

# Hepatitis A Surveillance

## December 2018

### 2018 Key Points

 559 cases

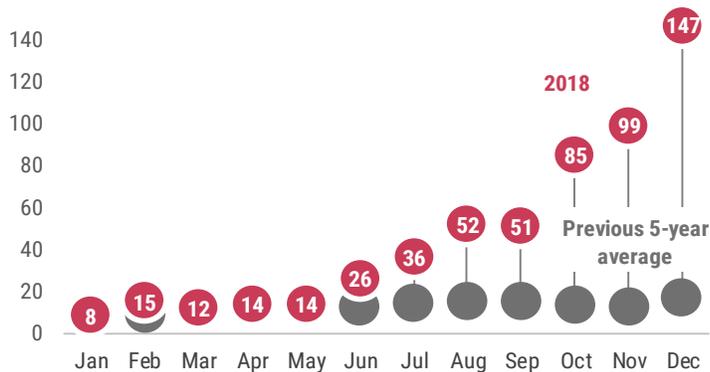
 14% cases linked to other cases

 30-39 year olds had highest incidence

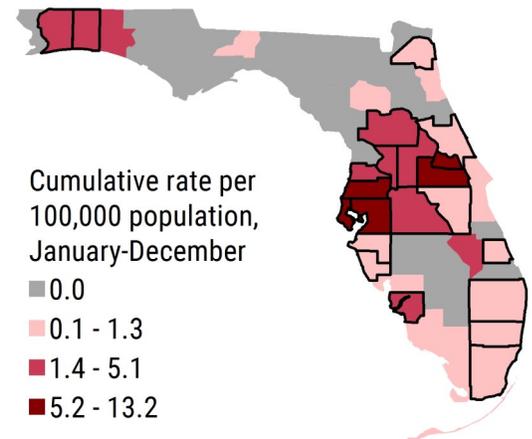
 22% co-infected with hepatitis B or C



**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 December increased from the previous month and was the highest reported in 2018. ▼

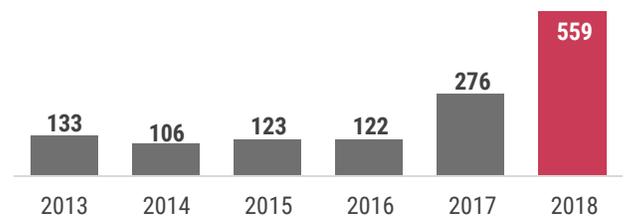


The 147 hepatitis A cases in December were reported in the **22 counties outlined in black**. The central Florida region had the highest hepatitis A activity levels in 2018. In 2018, 96% of cases have likely been acquired locally in Florida. ▼



**From January 1, 2018 through December 31, 2018, 559 hepatitis A cases were reported in 31 counties.** ►

The number of reported hepatitis A cases more than doubled from 2016 to 2017 after remaining relatively stable in previous years. Case counts in 2018 have exceeded those seen in previous years and are more than double the case counts in the last 5 years.



**97%**  
never vaccinated

**The best way to prevent hepatitis A infection is through vaccination.** In 2018, 97% of people with hepatitis A had never received a documented dose of hepatitis A vaccine. In December, 95% of infected people 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. 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).

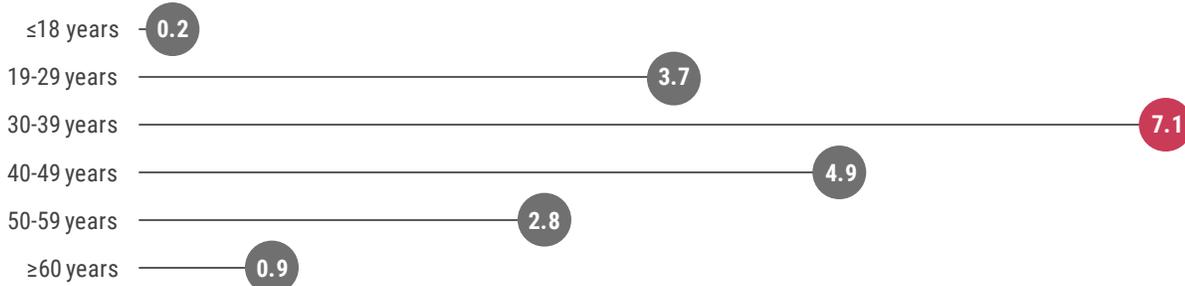


In 2018, **79 (14%)** of 559 total cases of hepatitis A were **epidemiologically (epi) linked to other cases**. In December, 12% of cases were linked to other cases.

In December 72% of relationships were household contact and 28% sexual contact.



In 2018, the incidence rate was highest among **adults aged 30-39 years old at 7.1 cases** per 100,000 population. In December, the incidence rate was highest among adults aged 30-39 years old at 1.9 cases per 100,000 population. In 2018, cases were reported primarily among **men (67%)** and persons who identify as **non-Hispanic white (74%)**.



In 2018, **6 (1%) cases were co-infected with chronic hepatitis B, 108 (19%) cases were co-infected with chronic hepatitis C, and 10 (2%) cases were co-infected with both chronic hepatitis B and C**. In December, 21% 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 15 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 here:

[www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm](http://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](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.

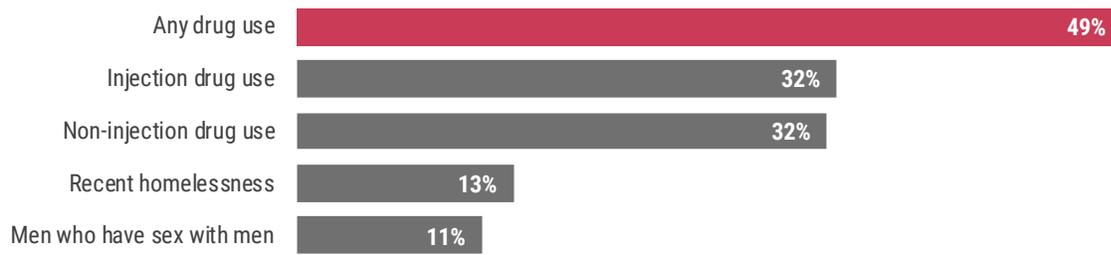
**Statewide Response to the Increase in Hepatitis A Cases**

Several Florida counties have experienced ongoing local transmission of hepatitis A since 2017. Since January 2018, 96% of Florida’s cases (n=534) have likely been acquired in Florida. Cases likely acquired in Florida share several common risk factors including drug use (both injection and non-injection drugs), identifying as men who have sex with men, and recently experiencing homelessness. **Individuals with any of these risk factors should receive the hepatitis A vaccine, and 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 health advisory issued by the Florida Department of Health in November 2018, available at: [FloridaHealth.gov/about-the-department-of-health/about-us/sunshine-info/advisories/\\_documents/112818-fl-hav-advisory-11-26-lws-edits-all-accepted-eo-format-final.pdf](http://FloridaHealth.gov/about-the-department-of-health/about-us/sunshine-info/advisories/_documents/112818-fl-hav-advisory-11-26-lws-edits-all-accepted-eo-format-final.pdf).



Over half (57%) of the 534 cases likely acquired in Florida reported at least one of the risk factors below, while 43% reported no or unknown risk factors. The most commonly identified risk factor was **drug use**, reported by 263 (49%) cases. Injection drug use was just as common a risk factor as non-injection drug use. Homelessness, reported by 13% of cases, was also a common risk factor.

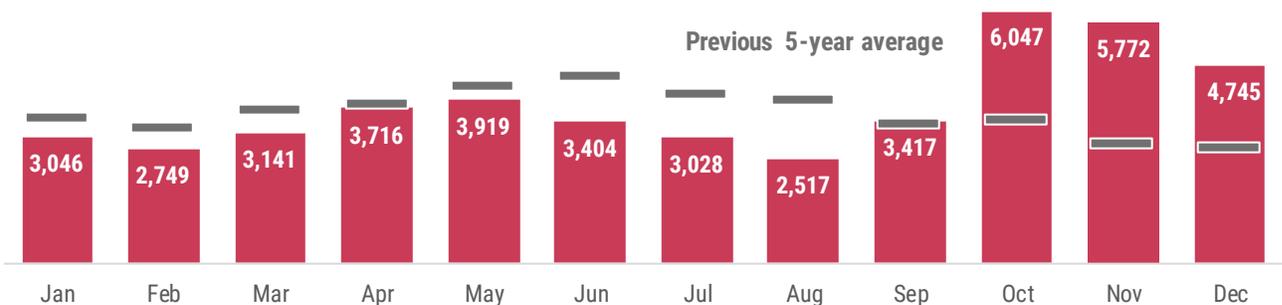


Hepatitis A infections can be severe, leading to inpatient hospitalization and sometimes death. In 2018, 386 (72%) cases likely acquired in Florida have been hospitalized because of their hepatitis A infection, and there were 2 hepatitis A associated deaths identified.

**72%** hospitalized  
**2** deaths



The Florida Department of Health is actively working to vaccinate those most at risk for hepatitis A infection. In recent months, **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. Vaccination is the best way to prevent hepatitis A infection.**



# 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, hepatitis A, and measles 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, hepatitis A, and measles case counts include both confirmed and probable cases.
- Map counts and rates are determined by the individual's county of residence; these data do not take into account location of exposure.
- CHD epidemiologists also report outbreaks of pertussis, varicella, and hepatitis A into Merlin.
  - Household-associated cases are defined as  $\geq 2$  cases exposed within the same household.
  - Pertussis and mumps outbreaks are defined as  $\geq 2$  cases associated with a specific setting outside of a household.
  - Varicella outbreaks are defined as  $\geq 5$  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 [FloridaHealth.gov/DiseaseReporting](https://www.floridahealth.gov/disease-reporting).
- For more information about Florida's guides to surveillance and investigation, including disease-specific surveillance case definitions, please visit [FloridaHealth.gov/GSI](https://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 [FLHealthCharts.com](https://www.flhealthcharts.com).

## Vaccination Data

- Vaccination data for identified cases are from Merlin, as documented by CHD staff.
- 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](https://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](https://www.CIDID.org/Publications-1/2018/3/29/The-Impact-of-Past-Vaccination-Coverage-and-Immunity-on-Pertussis-Resurgence).