

Hepatitis A Surveillance

November 2019

2018-To-Date Key Points

 3,712 cases

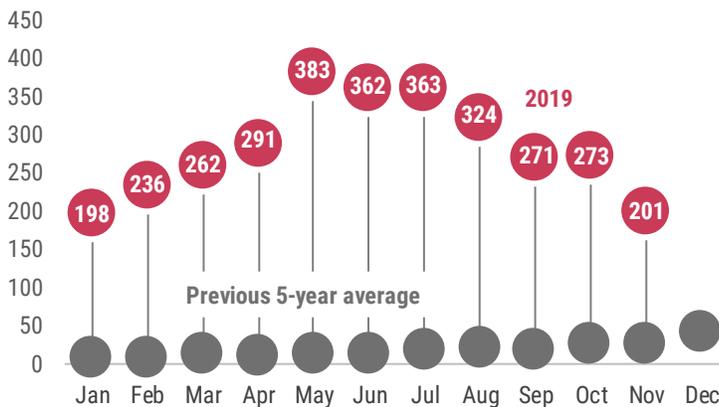
 23% cases linked to other cases

 30-39 year olds had highest incidence

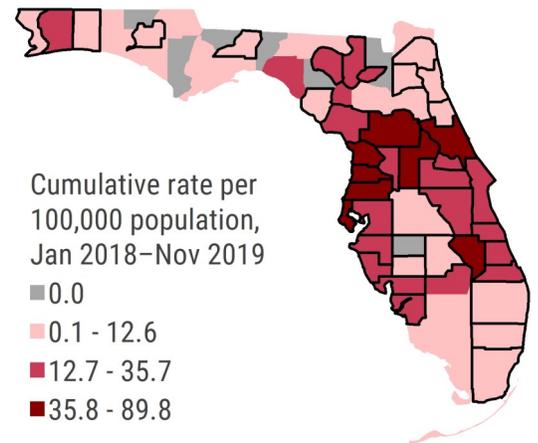
 23% co-infected with hepatitis B or C



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 November 2019. The number of cases reported in November decreased compared to the number reported the previous month. ▼

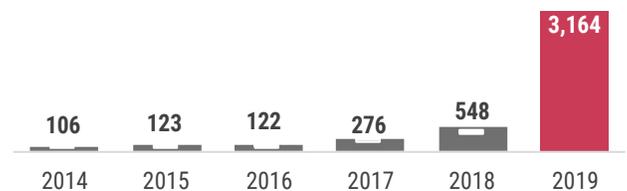


The 201 hepatitis A cases in November were reported in the **41 counties outlined in black**. The central Florida region had the highest hepatitis A activity levels. Since January 1, 2018, 98% of cases have likely been acquired locally in Florida. ▼



From January 1, 2019 through November 30, 2019, **3,164 hepatitis A cases** were reported. ►

The number of reported hepatitis A cases dramatically increased since January 2018, after remaining relatively stable in previous years. Year-to-date cases counts as of November 2019 are higher than those seen at this time in previous years, as noted by the white bar in the figure.



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 November 2019, 94% 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 injection and non-injection drug use, 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.

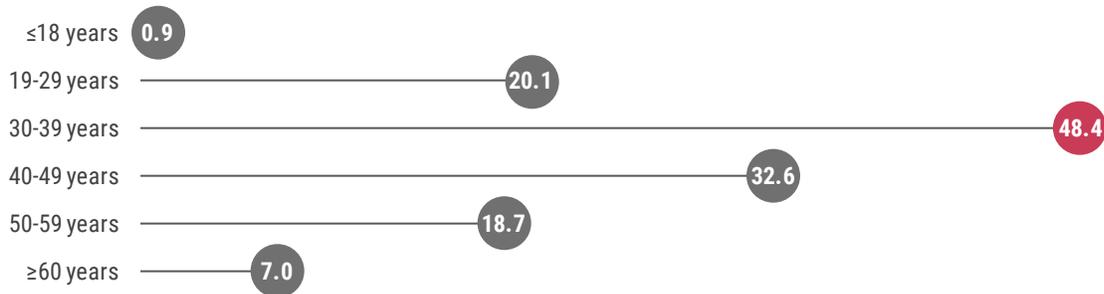


From January 2018 to November 2019, **868 (23%)** of **3,712 total cases** of hepatitis A were **epidemiologically (epi) linked to other cases**. In November 2019, 23% of cases were linked to other cases.

In November 2019, 27% of epi links were household contact, 18% sexual contact, 32% personal contact, and 23% other/unknown contact.



Since January 1, 2018, the incidence rate was highest among **adults aged 30–39 years old at 48.4 cases per 100,000 population**. In November 2019, the incidence rate was highest among adults aged 30–39 years old at 2.5 cases per 100,000 population. Since January 1, 2018, cases were reported primarily among **men (65%)** and persons who identify as **non-Hispanic white (94%)**.



Since January 1, 2018, **69 (2%) cases were co-infected with chronic hepatitis B**, **721 (19%) cases were co-infected with chronic hepatitis C**, and **78 (2%) cases were co-infected with both chronic hepatitis B and C**. In November 2019, 34 (17%) 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 30 states among persons who use drugs and persons who are experiencing homelessness. 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

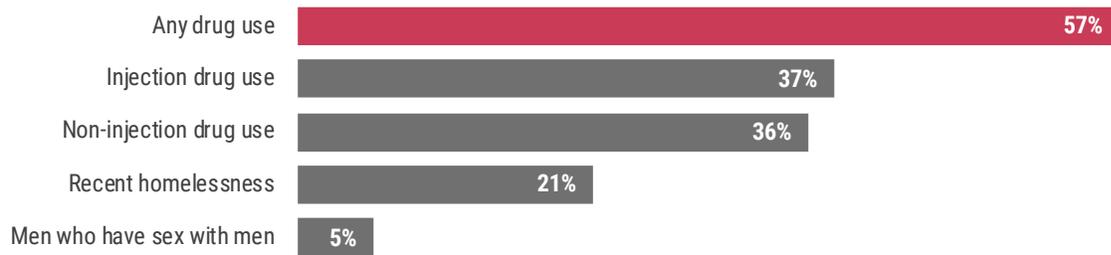
To learn more about hepatitis A, please visit FloridaHealth.gov/HepA. For more information on the data sources used in Florida for hepatitis A surveillance, see the last page of this report.

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=3,644) have likely been acquired in Florida. Cases likely acquired in Florida 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.

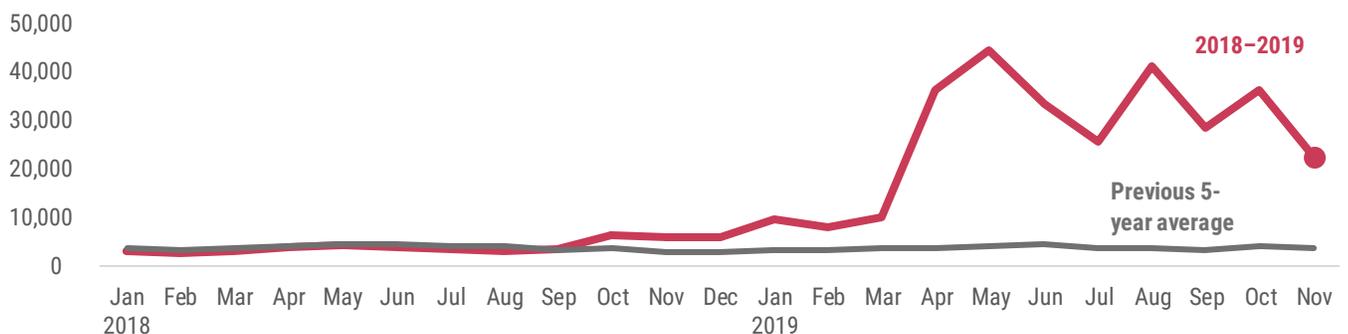
 Over half (60%) of the 3,644 cases likely acquired in Florida since January 1, 2018 reported at least one of the risk factors below, while 40% reported no or unknown risk factors. The most commonly identified risk factor was **drug use**, reported by 2,084 (57%) cases. Non-injection (36%) and injection (37%) were both common forms of drug use. Recent homelessness, reported by 21% of cases, was also a risk factor.



 Hepatitis A infections can be severe, leading to inpatient hospitalization and sometimes death. Since January 1, 2018, 2,587 (71%) cases likely acquired in Florida have been hospitalized because of their hepatitis A infection, and there were 56 hepatitis A associated deaths identified.

71% hospitalized
56 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 265,196 doses were administered compared to previous years. **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, measles, 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, measles, 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](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 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](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.
- 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.