

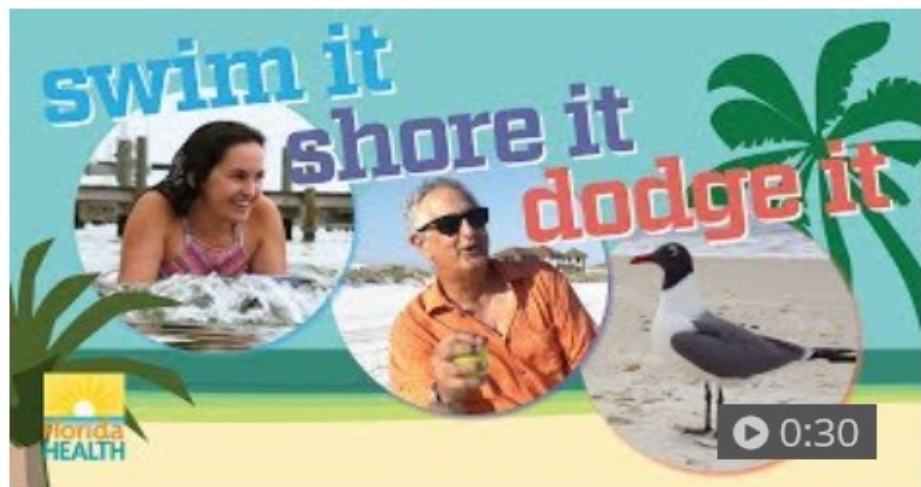


This Month in Public Health

- Thursday, June 21 marked the first day of summer. As you enjoy the long, warm days by the pool or beach, remember to practice summer safety including: staying hydrated, eating fresh foods, applying sunscreen, and adhering to beach warning signs. These tips and more are covered in the DOH short video, “**Swim it, Shore it, Dodge it.**”
- Wednesday, June 27 is **National HIV Testing Day**. The Florida Department of Health in Miami-Dade County, in conjunction with the Mayor’s office, launched the “**Getting 2 Zero**” campaign in 2016 to develop a strategic action plan on addressing the HIV/AIDS epidemic in Miami-Dade County. DOH Miami-Dade offers **free** HIV rapid testing in non-clinical settings, including the on-the-go mobile [TestMiami](#) unit and provides STD and HIV counseling and training at clinics county-wide. Don’t delay, test today!

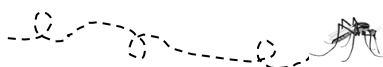
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Click the video to the left to watch the short video, “Swim it, Shore it, Dodge it.”

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Hepatitis A virus: Recent trends in Miami-Dade County, 2012-2017

By: Sapphire Cudjoe, Marie Etienne, Edhelene Rico, Danielle Fernandez, Guoyan Zhang

Background

Hepatitis A is an acute infection of the liver caused by the hepatitis A virus (HAV), a communicable disease¹⁻⁴. The infection may be asymptomatic or result in acute hepatitis¹⁻⁴. The symptoms may include: fatigue, malaise, fever, nausea, vomiting, jaundice, abdominal pain, loss of appetite, clay colored stool, and dark urine¹⁻⁴. Seventy percent of children aged five or under infected with HAV are asymptomatic². On the contrary, among older children and adults infected with HAV, 70% or greater display symptoms. When symptoms do occur, they typically appear 2-7 weeks (average 4 weeks) after being exposed and last for 2 months or less¹⁻⁴. HAV is a self-limited disease that does not result in chronic infection and is rarely severe¹⁻⁴. This report summarizes the recent increasing trend of HAV infection in the Miami-Dade County in order to educate the public on the most recent surveillance and how to prevent infection.

Transmission

HAV is usually transmitted person-to-person through the fecal-oral route or consumption of contaminated food or water¹⁻⁴. While the virus can be killed in food cooked at temperatures 185 degrees Fahrenheit or greater for a minimum of one minute, freezing does not kill the virus^{2,3}. It can remain in the environment for several months. Because HAV is not a chronic disease and blood donors are screened in the United States, it is rarely transmitted via blood transfusion¹⁻³. Transmission from mother to child is also very rare^{1,2}.

Risk Factors

Hepatitis A can affect everyone but there are certain groups that have a higher risk of transmission. Those groups include¹⁻⁴:

- Persons traveling to areas where HAV infection is widespread
- Persons directly in contact with someone who has HAV
- Men who have sex with men
- Persons who use injection and non-injection drugs
- Persons with chronic liver disease
- Persons with a clotting disorder

The Centers for Disease Control and Prevention (CDC) recommends that those at higher risk get vaccinated against hepatitis A⁵.

Methods

Hepatitis A data were extracted from Merlin, the Florida Department of Health (DOH) Epidemiology Surveillance System. The information gathered includes the probable and confirmed cases between the years 2012 and 2017. The data were analyzed using SAS v9.4.

The Florida Department of Health defines a *confirmed* HAV case as a person⁶:

Whose laboratory findings are positive for hepatitis A.

or

Exhibiting hepatitis A symptoms and having had contact with a person (within 15-50 days before onset of symptoms) with a positive lab test.

A *probable* case is defined as a person:

With a positive IgM test and HAV symptoms (excluding jaundice).

or

With a positive IgM test and elevated liver enzymes.

Results

HAV rates have steadily increased in Miami-Dade County between 2012-2017 with a yearly count of 25, 32, 36, 40, and 125, respectively. Figure 1 shows the incidence rate per 100,000 for Miami-Dade County with Florida for comparison. In 2017, reported hepatitis A counts increased 212.5% from 2016. Table 1 shows the summary of demographic characteristics among 2017 cases (n=125) including: age, race and ethnicity, gender, travel and outbreak-associated status. Among 2017 cases, 64.8% (81) were between the ages of 18 and 44 and the lowest counts were between ages 0-4 and 5-17 years. HAV cases between 2015 and 2017 were disproportionately male with 76.8% (96) of 2017 cases occurring among men (Figures 2 and 3). The incidence rates by gender in Miami-Dade County in 2016 were 7.3/100,000 population among males and 2.1/100,000 among females. Among race/ethnicity groups, non-Hispanic whites had the highest incidence rate at 7.5/100,000 followed by non-Hispanic blacks at 4.6/100,000 and Hispanics at 3.7/100,000. Figure 4 shows a seasonal pattern with higher reports of hepatitis A in summer and winter months between 2012-2016. In 2017, the higher reports of hepatitis A were in the spring and summer months. Historically, cases have reported travel to countries where HAV is endemic during the incubation period; however, in 2017, the data show higher counts with no recent international travel history (Table 1).

Prevention

The best way to prevent hepatitis A infection is to get vaccinated. HAV rates have decreased by 95% since the vaccine became available in 1995⁴. A 2005-2012 study among Nicaraguan children showed 98.3% effectiveness of the HAV vaccine⁷. Short-term protection can be provided using immune globulin, but it must be administered within 2 weeks of exposure for maximum protection¹⁻⁵.

Hepatitis A vaccine is an inactivated (killed) vaccine⁹. For long-lasting protection, two doses should be administered at least 6 months apart. Children are routinely vaccinated between their first and second birthdays (12 through 23 months of age) and older children and adolescents can get the vaccine after 23 months. Adults who have not been vaccinated previously and want to be protected against hepatitis A can also get the vaccine. You should get the hepatitis A vaccine if you are within a group at higher risk of hepatitis A infection.

Since the virus is transmitted through the fecal-oral route, good hand hygiene is routinely recommended; this translates to washing hands in hot soapy water for a minimum of 20 seconds after using the bathroom, before preparing and eating food, and after changing diapers⁴.

Conclusion

Based on the increase of HAV cases in Miami-Dade County, it is imperative to get vaccinated to reduce the risk of transmission and infection. In an effort to reduce HAV rates and promote prevention, the Florida Department of Health in Miami-Dade County (DOH Miami-Dade) has conducted viral hepatitis outreach activities in the community. These outreach activities include rapid testing for hepatitis C antibodies and vaccination against hepatitis A and hepatitis B. Additionally, for persons reported by a healthcare provider with acute hepatitis A infection, an epidemiologic case investigation is performed to identify likely routes of transmission and close contacts (including household members, intimate partners, and coworkers in places of sensitive employment). Public health intervention to prevent the spread of HAV among close contacts consists of post-exposure prophylaxis (hepatitis A vaccine or hepatitis A immunoglobulin), offered free of charge to those individuals with epidemiologic link and

considered to be at risk of hepatitis A infection. DOH Miami-Dade is committed to prevent and reduce viral hepatitis infections in the community. Participation in the vaccine campaign to prevent transmission of hepatitis vaccination services are also offered daily at DOH hepatitis clinics.

To find out more information regarding clinic locations where hepatitis services are offered, or to receive more information on hepatitis A or other viral hepatitis, please call the Epidemiology, Disease Control and Immunization Services, Hepatitis Prevention Program at (305) 470-5660 or visit the department’s website at: <http://miamidade.floridahealth.gov/index.html>.

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Figure 1. Incidence of reported hepatitis A cases —Miami-Dade County and Florida, 2012-2017.

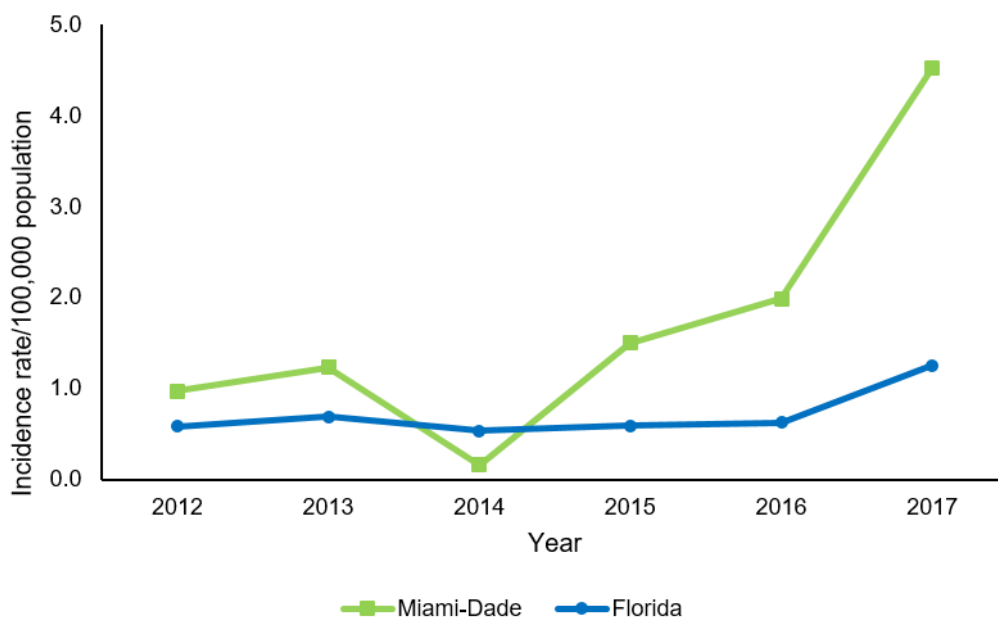


Table 1. Characteristics of hepatitis A (HAV) cases and incidence rate per 100,000—Miami-Dade County, 2017.

Summary			
Number of cases			125
Incidence rate (per 100,000)			4.53
Age (in years)	Number	Percent	Rate
0-4	1	0.8%	
5-17	1	0.8%	
18-44	81	64.8%	
45-64	29	23.2%	
65+	12	9.6%	
Unknown	1	0.8%	
Gender			
Female	29	23.2%	2.08*
Male	96	76.8%	7.3*
Race/ethnicity			
Non-Hispanic White	28	22.4%	7.48*
Non-Hispanic Black	23	18.4%	4.58*
Hispanic	68	54.4%	3.7*
Other	3	2.4%	NA
Unknown	3	2.4%	NA
Case classification			
Confirmed	124	99.2%	
Probable	1	0.8%	
Travel status			
Acquired in Florida	71	56.8%	
Acquired in U.S., not Florida	3	2.4%	
Acquired outside the U.S.	36	28.8%	
Unknown	15	12.0%	
Outbreak status			
Sporadic	112	89.6%	
Outbreak-associated	8	6.4%	
Unknown	5	4.0%	
Vaccinated prior to infection			
Yes	3	2.4%	
No	103	82.4%	
Unknown	19	15.2%	

*Note that population rate is based on census population estimates for 2016 in Miami-Dade County⁸. Rate is per 100,000.

Figure 2. Confirmed and probable HAV cases by age—Miami-Dade County, 2012-2017.

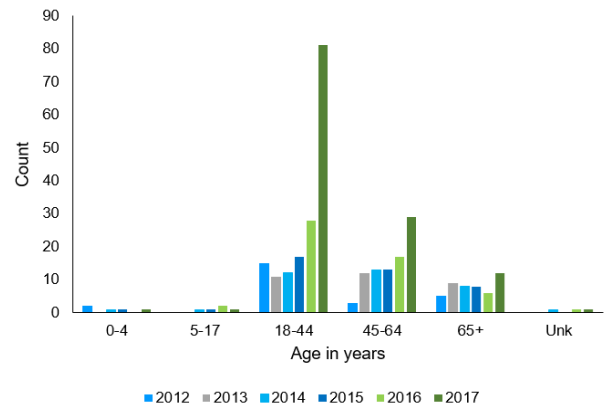


Figure 3. Confirmed and probable HAV cases by gender—Miami-Dade County, 2012-2017.

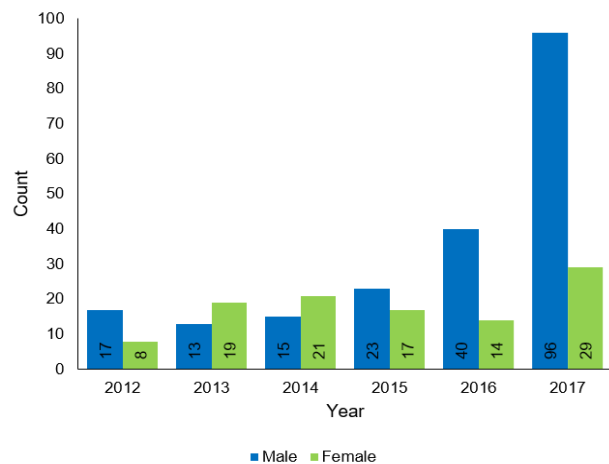
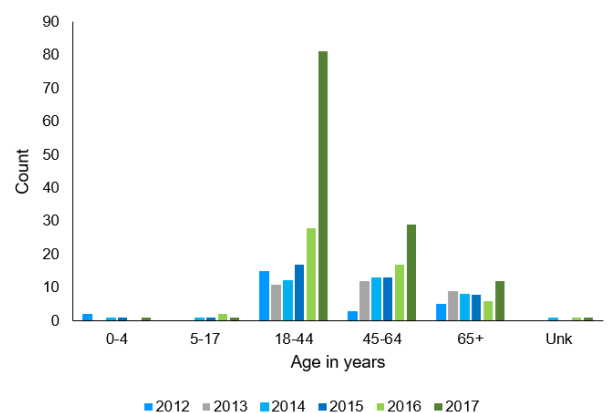


Figure 4. Confirmed and probable HAV cases by month of report—Miami-Dade County, 2012-2017.

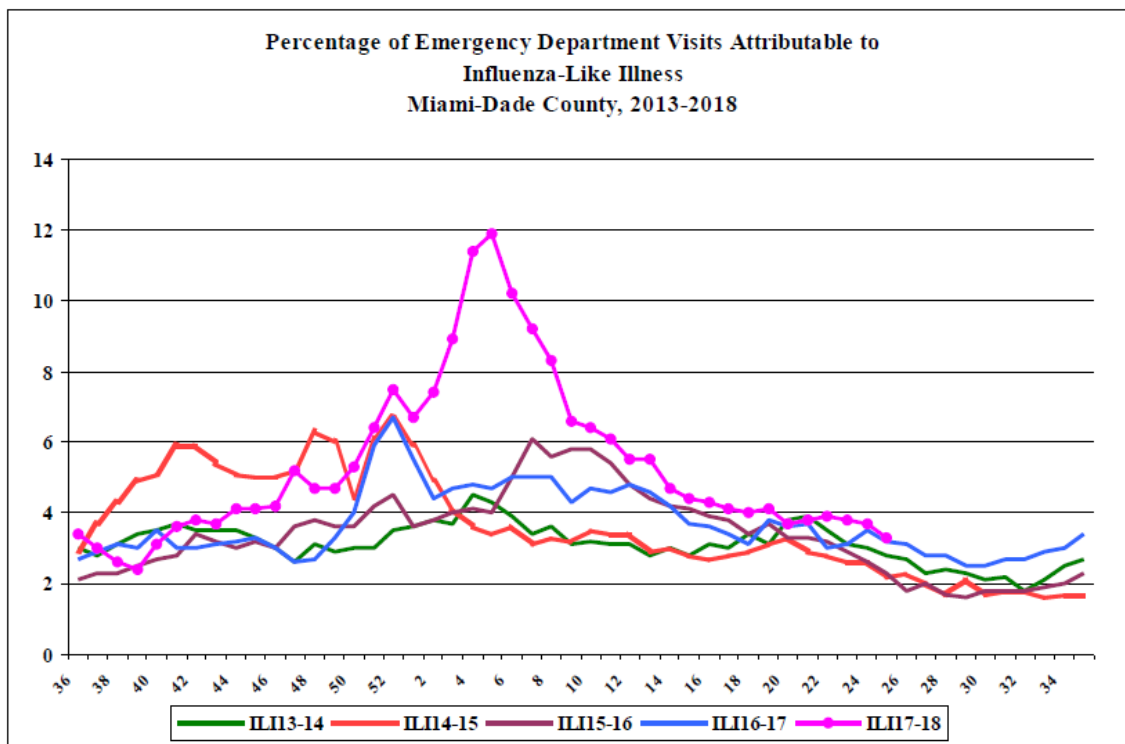


Florida Department of Health in Miami-Dade County Epidemiology, Disease Control and Immunization Services

Influenza Like Illness Surveillance Report

On a daily basis, all of Miami-Dade County's emergency department (ED) hospitals electronically transmit ED data to the Florida Department of Health. This data is then categorized into 11 distinct syndromes. The influenza-like illness (ILI) syndrome consists of fever with either cough or sore throat. It can also include a chief complaint of "flu" or "ILI". This season's 2017-2018 data is compared to the previous 4 influenza seasons (2013-2014, 2014-2015, 2015-2016, 2016-2017).

Influenza-Like-Illness, All Age



During this period, there were 31,253 ED visits; among them 1,017 (3.3%) were ILI. At the same week of last year, 3.2% of ED visits were ILI.

PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

Florida Department of Health in Miami-Dade County NEEDS Influenza Sentinel Providers!

Sentinel providers are key to the success of the Florida Department of Health's Influenza Surveillance System. Data reported by sentinel providers gives a picture of the influenza virus and ILI activity in the U.S. and Florida which can be used to guide prevention and control activities, vaccine strain selection, and patient care.

- Providers of any specialty, in any type of practice, are eligible to be sentinel providers.
- Most providers report that it takes **less than 30 minutes a week** to compile and report data on the total number of patients seen and the number of patients seen with influenza-like illness.
- Sentinel providers can submit specimens from a subset of patients to the state laboratory for virus isolation **free of charge**.

For more information, please contact
Lakisha Thomas at 305-470-5660.



Miami-Dade County Monthly Report Select Reportable Disease/Conditions May 2018

Diseases/Conditions	2018 Current Month	2018 Year to Date	2017 Year to Date	2016 Year to Date
HIV/AIDS				
AIDS*	50	206	199	251
HIV	116	616	562	706
STD				
Infectious Syphilis*	51	182	174	192
Chlamydia*	1177	5484	5272	5166
Gonorrhea*	378	1695	1296	1168
TB				
Tuberculosis**	11	52	27	41
Epidemiology, Disease Control & Immunization Services (EDC-IS)				
Epidemiology				
Campylobacteriosis	83	338	242	226
Chikungunya Fever	0	0	0	0
Ciguatera Poisoning	0	8	7	0
Cryptosporidiosis	1	10	10	8
Cyclosporiasis	0	0	0	0
Dengue Fever	0	1	1	6
Escherichia coli, Shiga Toxin-Producing	16	56	20	2
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	15	71	55	104
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	1	1	0
Legionellosis	5	16	13	3
Leptospirosis	0	0	0	0
Listeriosis	0	1	1	4
Lyme disease	0	0	1	0
Malaria	0	5	4	1
Meningitis (except aseptic)	2	8	1	0
Meningococcal Disease	0	0	4	0
Salmonella serotype Typhi (Typhoid Fever)	0	2	0	0
Salmonellosis	61	203	211	188
Shigellosis	38	132	33	30
Streptococcus pneumoniae, Drug Resistant	0	10	8	2
Vibriosis	2	4	3	1
West Nile Fever	0	0	0	0
Immunization Preventable Diseases				
Measles	1	1	0	0
Mumps	1	6	0	2
Pertussis	2	9	13	9
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	18	33	19	40
Hepatitis				
Hepatitis A	0	6	45	12
Hepatitis B (Acute)	4	13	13	2
Healthy Homes				
Lead Poisoning	12	80	45	45

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

** Data on tuberculosis is provisional at the county level.

Data on EDC-IS includes Confirmed and Probable cases.

What's New at DOH Miami-Dade

- DOH Miami-Dade, Office of Community Health and Planning is conducting the [Wellbeing Survey](#) to identify the needs, opinions, and views of Miami-Dade County residents as it relates to the communities in which you reside. The Wellbeing Survey is one of the assessments that helps make up the Miami-Dade County Community Health Assessment and only takes 15 minutes to complete. We encourage you to participate in this survey and share your opinions.
- Registration is now open for the [7th Annual Breastfeeding Awareness Walk Community Event](#) co-sponsored by the Florida Department of Health in Miami-Dade County WIC Program and Healthy Start Coalition of Miami-Dade. The event is scheduled for Saturday, August 4, 2018 and registration is open for participants and exhibitors. For more information, please contact Carla Munoz at 786-385-8657.

MIAMI-DADE COUNTY
Wellbeing SURVEY

How is the quality of life in your neighborhood?

WE WANT TO HEAR FROM YOU

Please complete the survey
www.surveymonkey.com/r/MDCWellbeing



Click the video to the left for tips on how to "drain and cover" to prevent mosquito-borne diseases!

To report diseases and for information, call EDC-IS at:

Childhood Lead Poisoning Prevention Program	305-470-6877
Disease surveillance and outbreaks	305-470-5660
Hepatitis program.....	305-470-5536
HIV/AIDS program	305-470-6999
Immunization services	305-470-5660
STD program	305-575-5430
Tuberculosis program	305-575-5415
To make an appointment.....	786-845-0550

About the Epi Monthly Report

The Epi Monthly Report is a publication of the Florida Department of Health in Miami-Dade County: Epidemiology, Disease Control & Immunization Services. The publication serves a primary audience of physicians, nurses, and public health professionals. Articles published in the Epi Monthly Report may focus on quantitative research and analysis, program updates, field investigations, or provider education. For more information or to submit an article, please contact Danielle Fernandez at 305-470-6980 or danielle.fernandez@flhealth.gov.

