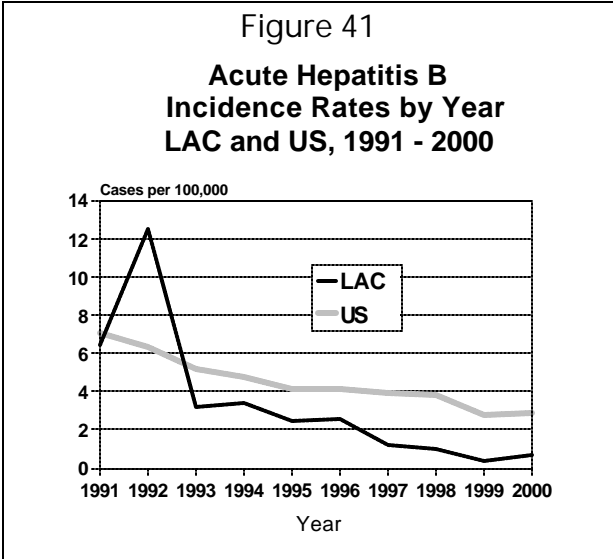


## HEPATITIS B, ACUTE

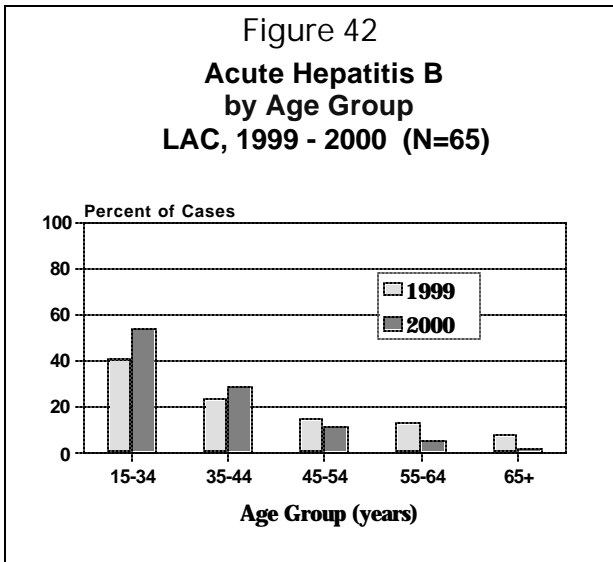
CRUDE DATA	
Number of Cases	65
Annual Incidence <sup>a</sup>	
LA County	0.7
California	3.3
United States	2.9
Age At Onset	
Mean	36 years
Median	32 years
Range	18 - 67 years
Case Fatality	
LA County	N/A
United States	N/A

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



### ETIOLOGY

Hepatitis B is a vaccine-preventable disease transmitted through parenteral or mucous membrane exposure to the blood and other body fluids of individuals infected with the hepatitis B virus (HBV), a DNA-virus of the Hepadnaviridae family. It is also transmitted from mother to infant during birth. Symptoms, which occur in less than half of those infected, may include fatigue, anorexia, abdominal pain, nausea and vomiting, jaundice and mild fever. Approximately 10% of those acutely infected will remain infected chronically. Death from cirrhosis or liver cancer is estimated to occur in 15-25% of those with chronic infection. Infants infected perinatally, but who remain acutely asymptomatic, are not included in this category.



### DISEASE ABSTRACT

- In 2000, the number of cases of acute hepatitis B remained relatively low.
- All acute cases were adults aged 18 years or older and the majority of cases were in men.
- Multiple sexual partners remained the most frequently identified risk factor.

## STRATIFIED DATA

**Trends:** Cases of hepatitis B in LAC have remained low since 1993 (Figure 41). Acute hepatitis B continues to be a disease primarily of young adult males.

**Seasonality:** None.

**Age:** Cases ranged in age from 18 to 85 years, with 50% occurring in those aged under 35 years. Since 1999, there was an increase in cases among younger adults aged 15-34 years (Figure 42).

**Sex:** The male-to-female rate ratio was 2.2:1. The number of cases in males exceeded those in females in all ethnic groups (Figure 43).

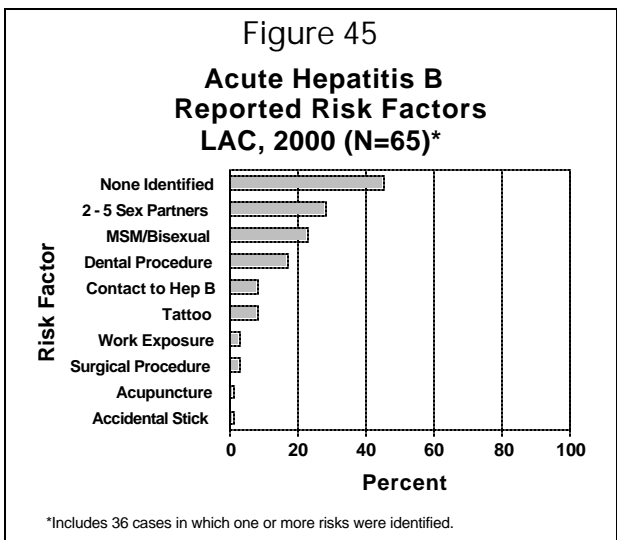
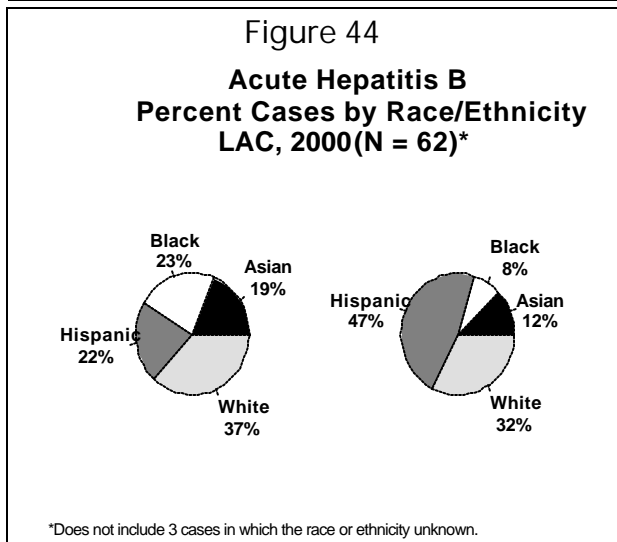
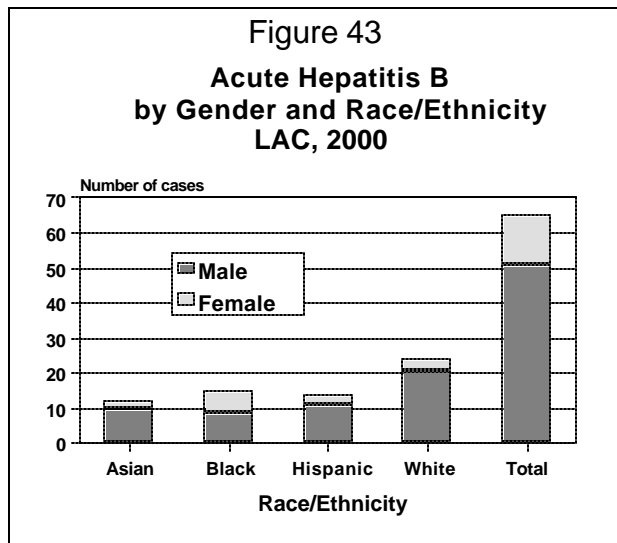
**Race/Ethnicity:** The burden of acute disease was proportionately lowest in Hispanics, who comprise 47% of the population in 2000, but only 22% of hepatitis B cases (Figure 44).

**Location:** SPA 8 (South Bay/Harbor) had the most cases with 17, followed by SPA 4 (Metro) with 12 and SPA 2 (San Fernando) with 11. SPA 1 (Antelope Valley) had no cases. Six health districts—Antelope Valley, San Fernando, El Monte, Northeast, Compton, and Whittier—had no cases reported.

## COMMENTS

Surveillance for hepatitis B is passive and dependent solely upon reports from providers and laboratories. The majority of these reports do not provide a definitive diagnosis or enough information to designate a case as acute or chronic. Additional information is obtained through patient interview and further investigation. With rare exception, an acute case is one in which the information obtained is sufficient to meet the CDC case criteria.

In 2000, there were 65 cases designated as acute hepatitis B following investigation. All were in adults aged 18 years or older. Eighty-three percent were in adults aged 18-44 years.



One or more risks were identified in only 55% of cases. The risk factor most often reported by both men and women was multiple sexual partners, accounting for 28% of all risks identified (Figure 45). Fourteen percent reported contact to a person with hepatitis B disease.

There were 7,675 chronic hepatitis B reports. Fifty-one percent were in younger adults aged 18- 44 years. Data on chronic cases, which unlike acute cases are not routinely investigated or interviewed, do not include risk factor information. However, it is reasonable to assume that the risks for acquiring disease in those with chronic hepatitis B are similar to the risks reported by those with acute hepatitis B. The current approach of vaccination for adolescents and others at high risk, as well as education aimed at eliminating, reducing, or mitigating high-risk behaviors in sexually active adults, should continue until more is known about the sexual behavior of persons with chronic hepatitis B. Ongoing improvements in data collection and analysis will provide a more accurate description of this infection in the future.

## **ADDITIONAL RESOURCES**

Epidemiology and Prevention of Viral Hepatitis slide set available at:  
[http://www.cdc.gov/ncidod/diseases/hepatitis/slideset/hep\\_b/slide\\_1.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/slideset/hep_b/slide_1.htm)

CDC Publications, Viral Hepatitis, available at:  
<http://www.cdc.gov/ncidod/diseases/hepatitis/resource/pubs.htm>

Viral Hepatitis B, available at: <http://www.cdc.gov/ncidod/diseases/hepatitis/b/index.htm>

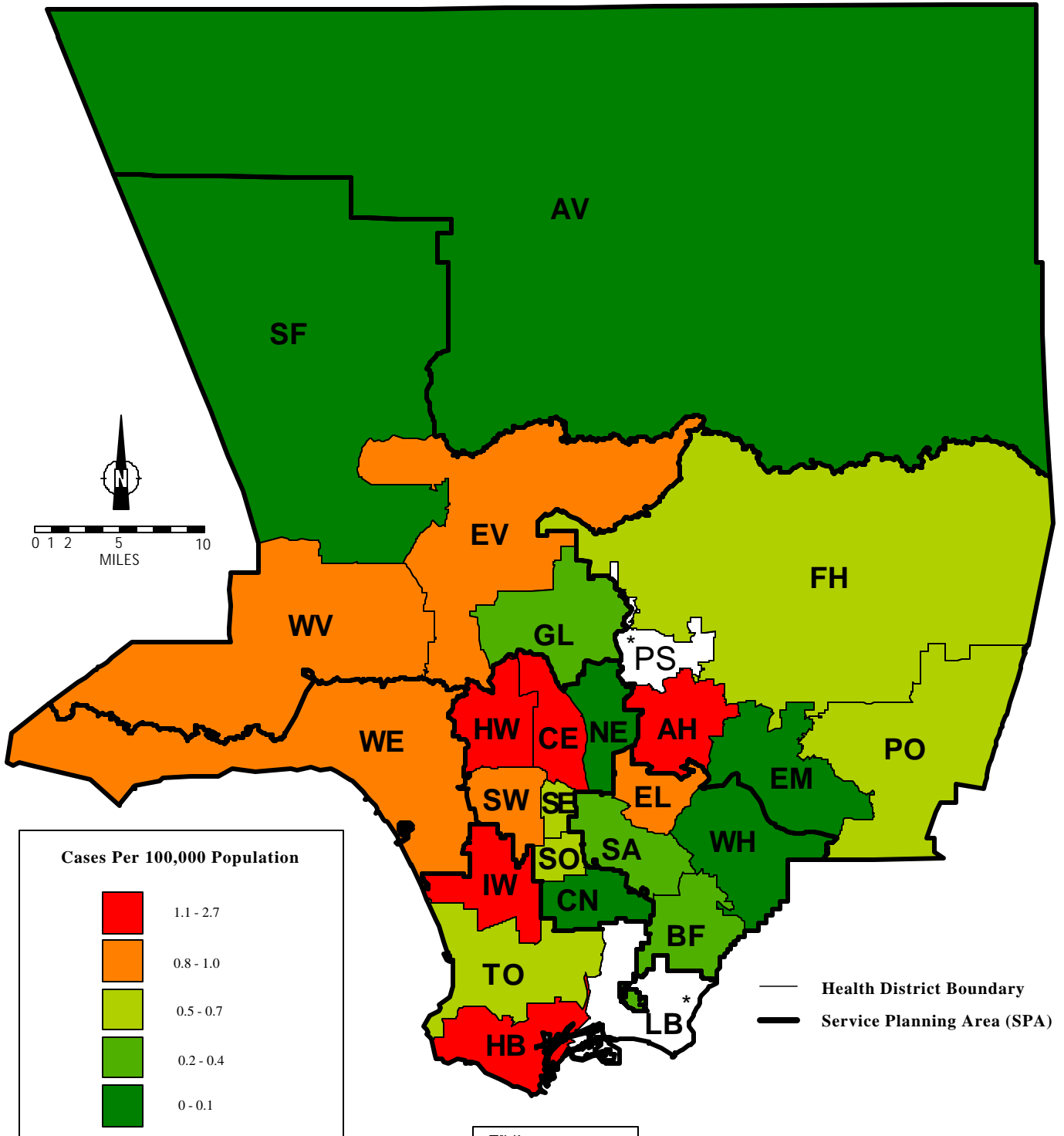
Immunization Action Coalition, available at:  
[www.immunize.org/](http://www.immunize.org/)

Hepatitis B Foundation, available at:  
<http://www.hepb.org/>

Acute Communicable Disease Control website:  
<http://lapublichealth.org/acd/procs/b73/b73index.htm>

# MAP 7. Hepatitis B

## Rates by Health District, Los Angeles County, 2000\*



\*Excludes Long Beach and Pasadena Data.

