Hepatitis A virus (HAV)

Mode of transmission

Large amounts of the virus are found in the faeces of infected people who then pass on the virus usually via faeco-oral contact. The virus can survive in the environment for several weeks (e.g. in sewage).

Transmission usually occurs in the setting of:

- eating contaminated food (e.g. shellfish or food contaminated by infected food handlers)
- drinking contaminated water
- handling nappies, linen, or towels soiled with the faeces of an infectious person (e.g. childcare)
- direct contact (including sexual) with an infectious person (especially men who have sex with men).
- people travelling overseas, especially if visiting developing countries where hepatitis A is common.

Incubation period and infectivity

The incubation period is 15-50 days (mean of 28 days). The concentration of virus in the stool is highest just before onset of jaundice or peak transaminitis. Cases are considered infectious from one week before onset of prodromal symptoms or two weeks before the onset of jaundice. Confirmed and probable cases should not attend child care facilities, provide personal care to persons in child care or health care settings or handle food for others while infectious. Cases are considered non-infectious two weeks after onset of prodromal symptoms or one week after the onset of jaundice. Shedding of the virus may be prolonged in the immunocompromised, infants, and children.

Clinical presentation

Symptoms include aches and pains, fever, nausea, lack of appetite, abdominal discomfort, followed by dark urine, pale stools, and jaundice. Illness usually lasts 1 to 3 weeks and is almost always followed by complete recovery. Young children usually have no symptoms. Hepatitis A does not cause long-term liver disease and deaths caused by hepatitis A are rare.

Notifiable disease

Hepatitis A must be notified to the local public health unit in order to help identify close contacts at risk of infection and to investigate possible outbreaks of hepatitis A.

Contact management

Contacts at risk if exposed to infectious patients include:

- immediate family, household members, and sexual partners
- persons who consumed uncooked food that was prepared by the patient
- if the patient is a food handler, other food handlers in the same establishment
- if the patient is in nappies, persons who provided direct care
- if the patient attends child care or preschool, other children and adults in the same classroom or care group.

The available interventions for contacts include **monovalent inactivated hepatitis A vaccine** and **Normal Human Immunoglobulin (NHIG)**. Post exposure prophylaxis (PEP) with Hepatitis A vaccine should be offered to contacts over the age of one year within 2 weeks of last exposure to an infectious case. NHIG is recommended for children <12 months of age and individuals who are immunosuppressed, have chronic liver disease, or for whom the vaccine is contraindicated. PEP is not indicated for contacts of sporadic cases in the school or work settings.