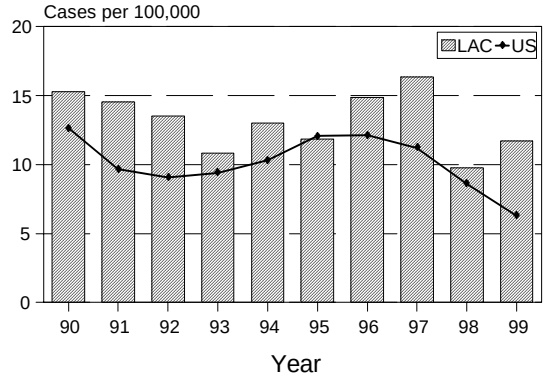
HEPATITIS A

CRUDE DATA	
Number of Cases	1075
Annual Incidence[a]	
LA County	11.7
California	10.4
United States	6.3
Age at Onset	
Mean	27
Median	23
Range	6 weeks - 98 yrs
Case Fatality	
LA County	N/A
United States	N/A

[a]Cases per 100,000 population.

Figure 33

Hepatitis A
Incidence Rates by Year
LAC and US, 1990-1999



ETIOLOGY

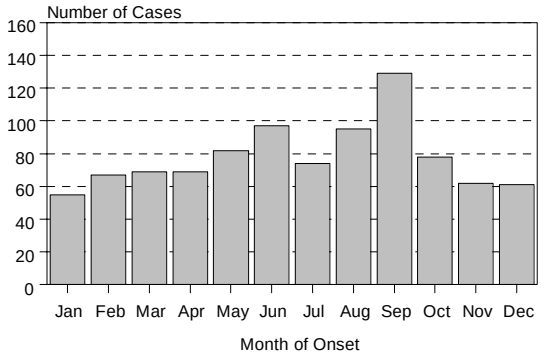
Hepatitis A virus, an RNA-virus of the Picornaviridae family.

DISEASE ABSTRACT

The incidence of Hepatitis A in LAC increased in 1999. There were more outbreaks, with most occurring during the summer. With few exceptions, age, race, and gender characteristics were similar to those of 1998. Among those hospitalized, rates were highest among children and young adults.

Figure 34

Hepatitis A Cases
by Month of Onset
Los Angeles County, 1999



STRATIFIED DATA

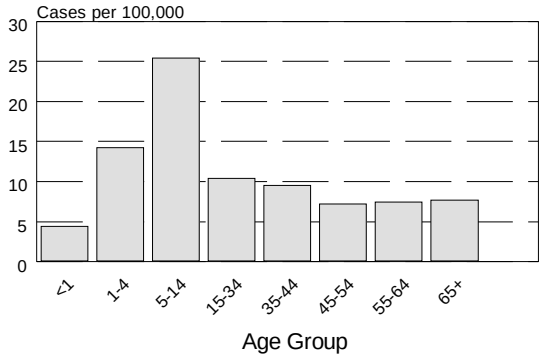
Trends: After a steady increase from 1993 to 1997, followed by a sharp decrease in 1998, an upward trend in Hepatitis A rates was seen in 1999. The 1999 hepatitis A crude rate (11.7 per 100,000 population) increased 20% over the 1998 rate of 9.7 per 100,000 (Figure 33).

Seasonality: With the exception of July, the increase in hepatitis A cases historically observed in summer and early autumn was observed in 1999 (Figure 34).

Age: The overall mean age for hepatitis A cases in 1999 was 27 years. The mean age for Hispanic cases was 17 years, while Black, White, and Asian cases had means of 43, 37, and 47 years, respectively. Rates remained highest in 5- to 14-year-olds (25.5 per 100,000 population) which reflects the incidence (33.5 per 100,000) in Hispanics in that age group (Figure 35).

Figure 35

Hepatitis A
Incidence Rates by Age Group
Los Angeles County, 1999

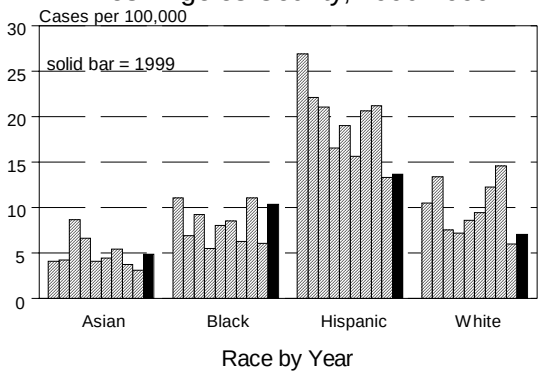


Sex: The overall hepatitis A male-to-female rate ratio was 1.3:1.

Race/Ethnicity: Overall crude rates increased for all races in 1999. The highest 1999 rate, as in prior years, was among Hispanics. The increase in rates for Asians and Blacks is exaggerated by the low case frequency compared to Hispanics (54, 80 and 579, respectively). The ranking of rates by race/ethnicity was relatively unchanged from the previous year (Figure 36).

Figure 36

Hepatitis A
Incidence Rates by Race and Year
Los Angeles County, 1990-1999



Location: Map 5 shows district-specific hepatitis A rates for 1999. The highest rates were in Compton (22.6 cases per 100,000 population), Southeast (21.5 cases per 100,000 population), San Antonio(20.9 cases per 100,000 population),Central (20.7 cases per 100,000 population), and South (20.5 cases per 100,000 population) Health Districts.

Severity of Illness: Six percent of hepatitis A cases (n=59) were hospitalized. Ages ranged from 3 to 70 years, with a median age of 19. Hospitalization rates were highest among children and young adults, with jaundice, fever, nausea and vomiting reported by over 50%. Travel outside of the U.S. was the most common risk factor reported although in 41% no risk was identified**.**

PREVENTION

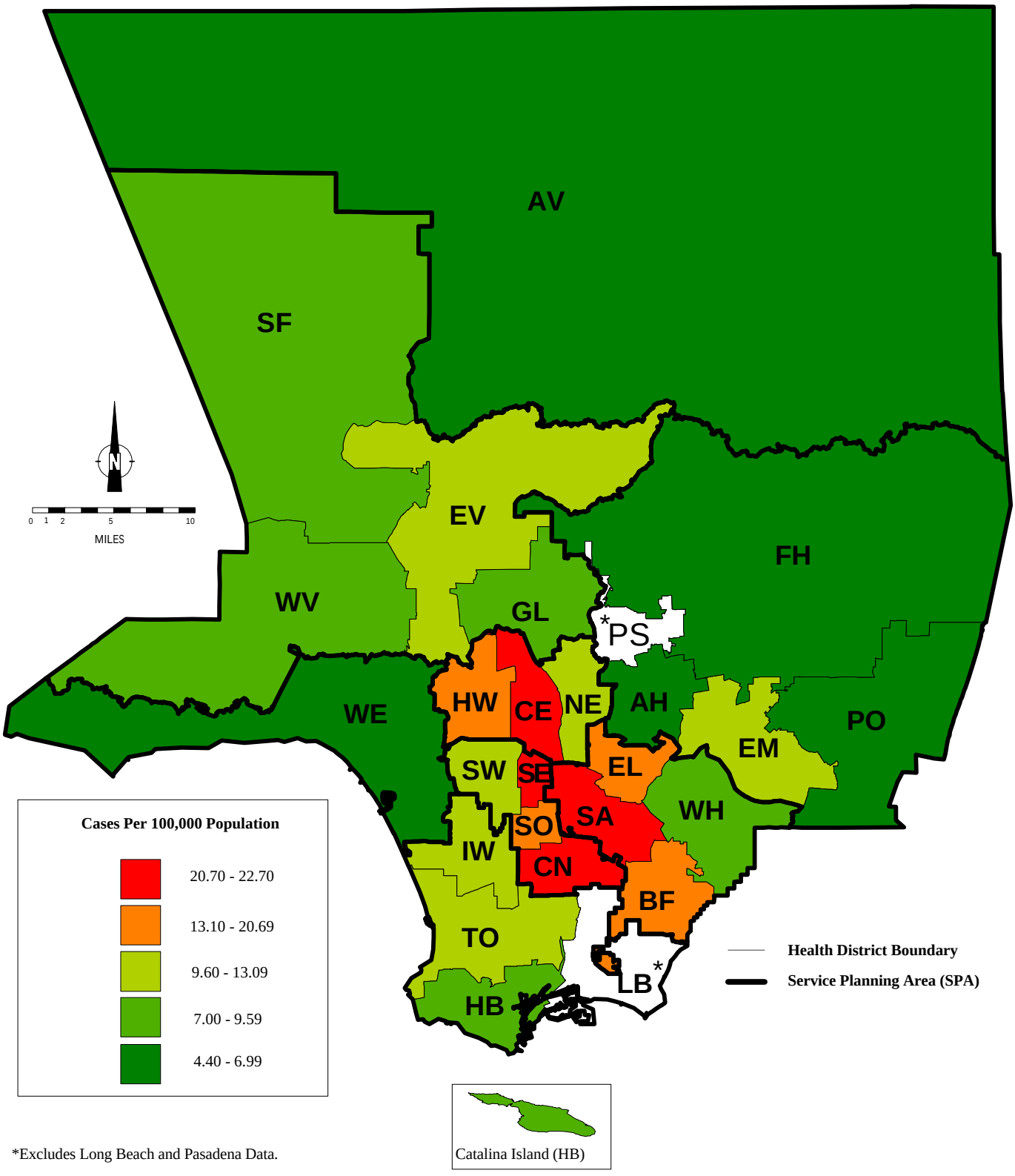
Good hygiene remains the primary preventive measure for hepatitis A. Vaccine, recommended for pre-exposure situations and for those at high-risk, has been available since 1995. In 1999, the Advisory Council on Immunization Practices (ACIP) began recommending universal childhood vaccination in states, counties, and communities (including LAC) with rates equal to or greater than twice the national average (20 cases per 100,000) during 1987-97. LAC began providing the vaccine to children under the age of 18 in August 1999. Immune globulin is recommended for post-exposure prophylaxis and in certain pre-exposure situations.

COMMENTS

There were seven outbreaks of hepatitis A in 1999. Settings included elementary and middle schools (n=2), a homeless shelter (n=1), and private gatherings or families (n=3). An investigation of persons associated through household or sexual contact, and by methamphetamine use, identified an outbreak of 16 cases over a three month period. Only after identification and post-exposure prophylaxis of contacts associated by methamphetamine use did the outbreak subside. Methamphetamine use is known to be associated with transmission of hepatitis A. Many of these cases had been asked about use of needles for injection of street drugs as part of the standard interview. However, information about methamphetamine use was not elicited until specific questions were added to subsequent case interviews. This finding suggests that interview questions about illicit drug use may need to be revised in order to obtain complete contact information.

Currently, hepatitis A vaccine recommendations for children are not legally mandated. Publicly funded immunizations reach only a portion of children who are eligible and estimates of immunizations provided by the private sector are low. Data on hepatitis A hospitalization and reporting was examined and, based on analysis of patient discharge data and 1999 hospitalization rates in children, the actual number of hepatitis A cases in LAC in 1999 was estimated to be 5,512. The number of cases reported was 1075, suggesting that underreporting is a serious problem. With their primary role in asymptomatic transmission, high overall rates and rates of hospitalization, the impact of early vaccination of children on reduction of the transmission and morbidity associated with hepatitis A is clear. Support and encouragement for physician compliance with the ACIP recommendations should continue.

MAP 5. Hepatitis A
Rates by Health District, Los Angeles County, 1999*



*Excludes Long Beach and Pasadena Data.