

Why was the study done?

This study compared two groups of people in British Columbia: (1) those with a new (acute) hepatitis B infection and (2) those with an ongoing (chronic) hepatitis B infection. The purpose was to identify any differences in the characteristics of people with acute and chronic hepatitis B infections to inform public health programs targeted at either population.

What were the main findings?

People diagnosed with acute versus chronic hepatitis B infection had differing characteristics. Acute hepatitis B infection diagnoses were more common among people between the ages of 25 and 34 years, Caucasian individuals, males, and persons with a low socioeconomic status. Acute diagnoses were also more common among individuals with injection drug use experience, problematic alcohol use, and among those co-infected with HIV or HCV. Chronic hepatitis B infection was more common among older East Asian populations with lower socioeconomic status, who were 12 times more likely of being diagnosed with chronic HBV than Whites.

How can these findings be used?

The people most at risk for acute HBV in British Columbia differ from persons who have chronic HBV. To effectively reduce the rates of acute and chronic hepatitis B infection in British Columbia, these populations require separate interventions that address the risk factors unique to each group. The risk of acute HBV was highest among younger white populations with a history of substance use, while chronic HBV was highest among East Asian people with lower socioeconomic status. Therefore individuals at risk for acute HBV infection require programs focused on prevention, as well as programs for mental health and addiction. Programs for chronic HBV should focus on screening at-risk groups of people born in areas with high rates of HBV, including East and South Asia, for early diagnosis and treatment.

What is the reference for this study?

Binka M et al. Differing profiles of people diagnosed with acute and chronic hepatitis B virus infection in British Columbia, Canada. *World J Gastroenterol* 2018; 24(11): 1216-1227. DOI: [10.3748/wjg.v24.i11.1216](https://www.wjgnet.com/1007-9327/full/v24/i11/1216.htm). Available at: <https://www.wjgnet.com/1007-9327/full/v24/i11/1216.htm>