

## **Acute Hepatitis B Infection in Miami-Dade County, 1999**

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There have been several ongoing efforts in Miami-Dade County and the rest of Florida to prevent new cases of hepatitis B as well as to prevent progression of liver disease among those already infected. These activities include universal vaccination of infants, hepatitis B vaccine requirements for entry into kindergarten and seventh grades, screening pregnant women, prophylactic treatment of infants born to infected women, immune globulin and/or vaccine for contacts, and education to reduce high-risk practices.

However, new cases continue to occur. During 1999 there were 107 acute cases of hepatitis B infection reported to the Miami-Dade County Health Department. The following information is based on these reported cases. The mean age of all reported acute hepatitis B cases was 37.3 years (range 18 to 82), and 31 (29%) were female and 76 (71%) males. The highest incidence rate, 12.5 per 100,000, was found among those aged 20-29 followed by an incidence rate of 9.5 and 6.2 among those aged 30-39, and 40-49 respectively (Figure 1). From 1996 to 1998, the 30 to 39 year-old age group was the most affected. Blacks were disproportionately burdened by acute hepatitis B with an incidence rate of 9.4 per 100,000 compared with whites who had an incidence rate of 2.7 per 100,000.

In 92 (98%) of the acute hepatitis B cases, it was possible to obtain ethnicity information. The incidence rate of hepatitis B among

non-Hispanics (5.9/100,000) was almost twice as high as the incidence rate among Hispanics (3.0/100,000). Of the 78 (73%) cases with hospitalization information, thirty-six cases (28%) were hospitalized related to hepatitis B. The largest number of new cases was identified in Miami's South Beach.

Forty-six percent (49 cases) of the clients with a reported case of acute hepatitis B were interviewed throughout the year. The main barrier to interviewing clients was the inability to locate clients. Of those interviewed, the most frequently reported risk factors during the six months prior to onset of symptoms were as follows: dental work/oral surgery [18%(9)], any type of surgery [4%(2)], received blood transfusion [2%(1)], suffered an injury involving a contaminated needle stick or other object in the past six month [6%(3)], received dialysis [4%(2)], and received a tattoo [2%(1)]. In addition, other identified risk factors included reported having ever injected drugs [6%(3)], occupations that involve contact with human blood [10%(5)], body piercing [6%(3)], and having ever exchanged sex for drugs or housing [6%(3)]. The mean number of lifetime sex partner was 12 (SD= 11). Only 23 (47%) clients responded to questions regarding condom use. Of those seventy-eight percent (78%) reported using condoms. However, only half of those who reported using condoms, reported regular use of condoms.

One of the most important findings was that only 35% of the clients interviewed knew about the availability of a vaccine against hepatitis B. It is also important to note that

three women were pregnant at the time of the interview.

There has been an overall increase in the incidence of reported hepatitis B in Miami-Dade County while there has been a general decline in Florida (Figure 2). While this increase in the number of cases in Miami-Dade County may be related to improvements in reporting and surveillance, such data also highlight the need for primary prevention of acute hepatitis B in Miami-Dade County.

It is evident that we must continue to work toward eradication of hepatitis B in Miami-Dade County. This includes primary preventive measures such as vaccination of high-risk groups, prophylaxis of household contacts, and sexual partners, and strategies to encourage behavior change such as safer sex and completion of the vaccination series.

**References**

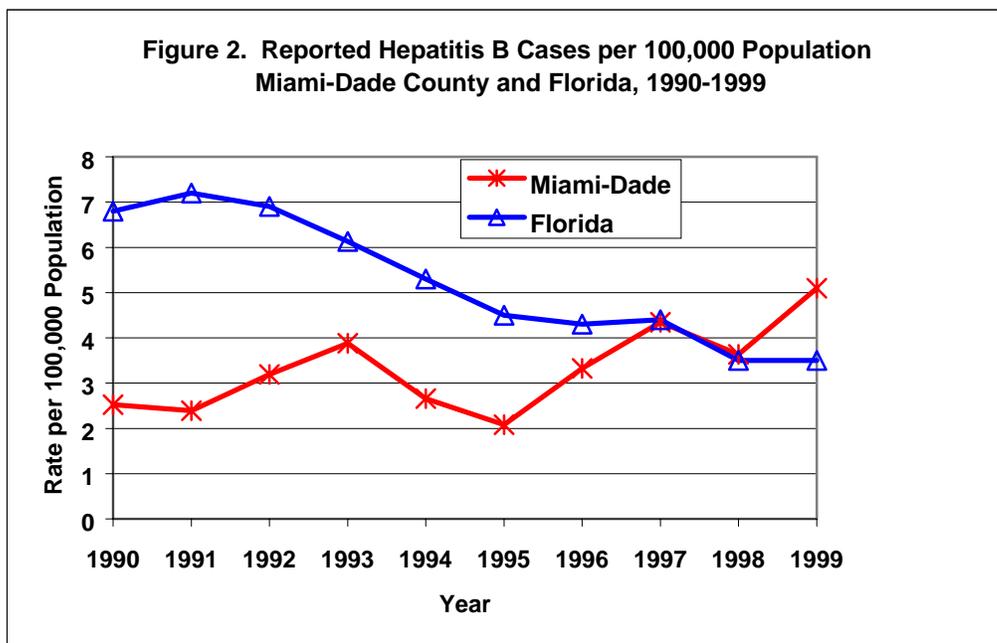
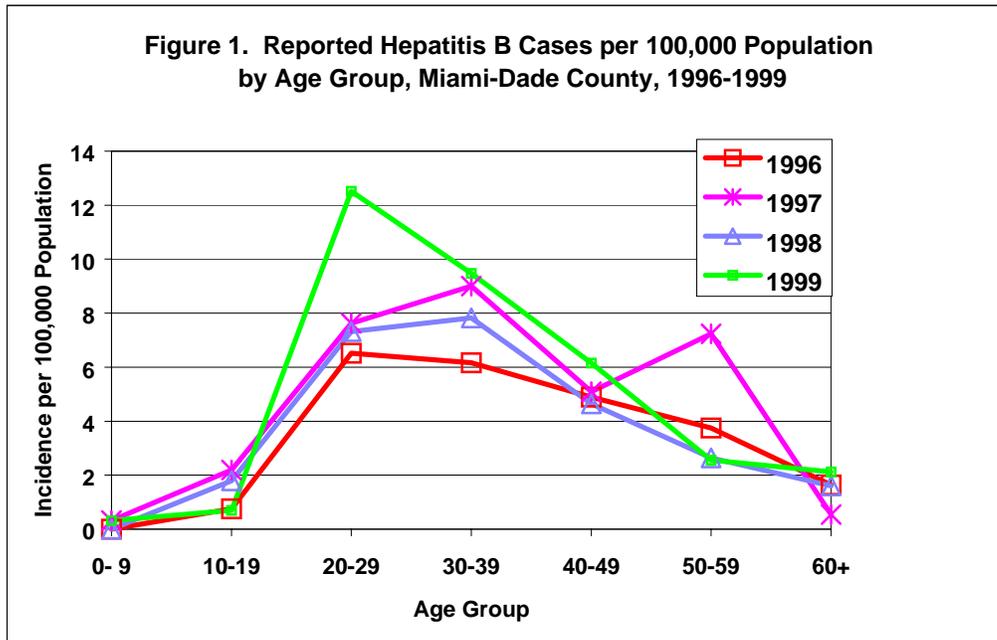
1. Chin James. Control of Communicable Disease Manual. 17th edition, 2000



**To report diseases or for information:**

- Office of Epidemiology and Disease Control
- Childhood lead poisoning prevention program (305) 324-2414
- Hepatitis (305) 324-2490
- Other diseases and outbreaks (305) 324-2413
- Injury prevention program (305) 324-2953
  
- HIV/AIDS Program (305) 377-7400
- STD Program (305) 325-3242
- Tuberculosis Program (305) 324-2470
- Special Immunization Program (305) 376-1976
- Nights, weekends, and holidays (305) 377-6751





## Monthly Report

### Selected Reportable Disease/Conditions in Miami-Dade County, September, 2000

Diseases/Conditions	Reported Cases this Month	2000 Year to Date	1999 Year to Date	1998 Year to Date
AIDS <sup>*Provisional</sup>	125	1058	1101	1279
Campylobacteriosis	9	118	139	112
Chancroid	0	0	0	2
<i>Chlamydia trachomatis</i>	297	2763	3092	1585
Ciguatera Poisoning	1	2	0	0
Cryptosporidiosis	5	15	28	26
Cyclosporiasis	0	0	0	2
Diphtheria	0	0	0	0
<i>E. coli</i> , O157:H7	2	3	4	2
<i>E. coli</i> , Other	0	1	0	1
Encephalitis	0	0	0	0
Giardiasis, Acute	34	178	89	109
Gonorrhea	178	2171	2014	1341
Granuloma Inguinale	0	0	0	0
<i>Haemophilus influenzae</i> B (invasive)	0	1	3	1
Hepatitis A	8	56	84	107
Hepatitis B	9	44	78	62
HIV <sup>*Provisional</sup>	153	1267	1270	1500
Lead Poisoning	52	344	Not available	Not available
Legionnaire's Disease	0	0	1	2
Leptospirosis	0	0	0	0
Lyme disease	1	4	5	1
Lymphogranuloma Venereum	0	0		
Malaria	3	21	24	24
Measles	0	0	0	0
Meningitis (except aseptic)	1	17	28	30
Meningococcal Disease	2	22	17	11
Mumps	1	3	0	0
Pertussis	0	7	13	14
Polio	0	0	0	0
Rabies, Animal	0	0	0	1
Rubella	0	1	0	0
Salmonellosis	24	208	275	229
Shigellosis	18	165	179	246
<i>Streptococcus pneumoniae</i> , Drug Resistant	5	154	185	115
Syphilis, Infectious	12	95	56	20
Syphilis, Other	58	554	624	488
Tetanus	1	1	0	0
Toxoplasmosis	0	0	1	2
Tuberculosis <sup>*Provisional</sup>	43	203	201	209
Typhoid Fever	0	2	16	3
<i>Vibrio cholera</i>	0	0	0	0
<i>Vibrio</i> , Other	0	0	0	1

\*Data on AIDS are provisional at the county level and is subject to edit checks by state and federal agencies.

\*\* Data on tuberculosis are provisional at the county level.