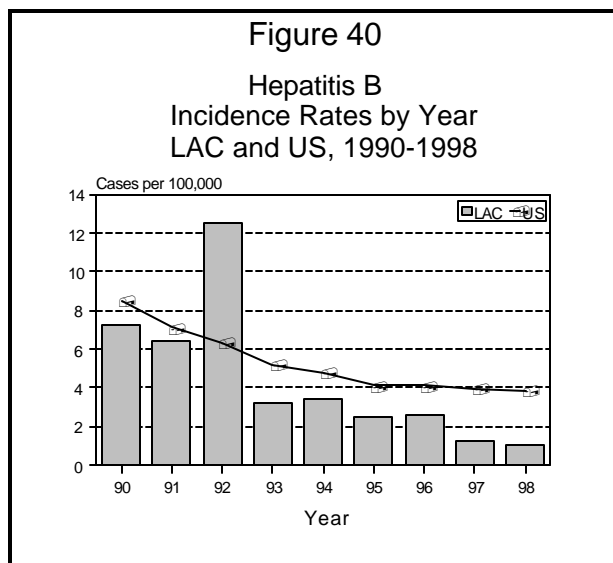


## HEPATITIS B

CRUDE DATA	
Number of Cases	92
Annual Incidence <sup>a</sup>	
LA County	1.0
California	4.4
United States	3.8
Age At Onset	
Mean	36
Median	34
Range	8-92 yrs
Case Fatality	
LA County	0.0%
United States	N/A

<sup>a</sup>Cases per 100,000 population.



### ETIOLOGY

Hepatitis B virus, a DNA-virus of the Hepadnaviridae family.

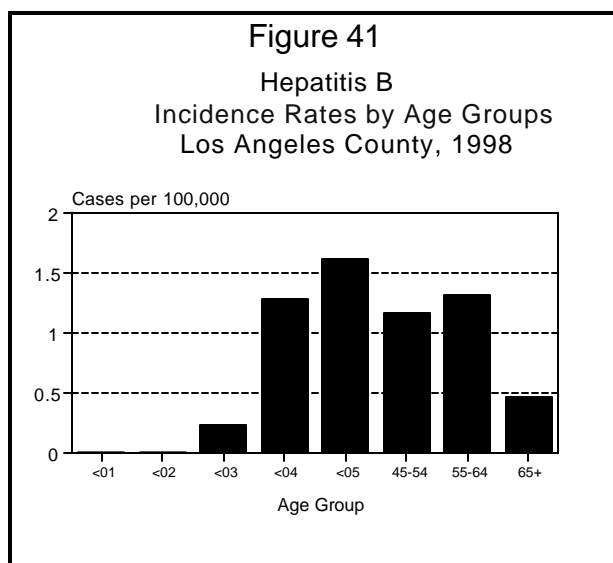
### DISEASE ABSTRACT

There was a dramatic decrease in the number of cases among females, and the overall incidence of hepatitis B continued to decline. There were no reports of perinatal transmission and only seven cases were under 18 years of age.

### STRATIFIED DATA

**Trends:** The 1998 rate of hepatitis B (1.0 per 100,000 population) remained low and decreased slightly from the 1997 rate (1.2 per 100,000). The overall downward trend of hepatitis B cases, which began in 1992, continued (Figure 40).

**Seasonality:** None.



**Age:** Of 92 cases of hepatitis B, most were in adults under the age of 45 (n=64). Forty-nine percent of cases were aged 15 to 34 years. Rates were highest in those aged 35 to 44 years (1.62 per 100,000) followed by those aged 15 to 34 years (1.29 per 100,000)(Figure 41).

**Sex:** Most cases were in males (n=72). The number of cases was highest in Hispanic males (n=24), followed by White (n=20), Black (n=13) and Asian (n=9) males. The number of cases among females ranged between three and five in all ethnic groups. The overall male-to-female rate ratio was 3.6:1, an increase of 100% over the 1997 ratio (1.8:1). Although hepatitis B has historically been a predominately male disease, the reason for the increase in the male-female ratio in 1998 is not clear.

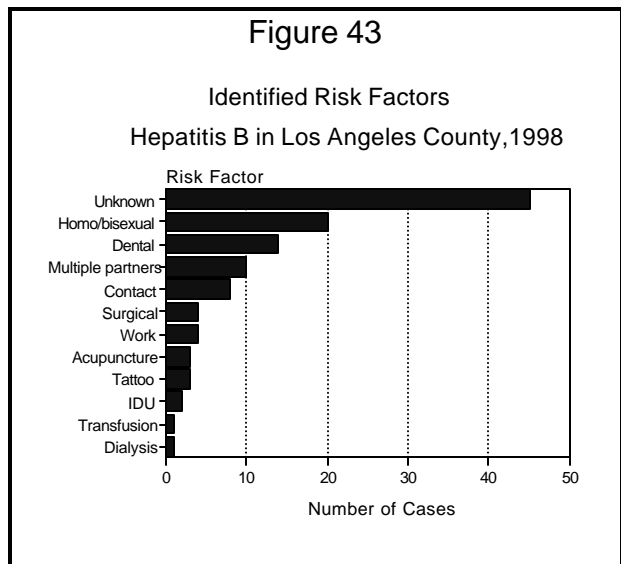
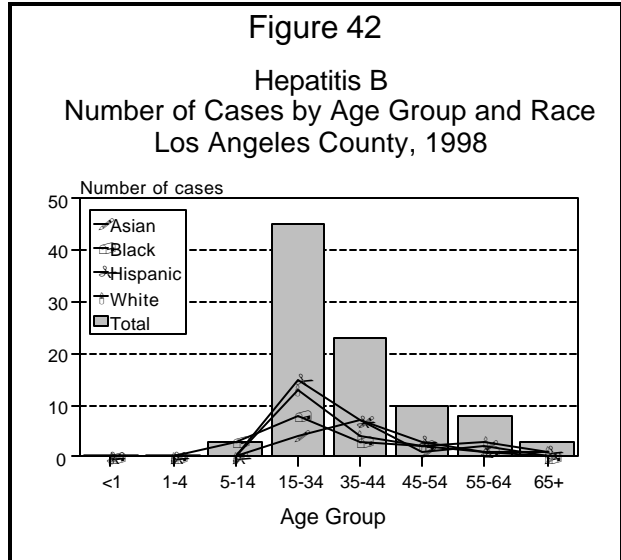
**Race/Ethnicity:** The highest rates were seen in Blacks (2.15 per 100,000) followed by Asians (1.28 per 100,000).The highest number of cases occurred in Hispanics (n=27) and Whites (n=23) (Figure 42).

**Location:** Rates were highest in Hollywood-Wilshire, South, and Central Health Districts, with 4.5, 2.3 and 2.0 cases per 100,000 population, respectively (Map 6).

**COMMENTS**

Decreasing rates of acute hepatitis B since 1992 in those under age 15 suggest that the strategy to reduce hepatitis B among infants and children through prophylaxis of newborns of chronic carrier mothers and universal hepatitis B immunization of all infants is succeeding. However, risk modification education efforts aimed at reducing AIDS and other bloodborne illness, including hepatitis, that were successful earlier this decade seem to have lost their effectiveness. New strategies are needed to reduce high-risk behaviors and provide resources for low-cost hepatitis B immunization for all, but particularly for younger 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 the target population.

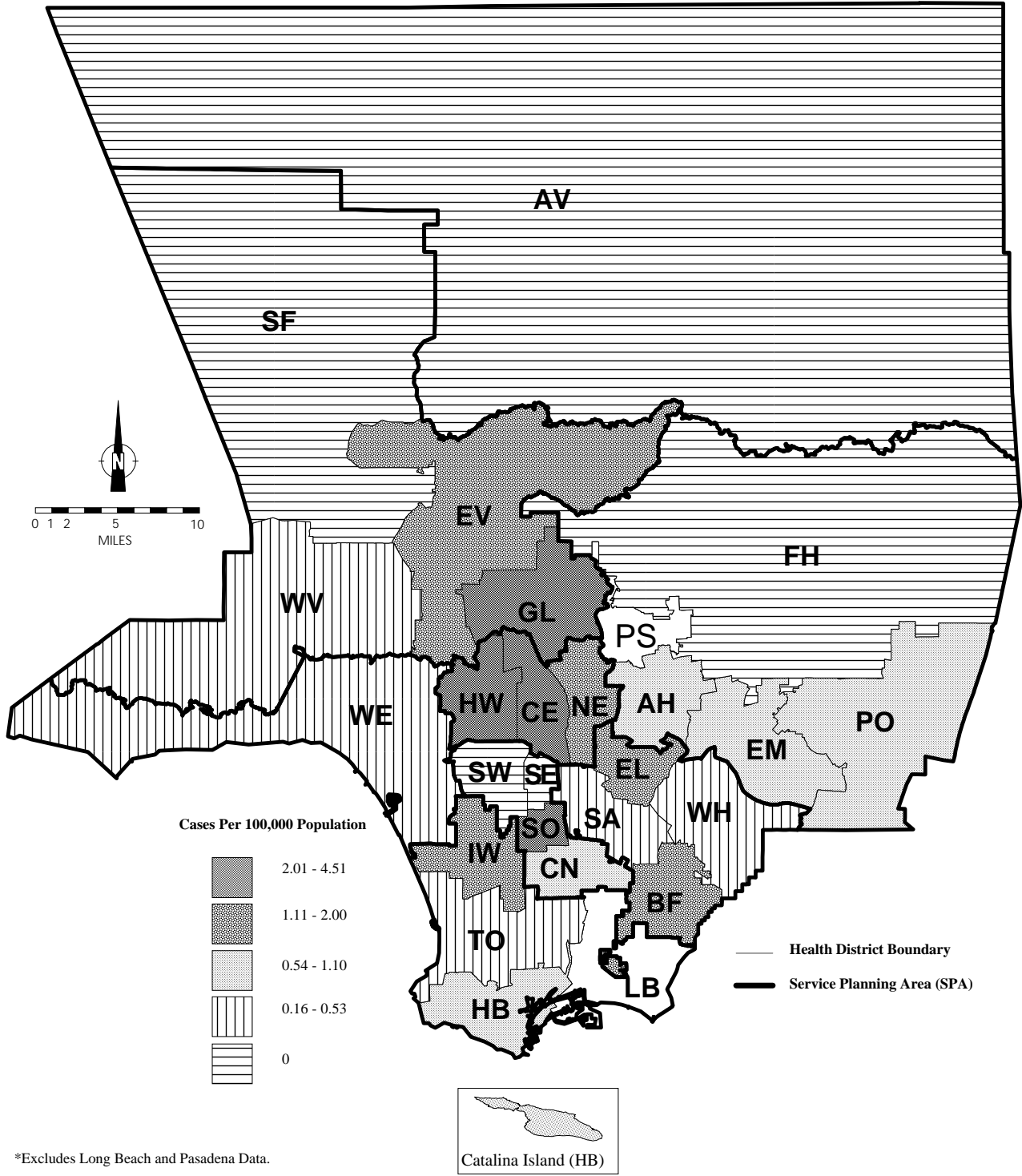
Currently, there are significant barriers for adequate and complete testing of people suspected of having hepatitis B, as well as for the timeliness and accuracy of reporting and classification of cases. Corrections to current procedural terminology (CPT) codes, to ensure that additional tests



are done when appropriate, are scheduled to take effect in 2000. Progress has been made towards simplification and enhancements to reporting. Timely information about reporting requirements, revised criteria for definition of an acute case of hepatitis B, and other relevant issues are periodically presented in the *Public Health Letter*.

# MAP 6. Hepatitis B

## Rates by Health District, Los Angeles County, 1998\*



\*Excludes Long Beach and Pasadena Data.