

EPIsodes - Monthly Report

Spotlight on Hepatitis

Hepatitis has been called a “silent epidemic” because an infection of hepatitis C can exist in a person for decades without causing symptoms. It is due to this delay that many people, potentially millions around the world, do not know they have the virus. An estimated 321,600 Floridians are infected with chronic hepatitis C and 120,600 with chronic hepatitis B. Over the last 5 years, there have been an average of 437 new cases a year of chronic hepatitis C in residents of St. Lucie County and an average of 66 new cases a year of chronic hepatitis B.

According to the [Centers for Disease Control and Protection](#), up to 3 out of 4 people may not know they are infected and this is especially true of “baby boomers” or those born from 1945 to 1965. The number of hepatitis infections in all risk groups (see below and page 2) are on the rise. [Deaths from hepatitis C](#) have almost doubled since 2003, and now count for more than 15,000 deaths a year.

Hepatitis ABCs:

Hepatitis A is caused by the hepatitis A virus (HAV). HAV is most often transmitted person-to-person by the fecal-oral route, but can also occur through fecal contamination of food or water. HAV infection is an acute illness ranging in severity with symptoms including jaundice, fatigue, and intermittent nausea and diarrhea. Most cases will recover in 3-6 months and have lifelong immunity. There is no specific treatment for HAV infections; symptoms are managed. There is a vaccine for HAV.

Hepatitis B is caused by the hepatitis B virus (HBV). HBV is transmitted through contact with an infected person’s blood or bodily fluids and can be sexually transmitted. It can also be passed from an infected mother to her infant during pregnancy or delivery. HBV infections can be acute or chronic; symptoms, if present, are similar to HAV and severe disease can lead to liver failure and may be fatal. 90% of those infected will recover and have lifelong immunity. There is treatment for those infected with HBV and there is a vaccine. Immunization is required for school, childcare, and family daycare in the State of Florida.

Hepatitis C is caused by the hepatitis C virus (HCV). HCV is transmitted through contact with an infected person’s blood or bodily fluids. Risk factors include sharing injection drug equipment, blood transfusions before 1992, occupational exposure through needle stick, infected mother to her infant during pregnancy or delivery, and sexual transmission can occur but is rare. Symptoms of HCV infections are similar to HAV, but are usually absent or mild. 75-85% of persons infected with HCV become chronically infected carriers. Of these, 10-20% will develop significant liver disease that can lead to cirrhosis and liver cancer. The disease develops slowly, often without symptoms for 10-30 years. Treatment programs exist for chronic HCV. There is no vaccine for HCV and reinfection is possible.

Get tested:

[The Florida Department of Health in St. Lucie County](#) (DOH-SL) provides viral hepatitis testing, investigates cases of viral hepatitis, refers or links cases of viral hepatitis to care, and provides hepatitis A and B virus vaccines. For those who do not have immunity to hepatitis A and/or B, and who are eligible, free vaccines are available through DOH-St. Lucie. For those not eligible, the vaccines can be administered for a nominal fee. Also, many medical providers and pharmacies in St. Lucie County also offer hepatitis A and B vaccines.



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“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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Hepatitis Prevention Program

Bureau of Communicable Diseases
 Division of Disease Control and Health Protection
 Florida Department of Health
 Call your county health department for information on hepatitis testing and vaccination.

The Centers for Disease Control & Prevention (CDC), recommends all people born from 1945-1965 get tested for hepatitis C

www.flahepatitis.org
www.cdc.gov/hepatitis

	Hepatitis A (HAV)	Hepatitis B (HBV)	Hepatitis C (HCV)
How do you get it?	<p>Oral contact with feces from an infected person</p> <ul style="list-style-type: none"> Eating food prepared by an infected person who did not clean hands properly Drinking contaminated water Eating raw contaminated shellfish Close personal contact (including sex & sharing a household) Oral-anal sexual practices 	<p>Contact with infected person's blood/body fluids</p> <ul style="list-style-type: none"> Sharing injection drug or tattooing equipment Unprotected anal, vaginal, or oral sex Infected mother to her infant during pregnancy or delivery Household contact Occupational exposure through needle stick 	<p>Contact with infected person's blood</p> <ul style="list-style-type: none"> Sharing injection drug or tattooing equipment Blood transfusion before 1992 Infants born to a mother with hepatitis C Occupational exposure through needle stick Can be passed during sex, but this is not common
How do you prevent it?	<ul style="list-style-type: none"> Get vaccinated Wash your hands after using the bathroom, after changing a diaper, and before preparing or eating food Avoid sexual practices that result in oral-anal contact; or, use a latex barrier between the mouth and anus Cook shellfish thoroughly 	<ul style="list-style-type: none"> Get vaccinated Don't share needles to inject drugs, tattooing equipment, razors, toothbrushes, or nail clippers Wear a condom every time you have sex Pregnant women screened for HBV and routine vaccination for all infants Use standard precautions in occupations which involve possible exposure to blood and body fluids 	<ul style="list-style-type: none"> There is NO vaccine Avoid sharing injection drug equipment Don't share tattooing equipment, razors, toothbrushes, or nail clippers Use standard precautions in occupations which involve possible exposure to blood Wear a condom every time you have sex
<p>What are the Symptoms?</p> <p>In many cases symptoms may be absent or very mild</p>	<p>If present, may include any of the following:</p> <ul style="list-style-type: none"> Yellow skin or eyes (jaundice) Feeling very tired Abdominal pain Loss of appetite Nausea Diarrhea 	<ul style="list-style-type: none"> Most children and many adults don't have symptoms Symptoms, if present, similar to hepatitis A 	<ul style="list-style-type: none"> Most people don't have symptoms Symptoms, if present, similar to hepatitis A Might not show any symptoms until 10-30 years after getting infected
How do you treat it?	<ul style="list-style-type: none"> No treatment except management of symptoms Rest Don't drink alcohol—it can worsen liver disease Eat a healthy diet 	<ul style="list-style-type: none"> Medications are available for chronic illness Don't drink alcohol—it can worsen liver disease Get vaccinated for hepatitis A Eat a healthy diet Regular exercise 	<ul style="list-style-type: none"> Medications are available to treat chronic illness Don't drink alcohol—it can worsen liver disease Get vaccinated for hepatitis A and hepatitis B Eat a healthy diet Regular exercise

This and other hepatitis resources can be found at <http://www.floridahealth.gov/diseases-and-conditions/hepatitis/hepatitis-resources.html>

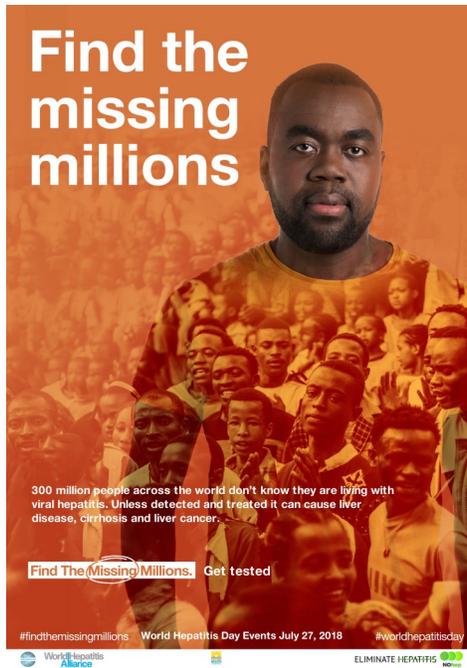
Friday, July 27, 2018,

Florida Department of Health in St. Lucie

9:00 am to Noon, 714 Ave. C, Fort Pierce

1:00 to 4:00 pm, 5150 NW Milner Dr., Port St. Lucie and

Hepatitis, HIV, and STD testing for anyone 18 years and older and free hepatitis vaccinations for those who are eligible



Preliminary Cases of Select Reportable Diseases in St. Lucie County and Florida, February 2017 and 2018*

Disease Category	Year to Date January - February, 2017 and 2018						
	St. Lucie County				Florida		
	2017	2018	% change	county rank	2017	2018	% change
HIV/AIDS							
Reported HIV Infection Cases	15	21	40%	12	823	1,109	35%
Reported AIDS Cases	9	6	-33%	9	338	333	-1%
Sexually Transmitted Diseases							
Gonorrhea	38	22	-42%	29	4,679	4,753	2%
Chlamydia	167	159	-5%	23	14,709	14,780	0%
Infectious Syphilis	0	6	n/a	not ranked	358	346	-3%
Early Latent Syphilis	1	8	700%		387	505	30%
Congenital Syphilis	0	0	n/a		11	13	18%
Tuberculosis							
TB Cases	2	1	-50%	6	83	63	-24%

*reporting period is January through February for reporting years 2017 and 2018

Data from the current year (2018) is considered provisional and therefore should not be used to confirm or rule out an increase in newly reported cases in St. Lucie County, or Florida. The final counts are generated in July of the following year. If during the review period a case is identified as previously diagnosed, or reported from another state, these duplicate cases are removed from the dataset and the related numbers will be adjusted. Anticipate the final counts will be different than appear in this table. Increase in Reported HIV Infection Cases may be a result of increased testing. *This data is the most recent available and is the same as in the last issue of EPIsodes.

Preliminary Cases and Incidence of Reportable Diseases/Conditions in St. Lucie County and Florida, Year to Date May 29, 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. Please note that counts presented in this table may differ from counts presented in other tables or reports, depending on the criteria used.

Disease Category	YTD May 29, 2017		YTD May 29, 2018	
	St. Lucie	Florida	St. Lucie	Florida
Vaccine-Preventable Diseases				
Measles (Rubeola)	0	3	0	2
Mumps	0	11	0	29
Pertussis	0	134	0	104
Varicella (Chickenpox)	3	314	7	300
CNS Diseases and Bacteremias				
Creutzfeldt-Jakob Disease (CJD)	0	14	0	6
Haemophilus influenzae Invasive Disease	1	104	0	172
in children 5 years or younger	0	15	0	20
Listeriosis	0	18	0	19
Meningitis, Bacterial or Mycotic	1	41	4	45
Meningococcal Disease	0	11	0	11
Streptococcus pneumoniae Invasive Disease	-	-	-	-
Drug-Resistant	2	112	2	148
Drug-Susceptible	6	166	2	211
Enteric Infections				
Campylobacteriosis	24	1,594	36	1,755
Cryptosporidiosis	2	150	1	189
Cyclosporiasis	0	1	0	4
Escherichia coli, Shiga Toxin Producing (STEC)	0	60	3	301
Giardiasis, Acute	8	422	6	427
Salmonellosis	15	1,568	43	1,670
Shigellosis	1	386	3	554
Typhoid Fever (Salmonella serotype Typhi)	0	10	0	7
Viral Hepatitis				
Hepatitis A	0	95	0	63
Hepatitis B, Acute	7	280	4	316
Hepatitis B, Chronic	37	2,276	33	2,309
Hepatitis B, Surface Antigen in Pregnant Women	9	180	4	161
Hepatitis C, Acute	7	152	4	161
Hepatitis C, Chronic	202	11,218	247	11,190
Vectorborne, Zoonoses				
Chikungunya	0	1	0	2
Dengue Fever	0	12	0	4
Ehrlichiosis/Anaplasmosis	0	5	0	14
Lyme Disease	1	58	3	43
Malaria	0	17	0	17
Rabies, Animal	0	25	0	8
Rabies, Human	0	0	0	1
Rabies, Possible Exposure	43	1,272	52	1,626
Rocky Mountain Spotted Fever/Rickettsiosis	0	7	0	12
West Nile Virus Disease	0	1	0	0
Zika (non-congenital)	0	155	0	65
Others				
Botulism, Foodborne	0	0	0	0
Brucellosis	0	2	0	5
Carbon Monoxide Poisoning	1	53	1	79
Ciguatera Fish Poisoning	0	14	0	23
Lead Poisoning [^]	6	372	4	1,101
Legionellosis	2	128	4	149
Mercury Poisoning	1	17	0	17
Vibriosis (Excluding Cholera)	1	90	3	60

Corrections:

May's Monthly EPIsodes Preliminary Cases and Incidence of Reportable Diseases/Conditions in St. Lucie County and Florida Year to Date April 28, 2017 and 2018 had two incorrect entries. The correct statistics are as follows.

Hepatitis B, Acute: State incidence was listed as 96.89. The correct incidence rate is 1.41 per 100,000 population.

Hepatitis B, Chronic: County total and incidence were listed as 175 and 59.49. The correct total and incidence rate are 24 and 8.16 per 100,000 population.