The number of reported hepatitis A cases steadily increased each month from April 2018 to May 2019 and remained above the previous 5-year-average in August 2019. The number of cases reported in August decreased slightly from the previous month.

From January 1, 2019 through August 31, 2019, 2,413 hepatitis A cases were reported. The number of reported hepatitis A cases more than doubled from 2016 to 2017 after remaining relatively stable in previous years. Year-to-date cases counts as of August 2019 are higher than those seen at this time in previous years, as noted by the white bar in the figure.

The best way to prevent hepatitis A infection is through vaccination. Since January 1, 2018, 98% of people with hepatitis A had never received a documented dose of hepatitis A vaccine. In August 2019, 100% of infected people had not received the vaccine. Since 2006, hepatitis A vaccine has been recommended for all children at age 1 year. Hepatitis A vaccine is also recommended for certain high-risk groups of adults including illegal drug users, 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.
Varicella Surveillance

Since January 1, 2018, 52 (2%) cases were co-infected with chronic hepatitis B, 595 (20%) cases were co-infected with chronic hepatitis C, and 68 (2%) cases were co-infected with both chronic hepatitis B and C. In August 2019, 74 (23%) 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.

Since January 1, 2018, the incidence rate was highest among adults aged 30-39 years old at 38.8 cases per 100,000 population. In August 2019, the incidence rate was highest among adults aged 30-39 years old at 4.5 cases per 100,000 population. Since January 1, 2018, cases were reported primarily among men (65%) and persons who identify as non-Hispanic white (93%).

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Hepatitis A Surveillance

From January 2018 to August 2019, 642 (22%) of 2,961 total cases of hepatitis A were epidemiologically (epi) linked to other cases. In August 2019, 12% of cases were linked to other cases.

In August 2019, 42% of epi links were household contact, 23% sexual contact, 21% personal contact, 2% environmental contact, and 13% other/unknown contact.

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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.
Hepatitis A Surveillance

Statewide Response to the Increase in Hepatitis A Cases

Several Florida counties have experienced ongoing local transmission of hepatitis A since 2017. Since January 1, 2018, 98% of Florida’s cases (n=2,903) 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 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.**


Over half (62%) of the 2,903 cases likely acquired in Florida since January 1, 2018 reported at least one of the risk factors below, while 38% reported no or unknown risk factors. The most commonly identified risk factor was **drug use**, reported by 1,644 (57%) cases. Non-injection (36%) and injection (38%) were both common forms of drug use. Recent homelessness, reported by 21% of cases, was also a risk factor.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any drug use</td>
<td>57%</td>
</tr>
<tr>
<td>Injection drug use</td>
<td>38%</td>
</tr>
<tr>
<td>Non-injection drug use</td>
<td>36%</td>
</tr>
<tr>
<td>Recent homelessness</td>
<td>21%</td>
</tr>
<tr>
<td>Men who have sex with men</td>
<td>5%</td>
</tr>
</tbody>
</table>

Hepatitis A infections can be severe, leading to inpatient hospitalization and sometimes death. Since January 1, 2018, 2,071 (71%) cases likely acquired in Florida have been hospitalized because of their hepatitis A infection, and there were 39 hepatitis A associated deaths identified.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>71%</td>
<td>2,071</td>
</tr>
<tr>
<td>39</td>
<td>39</td>
</tr>
</tbody>
</table>

hospitalized  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, remained well above the previous 5-year-average. Since September 2018, an additional 169,367 doses were administered compared to previous years. **Vaccination is the best way to prevent hepatitis A infection.**
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.
- 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 ≥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 FloridaHealth.gov/DiseaseReporting.
- For more information about Florida’s guides to surveillance and investigation, including disease-specific surveillance case definitions, please visit FloridaHealth.gov/GSI.

Population Data
- Population data from 2019 used to calculate incidence rates are from FLHealthCHARTS (Community Health Assessment Resource Tool Set).
- For more information about FLHealthCHARTS, please visit 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.
- 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.