

Hepatitis B

Hepatitis B (formerly known as serum hepatitis) is a fairly common liver disease caused by a virus. The symptoms of hepatitis B, which may appear two to six months after exposure, but usually within three months, include: fatigue, poor appetite, fever, vomiting and occasionally joint pain, hives or rash. Urine may become darker in color, and then jaundice (a yellowing of the skin and whites of the eyes) may appear. Some individuals may experience few or no symptoms. There is no specific curative therapy for the acute infection; however, certain drugs have some efficacy in resolving the chronic infection. Management of chronic infection includes screening for development of liver disease and treatment of ensuing symptoms.

Anyone can get hepatitis B, but those at greater risk include: drug abusers who share needles; certain health care workers who have contact with infected blood; homosexual males, particularly those with multiple partners; people in custodial care (in settings such as developmental centers); hemodialysis patients; certain household contacts of an infected person; and infants born to mothers who are hepatitis B carriers.

Hepatitis B virus can be found in the blood and, to a lesser extent, saliva, semen and other body fluids of an infected person. It is spread by direct contact with infected body fluids; usually by needle stick injury or sexual contact. Hepatitis B virus is not spread by casual contact. The virus can be found in blood and other body fluids several weeks before symptoms appear and generally persists for several months afterward. Approximately 10 percent of infected people may become long-term carriers of the virus.

Hepatitis B carriers should follow standard hygienic practices to ensure that close contacts are not directly contaminated by blood or other body fluids. Carriers must not share razors, toothbrushes or any other object that may become contaminated with blood. In addition, susceptible household members, particularly sexual partners, should be immunized with hepatitis B vaccine. It is important for carriers to inform their dentist and health care providers.

A safe, effective vaccine to prevent hepatitis B is recommended for people in high-risk settings who have not already been infected and infants who are born to mothers who are carrying the virus. It is also recommended for all children along with their routine childhood immunizations beginning at birth or two months of age. A special hepatitis B immune globulin is also available for people who are exposed to the virus.

For purposes of diagnosis confirmation the clinical description of a case is acute febrile illness with jaundice, anorexia, nausea, and malaise. A confirmed case is an illness with discrete onset of symptoms, either jaundice or elevated serum aminotransferase levels, and lab confirmation. Lab confirmation includes a positive HBsAg (hepatitis B surface antigen) and/or a positive IgM anti-HBc (hepatitis B core antibody).

Preliminary Florida data shows 4 confirmed acute cases of hepatitis B infections in children less than 19 years of age for 2004, which is similar to the number (3) of cases in 2003. Effective with the 1997/98 school year students entering or attending seventh grade are required to have the hepatitis B series, and effective with the 1998/99 school year the same requirement is operative for entry and attendance in kindergarten.