Spring 2022

Florida Department of Health
Volusia County

Office of Disease Control
and Health Protection

EPI-LOG

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Meningococcal Disease Outbreak

The Florida Department of Health (DOH) is responding to an outbreak of meningococcal disease in Florida, primarily among gay, bisexual, and men who have sex with men, including those living with HIV (1). In 2021 there were 27 meningococcal disease cases reported in Florida, with an average of 21 cases reported annually during the past five years (2). So far this year (through April 16, 2022), 22 meningococcal disease cases were reported in Florida (2). Most of these cases (73%) were reported in the central Florida region. No meningococcal disease cases have been in Volusia County so far this year, but county health departments throughout Florida are conducting outreach to individuals with risk factors.

Vaccination:

The following groups should consider vaccination with a meningococcal conjugate (MenACWY) vaccine during this outbreak (3):

- College and University students;
- Immunocompromised individuals;
- People living with HIV;
- Men who have sex with men;
- People in any groups listed above who received their MenACWY vaccine more than 5 years ago.

For more information about meningococcal vaccination please visit https://www.cdc.gov/meningococcal/vaccine-info.html

Inside This Issue:

Reporting:

Per Section 381.0031, Florida Statutes, and Chapter 64D-3, Florida Administrative Code, meningococcal disease must be reported immediately 24/7 by phone upon initial suspicion or laboratory test order so the necessary public health response can be initiated in a timely and effective manner.
Laboratories are also required to report Neisseria meningitidis isolated from a normally sterile site.
Reporting of specimen results by a laboratory does not nullify the practitioner's obligation to report said disease or condition. If you suspect a patient has meningococcal disease, do not wait for laboratory confirmation to contact FDOH. For more information on disease reporting please visit https://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/index.html

1. **Centers for disease Control and Prevention**. Meningococcal Disease Outbreak, Florida, 2022. [Online] [Cited: April 13, 2022.] https://www.cdc.gov/meningococcal/outbreaks/FL2022.html
2. **Florida Department of Health**. Weekly Florida Morbidity Statistics Reports. [Online] [Cited: April 18,2022] https://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-mangement/disease-reporting-and-sureveillance/data-and-publications/weekly-morbidity-reports/index.html
3. **Florida Department of Health.** Florida Department of Health Advises on Meningococcal Disease and Vaccines in Florida. [Online] [Cited: April 14, 2022.] https://www.floridahealth.gov/newsroom/2022/04/20220407-md-english-pr.html

Hepatitis A

Background & Transmission (4)
Hepatitis A is a vaccine-preventable viral infection that is typically spread through ingestion of something contaminated with the feces of an infected person. Most infections occur due to close personal contact with an infected person or household member, and common source outbreaks can occur due to contaminated food or water. Virus can remain infectious on surfaces for at least a month. The incubation period can range from 15 to 50 days, with an average of 28 days. Symptoms of hepatitis A can include fever, malaise, anorexia, nausea, abdominal pain, jaundice, dark colored urine, and light-colored stools. Illness does not usually last longer than two months, but about 10-15% of infected people can have symptoms lasting up to six months. Persons infected with hepatitis A are most infectious during the two weeks before the onset of jaundice, and infectivity declines the week after jaundice appears. In people without jaundice, peak infectivity occurs when serum alanine aminotransferase (ALT) concentrations increase.

Surveillance Data
Hepatitis A rates in the United States have decreased by more than 95% since a vaccine first became available in 1995 (5). Outbreaks of hepatitis A have been identified in 37 states over the past five years. From January 1, 2018 through August 31, 2021 a total of 5,081 hepatitis A cases were reported in Florida, 3,469 (68%) of which were hospitalized and 77 of which died (6). The hepatitis A outbreak in Florida has since ended, but cases continue to be reported each month.
From January through March 2022, 91 cases of hepatitis A were reported in Florida. Since January, the highest case rates were in counties in central Florida (Fig. 1). The most commonly reported risk factor among 2022 hepatitis A cases was men who have sex with men (42%), followed by any drug use (24%). In 2022, there has been an increase in reported cases among men who have sex with men compared to 2021 (5).

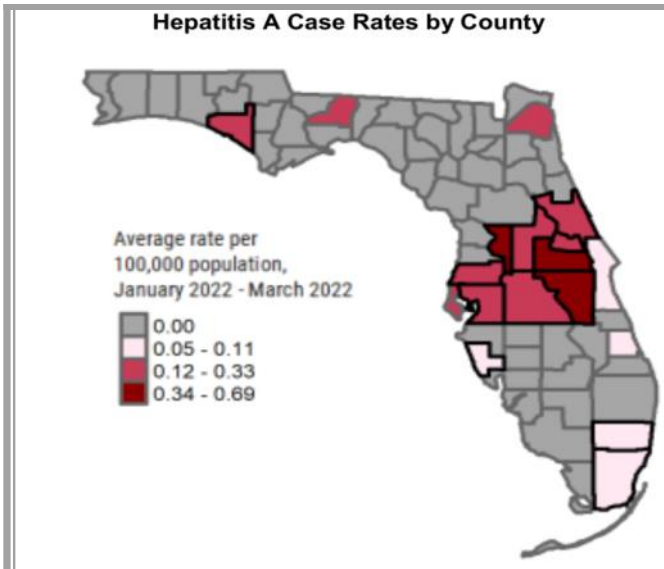

Figure 1. Hepatitis A case rates by county, January-March 2022. The counties outlined in black reported at least one case in March 2022.

Reporting & Prevention
Laboratories, hospitals, and physicians are required to immediately report hepatitis A infections to the Florida Department of Health 24/7 by phone upon laboratory confirmation or physician diagnosis so control measures can be implemented as soon as possible. As part of the investigation of a hepatitis A case, epidemiologists will identify all close personal contacts with opportunity for fecal-oral exposure during the case's period of communicability. All close contacts who are susceptible to hepatitis A will be offered prophylaxis as soon as possible, no more than 14 days from the date of their last contact with the case (4).
Individuals with risk factors for hepatitis A infection (injection and non-injection drug use, recently experiencing home lessness, and 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. The Centers for Disease Control and Prevention (CDC) recommendations for hepatitis A vaccine administration include any person wishing to obtain immunity, so providers are encouraged to provide vaccination to any interested patient.

CDC recommends the following groups be vaccinated against hepatitis A (7):
- All children aged 12-23 months and unvaccinated children and adolescents aged 2-18 years
- Persons who are at increased risk for infection, including international travelers; men who have sex with men; people who use injection and non-injection drugs; people who have occupational risk for exposure; people who anticipate close personal contact with an international adoptee; and people experiencing homelessness
- Pregnant people at risk for hepatitis A infection or severe outcome from hepatitis A
- Any person who requests vaccination

For more information on hepatitis A vaccination please visit https://www.cdc.gov/hepatitis/hav/havfaq.htm

4. **Florida Department of Health.** Hepatitis A Guide to Surveillance and Investigation. [Cited: April 20, 2022.]
5. **Florida Department of Health.** Vaccine-Preventable Disease Surveillance Report March 2022. [Online] [Cited: April 21, 2022.] https://www.floridahealth.gov/%5C/diseases-and-conditions/vaccine-preventable-disease/_documents/2022-march-vpd-surveillance.pdf
7. **Centers for Disease Control and Prevention.** Hepatitis A Questions and Answers for Health Care Professionals. [Online] [Cited: April 20, 2022.] https://www.cdc.gov/hepatitis/hav/havfaq.htm#vaccine

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Volusia County Disease Activity of Frequent Occurrence*	1st Quarter 2022	1st Quarter 2021	YTD 2022	Full Year 2021
Vaccine Preventable				
Mumps	2	0	2	2
Pertussis	2	0	2	1
Varicella	4	2	6	11
CNS Diseases and Bacteremia's				
Creutzfeldt-Jakob disease (CJD)	1	0	1	1
Haemophilus influenzae (invasive)‡	1	2	2	3
Meningitis (bacterial, cryptococcal, mycotic)	2	0	2	0
Meningococcal disease	0	1	0	1
Staphylococcus aureus (GISA/VISA)	0	0	0	0
Streptococcus pneumoniae (invasive disease)‡	4	1	7	9
Enteric Infections				
Campylobacteriosis	16	11	25	73
Cryptosporidiosis	1	1	3	18
Cyclosporiasis	0	0	0	26
Shiga-toxin producing E. coli, (STEC) infection	1	7	2	19
Giardiasis	4	0	8	19
Listeriosis	2	0	2	2
Salmonellosis	24	76	28	211
Shigellosis	1	3	1	6
Typhoid Fever (Salmonella Typhi infection)	0	0	0	1
Viral Hepatitis				
Hepatitis A	5	3	10	4
Hepatitis B, acute	10	4	11	29
Hepatitis B, chronic	32	23	40	112
Hepatitis B, pregnant Women	1	0	1	0
Hepatitis C, acute	22	15	27	66
Hepatitis C, chronic	154	105	213	538
Vector Borne, Zoonoses				
Brucellosis	0	0	0	1
Chikungunya	0	0	0	0
Dengue Fever	0	0	0	0
Ehrlichiosis/Anaplasmosis	0	0	0	10
Lyme disease	3	5	3	15
Malaria	0	0	0	1
Q Fever, acute	0	0	0	0
Rabies, animal	1	0	1	4
Rabies (possible exposure)	43	24	57	119
Rocky Mountain spotted fever/Spotted Fever Ricikettsiosis	0	0	0	1
West Nile virus, neuroinvasive	0	0	0	0
HIV/AIDS†				
HIV	22	16	24	67
AIDS	10	7	10	23
STDs†				
Chlamydia	495	491	597	1926
Gonorrhea	226	257	263	923
Syphilis				
Infectious (Primary and Secondary)	40	38	42	113
Latent (early and late)	50	37	57	185
Congenital	3	0	3	4
Others				
Arsenic Poisoning	1	0	1	3
Carbon monoxide poisoning	0	0	1	1
Ciguatera Fish Poisoning	0	0	0	0
Hansen's Disease (leprosy)	0	0	1	1
Coronavirus disease 2019 (COVID-2019)	32539	13925	33508	57544
Influenza due to novel or pandemic strains	0	0	0	0
Influenza-associated pediatric mortality	0	0	0	0
Lead poisoning	7	8	10	21
Legionellosis	4	25	4	119
Scombroid Poisoning	0	0	0	1
Tetanus	0	0	0	1
Tuberculosis (Active)	0	0	0	7
Vibriosis (Excluding Cholera)	2	3	3	12

*Includes reported confirmed/probable/suspect cases. Data is provisional and subject to change. † Numbers are for Volusia/ County only ‡ Only reportable for young children

Vibriosis

Vibriosis (non-cholera) is an infection caused by *Vibrio* species other than *V. cholerae*. *Vibrio* bacteria naturally live in warm marine and estuarine environments. They are present in higher concentrations between May and October when water temperatures are warmer. Human illness is known to be caused by a dozen *Vibrio* species. Common species in the United States include *Vibrio parahaemolyticus, Vibrio vulnificus,* and *Vibrio alginolyticus.* It is estimated that 80,000 people become infected each year, resulting in about 500 hospitalizations and 100 deaths in the United States. On an average Volusia County has about 6-10 cases a year.

Many times people get infected by eating raw or undercooked shellfish, particularly oysters. When bacteria is ingested, it causes watery diarrhea, abdominal cramping, nausea, vomiting, fever and chills. *Vibrio* species can also cause a skin infection when an open wound is exposed to brackish water (often where the river meets the sea) or salt water. Anyone can get this infection but people with compromised immune systems or those with chronic liver disease are more likely to get infected.

Vibriosis is diagnosed by testing stool, wound or blood samples. Treatment is not required in mild cases, but patients are advised to drink plenty of fluids to replace lost fluids following diarrhea. Antibiotics are used in severe or prolonged illnesses.

Risks of vibriosis can be reduced by avoiding consumption of raw or under cooked seafood (oysters or other shellfish), washing hands with soap and water after handling raw shellfish, taking care to avoid cross contamination of cooked shellfish with raw shellfish and its juices, keep wounds (including cuts and scrapes) out of brackish water or salt water, seek medical advice in case of infection as a result of skin contact with brackish water or raw seafood.

For information on *vibrio*, follow the link: https://www.cdc.gov/vibrio/index.html

Florida HEALTH Volusia County

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