

Chronic Viral Hepatitis B Surveillance Report, 2024

SAN FRANCISCO, CALIFORNIA



San Francisco Department Of Public Health
Viral Hepatitis Surveillance Program
Applied Research, Community Health
Epidemiology And Surveillance Branch (ARCHES)
Population Health Division



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DISEASE PREVENTION & CONTROL

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2024 HBV Core Surveillance

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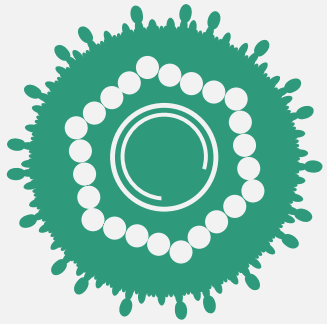
Hepatitis B Vaccine Birth Dose

Hepatitis B Associated Deaths

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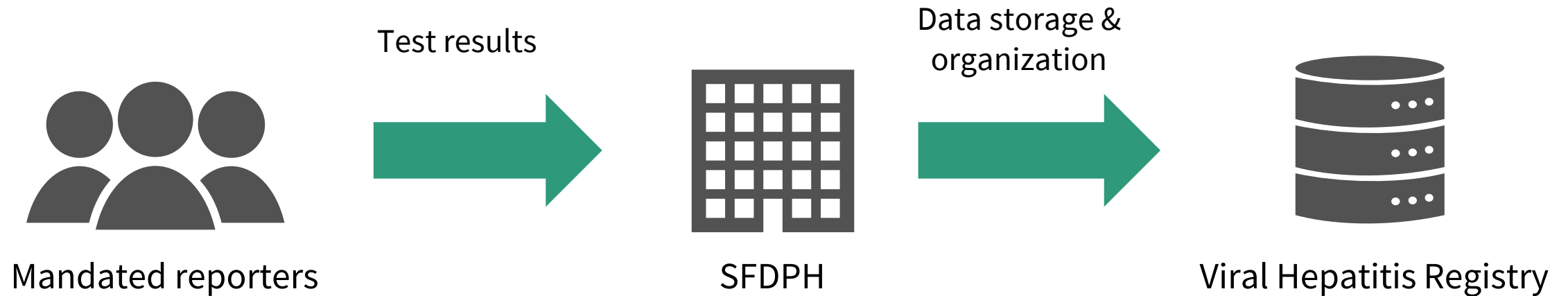
Overview of hepatitis B in San Francisco

Hepatitis B Virus (HBV) in San Francisco



The **San Francisco (SF) Chronic Viral Hepatitis Registry** is a population-based registry that supports core surveillance of chronic hepatitis B and/or hepatitis C test results, along with basic demographic information (e.g., name, sex, birthdate, address)

San Francisco Chronic Viral Hepatitis Registry: CORE SURVEILLANCE



Registry data allow us to examine the characteristics of HBV test results that are reported from laboratorians, clinicians, and other mandated reporters within a given time period



Methods

Key terminology and definitions



Probable case of chronic hepatitis B* is a person with:

- A single positive hepatitis B surface antigen (HBsAg) or hepatitis B e antigen (HBeAg) AND negative, not done, or result not available for immunoglobulin M antibodies (IgM) antibodies to hepatitis B core antigen (anti-HBc).

Confirmed case of chronic hepatitis B* is a person with:

- A positive HBsAg two times at least 6 months apart, **OR**
- A positive HBeAg two times at least 6 months apart, **OR**
- A positive HBsAg or HBeAg AND total anti-HBc, **OR**
- A positive HBsAg AND HBeAg, **OR**
- A positive HBV DNA (including qualitative, quantitative and genotype testing)

Key terminology and definitions



Newly reported cases are those who were reported to SFDPH with chronic HBV for the first time and for whom no positive HBV laboratory report had previously been received

All reported cases are those who were reported to SFDPH with a positive HBV lab report in 2024. This includes both newly reported cases in 2024, as well as those who were reported for the first time prior to 2024 but had a positive HBV lab reported in 2024.

Data Limitations



- Surveillance data do not measure prevalence or incidence.
- Reporting gaps exist for labs that do not report electronically. Death data are not reported; cases who may have died after being reported to SFDPH are possibly included.
- Lab reports are often missing information on patient race, ethnicity, and residential address. Cases with unknown addresses or those who may have moved out of SF are included in this report.
- Duplication of cases may occur if reports from the same person utilize multiple names. Conversely, cases may be erroneously matched.

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2024 HBV Core Surveillance

Chronic HBV reports in 2024

2024

Over **11,000** positive HBV laboratory results



6,350 individuals with probable or confirmed chronic HBV

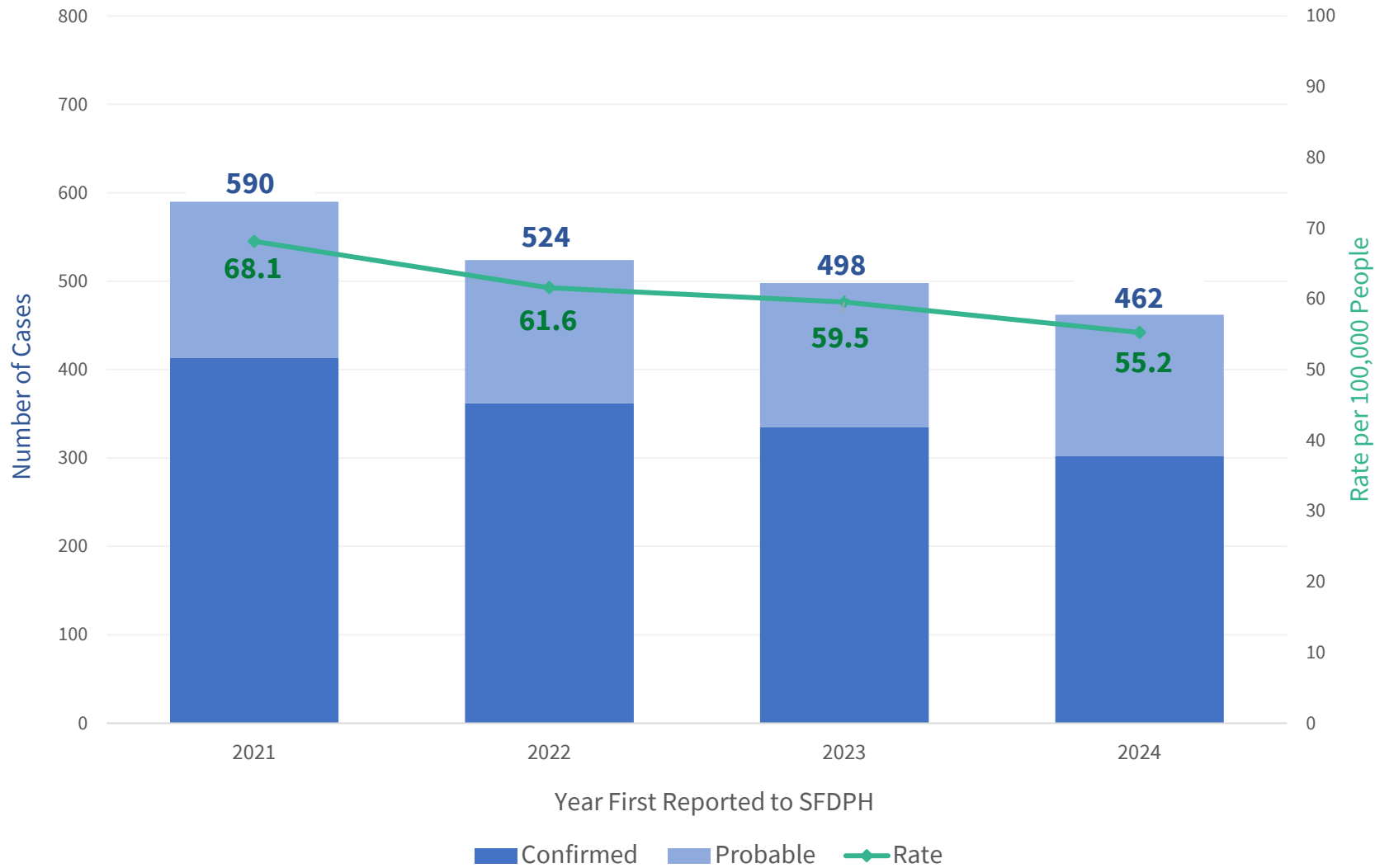
- Probable = 161 (2.5%)
- Confirmed = 6,189 (97.5%)



462 (7.3%) of these were newly reported

- Probable = 160 (34.6%)
- Confirmed = 302 (65.4%)

Number & rate of newly reported chronic HBV cases, 2021-2024



Number of newly reported chronic HBV cases in San Francisco in 2024:

462

Rate of newly reported chronic HBV cases in San Francisco in 2024:

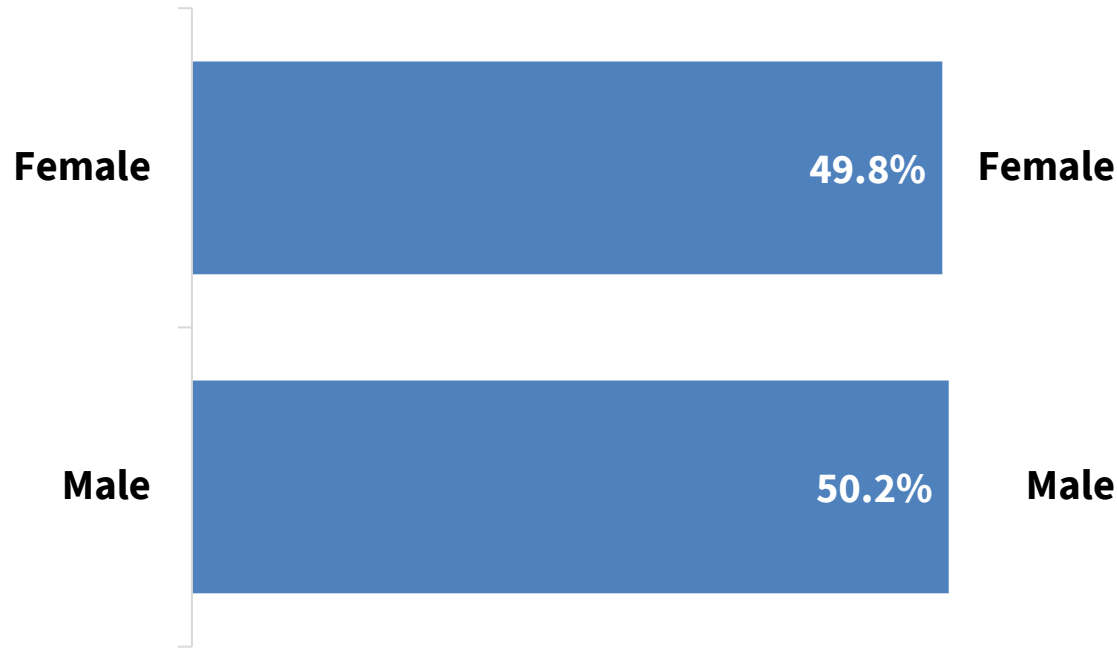
55.2
per 100,000 people

Note: The CDC/CSTE chronic HBV case definition changed in 2024. The 2024 case definition was applied to all cases in this report, including those first reported to SFDPH prior to 2024. This updated case definition may lead to changes in newly reported yearly confirmed & probable case counts compared to previous reports.

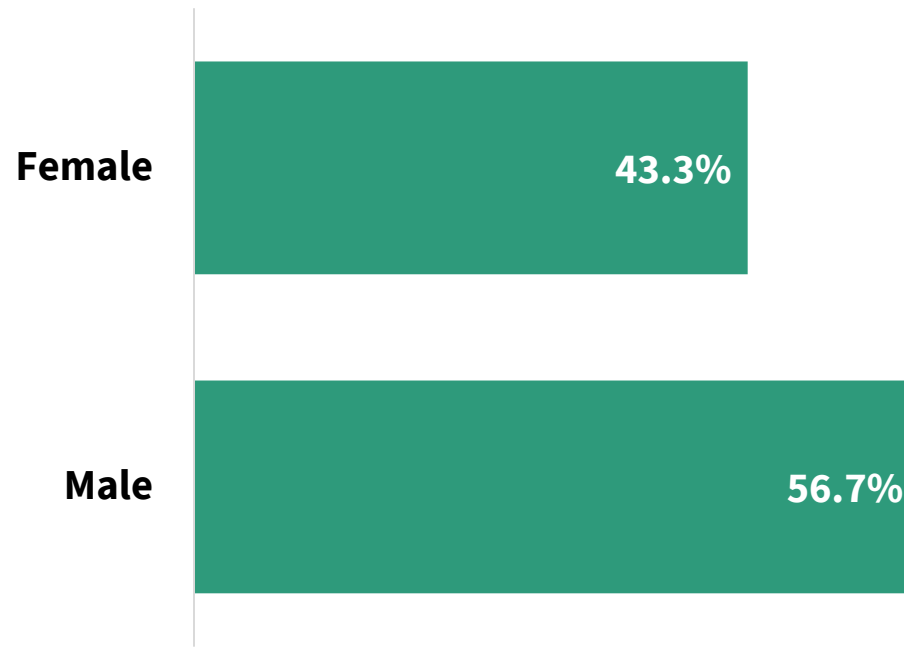
Newly reported cases are cases with positive HBV results reported to SFDPH for the first time during the reporting period, with no previously reported positive HBV result; they do not represent incidence or new infections.

Reported gender of chronic HBV cases, 2024

All Reported Cases (n = 6,350)



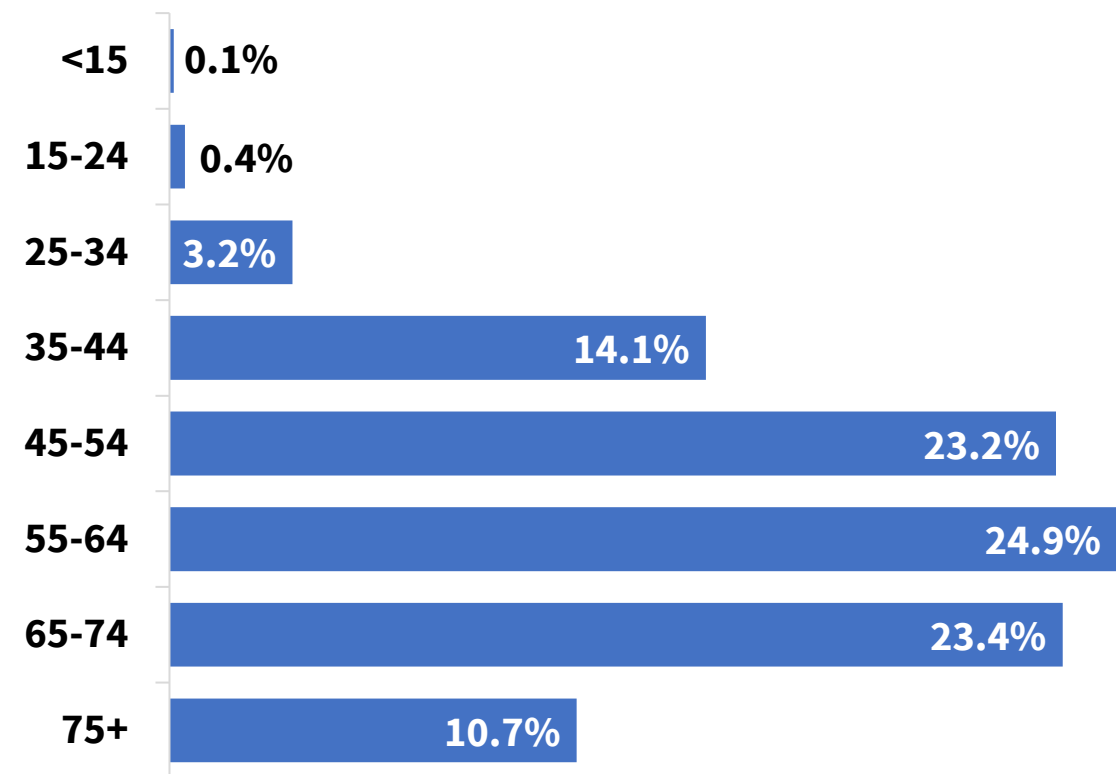
Newly Reported Cases (n = 462)



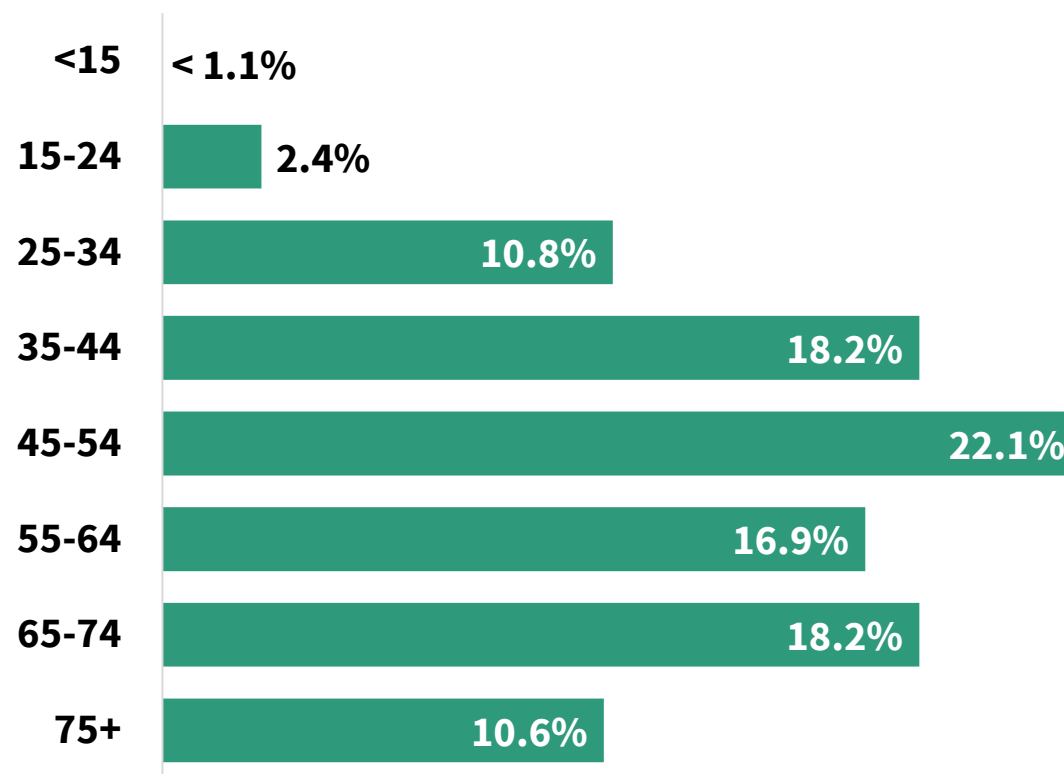
Males comprised 50.2% of all reported cases but 56.7% of newly reported cases.

Age group of chronic HBV cases, 2024

All Reported Cases (n = 6,350)

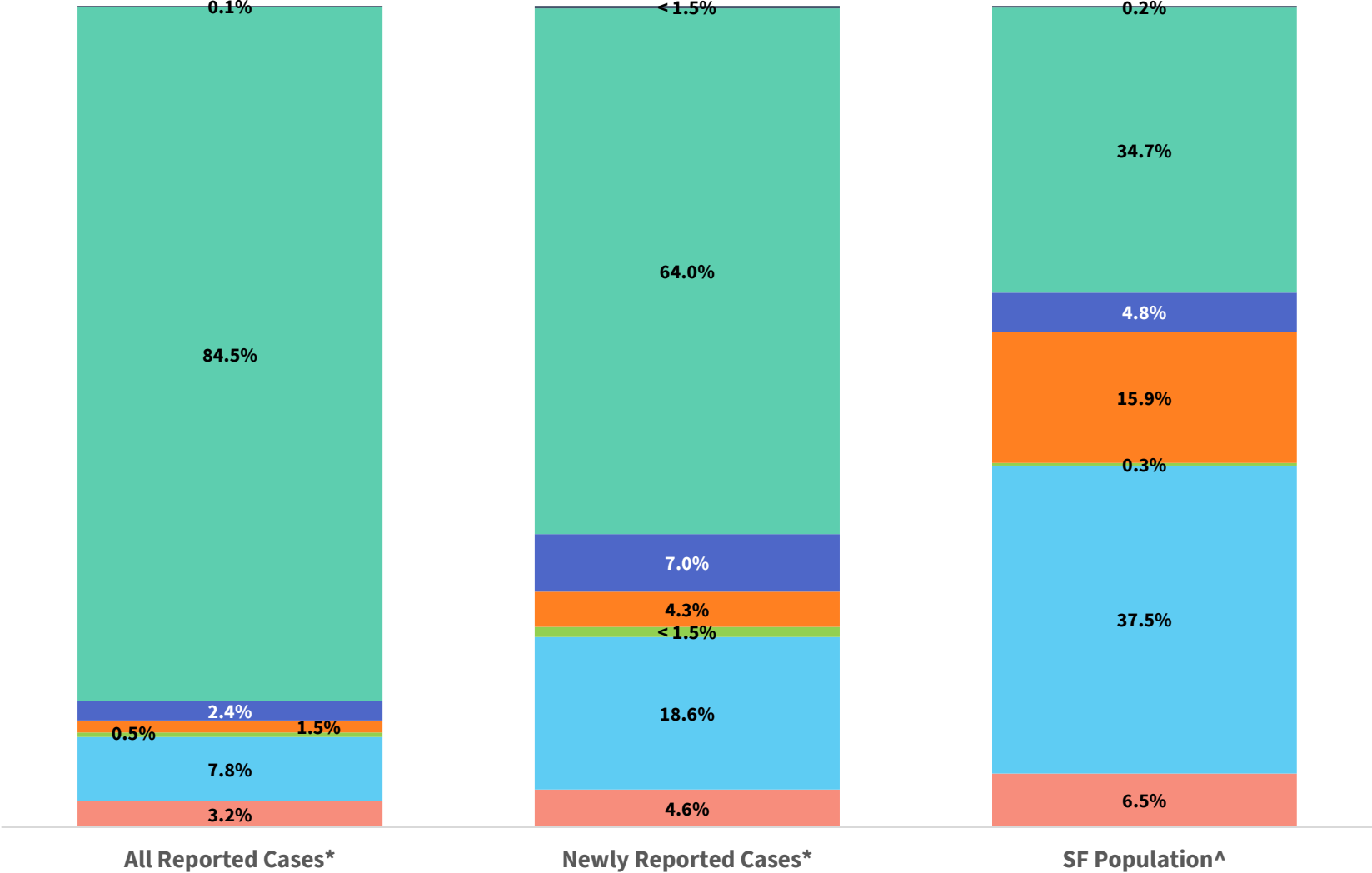


Newly Reported Cases (n = 462)



The age groups with the highest proportion of HBV cases were **55-64 years** among all reported cases and **45-54 years** among newly reported cases

Race/ethnicity of chronic HBV cases in 2024 and the San Francisco population



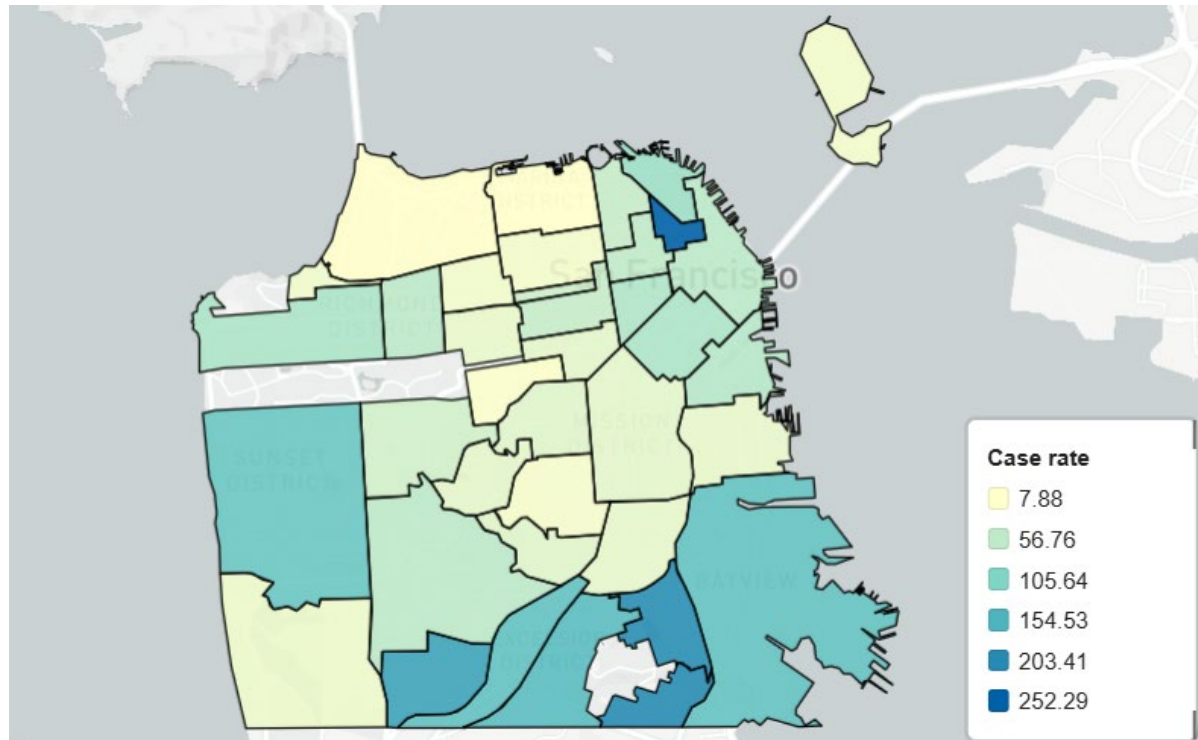
- American Indian/Alaska Native
- Asian
- Black/African American
- Latino/a/x (all races)
- Native Hawaiian/Pacific Islander
- White
- Other

Asians make up 84.5% of all reported cases and 64.0% of newly reported cases, but 34.7% of the SF population

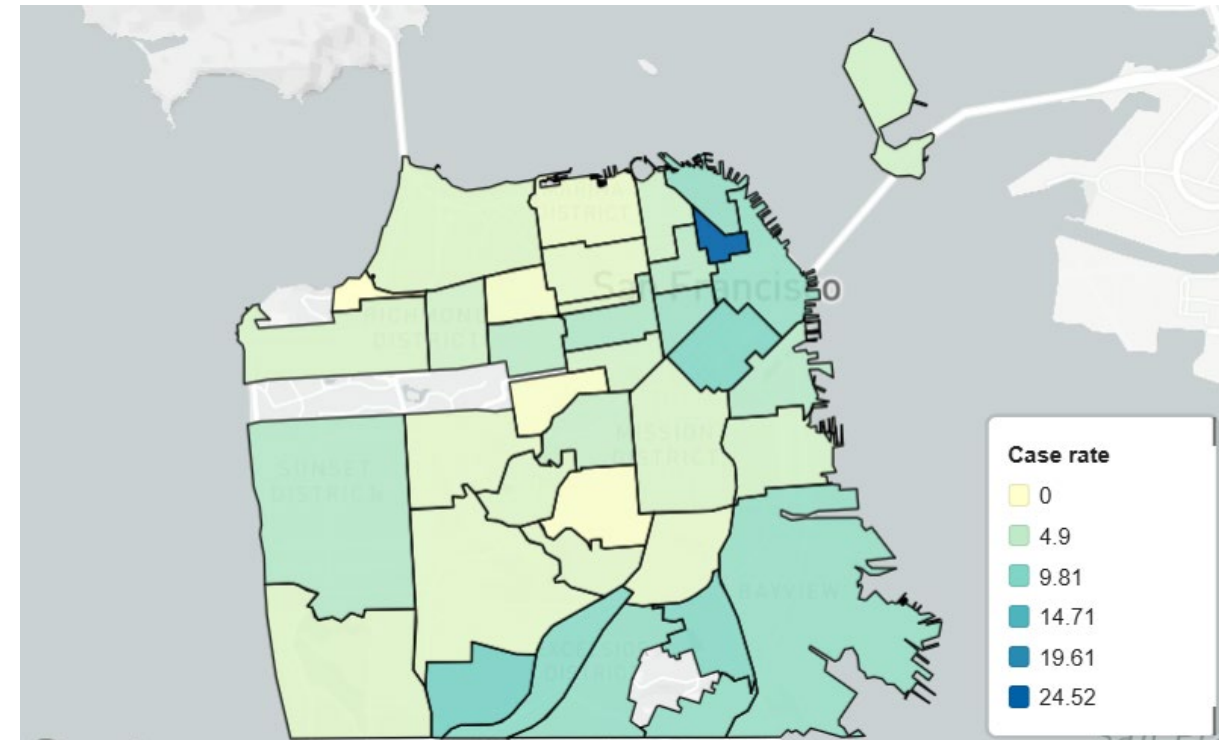
* Race/Ethnicity data missing for 596/6455 (9.2%) of all reported cases in 2024.
 ^ Race/Ethnicity data missing for 130/508 (25.6%) of newly reported cases in 2024.
 § San Francisco Population data source: 5-year 2019-2023 American Community Survey (ACS)

All reported & newly reported chronic HBV cases in San Francisco by neighborhood, 2024

All Reported Cases



Newly Reported Cases



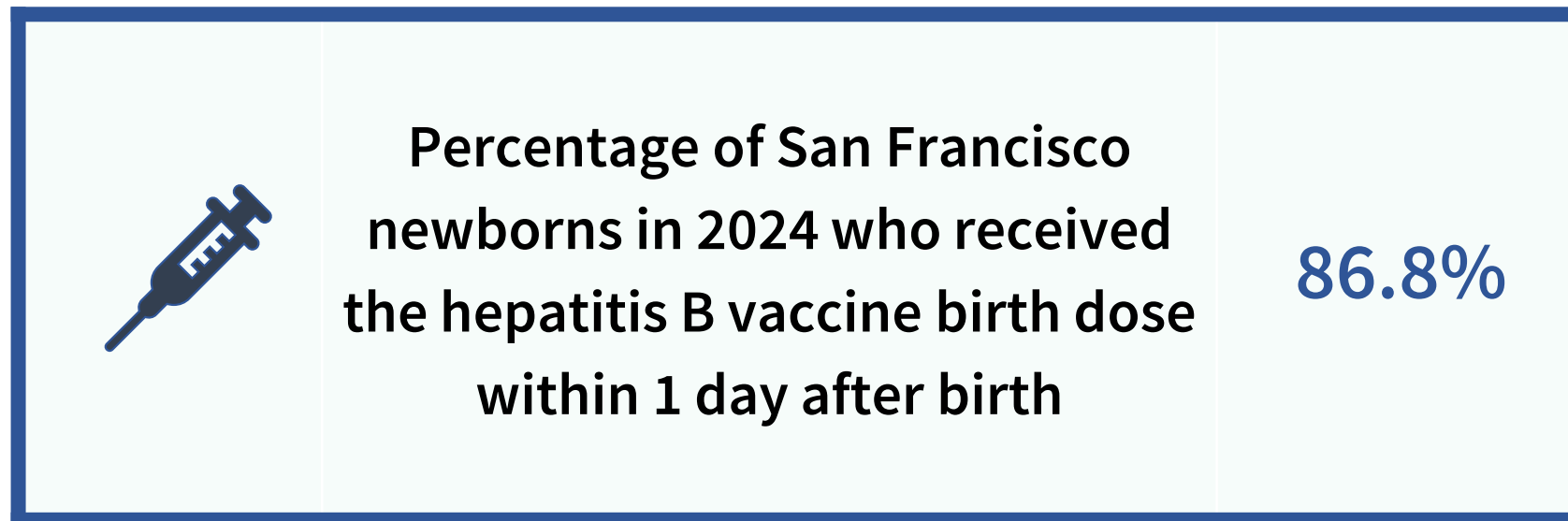
- 97/6350 (1.5%) of all reported and 34/462 (7.4%) of newly reported cases could not be geocoded and are not shown.
- Neighborhoods with a population fewer than 1,000 are not included and are greyed out.
- San Francisco Population data source: American Community Survey 2019-2023 5-year estimate.

Chinatown has the highest rates of all reported and newly reported chronic HBV cases, further highlighting the disproportionate impact of chronic HBV among Asians in SF.

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Hepatitis B Vaccine Birth Dose

Hepatitis B Vaccine Birth Dose, 2024

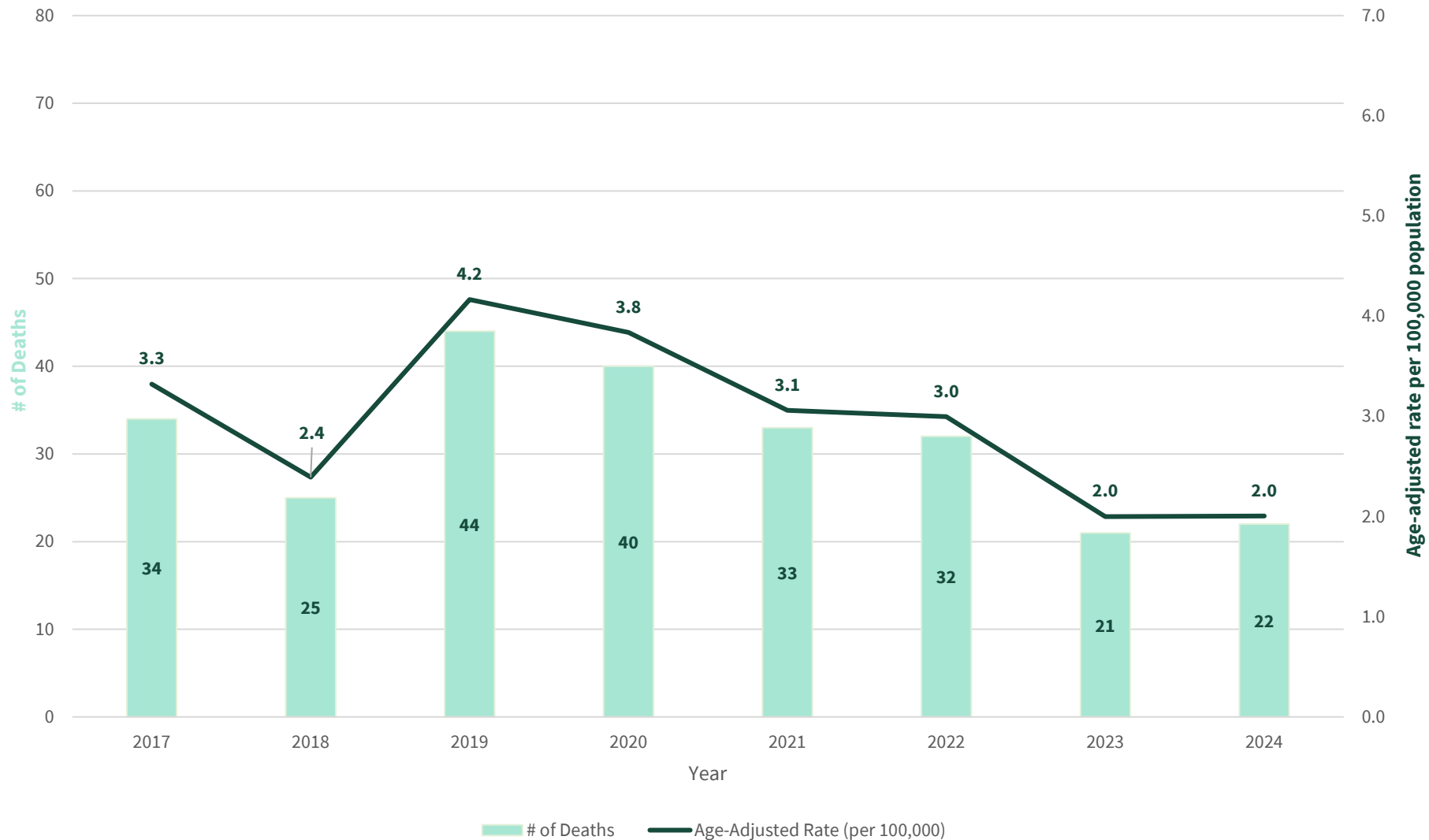


Universal hepatitis B vaccination for all infants is recommended by the American Academy of Pediatrics, with the initial dose given at birth and referred to as the ‘birth dose’. The San Francisco birth dose percentage increased in 2024 from 84.6% in 2023 and is progressing towards the World Health Organization target of 90% by 2030.

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Hepatitis B Associated Deaths

Age-adjusted HBV-associated mortality rate among San Franciscans, 2017-2024



Since 2017, the mortality rate has **decreased overall and meets the national goal*** of reducing the HBV-related death rate by **20% by 2025**

**U.S. Department of Health and Human Services
Viral Hepatitis National Strategic Plan*

Notes: Includes San Francisco decedents with HBV listed as one of the multiple causes of death in death certificate data

Want to know more?

Find the full report here:

<https://www.sf.gov/resource/2024/viral-hepatitis-reports>



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