OVERVIEW
Hepatitis B is a liver infection caused by the Hepatitis B virus (HBV). For some people, hepatitis B is an acute, or short-term illness, but for others, it can become a long-term, chronic infection. Acute hepatitis B virus (HBV) infection is the short-term illness that occurs within the first six months after exposure to the hepatitis B virus.

HBV is transmitted when blood, semen, vaginal secretions, or breast milk from a person infected with HBV enters the body of someone who is not infected. This can happen through sexual contact; sharing needles, syringes, or other drug-injection equipment or from mother to baby at birth.

Risk for chronic HBV infection is related to age at infection: approximately 90% of infected infants become chronically infected, compared with 2%–6% of adults. Chronic HBV can lead to serious health issues, like cirrhosis or liver cancer. Vaccination is the best way to prevent Hepatitis B.

There were 32 cases reported and confirmed as acute hepatitis B in the state of Oklahoma for the year 2016. Males accounted for 34.4% (11) of the cases and females accounted for 65.6% (21) of the cases. The rate of acute HBV in Oklahoma was 0.8 per 100,000 population. The rate was slightly higher in females (1.1 per 100,000) than males (0.6 per 100,000).
The rate of HBV among females was 1.8 times higher than males.

By Age

In 2016, more than a quarter of the acute HBV cases were among age group 50 years and over (9, 28.1%). Age groups 30-34 years old, 35-39 years old, and 40-44 years old. These age groups each accounted for 6 cases (18.8%).

Age group 40-44 years old had the highest rate of acute HBV infection in 2016 at 2.6 per 100,000 population. This was followed by age 35-39 years old (2.4 per 100,000) and 30-34 years old (2.2 per 100,000).

Of the 32 newly diagnosed acute HBV cases:
- 3.1% (1) were 25-29 years old,
- 18.8% (6) were 30-34 years old,
- 18.8% (6) were 35-39 years old,
- 18.8% (6) were 40-44 years old,
- 12.5% (4) were 45-49 years old, and
- 28.1% (9) were 50+ years old.

Age groups 15-19 years and 20-24 years had no reported cases of Acute HBV in Oklahoma for calendar year 2016.

BY RACE/ETHNICITY

Of the 32 newly diagnosed acute HBV cases:
- 59.4% (19) were White,
- 6.3% (2) were Black,
- 18.8% (6) were American Indian/Alaska Native,
- 12.5% (4) were Multi Race, and
- 3.1% (1) were Other.

Approximately three in five acute HBV cases reported in 2016 were non-Hispanic White (19, 59.4%). This is followed by American Indians/Alaska Natives (6, 18.8%) and Multi Race (4, 12.5%); however, American Indians/Alaska Natives and Multi Race had the highest rates of acute HBV (1.9 per 100,000 population). Their rates were 2.7 times higher when compared to Whites (0.7 per 100,000). There were no cases among the Hispanic population (all races) or Asians/Pacific Islanders.

The rate of HBV among females was 1.8 times higher than males.

By Risk

In 2016, about one third (11, 34.4%) of acute HBV cases reported receiving a tattoo and 28.1% (9) reported using needles for street drugs. Each case could report more than one risk factor. The percentages presented in this section were based on the numbers of answers by respondents for each risk factor question.

Below is a breakdown of risks for the 32 cases:
- Tattooing: 11, 34.4%
- Use needle for street drugs: 9, 28.1%
- Had dental work or oral surgery: 6, 18.8%
- Had other surgery: 6, 18.8%
- Accidental Needle Stick: 2, 6.3%

BY RACE/ETHNICITY

Over a quarter of the acute HBV cases were among ages 50 years and over

American Indian/Alaska Native and Multi Race had the highest rates of Acute HBV in 2016.