

Acute Hepatitis B

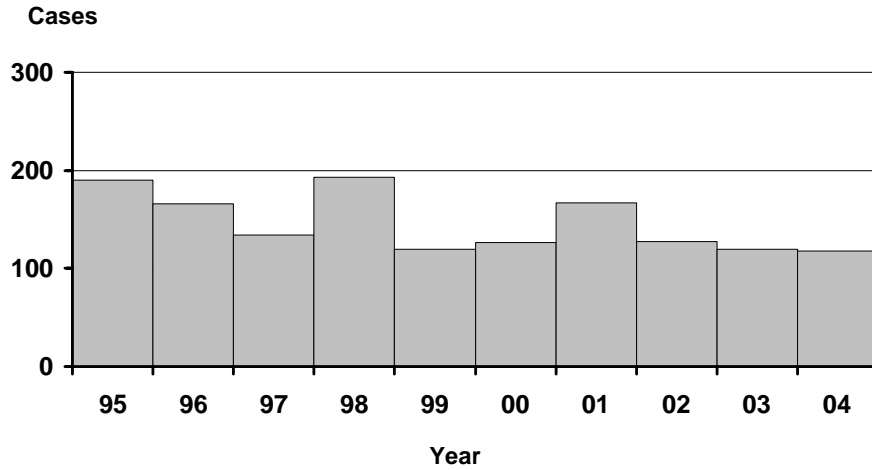
Hepatitis B is a vaccine-preventable viral disease of the liver that occurs when the virus of an infected person passes (through blood, semen, or saliva) into the blood stream of a non-immune person. Percutaneous or permucosal exposures take place when hypodermic needles are shared, when blood splashes into an eye, during sex, by biting, when improperly sterilized injection devices are used for tattooing, body piercing, and acupuncture, and when the baby of a hepatitis B carrier is being born.

Acute hepatitis B virus infection (diagnosed by the sero-presence of the IgM antibody to the hepatitis B core antigen [IgM anti-HbcAg]) usually, but not always, causes jaundice. Some infections are mild, even asymptomatic, and may go undetected. Hepatitis B has been vaccine-preventable since 1982 and, to promote universal vaccination and hence protection, was added to the recommended childhood immunization schedule in 1992 with the series starting at birth.

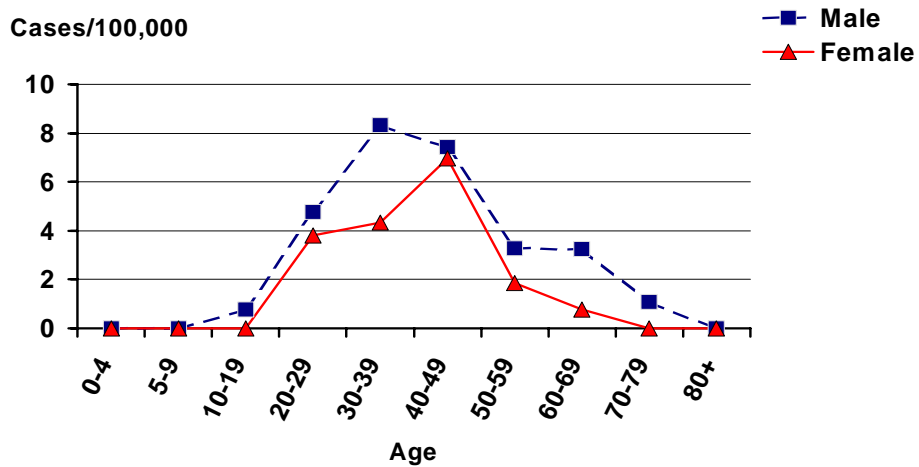
Acute hepatitis B in Oregon declined from 1993–1996 – the very end of a decade-long, 72% decline that started here after the hepatitis B vaccine was licensed in 1982 (hepatitis B declined 76% in the US as a whole over the same period of time). The number of cases leveled off in 1997, to about 150 cases per year.

In 2004, the picture of hepatitis B in Oregon was essentially unchanged. Local health departments investigated and reported 118 acute cases in 2004. There were nearly twice as many male cases as female cases. Though a quarter (26%) of all cases did not have a hepatitis B risk factor identified after intensive probing by local public-health nurses; 42% of those interviewed were IV drug users; the remainder were sexually exposed.

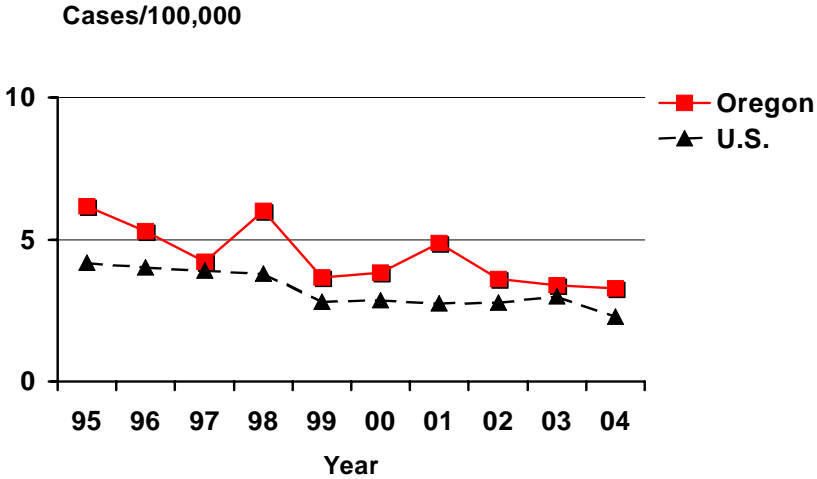
Hepatitis B (Acute) by Year Oregon, 1995–2004



Incidence of Hepatitis B (Acute) by Age and Sex Oregon, 2004



Incidence of Hepatitis B (Acute) Oregon vs. Nationwide 1995–2004



Incidence of Acute Hepatitis B by County of Residence, Oregon 2004

