



EPIsodes - Monthly Report

Spotlight on Hepatitis A

Hepatitis A Overview

Hepatitis A infection is a vaccine-preventable illness. Hepatitis A usually spreads when a person unknowingly ingests the virus from objects, food, or drinks contaminated by small, undetected amounts of stool (poop) from an infected person. Hepatitis A can also spread from close personal contact with an infected person such as through sex or caring for someone who is ill. Contamination of food (this can include frozen and undercooked food) by hepatitis A virus can happen at any point: growing, harvesting, processing, handling, and even after cooking. The average incubation of HAV is 28 days, but illness can occur up to 50 days after exposure. A HAV-infected person can spread the virus up to six weeks while they are ill and excrete virus in stool for up to two weeks prior to becoming symptomatic, making identifying exposures particularly difficult. Illness from hepatitis A is typically acute and self-limited; however, when this disease affects populations with already poor health (e.g., hepatitis B and C infections, chronic liver disease), infection can lead to serious outcomes, including death.

The best way to prevent hepatitis A infection is through vaccination with the hepatitis A vaccine. Additionally, practicing good hand hygiene—including thoroughly washing hands after using the bathroom, changing diapers, and before preparing or eating food—plays an important role in preventing the spread of hepatitis A.

Current Situation and Risk Groups

Over the past year, multiple counties in Florida have reported an increasing number of HAV infections. Since January 2019, 1,978 (7/20/19) cases of HAV infection have been reported statewide; in all of 2018, 548 cases were reported, compared to an average of 120 cases per year from 2012-2016. Over 90% of these recent cases have been acquired in Florida. Almost 80% of cases have required hospitalization. Although infections have occurred across all demographic groups, approximately 65% of the recent cases are among males. The median age of cases is 39 years and the highest rates of disease are among persons 30-49 years. Common high-risk factors include injection and non-injection drug use and unstable housing or homelessness. As of July 20, St. Lucie County has reported 24 cases of hepatitis A in 2019. Over 75% of the cases in St. Lucie County have been in one or more of these higher-risk groups.

Current Prevention Activities

The Florida Department of Health in St. Lucie County (DOH-St. Lucie) has instituted a targeted vaccination plan to control further spread of the virus St. Lucie County. Our efforts are focused on vaccinating and educating our population that is at higher risk of becoming infected. The targeted risk groups include: people who use injection or non-injection drugs, people experiencing unstable housing, people with multiple sex partners, and those who have chronic liver disease.

The following pages highlight DOH-St. Lucie's Targeted Vaccination Plan, offer guidance on disinfection of surfaces contaminated with hepatitis A, inform about a World Hepatitis Day event at DOH-St. Lucie, and provide informational and educational flyers that can be printed and posted to help inform and protect St. Lucie's residents and visitors.

For more information on hepatitis A go to: FloridaHealth.gov/hepa

"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](#)

StLucieCountyHealth.com

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Spotlight on Hepatitis A, continued:

High-Risk Group Targeted Vaccination Plan

The goal is to vaccinate at least 80% of St. Lucie’s high-risk residents. To accomplish that goal, DOH-St. Lucie is working in conjunction with government agencies, local medical providers, community social service organizations, and we continue to provide direct services. As of July 19, 2019, DOH-St. Lucie has partnered to provide vaccines at 85 targeted outreach events in the community with many more scheduled. We are also in the process of working with local substance abuse treatment facilities to provide vaccines to their clients. Hepatitis A vaccine is currently free for those in a high risk group or are under or uninsured at DOH-St. Lucie and we continue to have hepatitis A vaccine clinics each week.

Government agency partnerships:

- The St. Lucie County jail’s contracted medical provider is currently approved to provide hepatitis A vaccines to inmates through the state’s Vaccine for Adults program.
- Vaccine clinics were conducted for the first-responders of St. Lucie County and the cities of Fort Pierce and Port St. Lucie.

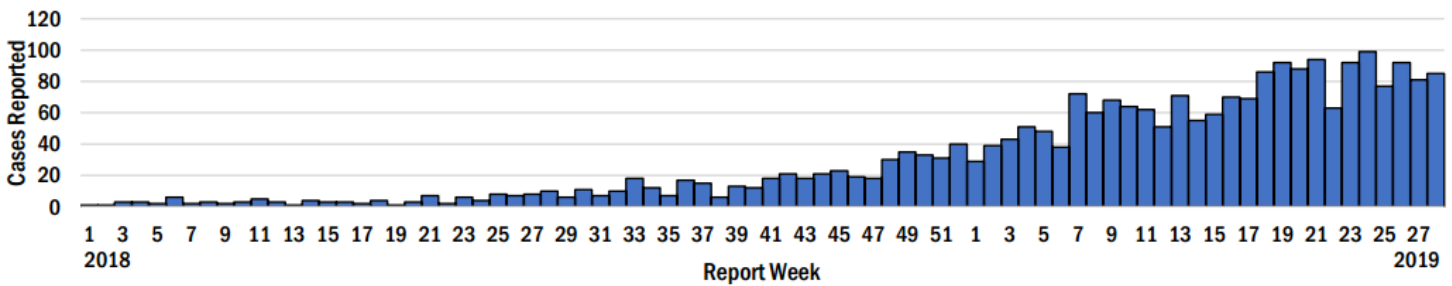
Community social services partners:

- DOH-St. Lucie has partnered with local social service organizations who provide hot meals, mobile showers, and other services at various locations around the county to those in need or experiencing homelessness to administer free vaccines.

Direct services from DOH-St. Lucie:

- Providing free hepatitis A and B vaccines to high-risk clients and hepatitis A vaccines at DOH-St. Lucie Milner location.

Hepatitis A Cases Reported by Week in Florida, Week 1, 2018 to Week 28, 2019



Hepatitis A Virus Disinfection Guidelines

The hepatitis A virus is usually transmitted by the fecal-oral route, either through person-to-person contact or consumption of contaminated food or beverages. Contamination can occur when infected persons do not wash their hands properly after going to the bathroom and then touch other objects or food items. Surfaces that are frequently touched should be cleaned and sanitized often.

Disinfection of Contaminated Surfaces

The hepatitis A virus can be inactivated by many common disinfecting chemicals, including hypochlorite (bleach) and quaternary ammonium formulations containing 23% HCl, found in many toilet bowl cleaners.

Chlorine Bleach: Mix and use the chlorine solution promptly. Solution can be created with 1 and 2/3 cups bleach in 1 gallon water. Allow 1 minute of contact time on the surface being disinfected, and then rinse with water. Discard any unused diluted mixtures. This solution can be used for stainless steel, food/mouth contact items, tile floors, nonporous surfaces, counters, sinks and toilets.

Other Disinfectants: To determine if a product is effective against hepatitis A, review the product label or specification sheet and ensure it states effective against hepatitis A. The product name can be searched in the Environmental Protection Agency’s registered product database at: <https://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1>

Remember

- ◆ Wear gloves and protect clothing while cleaning.
- ◆ Use chemicals in well-ventilated areas.
- ◆ Ensure the correct contact time is being met for the disinfectant.
- ◆ Avoid contact between incompatible chemicals.
- ◆ For surfaces that are corroded or damaged by bleach, use another product effective against hepatitis A.
- ◆ Replace bottles of opened bleach every 30 days and discard any unused diluted mixtures.

I AM



Get tested. Eliminate hepatitis.

World Hepatitis Day—Free Testing Event—Friday, July 26.
STD/HIV/Chronic Hepatitis Testing—Free Hepatitis A Vaccines
10:00 am to 3:00 pm at 714 Avenue C, Fort Pierce



World Hepatitis Alliance StLucieCountyHealth.com

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Protect yourself.

Hepatitis A is on the rise in our area.



Get vaccinated.



Wash your hands.

Hepatitis A Vaccine

Your best shot at stopping the virus.

Call 772-462-3800
for more information.



Hepatitis A is in the poop of people who have the virus:

- If a person with the virus doesn't wash his or her hands after going to the bathroom, poop can transfer to objects, food, drinks or drugs.
- When these things are shared, other people can unknowingly swallow the virus.
- If a person who has the virus comes in close contact with others - like during sex - the virus can spread.

Stop the spread of hepatitis A:

- Wash your hands with soap and water after you use the bathroom and before you eat and drink.
- Don't share personal items, food, drinks or drugs.

For more information go to:
FloridaHealth.gov/hepa



Hepatitis A can lead to serious liver problems, even death.



Hepatitis A virus is a vaccine-preventable form of infectious hepatitis.

Florida Department of Health • FloridaHealth.gov

Hepatitis A is contagious & can harm your liver.

Hepatitis A virus is in the poop of people who have the virus. If a person with the virus doesn't wash his or her hands after going to the bathroom, poop can transfer to people, objects, food and drinks.

Symptoms

You can have hepatitis A for up to 2 weeks without feeling sick, but during that time you may be spreading the virus to others.

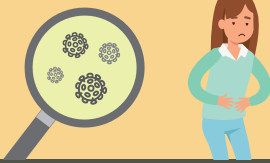
Symptoms usually start 2–6 weeks after infection and last less than 2 months. Some people can be sick for up to 6 months.

COMMON SYMPTOMS:

- Stomach pain.
- Nausea and vomiting.
- Yellow skin or eyes (jaundice).

OTHER SYMPTOMS:

- Diarrhea.
- Loss of appetite.
- Joint pain.
- Pale or clay colored stool.
- Fever.
- Tired.
- Dark-colored urine.



Think you're at risk? See your health care provider.

You're at risk if you:

- Are in close contact, care for or live with someone who has hepatitis A.
- Have recently visited a country where the virus is common—or been in close contact with someone who has.
- Are having sex with someone who has the virus.
- Are a man who has had sex with other men.
- Use injection or non-injection drugs.
- Are homeless or in temporary housing.

- Have recently been incarcerated.

Your health care provider:

- Will talk to you about your risks and symptoms.
- May take a blood sample to test you for the virus.

If you have hepatitis A, you will need to:

- Get lots of rest.
- Eat healthy food.
- Drink plenty of fluids.
- Keep all medical appointments with your health care provider.

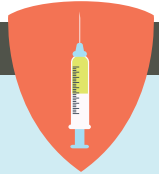
Stay home from work if you have hepatitis A.

If you have some symptoms and a close friend, relative or roommate who has been diagnosed with hepatitis A in the past 30 days, see a health care provider immediately.

LET YOUR BOSS KNOW IF:

- You're seeing a health care provider because you have symptoms.
- You've seen a health care provider and you have hepatitis A.

Prevent the spread of hepatitis A.



Talk to your health care provider about getting vaccinated.

Hepatitis A can spread person-to-person from any sexual activity with a person who has the virus—using a condom will not prevent the virus. People who have the virus should avoid sexual contact, and people who are at-risk should get vaccinated.

Wash your hands after you use the bathroom.

Wash with soap and warm, running water for at least 20 seconds:

BEFORE YOU

- Prepare food.
- Work with food that isn't already packaged.

AFTER YOU

- Touch people or public surfaces.
- Use the restroom.
- Change a diaper.
- Cough, sneeze or use a handkerchief or tissue.
- Use tobacco, eat or drink.



ALCOHOL-BASED HAND SANITIZERS DON'T KILL HEPATITIS A GERMS!



DON'T SHARE:

Towels, toothbrushes or eating utensils.

DON'T TOUCH:

Food, drinks, drugs or cigarettes that have been handled by a person with hepatitis A.

The hepatitis A vaccine is safe & effective.

- If you're at risk, you should get vaccinated.
- The vaccine is given as 2 shots, 6 months apart. You need both shots for the vaccine to work long-term.
- Contact your county health department if you don't have health insurance at this time and you need help getting a vaccination.

Have questions? Like to learn more?

For more information on hepatitis A or to find out about free hepatitis A vaccine call:

The Florida Department of Health in St. Lucie County, 772-462-3800

FloridaHealth.gov/HepA

Preliminary Cases and Incidence of Reportable Diseases/Conditions in St. Lucie County and Florida, Year to Date

Note that this table includes preliminary confirmed and probable cases 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 2018 and 2019 is preliminary and will change. Case counts 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.

Changes in case definitions used for epidemiologic surveillance can result in dramatic changes in case counts. Current Florida Surveillance Case Definitions are available online at: <http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/surveillance-and-investigation-guidance/index.html>

^Case definition for reported lead poisoning changed in 2018.

*Beginning in 2018, the probable case definition for Shiga toxin-producing E. coli (STEC) included non-culture tests for symptomatic people.

**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.

Disease Category	St. Lucie County		Florida	
	Year to Date, July 20			
	2018	2019	2018	2019
Vaccine-Preventable Diseases				
Measles (Rubeola)	0	0	4	2
Mumps	0	0	37	80
Pertussis	0	1	177	221
Varicella (Chickenpox)	8	8	462	566
CNS Diseases and Bacteremias				
Creutzfeldt-Jakob Disease (CJD)	0	0	11	11
Haemophilus influenzae Invasive Disease	0	2	211	233
in children 5 years or younger	0	0	27	16
Listeriosis	0	1	23	18
Meningitis, Bacterial or Mycotic	4	0	59	53
Meningococcal Disease	0	0	12	15
Streptococcus pneumoniae Invasive Disease	-	-	-	-
Drug-Resistant	2	4	140	176
Drug-Susceptible	2	7	252	327
Enteric Infections				
Campylobacteriosis*	53	55	2,666	2,631
Cryptosporidiosis	1	2	284	323
Cyclosporiasis	0	0	37	238
Giardiasis, Acute	6	8	587	601
Salmonellosis**	72	69	3,014	3,124
Shiga Toxin Producing Escherichia coli (STEC)^	6	5	448	452
Shigellosis**	6	21	841	833
Typhoid Fever (Salmonella serotype Typhi)	0	0	8	10
Viral Hepatitis				
Hepatitis A	0	24	113	1,978
Hepatitis B, Acute	4	6	445	500
Hepatitis B, Chronic	37	44	2,608	2,778
Hepatitis B, Surface Antigen in Pregnant Women	6	3	212	235
Hepatitis C, Acute	9	12	334	610
Hepatitis C, Chronic	272	216	12,813	11,639
Hepatitis D, E, G	1	0	5	6
Vectorborne, Zoonoses				
Dengue Fever	0	0	10	62
Ehrlichiosis/Anaplasmosis	0	0	30	27
Lyme Disease	2	0	69	47
Malaria	0	0	28	22
Rabies, Animal	1	0	58	77
Rabies, Human	0	0	1	0
Rabies, Possible Exposure	74	52	2,313	2,392
Rocky Mountain Spotted Fever/Rickettsiosis	0	0	8	15
West Nile Virus Disease	0	0	0	2
Others				
Botulism, Foodborne	0	0	0	1
Botulism, Infant	0	0	0	0
Brucellosis	0	0	6	2
Carbon Monoxide Poisoning	1	0	91	89
Ciguatera Fish Poisoning	4	0	40	45
Lead Poisoning^^	15	8	1,513	700
Legionellosis	5	4	237	200
Mercury Poisoning	0	0	29	15
Vibriosis (Excluding Cholera)**	3	2	106	143

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