

# EPIsodes - Monthly Report

## State of Florida Department of Health Public Health Advisory

In Re:

REEMPHASIS OF HEPATITIS A VACCINATION RECOMMENDATIONS AFTER  
SUBSTANTIAL INCREASE IN LOCALLY ACQUIRED INFECTIONS IN FLORIDA AND  
OUTBREAK REPORTS ACROSS THE NATION

Pursuant to the authority granted in Section 381.00315, Florida Statutes, Celeste Philip, M.D., M.P.H., as State Surgeon General and State Health Officer, determines that a public health advisory is necessary to protect the public health and safety, and hereby issues the following Public Health Advisory.

Since January 2018, 385 cases of hepatitis A virus (HAV) infection have been reported in Florida. This is more than three times the previous five-year average of 126 cases. The increase in hepatitis A cases to date is predominantly in the Tampa Bay and Orlando metropolitan areas. Most of the cases do not involve international travel exposures. Although infections have occurred across all demographic groups, approximately 68% of the recent cases are among males. The median age of cases is 37 years and the highest rates of disease are among persons 30-49 years. Common risk factors include injection and non-injection drug use, homelessness, and men having sex with men (MSM).

Local and state health departments across the country have worked closely with the Centers for Disease Control and Prevention (CDC) to respond to similar outbreaks since March 2017. This year, health departments in Arkansas, California, Indiana, Kentucky, Massachusetts, Michigan, Missouri, North Carolina, Ohio, Tennessee, West Virginia and Utah, have investigated more than 8,000 outbreak associated cases of hepatitis A among persons who are homeless, persons who use drugs, men who have sex with men, and their close direct contacts.

HAV is transmitted person-to-person through fecal-oral route, which may include, but is not limited to, some types of sexual contact, and poor hand hygiene after going to the bathroom or changing diapers. HAV can also be spread through fecal-contaminated food or water. While most patients with HAV infections will fully recover, 77% of recent cases in Florida have required hospitalization.

The CDC Advisory Committee on Immunization Practices recommends that the following persons be vaccinated against HAV:

- All children at age 1 year
- Persons who are at increased risk for infection
- Persons who are at increased risk for complications from HAV
- Users of injection and non-injection drugs
- Persons who are homeless
- Men who have sex with men
- Persons who have chronic liver disease
- Persons traveling to or working in countries that have high or intermediate endemicity of HAV
- Persons who have clotting-factor disorders
- Household members and other close personal contacts of adopted children newly arriving from countries with high or intermediate HAV endemicity
- Persons having direct contact with persons who have HAV.

Health care providers are also reminded to immediately report all cases of hepatitis A to your county health department to ensure a prompt public health response in order to prevent disease among close contacts.

The Department of Health will continue to work closely with community partners to raise awareness and promote vaccination by:

- Providing education to persons who report drug use, homelessness and/or MSM activity.
- Encouraging proper hand hygiene and offering HAV vaccination.
- Collaborating with community partners associated with Federally Qualified Health Centers, local jails, drug treatment centers, homeless shelters, hospitals, the Florida Department of Children and Families, and managing entities, among others, to increase vaccination access to their clients.
- Providing all high-risk clients who present to county health departments for various services (including HIV, STD, TB) with the opportunity to receive HAV vaccination.
- Encouraging support of the CDC recommendations for Syringe Services Programs (SSP) to reduce new HAV infections by offering HAV vaccination to all high-risk clients who seek health care services at the SSP.
- Enhancing HAV and HAV vaccine information resources on the Department of Health's webpage and developing audience-specific educational materials for clients and the public.
- Providing regular updates and messaging to the medical community.
- Continuing to work closely with the CDC to ensure Florida has sufficient vaccine and other resources for an effective response.

Issued this 28th day of November 2018, in Department of Health offices, Tallahassee, Leon County, Florida.

Celeste Philip, MD, MPH  
Surgeon General and Secretary

**Links to this Public Health Advisory are on Page 2**

"Disease control and prevention are core functions of any public health agency. Protection of the public's health from existing, emerging, and re-emerging diseases requires diligence in all aspects of public health. The public health partners identifying and characterizing emerging trends in disease are the physicians, nurses, laboratorians, hospital infection preventionists, and other health care professionals who participate in reportable disease surveillance. Without their participation, the ability to recognize and intervene in emerging public health issues would be much more limited." [Florida Morbidity Statistics Report 2016](#)



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## Preliminary Cases and Incidence of Reportable Diseases/Conditions in St. Lucie County and Florida, Year to Date December 01, 2017 and 2018

Note that this table includes preliminary confirmed and probable cases (2018 data) reported in Florida residents (regardless of where infection was acquired) by date reported to the Bureau of Epidemiology as captured in the reportable disease surveillance system (Merlin).

Data for 2017 is final; data for 2018 is preliminary and will change. 2018 preliminary case counts are current as of the date above, but may change with additional review. A percentage of cases will be determined not to be cases after additional review and this percentage varies by disease.

Case reviews are continuous throughout the year. Some case counts may decrease between YTD reports.

Please note that counts presented in this table may differ from counts presented in other tables or reports, depending on the criteria used.

^Case definition for reported lead poisoning changed in 2018

\*\*From 2015 to 2016, the probable case classification for campylobacteriosis included non-culture tests for symptomatic people with no culture result available and no other enteric pathogen detected. Beginning in 2017, the probable case classification was revised to include non-culture tests for symptomatic people, independent of a culture result or detection of another enteric pathogen.

^^Beginning in 2017, the probable case classification for salmonellosis, shigellosis, and vibriosis included non-culture tests, independent of the presence of symptoms.

[Click here for a list of Reportable Diseases/Conditions in Florida](#)

Disease Category	YTD Dec. 1, 2017		YTD Dec. 1, 2018	
	St. Lucie	Florida	St. Lucie	Florida
<b>Vaccine-Preventable Diseases</b>				
Measles (Rubeola)	0	3	0	11
Mumps	0	56	0	52
Pertussis	2	326	0	311
Varicella (Chickenpox)	7	595	17	758
<b>CNS Diseases and Bacteremias</b>				
Creutzfeldt-Jakob Disease (CJD)	0	27	0	20
Haemophilus influenzae Invasive Disease	2	258	0	294
in children 5 years or younger	0	32	0	45
Listeriosis	0	50	0	43
Meningitis, Bacterial or Mycotic	4	102	6	98
Meningococcal Disease	0	20	0	19
Streptococcus pneumoniae Invasive Disease	-	-	-	-
Drug-Resistant	3	217	2	188
Drug-Susceptible	11	322	2	339
<b>Enteric Infections</b>				
Campylobacteriosis**	46	3,964	88	4,386
Cryptosporidiosis	9	510	5	551
Cyclosporiasis	2	111	0	73
Escherichia coli, Shiga Toxin Producing (STEC)	1	167	9	729
Giardiasis, Acute	11	931	12	1,026
Salmonellosis^^	75	6,063	139	6,369
Shigellosis^^	4	1,205	10	1,366
Typhoid Fever (Salmonella serotype Typhi)	0	19	0	11
<b>Viral Hepatitis</b>				
Hepatitis A	1	26	2	61
Hepatitis B, Acute	19	683	10	730
Hepatitis B, Chronic	75	4,659	78	4,921
Hepatitis B, Surface Antigen in Pregnant Women	17	425	10	356
Hepatitis C, Acute	17	372	11	373
Hepatitis C, Chronic	459	24,799	482	22,389
Hepatitis D, E, G	0	8	1	9
<b>Vectorborne, Zoonoses</b>				
Dengue Fever	0	26	0	61
Ehrlichiosis/Anaplasmosis	0	24	0	57
Lyme Disease	4	191	4	150
Malaria	1	52	0	52
Rabies, Animal	0	75	1	127
Rabies, Human	0	1	0	1
Rabies, Possible Exposure	97	3,125	107	3,662
Rocky Mountain Spotted Fever/Rickettsiosis	1	22	1	31
West Nile Virus Disease	0	6	0	36
<b>Others</b>				
Botulism, Foodborne	0	0	0	0
Botulism, Infant	1	1	0	1
Brucellosis	0	9	0	12
Carbon Monoxide Poisoning	7	535	3	161
Ciguatera Fish Poisoning	0	23	5	69
Lead Poisoning^	32	2,063	15	2,397
Legionellosis	6	416	9	444
Mercury Poisoning	3	46	0	36
Vibriosis (Excluding Cholera)^^	1	246	3	209

From Page 1—Please see the following web pages for more information on the Health Advisory-Hepatitis A in Florida:

### Health Advisory:

<http://www.floridahealth.gov/about-the-department-of-health/about-us/sunshine-info/advisories/index.html>

<http://www.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>

### Press release:

<http://www.floridahealth.gov/newsroom/2018/11/112818-hav-advisory-pr.html>

<http://www.floridahealth.gov/documents/newsroom/press-releases/2018/11/112818-hav-advisory-pr.pdf>