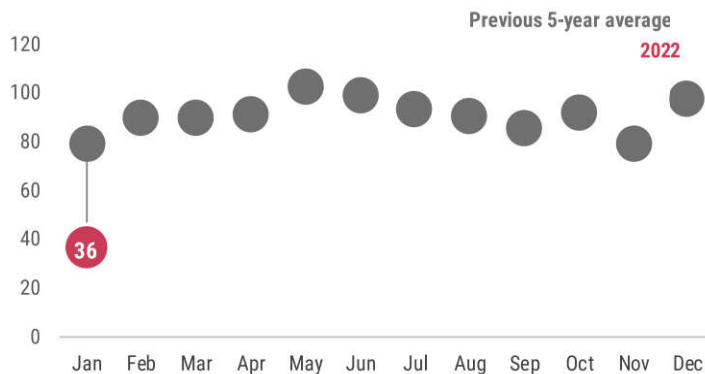
Hepatitis A Surveillance

January Key Points

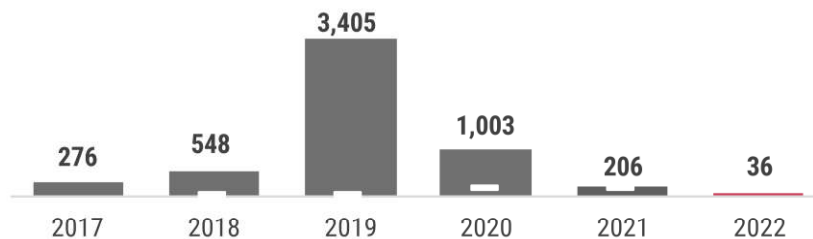


The number of reported hepatitis A cases in January increased from the previous month and was below the previous 5-year average.

In January 2022, 36 hepatitis A cases* were reported in 10 counties, outlined in black in the map below. From November 2021 through January 2022 the average county rates were highest in Central and Northeast Florida.



In January 2022, 36 hepatitis A cases* were reported.



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



83%
not vaccinated

The best way to prevent hepatitis A infection is through vaccination. In January 2022, 83% 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.

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



Hepatitis A Surveillance

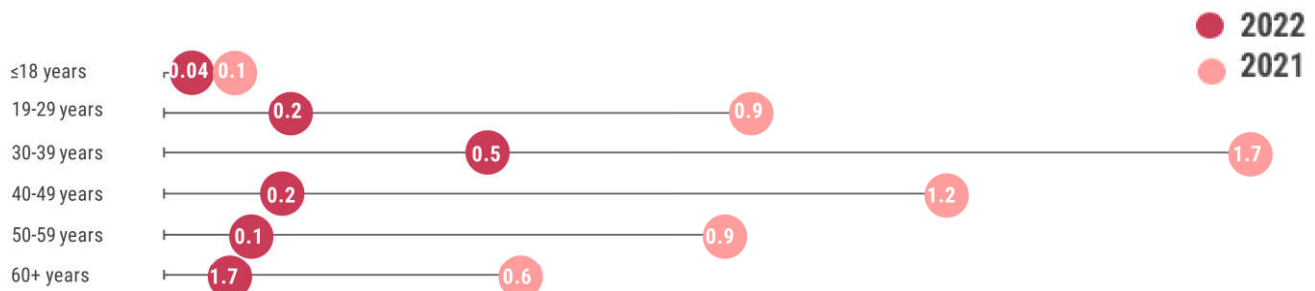


In January 2022, **no cases** were **epidemiologically (epi) linked to another case**.

In January 2022, there were **no contacts** or **unknown contacts to reported cases**. Contacts are those who were exposed to the virus and recommended prophylaxis for illness prevention.



In January 2022, **30-39 year olds have the highest incidence rate at 0.5 cases per 100,000 population**. Similarly in 2021, 30-39 year olds also had the highest incidence rate at 1.7 cases per 100,000 population.



In January 2022, **4 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



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 January 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

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. 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.

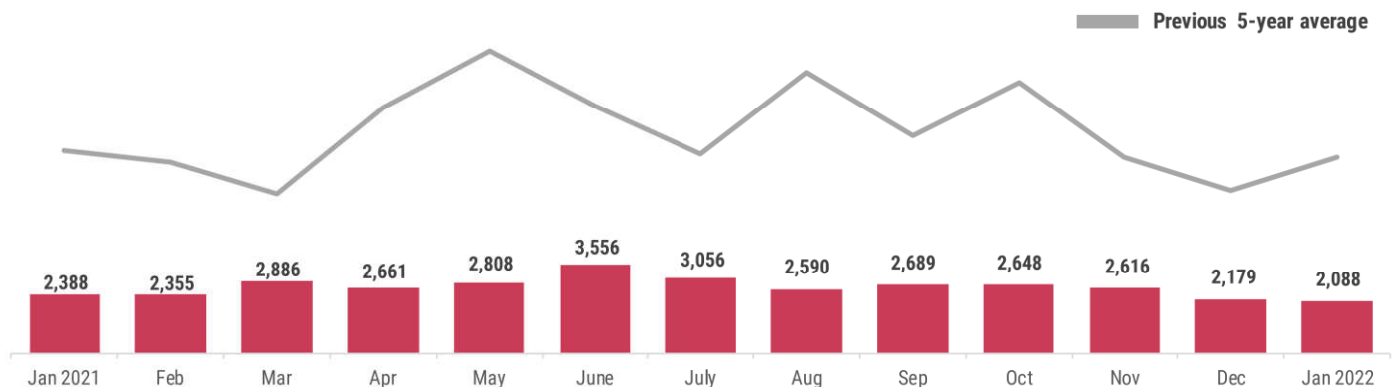
For additional information, please see: <http://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>

 **In 2022, 48% of the 36 reported cases* acquired in Florida reported at least one of the risk factors below, while 52% reported no or unknown risk factors.** The most commonly identified risk factor was **any drug use**, reported by **9 cases (25%)**. Of the 9 cases, the most common form of drug use was **non-injection drug (17%)** reported in 6 cases. **Injection drug use (6%)** was reported in 2 cases and in the remaining 1 case, the type of drug-use was unknown. The next most common risk factor after drug use is in **men who have sex with men (19%)**, followed by **recent homelessness (3%)**. In 2022, there has been **an increase** in reported cases among men who have sex with men when compared to 2021.



 Hepatitis A infections can be severe, leading to inpatient hospitalization and sometimes death. **In January 2022, 9 cases (25%) 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 January 2022, 2,088 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.**



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