

## Hepatitis B

Hepatitis B infections are either acute hepatitis B, which are new and usually symptomatic infections, or chronic hepatitis B when the hepatitis B surface antigen (HBsAg) is detectable for more than six months. Most hepatitis B cases reported in BC are chronic infections in people who have emigrated from endemic countries such as East, South and South East Asia, and Africa. A person with chronic hepatitis B may have no symptoms and be identified when testing a person at high risk or during an insurance medical. Routine testing occurs in pregnancy as transmission of hepatitis B from mother to infant can be prevented by the administration of hepatitis B vaccine and hepatitis B immune globulin to the infant soon after birth. Testing may also be performed in someone with symptoms of chronic liver disease i.e. cirrhosis. When it is not known if a case is acute or chronic and no follow up is available the case is usually chronic but may be classified as unknown/undetermined.

### Hepatitis B - Chronic and Unknown

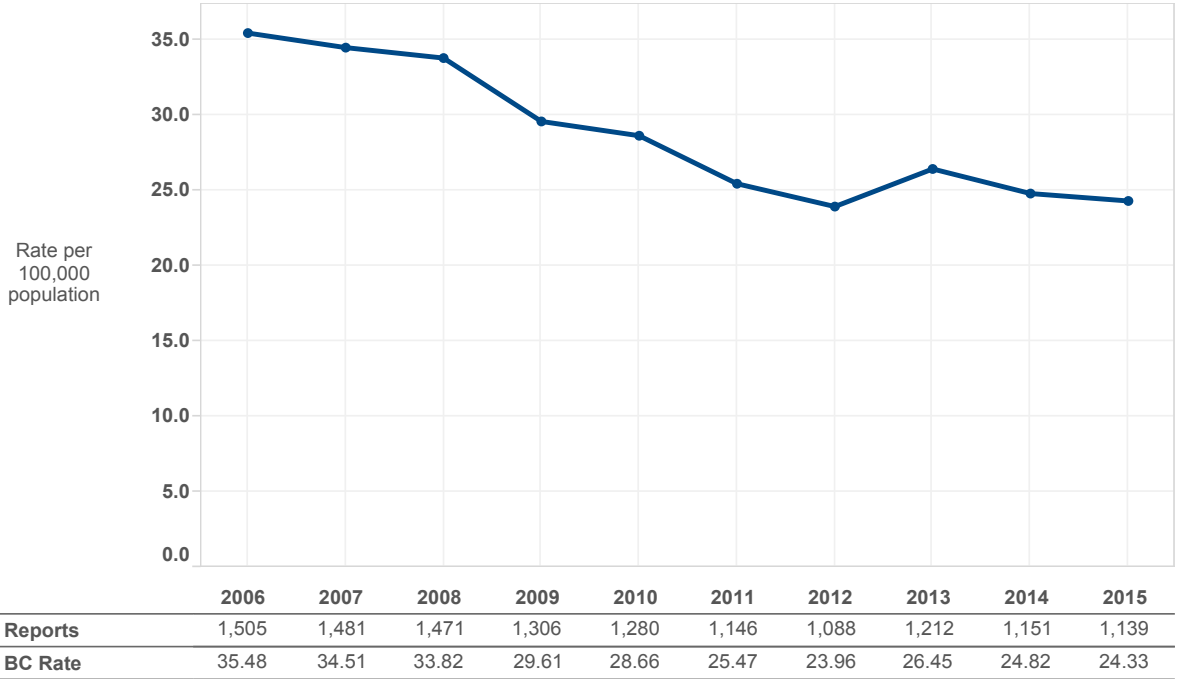
The number and rate of chronic and unknown hepatitis B cases reported in BC have continued to decline from more than 3,000 cases in 1990 to less than half that number in 2015 see [figure 19.1](#). Due to variations in provincial standards for tracking hepatitis B it is not possible to compare BC rates of chronic hepatitis B to a national rate. As in previous years and seen in [figure 19.2](#) cases occur in BC regions where immigrants from endemic countries reside; over 90% of cases occurred in Vancouver Coastal and Fraser Health Authorities. Vancouver reported the highest number of cases in a single Health Service Delivery Area (over one-third of the total cases); while Richmond had the highest rate of hepatitis B reported ([figure 19.2](#)). Most cases are identified in adults (20+ years) with higher rates in females in childbearing years (aged 20-39 years) that are likely tested during pregnancy ([figure 19.3](#)).

### Hepatitis B - Acute

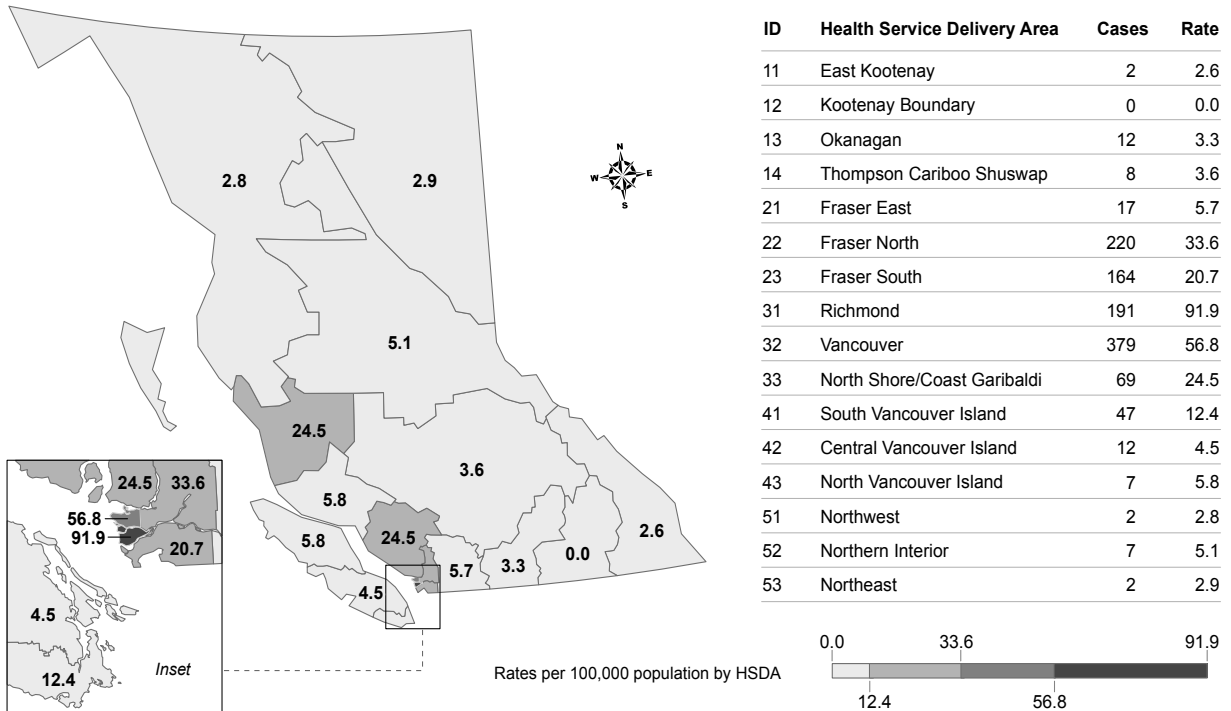
In 2015, six cases of acute hepatitis B were identified, the lowest number ever reported ([figure 19.4](#)). The cases occurred in 6 of the 16 Health Service Delivery Areas with no cases reported in Interior Health. Only one case was female (see [figures 19.5](#) and [19.6](#)). This decline reflects the success of the hepatitis B publicly funded vaccination program introduced in grade 6 students in 1992 and the infant program introduced in 2001.



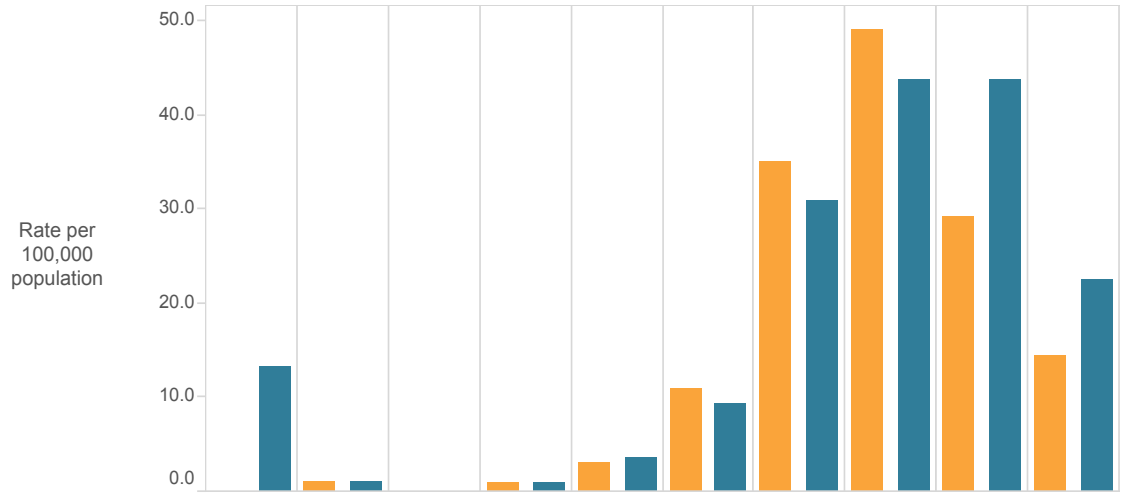
**19.1 Chronic and Unknown Hepatitis B Rates by Year, 2006-2015**



**19.2 Chronic and Unknown Hepatitis B Rates by HSDA, 2015**

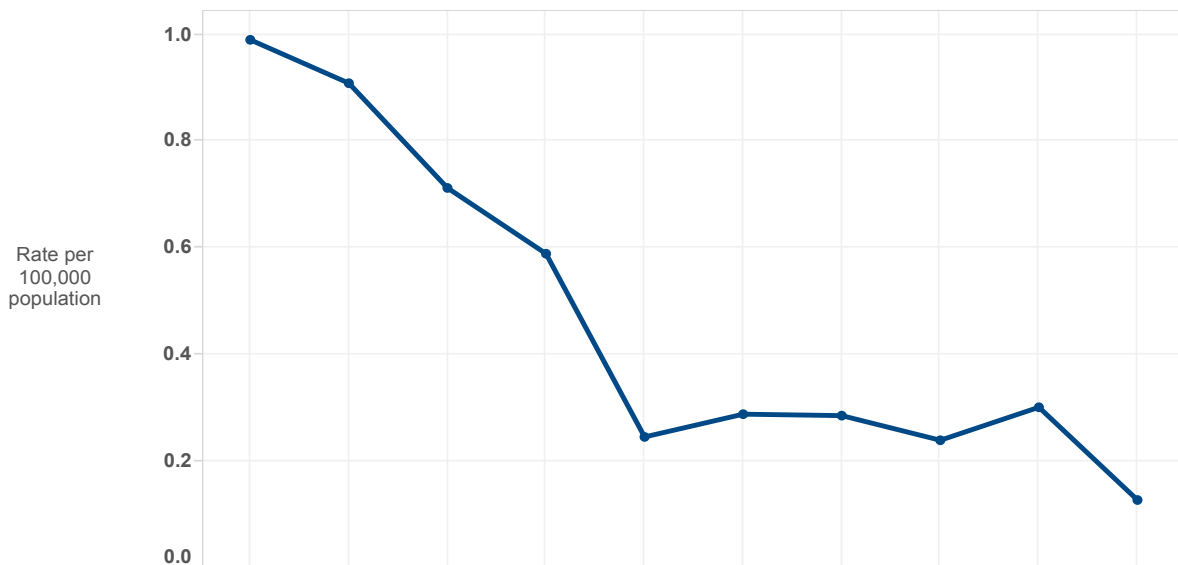


**19.3 Chronic and Unknown Hepatitis B Rates by Age Group and Sex, 2015**



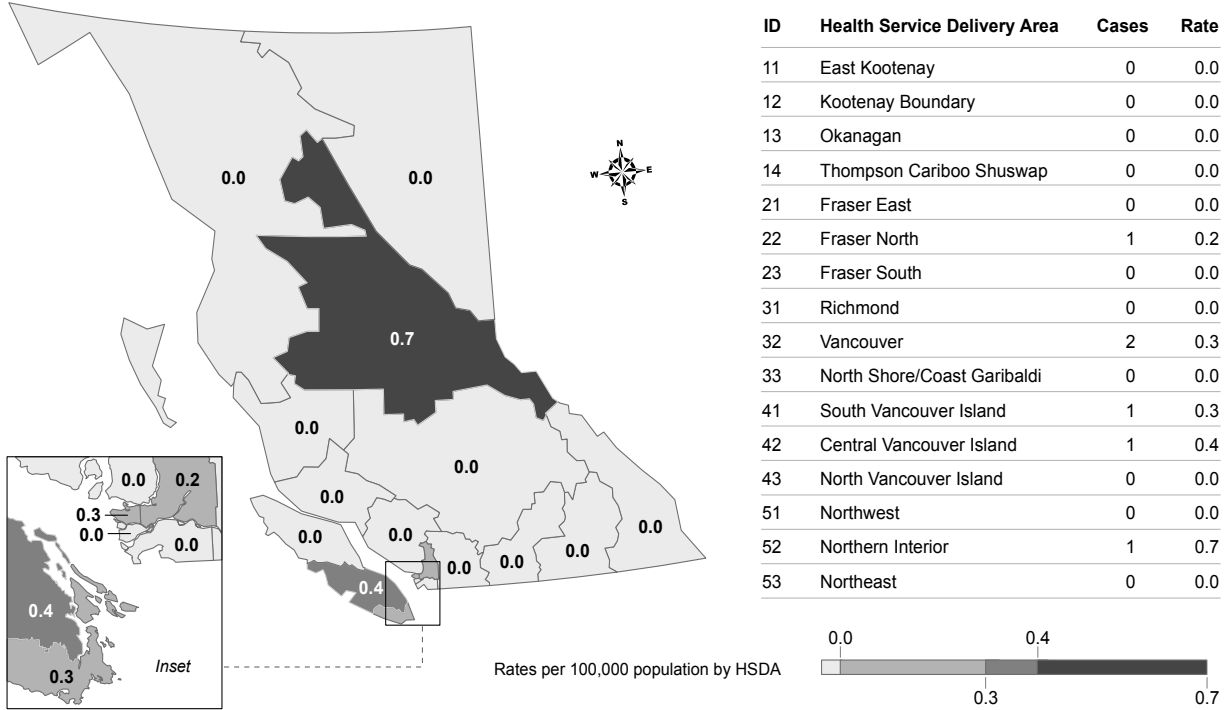
|         |        | <1    | 1-4  | 5-9  | 10-14 | 15-19 | 20-24 | 25-29 | 30-39 | 40-59 | 60+   |
|---------|--------|-------|------|------|-------|-------|-------|-------|-------|-------|-------|
| Reports | Female | 0     | 1    | 0    | 1     | 4     | 17    | 56    | 156   | 198   | 85    |
|         | Male   | 3     | 1    | 0    | 1     | 5     | 16    | 49    | 136   | 289   | 121   |
|         | Total  | 3     | 2    | 0    | 2     | 9     | 33    | 105   | 292   | 487   | 206   |
| BC Rate | Female | 0.00  | 1.16 | 0.00 | 0.90  | 3.10  | 11.00 | 35.17 | 49.23 | 29.14 | 14.44 |
|         | Male   | 13.29 | 1.10 | 0.00 | 0.85  | 3.62  | 9.43  | 30.91 | 43.80 | 43.78 | 22.53 |
|         | Total  | 6.80  | 1.13 | 0.00 | 0.87  | 3.37  | 10.18 | 33.04 | 46.54 | 36.35 | 18.30 |

**19.4 Acute Hepatitis B Rates by Year, 2006-2015**



|         | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|---------|------|------|------|------|------|------|------|------|------|------|
| Reports | 42   | 39   | 31   | 26   | 11   | 13   | 13   | 11   | 14   | 6    |
| BC Rate | 0.99 | 0.91 | 0.71 | 0.59 | 0.25 | 0.29 | 0.29 | 0.24 | 0.30 | 0.13 |

19.5 Acute Hepatitis B Rates by HSDA, 2015



19.6 Acute Hepatitis B Rates by Age Group and Sex, 2015

