EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

MONTHLY COMMUNICABLE DISEASE REPORT

DECEMBER 2025

Volume 9, Issue 12: January 15, 2026

HEPATITIS B

Hepatitis B is a vaccine-preventable viral infection that is transmitted perinatally, percutaneously, and via sexual contact and other close person-to-person contact where there is an open infectious source. Hepatitis B virus (HBV) infection can be acute, a short-term illness occurring within the first 6 months after exposure, or it can be chronic, persisting longer than 6 months.

The acute phase of HBV infection is often asymptomatic, especially for those <5 years old. When symptoms occur, they include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored stools, and jaundice. These symptoms usually resolve within a few weeks to 6 months. Approximately 90% of newborns infected with HBV develop chronic disease and 25% of those infected during childhood die due to HBV-related complications. Conversely, around 95% of adults clear the acute infection. Chronic hepatitis B can lead to serious health problems, such as cirrhosis and liver cancer, and is more common in people who are infected at a young age but can occur in people of any age.

The best way to prevent HBV infection is vaccination. The hepatitis B vaccine is safe and effective. The United States (U.S.) initially relied on prenatal hepatitis B surface antigen (HBsAg) screening plus targeted infant prophylaxis, but this approach was not sufficient primarily due to no or late prenatal care, acute HBV infection late in pregnancy (negative early screen), and home or out-of-hospital deliveries. Unlike some low-prevalence European countries, the U.S. had significant immigration from HBV-endemic regions resulting in household and early childhood transmission within families and communities. All newborns and children up to age 18 years should receive the vaccine as part of the routine childhood vaccination schedule. Since 1991, when the birth dose schedule was introduced, pediatric incidence of HBV infection has declined approximately 99%. Because protection is long-lasting, overall HBV-related morbidity and mortality have declined as well. Hepatitis B vaccination is also recommended for all adults aged 19-59 years and for older adults who are at increased risk of infection, such as healthcare workers, people with multiple sex partners, and people with human immunodeficiency virus (HIV) infection.

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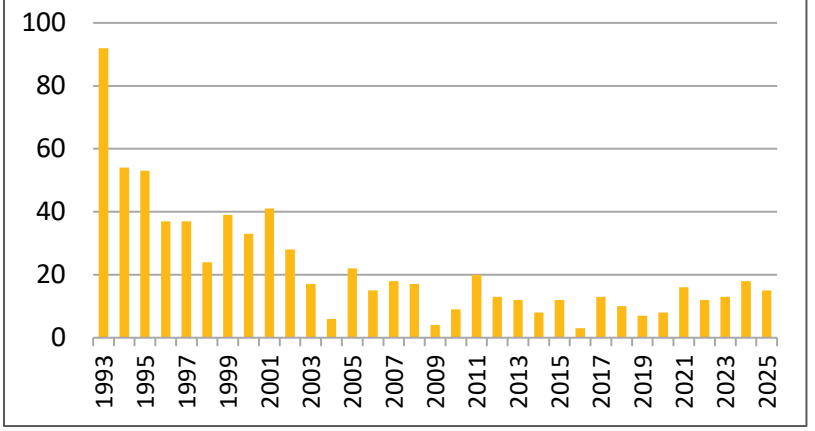
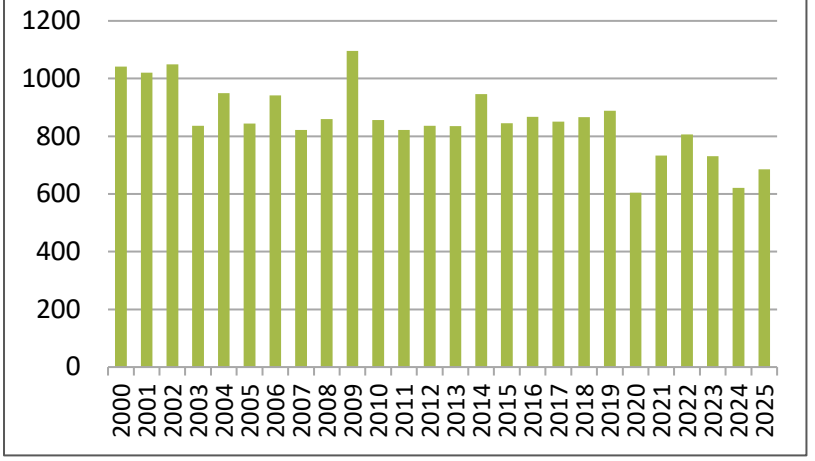
Figure 1. Acute Hepatitis B Cases, San Diego County, 1993-2025



Universal vaccination of newborns began in 1991. Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years.

Figure 2. Newly-Reported Chronic Hepatitis B Cases, San Diego County, 2000-2025



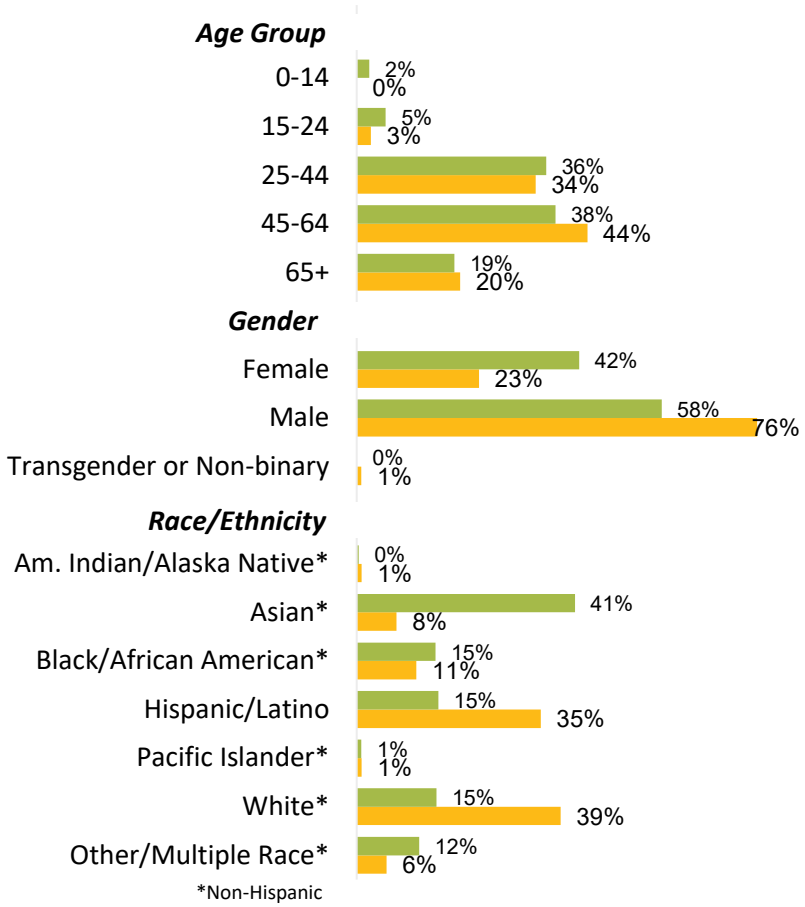
Data are provisional and subject to change. Grouped by CDC disease years.

The Monthly Communicable Disease Surveillance Report is a publication of the County of San Diego Public Health Services Epidemiology and Immunization Services Branch (EISB). EISB identifies, investigates, registers, and evaluates communicable, reportable, and emerging diseases and conditions to protect the health of the community. The purpose of this report is to present trends in communicable disease in San Diego County. To subscribe to this report, visit the Data and Reports page on the Epidemiology Program website (www.sdepi.org) and click on the subscribe link.

HEPATITIS B, continued

In the U.S., incidence and prevalence of HBV infection vary by region and demographic factors. According to the Centers for Disease Control and Prevention (CDC), the rate of reported acute HBV infections in the U.S. was 0.7 per 100,000 in 2023, highest among adults aged 40-59 years, who account for 48% of all reported cases. Incidence of acute hepatitis B was 1.1 cases per 100,000 among non-Hispanic Black populations, nearly twice as high as any other group. Certain regions of the U.S. have a higher incidence of acute hepatitis B, particularly parts of the south and Appalachia where rates may be up to 3.1 cases per 100,000. Acute treatment is mostly supportive.

Figure 3. Demographic Summary of Acute and Chronic Hepatitis B Cases, San Diego County



An analysis using 1999-2016 data from the National Health and Nutrition Examination Survey found overall chronic hepatitis B prevalence in the U.S. to be 0.35%, with higher prevalence among foreign-born persons compared to those who are U.S. born (1.28% vs. 0.15%). Foreign-born non-Hispanic Asians had the highest prevalence at 3.85%. Other high-risk populations include veterans, people who inject drugs, persons experiencing homelessness, men who have sex with men (MSM), and people with coinfection of HIV or hepatitis C. In 2023, there were 17,650 newly reported chronic HBV infections in the U.S.

There are several treatment options available for chronic hepatitis B, including antiviral medications that help suppress the virus and prevent liver damage. According to the World Health Organization, scaling up the use of these medications could reduce the number of deaths due to liver cancer and cirrhosis caused by HBV infection by up to 90%. The American Association for the Study of Liver Diseases provides treatment guidelines for chronic hepatitis B.

Post-exposure prophylaxis is effective at preventing transmission. Perinatal Hepatitis B Prevention Programs, like the one in San Diego County, are active throughout the U.S., offering education and case management to HBV-infected pregnant women. Infants born to HBV-positive mothers receive hepatitis B vaccine and hepatitis B immune globulin (HBIG) to prevent perinatal transmission of hepatitis B. Other prevention measures include avoiding sharing needles or other injection drug equipment, practicing safe sex, and not sharing personal items such as razors or toothbrushes with an infected person. It is also important for healthcare workers to follow infection control measures to prevent the spread of HBV in healthcare settings.

Resources

- CDC Hepatitis B website
- CDC 2023 Hepatitis B Surveillance
- California Department of Public Health (CDPH) Hepatitis B website
- CDPH Viral Hepatitis Surveillance
- Children's Hospital of Philadelphia Vaccine Education Center: Hepatitis B

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Table 1. Select Reportable Diseases

Disease and Case Inclusion Criteria (C,P,S)		2025 December	2025 November	2025 Total	Prior Years Avg YTD, 2022-2024	Prior Years 2024 Total
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	0	4	4.0	5
Brucellosis	C,P	0	0	0	3.7	1
Campylobacteriosis	C,P	94	94	1,199	1,070.0	1,128
Candida auris	C	9	16	166	101.0	150
Chickenpox, Hospitalization or Death	C,P	0	0	2	4.3	3
Chikungunya	C,P	0	0	0	1.3	2
Coccidioidomycosis	C	51	39	664	489.3	602
Cryptosporidiosis	C,P	6	15	153	119.3	129
Dengue Virus Infection	C,P	0	3	17	34.7	64
Encephalitis, All	C	1	2	32	37.3	48
Giardiasis	C,P	6	17	237	225.7	245
Hepatitis A, Acute	C	1	0	11	30.7	17
Hepatitis B, Acute	C	0	0	14	14.3	18
Hepatitis B, Chronic	C,P	42	44	686	720.7	621
Hepatitis C, Acute	C,P	1	0	77	100.3	94
Hepatitis C, Chronic	C,P	137	100	1,450	2,350.7	1,877
Legionellosis	C	6	7	77	87.0	83
Listeriosis	C	0	2	9	13.3	10
Lyme Disease	C,P	0	0	7	9.0	6
Malaria	C	3	0	16	15.7	20
Measles (Rubeola)	C	0	0	1	1.3	4
Meningitis, Aseptic/Viral	C,P,S	9	6	82	80.7	107
Meningitis, Bacterial	C,P,S	3	4	46	39.0	42
Meningitis, Other/Unknown	C	0	3	31	25.0	24
Meningococcal Disease	C,P	2	0	11	3.7	5
Mumps	C,P	0	1	8	1.7	2
Pertussis	C,P	11	24	333	387.7	729
Rabies, Animal	C	0	1	21	8.0	13
Rocky Mountain Spotted Fever	C,P	0	0	1	3.0	3
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	58	53	919	708.7	748
Shiga toxin-Producing *E. coli* (including O157)	C,P	12	19	276	244.3	259
Shigellosis	C,P	19	27	398	507.7	471
Typhoid Fever	C,P	1	0	2	8.0	4
Vibriosis	C,P	1	6	53	45.7	53
West Nile Virus Infection	C,P	0	0	0	1.7	2
Yersiniosis	C,P	6	10	159	89.3	136
Zika Virus	C,P	0	0	1	0.7	1

Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria. Includes San Diego County resident cases only.

San Diego County Sexually Transmitted Infection Data | San Diego County Tuberculosis Data

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Figure 4. Select Enteric Infections by Month
January 2025 – December 2025

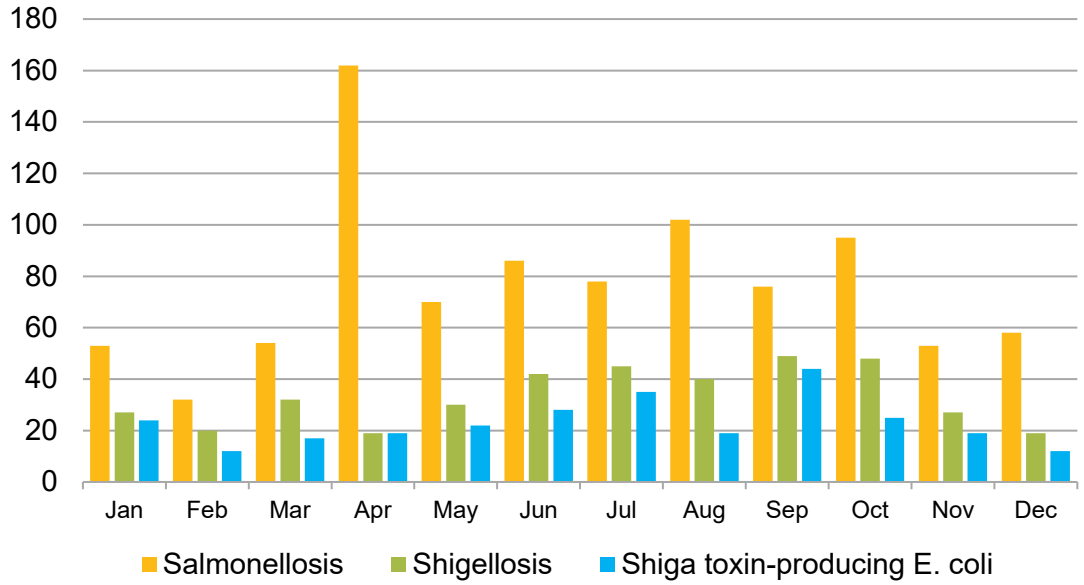

Figure 5. Select Vaccine-Preventable Infections by Month
January 2025 – December 2025

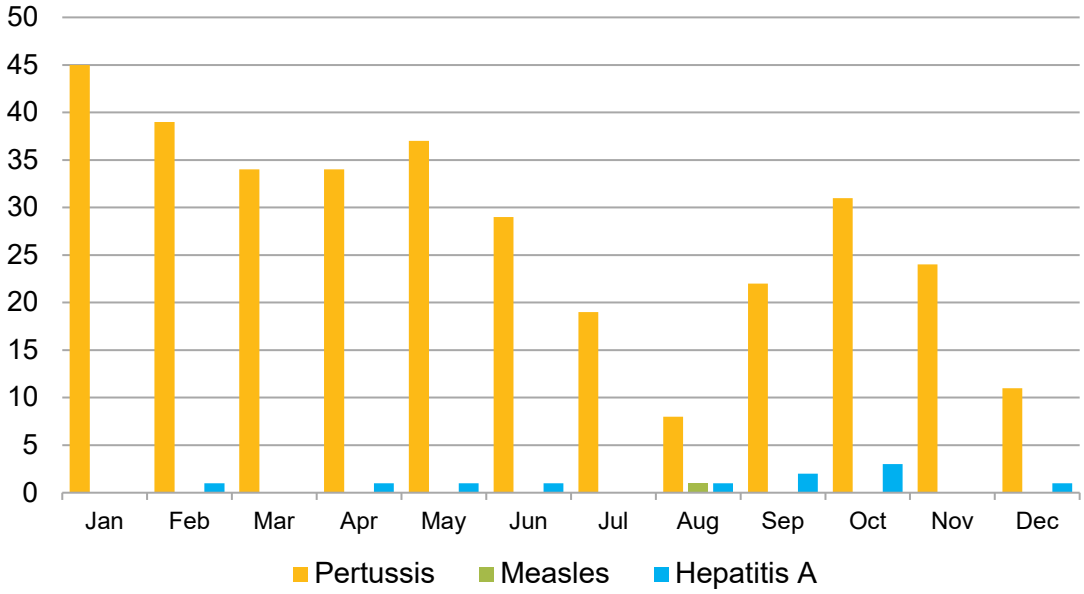

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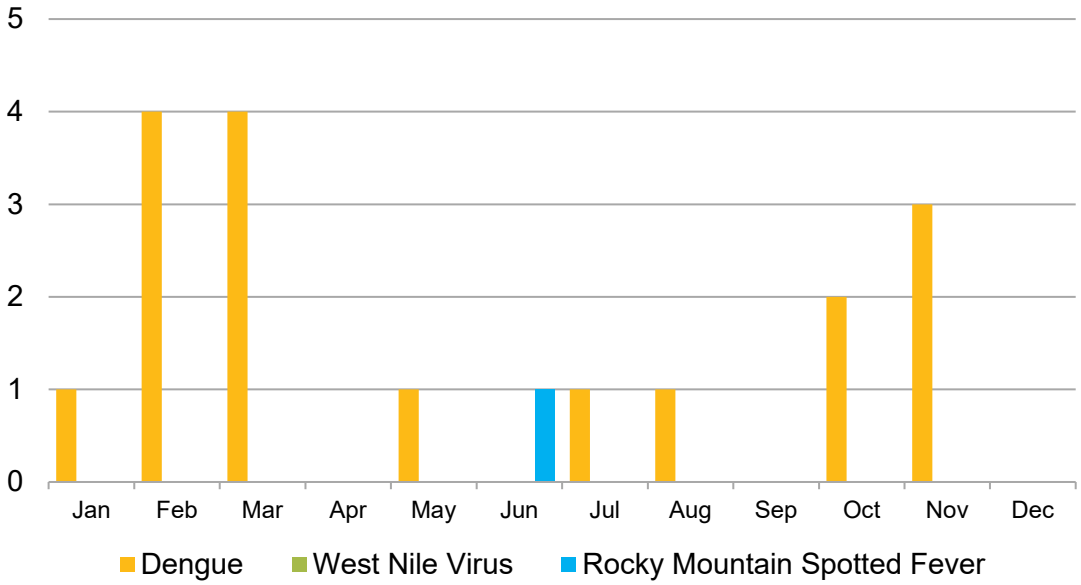
Figure 6. Select Vector-Borne Infections by Month
January 2025 – December 2025



See the County disease-specific webpages, for more information on West Nile virus and Dengue.
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Disease Reporting in San Diego County

San Diego County communicable disease surveillance is a collaborative effort among Public Health Services, hospitals, medical providers, laboratories, and the San Diego Health Connect Health Information Exchange (HIE). The data presented in this report are the result of this effort.

Reporting is crucial for disease surveillance and detection of disease outbreaks. Under the California Code of Regulations, Title 17 (Sections 2500, 2505, and 2508), public health professionals, medical providers, laboratories, schools, and others are mandated to report more than 80 diseases or conditions to San Diego County Health and Human Services Agency.

To report a communicable disease, contact the Epidemiology Program by phone at (619) 692-8499 or download and print a Confidential Morbidity Report form and fax it to (858) 715-6458. For urgent matters on evenings, weekends or holidays, dial (858) 565-5255 and ask for the Epidemiology Program duty officer. For more information, including a complete list of reportable diseases and conditions in California, visit the Epidemiology Program website, www.sdepi.org.

Tuberculosis, sexually transmitted infections, and HIV disease are covered by other programs within Public Health Services. For information about reporting and data related to these conditions, search for the relevant program on the Public Health Services website, http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html.