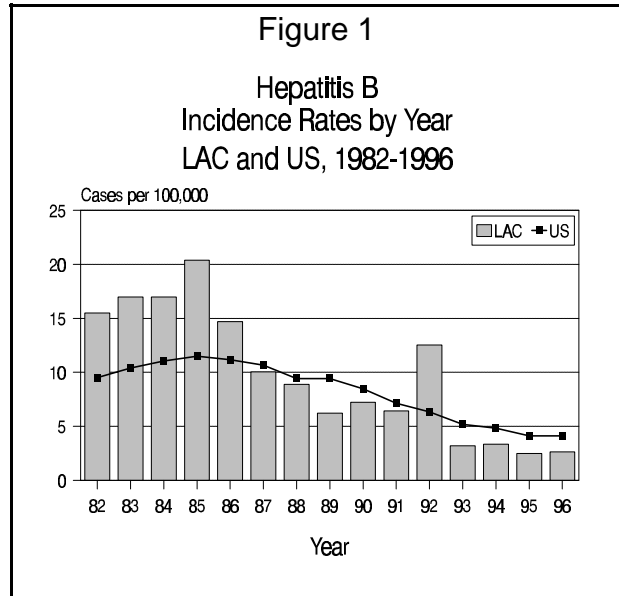




HEPATITIS B

CRUDE DATA	
Number of Cases	230
Annual Incidence ^a	
LA County	2.6
California	5.5
United States	4.1
Age At Onset	
Mean	37.7
Median	34.5
Range	< 1-86 yrs
Case Fatality	
LA County	0.43%
United States	N/A

^aCases per 100,000 population.



ETIOLOGY

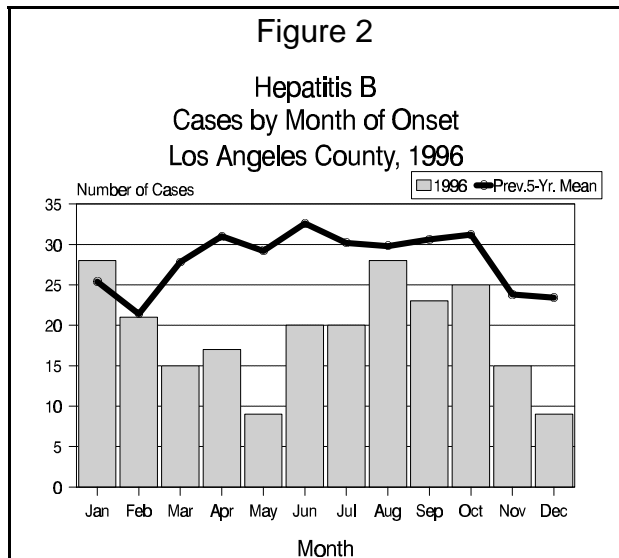
Hepatitis B virus.

DISEASE ABSTRACT

Hepatitis B is a viral DNA disease transmitted by blood, sexual, and perinatal exposure. The dramatic decreases of hepatitis B cases in the mid- and late-1980s led to a plateau of case reports in the early 1990s. In 1996, the hepatitis B case rate remained at low levels.

STRATIFIED DATA

Trends: The 1996 annual hepatitis B rate (2.6 per 100,000 population) increased





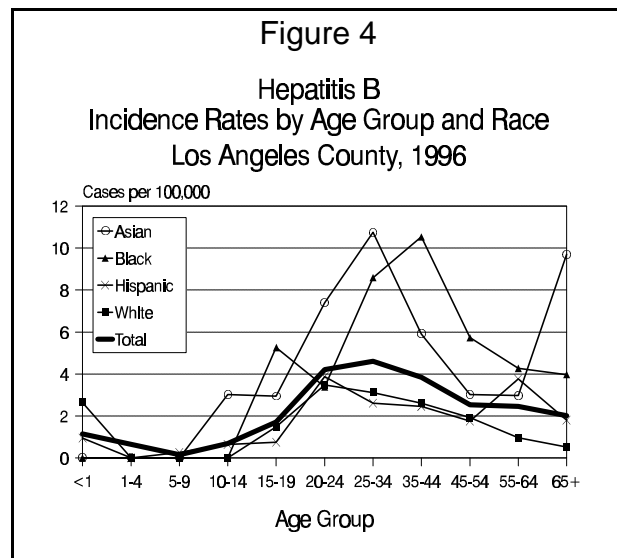
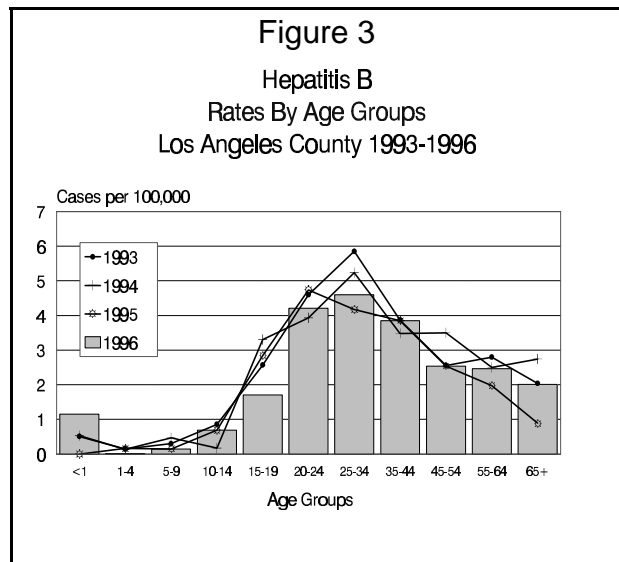
slightly (4%) from the 1995 case rate (2.5 per 100,000). This was in keeping with an overall downward trend of reported hepatitis B cases initiated in 1986 (Figure 1).

Seasonality: While case numbers for hepatitis B fluctuate through the year, no seasonal variation is expected (Figure 2).

Age: Reported cases of acute hepatitis B occurred primarily in the adult age groups; the average age was 38 years. Seventy-nine percent of cases were between the ages of 20 and 54 years. The peak rate occurred among those 25-34 years old, as in 1993 and 1994; last year the highest rate was in the 20- to 24-year-old group (Figure 3). Peak rates among Hispanics and Whites are in a younger age group (20-24), while Blacks peaked in the next older age group (35-44)(Figure 4).

Sex: The overall hepatitis B male-to-female rate ratio was 1.8:1. Looking at age group-, race- and gender-specific rate ratios, while fluctuation occurs over the age groups by each race, both Whites and Hispanics have higher male dominance while Blacks and Asians tend to be moderate in gender differences (Figure 5). While hepatitis B historically has been a male-dominant disease, the previous seven years have seen the rate ratio drop to less than 2:1. This tendency toward equalization of gender-specific case rates was driven mainly by the dramatic overall decreases among male cases. Black females continue to have the highest race-specific rate. (Figure 6).

Race/Ethnicity: Case rates in 1996 decreased in all race- and gender-specific categories except for Black men and women. The 1996 rate of hepatitis B in Blacks 35-44 years of age was four times the crude hepatitis B rate (Figure 4).





The high Asian rate is probably due to misclassification of chronic cases as acute illness.

Location: The highest rates were in Alhambra, Hollywood-Wilshire, South, and Antelope Valley Health Districts, with 7.45, 5.51, 4.85, and 4.61 cases per 100,000 population, respectively.

PREVENTION

Reduction of high-risk behaviors and use of hepatitis B vaccine are the cornerstones of preventing hepatitis B. The United States' general population has a relatively low carrier rate and transmission occurs predominantly among adults. In recent years, the emphasis of AIDS education efforts and reduction of unprotected sex and needle sharing, has apparently have led to a dramatic decrease in the overall number of reported cases.

In 1991, universal hepatitis B vaccination of all infants was incorporated into the existing childhood immunization schedule. The results of this effort will be seen as the newly immune infant cohort reaches adulthood. With the apparent changing epidemiology of hepatitis B in Los Angeles County, refocused prevention efforts are needed to reduce cases even further.

COMMENTS

Racial coding errors and the misclassification of hepatitis B carriers as acute cases were major issues with the 1992 hepatitis B data. There still appears to be a potential for problems in subsequent report years.

