



EPI-GAZETTE

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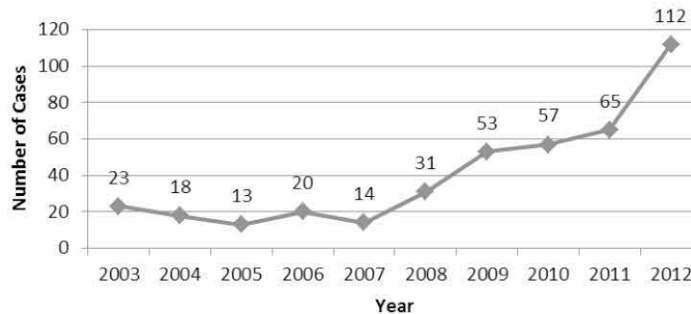
Hepatitis C in Florida

Testing Individuals Born from 1945-1965 (The Baby Boomer Cohort), August 2013

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Reported Acute Hepatitis C in Florida Statewide 2003-2012²



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

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.

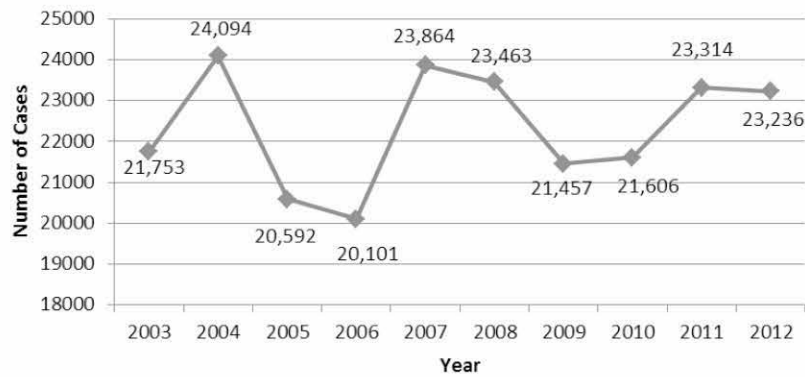
Objective

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 2003-2012²



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

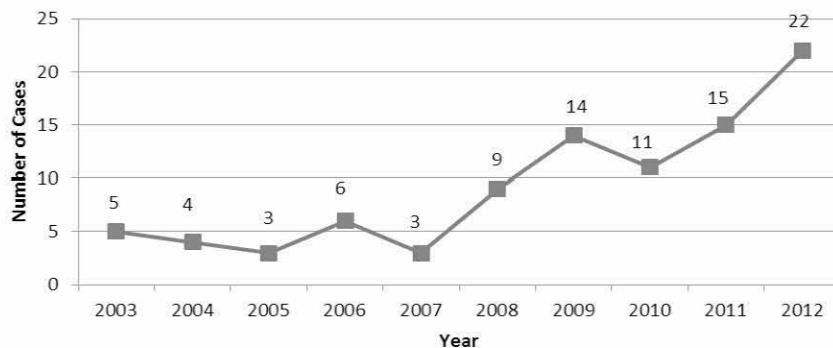
Description of Program

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 2012². Twenty three percent of acute and 55% of reported chronic cases are in persons born between 1945 and 1965¹. Individuals in the Baby Boomer cohort constitute approximately 27% of the total population in Florida¹.

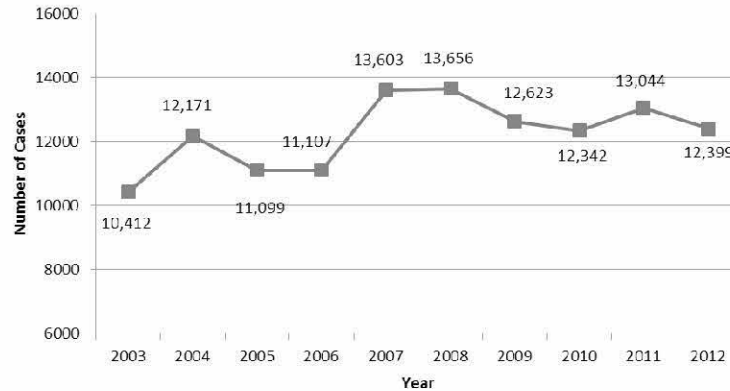
Reported Acute Hepatitis C in Florida Baby Boomer Cohort 1945-1965²



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^{1,2}. Florida has documented approximately 80% of expected chronic hepatitis C cases^{2,3}. 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.

Reported Chronic Hepatitis C in Florida Baby Boomer Cohort 1945-1965²



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

Confirmed 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

Selected Diseases/Conditions Reported to the DOH-Seminole	2014 through Week 13	2013 through Week 13	2012 through Week 13	2011–2013 Average through Week 13
AIDS*	6	10	12	11.3
Animal Bite to Humans**	4	3	2	2.3
Animal Rabies	0	2	2	1.3
Campylobacteriosis	7	6	17	9
Chlamydia	300	339	369	380
Cryptosporidiosis	1	1	2	1.3
Cyclosporiasis	0	0	0	0
Dengue	0	0	0	0
<i>E. coli</i> Shiga toxin-producing	2	2	2	1.7
Giardiasis	1	2	4	3.0
Gonorrhea	60	81	81	69
<i>Haemophilus influenzae (invasive)</i>	1	4	0	1.7
Hepatitis A	0	0	2	0.7
Hepatitis B (acute and chronic)	13	11	15	12.7
Hepatitis C (acute and chronic)	102	61	64	68
Hepatitis B in Pregnant Women	0	0	0	0.3
HIV*	13	9	9	10.3
Lead poisoning	1	0	6	2.3
Legionellosis	1	2	0	1.3
Lyme Disease	0	0	2	1.3
Meningococcal Disease	0	0	1	0.3
Pertussis	3	3	1	1.3
Salmonellosis	9	7	8	9.7
Shigellosis	1	1	17	6.3
<i>S. pneumoniae – drug resistant</i>	2	3	4	3.3
Syphilis	8	7	12	9.7
Tuberculosis	1	3	3	4.3
Varicella	4	7	5	6.7

* 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 and 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 available at <http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>.

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.

IMPORTANT REMINDER:

SIGN-UP FOR THE FLORIDA DEPARTMENT OF HEALTH IN SEMINOLE COUNTY INFORMATION NETWORK!

E-MAIL US TO SIGN UP AT:
Connor.Bridge@flhealth.gov
or
Tania.Slade@flhealth.gov

SIGN UP TODAY!

STAY INFORMED!

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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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