

Hepatitis B

Why is Hepatitis B important?

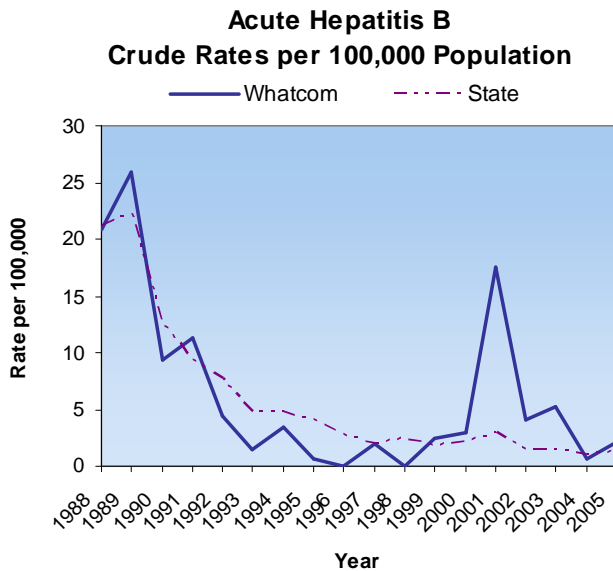
Hepatitis B is a viral disease that is preventable with a vaccine (three shots are needed over a six-month period). Infection with hepatitis B virus (HBV) causes acute and sometimes chronic disease. Recovery from an acute hepatitis B infection provides lifelong immunity. However, about ten percent of those infected (carriers) will develop a chronic HBV infection which may lead to cirrhosis (scarring of the liver) or liver failure. These long-term chronic outcomes—although they may take decades to develop—are one of the reasons it is so important to halt the spread of this disease. There are 100 to 200 newly diagnosed **acute** hepatitis B cases in Washington each year leading to an estimated 20,000 persons **chronically** infected and still able to transmit the virus to others.

Symptoms of hepatitis B infection may include fever, lack of energy, nausea, vomiting, abdominal discomfort, and jaundice (yellow color in the whites of the eyes or skin and darkening urine). Some persons who have hepatitis B, particularly young children, have no symptoms.

Hepatitis B is spread by direct contact with the blood, serum, or sexual fluids of an infected person. This can happen through having sex with someone infected with hepatitis B or when intravenous drug users share needles. Transmission can also occur between people living together for a long time in the same household or institution. Infected women can pass the virus to their babies.

How are we doing?

The following chart and accompanying table compare Washington State and Whatcom County hepatitis B crude rates and number of cases for 1988 through 2005.



Year	Whatcom County		Washington State	
	Rate per 100,000 Population	# of Cases	Rate per 100,000 Population	# of Cases
1988	20.9	25	21.2	978
1989	25.9	32	22.3	1,055
1990	9.4	12	12.7	616
1991	11.3	15	9.4	470
1992	4.4	6	7.7	398
1993	1.4	2	4.7	247
1994	3.4	5	4.7	253
1995	0.7	1	4.1	226
1996	0.0	0	2.8	158
1997	1.9	3	2.0	113
1998	0.0	0	2.4	136
1999	2.4	4	1.8	107
2000	3.0	5	2.2	132
2001	17.6	30	2.9	171
2002	4.1	7	1.4	83
2003	5.2	9	1.5	90
2004	0.6	1	1.0	64
2005	2.2	4	1.3	80

During the mid-to-late 1990's, Hepatitis B rates were extremely low in Whatcom County. This was followed by an increase or "spike" in the number of cases (n=30) in 2001. Because the majority of the 2001 cases were associated with intravenous drug use (IDU), the Health Department implemented interventions targeted to individuals at risk for IDU and their sex partners. These included case-finding, vaccination, risk reduction counseling, and distribution of sterile injection supplies through the Needle Exchange Program. These interventions had an impact as demonstrated by the decrease in cases and corresponding rates in the following years. In 2004, there was only one case of Hepatitis B in Whatcom County and there were four cases in 2005.

What remains to be done?

Medical practices should continue to follow the hepatitis B elimination strategy recommended by the Centers for Disease Control since 1991:

- ❖ Screen all patients at high risk for hepatitis B and offer the hepatitis B vaccination to those without immunity.
- ❖ Counsel hepatitis B carriers about preventing the spread of the virus.
- ❖ Vaccinate un-immunized adolescents who present for medical care for any reason, including sports physicals.
- ❖ Test all pregnant women to identify carriers and those newly infected.
- ❖ Vaccinate all infants with the first dose shortly after birth and complete the 3-dose series by age one.