



HEPATITIS B, ACUTE (NON-PERINATAL)

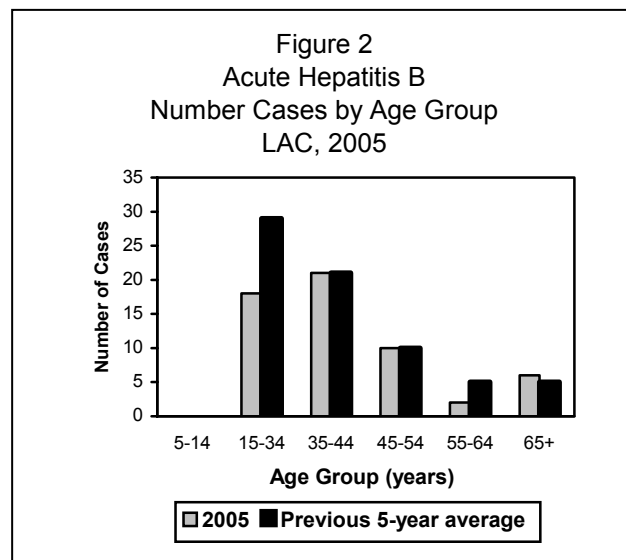
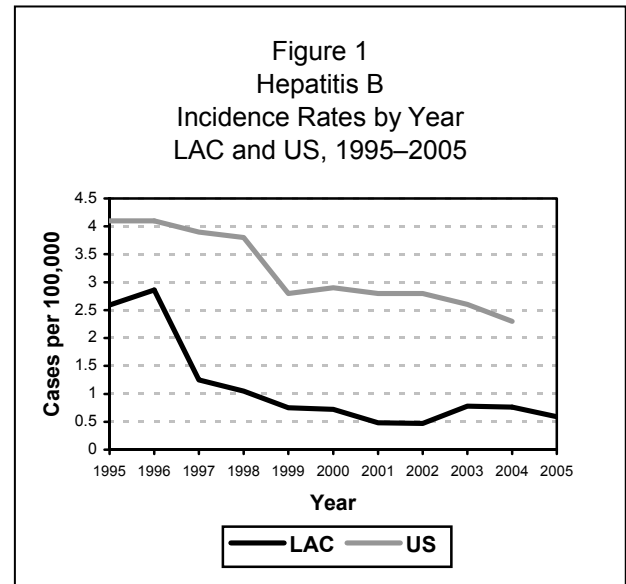
CRUDE DATA	
Number of Cases	57
Annual Incidence ^a	
Los Angeles	0.59
California	N/A
United States	N/A
Age at Diagnosis	
Mean	42
Median	39
Range	18–92 years
Case Fatality	
LA County	0.0%
United States	N/A

^a Cases per 100,000 population.

DESCRIPTION

Overall, hepatitis B is more prevalent and infectious than AIDS. Hepatitis B is a vaccine-preventable disease transmitted through parenteral or mucous membrane exposure (via sex or drugs) to the blood and other bodily fluids of individuals infected with the hepatitis B virus (HBV), a DNA-virus of the Hepadnaviridae family. It is also spread from mother to child at birth or soon after birth. Symptoms, which occur in less than half of those acutely infected, may be very mild and flu-like: anorexia, nausea, fatigue, abdominal pain, muscle or joint aches, jaundice and mild fever. Approximately 2–10% of adults infected with HBV are unable to clear the virus within six months and become chronic carriers. Death from cirrhosis or liver cancer is estimated to occur in 15–25% of those with chronic infection.

For the purpose of surveillance, ACDC uses the CDC/CSTE criteria for acute hepatitis B which include: 1) discrete onset of symptoms and 2) jaundice *or* elevated aminotransferase levels, and 3) appropriate laboratory tests to confirm acute hepatitis B diagnosis (i.e., HBsAg positive or anti-HBc IgM positive, if done, *and* anti-HAV IgM negative, if done).





DISEASE ABSTRACT

- The incidence rate for acute hepatitis B has decreased from the previous year (Figure 1); there were only 57 cases confirmed for 2005 versus 72 cases in 2004.
- All acute cases were among young adults aged 18 years or older and the majority of cases were males.
- Men who have sex with men (MSM) was the most frequently identified risk factor.
- No outbreaks were reported.

STRATIFIED DATA

Seasonality: None.

Age: Cases ranged in age from 18 to 92 years (the median age was 39) with 68% occurring in those aged under 45 years (Figure 2).

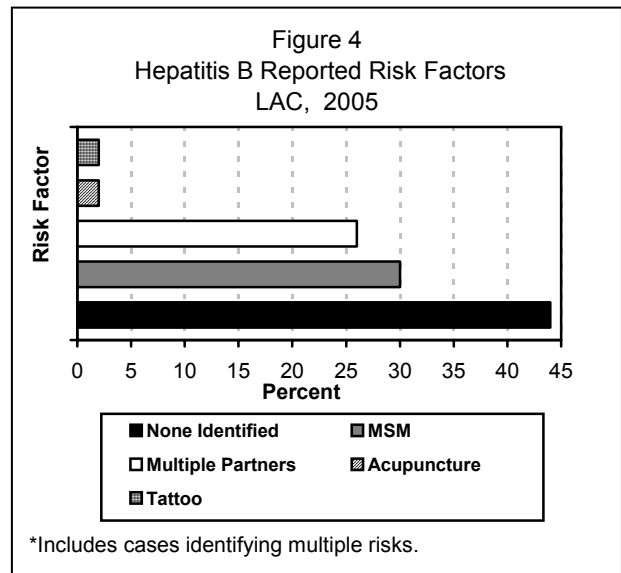
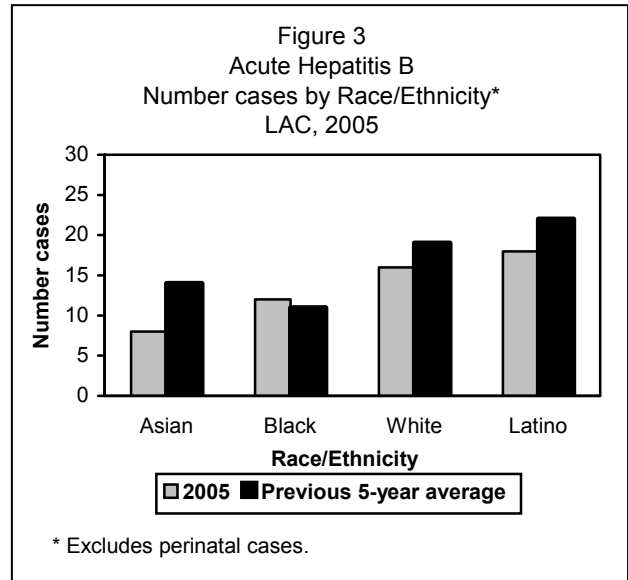
Sex: The male-to-female rate ratio was 3.8:1. The number of cases in males exceeded those in females in all ethnic groups.

Race/Ethnicity: The highest number of cases was seen in Latinos (n=18) followed by Whites (n=16), Blacks (n=12) and Asians (n=12) respectively (Figure 3).

Location: SPA 4 (n=14) had the most cases, followed by SPA 2 (n=10), SPA 7 (n=8), SPA 8 (n=8), SPA 6 (n=7), SPA 5 (n=5), SPA 3 (n=4), and SPA 1 (n=1) respectively.

Severity of Illness: Among all acute HBV cases in 2005, there was one fatality (case fatality rate=2%).

Risk Factors: Risk factors were reported for 56% of the cases (including some cases with multiple risk factors). MSM (n=17, 30%) was the most common risk factor reported in 2005, followed by having multiple sexual partners (n=15, 26%) acupuncture (n=1, 2%), and tattoo (n=1, 2%) (Figure 4).



COMMENTS

In LAC, there were 381 cases initially reported to have acute hepatitis B in comparison to the 291 cases reported for 2004. Even though there was a 31% increase in the number of cases reported, there was a 21% decrease in the number of cases confirmed because, upon further investigation, cases meeting the CDC/CSTE criteria for acute hepatitis B has decreased from 2004 to 2005 with 72 (25%) and 57 (15%) cases confirmed respectively, paralleling a decrease of cases in from 2003 to 2004. In 2004, ACDC thought a possible reason for decrease was due to the new use of the CDC/CSTE criteria for determining if a reported case of acute hepatitis B actually met the surveillance case definition. Now, ACDC has been implementing the CDC/CSTE criteria for two years, the data indicate that the incidence rate for acute hepatitis B has truly decreased from the previous year and that the decrease in acute hepatitis B may be due to a true decrease in disease incidence, perhaps due to increased vaccination.



In 2005, all acute hepatitis B cases were aged 18 years or older. Sixty-eight percent were in younger adults aged 18-44 years. People with multiple sexual partners and MSM continue to be at risk for hepatitis B; thus, preventive efforts including education and vaccinations should continue to focus on these high-risk populations. In LAC, we provide hepatitis B vaccine to special high-risk group at the STD clinics to in an effort to reduce hepatitis B incidence.

PREVENTION

Decreasing rates of acute hepatitis B in children under age 19 is evidence of the successful immunization strategy to eliminate HBV transmission in LAC. The immunization strategy includes: preventing perinatal HBV transmission by screening all pregnant women for HBsAg and providing immunoprophylaxis to infants of HBV-infected women, routine immunization of all infants, and catch-up vaccination of all previously unvaccinated children aged < 19 years.

New strategies are needed to reduce high-risk behaviors and provide resources for low-cost hepatitis B immunization particularly for adults with the highest rates of transmission. Development and implementation of such strategies is possible through collaboration between public health, community-based organizations, and other agencies that serve target populations. Additionally, promoting hepatitis health education aims at eliminating, reducing, or mitigating high-risk behaviors in sexually active adults and increasing awareness and knowledge in the community.

ADDITIONAL RESOURCES

Epidemiology and Prevention of Viral Hepatitis slide set available at:
www.cdc.gov/ncidod/diseases/hepatitis/slideset/hep_b/slide1.htm

CDC Publications regarding viral hepatitis at: www.cdc.gov/ncidod/diseases/hepatitis/resource/pubs.htm

General information available at: www.cdc.gov/ncidod/diseases/hepatitis/b/index.htm and www.hepb.org

Immunization information available at: www.immunize.org

Map 8. Hepatitis B Rates by Health District, Los Angeles County, 2005*

