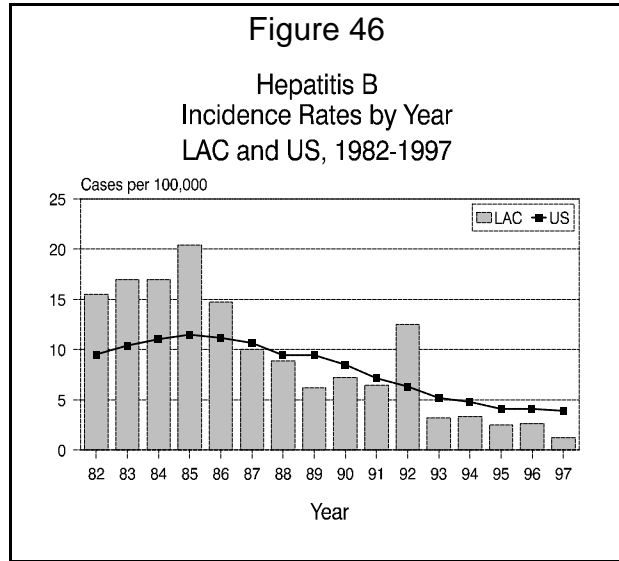


HEPATITIS B

CRUDE DATA	
Number of Cases	109
Annual Incidence ^a	
LA County	1.2
California	5.1
United States	3.9
Age At Onset	
Mean	34
Median	30
Range	10-79 yrs
Case Fatality	
LA County	0.0%
United States	N/A

^aCases per 100,000 population.



ETIOLOGY

Hepatitis B virus.

DISEASE ABSTRACT

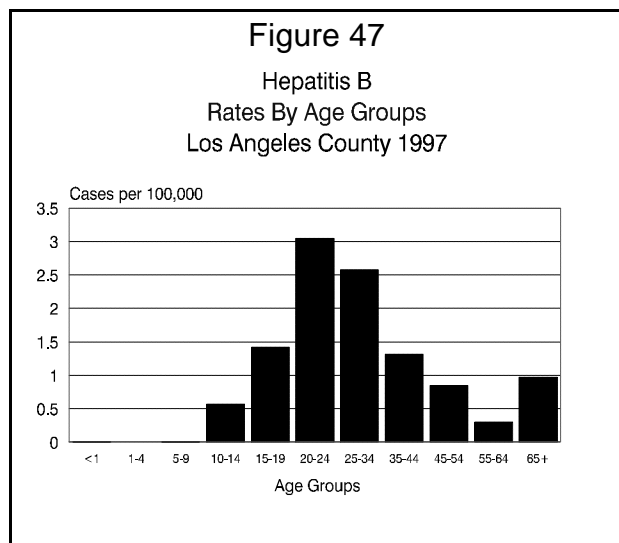
Hepatitis B is a DNA virus transmitted through blood, sexual, and perinatal exposure. The dramatic decrease of hepatitis B cases in the mid- and late-1980s was followed by a plateau of case reports in the early 1990s. In 1997, the hepatitis B case rate remained at low levels.

STRATIFIED DATA

Trends: The 1997 annual hepatitis B rate (1.2 per 100,000 population) decreased (57%) from the 1996 case rate (2.8 per 100,000). This was in keeping with an overall downward trend of reported hepatitis B cases which began in 1986 (Figure 46).

Seasonality: None.

Age: Reported cases of acute hepatitis B occurred primarily in the adult age groups;

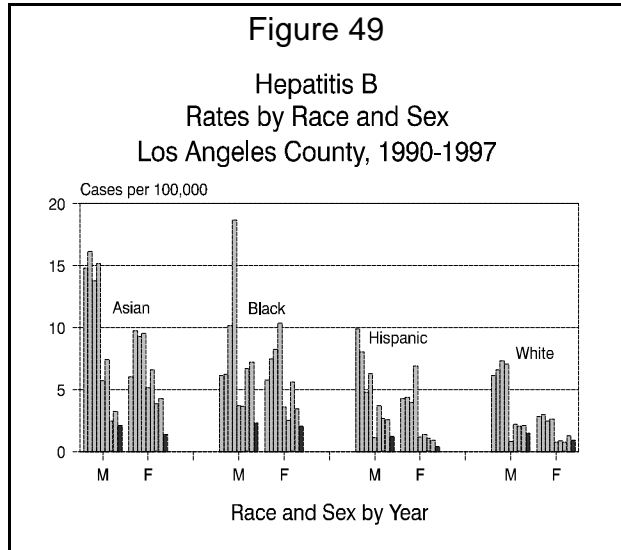
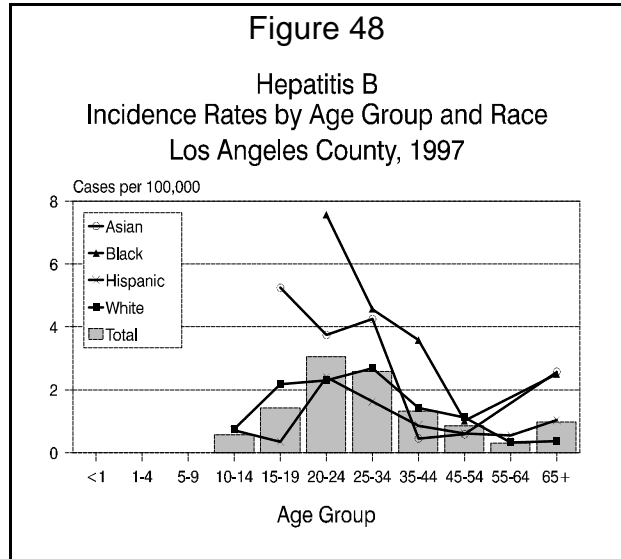


the average age was 34 years. Seventy percent of cases were between the ages of 20 and 44 years. The peak rate occurred in the 20- to 24-year-old group (3.05 per 100,000) (Figure 47). The highest race-age group-specific rate was in Blacks 20-24 (7.57 per 100,000) followed by Asian age group, 15 - 19 (5.24 per 100,000) (Figure 48). In the United States, transmission tends to occur in adult age groups.

Sex: The overall hepatitis B male-to-female rate ratio was 1.8:1. Black and Asian racial groups had higher rates with less gender disparity (Figure 49). While hepatitis B has always been a male-dominant disease, since 1989 the gender rate ratio has been less than 2:1. This tendency toward equalization of gender-specific case rates occurred due to the dramatic overall decrease among male cases.

Race/Ethnicity: Case rates in 1996 decreased in all race- and gender-specific categories. The high Asian rate historically seen may be due to misclassification of chronic cases as acute illness.

Location: Rates were highest in Alhambra, Hollywood-Wilshire, South, and Northeast Health Districts, with 3.5, 3.0, and 2.6 cases per 100,000 population, respectively (Map 6).



PREVENTION

Reduction of high-risk behaviors, prophylaxis of the newborns of chronic carrier mothers, and use of hepatitis B vaccine are the cornerstones of hepatitis B prevention. The United States' general population has a relatively low carrier rate and transmission occurs predominantly among adults. From 1985-1990, the emphasis of AIDS education efforts to reduce unprotected sex and needle sharing behaviors is believed to have led to a dramatic decrease in the overall number of hepatitis B cases.

In 1991, universal hepatitis B vaccination of all infants was incorporated into the existing childhood immunization schedule. The full effect of this effort will be seen when the newly immune infant cohort reaches adulthood where the majority of transmissions takes place. With the apparent changing epidemiology of hepatitis B in Los Angeles County, prevention

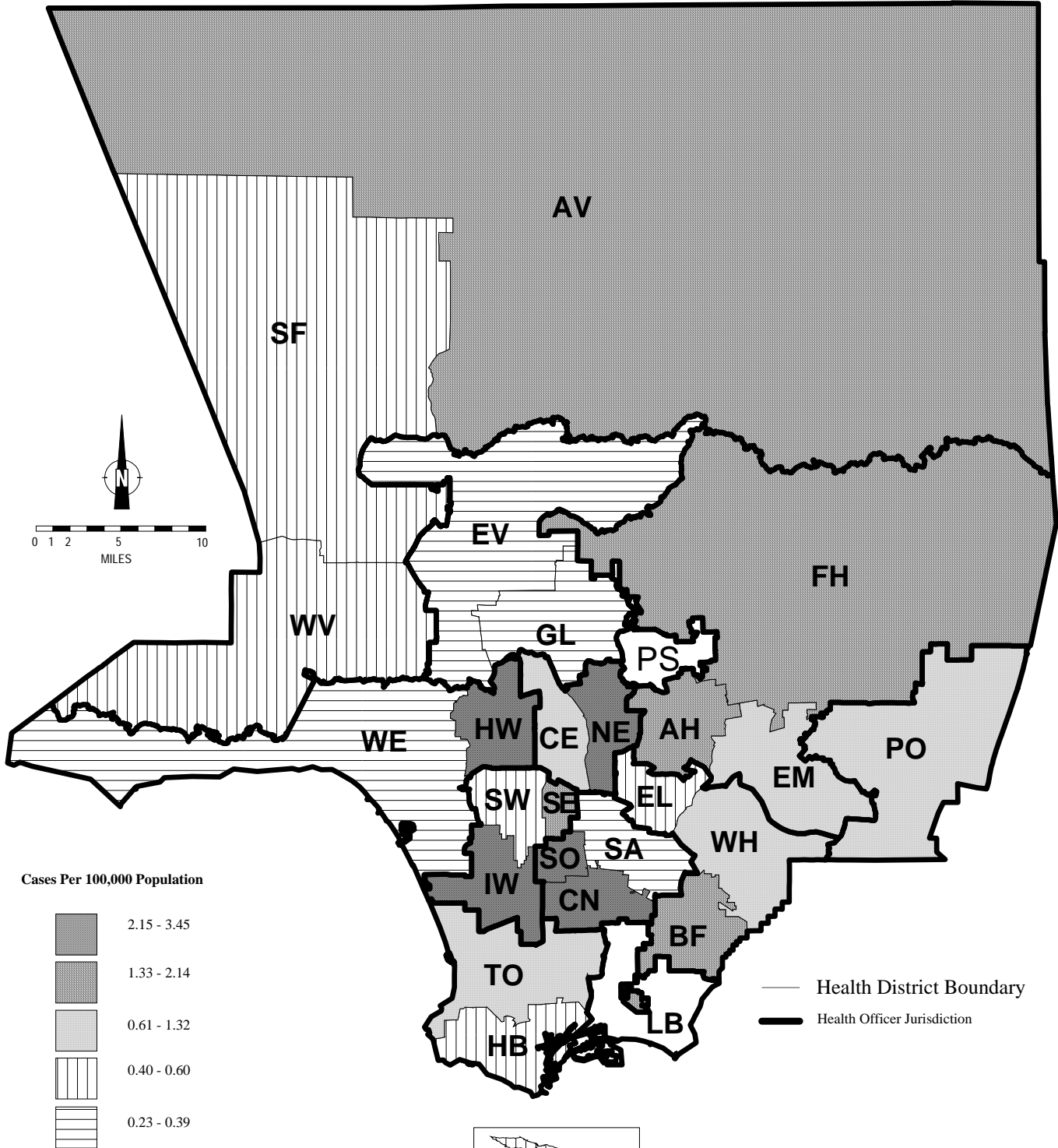
efforts will need to be refocused to reduce cases even further.

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. Reporting of laboratory tests (HBsAg) without supporting clinical or demographic information presents difficulties for public health follow-up.

MAP 6. Hepatitis B

Rates by Health District, Los Angeles County, 1997*



*Excludes Long Beach and Pasadena Data.

