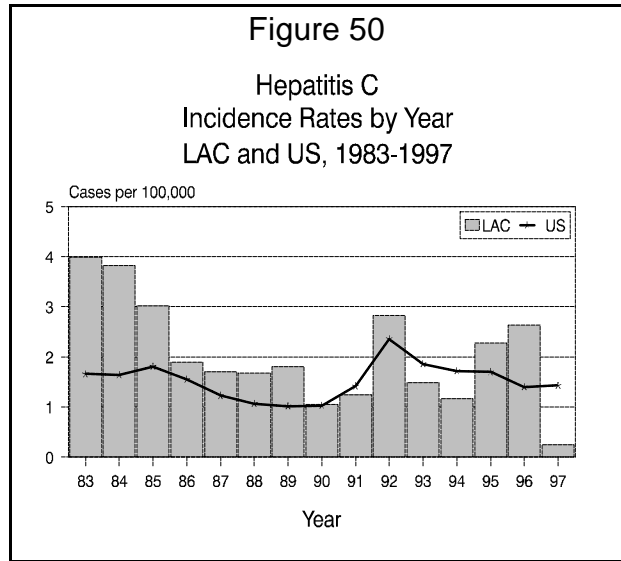


## HEPATITIS C

CRUDE DATA	
Number of Cases	23
Annual Incidence <sup>a</sup>	
LA County	0.25
California	2.67
United States	1.43
Age At Onset	
Mean	42
Median	42
Range	27 - 77 yrs
Case Fatality <sup>b</sup>	
LA County	0.0%
United States	N/A



<sup>a</sup>Cases per 100,000 population.

<sup>b</sup>Deaths per 1,000 cases.

### ETIOLOGY

Hepatitis C (non-A non-B) and possibly other hepatotropic viruses.

### DISEASE ABSTRACT

Non-A, non-B hepatitis refers to a reporting category of viral hepatitis which excludes infection with types A and B hepatitis viruses and other known causes of liver disease. In the US, most cases of non-A, non-B hepatitis are caused by hepatitis C virus, a disease predominantly transmitted by blood-to-blood contact. Hepatitis C is often mild or inapparent in its acute stage, but chronic liver disease with persistent hepatitis C antibodies occurs in the majority of infections. Sexual and perinatal exposure appear to be limited means of transmitting the virus; however, the epidemiology of the hepatitis C virus is still being elucidated. With the low number of reported acute cases, care must be taken in the interpretation of stratified data.

### STRATIFIED DATA

**Trends:** The 1997 rate of hepatitis C (.25 per 100,000 population) decreased from the previous year by 91% (2.8 per 100,000) (Figure 50).

**Seasonality:** None.

**Age:** Cases were primarily in adult age groups. The mean age was 42 years. No cases were less than 25 years old. The peak crude age-group rate was in the 35- to 44-year-olds (.79 per 100,000) (Figure 51). Hepatitis C had the highest race-age group-specific rates in Blacks, 35- to 44-year-old age group (2.15 per 100,000).

**Sex:** The male-to-female rate ratio for hepatitis C was male dominant (1.8:1).

**Race/Ethnicity:** The 1997 rates were highest in Blacks and Hispanics (Figure 52).

**Location:** The highest health district-specific rates were in South and Antelope Valley Health Districts with 2.39 and 1.0 cases per 100,000 population, respectively (Map 7).

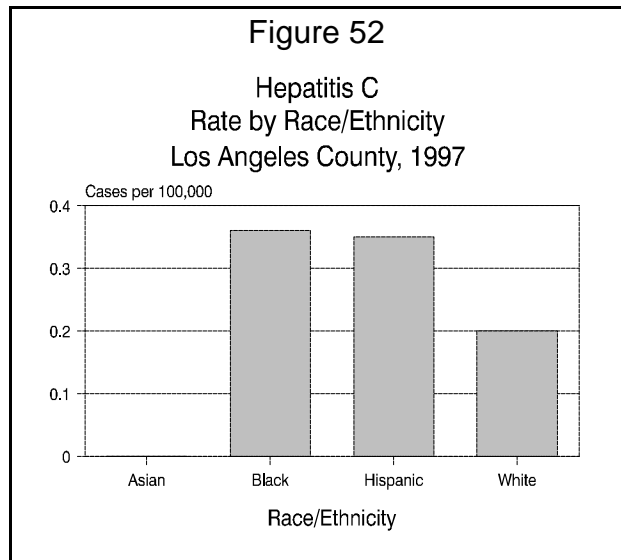
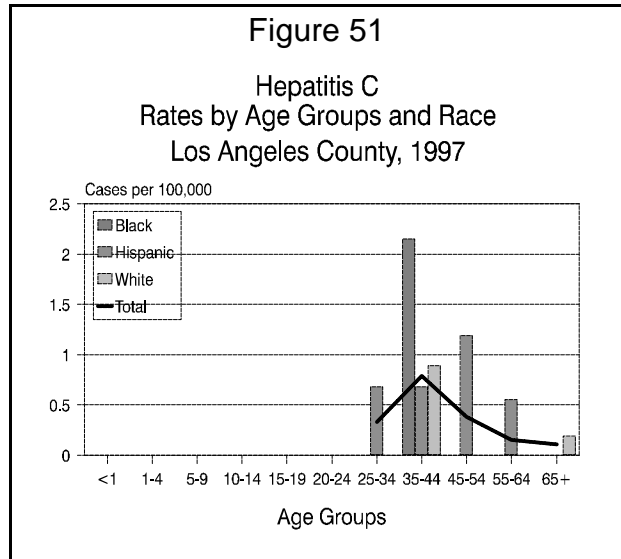
**PREVENTION**

Reduction of high-risk behaviors is the chief means of preventing hepatitis C. Education aimed at reducing high-risk behaviors for HIV transmission should have additional benefit in reducing hepatitis C cases. Serologic testing of blood products continues to keep the risk of transfusion-associated hepatitis C low.

**COMMENTS**

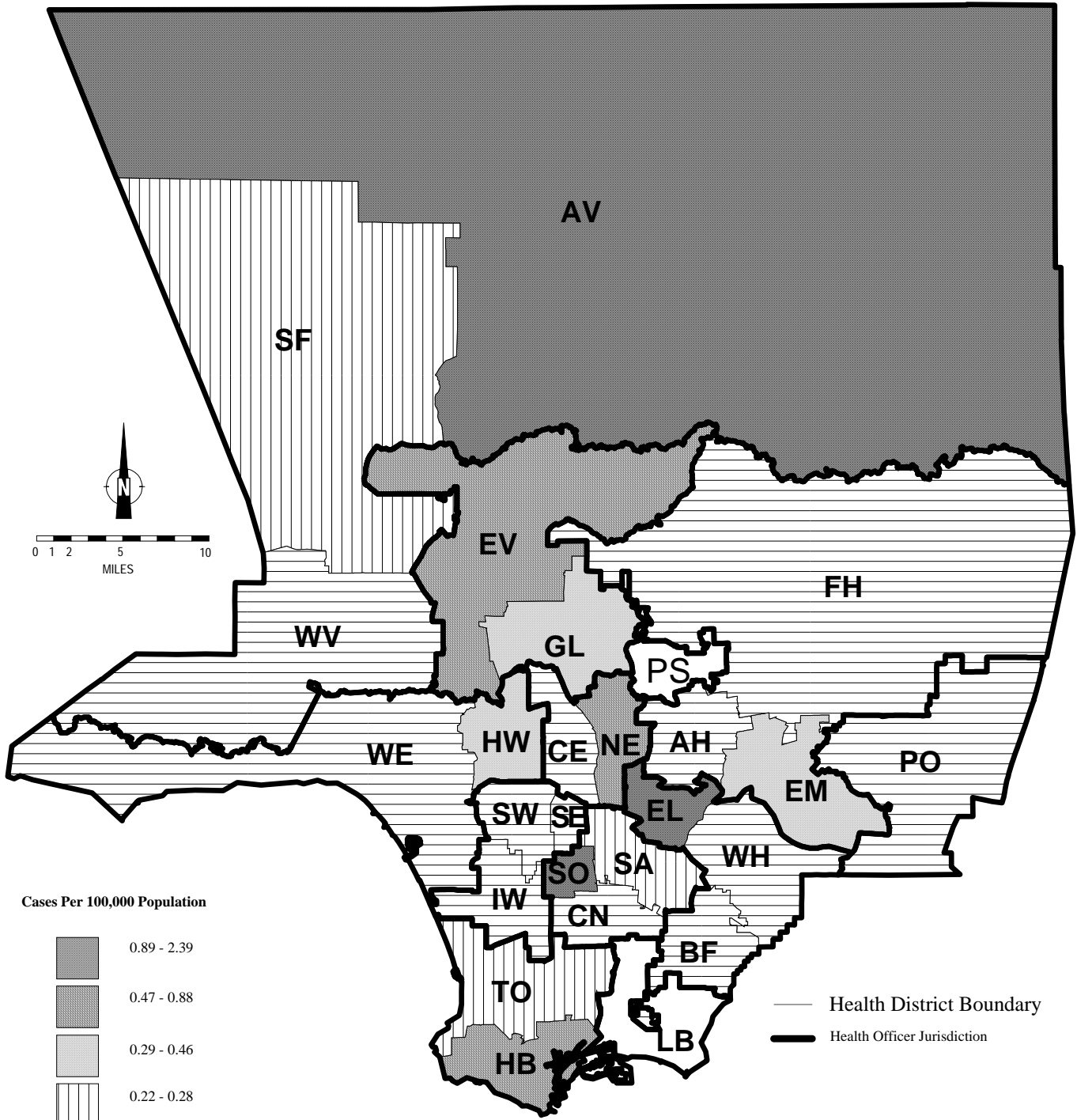
Due to the unusually mild acute stage of hepatitis C infections, an individual is often first identified during the chronic stage of illness. The 1990 increase of reported acute hepatitis C cases probably was due to a misclassification of reported serologically positive anti-HCV chronic cases rather than a true change in the epidemiology of hepatitis C.

In recent years, laboratories have been encouraged to report hepatitis-positive laboratory results. Although anti-HCV reporting is not required, positive results are often reported. Incoming reports are classified as “suspect acute cases.” Unfortunately these initial reports may remain in the system as acute, even when the majority of subsequent investigations determine the case to be a chronic infection.

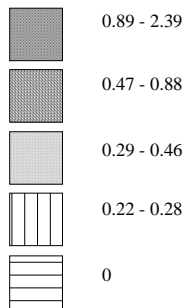


# MAP 7. Hepatitis C

## Rates by Health District, Los Angeles County, 1997\*



Cases Per 100,000 Population



— Health District Boundary  
 — Health Officer Jurisdiction

\*Excludes Long Beach and Pasadena Data.

