

Vaccine-Preventable Disease Surveillance Report

May 2019



Hepatitis A



- **Hepatitis A activity increased from last month** and has been above the previous 5-year average since April 2018.
- 385 cases were reported in May.
- Drug use was the most commonly reported risk factor.

Pertussis



- **Pertussis activity increased from last month** and was below the previous 5-year average.
- 31 cases and no outbreaks were reported.
- Incidence remained highest among infants <1 year old.

Mumps



- **Mumps activity increased in May.**
- 23 cases and one outbreak were reported.
- Incidence was highest among adults 19 years of age and older.

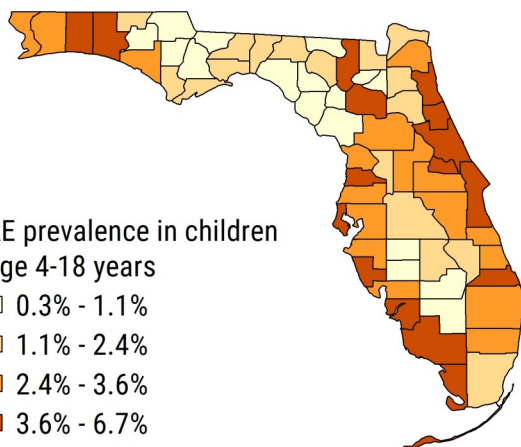
Varicella



- **Varicella activity increased from last month** and was above the previous 5-year average.
- 99 cases and no outbreaks were reported.
- Incidence was highest among infants <1 year old.



For all vaccine-preventable diseases, timely and complete vaccination is the best way to prevent infection. Although vaccinated individuals can still become infected with diseases like pertussis or varicella, in general, those who have received at least 1 dose of vaccine have less severe outcomes than those who have never been vaccinated for the disease.



Unvaccinated children are at increased risk of vaccine-preventable diseases like measles, pertussis, and varicella. Communities with a higher proportion of religious exemptions (REs) to vaccination are at increased risk of vaccine-preventable disease transmission.

The proportion of children age 4 to 18 years with new REs is increasing each month. Statewide, the estimated prevalence of REs among children age 4 to 18 years old is 3.1% with **individual counties ranging from 0.3% to 6.7%.** In May 2018, the statewide prevalence was 2.7%, and the prevalence has gradually increased each month since.

To learn more about REs at the local level, please visit [FloridaHealth.gov/REmap](https://www.floridahealth.gov/REmap).

All REs are required to be entered into Florida SHOTS (State Health Online Tracking System), Florida's statewide immunization registry. The map above includes REs registered in Florida SHOTS through May 31, 2019.

Posted June 6, 2019 on the Bureau of Epidemiology (BOE) website: [FloridaHealth.gov/VPD](https://www.floridahealth.gov/VPD)

Produced by the BOE, Florida Department of Health

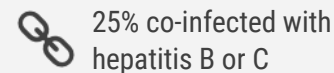
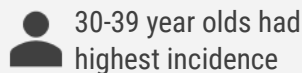
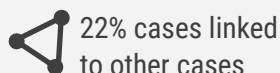
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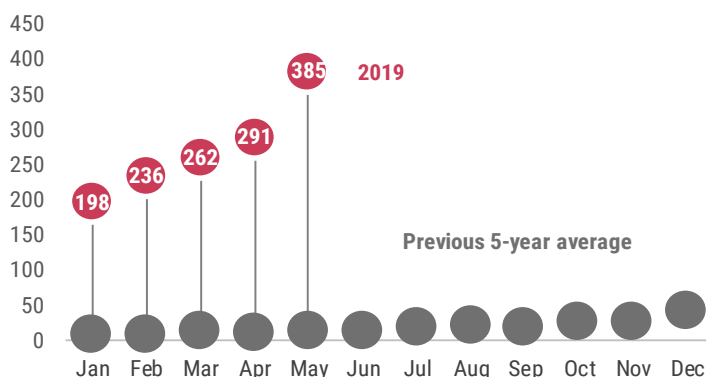
Hepatitis A Surveillance

May 2019

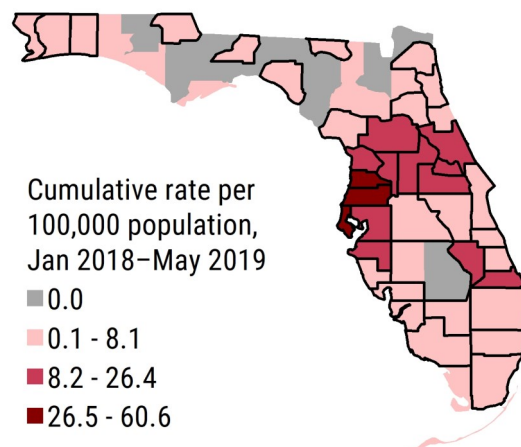
2018-To-Date Key Points



The number of reported hepatitis A cases steadily increased each month since April 2018 and remained above the previous 5-year-average in May 2019. The number of cases reported in May increased from the previous month. ▼

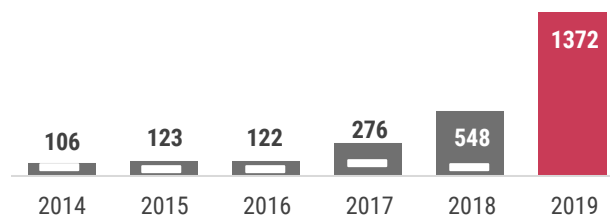


The 385 hepatitis A cases in May were reported in the **38 counties outlined in black**. The central Florida region had the highest hepatitis A activity levels. Since January 1, 2018, 98% of cases have likely been acquired locally in Florida. ▼



From January 1, 2019 through May 31, 2019, 1,372 hepatitis A cases were reported. ►

The number of reported hepatitis A cases more than doubled from 2016 to 2017 after remaining relatively stable in previous years. Case counts in May 2019 are higher than those seen in May of previous years, as noted by the white bar in the figure.



97%

never vaccinated

The best way to prevent hepatitis A infection is through vaccination. Since January 1, 2018, 97% of people with hepatitis A had never received a documented dose of hepatitis A vaccine. In May 2019, 98% of infected people had not received the vaccine. Since 2006, hepatitis A vaccine has been recommended for all children at age 1 year. Hepatitis A vaccine is also recommended for certain high-risk groups of adults including illegal drug users, persons experiencing homelessness, and men who have sex with men. To learn more about the hepatitis A vaccine, talk to your doctor or visit: www.CDC.gov/Vaccines/HCP/VIS/VIS-Statements/Hep-A.html.

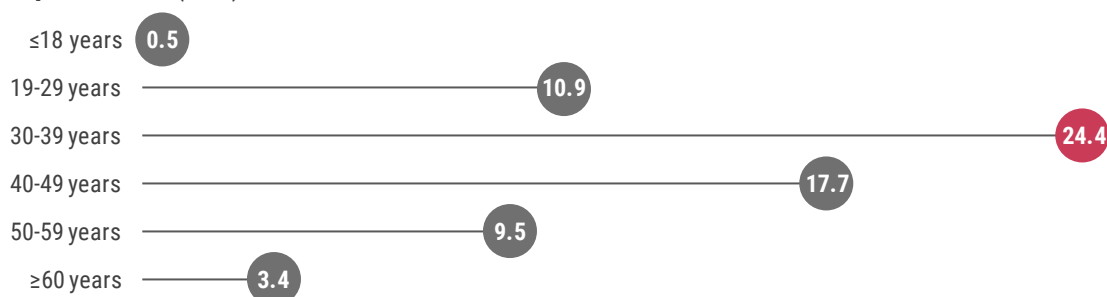


From January 2018 to May 2019, **430 (22%)** of 1,920 total cases of hepatitis A were **epidemiologically (epi) linked to other cases**. In May 2019, 22% of cases were linked to other cases.

In May 2019, 25% of relationships were household contact, 28% sexual contact, 25% personal contact, and 23% other/unknown contact.



Since January 1, 2018, the incidence rate was highest among **adults aged 30-39 years old at 24.4 cases per 100,000 population**. In May 2019, the incidence rate was highest among adults aged 30-39 years old at 4.9 cases per 100,000 population. Since January 1, 2018, cases were reported primarily among **men (66%)** and persons who identify as **non-Hispanic white (92%)**.



Since January 1, 2018, **27 (1%) cases were co-infected with chronic hepatitis B**, **403 (21%) cases were co-infected with chronic hepatitis C**, and **51 (3%) cases were co-infected with both chronic hepatitis B and C**. In May 2019, 97 (25%) cases were co-infected with chronic hepatitis B or C. Co-infection with more than 1 type of viral hepatitis can lead to more severe liver disease and increase the risk of developing liver cancer.



National activity

Hepatitis A rates have decreased by more than 95% since the first vaccine became available in 1995. However, since March of 2017, the Centers for Disease Control and Prevention has been monitoring outbreaks in 15 states among persons who use drugs and persons who are experiencing homelessness. Kentucky and West Virginia have been the most heavily impacted, and response efforts are ongoing. More information about these outbreaks can be found here: www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm

Hepatitis A surveillance goals

- Identify and control outbreaks and monitor trends
- Identify and mitigate common sources
- Monitor effectiveness of immunization programs and vaccines

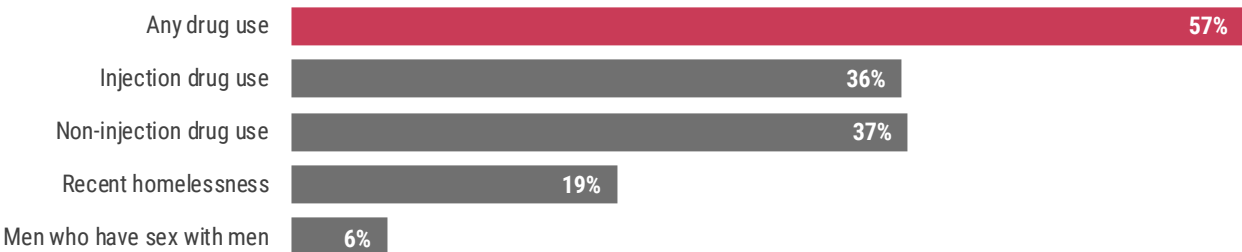
To learn more about hepatitis A, please visit FloridaHealth.gov/HepA. For more information on the data sources used in Florida for hepatitis A surveillance, see the last page of this report.

Statewide Response to the Increase in Hepatitis A Cases

Several Florida counties have experienced ongoing local transmission of hepatitis A since 2017. Since January 1, 2018, 98% of Florida’s cases (n=1,876) have likely been acquired in Florida. Cases likely acquired in Florida share several common risk factors including drug use (both injection and non-injection drugs), identifying as men who have sex with men, and recently experiencing homelessness. **Individuals with any of these risk factors should receive the hepatitis A vaccine, and health care providers are encouraged to actively offer the hepatitis A vaccine to individuals at risk. Vaccination is the best way to prevent hepatitis A infection.**

For additional information, please see the health advisory issued by the Florida Department of Health in November 2018, available at: [FloridaHealth.gov/about-the-department-of-health/about-us/sunshine-info/advisories/_documents/112818-fl-hav-advisory-11-26-lws-edits-all-accepted-eo-format-final.pdf](https://www.floridahealth.gov/about-the-department-of-health/about-us/sunshine-info/advisories/_documents/112818-fl-hav-advisory-11-26-lws-edits-all-accepted-eo-format-final.pdf).

Over half (62%) of the 1,876 cases likely acquired in Florida since January 1, 2018 reported at least one of the risk factors below, while 38% reported no or unknown risk factors. The most commonly identified risk factor was **drug use**, reported by 1,062 (57%) cases. Non-injection (37%) and injection (36%) were both common forms of drug use. Recent homelessness, reported by 19% of cases, was also a risk factor.



Hepatitis A infections can be severe, leading to inpatient hospitalization and sometimes death. Since January 1, 2018, 1,353 (72%) cases likely acquired in Florida have been hospitalized because of their hepatitis A infection, and 21 cases have died as a direct result of hepatitis A infection.

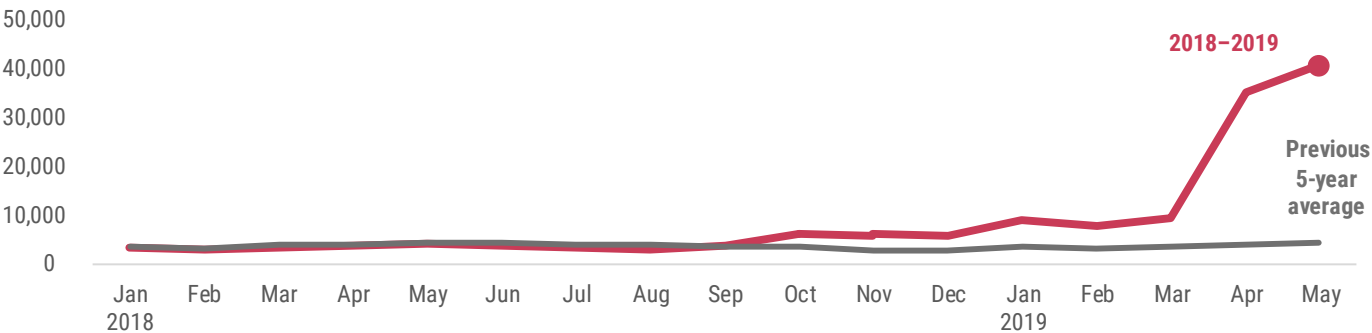
72%

hospitalized

21

deaths


The Florida Department of Health is actively working to vaccinate those most at risk for hepatitis A infection. In recent months, **the number of first doses of hepatitis A vaccine administered by both private providers and county health departments to adults age 18 years and older, as recorded in Florida SHOTS**, remained well above the previous 5-year-average. Since October 2018, an additional 93,203 doses were administered compared to previous years. **Vaccination is the best way to prevent hepatitis A infection.**





Pertussis Surveillance


May 2019


May Key Points

 31 cases

 0 outbreaks

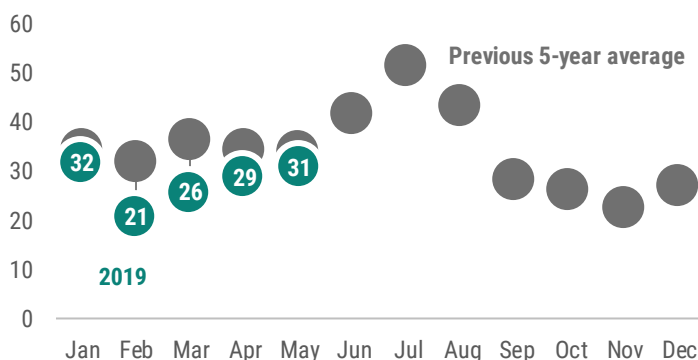
 Average of 3 contacts per case

 <1 year olds had highest incidence

 55% cases not up-to-date or unknown vaccination status



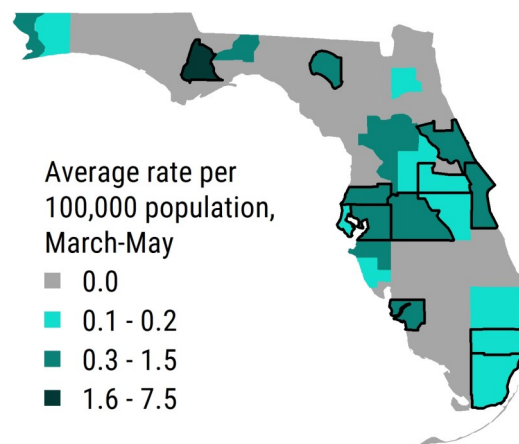
The number of pertussis cases reported in May increased from the previous month and was below the previous 5-year average. In general, more pertussis cases are reported during the summer months. ▼



From January 1, 2019 through May 31, 2019, 139 pertussis cases were reported in 28 counties. ►

Since 2015, the number of pertussis cases reported annually remained stable. Pertussis is cyclic in nature, with peaks in disease every 3-5 years. Pertussis cases last peaked between 2013 and 2014. Case counts in May 2019 are similar to those seen in May of previous years, as noted by the white bar in the figure.

The 31 pertussis cases in May were reported among the 10 counties outlined in black. From March through May 2019 the average county rate has varied throughout the state. ▼



In May, 11 (35%) of 31 total pertussis cases were associated with transmission within households and no cases were outbreak-associated. For most pertussis cases, exposure to other known cases is never identified, and they are not able to be linked to outbreaks.

Household-associated Outbreak-associated Total cases

May 2019

11

31

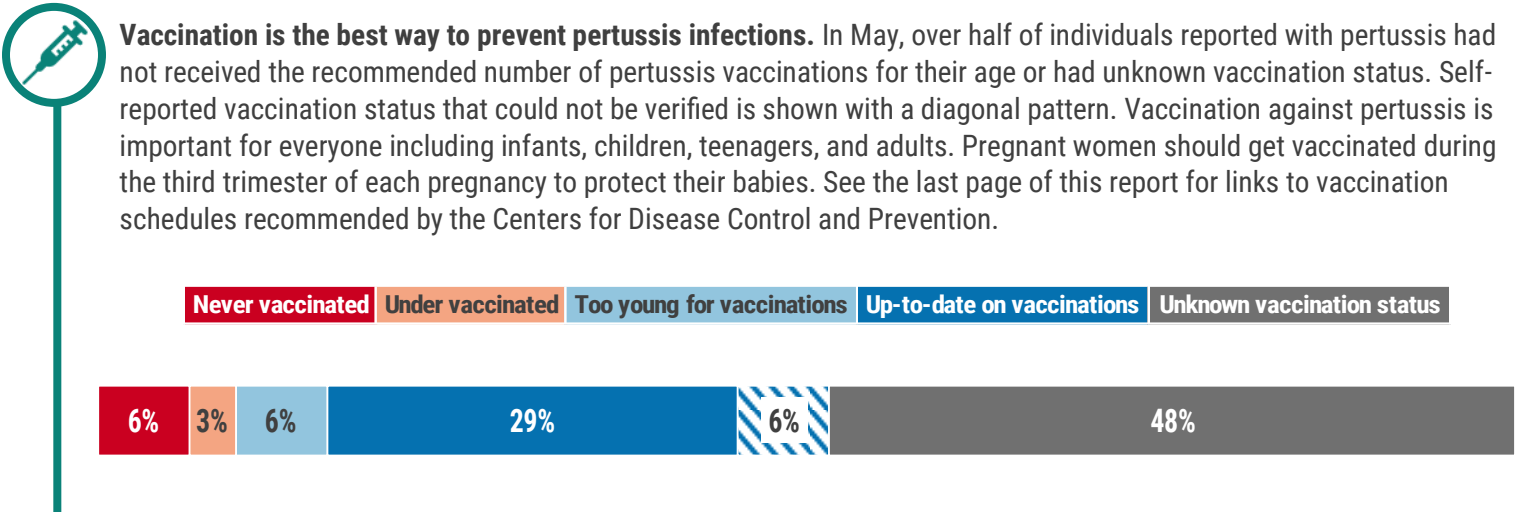
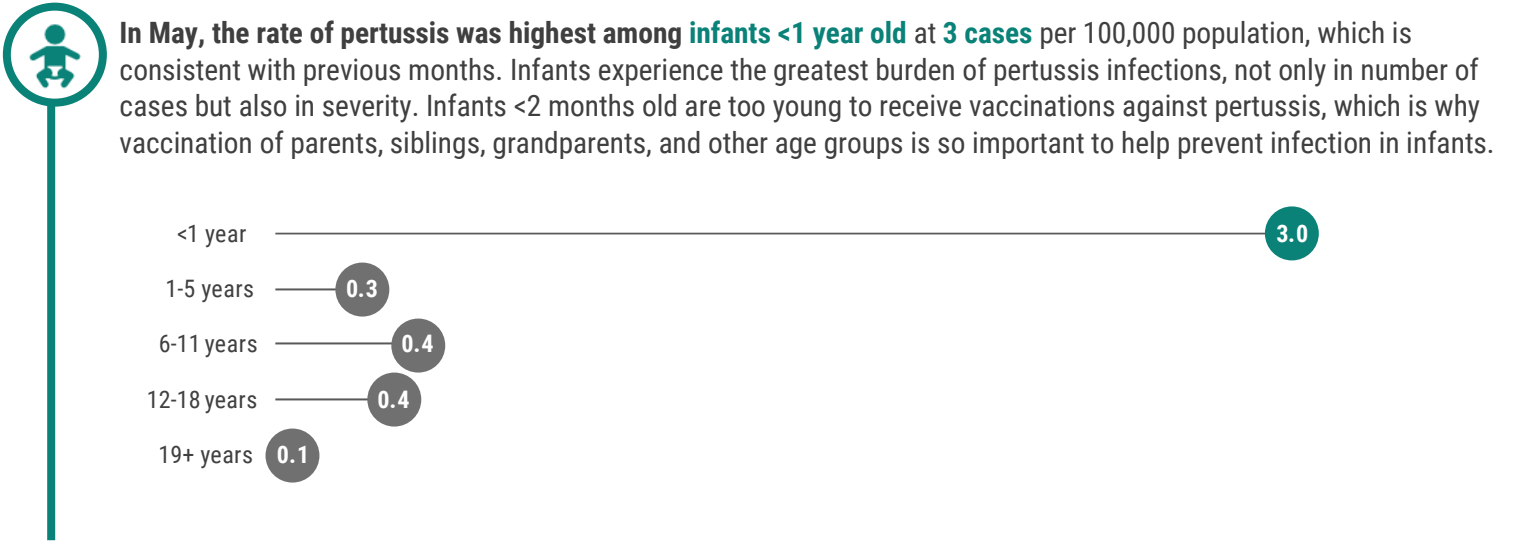
Prev 3 Mo Avg Feb-Apr

5

25

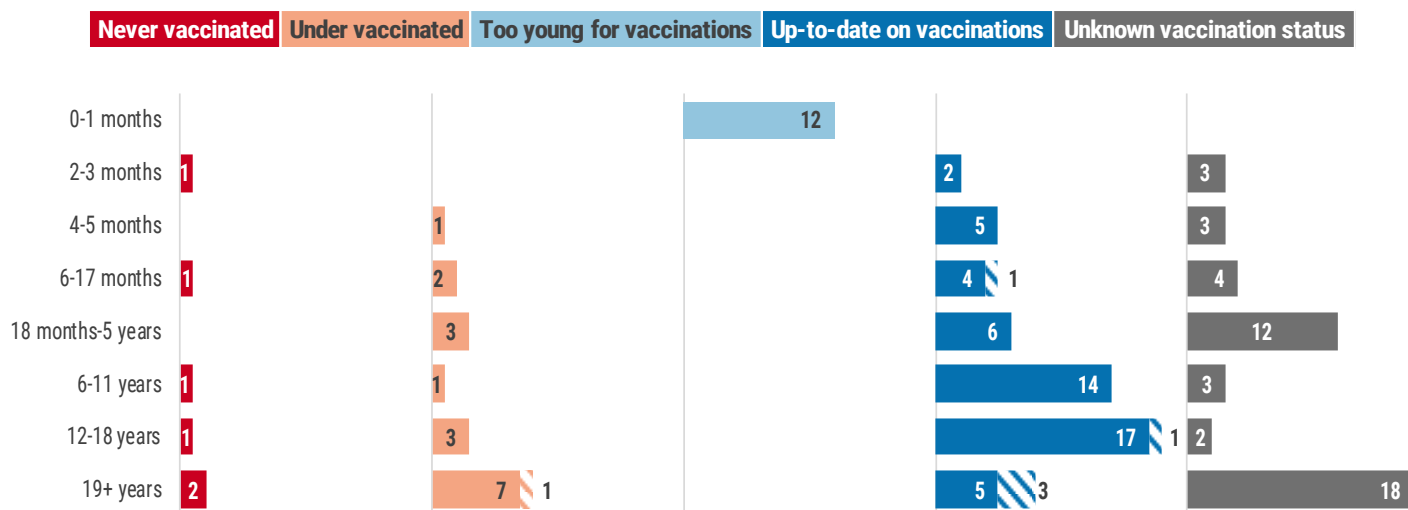
No pertussis outbreaks were reported in May.

So far in 2019, a total of four pertussis outbreaks have been reported in school settings.





In 2019, almost all of adults aged 19 years and older with pertussis were not up-to-date on their pertussis vaccinations or had unknown vaccination status. **In general, those who have received at least 1 pertussis vaccination have less severe outcomes than those who have never been vaccinated.** Self-reported vaccination status that could not be verified is shown with a diagonal pattern.



National activity

The number of pertussis cases gradually increased since the 1980s, peaking in 2012 at levels not seen since the 1950s. Since 2012, the number of pertussis cases started gradually decreasing. Pertussis incidence has remained highest among infants <1 year old and lowest among adults ≥20 years old since the 1990s.

Pertussis surveillance goals

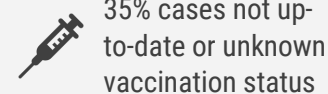
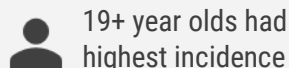
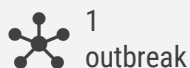
- Identify cases to limit transmission in settings with infants or others who may transmit pertussis to infants
- Identify and prevent outbreaks
- Identify contacts of cases and recommend appropriate prevention measures, including exclusion, antibiotic prophylaxis, and immunization
- Monitor the effectiveness of immunization programs and vaccines

To learn more about pertussis, please visit [FloridaHealth.gov/Pertussis](https://www.floridahealth.gov/Pertussis). For more information on the data sources used in Florida for pertussis surveillance, see the last page of this report.

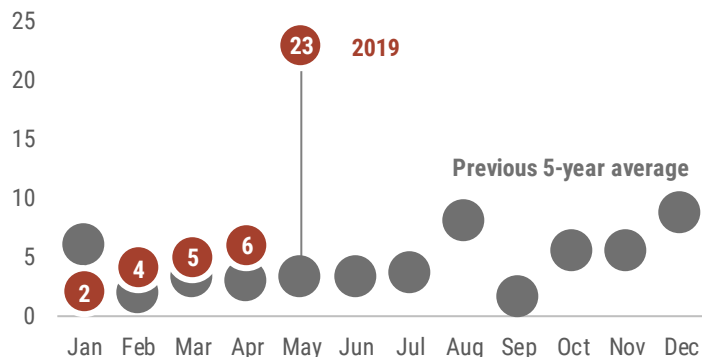
Mumps Surveillance

May 2019

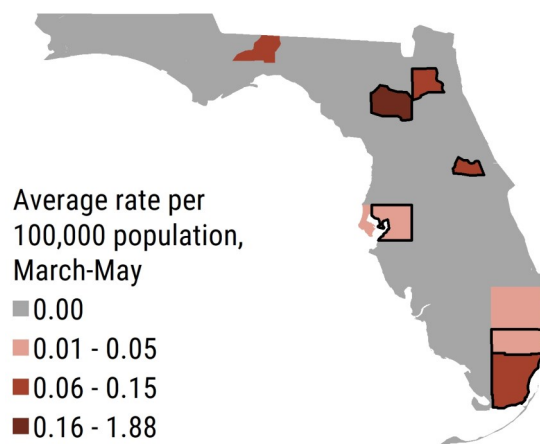
May Key Points



The number of mumps cases reported in May increased from last month and was above the previous 5-year average. ▼

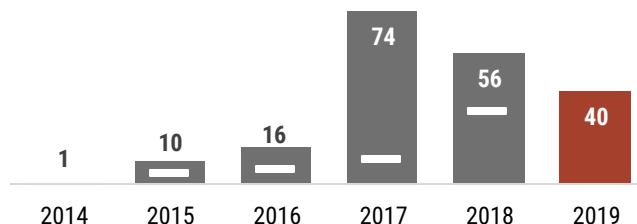


The 23 mumps cases in May were reported among the **6 counties outlined in black**. From March through May 2019 the average county rate varied throughout the state. ▼



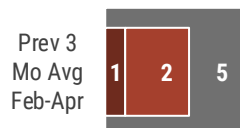
From January 1, 2019 through May 31, 2019, 40 mumps cases were reported in 9 counties. ►

The annual number of reported mumps cases increased in 2017 and 2018. Case counts in May 2019 are similar to those seen in May 2018, but higher than those seen in May of previous years, as noted by the white bar in the figure.



In May, 17 (74%) of 23 total cases were outbreak-associated. For most mumps cases, exposure to other known cases is never identified, and they are not able to be linked to outbreaks.

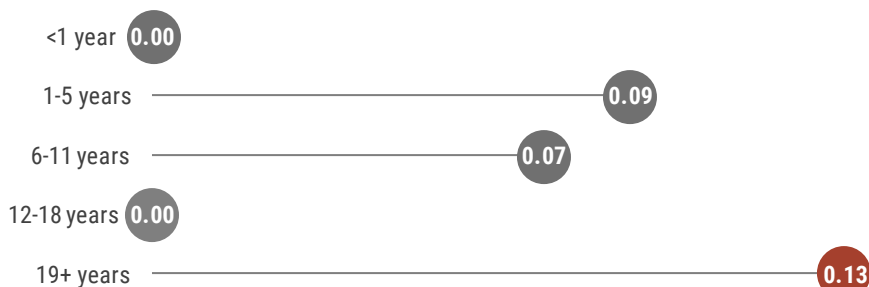
Household-associated Outbreak-associated Total cases



One mumps outbreak was reported in May. The outbreak occurred in a university setting, with a total of 18 cases as of May 31, 2019. The investigation is still ongoing.

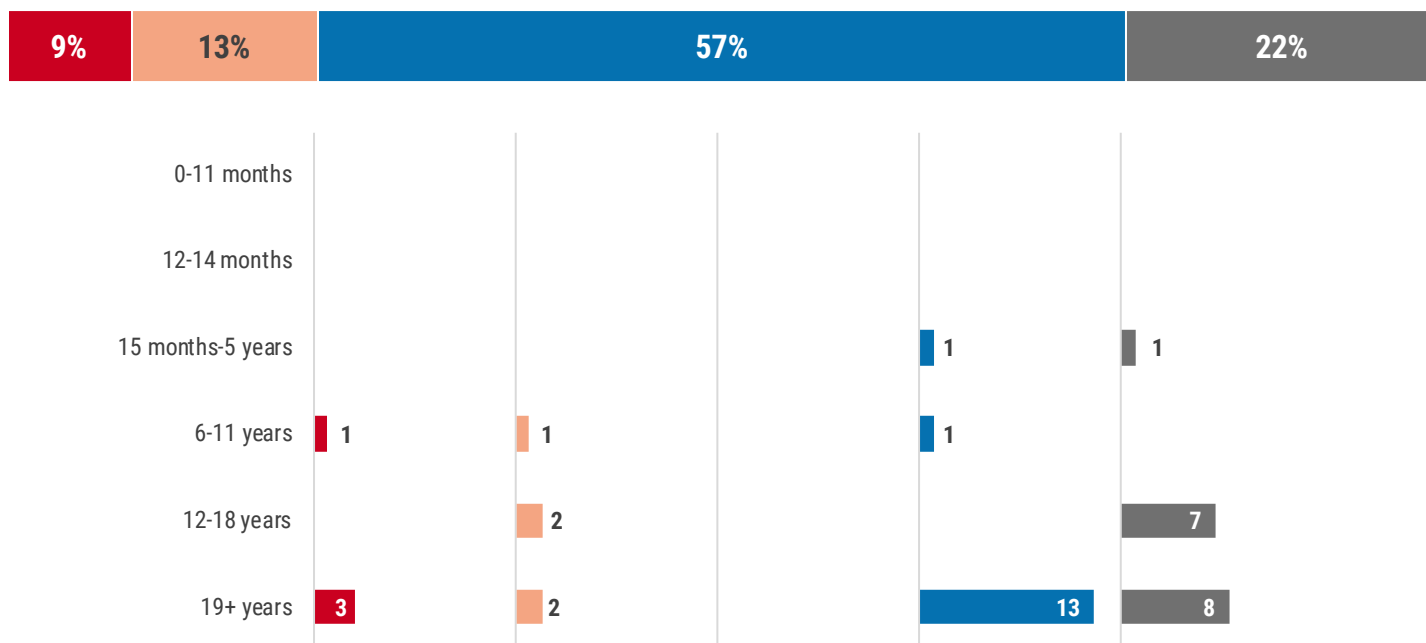


In May, the mumps rate was highest among those **19 years old and older** at **0.13 cases** per 100,000 population. The increased rate in this age group is largely reflective of the outbreak reported in a setting serving adults in May 2019.



Vaccination is the best way to prevent mumps infections. Vaccination against mumps is important for infants, children, teenagers, and adults. See the last page of this report for links to the Center for Disease Control and Prevention (CDC) recommended vaccination schedules. Although individuals who have been vaccinated can still get mumps, **complete and timely vaccination remains the best way to prevent mumps and severe complications.**

Never vaccinated Under vaccinated Too young for vaccinations Up-to-date on vaccinations Unknown vaccination status



National activity

Since 1989 when the two dose vaccination program was introduced, the number of mumps cases has fluctuated from a few hundred to a few thousand per year. About half of the outbreaks reported since 2016 have been associated with colleges and universities, primarily affecting young adults. The Advisory Committee on Immunization Practices recommends a third mumps virus-containing vaccine for certain populations identified by public health authorities as being at increased risk of mumps because of an outbreak. To learn more, please visit www.cdc.gov/mmwr/volumes/67/wr/mm6701a7.htm.

Mumps surveillance goals

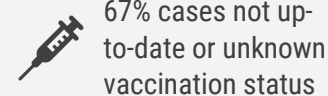
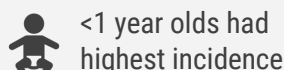
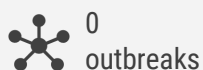
- Prevent transmission and severe disease
- Initiate control measures
- Monitor effectiveness of immunization programs and vaccines

To learn more about measles, please visit FloridaHealth.gov/Mumps. For more information on the data sources used in Florida for mumps surveillance, see the last page of this report.

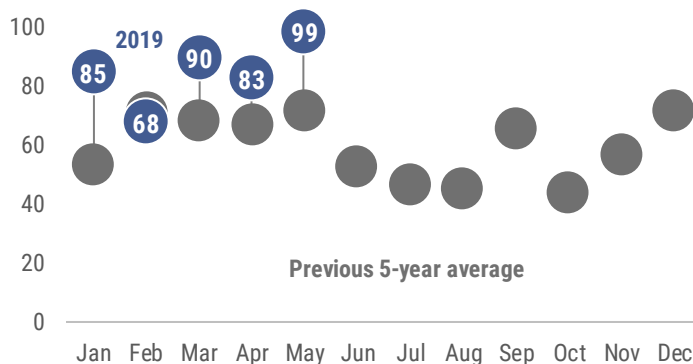
Varicella Surveillance

May 2019

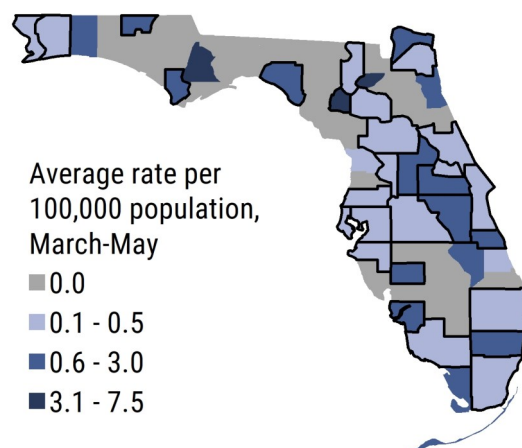
May Key Points



The number of varicella cases reported in May increased from last month and was above the previous 5-year average. In general, more varicella cases are reported during the late winter and summer months. ▼

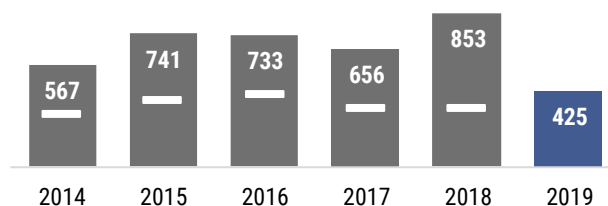


The 99 varicella cases in May were reported among the **30 counties outlined in black**. From March through May 2019 the average county rate varied throughout the state. ▼



From January 1, 2019 through May 31, 2019, 425 varicella cases were reported in 47 counties. ►

The annual number of reported varicella cases decreased from 2015 to 2017. Case counts in May 2019 are similar to those seen in May of previous years, as noted by the white bar in the figure.



In May, 21 (21%) of 99 total cases were associated with transmission within households and no cases were outbreak-associated. For most varicella cases, exposure to other known cases is never identified, and they are not able to be linked to outbreaks.

Household-associated | Outbreak-associated | Total cases



No varicella outbreaks were reported in May.

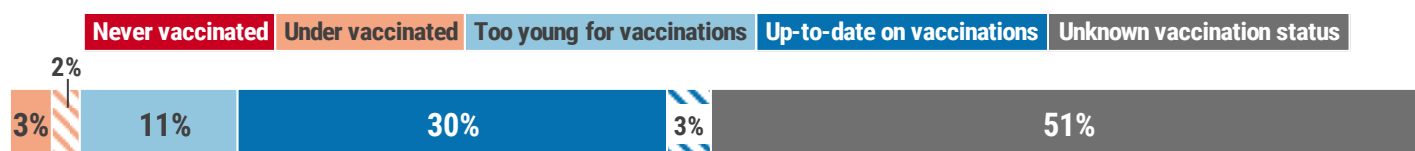
So far in 2019, no varicella outbreaks have been reported.



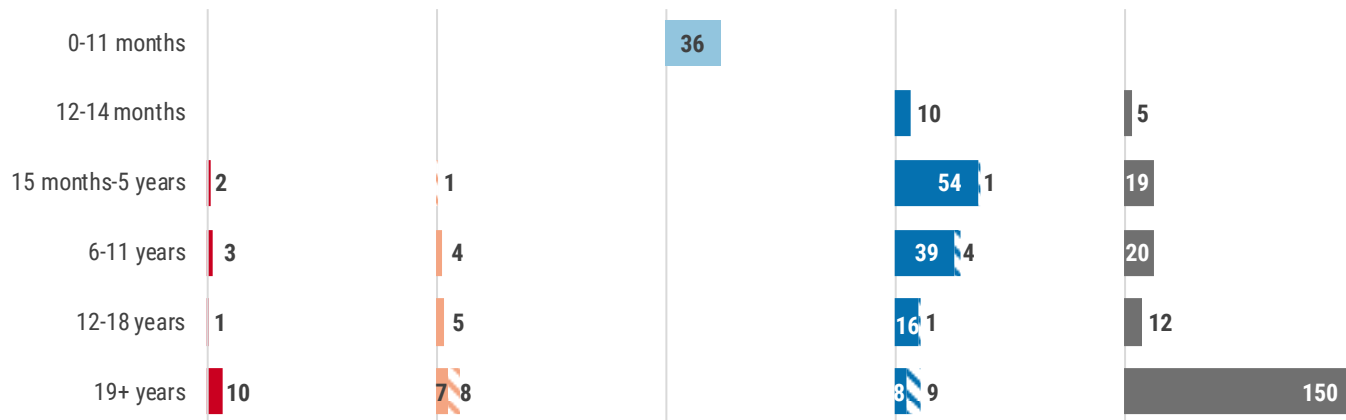
In May, the varicella rate was highest among infants <1 year old at 4.8 cases per 100,000 population, which is consistent with previous months. Infants <1 year old are too young to receive varicella vaccination, which is why vaccination of siblings, parents, grandparents, and other age groups is so important to help prevent infection in infants.



Vaccination is the best way to prevent varicella infections. In May, over half of individuals reported with varicella had not received the recommended number of varicella vaccinations for their age or had unknown vaccination status. Self-reported vaccination status that could not be verified is shown with a diagonal pattern. Vaccination against varicella is important for infants, children, teenagers, and adults. See the last page of this report for links to the Center for Disease Control and Prevention (CDC) recommended vaccination schedules.



In 2019, the majority of adults aged 19 years and older with varicella were not up-to-date on their varicella vaccinations or had unknown vaccination status. Although individuals who have been vaccinated can still get varicella, **complete and timely vaccination remains the best way to prevent varicella and severe complications.** Self-reported vaccination status that could not be verified is shown with a diagonal pattern.



National activity

Varicella incidence decreased significantly following the vaccine becoming available in 1995 and has continued to decrease since 2006 when recommendations changed from 1 to 2 doses of varicella vaccine. From 2006 to 2015, all age groups had a substantial decrease in incidence with the largest decline in children aged 5 to 14 years. Although varicella is not reported to the CDC by all states, based on available data, the number of varicella cases nationally has steadily decreased each year from 2012 to 2015.

Varicella surveillance goals

- Identify and control outbreaks and monitor trends and severe outcomes
- Monitor effectiveness of immunization programs and vaccines

To learn more about varicella, please visit [FloridaHealth.gov/Varicella](https://www.floridahealth.gov/Varicella). For more information on the data sources used in Florida for varicella surveillance, see the last page of this report.

Vaccine-Preventable Diseases Surveillance System Summary

Case Data

- Current case data are preliminary and will change as new information is gathered. The most recent data available are displayed in this report.
- Pertussis, varicella, mumps, and hepatitis A are reportable diseases in Florida. Case information is documented by county health department (CHD) epidemiologists in Merlin, Florida's reportable disease surveillance system.
- Only Florida residents are included in case counts, but contact investigations are conducted for all exposed individuals.
 - Pertussis, varicella, mumps, and hepatitis A case counts include both confirmed and probable cases.
- Map counts and rates are determined by the individual's county of residence; these data do not take into account location of exposure.
- CHD epidemiologists also report outbreaks of pertussis, varicella, mumps, and hepatitis A into Merlin.
 - Household-associated cases are defined as ≥ 2 cases exposed within the same household.
 - Pertussis and mumps outbreaks are defined as ≥ 2 cases associated with a specific setting outside of a household.
 - Varicella outbreaks are defined as ≥ 5 cases associated with a specific setting outside of a household.
 - Measles outbreaks are defined as any person acquiring measles while in Florida.
- For more information about reportable diseases, please visit [FloridaHealth.gov/DiseaseReporting](https://www.floridahealth.gov/disease-reporting).
- For more information about Florida's guides to surveillance and investigation, including disease-specific surveillance case definitions, please visit [FloridaHealth.gov/GSI](https://www.floridahealth.gov/GSI).

Population Data

- Population data from 2019 used to calculate incidence rates are from FLHealthCHARTS (Community Health Assessment Resource Tool Set).
- For more information about FLHealthCHARTS, please visit [FLHealthCharts.com](https://www.flhealthcharts.com).

Vaccination Data

- Vaccination data for identified cases are from Merlin, as documented by CHD staff.
- Vaccination status is determined using the Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, 2018.
- For more information about immunization schedules, please visit www.CDC.gov/Vaccines/Schedules/index.html.
- Individuals are considered up-to-date on vaccinations if they have received the recommended number of doses of vaccine for a particular disease for their age at the time of their illness onset. Individuals are considered under-vaccinated if they have received at least one but not all doses of vaccine recommended for a particular disease for their age at the time of their illness onset.
- For a full text version of a new study on pertussis vaccination, please visit www.CIDID.org/Publications-1/2018/3/29/The-Impact-of-Past-Vaccination-Coverage-and-Immunity-on-Pertussis-Resurgence.