

Acute Hepatitis B

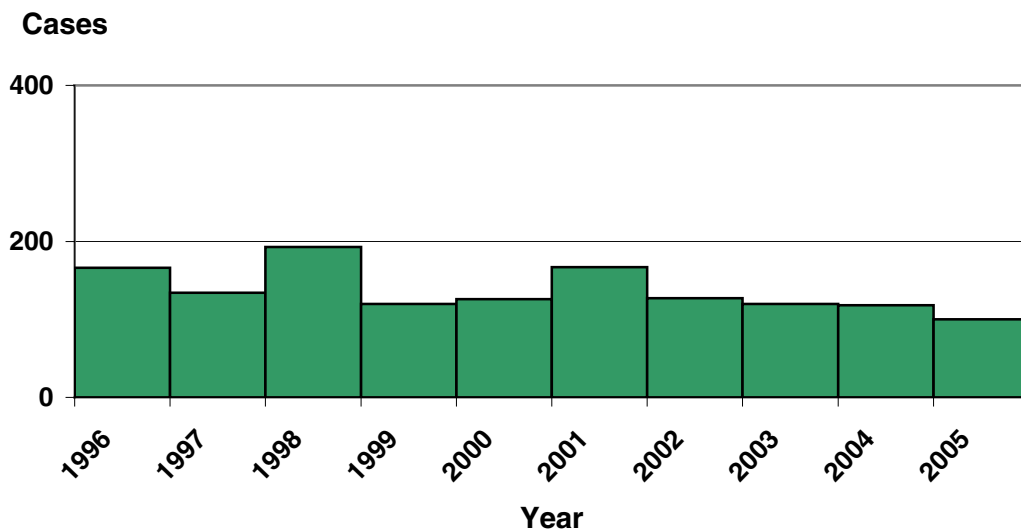
Hepatitis B is a vaccine-preventable viral disease of the liver that occurs when the virus of an infected person passes (through blood, semen, or saliva) into the blood stream of a non-immune person. Percutaneous or permucosal exposures take place when hypodermic needles are shared, when blood splashes 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.

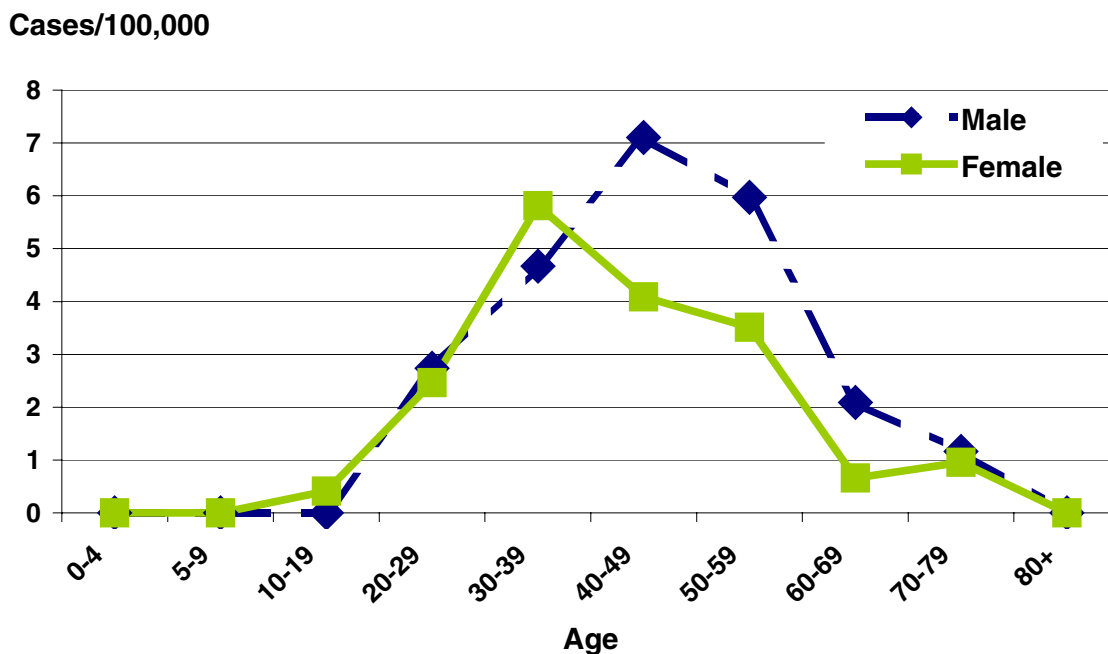
Acute hepatitis B continues to decline in Oregon—a decline that started here after the hepatitis B vaccine was licensed in 1982. The number of cases leveled off in 1999, to about 120 cases per year.

In 2005, the picture of hepatitis B in Oregon was essentially unchanged. Local health departments investigated and reported 99 acute cases in 2005. Over half of the cases were male (56%). Risk factors reported by cases included recent dental work (15%), tattoo (14%), and sexual contact with a confirmed case (3%). The most significant change since 2004 was the decline in the number of cases who reported IV drug use. In 2005, 28% of those interviewed were IV drug users, as compared to 42% in 2004.

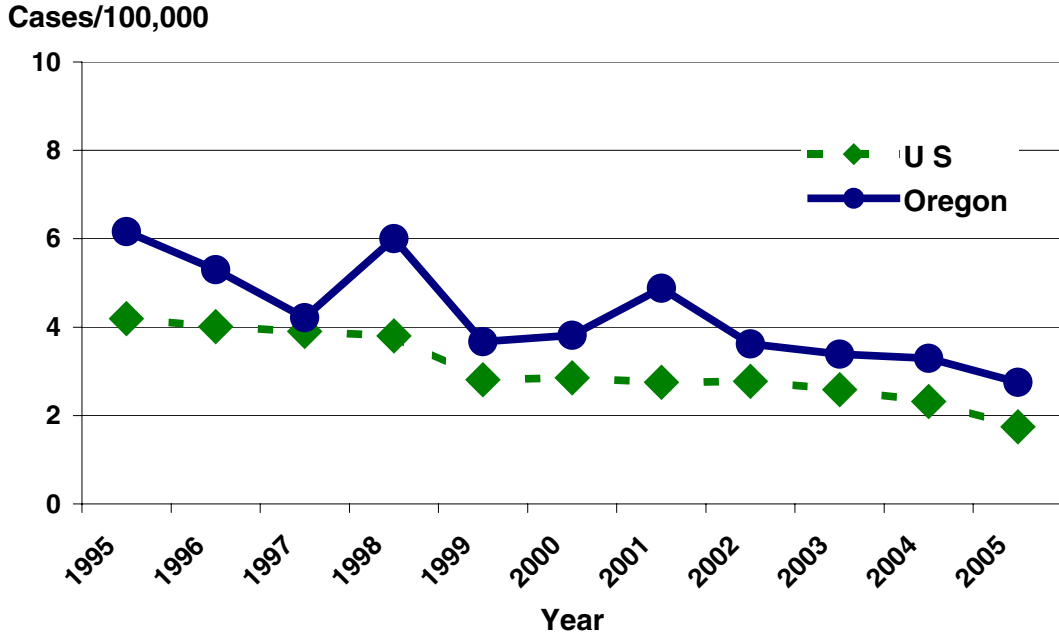
Acute Hepatitis B by Year Oregon, 1996-2005



Incidence of Acute Hepatitis B by Age and Sex Oregon, 2005



Acute Hepatitis B Oregon vs. Nationwide 1995-2005



Incidence of Acute Hepatitis B by County Oregon, 2005

