

Chapter from the Communicable Disease Morbidity Report 1996, Disease Control Programs. County of Los Angeles Department of Health Services.

CRUDE DATA	
Number of Cases	231
Annual Incidence ^a	
LA County	2.64
California	1.5
United States	1.4
Age At Onset	
Mean	45.7
Median	44
Range	< 1-80 yrs
Case Fatality ^b	
LA County	0.0%
United States	N/A

HEPATITIS C (NON-A, NON-B)



a Cases per 100,000 population. Deaths per 1,000 cases.

ETIOLOGY

Hepatitis C (non-A non-B) and possibly other hepatotrophic viruses.

DISEASE ABSTRACT

Non-A, non-B hepatitis refers to a reporting category of viral hepatitis which excludes infection with types A and B hepatitis viruses and other known causes of liver disease. In the US, most cases of non-A, non-B hepatitis are caused by hepatitis C virus, a disease predominantly transmitted by blood-to-blood contact. Hepatitis C is often mild or inapparent in its acute stage, but chronic liver disease with persistent hepatitis C antibodies occurs in the majority of infections. Sexual and perinatal exposure appears to be a limited means of transmitting the virus; however, the epidemiology of the hepatitis C virus is still being determined. With the low number of reported acute cases, care must be taken in the interpretation of stratified data.

STRATIFIED DATA



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Trends: The 1996 rate of hepatitis non-A, non-B (2.6 per 100,000 population) increased from the previous year by 13% (2.3 per 100,000) (Figure 1).

Seasonality: None.

Age: Cases were primarily adults in the 35-64 age groups. The average age was 45.7 years. Only five percent of cases were less than 25 years old. The peak crude age-group rate was in the 45- to 54-year-old age group (6.1 per 100,000). For all racial groups except Whites, incidence rates peaked in mid or late adulthood (over 45); the highest rate among Whites was in the 35- to 44-year-



old age group (7.1 per 100,000). Hepatitis C had the highest race-age group-specific rates in Blacks, 45- to 54-year-old age group (16.2 per 100,000) (Figure 2).

Sex: Overall, the male-to-female rate ratio for hepatitis C was male dominant (1.5:1) The male dominance is apparent in each age group over 24 years of age (Figure 3).

Race/Ethnicity: The 1996 rates increased notably in Blacks and Whites (Figure 4).

Location: The highest health districtspecific rates were in South, Hollywood-Wilshire, and Antelope Valley Health Districts with 19.9, 10.5, and 9.9 cases per 100,000 population, respectively.

PREVENTION

Reduction of high-risk behaviors is the chief means of preventing hepatitis C.



Education aimed at reducing high-risk behaviors for HIV transmission should have additional benefit in reducing hepatitis C cases. Federally mandated serologic testing of blood products continues to keep the risk of transfusion-associated hepatitis C low.



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COMMENTS

Due to the unusually mild acute stage of hepatitis C infections, an individual may be first identified during the chronic stage of illness. The 1990's increase of hepatitis C cases probably was due to increased reporting of serologically positive anti-HCV chronic cases rather than a change in the epidemiology of acute cases.

In recent years, laboratories have been encouraged to report all hepatitis-positive laboratory results, including anti-HCV. Often these reports have limited data. Initial reports are classified as "suspect



acute cases" which may remain unchanged when subsequent investigations determine the case to be a chronic infection.

Presently, without commercially available serological testing, cases of hepatitis E could be mis-categorized as non-A, non-B hepatitis. Hepatitis E cases rarely have been reported in California, although outbreaks have occurred in Mexico, India, Africa, and Asia. There is a potential for infection occurring in Los Angeles County due to the large number of travelers to and from endemic areas. Hepatitis E is a virus transmitted by fecal contamination of a water supply. Often hepatitis E is only suspected when the case gives a history of travel to parts of the world endemic for the disease.