Hepatitis C in Florida

Testing Individuals Born from 1945-1965 (The Baby Boomer Cohort), August 2013
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Florida Department of Health, Bureau of Communicable Diseases, HIV/AIDS and Hepatitis Section

Statement of Problem
In about 75% to 85% of individuals infected with the hepatitis C virus (HCV), chronic disease persists and may lead to cirrhosis (scarring of the liver), liver cancer or death. Most people with HCV have no discernable symptoms for 20 to 30 years or more. According to the Centers for Disease Control and Prevention (CDC), approximately 75% of all HCV infections occur in Americans born from 1945 to 1965. Known as the “Boomer Cohort” they represent only 27% of the US population. In August 2012, CDC released a Morbidity and Mortality Weekly report recommendation titled: Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945-1965. In this report, CDC recommended a one-time test for Americans in the boomer cohort.

Objective
Provide Florida-related data to support CDC’s recommendation that Floridians born from 1945-1965 should be tested for HCV even in the absence of traditional risk factors (such as: persons who share drug or tattooing equipment, blood transfusion before 1992, occupational exposures, etc.)

Also in this issue:
- CDC HANS Report
- Provider Health Alert Network
Reported Chronic Hepatitis C in Florida Statewide 2003-2012

![Graph showing the number of reported chronic hepatitis C cases in Florida from 2003 to 2012.]

Source: Essence Database, Florida Department of Health, June 2013

Description of Program
Offer HCV testing to persons born from 1945-1965 in private and public health settings, including sexually transmitted disease clinics, family health, HIV, and other service settings.

Summary and Conclusion
Florida has identified an average of 41 acute and 22,348 chronic cases of hepatitis C from 2003 through 2012. Twenty three percent of acute and 55% of reported chronic cases are in persons born between 1945 and 1965. Individuals in the Baby Boomer cohort constitute approximately 27% of the total population in Florida.

Reported Acute Hepatitis C in Florida Baby Boomer Cohort 1945-1965

![Graph showing the number of reported acute hepatitis C cases in the Florida Baby Boomer cohort from 2003 to 2012.]

Source: Essence Database, Florida Department of Health, June 2013

Approximately 309,000 persons in Florida have hepatitis C. An estimated 170,000 of those cases are in the Baby Boomer cohort. Florida has documented approximately 80% of expected chronic hepatitis C cases. With current and new therapies on the horizon for HCV, testing this group will link individuals unaware of their infection to medical services that will reduce HCV morbidity and mortality in Florida and the U.S.
Confined Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Case in Indiana, 2014

Information from CDC Health Advisory, May 3, 2014

Summary
The first case of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection in the United States, identified in a traveler, was reported to CDC by the Indiana State Department of Health (ISDH) on May 1, 2014, and confirmed by CDC on May 2. The patient is in a hospital in Indiana after having flown from Saudi Arabia to Chicago via London. The purpose of this HAN is to alert clinicians, health officials, and others to increase their index of suspicion to consider MERS-CoV infection in travelers from the Arabian Peninsula and neighboring countries. Please disseminate this information to infectious disease specialists, intensive care physicians, primary care physicians, and infection preventionists, as well as to emergency departments and microbiology laboratories.

[On May 12, 2014 a confirmed case of MERS CoV was identified in Orange County in a healthcare worker with recent travel from Saudi Arabia. An extensive contact investigation has been initiated in response to this case. Additional information will be included in a future edition of the Epi-Gazette.]

Background
The first known cases of MERS-CoV occurred in Jordan in April 2012. The virus is associated with respiratory illness and high death rates, although mild and asymptomatic infections have been reported too. All reported cases to date have been linked to six countries in the Arabian Peninsula: Saudi Arabia, Qatar, Jordan, the United Arab Emirates (UAE), Oman, and Kuwait. Cases in the United Kingdom, France, Italy, Greece, Tunisia, Egypt, and Malaysia have also been reported in persons who traveled from the Arabian Peninsula. In addition, there have been a small number of cases in persons who were in close contact with those infected travelers. Since mid-March 2014, there has been an increase in cases reported from Saudi Arabia and UAE. Public health investigations are ongoing to determine the reason for the increased cases. There is no vaccine yet available and no specific treatment recommended for the virus. In some cases, the virus has spread from infected people to others through close contact. However, there is currently no evidence of sustained spread of MERS-CoV in community settings. Additional information is available at [http://www.cdc.gov/coronavirus/mers/index.html].

Recommendations
Healthcare providers should be alert for and evaluate patients for MERS-CoV infection who 1) develop severe acute lower respiratory illness within 14 days after traveling from countries in or near the Arabian Peninsula, excluding those who only transited at airports in the region; or 2) are close contacts of a symptomatic recent traveler from this area who
Thank You For Your Participation!

The Epidemiology Program would like to thank the following healthcare providers for their diligence in timely reporting from Florida’s “List of Reportable Diseases/Conditions”:

Shirley Tucker, RN, Central Florida Regional Hospital
Veronica Butler, RN, Florida Hospital
Sandra Delahoz, RN, South Seminole Hospital

For more information about Florida’s List of Reportable Diseases/Conditions, please contact Tania Slade, MPH at 407-665-3266

<table>
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<th>Selected Diseases/Conditions Reported to the DOH-Seminole</th>
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<th>2013 through Week 13</th>
<th>2012 through Week 13</th>
<th>2011-2013 Average through Week 13</th>
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* HIV data includes those cases that have converted to AIDS. These HIV cases cannot be added with AIDS cases to get combined totals since the categories are not mutually exclusive. Current AIDS/HIV data are provisional at the county level.

** Animal bite to humans by a potentially rabid animal resulting in a county health department or state health office recommendation for post-exposure prophylaxis (PEP), or a bite by a non-human primate.

Reported cases of diseases/conditions in **Bold** are >10% higher than the previous three year average for the same time period.
has fever and acute respiratory illness; or 3) are close contacts of a confirmed case. For these patients, testing for
MERS-CoV and other respiratory pathogens can be done simultaneously. Positive results for another respiratory
pathogen (e.g. H1N1 Influenza) should not necessarily preclude testing for MERS-CoV because co-infection can occur.

Clusters of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) without
recognized links to cases of MERS-CoV or to travelers from countries in or near the Arabian peninsula should be
evaluated for common respiratory pathogens. If the illnesses remain unexplained, providers should consider testing for
MERS-CoV, in consultation with state and local health departments. Healthcare professionals should immediately report
to their state or local health department any person being evaluated for MERS-CoV infection as a patient under
investigation (PUI). Additional information, including criteria for PUI are at http://www.cdc.gov/coronavirus/mers/interim-
guidance.html. Healthcare providers should contact their state or local health department if they have any questions.

Persons at highest risk of developing infection are those with close contact to a case, defined as any person who
provided care for a patient, including a healthcare provider or family member not adhering to recommended infection
control precautions (i.e., not wearing recommended personal protective equipment), or had similarly close physical
contact, or any person who stayed at the same place (e.g. lived with, visited) as the patient while the patient was ill.

Healthcare professionals should carefully monitor for the appearance of fever (T> 100F) or respiratory symptoms in any
person who has had close contact with a confirmed case, probable case, or a PUI while the person was ill. If fever or
respiratory symptoms develop within the first 14 days following the contact, the individual should be evaluated for
MERS-CoV infection. Ill people who are being evaluated for MERS-CoV infection do not require hospitalization for
medical reasons may be cared for and isolated in their home. (Isolation is defined as the separation or restriction of
activities of an ill person with a contagious disease from those who are well.). Providers should contact their state or
local health department to determine whether home isolation, home quarantine or additional guidance is indicated since
recommendations may be modified as more data becomes available. Additional information on home care and isolation
guidance is available at http://www.cdc.gov/coronavirus/mers/hcp/home-care.html. Healthcare providers should adhere
to recommended infection-control measures, including standard, contact, and airborne precautions, while managing
symptomatic contacts and patients who are persons under investigation or who have probable or confirmed MERS-CoV
infections. For CDC guidance on MERS-CoV infection control in healthcare settings, see Interim Infection Prevention
and Control Recommendations for Hospitalized Patients with MERS-CoV at http://www.cdc.gov/coronavirus/mers/
infection-prevention-control.html.

For suspected MERS-CoV cases, healthcare providers should collect the following specimens for submission to CDC or
the appropriate state public health laboratory: nasopharyngeal swab, oropharyngeal swab (which can be placed in the
same tube of viral transport medium), sputum, serum, and stool/rectal swab. Recommended infection control
precautions should be utilized when collecting specimens. Specimens can be sent using category B shipping containers.
Providers should notify their state or local health departments if they suspect MERS-CoV infection in a person. State or
local health departments should notify CDC if MERS-CoV infection in a person is suspected. Additional information is

Additional or modified recommendations may be forthcoming as the investigation proceeds.

For More Information

For more information, for consultation, or to report possible cases, please contact the Florida Department of Health in
Seminole County Epidemiology Program at (407)665-3266.
The Florida Department of Health in Seminole County

Health Officer
Environmental Health Manager
Community Health Director
Epidemiology Program Manager

<table>
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<tr>
<th>Department</th>
<th>Name</th>
<th>Phone</th>
<th>Fax</th>
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<tr>
<td>Epidemiology</td>
<td>Peggy Booth, RN, BSN</td>
<td>(407) 665-3294</td>
<td>(407) 665-3214</td>
</tr>
<tr>
<td>AIDS</td>
<td>Willie Brown, BS</td>
<td>(407) 665-3690</td>
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<td>ADAP</td>
<td>Barbara Sevon, HSR</td>
<td>(407) 665-3289</td>
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<td>STD/HIV</td>
<td>Preston Boyce, BS</td>
<td>(407) 665-3698</td>
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<td>Immunizations</td>
<td>Bertie Barber, RN, BSN</td>
<td>(407) 665-3299</td>
<td>(407) 665-3255</td>
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<td>Tuberculosis</td>
<td>Patrice Boon, RN</td>
<td>(407) 665-3298</td>
<td>(407) 665-3279</td>
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Our mission is to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

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Florida Department of Health
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