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Miami-Dade County HEALTH DEPARTMENT

Hepatitis A in Miami-Dade County 1990-2001

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Background: Hepatitis A is a liver disease caused by the hepatitis A virus (HAV). Hepatitis A can occur as isolated cases of disease or as widespread epidemics. Over 70% of adults and older children experience symptoms associated with hepatitis compared with approximately 30% of children younger than 6 years of age. Most of those infected with hepatitis A recover within two months although 10-15% may experience a prolonged course of illness of up to 6 months (1). Because most children are asymptomatic or have unrecognized infections, they play an important role in HAV transmission and serve as a source of infection for others (2).

HAV infection is acquired primarily through the fecal-oral route by either person-to-person contact or ingestion of contaminated food or water. Good personal hygiene and proper sanitation can help prevent hepatitis A. Routine vaccination of children is the most effective way to reduce hepatitis A incidence (1, 3).

Surveillance: The case definition for hepatitis A in Florida includes a clinical case definition and laboratory confirmation. The clinical case definition for hepatitis A in Florida is "an acute illness with a) discrete onset of symptoms and b) jaundice or elevated serum aminotransferase levels." The laboratory criterium for diagnosis is a positive IgM antibody to hepatitis A virus. A confirmed case is one which meets the clinical case definition and is laboratory confirmed, or a case that meets the clinical case definition and is epidemiologically linked with a person with laboratory-confirmed hepatitis A (4).

Epidemics: In 2001, the number of reported hepatitis A cases in Miami-Dade County reached a ten-year high of 227 cases, above the past high number of 168 cases in 1997. Since 1990, Miami-Dade County has experienced a 35% increase in the number of hepatitis A cases. The numbers of reported cases were 127, 109, and 117 in 1998, 1999 and 2000 respectively. Figure 1 shows reported Hepatitis A cases per 100,000 population between 1990 and 2001.

Thirty-five (15.4%) of the 227 cases were reported from the Homestead-Florida City area (zip codes 33030, 33031, 33032, 33033, 33034, 33035) which accounted for 4.4% of the population, and 28 (12.3%) of the 227 cases were from South Beach (zip

Inside this issue:

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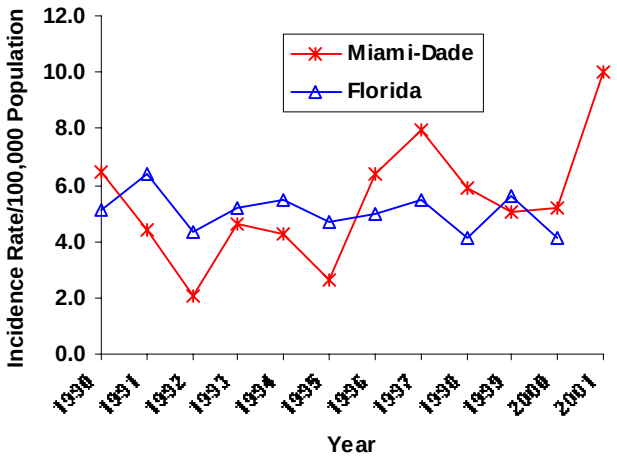
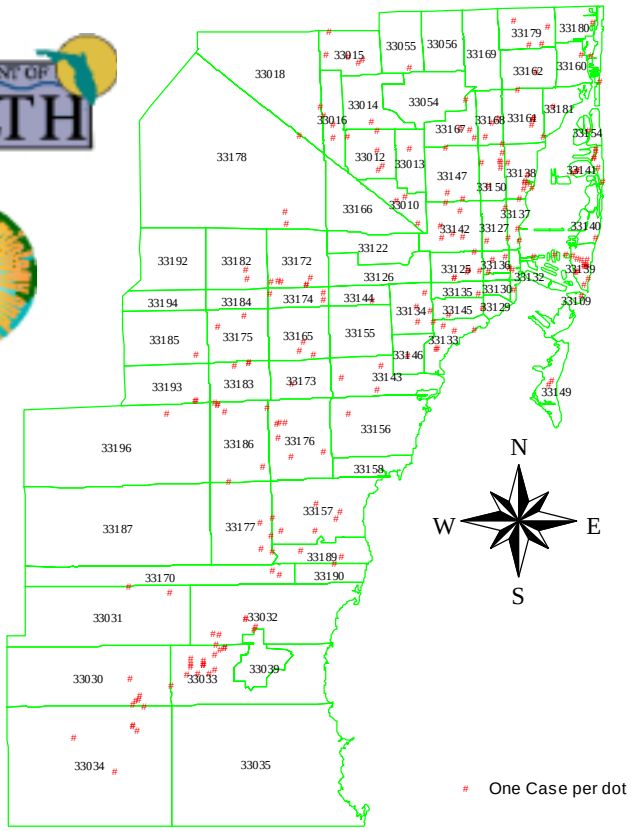
Figure 1. Incidence of Reported Hepatitis A
Miami-Dade County and Florida, 1990-2001



Reported Hepatitis A Cases during 2001, Miami-Dade County, (N=227)



codes 33139, 33140, 33141) which account for 4.9% of the population. The rest of the county accounted for 72% of the total reported cases (see figure 2 and map). The number of reported hepatitis A cases in the Homestead-Florida City and South Beach areas, increased 21% from 52 to 63 between 1997 and 2001. While in the rest of the county, the number of hepatitis A cases increased 41% from 116 to 164.

Countywide, the number of hepatitis A cases peaked in January, August, September and October (Figure 3). These four months accounted for 49% of the cases in 2001. These peaks follow past trends of hepatitis A associated with the winter and summer vacation seasons.

The number of reported hepatitis A cases greatly increased among adults aged 30-49 years compared with previous years although the number of cases also increased among school age children aged 5-19 years. Only three cases were reported in children aged 0-4 years old, and as low as that in 1998 (Figure 4).

During 2001, 224 (99%) of 227 patients with reported hepatitis A were interviewed, but only 124 patients had identified risk factors. Of these, forty (18%) had contact with other persons with hepatitis A, forty-seven (21%) reported international travel, forty-three of the forty-seven travelers (91%) had been in Central and South America and the Caribbean and thirty-six (16%) were among homosexual men.

Prevention and control of hepatitis A: In the United States, cyclic increases in the incidence of hepatitis A have occurred approximately every decade (1). The surveillance data indicate that the hepatitis A cases occurred in most areas of the county during 2001. Surveillance data also indicate that more focus is needed in education and vaccination efforts to travelers and men who have sex with men to effectively control hepatitis A spread countywide.

Identifying close contacts and providing them with post exposure prophylaxis of hepatitis A immune globulin in a timely fashion is also vital in preventing hepatitis A. Close contacts include household and sexual contacts and persons who have shared illegal drugs with a person with hepatitis A. Post exposure prophylaxis with immune globulin is most effective if given as soon after exposure as possible and should not be given more than 2 weeks after the last exposure. Therefore, it is extremely important that suspected hepatitis A cases are reported to the Miami-Dade County Health Department immediately so that close contacts can be identified and receive immune globulin as soon as possible.

The most effective mechanism in preventing hepatitis A is receiving the hepatitis A vaccine. Miami-Dade County Health Department is currently offering the hepatitis A vaccine to those at risk in various health department clinics throughout the county. To find out more information concerning the locations of these clinics or to receive more information on hepatitis A or hepatitis in general please feel free to call the Office of Epidemiology and Disease Control – Hepatitis Program at (305)324-2490.

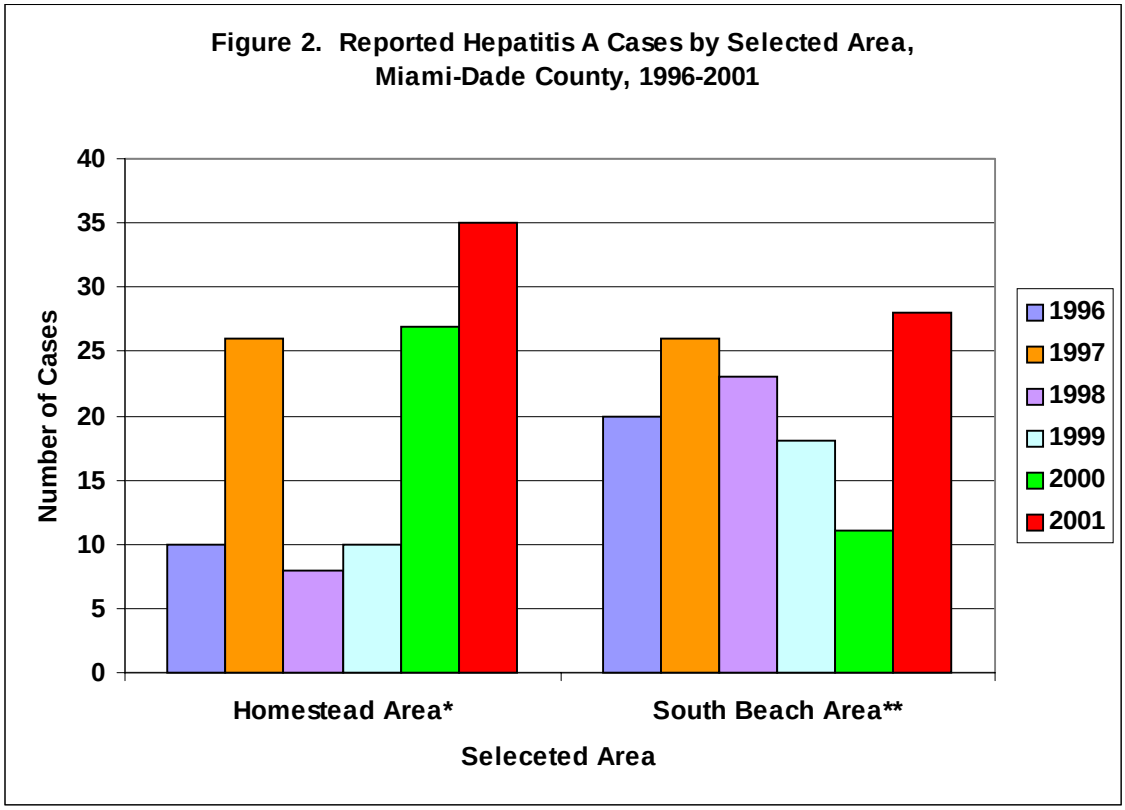
References:

1. Centers for Disease Control and Prevention. Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1999; 48(No. RR-12).

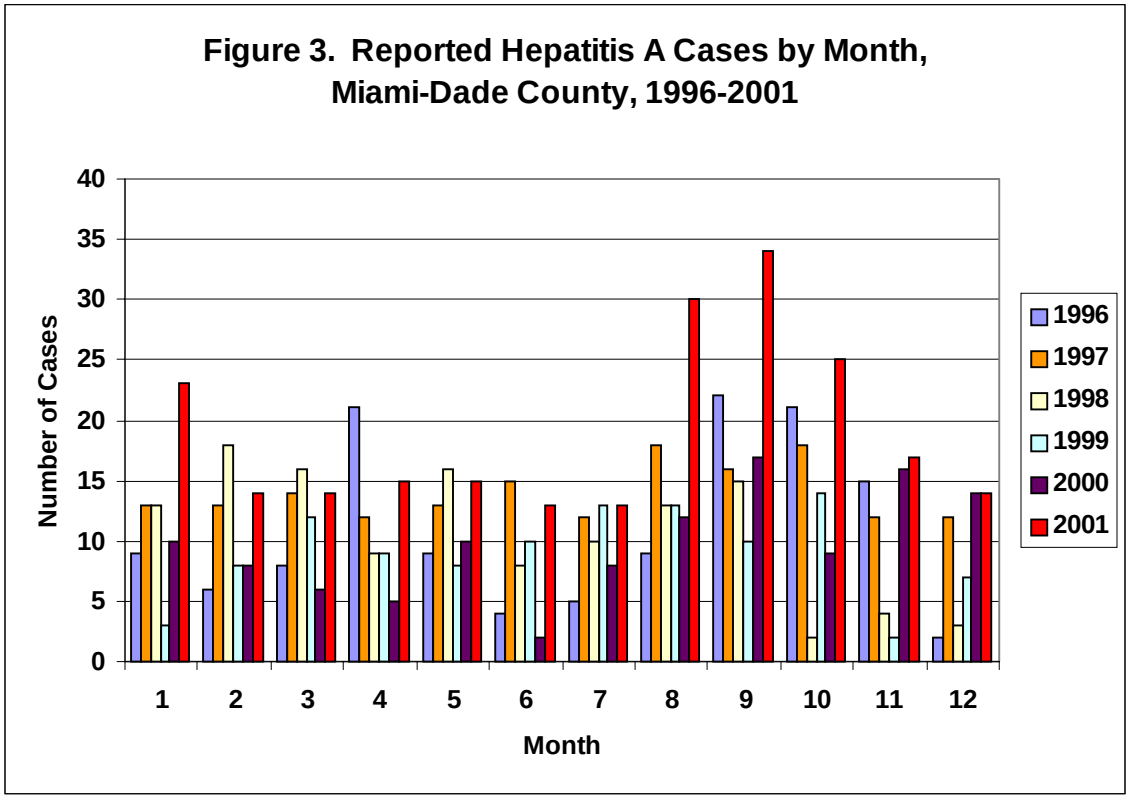
2. American Academy of Pediatrics. 2000 Red Book: Report of the Committee on Infectious Diseases. 25th Ed. Elk Grove Village, IL: American Academy of Pediatrics; 2000: 280-289.

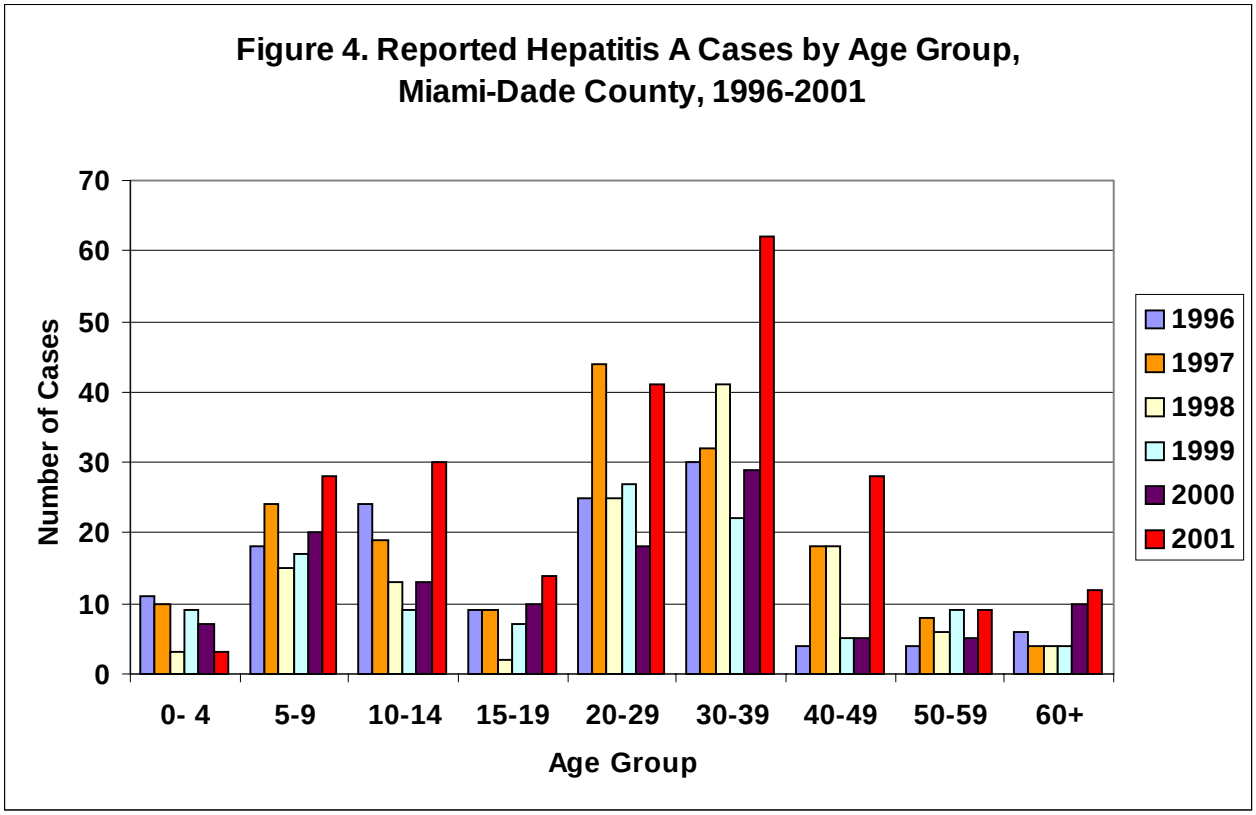
3. Centers for Disease Control and Prevention. Prevention of Hepatitis A Through Active or Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices: Recommendations and Reports. December 27, 1996; 45 (RR15).

4. Florida Department of Health Bureau of Epidemiology. Surveillance Case Definitions for Select Reportable Diseases in Florida, June 2000.



*: Zip code: 33030, 33031, 33032, 33033, 33034, 33035 **: Zip code: 33139, 33140, 33141





Influenza Virus Surveillance Summary Update

Carina Blackmore, M.S. Vet. Med., Ph.D.

[The following article appeared in EPI UPDATE, a weekly publication by the Bureau of Epidemiology, Florida Department of Health (For March 28, 2002)]

Week ending March 16, 2002-Week 11

National report: During week 11 (March 10-16, 2002), 278 (19.8%) of 1,395 specimens tested by the World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories across the United States were positive for influenza. During the past three weeks (weeks 9-11) the highest proportion of positive influenza cultures (34%) were reported from the East North Central (Illinois, Indiana, Michigan, Ohio, Wisconsin) region of the United States. Since September 30, a total of 69,323 specimens for influenza viruses have been tested and 11,041 (15.9%) specimens from 50 states were positive. Of the 11,041 isolates identified, 10,741 (97%) were influenza A viruses and 300 (3%) were influenza B viruses. Three thousand eighty-four (29%) of the influenza A viruses were subtyped, 3,045 (99%) were H3 viruses and 39 were H1 viruses. So far this season, CDC has characterized 328 influenza A viruses antigenically. All viruses were similar to the flu A strains in the 2001-2002 vaccine. Influenza B viruses can currently be divided into 2 antigenically distinct lineages, B / Yamagata/ 16/88 and B/Victoria/2/87. Influenza B/Victoria will replace

the B/Yamagata strain in the 2002-03 vaccine. The proportion of patient visits to sentinel physicians for influenza-like illness (ILI) overall was 2.0%, which is above the national baseline of 1.9%. The proportion of deaths attributed to pneumonia and influenza as reported by the vital statistics offices of 122 U.S. cities was 9.3% during week 11. This percentage is above the epidemic threshold of 8.2% for this time. Influenza activity was reported as widespread in 5 states (Arizona, Missouri, Tennessee, Vermont and Virginia), regional in 26 states (California, Colorado, Georgia, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Nebraska, Nevada, New York, North Dakota, Ohio, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Washington, Wisconsin and Wyoming) this week. Sporadic activity was reported from 18 states.

Florida: Influenza activity, calculated based on the proportion of patients with influenza-like illness (ILI) seeking care by physicians participating in the Florida Sentinel Physicians Surveillance Network was 0.9% this week. The activity reached a peak (2.7%) in mid-January (week 4). Influenza-like illness activity was detected in 13 of 23 participating counties from Leon to Monroe. Higher flu activity than expected for this time of year (>2%) was reported by physicians in Monroe, Osceola, Palm Beach, and Polk Counties. No cases of influenza were laboratory confirmed this week. Between September 4 and Mar 21, influenza A (H3N2) was isolated from 128 patients residing in Broward, Collier, Duval, Escambia, Hillsborough, Indian River, Lake, Leon, Levy, Marion, Monroe, Osceola, Palm Beach, Pinellas, Polk, Santa Rosa, Sarasota and St. John's Counties. Influenza A (H1N1) from 3 patients in Duval and Palm Beach Counties and influenza A of unknown subtype was diagnosed in patients in Broward, Gadsden, Lee, Martin, Orange, Pinellas, Palm Beach and Hillsborough Counties. Influenza B has been recovered from patients in Broward (1), Hillsborough (2) and Palm Beach (2) Counties. In addition, positive rapid antigen tests were reported from Duval County, Escambia, Hillsborough, Palm Beach, Lee, Marion, Miami-Dade, Okaloosa, Pinellas and Volusia Counties.

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
HIV/AIDS Program	(305) 324-2459
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 Diseases/Conditions in Miami-Dade County, February 2002

Diseases/Conditions	2002 this Month	2002 Year to Date	2001 Year to Date	2000 Year to Date	1999 Year to Date	1998 Year to Date
AIDS *Provisional	113	210	253	267	272	241
Campylobacteriosis	9	11	15	1	2	2
Chancroid	0	0	0	0	0	0
Chlamydia trachomatis	278	593	410	459	576	499
Ciguatera Poisoning	0	0	0	0	0	0
Cryptosporidiosis	1	1	4	0	0	0
Cyclosporosis	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0
E. coli , O157:H7	0	0	0	0	0	0
E. coli , Other		0	0	0	0	0
Encephalitis	0	0	0	0	0	0
Giardiasis, Acute	13	15	21	0	3	4
Gonorrhea	157	306	201	348	405	360
Granuloma Inguinale	0	0	0	0	0	0
Haemophilus influenzae B (invasive)	0	0	0	0	0	0
Hepatitis A	10	10	24	0	3	17
Hepatitis B	1	2	2	0	6	0
HIV *Provisional	170	345	232	262	253	278
Lead Poisoning	21	30	29	N/A	N/A	8
Legionnaire's Disease	0	0	0	0	0	0
Leptospirosis	0	0	0	0	0	0
Lyme disease	0	0	0	0	0	0
Lymphogranuloma Venereum	0	0	0	0	0	2
Malaria	0	1	5	0	2	2
Measles	0	0	0	0	0	0
Meningitis (except aseptic)	1	1	2	0	0	5
Meningococcal Disease	0	2	4	5	1	0
Mumps	0	0	0	0	1	0
Pertussis	0	0	0	0	2	4
Polio	0	0	0	0	0	0
Rabies, Animal	0	0	0	0	0	1
Rubella	0	0	0	0	0	0
Salmonellosis	23	30	18	8	13	29
Shigellosis	16	23	8	3	16	15
Streptococcus pneumoniae, Drug Resistant	6	14	17	11	2	10
Syphilis, Infectious	17	31	18	22	11	6
Syphilis, Other	83	141	56	99	104	99
Tetanus	0	0	0	0	0	0
Toxoplasmosis	0	0	0	0	0	0
Tuberculosis *Provisional	20	36	25	28	10	57
Typhoid Fever	1	1	0	0	1	1
Vibrio , *cholera*	0	0	0	0	0	0
Vibrio , Other	0	0	0	0	0	0

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