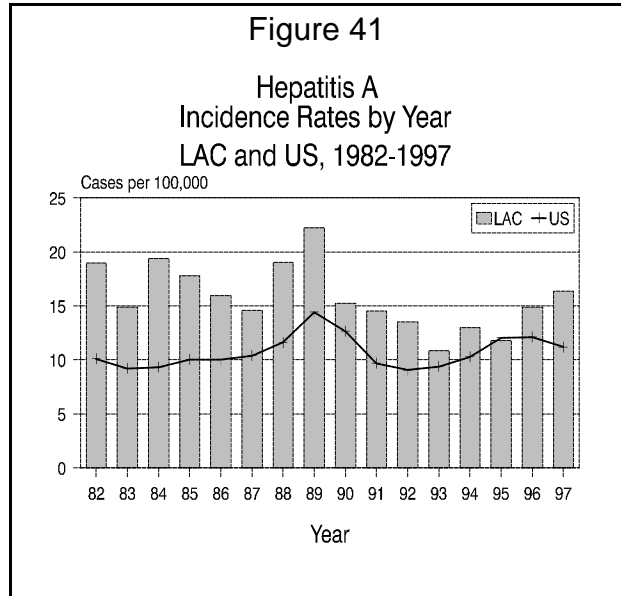


HEPATITIS A

CRUDE DATA	
Number of Cases	1,480
Annual Incidence ^a	
LA County	16.4
California	19.9
United States	11.2
Age at Onset	
Mean	23
Median	19
Range	<1-92 yrs
Case Fatality	
LA County	0.0%
United States	N/A



^aCases per 100,000 population.

ETIOLOGY

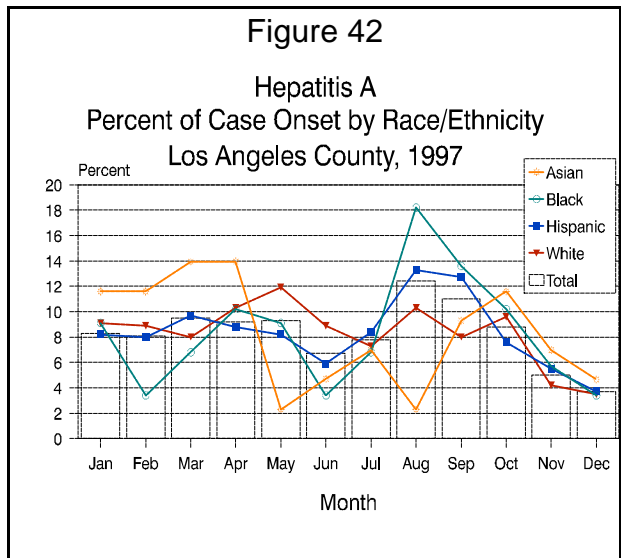
Hepatitis A virus.

DISEASE ABSTRACT

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

STRATIFIED DATA

Trends: Hepatitis A rates have been increasing steadily in Los Angeles County since 1993. The 1997 hepatitis A crude rate (16.4 per 100,000 population) increased 10% over to the 1996 rate of 14.9 per 100,000. Hepatitis A trends in the US. have been comparable but at lower rates (Figure 41).



Seasonality: The increase in hepatitis A cases historically observed in late summer to early

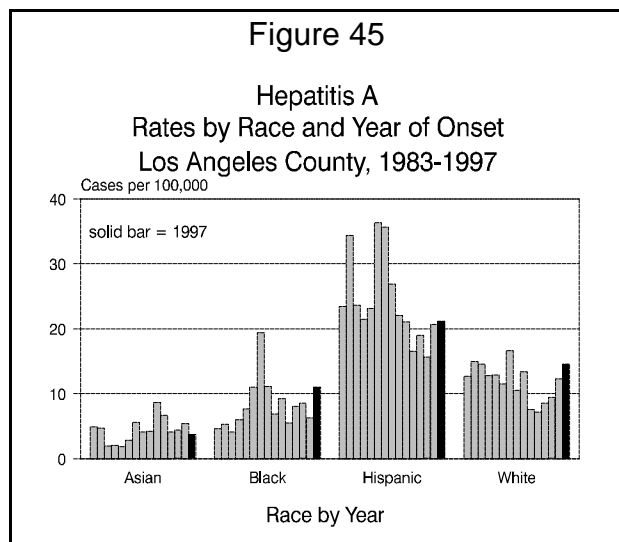
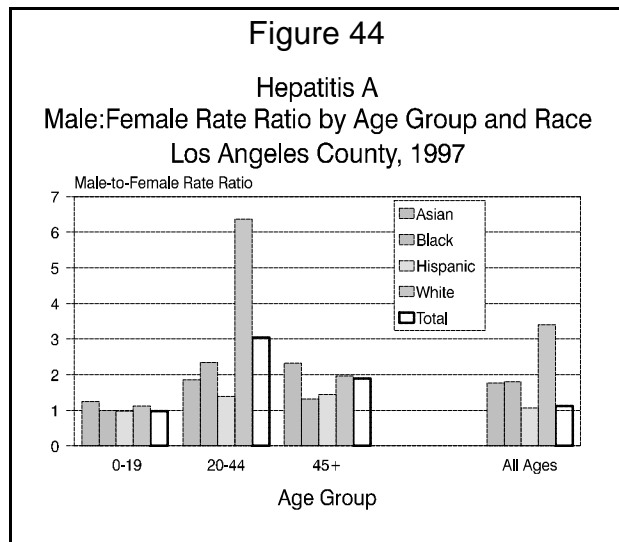
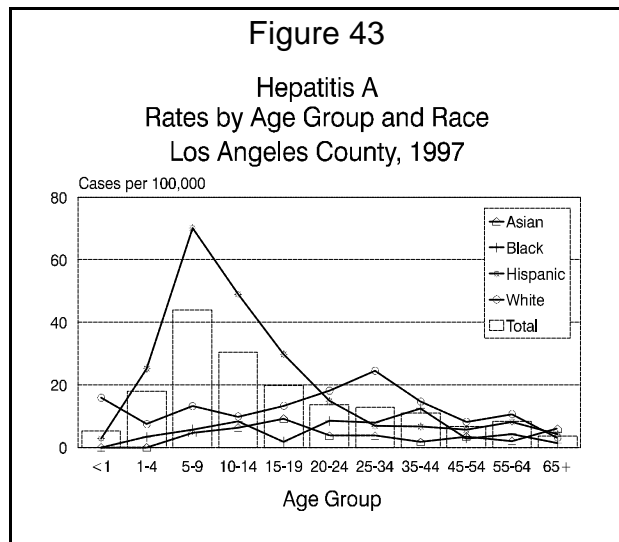
autumn was observed again in 1997 (Figure 42). Disease occurrence within Blacks and Hispanics peaked during this time frame. Cases among Whites were distributed throughout the year while Asian hepatitis A cases peaked early in the year. Small case numbers, especially for Asians and Blacks, preclude detailed analysis.

Age: The overall mean for hepatitis A cases in 1997 was 23 years. The mean age for Hispanic cases was 14 years, while Black, White, and Asian cases had means of 34, 36, and 37, respectively. The age-group-specific rate was highest in the 5- to 9-year-olds (45.0 per 100,000 population) due to the incidence of the Hispanic cases (64.6 per 100,000) in that age group. Asian rates peaked in the 15-19-year old group, (5.3 per 100,000), the White rate peaked in the 25-to 34-year old group (32.3 per 100,000) while Black incidence peaked in the older 35-to 44-year old group (19.3 per 100,000) (Figure 43).

Sex: The overall hepatitis A male-to-female rate ratio was 1.1:1. The gender rate ratio for White, Asian, and Black case rates had a higher proportion of males, 3.4:1, 1.8:1 and 1.8:1, respectively. Among adults (20+), risk of infection is higher in males for all racial groups, especially among Whites. In contrast, adult case gender rate ratios for Hispanic were more even. Risk of infection is equal for males and females in the young (0-19 years) age group for all races (Figure 44).

Race/Ethnicity: The overall crude rate increase for 1997 was due to increased rates among Blacks and Whites. Yearly incidence for Whites has risen steadily since 1993. The large increase in 1996 rates among Hispanics was maintained in 1997. Case frequency among Black and Asian groups (91 and 43, respectively) limits statistical confidence. The ranking of rates by race/ethnicity did not change from previous years (Figure 45).

Location: Map 5 shows district-specific hepatitis A rates for 1996. 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. The vaccine remains a special population group vaccine and widespread usage in community settings has not occurred in Los Angeles County. Immune globulin is used for post-exposure and/or short-term pre-exposure situations; however, availability has been limited.

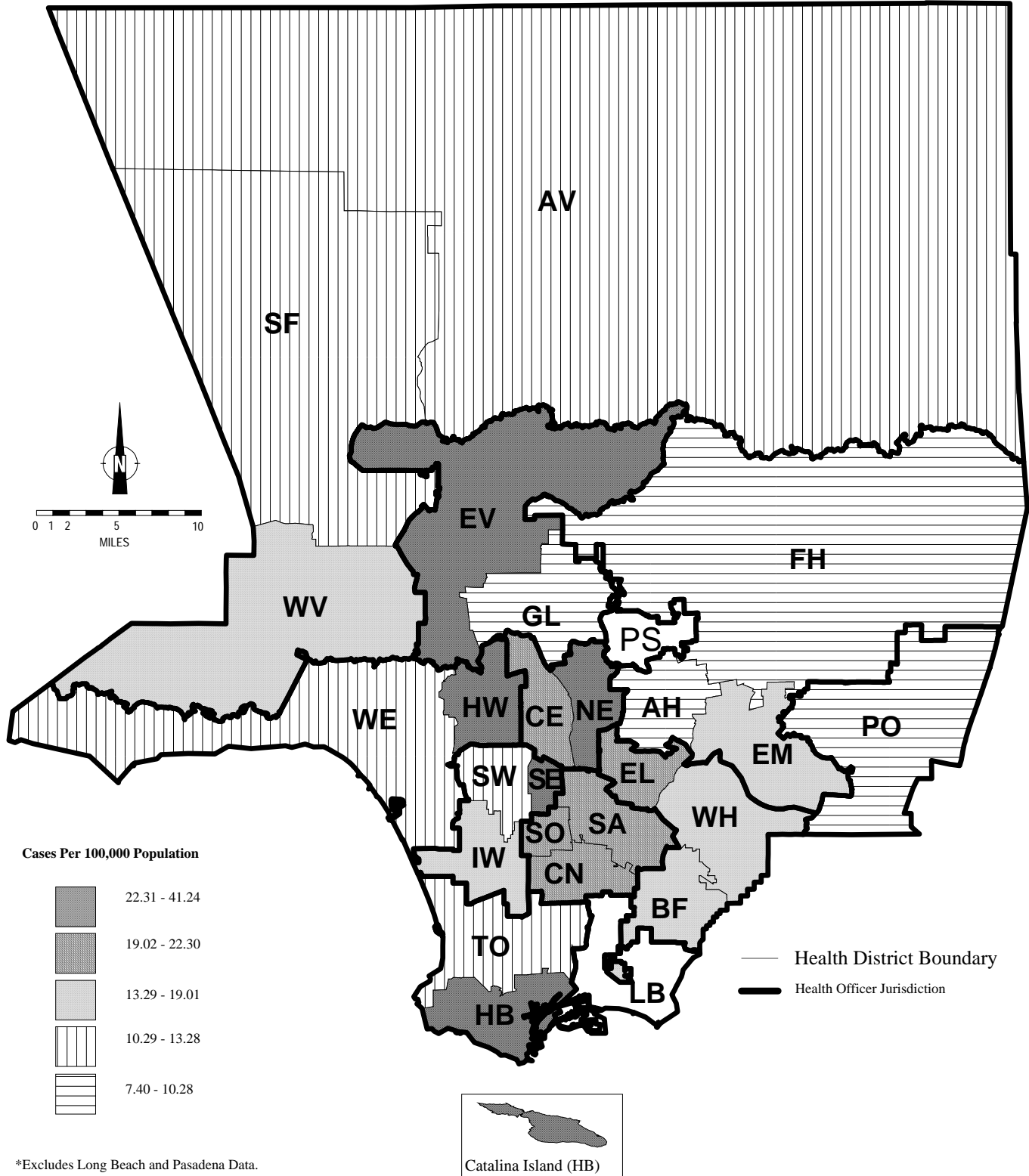
COMMENTS

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. Without specific risk factors identified, vaccination efforts may be beneficial in this group. Travel to areas endemic for hepatitis A during holiday seasons, overcrowded living conditions, and immunity in the older age groups may account for the predominance of cases among younger Hispanics. Among all other racial/ethnic groups, the higher mean case age indicates transmission in older individuals where risk may be associated with sexual activity, contact with diaper-aged children, or foreign travel.

Hepatitis A transmission among men who have sex with men (MSWM) increased in 1997. An indirect indicator of hepatitis A activity among MSWM is the rate in White males aged 25- 44 years in the Hollywood-Wilshire Health District where the 1997 rate of 323 per 100,000 population is twice the 1996 rate of 151 per 100,000 population. MSWM have always been a high-risk group for whom hepatitis A vaccine has been recommended.

MAP 5. Hepatitis A

Rates by Health District, Los Angeles County, 1997*



*Excludes Long Beach and Pasadena Data.