

New Hepatitis Prevention Program in Miami-Dade County

Viral hepatitis in all of its forms poses a tremendous threat to the health and well-being of our community. Between 1995-1998 the average number of hepatitis A cases reported was 126 per year. Using national statistics, we estimate that a minimum of 7,000 people are infected with chronic hepatitis B and 38,000 with chronic hepatitis C in Miami-Dade County.

The State of Florida has just funded, via a grant process, several counties for a comprehensive "Hepatitis and Liver Failure Prevention and Control Program." Miami-Dade, Broward, Monroe, Collier, Pinellas, and Polk were the six counties funded. The counties will collaborate with each other and the Florida Department of Health Bureau of Epidemiology to pilot several models and strategies to best address the prevention and control of viral hepatitis. Our program will be an expansion of our current limited program, which is funded by the county. Our current program primarily addresses acute hepatitis B and C, as well as hepatitis A. It also includes targeting children of migrant farm workers and other attendees of daycare centers in the Homestead and Florida City areas, where historically, incidence of hepatitis A has been high.

The Miami-Dade County Health Department (MDCHD) Office of Epidemiology and Disease Control (OEDC) will be working in conjunction with the HIV/AIDS Program, the STD Program, the Special Immunization Program, and the School Health Program to address the following components:

- Surveillance
- Education
- Follow-up
- Counseling and testing for hepatitis C
- Program evaluation.

Surveillance: The main objective for the surveillance component is to increase the timeliness of reporting. This activity is essential

because the sooner a case is reported, the sooner we can follow-up with clients so that partners and close contacts may be offered prophylaxis if needed. We also are developing a viral hepatitis registry.

Education: The educational component involves the creation of culturally sensitive educational materials as well as materials tailored to specific risk groups. Risk groups include men who have sex with men (hepatitis A & B), travelers to underdeveloped countries (hepatitis A), and sexually active teens (hepatitis B). We will be educating the general public about actual risk factors for hepatitis C and who should be screened. Education about prevention of transmission will also be provided to persons with hepatitis A and acute and chronic hepatitis B and C.

Follow-up: The "follow-up" component includes contact investigation, referral, assistance with medical access, and vaccination. The new program will include all clients with chronic viral hepatitis. This component is essential because these clients are at increased risk for chronic liver disease, cirrhosis, and cancer, and this is a large group of people who can potentially transmit the virus to others. We will also create a physician registry to facilitate client referrals to physicians in their area for treatment and follow-up for all forms of viral hepatitis.

Counseling and Testing: Hepatitis C counseling and testing will be offered in conjunction with the HIV/AIDS and STD programs. Hepatitis C testing will be offered at the confidential HIV counseling and testing sites to those who are at risk for hepatitis C, according to Centers for Disease Control and Prevention guidelines. Referrals will be made as needed. One particular referral source for clients with hepatitis C will be Hep-C Alert. This agency will offer comprehensive counseling, follow-up, and referral for patients.

Evaluation: Our program will be evaluated on a continual basis and will evolve as we learn more about our community and the effects and perceptions of viral hepatitis in it.

Importance of Reporting: Reporting all cases of viral hepatitis is even more important because we now have additional services to patients with acute and chronic hepatitis. We welcome any questions or comments. Please do not hesitate to call us at (305) 324-2413. (*Letty Bassart, RN*)

122 Cities Mortality Reporting System: Each week, the vital statistics offices of 122 cities report the total number of death certificates filed and the number of those for which pneumonia and influenza were listed anywhere on the death certificate (Part I or Part II, excludes aspiration pneumonia, pneumococcal meningitis and *Haemophilus influenzae*). Miami is one of the 122 cities.



Influenza Surveillance in Miami-Dade County

There are four surveillance systems that provide information about influenza in the United States.

World Health Organization Collaborating Laboratory System: Approximately 75 World Health Organization collaborating virology laboratories and approximately 50 laboratories from the National Respiratory and Enteric Virus Surveillance System located throughout the United States report the total number of respiratory specimens tested and the number positive for influenza by type and subtype each week. A subset of the influenza viruses isolated is sent to CDC for antigenic characterization.

State and Territorial Epidemiologists Reports: State health departments report the estimated level of influenza activity in their state each week. Activity is classified as sporadic (cases reported within area but no reported outbreaks), regional (outbreaks reported in geographic areas containing less than 50% of state's population), or widespread (outbreaks in areas with more than 50% of state's populations).

U.S. Influenza Sentinel Physicians Surveillance Network: Approximately 260 physicians around the country report each week the total number of patients seen and the number of those patients with influenza-like illness by age group. In Miami-Dade, 10 physicians agreed to participate this year.

Florida and Miami-Dade Influenza Activity Update: Florida and Miami-Dade County are currently experiencing sporadic activity. No outbreaks have been reported to the Miami-Dade County Health Department since September, 1999. The influenza-like activity has declined statewide after peaking during the first week of the year. Figure 1 depicts the weekly percent of influenza-like illness of all patient visits at sentinel physician practices in Miami-Dade county (week ending February 12, 2000). Unfortunately, only 4 of the 10 physicians have been reporting regularly, so this is based on only four physician practices. Laboratory-confirmed isolates of influenza A were reported during February from Miami-Dade.

Pneumonia and influenza mortality has been relatively stable. Between Oct. 3, 1999 and Feb. 12, 2000, a total of 178 deaths were reported due to pneumonia (176) and influenza (2). On average, nine persons died of pneumonia and influenza per week in Miami-Dade County. Sixty-three percent of deaths were among persons 75 years old and over. Deaths of persons in age groups 25-44, 45-64 and 65-74 accounted for 7%, 13% and 16% of total pneumonia and influenza deaths respectively. There were two death peaks during 10/31/1999-11/06/1999 and 01/24/2000-01/30/2000 (see Figure 2 and Table 1). Because the new case definition was implemented in October, 1999, it is not possible to compare the mortality rates with those of previous years.

Although influenza activity is declining statewide, we can continue to expect some activity in Miami-Dade County since influenza has been seen year-around in the county. Between mid-July and the

end of August, 1999, four influenza A (H3N2) outbreaks were reported to the Miami-Dade County Health Department. These occurred in nursing home settings (2), a home for developmentally disabled persons (1), and a prison.

If you are aware of any possible outbreaks of influenza or influenza-like illness in an institution, please call us right away. We can assist in the identification of influenza if specimens are collected within three days of illness onset and assist with control of the outbreaks. (**Guoyan Zhang, MD, MPH, Mary Jo Trepka, MD, MSPH**).

Note: We are transferring the surveillance system to a new database. The monthly report of Selected Reportable Disease/Conditions will be in the next issue.

To report diseases or for information:

Office of Epidemiology and Disease Control

Childhood lead poisoning prevention program

(305) 324-2414

Other diseases and outbreaks (305) 324-2413

Injury prevention program (305) 324-2953

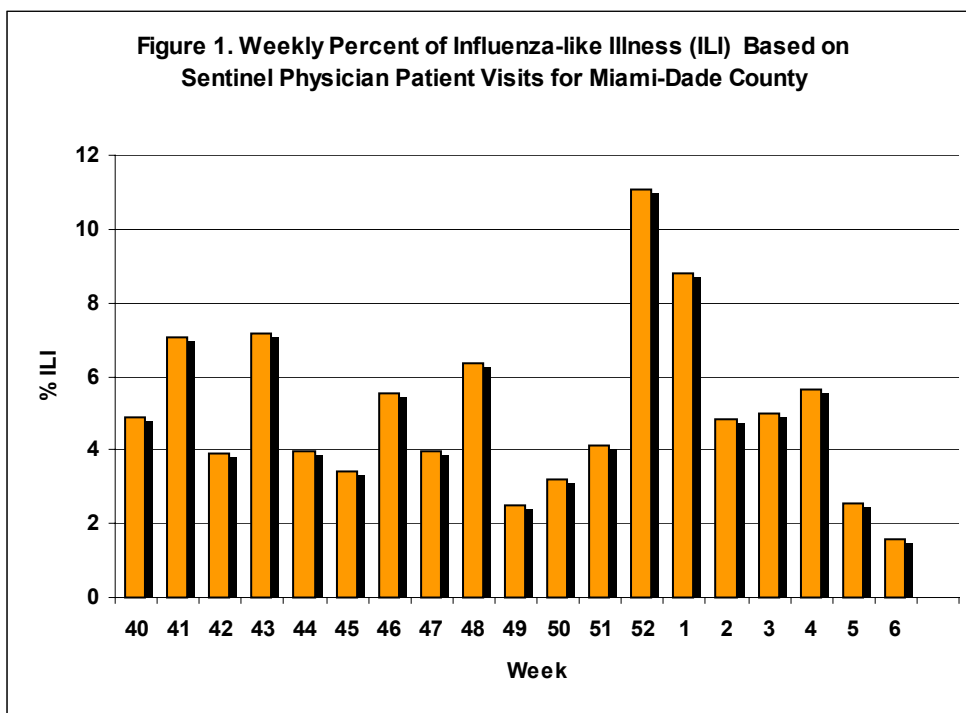
HIV/AIDS Program (305) 377-7400

STD Program (305) 325-3242

Tuberculosis Program (305) 324-2462

Special Immunization Program (305) 376-1976

Nights, weekends, and holidays (305) 377-6751



Note: The weekly percentage is based on an average of 315 patient visits per week

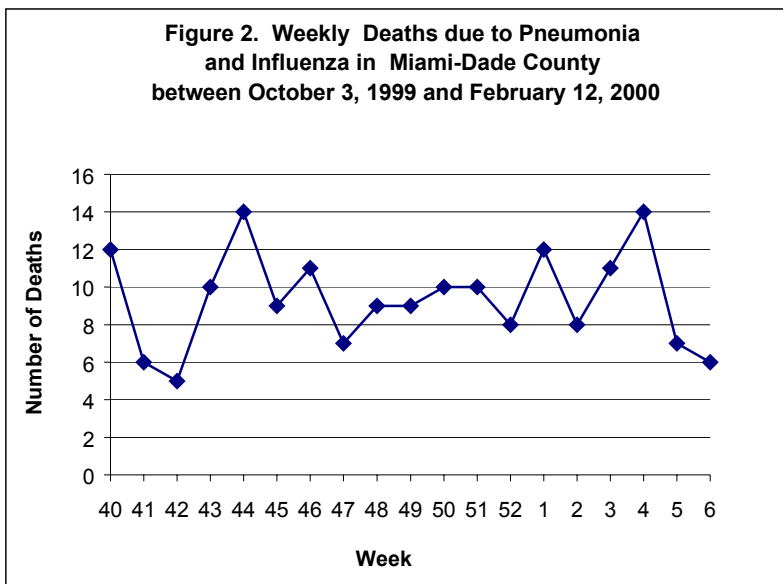


Table 1. Weekly Deaths due to Pneumonia and Influenza by Age Groups between October 3, 1999 and February 12, 2000, Miami-Dade County

Period (week)	<1	1-14	15-24	25-44	45-64	65-74	75-84	85+	Unknown	Total
10/03-10/09 (40)						4	3	5		12
10/10-10/16 (41)				1	1		3	1		6
10/17-10/23 (42)				1	1	2		1		5
10/24-10/30 (43)		1			1	3	3	2		10
10/31-11/06 (44)			1		5	4	4			14
11/07-11/13 (45)						1	5	3		9
11/14-11/20 (46)			1	1	1	1	2	5		11
11/21-11/27 (47)							3	4		7
11/28-12/04 (48)				2	1		3	3		9
12/05-12/11 (49)				2	1	1	1	4		9
12/12-12/18 (50)				2			4	4		10
12/19-12/25 (51)						4	1	5		10
12/26-01/01 (52)				1	3		1	3		8
01/02-01/08 (1)	1				2	2	2	5		12
01/09-01/15 (2)					2	1	3	2		8
01/16-01/22 (3)					2	1	4*	4		11
01/23-01/29 (4)				2	1	2**	6	4		14
01/30-02/05 (5)					2		1	4		7
02/06-02/12 (6)						2	2	2		6
Total	1	1	2	12	23	28	51	61		178

*: included 1 influenza death **: included 1 influenza death