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Hepatitis A Testing Guidance for Health Care Providers

Who should be tested?

- Persons who have symptoms that are consistent with hepatitis A, which can include fever, fatigue, loss of appetite, nausea, vomiting, diarrhea, abdominal pain, dark urine, clay-colored stool, and jaundice.

Who should not be tested?

- Persons who do not have symptoms that are consistent with hepatitis A, even in the presence of elevated liver enzymes.¹
- Please note: Testing persons with no symptoms can lead to false positive results or results that are not clinically significant. Diagnostic IgM tests for viral hepatitis are highly sensitive and specific when used on specimens from persons with symptoms of acute hepatitis. However, their use among persons without symptoms of hepatitis A can lead to false positive IgM tests. This lowers the positive predictive value of the test.²

Diagnostic Laboratory Tests

- Serologic testing for IgM anti-HAV
 - IgM is present 5–10 days before onset of illness and up to 6 months after.³
 - Indicative of current or recent infection.
 - Readily available through commercial laboratories.
- Serologic testing for IgG anti-HAV
 - IgG develops during convalescent phase of illness and persists for life, conferring immunity.
 - Indicative of past infection or immunization.
 - Not diagnostically helpful with acute symptom presentation.
- Serologic testing for anti-HAV total antibody
 - Detects IgM and IgG but does not distinguish between them.
 - A positive result may indicate current or past infection or previous vaccination.
 - Not diagnostically helpful with acute symptom presentation.

If you have any questions, please contact the Florida Department of Health-Pasco County Epidemiology Program at 352-521-1450, option 2, for further guidance.

References

1. Pratt DS, Kaplan MM. Evaluation of abnormal liver-enzyme results in asymptomatic patients. *N Engl J Med* 2000;342:1266–71.
2. Centers for Disease Control and Prevention. Positive Test Results for Acute Hepatitis A Virus Infection Among Persons With No Recent History of Acute Hepatitis - United States, 2002-2004. *MMWR* 2005; 54(18):453-456. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5418a1.htm>
3. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. Hamborsky, J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C. Public Health Foundation, 2015. <https://www.cdc.gov/vnes/pubs/pinkbook/index.html>

Florida Department of Health Pasco County

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Confidential fax: (352) 521-1435

TB: (727) 861-5260, ext. 0253

Confidential fax: (727) 861-4844

Environmental: (727) 841-4425, Option 5

Animal Control (report animal bites): (727) 834-3216
Fax: (813) 929-1218

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HIV (testing): (727) 619-0260 (W. Pasco) or (352) 834-6146 (E. Pasco)

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Clinician Letter for Vector-borne Diseases

Dear Health Care Provider,

The Florida Department of Health (FDOH) would like to remind health care providers of the importance of reporting suspect non-endemic mosquito-borne disease cases to your county health department 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 illness, Eastern equine encephalitis, and St. Louis encephalitis are reportable by the next business day. For more information on these endemic diseases, please visit: www.floridahealth.gov/diseases-and-conditions/mosquito-borndiseases/index.html.

Local introduction of one or more non-endemic viruses has occurred annually since 2009, when infected travelers were bitten by mosquitoes while in Florida, leading to vector-borne transmission to other people. Prompt reporting of suspect cases helps ensure county health department and local mosquito control officials are able to rapidly implement appropriate 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 individuals with recent travel. The Centers for Disease Control and Prevention (CDC) Yellow Book is an on-line, open access travel health reference that includes the geographic distribution of many diseases associated with international travel: wwwnc.cdc.gov/travel/page/yellowbook-home. Laboratory testing for Zika, dengue and chikungunya is available commercially. In addition, testing for Zika, dengue, and chikungunya can be requested through your county health department for suspect local cases or for uninsured patients meeting clinical criteria. Yellow fever testing is available through your county health department for patients meeting clinical criteria. Additional information on these criteria are enclosed.

Please educate patients on precautions that should be taken to avoid mosquito bites while traveling and at home, including:

- Use EPA-registered insect repellent with any of the following active ingredients:
 - DEET
 - Picaridin
 - Oil of lemon eucalyptus
 - IR3535

It is safe for pregnant or nursing women to use EPA-approved repellents if applied according to package label instructions.

- Cover skin with long-sleeved shirts and long pants.
 - Apply a permethrin repellent directly to clothing or purchase pre-treated clothing. Follow the manufacturer's directions and do not apply directly to skin.
- Keep mosquitoes out of homes and other buildings.
 - Use air conditioning and maintain intact screens on windows and doors.
- Travelers can protect family members and prevent infection of local mosquitoes by avoiding mosquito bites for at least three weeks following return home.
- Protect family members by draining standing water near residences and businesses at least weekly to keep local mosquito populations low and prevent local introductions.

Clinician Letter, cont.

Additional virus-specific precautions include:

- Zika virus
 - Zika virus infection during pregnancy can cause certain birth defects, including microcephaly. Pregnant women in any trimester should consider postponing travel to areas where Zika virus transmission is ongoing. Pregnant women who must travel to these areas should talk to their doctors or other health care providers first, and strictly follow steps to avoid mosquito bites during the trip.
 - There is a risk of sexual transmission of Zika virus. Pregnant women and their sexual partners should consistently and correctly use condoms or other barrier precautions, or abstain from sex for the duration of the pregnancy if the partner travels to an area with Zika virus activity.
 - Women and men trying to become pregnant should consult with their health care providers before traveling to areas with Zika virus activity and strictly follow steps to prevent mosquito bites during the trip. Couples should consider delaying attempts to become pregnant for two months following the female partner's travel to Zika-active areas. Couples should consider delaying attempts to become pregnant for three months if male partners traveled to Zika-active areas.
- Yellow fever virus
 - An FDA-approved yellow fever vaccine is recommended for travelers visiting endemic countries. Additional information on clinics offering the vaccine as well as vaccine recommendations for specific countries are available on the CDC's website: www.cdc.gov/yellowfever/vaccine/index.html.

Mosquito-borne disease-related resources:

- CDC Yellow Book health information for providers consulting with international travelers:
 - wwwnc.cdc.gov/travel/page/yellowbook-home
- CDC Health Alert Network (HAN) travel-related disease alerts:
 - emergency.cdc.gov/han/index.asp
- FDOH mosquito-borne disease information, including current Florida surveillance data:
 - www.floridahealth.gov/diseases-and-conditions/mosquito-borne-diseases/index.html
- CDC mosquito-borne disease prevention information:
 - www.cdc.gov/westnile/prevention/index.html
- FDOH county health department contact information:
 - www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/index.html

Thank you for supporting public health!

Sincerely,

Carina Blackmore, DVM, PhD, Dipl ACVPM

State Epidemiologist

Director

Division of Disease Control & Health Protection

Influenza Update

Influenza & influenza-like illness (ILI) activity summary:

Week 20 marks the end of the production of the weekly influenza report. The Florida Department of Health will continue to distribute influenza reports in an abbreviated format during the summer months on a biweekly basis. Respiratory syncytial virus surveillance information will continue to be included in these reports.

Surveillance for influenza will continue during the summer months with a focus on identification of outbreaks and unusually severe presentations of influenza or ILI.

The 2018-19 influenza season is coming to a close. Statewide, ILI activity increased slightly in week 20, but remains within normal levels for this time. While activity has declined overall, influenza viruses continue to circulate at low levels throughout the summer months in Florida. Sporadic outbreak reports during the summer are expected.

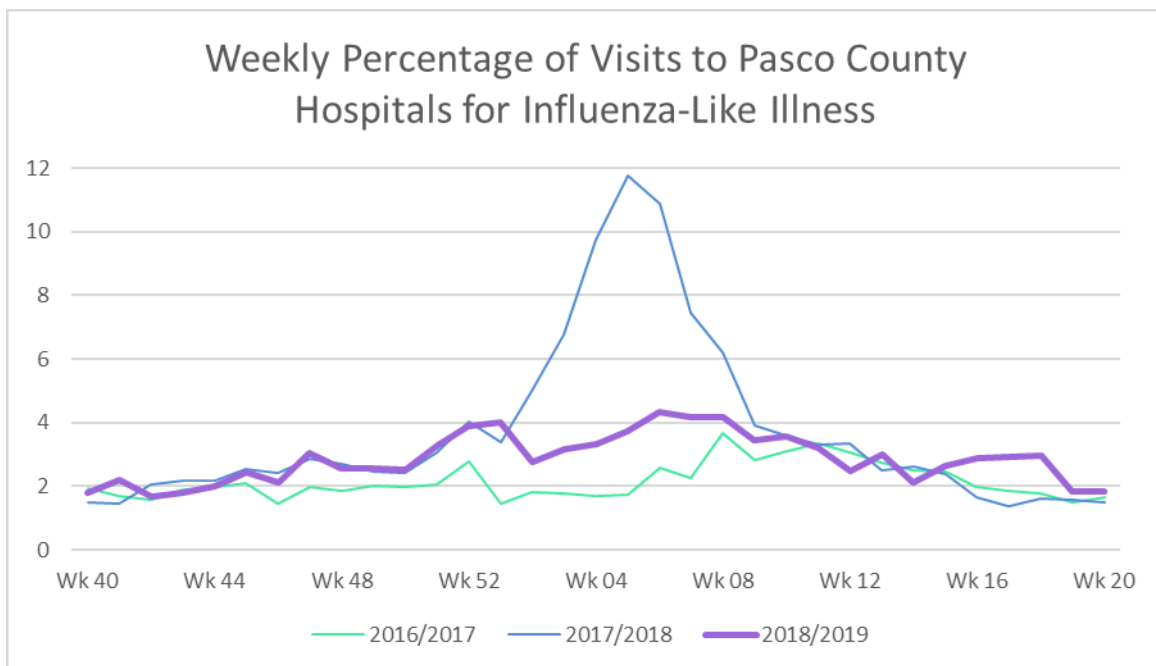
The timing of peak activity this season varied across regions, ranging from as early as week 52 (ending December 29, 2018) to as late as week 9 (ending March 2, 2019). For more information on regional trends, see page 8.

Nearly all of Florida's counties reported no influenza activity or mild influenza activity in week 20.

In week 20, two respiratory outbreaks were reported (down from four outbreaks in week 19). A total of 234 respiratory outbreaks have been reported since the season began on September 30, 2018.

No new influenza-associated pediatric deaths were reported in week 20. As of week 20, four influenza-associated pediatric deaths have been reported so far this season, all in unvaccinated children. For more information, see page 10.

Timely use of antivirals remains important throughout the summer months for unusually severe presentations of influenza and for people who have suspect influenza and are at higher risk for complications. For more information, please see the health advisory published by the Centers for Disease Control and Prevention: [emergency.cdc.gov/han/han00419.asp](https://www.cdc.gov/han/han00419.asp).



Andrea Morrison, PhD, MSPH, Dana Giandomenico, MPH, and Danielle Stanek, DVM, DOH Bureau of Epidemiology; Lea Heberlein-Larson, Maribel Castaneda, and Valerie Mock, DOH Bureau of Public Health Laboratories; Carina Blackmore, DVM, PhD, DOH Division of Disease Control and Health Protection.

Florida Arbovirus Surveillance

Arbovirus surveillance in Florida includes endemic mosquito-borne viruses such as West Nile virus (WNV), Eastern equine encephalitis virus (EEEV), and St. Louis encephalitis virus (SLEV), as well as exotic viruses such as dengue virus (DENV), chikungunya virus (CHIKV) and California encephalitis group viruses (CEV). Malaria, a parasitic mosquito-borne disease is also included. During the period of May 26-June 1, 2019, the following arboviral activity was recorded in Florida.

WNV activity: No human cases of WNV infection were reported this week. No horses with WNV infection were reported this week. No sentinel chickens tested positive for antibodies to WNV this week. In 2019, one horse and 13 sentinel chickens have been reported from nine counties.

SLEV activity: No human cases of SLEV infection were reported this week. No sentinel chickens tested positive for antibodies to SLEV this week. In 2019, no positive samples have been reported.

EEEV activity: No human cases of EEEV infection were reported this week. No horses with EEEV infection were reported this week. Three sentinel chickens tested positive for antibodies to EEEV this week in Polk and Walton counties. In 2019, twelve horses, one emu, and 32 sentinel chickens have been reported from 15 counties.

International Travel-Associated Dengue Fever Cases: One case of dengue fever was reported this week in a person that had international travel. In 2019, 30 travel-associated cases have been reported.

Dengue Fever Cases Acquired in Florida: No cases of locally acquired dengue fever were reported this week. In 2019, no cases of locally acquired dengue fever have been reported.

International Travel-Associated Chikungunya Fever Cases: No cases of chikungunya fever were reported this week in persons that had international travel. In 2019, two travel-associated cases have been reported.

Chikungunya Fever Cases Acquired in Florida: No cases of locally acquired chikungunya fever were reported this week. In 2019, no cases of locally acquired chikungunya fever have been reported.

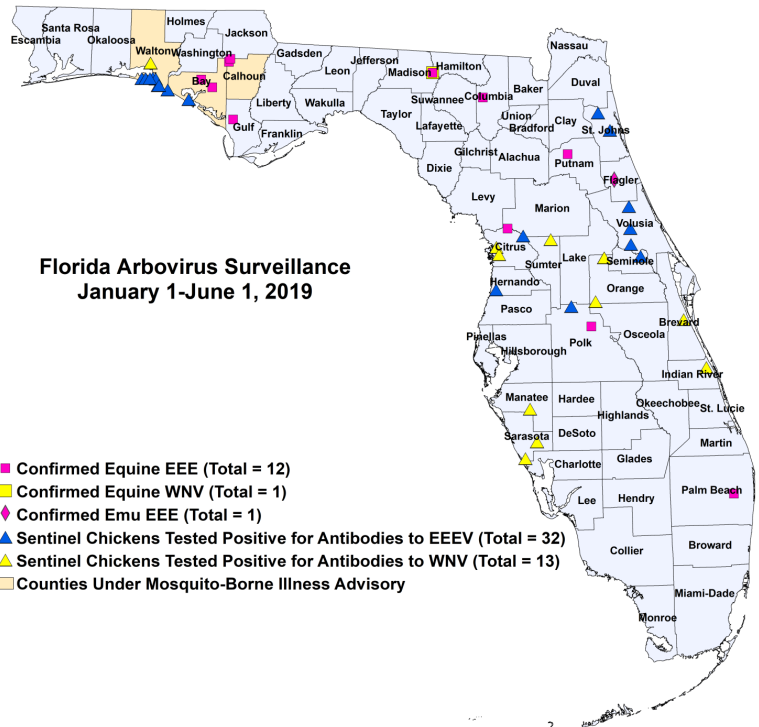
International Travel-Associated Zika Fever Cases: One case of Zika fever was reported this week in a person that had international travel. In 2019, 20 travel-associated cases have been reported.

Zika Fever Cases Acquired in Florida: No cases of locally acquired Zika fever were reported this week. In 2019, no cases of locally acquired Zika fever have been reported.

Advisories/Alerts: Bay, Calhoun, and Walton counties are currently under a mosquito-borne illness advisory. No other counties are currently under mosquito-borne illness advisory or alert.

There are no areas of ongoing, active Zika transmission in Florida. For additional information on current CDC recommendations, please visit www.cdc.gov/zika/intheus/florida-update.html. For additional information on Zika virus cases from 2016–2018, including up-to-date numbers, please visit <https://zikafreefl.org/>.

There are Level 2 Travel Health Notices for Brazil and Nigeria related to the transmission of yellow fever virus. Additional information on travel health notices can be found at the following link: wwwnc.cdc.gov/travel/notices. For a map of arboviral disease activity in the United States, please visit the following link: wwwnc.cdc.gov/arbovet/maps/ADB_Diseases_Map/index.html



| Epidemiology Disease Summary | May | | YTD | |
|---|------------|------------|-------------|------------|
| | 2019 | 2018 | 2019 | 2018 |
| CNS Diseases and Bacteremias | | | | |
| Creutzfeldt-Jacob Disease (CJD) | - | - | - | - |
| Haemophilus influenzae | - | 3 | 5 | 7 |
| Legionellosis | 3 | 1 | 6 | 3 |
| Meningitis, Bacterial or Mycotic | - | - | - | 1 |
| Meningococcal Disease | - | - | - | - |
| S. aureus Infection, Intermediate Resistance to Vancomycin (VISA) | - | - | - | - |
| Strep pneumoniae Invasive Disease, Drug-Resistant | - | 1 | 3 | 2 |
| Strep pneumoniae Invasive Disease, Drug-Susceptible | 1 | - | 9 | 4 |
| Enteric Infections | | | | |
| Campylobacteriosis | 18 | 15 | 63 | 58 |
| Cholera (Vibrio cholerae Type O1) | - | - | - | - |
| Cryptosporidiosis | 3 | 1 | 9 | 4 |
| Cyclosporiasis | - | - | - | - |
| Escherichia coli Shiga Toxin-Producing (STEC) | - | 2 | 3 | 9 |
| Giardiasis | 1 | 1 | 7 | 6 |
| Hemolytic Uremic Syndrome (HUS) | - | - | - | - |
| Listeriosis | - | - | - | 1 |
| Salmonella Typhi Infection | - | - | 3 | 3 |
| Salmonellosis | 7 | 8 | 37 | 33 |
| Shigellosis | - | 1 | 1 | 9 |
| Vaccine Preventable Diseases | | | | |
| Measles | - | - | - | - |
| Mumps | 1 | - | 1 | 1 |
| Pertussis | 2 | - | 7 | 3 |
| Varicella | 3 | 2 | 8 | 8 |
| Vector Borne, Zoonoses | | | | |
| Babesiosis | - | - | - | - |
| Brucellosis | - | - | - | - |
| Chikungunya Fever | - | - | - | - |
| Eastern Equine Encephalitis Neuroinvasive Disease | - | - | - | - |
| Ehrlichiosis/Anaplasmosis | - | - | - | - |
| Herpes B Virus, Possible Exposure | - | - | - | 2 |
| Lyme Disease | - | - | - | 3 |
| Malaria | - | - | 1 | - |
| Rabies, Animal | - | 1 | 1 | 1 |
| Rabies, Possible Exposure | 23 | 10 | 100 | 87 |
| Rocky Mountain Spotted Fever and Rickettsiosis | 1 | - | 1 | - |
| West Nile Virus Neuroinvasive Disease | - | - | - | - |
| Zika Virus Disease and Infection | - | - | - | 1 |
| Viral Hepatitis | | | | |
| Hepatitis A | 50 | 4 | 255 | 19 |
| Hepatitis B, Acute | 5 | 3 | 37 | 17 |
| Hepatitis B, Chronic | 15 | 9 | 66 | 46 |
| Hepatitis B, Perinatal | - | - | - | - |
| Hepatitis B, Pregnant Women | 1 | - | 5 | 4 |
| Hepatitis C, Acute | 6 | 4 | 39 | 10 |
| Hepatitis C, Chronic | 69 | 81 | 312 | 386 |
| Hepatitis C, Perinatal | - | - | - | 2 |
| Hepatitis D | - | - | 1 | 2 |
| Other | | | | |
| Carbon Monoxide Poisoning | - | 1 | 4 | 2 |
| Hansen's Disease (Leprosy) | - | - | - | - |
| Influenza-Associated Pediatric Mortality | - | - | 1 | - |
| Lead Poisoning | 6 | 28 | 22 | 70 |
| Mercury Poisoning | - | - | - | - |
| Pesticide-Related Illness and Injury | - | - | - | - |
| Scombroid Poisoning | - | - | 2 | - |
| Virbosis | - | - | 3 | - |
| Total | 215 | 176 | 1012 | 804 |

STD Morbidity Statistics

- 151 Chlamydia cases worked
- 41 Gonorrhea cases worked
- 8 Syphilis cases worked
- 5 HIV cases worked

Syphilis can spread from an infected mother to her unborn baby.

HIV Outreach Statistics

- 85 individuals were tested for HIV
- 53 rapid Hepatitis tests performed



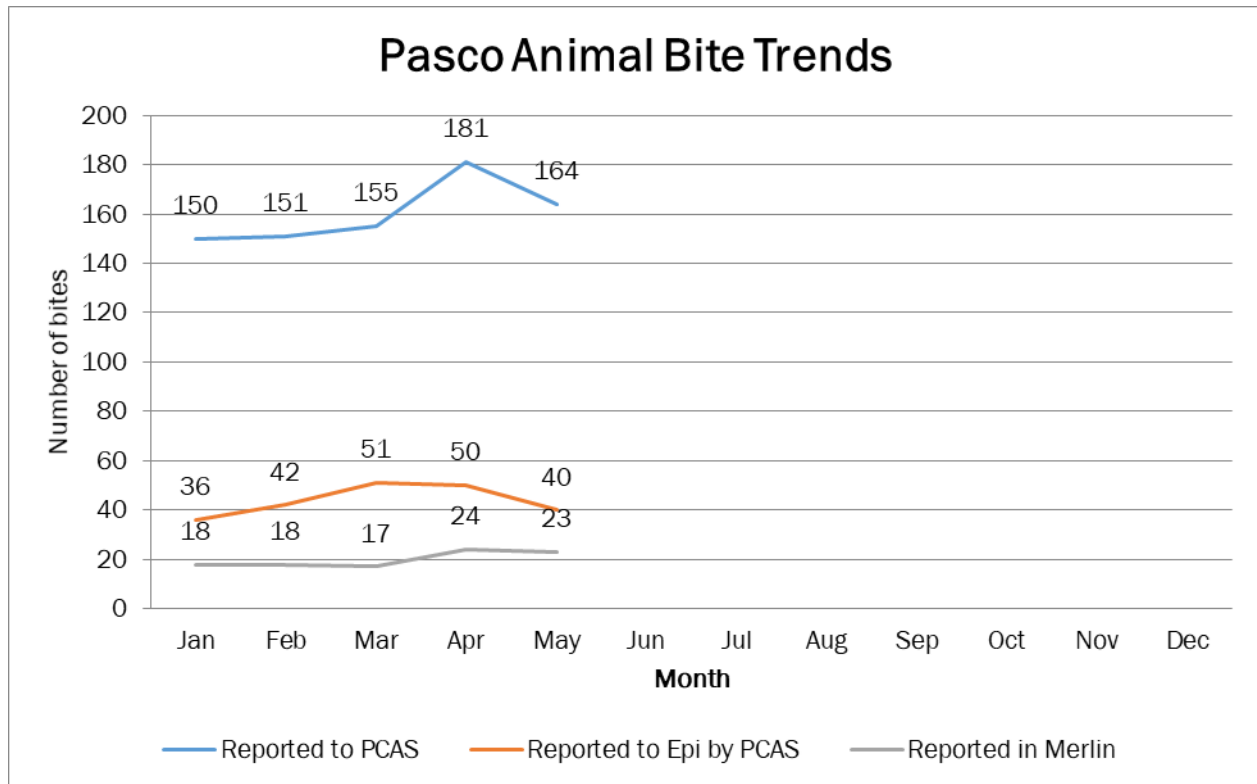
Jail Linkage Statistics

- 44 rapid HIV tests performed (1 positive)
 - 14 Hepatitis tests performed (5 positive)
 - 44 individuals were HIV post-test counseled
-
-



Animal Bites

- Pasco County Animal Services (PCAS) received 164 animal bites in January
- PCAS reported 40 of 164 (24%) cases to PCHD for follow-up
- 23 of 40 (58%) were reported in Merlin after meeting case definition
- DOH – Pasco sent 14 animal specimens for rabies testing (0 positive)



Reported to PCAS = Animal exposures reported to PCAS by community or Epi.

Reported to Epi by PCAS = Exposures that require Epi’s attention due to the severity of bite, type of animal, inability to locate animal, victim and/or owner and need for rabies prophylaxis.

Reported in Merlin = Involves situations where the animal or person could not be located or exposure victim either accepts or declines rabies vaccinations.





Florida Department of Health Pasco County



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Staff News and Upcoming Events

Free Hepatitis A and Hepatitis B vaccines to high risk groups

The Florida Department of Health-Pasco County is offering free hepatitis vaccines to those in high risk groups such as recreational drug users, those experiencing homelessness, and those with direct contact with others who have hepatitis A. For more information call Denise at 813-364-5812.

Free Test Fridays

The Florida Department of Health-Pasco County is offering Free Test Fridays. For more information, contact Rob at 727-619-0260.

Pasco Public Defender Mobile Medical Unit

The Florida Department of Health-Pasco County is partnering with the Pasco Public Defender Mobile Medical Unit to provide free rapid HIV and Hepatitis C testing. The Mobile Medical Unit offers free basic medical care for uninsured, free health screenings for all ages, and free flu shots. No appointment is needed. For more information, please call 352-521-1450, option 1 or visit their website, where you can also find a calendar with all of their stops for the month.

Resources

Florida Health Alert Network

Everbridge is a public health notification system that allows us to disseminate pertinent public health information regarding outbreaks or disease trends more efficiently. Everbridge provides users with a wide range of methods to receive information on a variety of communication devices. To register, please visit <https://www.surveymonkey.com/r/SD3R5ON>

Hepatitis C Consultation Service

The Clinician Consultation Center (CCC) provides no-cost, up-to-date, expert clinical advice to support clinicians managing patients with hepatitis C (HCV) and co-morbidities such as HIV co-infection or substance use disorder. Advice provided is based on federal treatment guidelines, current medical literature, and clinical best practices. Consultation topics include: HCV transmission & prevention, HCV screening & diagnostic testing, HCV staging & monitoring, regimen selection & dosing, drug interactions, HIV/HCV management strategies, prior HCV treatment failure, ESRD/chronic kidney disease, HCV in pregnancy, and management of clinical problems— including cirrhosis and anemia.

Call for a Phone Consultation

(844) HEP-INFO or (844) 437-4636
Monday-Friday, 9 a.m.—8 p.m. EST

Submit a Case for Consultation Online

For non-urgent HCV management consultation
nccc.ucsf.edu