FLORIDA DEPARTMENT OF HEALTH NASSAU COUNTY

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EPIGRAM

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HEPATITIS A OUTBREAK

Florida Outbreak Update[1]

From January 1, 2018 through April 30, 2019, there were 1,537 hepatitis A cases reported in Florida. Nearly all (1,496 cases, 97%) have likely been acquired in Florida. **In April 2019, 293 cases were reported in 31 Florida counties, with the highest activity levels in central Florida** (Fig. 1).

From January 2018 to April 2019, 21% of hepatitis A cases were epidemiologically (epi) linked to other cases. Epi-link relationships include household contact, sexual contact, personal contact, and other or unknown contact. The incidence rate was highest among adults aged 30-39 years (19.5 cases per 100,000 population). Cases have been reported primarily among men (66%) and persons who identify as non-Hispanic white (93%). Twenty-five percent of cases have been co-infected with chronic hepatitis B, chronic hepatitis C, or both.

Of the 1,496 cases likely acquired in Florida from January 2018 through April 2019, 60% reported at least one risk factor while 40% reported no or unknown risk factors. **The most commonly identified risk factor was any drug use, reported by over half of cases** (Table 1). Since January 2018, 73% of hepatitis A cases likely acquired in Florida have been hospitalized due to their hepatitis A infection, and 18 cases have died as a direct result of hepatitis A infection.

Hepatitis A Rates in Florida

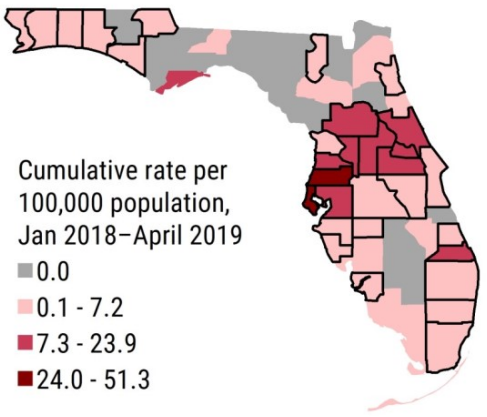

Figure 1. Cumulative hepatitis A rates in Florida by county. The 293 hepatitis A cases in April 2019 were reported in the 31 counties outlined in black.

Risk Factor	Percent of Cases
Any drug use	54%
Injection drug use	34%
Non-injection drug use	35%
Recent homelessness	18%
Men who have sex with men	7%

Table 1. Risk factors reported by hepatitis A cases likely acquired in Florida, Jan. 2018 to April 2019.

DISEASE REPORTING

Phone
(904) 875-6100

Confidential Fax Line
(904) 428-5630

After Hours Line
(904) 813-6801

Bureau of Epidemiology
24 Hour Reporting Line
(850) 245-4401

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Fernandina Beach, FL 32034
(904) 557-9130

Callahan Clinic
45377 Mickler Street
Callahan, FL 32011
(904) 320-6010

Yulee Clinic
86014 Pages Dairy Road
Yulee, FL 32097
(904) 875-6110

Hilliard Clinic
37203 Pecan Street
Hilliard, FL 32046
(904) 320-6020

Nassau County Response

The Florida Department of Health in Nassau County (DOH-Nassau) has set up an incident management team to manage hepatitis A immunization and mobilization response. The local county response includes a targeted vaccination campaign to promote herd immunity in high-risk individuals and prevent transmission to the general population. DOH-Nassau is working with local partners to identify high-risk individuals in the community and administer vaccine, continue routine disease surveillance efforts, and will provide hepatitis A prevention education to high-risk groups and the general community. Since December 1, 2018, DOH-Nassau has administered 79 doses of hepatitis A vaccine to high-risk individuals. On April 24th, two DOH-Nassau nurses conducted a vaccination POD (point of dispensing) at the Nassau County Jail and Detention Center, providing hepatitis A vaccination to 10 inmates and one staff member. Additional PODs are being planned to reach other high-risk groups in the community.

Vaccination is the best way to prevent hepatitis A infection. Individuals with risk factors for hepatitis A infection (injection and non-injection drug use, recently experiencing homelessness, and identifying as men who have sex with men) should receive the hepatitis A vaccine. **Providers are encouraged to actively offer the hepatitis A vaccine to individuals at risk.** Other individuals, such as travelers, may access hepatitis A vaccine through pharmacies or travel clinics in our community. No recent cases of hepatitis A have been reported in Nassau County. Hepatitis A cases should be reported to DOH-Nassau by phone immediately 24 hours a day, seven days a week following an indicative or confirmatory test result, finding, or diagnosis.

[1]Florida Department of Health. Hepatitis A Surveillance April 2019. http://www.floridahealth.gov/diseases-and-conditions/vaccine-preventable-disease/hepatitis-a/surveillance-data/_documents/2019-april-hepatitis-a-summary.pdf

ARBOVIRUS SURVEILLANCE

Sentinel Chicken Program

DOH-Nassau began the annual arthropod-borne virus (arbovirus) surveillance program this month. In partnership with the Nassau County Volunteer Fire Department, Nassau County Commissioners, and Amelia Island Mosquito Control District, DOH-Nassau maintains six sentinel chicken flocks throughout the county (Fig. 2), which are tested weekly for arbovirus activity throughout the summer. Blood samples from each chicken are tested at the Bureau of Public Health Laboratories (BPHL) in Tampa for West Nile Virus (WNV), Eastern Equine Encephalitis Virus (EEEV), and St. Louis Encephalitis Virus (SLEV). Arbovirus surveillance data are published weekly from May through October and allow DOH-Nassau to monitor risk of mosquito-borne disease throughout the county and state. The weekly arbovirus surveillance report also includes data on human cases of arboviral disease, mosquito testing, and veterinary arbovirus infections. So far all Nassau County sentinel chicken samples submitted to BPHL in 2019 have tested negative.

Arbovirus Surveillance Locations

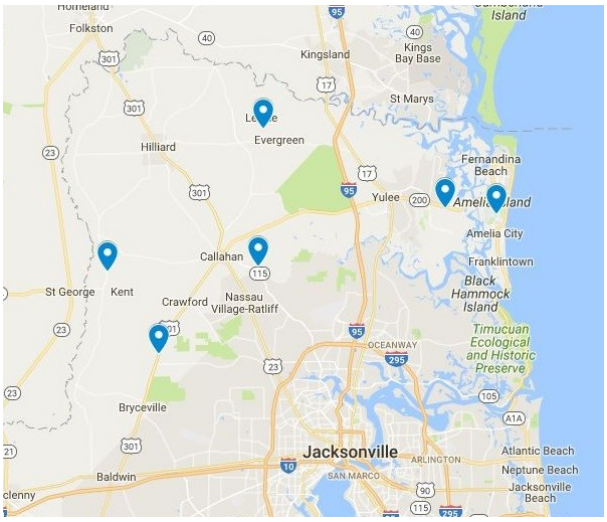

Figure 2. Locations of arbovirus sentinel chicken flocks in Nassau County, 2019.

Arbovirus Reporting and Testing

While the climate in Florida is mosquito friendly throughout the year, disease transmission is more likely during the warmer and humid summer months. **Non-endemic viruses must be reported immediately upon suspicion (yellow fever) or immediately upon suspicion during business hours (Zika, dengue, chikungunya).** Other mosquito-borne diseases endemic to Florida, such as West Nile virus disease, Eastern Equine encephalitis, and St. Louis encephalitis, are reportable by the next business day. Local introduction of one or more non-endemic viruses in Florida has occurred numerous times, when infected travelers were bitten by mosquitoes while in Florida. Prompt reporting of sus-

pect cases helps ensure health department and mosquito control officials are able to rapidly implement mosquito control measures.

Zika, dengue, chikungunya, and yellow fever viruses circulate in many of the same areas of the world. The diseases they cause are often difficult to differentiate clinically and co-infections are possible. Providers should consider all relevant mosquito-borne diseases when evaluating, testing, and managing ill travelers. Testing for Zika, dengue, and chikungunya is available commercially. In addition, testing for Zika, dengue and chikungunya can be requested through DOH-Nassau for suspect local cases or for uninsured patients meeting clinical criteria. Yellow fever testing can be requested through DOH-Nassau for patients meeting clinical criteria.

Flu Surveillance

County influenza and influenza-like illness (ILI) activity

Nassau County reported mild influenza and ILI activity for week 18 (April 28-May 4). The percent of emergency department (ED) visits for ILI among all Nassau County resident ED visits has remained below 2.0% for the past four weeks and is similar to levels observed at this time in previous seasons (Fig. 3).

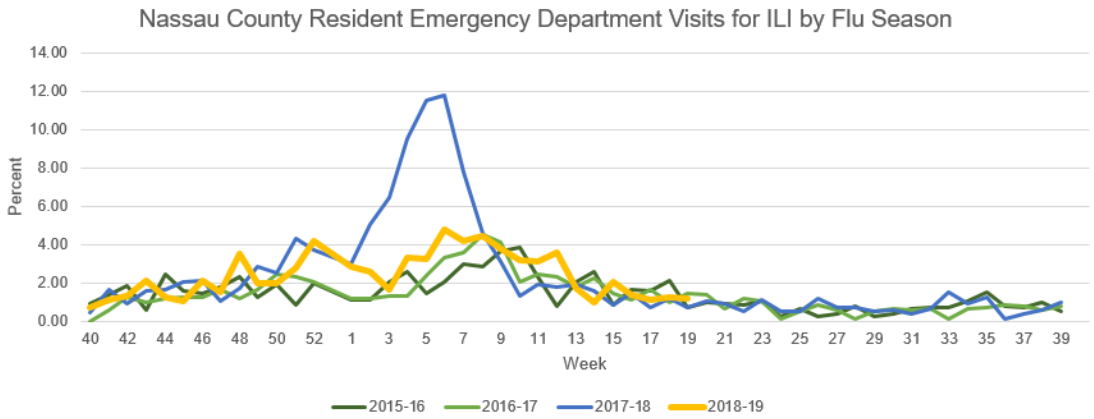

Figure 3. Emergency department visits for ILI by Nassau County residents, 2015-2019. Data source: Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)

State influenza and ILI activity[2]

Influenza and ILI activity in Florida decreased in week 18 and was similar to levels observed at this time in previous seasons. The timing of peak ILI activity varied regionally in Florida, from as early as week 52 (ending December 29, 2018) to as late as week 9 (ending March 2, 2019). Activity has peaked for the season in all regions, but influenza continues to circulate at low levels year round in Florida. Nearly all (65) of Florida's 67 counties reported no influenza activity or mild influenza activity in week 18, with only Orange and Walton counties reporting moderate influenza activity.

A total of 229 respiratory outbreaks have been reported since the influenza season began on September 30, 2018. The most commonly reported outbreak settings were schools/camps (87 outbreaks, 38.0%) and child daycares (62 outbreaks, 27.1%). Several outbreaks were also reported in nursing facilities (28 outbreaks, 12.2%), assisted living facilities (16 outbreaks, 7.0%) and other long-term care facilities (19 outbreaks, 8.3%), As of week 18, four influenza-associated pediatric deaths have been reported in Florida, all in unvaccinated children.

[2]Florida Department of Health. Florida Flu Review. www.floridahealth.gov/floridaflu

Upcoming Events & Trainings

The National HIV Curriculum is a free educational web site from the AIDS Education & Training Center Program National Coordinating Resource Center and the University of Washington. This project is funded by a grant from the Health Resources and Services Administration (HRSA). It is the goal of the National HIV Curriculum to provide ongoing, up-to-date information needed to meet the core competency knowledge for HIV prevention, screening, diagnosis, and ongoing treatment and care to healthcare providers in the United States. Free CME contact hours and CNE credits are offered throughout the site. Pharmacology CE for advanced practice nurses is also available for many activities. To access the National HIV Curriculum visit https://www.hiv.uw.edu/

MEASLES VACCINE RECOMMENDATIONS

So far in 2019, two measles cases have been reported in Florida. Both cases were not known to be vaccinated against measles and had recently traveled to Southeast Asia[3]. Thanks to generally high measles vaccination rates, measles is rare in Florida but occurs every year, mostly associated with international travel. For up to date information on measles and international travel, visit https://www.cdc.gov/measles/travelers.html.

Due to recent media coverage of measles cases and outbreaks, there may be an increase in patient inquiries about measles vaccination. Insured children and adults should access measles, mumps, and rubella (MMR) vaccination through their primary care provider. If your practice does not offer MMR, insured adult patients may be referred to an urgent care center, pharmacy, or travel clinic. Most Nassau County pharmacies and some urgent care centers offer MMR, however patients are encouraged to call ahead to verify availability. Uninsured adult patients who cannot access MMR through a primary care provider, urgent care center, pharmacy, or travel clinic may be referred to DOH-Nassau for a consultation with a clinic nurse to determine vaccination needs. In order to ensure appropriate use of limited vaccine inventory, DOH-Nassau can facilitate access to MMR for uninsured adult patients based on risk and vaccine availability. Uninsured and Medicaid eligible children can access MMR vaccination through a Vaccines for Children (VFC) provider, including DOH-Nassau clinics. Titers to determine immunity should be ordered through an individual's primary care provider. Patients with questions about vaccinations available at DOH-Nassau clinics should call (904) 875-6110 to verify eligibility and service hours before coming to the clinic.

Per CDC Advisory Committee on Immunization Practices, evidence of measles immunity is defined as:

- Documentation of age-appropriate vaccination with a live measles virus-containing vaccine:
  - ◊ preschool-aged children: 1 dose
  - ◊ school-aged children (grades K-12): 2 doses
  - ◊ adults not at high risk: 1 dose

OR,

- Laboratory evidence (measles-specific IgG antibody that is detectable by any commonly used serologic assay), or
- Laboratory confirmation of disease, or
- Persons born before 1957 (i.e., born in 1956 or earlier) are assumed to have immunity

MMR vaccine is recommended for the following, if there is no evidence of immunity:

- Children
- International travelers
- Healthcare professionals
- Women of child-bearing age and are NOT pregnant
- Caretakers and loved ones of immunocompromised people
- People with HIV with CD4 count of > 200 cells/mm^3 for at least 6 months
- Outbreak associated responses

The CDC recommends a second dose (Booster) of MMR vaccine for the following persons:

- Healthcare personnel born in 1957 or later
- Students in postsecondary educational institutions
- International travelers
- Close personal contacts of immunocompromised persons

Revaccination – at least 1 dose of MMR is recommended for those:

- Vaccinated before the 1st birthday
- Vaccinated with a killed measles vaccine
- Vaccinated from 1963-67 with an unknown type of vaccine
- Vaccinated with IG in addition to a further attenuated strain or vaccine of unknown type

The MMR vaccine is contraindicated in:

- Persons with a history of severe allergic reaction to past measles vaccine or to any of the ingredients of the vaccine (i.e., neomycin)
- Pregnant women
- HIV/AIDS with CD4 cell count < 200 cells/mm^3
- Immunosuppression, as determined by a person's healthcare provider

[3]Florida Department of Health. Measles Surveillance April 2019. http://www.floridahealth.gov/diseases-and-conditions/measles/_documents/surveillance-summaries/2019-april-measles-summary.pdf

Disease/condition counts for 2017 and before are final. Disease/condition counts for 2018 and 2019 are preliminary and will change.

APRIL 2019: REPORTED CASES IN NASSAU COUNTY

Confirmed, Probable, and Suspect Cases of Reportable Diseases of Frequent Occurrence with Report Date 04/01/19 to 04/30/19 with Three-Year Period Comparison for Nassau County and Florida

	Nassau County		Florida	
	April 2019	April Average, 2016-2018	April 2019	April Average, 2016-2018
Arsenic Poisoning	0	0.00	0	1.00
Campylobacteriosis	0	0.67	423	323.33
Carbon Monoxide Poisoning	0	0.00	8	20.00
Chlamydia (Excluding Neonatal Conjunctivitis)	28	14.33	8968	8368.00
Ciguatera Fish Poisoning	0	0.00	7	2.33
Creutzfeldt-Jakob Disease (CJD)	0	0.00	2	0.33
Cryptosporidiosis	0	0.00	49	35.00
Cyclosporiasis	0	0.00	3	0.00
Dengue Fever	0	0.33	8	1.67
Ehrlichiosis	0	0.00	3	1.33
Escherichia coli, Shiga Toxin-Producing (STEC) Infection	0	0.00	75	53.00
Giardiasis, Acute	1	0.00	108	94.00
Gonorrhea (Excluding Neonatal Conjunctivitis)	6	5.00	2626	2430.33
Haemophilus influenzae (Invasive Disease in Children <5 Years Old)	0	0.00	2	2.00
Hepatitis A	0	0.00	294	15.00
Hepatitis B, Acute	1	1.33	89	61.33
Hepatitis B, Chronic	1	1.00	471	432.00
Hepatitis B, Pregnant Women	0	0.00	35	33.33
Hepatitis C, Acute	2	0.33	98	31.00
Hepatitis C, Chronic (Including Perinatal)	9	8.00	1845	2065.67
Lead Poisoning Cases in Children <6 Years Old	0	0.00	65	103.33
Lead Poisoning Cases in Those ≥6 Years Old	0	0.00	95	90.67
Legionellosis	0	0.00	61	28.33
Listeriosis	0	0.00	3	4.00
Lyme Disease	0	0.00	9	10.33
Malaria	0	0.00	5	3.00
Meningitis, Bacterial or Mycotic (Excluding *Neisseria meningitidis*)	0	0.00	7	9.33
Pertussis	0	1.67	29	29.00
Pesticide-Related Illness and Injury, Acute	0	0.00	1	2.00
Rabies, Animal	0	0.00	9	5.67
Rabies, Possible Exposure	2	1.33	320	294.67
Salmonellosis	4	2.00	407	346.00
Shigellosis	0	0.00	111	85.67
Streptococcus pneumoniae Invasive Disease, Drug-Resistant	0	0.33	37	20.33
Streptococcus pneumoniae Invasive Disease, Drug-Susceptible	0	0.00	44	44.33
Syphilis (Excluding Congenital)	0	2.33	333	681.67
Syphilis, Congenital	0	0.00	1	6.67
Varicella (Chickenpox)	1	0.00	83	69.33
Vibriosis (Excluding Cholera)	0	0.00	18	13.00
Zika Virus Disease and Infection	0	0.00	14	18.67

Table 2. Confirmed, probable, and suspect case counts for reportable diseases and conditions in Nassau County and Florida in April 2019 with three-year period comparison for Nassau County and Florida.

Disease/condition counts for 2017 and before are final. Disease/condition counts for 2018 and 2019 are preliminary and will change.

HEALTH BULLETINS, ADVISORIES & ALERTS

Press Releases & Public Information

For additional information regarding press releases visit the DOH-Nassau website or Department of Health Online Newsroom at: *http://nassau.floridahealth.gov/* and *http://www.floridahealth.gov/newsroom/*

- Press Release 04/04/19: Florida Department of Health in Nassau County Celebrates National Public Health Week
- Press Release 04/10/19: Florida Department of Health in Nassau County Recruiting Volunteers to Address Senior Health, Teens and Health Disparities
- Press Release 04/29/19: Florida Department of Health in Nassau County Promotes: Take the Reins on Fatherhood!

Healthy and Safe Swimming Week

May 20-26, 2019 is Healthy and Safe Swimming Week. This yearly observance is celebrated the week before Memorial Day. This year's theme is **"Pool Chemistry for Healthy and Safe Swimming."** Healthy and Safe Swimming Week focuses on simple steps swimmers, parents of young swimmers, pool operators, and beach managers can take to help ensure healthy and safe swimming experiences for everyone. It highlights the role that swimmers, parents of young swimmers, aquatics and beach staff, residential pool owners, and public health officials play in preventing outbreaks of illnesses, drowning, and pool chemical injuries.

Image courtesy of https://www.cdc.gov/healthywater/observances/hss-week/index.html

Preventing Disease Outbreaks

Chemicals like chlorine are added to pool water to kill germs and stop them from spreading, helping to keep swimmers healthy. However, mishandling pool chemicals can cause injuries. Operators of public pools, hot tubs/spas, or water playgrounds and owners of residential pools or hot tubs/spas can take steps to prevent pool chemical injuries, such as reading and following directions on product labels of pool chemicals before using them.

Swimmers and parents of young swimmers can also promote healthy and safe swimming through pool chemistry. When swimmers don't shower before getting in pools, hot tubs/spas, or water playgrounds or pee in the water, free chlorine (the form of chlorine that kills germs) combines with pee, poop, sweat, dirt, and personal care products. This means there is less free chlorine to kill germs and unwanted chemical compounds are produced. One example is a group of irritants called chloramines, which can make eyes red and sting, and can cause skin irritation and rashes, and respiratory problems. These chloramines are different from the type of chloramine that is sometimes used to treat our drinking water.

Tips for Healthy Swimming

- **Check out the latest inspection score.** You can typically find inspection scores online or onsite.
- **Do your own mini-inspection.** Use test strips to check disinfectant (chlorine or bromine) level and pH before getting in the water. Most superstores, hardware stores, and pool-supply stores sell test strips.
- **Shower before you get in the water.** Rinsing off in the shower for just 1 minute helps get rid of most stuff that might be on swimmer's body.
- **Check yourself!** Keep the pee, poop, sweat, blood, and dirt out of the water.
- **Don't swim or let children swim when sick with diarrhea.**
- **Don't swallow the water.** Just one mouthful of water with diarrhea germs can make you sick for up to 3 weeks.

For more information about staying healthy and safe in the water this summer and all year long, visit https://www.cdc.gov/healthywater/observances/hss-week/index.html