



HEPATITIS, TYPE A (HAV, Infectious Hepatitis)

1. **Agent:** Hepatitis A virus (HAV).
2. **Identification:**
 - a. **Symptoms:** Onset is usually abrupt, with fever, malaise, anorexia, nausea, and abdominal discomfort, followed by jaundice. Recovery is usually complete, without sequelae. Many cases, especially in children, are mild or asymptomatic and diagnosed only by serological tests.
 - b. **Differential Diagnosis:** Other causes of viral and non-viral hepatitis.
 - c. **Diagnosis:** Based on positive IgM specific hepatitis A virus antibody test (anti-HAV IgM) and the presence of a discrete onset of clinical symptoms and jaundice or elevated liver enzymes.
3. **Incubation:** 15 to 50 days; commonly about 28-30 days.
4. **Reservoir:** Human.
5. **Source:** Feces, rarely blood.
6. **Transmission:** Fecal-oral; person to person or through vehicles such as food. Drug sharing partners, sexual and household contacts at increased risk. Transfusion-associated cases have occurred but are extremely rare.
7. **Communicability:** Maximum infectivity occurs during the latter half of incubation period, particularly during the week prior to the onset of jaundice. Considered non-infectious 1 week after onset of jaundice. There is no carrier state.
8. **Specific Treatment:** None.
9. **Immunity:** Lifelong.

REPORTING PROCEDURES

1. Reportable, *California Code of Regulations*, Section 2500.
2. **Report Form:**

VIRAL HEPATITIS CASE REPORT (acd-hep, 7/07) available at:

<http://lapublichealth.org/acd/EpiForms/Hepatitis%20ABCDE-acd%20hep.pdf>

TRANSFUSION-ASSOCIATED HEPATITIS CASE RECORD (DHS 8376) available at: [Public Health Registrar]

Use for the rare case associated with administration of blood or blood products during the 6-month period prior to onset, use Supplemental Data Sheet.

If a prepared commercial food item is the likely source of this infection, a **FOODBORNE INCIDENT REPORT** should be filed. For likelihood determination and filing procedures, see Part 1, Section 7 – Reporting of a Case or Cluster of Cases Associated with a commercial Food: Filing of Foodborne Incident Reports.

3. Epidemiologic Data:

- a. Anti-HAV IgM to confirm the diagnosis of hepatitis A.
- b. Contact with diagnosed or suspect case of hepatitis or jaundice within the incubation period.
- c. Day-care center association (including nursery school or baby-sitting group), either as attendee, employee or household contact to attendee or employee.
- d. Travel history during incubation period (including dates and places) to areas where sanitation may have been a problem (e.g., camping, travel outside of the U.S.).
- e. Occupational history, especially individuals in sensitive occupations or situations. Dates of working and job description.
- f. Ingestion of raw shellfish (clams, oysters, and mussels), and untreated water during 6 weeks prior to onset.
- g. Hepatitis A vaccine history.



- h. Sexual orientation.
- i. Methamphetamine or injection drug use

CONTROL OF CASE, CONTACTS & CARRIERS

Contact within 24 hours to determine if sensitive occupation or situation involved and need for hepatitis A vaccine or immune globulin (IG) for postexposure prophylaxis (PEP) for contacts; otherwise, investigate within 3 days. District should confirm by laboratory testing which type of hepatitis exists in cases where no laboratory work was done.

CASE:

Patient should not engage in a sensitive occupation or situation during illness and for 7 days following onset of jaundice.

CONTACTS:

Household members or others who have intimate contact.

1. No restrictions.
2. Emphasize education on hand washing and potential for shedding of virus prior to onset.
3. Advise the administration of PEP for contacts at risk, including household and/or sexual contacts. In addition, persons who have shared illicit drugs with a person who has serologically confirmed hepatitis A should receive hepatitis A vaccine, or IG and hepatitis A vaccine simultaneously. Consideration also should be given to providing IG or hepatitis A vaccine to persons with other types of ongoing, close personal contact (e.g., regular babysitting) with a person with hepatitis A. Asymptomatic infection with viral shedding may still occur despite receipt of vaccine or IG in contacts with incubating infection. Individuals who have received 1 dose of hepatitis A vaccine at least 1 month before exposure to HAV do not need IG.

Options for PEP:

- a. Hepatitis A vaccine is preferred to IG, for healthy person 12 months through 40 years of age.
- b. IG is preferred to vaccine, for persons older than 40 years of age because of the

absence of information regarding vaccine performance and the more severe manifestations of hepatitis A in this age group; vaccine can be used if IG cannot be obtained. The magnitude of the risk for HAV transmission from the exposure should be considered in decisions to use IG or vaccine.

- c. IG should be used for children aged < 12 months, immunocompromised persons, persons who have had chronic liver disease diagnosed, and persons for whom hepatitis A vaccine is contraindicated.
- d. Person administered IG for whom hepatitis A vaccine also is recommended for other reasons should receive a dose of vaccine simultaneously with IG. For persons who receive vaccine, the second dose should be administered according to the licensed schedule to complete the series. The efficacy of IG or vaccine when administered >2 weeks after exposure has not been established.

For specific details refer to MMWR, October 19, 2007, vol 56. Update: Prevention of Hepatitis A after Exposure to Hepatitis A Virus and in International Travelers. Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP)

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5641a3.htm>

4. Routine prophylactic administration of vaccine or IG for usual office, factory, school and hospital contacts is not indicated. Administration of vaccine or IG to contacts in institutions such as daycare centers, prisons, or facilities for the developmentally disabled may be useful. If a food handler receives a diagnosis of hepatitis A, vaccine or IG should be administered to other food handlers at the same establishment. Because common-source transmission to patrons is unlikely, hepatitis A vaccine or IG administration to patrons typically is not indicated but may be considered if 1) during the time when the food handler was likely to be infectious, the food handler both directly handled uncooked or cooked foods and had diarrhea or poor hygienic practices and 2) patrons can be identified and treated <2 weeks after the exposure. In settings in which



repeated exposures to HAV might have occurred (e.g., institutional cafeterias), stronger consideration of hepatitis A vaccine or IG use could be warranted. In the event of a common-source outbreak, postexposure prophylaxis should not be provided to exposed persons after cases have begun to occur because the 2-week period after exposure during which IG or hepatitis A vaccine is known to be effective will have been exceeded.

5. The use of hepatitis A vaccine may be helpful in community-wide ongoing outbreaks, or special outbreak situations. Consult with ACDC.

CARRIERS: Not applicable.

PREVENTION-EDUCATION

1. Emphasize to the contacts the importance of hand washing after using the bathroom and before handling food. Feces are not infectious 1 week after onset of jaundice.
2. Sanitary disposal of fecal matter.
3. Advise patient that persons with a history of viral hepatitis are excluded from blood donor program.

DIAGNOSTIC PROCEDURES

Clinical and epidemiological history required to aid laboratory in test selection.

SEROLOGY:

Container: Serum separator tube (SST, a red-gray top vacutainer tube) and test request form.

Laboratory Form: TEST REQUISITION FORM (H-3021) available at:

<http://lapublichealth.org/lab/docs/H-3021%20Test%20Request%20Form.pdf>

Examination Requested: Hepatitis A, Anti-HAV IgM.

Material: Whole clotted blood.

Amount: 8-10 ml.

Storage: Refrigerate.