

## Acute hepatitis B

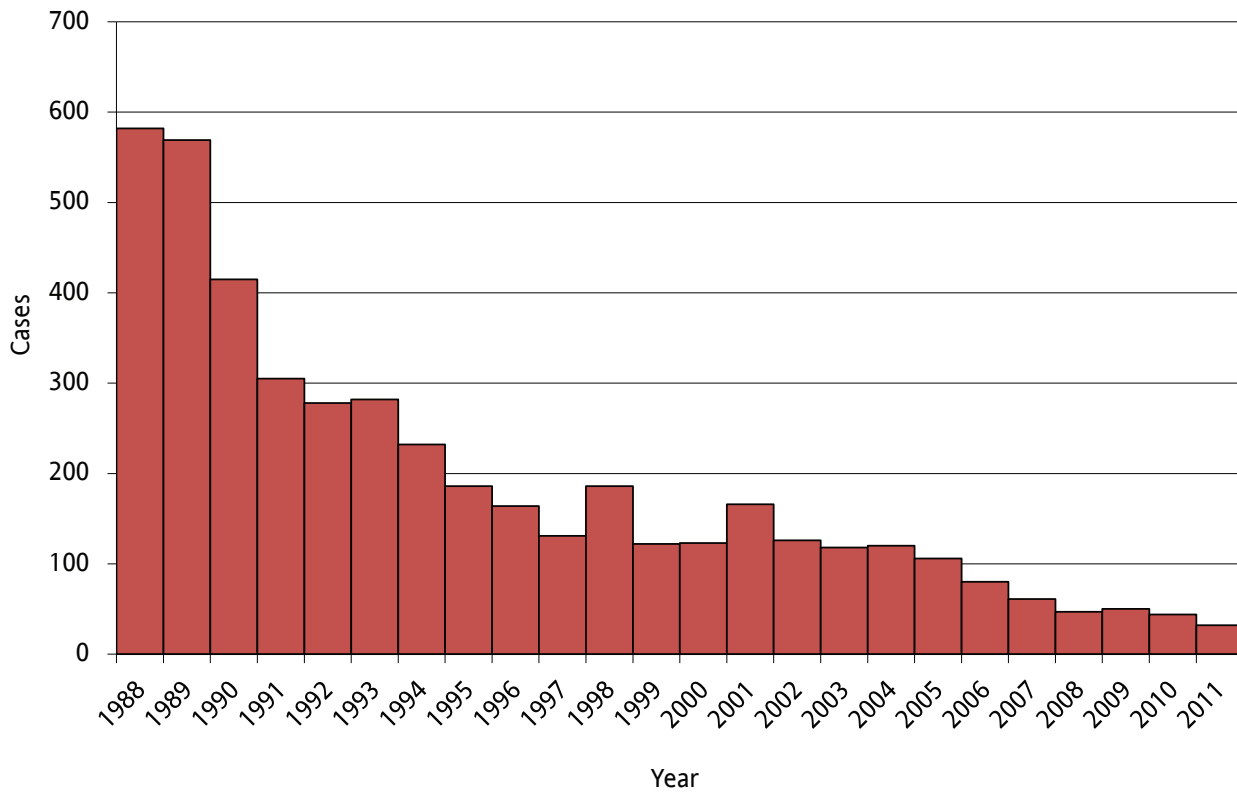
**H**epatitis B is a vaccine-preventable viral disease of the liver that occurs when the virus of an infected person passes (through blood, semen or saliva) into the blood stream of a non-immune person. Percutaneous or permucosal exposures take place when hypodermic needles are shared; when blood splashes into an eye; during sex; by biting; from lapses in hygiene involving glucometer and other fingerstick devices in diabetics; from breaches in infection control in health care settings; and when a baby is born whose mother is a hepatitis B carrier.

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.

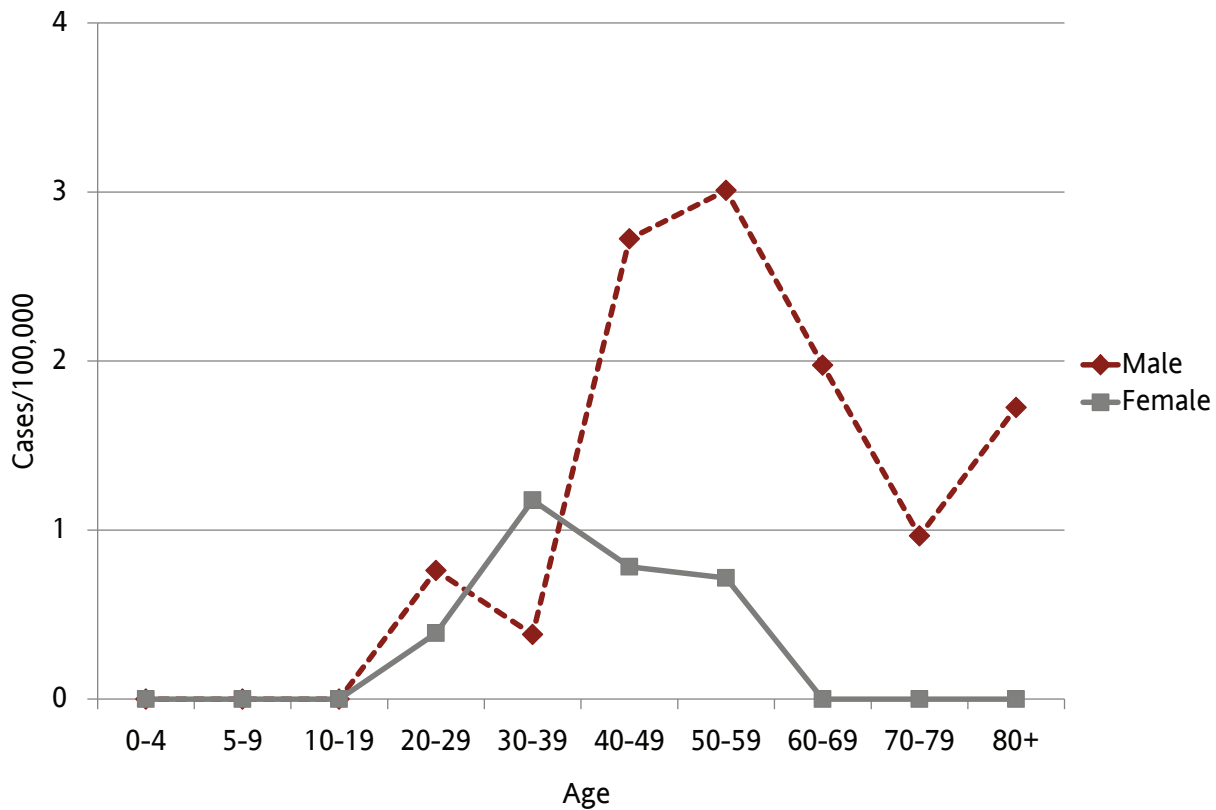
Acute hepatitis B continues to decline in Oregon — a decline that started here after the hepatitis B vaccine was licensed in 1982.

Local health departments investigated and reported 32 acute cases in 2011. Seventy-five percent of the cases were male. The most commonly reported risk factors include injection drug use (IDU) and sexual risk factors (history of multiple sexual partners; men who have sex with men [MSM]). No risk factor was identified for 32% of cases. There were no outbreaks of hepatitis B in 2011.

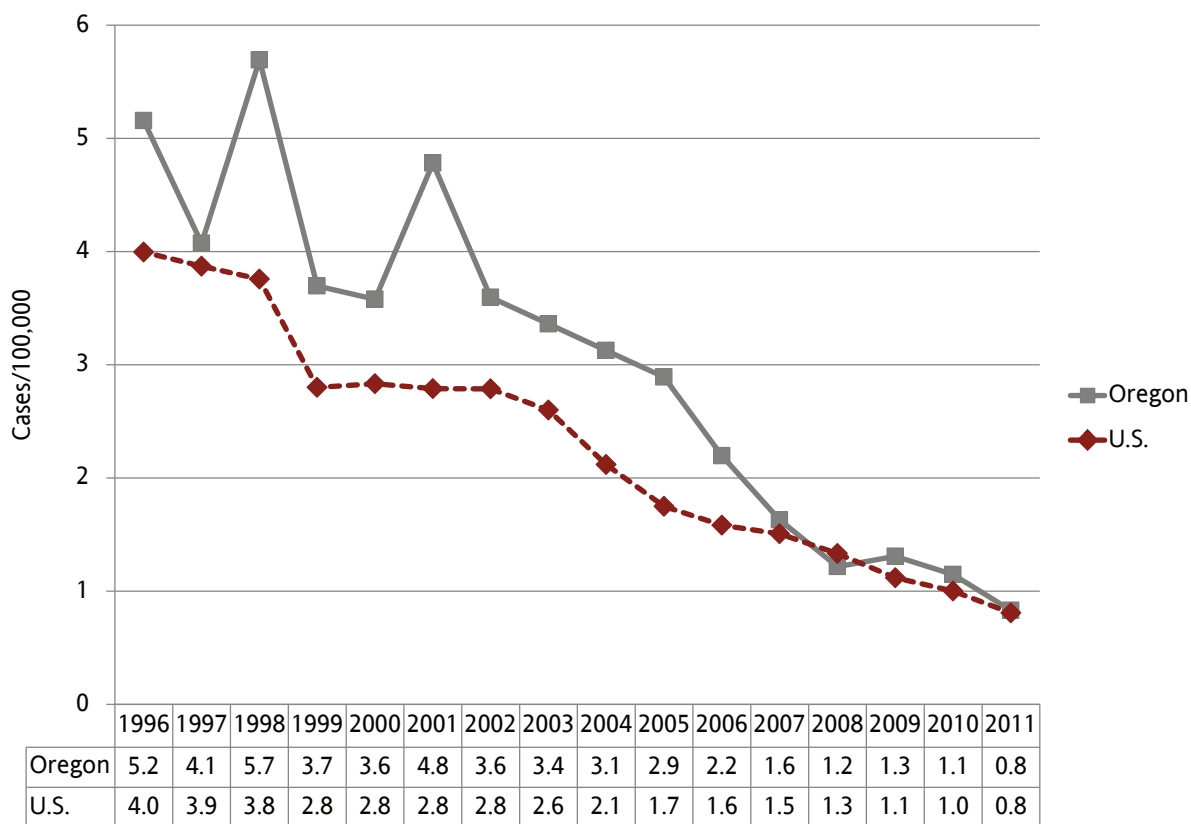
Acute hepatitis B by year: Oregon, 1988–2011



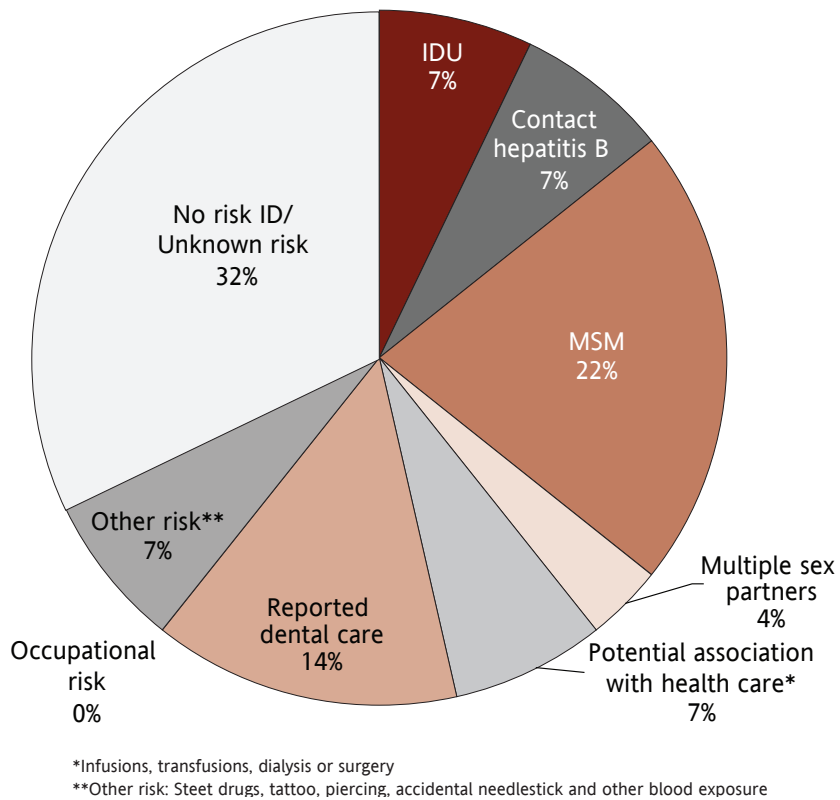
Incidence of acute hepatitis B by age and sex: Oregon, 2011



Incidence of acute hepatitis B: Oregon vs. nationwide, 1996-2011



Reported risk factors for acute hepatitis B among interviewed cases, Oregon, 2011



## Incidence of acute hepatitis B by county of residence: Oregon, 2002–2011

