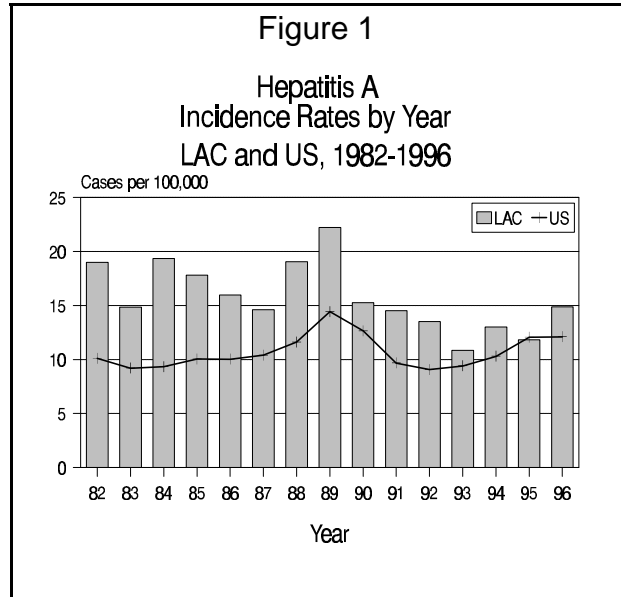




HEPATITIS A

CRUDE DATA	
Number of Cases	1,301
Annual Incidence ^a	
LA County	14.9
California	21.4
United States	12.1
Age at Onset	
Mean	22.4
Median	17
Range	< 1-89 yrs
Case Fatality	
LA County	0.0%
United States	N/A



^aCases per 100,000 population.

ETIOLOGY

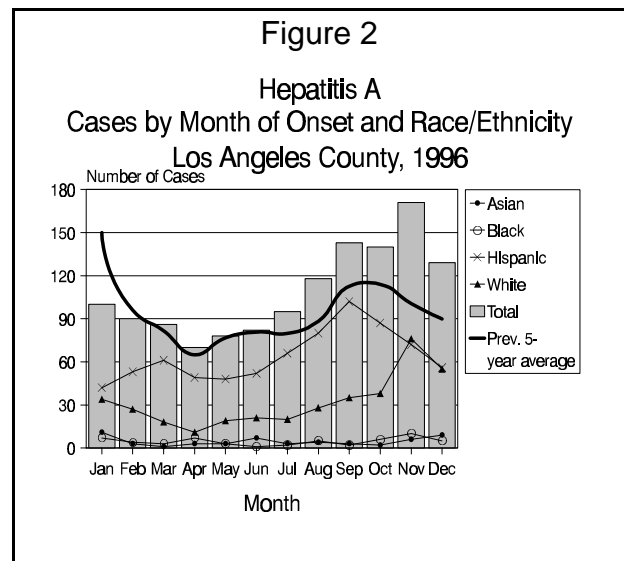
Hepatitis A virus.

DISEASE ABSTRACT

Hepatitis A is a viral RNA disease transmitted by the fecal-oral route. Age, race, and gender each have an influence on disease incidence. Hepatitis A is the most common cause of viral hepatitis.

STRATIFIED DATA

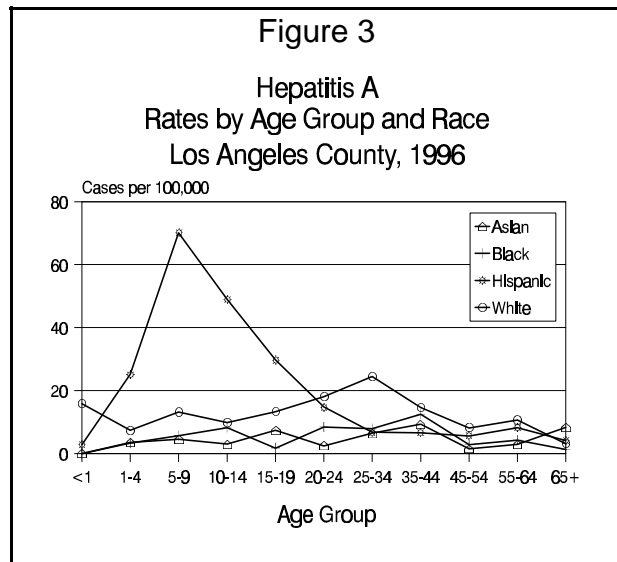
Trends: Hepatitis A has a cyclic occurrence but remained at relatively low levels since the last major increase in 1989. The 1996 hepatitis A crude rate





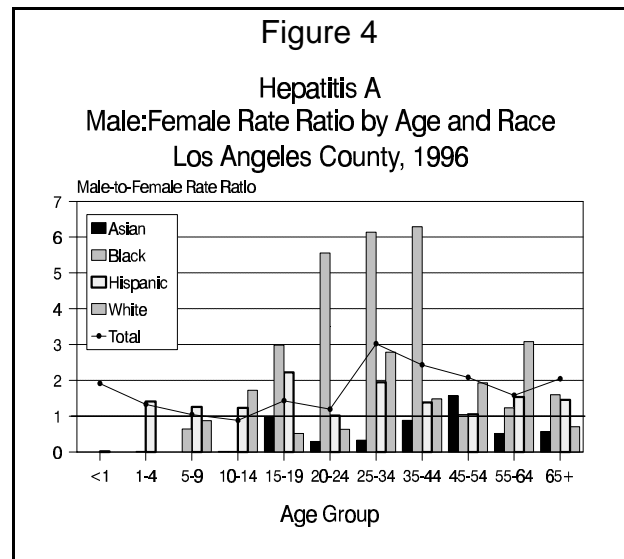
(14.9 per 100,000 population) increased from the 1995 rate of 11.8 per 100,000 (Figure 1).

Seasonality: A historical summer and autumn increase was seen in 1996 (Figure 2). The magnitude of the increase among Whites was larger than usual due to an outbreak in the Harbor-Torrance Health District in November. As in previous years, Hispanic case reports also increased during the first few months of the year, although not as much as in recent years. Cases among Asians and Blacks are distributed evenly throughout the year, but the small monthly case numbers restrict further analysis.



Age: Hepatitis A cases have a mean age of 22.4 years. The mean age of Hispanic cases, comprising 59% of cases, was 14.8 years; Asians, Whites, and Blacks had mean ages of 35.7, 33.9, and 31.2, respectively (Figure 3). The age-group-specific rate was highest in the 5- to 9-year-olds (43.8 per 100,000 population), because of the strong influence of the Hispanic cases (70.1 per 100,000). Whites peaked in the 25- to 34-year-olds (24.5 per 100,000), while Asians and Blacks peaked in 35- to 44-year-olds (8.9 and 12.5 per 100,000), respectively.

Sex: The overall male-to-female rate ratio was 1.25:1. For Blacks and Whites, incidence rates were higher among males, 2.9:1 and 1.5:1, respectively. Among Hispanics, males and females were equally likely to have hepatitis A (1.03:1). The Asian ratio was 0.6:1 (Figure 4).



Race/Ethnicity: The increase in the crude incidence rate for 1996 was due to increases in the Hispanic and White racial groups. The relative positions of the different racial groups did not change from previous years (Figure 5).



Location: The highest rates were in Harbor (26.8 cases per 100,000 population), Hollywood-Wilshire (21.7 cases per 100,000 population), South (20.6 0 cases per 100,000 population), Bellflower (20.1 cases per 100,000 population), Compton (19.5 cases per 100,000 population), and Torrance (19.3 cases per 100,000 population) Health Districts.

PREVENTION

Good hygiene remains the primary preventive measure for hepatitis A. Vaccine for pre-exposure situations has been available since 1995. Immune globulin is used for post-exposure and short-term pre-exposure situations; however, due to marketplace changes, availability has been limited.

COMMENTS

In 1996, a contaminated food product played an important role in shaping the hepatitis A data, particularly among Whites in the South Bay region (1996 Special Report).

Hepatitis A transmission among men who have sex with men may have increased in 1996. An indirect indicator of hepatitis A activity in this population is the rate in White males, aged 25- 34 years in the Hollywood-Wilshire Health District. The 1996 rate of 150.5 per 100,000 population is double the 1995 rate of 74.9 per 100,000 population.

The distribution of Hispanic cases by onset date, age, and gender differs from other racial groups and may represent different mechanisms and/or risks of transmission. Travel to areas endemic for hepatitis A during holiday seasons, overcrowded living conditions, and immunity in the older age groups may account for the cases being seen predominantly among younger Hispanics. Among all other racial/ethnic groups, cases tend to be reported in older individuals where transmission may be associated with adult behavior, such as sexual activity and contact with diaper-aged children, in addition to foreign travel.

