**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 mother who is a hepatitis B carrier is being born.

Acute hepatitis B virus infection (diagnosed by the presence in serum of IgM antibody to the hepatitis B core antigen [IgM anti-HBc]) 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.

Local health departments investigated and reported 86 acute cases in 2006. Fifty-eight percent of the cases were male. Risk factors reported by cases included men who have sex with men (18%), and multiple heterosexual partners (9%). The number of cases reporting injection drug use increased in 2006 (32%) from 2005 (28%). No risk factors were either identified or were unknown in 31% of cases in 2006.
Acute hepatitis B by year - Oregon, 1997–2006

Incidence of acute hepatitis B by age and sex - Oregon, 2006
Incidence of acute hepatitis B - Oregon vs. nationwide, 2006

Cases/100,000

Year


U.S. Oregon

Incidence of acute hepatitis B by county of residence - Oregon, 2006

Acute hepatitis B rate per 100,000

0.00 0.01–1.53 1.54–2.62 2.63–5.40 5.41–7.40