

# Vaccine-Preventable Disease Surveillance Report

February 2020



## Hepatitis A



- **Hepatitis A activity increased slightly from last month** and has remained above the previous 5-year average since April 2018.
- 158 cases were reported in February.
- Incidence remained highest among adults 30-39 years old.
- Any drug use was the most commonly reported risk factor.
- Since January 2018, 96% of cases were not up to date on hepatitis A vaccinations.

## Pertussis



- **Pertussis activity increased from last month** and was above the previous 5-year average.
- 57 cases and no outbreaks were reported.
- Incidence remained highest among infants <1 year old.
- An increase in case counts may be due to a change in the case definition for pertussis, please see the last page for more information.

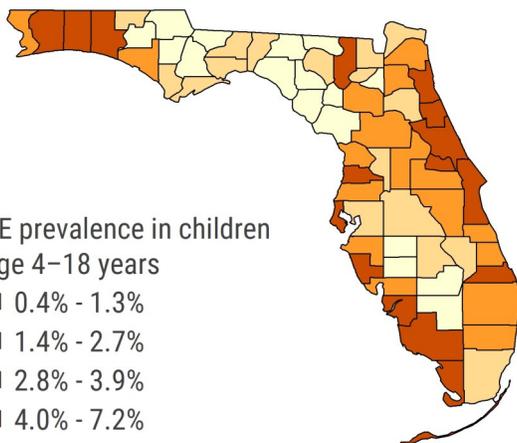
## Varicella



- **Varicella activity decreased from last month** and was below the previous 5-year average.
- 61 cases and no outbreaks were reported.
- Incidence remained highest among infants <1 year old.
- 64% of cases were not up to date on varicella vaccinations or had unknown vaccination status.



For all vaccine-preventable diseases, timely and complete vaccination is the best way to prevent infection. Although vaccinated individuals can still become infected with diseases like pertussis or varicella, in general, those who have received at least 1 dose of vaccine have less severe outcomes than those who have never been vaccinated for the disease.



**Unvaccinated children are at increased risk of vaccine-preventable diseases like measles, pertussis, and varicella. Communities with a higher proportion of religious exemptions (REs) to vaccination are at increased risk of vaccine-preventable disease transmission.**

**The proportion of children age 4-18 years with new REs is increasing each month.** Statewide, the estimated prevalence of REs among children age 4-18 years old is 3.4% with **individual counties ranging from 0.4-7.2%**. In February 2019, the statewide prevalence was 3.0%, and the prevalence has gradually increased each month since.

To learn more about REs at the local level, please visit [FloridaHealth.gov/REmap](http://FloridaHealth.gov/REmap).

All REs are required to be entered into Florida SHOTS (State Health Online Tracking System), Florida's statewide immunization registry. The map above includes REs registered in Florida SHOTS through February 29, 2020.

Posted March 5, 2020 on the Bureau of Epidemiology (BOE) website: [FloridaHealth.gov/VPD](http://FloridaHealth.gov/VPD)

Produced by the BOE, Florida Department of Health

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# Hepatitis A Surveillance

## February 2020

### 2018-To-Date Key Points

 4,269 cases

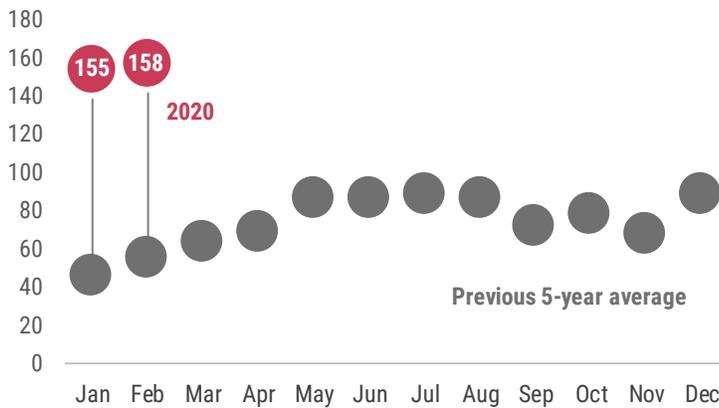
 24% cases linked to other cases

 30–39 year olds had highest incidence

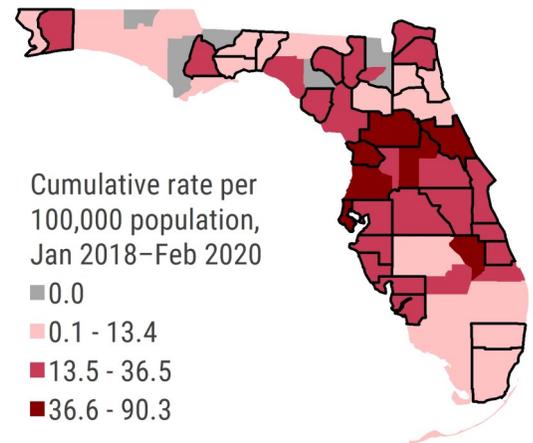
 29% co-infected with hepatitis B or C



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 February 2020. The number of cases reported in February increased compared to the number reported in January. ▼

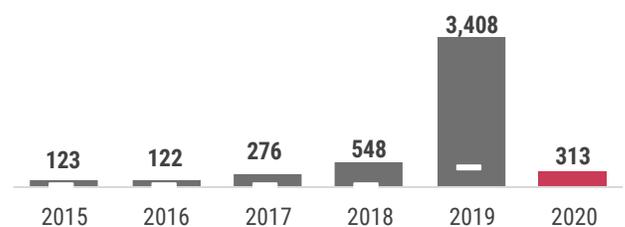


The 158 hepatitis A cases in February were reported in the **30 counties outlined in black**. The central Florida region had the highest hepatitis A activity levels. Since January 1, 2018, 98% of cases have likely been acquired locally in Florida. ▼



From January 1, 2020 through February 29, 2020, **313 hepatitis A cases** were reported. ►

The number of reported hepatitis A cases dramatically increased since January 2018, after remaining relatively stable in previous years. So far in 2020, case counts were higher than those seen during previous years except for 2019, as indicated by the white bars in the graph.



**96%**  
never vaccinated

**The best way to prevent hepatitis A infection is through vaccination.** Since January 1, 2018, 96% of people with hepatitis A had never received a documented dose of hepatitis A vaccine. In February 2020, 97% 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](http://www.CDC.gov/Vaccines/HCP/VIS/VIS-Statements/Hep-A.html).

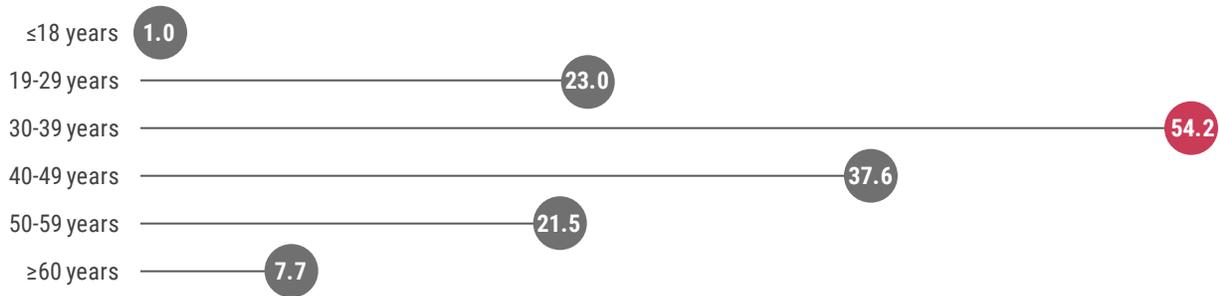


From January 2018 to February 2020, **1,041 (24%)** of **4,269 total cases** of hepatitis A were **epidemiologically (epi) linked to other cases**. In February 2020, 23% of cases were linked to other cases.

In February 2020, 39% of epi links were household contact, 16% sexual contact, and 45% personal contact.



Since January 1, 2018, the incidence rate was highest among **adults aged 30–39 years old at 54.2 cases per 100,000 population**. In February 2020, the incidence rate was highest among adults aged 30–39 years old at 2.0 cases per 100,000 population. Since January 1, 2018, cases were reported primarily among **men (64%)** and persons who identify as **non-Hispanic white (93%)**.



Since January 1, 2018, **74 (2%) cases were co-infected with chronic hepatitis B**, **819 (19%) cases were co-infected with chronic hepatitis C**, and **83 (2%) cases were co-infected with both chronic hepatitis B and C**. In February 2020, 28 (18%) 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](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

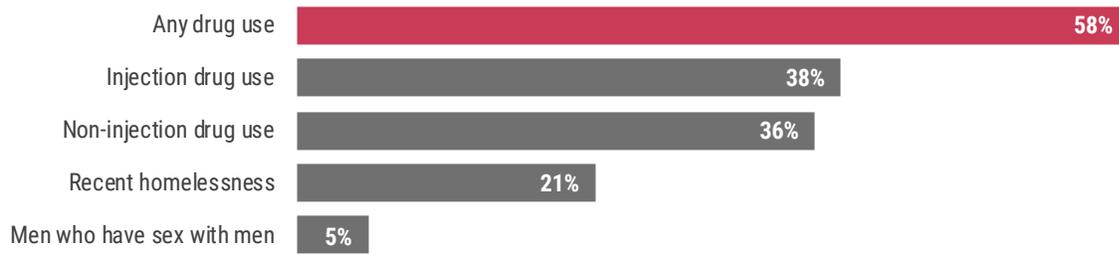
To learn more about hepatitis A, please visit [FloridaHealth.gov/HepA](http://FloridaHealth.gov/HepA). For more information on the data sources used in Florida for hepatitis A surveillance, see the last page of this report.

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

Several Florida counties have experienced ongoing local transmission of hepatitis A since 2017. Since January 1, 2018, 98% of Florida’s cases (n=4,187) 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](https://www.floridahealth.gov/_documents/newsroom/press-releases/2019/08/phe-hav-filed-08-01-2019.pdf).

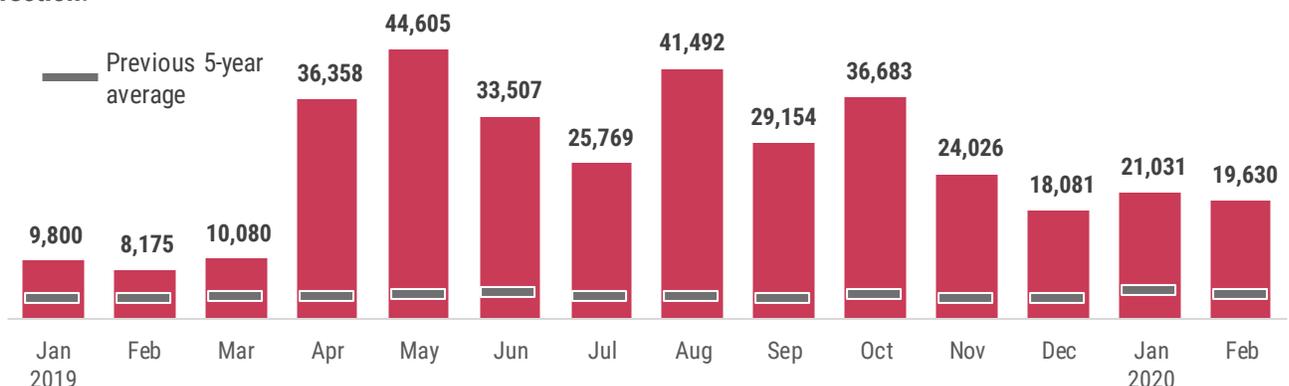
 Over half (63%) of the 4,187 cases likely acquired in Florida since January 1, 2018 reported at least one of the risk factors below, while 37% reported no or unknown risk factors. The most commonly identified risk factor was **drug use**, reported by 2,427 (58%) cases. Non-injection (36%) and injection (38%) were both common forms of drug use. Recent homelessness, reported by 21% of cases, was also a risk factor.



 Hepatitis A infections can be severe, leading to inpatient hospitalization and sometimes death. Since January 1, 2018, 2,969 (71%) cases likely acquired in Florida have been hospitalized because of their hepatitis A infection, and there were 62 hepatitis A associated deaths identified.

**71%** hospitalized  
**62** 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**. In February 2020, a total of 19,630 doses were administered. **Vaccination is the best way to prevent hepatitis A infection.**



# Pertussis Surveillance

## February 2020

### February Key Points

 57 cases

 0 new outbreaks

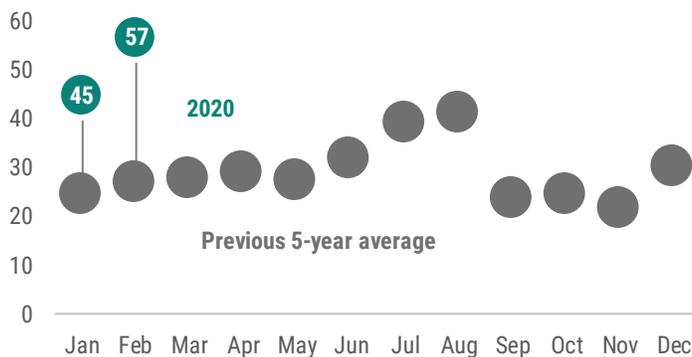
 Average of 3 contacts per case

 <1 year olds had highest incidence

 66% cases not up-to-date or unknown vaccination status



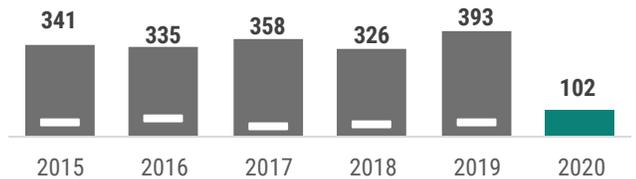
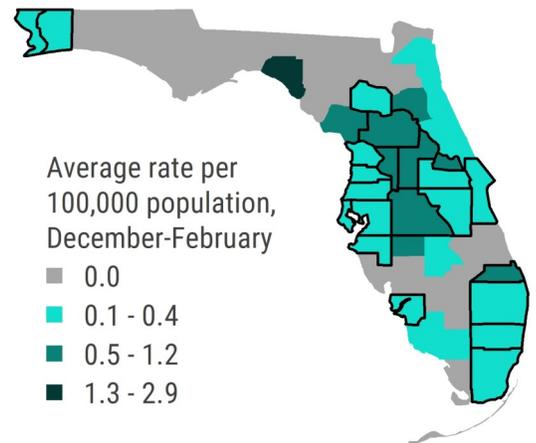
The number of pertussis cases reported in February increased from the previous month and was above the previous 5-year average. In general, more pertussis cases are reported during the summer months. An increase in case counts may be due to a change in the case definition for pertussis, please see the last page for more information. ▼



From January 1, 2020 through February 29, 2020, 102 pertussis cases were reported in 34 counties. ►

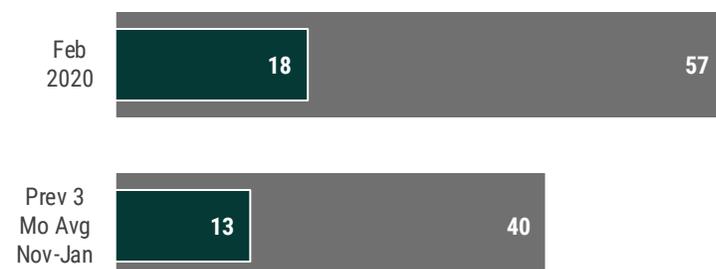
Since 2015, the number of pertussis cases reported annually remained stable. Pertussis cases last peaked between 2013 and 2014. In 2020, case counts were slightly higher than those seen during non-peak years, as indicated by the white bars in the graph.

The 57 pertussis cases in February were reported among the 21 counties outlined in black. From December 2019 through February 2020 the average county rate has varied throughout the state. ▼



In February, 18 (32%) of 57 total pertussis cases were associated with transmission within households and no cases were outbreak-associated. For most pertussis cases, exposure to other known cases is never identified, and they are not able to be linked to outbreaks.

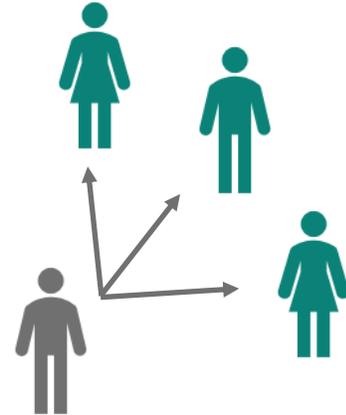
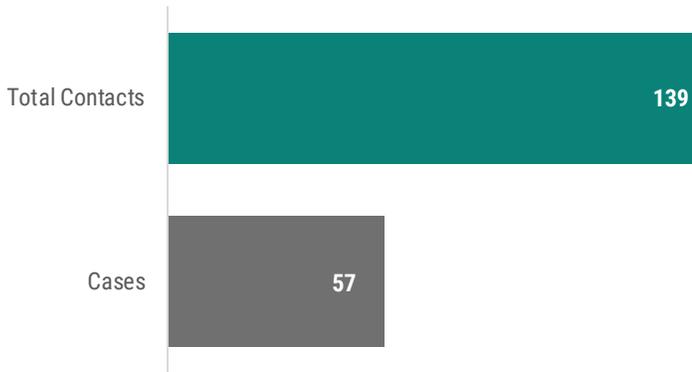
#### Household-associated | Outbreak-associated | Total cases



No pertussis outbreaks were reported in February.



For each pertussis case reported in February, there was an average of **3 contacts** for whom antibiotics were recommended to prevent illness. For those diagnosed with pertussis, antibiotics can shorten the amount of time they are contagious to others. Antibiotics can also be used to prevent illness in those who have been exposed to someone with pertussis while they are contagious.



In February, the rate of pertussis was highest among **infants <1 year old** at **3.9 cases** per 100,000 population, which is consistent with previous months. Infants experience the greatest burden of pertussis infections, not only in number of cases but also in severity. Infants <2 months old are too young to receive vaccinations against pertussis, which is why vaccination of parents, siblings, grandparents, and other age groups is so important to help prevent infection in infants.



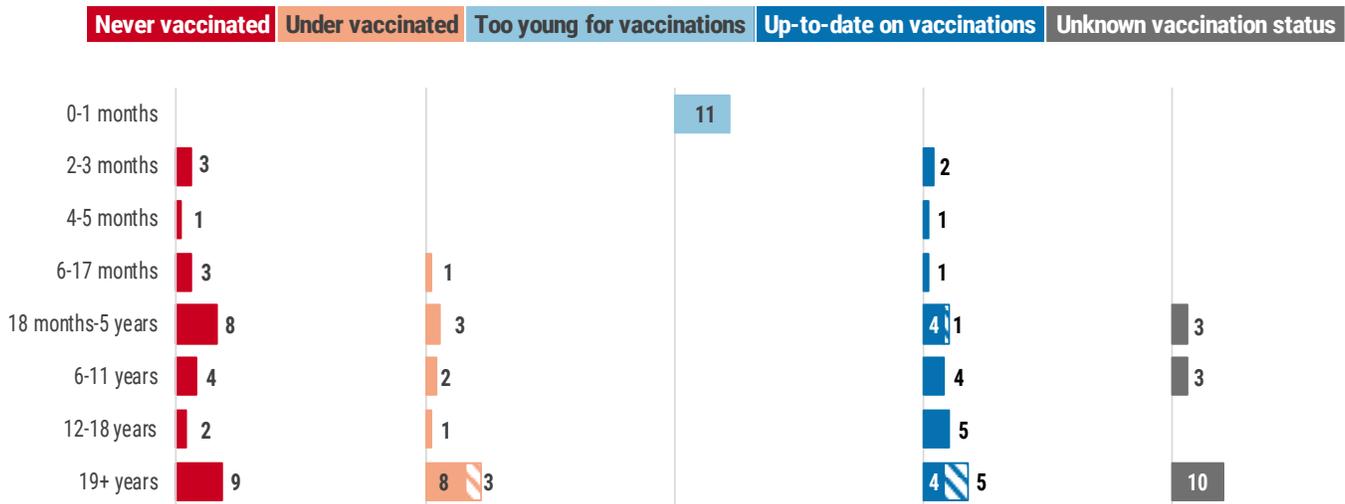
**Vaccination is the best way to prevent pertussis infections.** In February, over half of individuals reported with pertussis had not received the recommended number of pertussis vaccinations for their age or had unknown vaccination status. Self-reported vaccination status that could not be verified is shown with a diagonal pattern. Vaccination against pertussis is important for everyone including infants, children, teenagers, and adults. Pregnant women should get vaccinated during the third trimester of each pregnancy to protect their babies. See the last page of this report for links to vaccination schedules recommended by the Centers for Disease Control and Prevention.

Never vaccinated | Under vaccinated | Too young for vaccinations | Up-to-date on vaccinations | Unknown vaccination status





In 2020, almost all adults aged 19 years and older with pertussis were not up-to-date on their pertussis vaccinations or had unknown vaccination status. **In general, those who have received at least one pertussis vaccination have less severe outcomes than those who have never been vaccinated.** Self-reported vaccination status that could not be verified is shown with a diagonal pattern.



**National activity**

The number of pertussis cases gradually increased since the 1980s, peaking in 2012 at levels not seen since the 1950s. Since 2012, the number of pertussis cases started gradually decreasing. Pertussis incidence has remained highest among infants <1 year old and lowest among adults ≥20 years old since the 1990s.

**Pertussis surveillance goals**

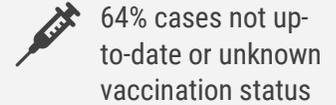
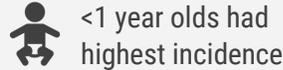
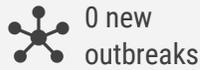
- Identify cases to limit transmission in settings with infants or others who may transmit pertussis to infants
- Identify and prevent outbreaks
- Identify contacts of cases and recommend appropriate prevention measures, including exclusion, antibiotic prophylaxis, and immunization
- Monitor the effectiveness of immunization programs and vaccines

To learn more about pertussis, please visit [FloridaHealth.gov/Pertussis](https://www.floridahealth.gov/Pertussis). For more information on the data sources used in Florida for pertussis surveillance, see the last page of this report.

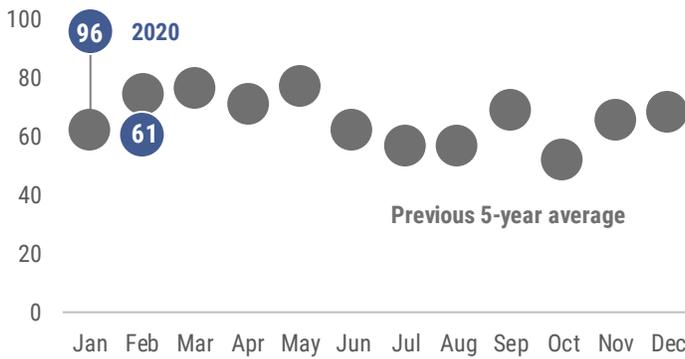
# Varicella Surveillance

## February 2020

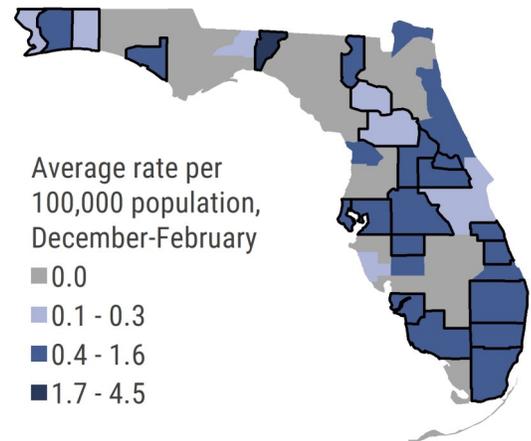
### February Key Points



The number of varicella cases reported in February decreased from last month and was below the previous 5-year average. Due to robust vaccination programs, there is no longer discernable seasonality for varicella cases in the United States. ▼

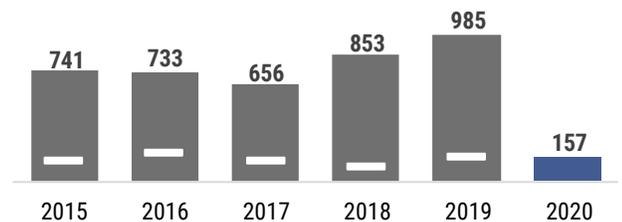


The 61 varicella cases in February were reported among the **22 counties outlined in black**. From December 2019 through February 2020 the average county rate varied throughout the state. ▼



From January 1, 2020 through February 29, 2020, **157 varicella cases** were reported in 39 counties. ►

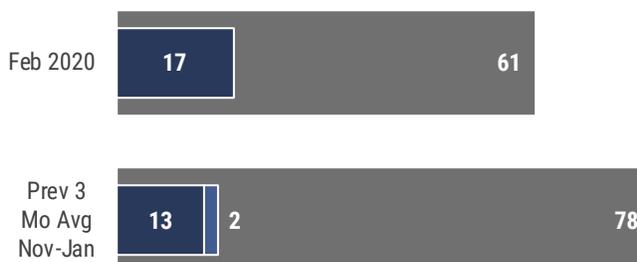
The annual number of reported varicella cases decreased from 2015 to 2017. In 2020, case counts were similar to those seen in previous years, as indicated by the white bars in the graph.



In February, **17 (28%) of 61 total cases** were associated with transmission within households and **no cases** were outbreak-associated. For most varicella cases, exposure to other known cases is never identified, and they are not able to be linked to outbreaks.

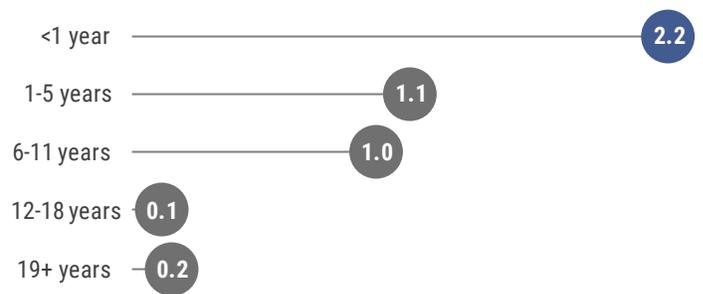
No varicella outbreaks were reported in February.

### Household-associated | Outbreak-associated | Total cases



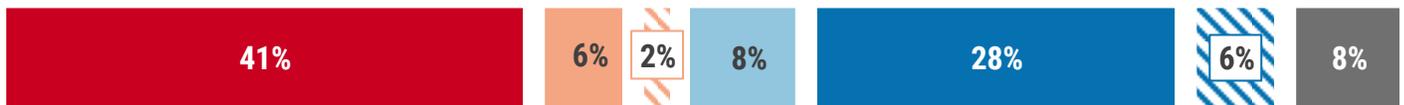


**In February, the varicella rate was highest among infants <1 year old at 2.2 cases** per 100,000 population, which is consistent with previous months. Infants <1 year old are too young to receive varicella vaccination, which is why vaccination of siblings, parents, grandparents, and other age groups is so important to help prevent infection in infants.

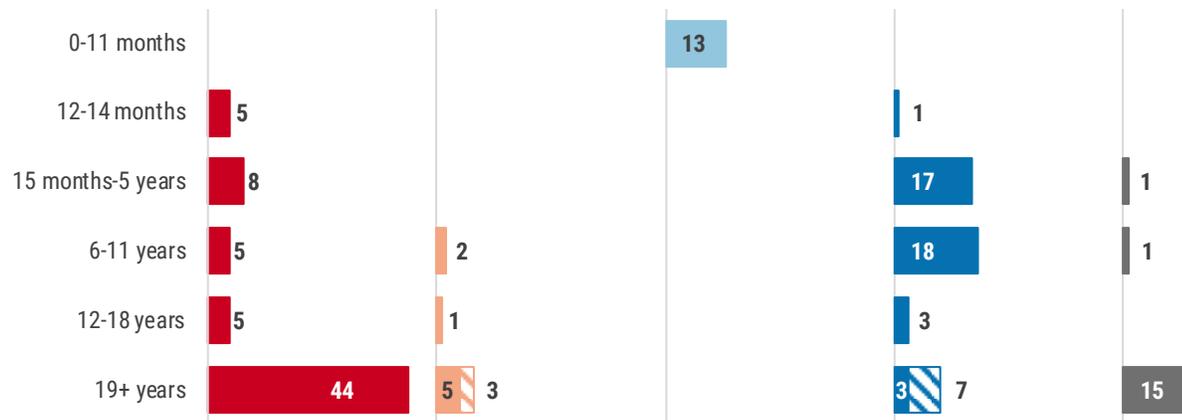


**Vaccination is the best way to prevent varicella infections.** In February, over half of individuals reported with varicella had not received the recommended number of varicella vaccinations for their age or had unknown vaccination status. Self-reported vaccination status that could not be verified is shown with a diagonal pattern. Vaccination against varicella is important for infants, children, teenagers, and adults. See the last page of this report for links to the Center for Disease Control and Prevention (CDC) recommended vaccination schedules.

Never vaccinated   Under vaccinated   Too young for vaccinations   Up-to-date on vaccinations   Unknown vaccination status



In 2020, the majority of adults aged 19 years and older with varicella were not up-to-date on their varicella vaccinations or had unknown vaccination status. Although individuals who have been vaccinated can still get varicella, **complete and timely vaccination remains the best way to prevent varicella and severe complications.** Self-reported vaccination status that could not be verified is shown with a diagonal pattern.



**National activity**

Varicella incidence decreased significantly following the vaccine becoming available in 1995 and has continued to decrease since 2006 when recommendations changed from 1 to 2 doses of varicella vaccine. From 2006 to 2015, all age groups had a substantial decrease in incidence with the largest decline in children aged 5 to 14 years. Although varicella is not reported to the CDC by all states, based on available data, the number of varicella cases nationally has steadily decreased each year from 2012 to 2015.

**Varicella surveillance goals**

- Identify and control outbreaks and monitor trends and severe outcomes
- Monitor effectiveness of immunization programs and vaccines

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

# 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, 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  $\geq 2$  cases exposed within the same household.
  - Pertussis 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.
- 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 2020 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.