

Hepatitis A (HAV)

Transmission

Source : Person to person
Often from asymptomatic infections, particularly in young children (0-5 years : 90%, 6-14 years : 50%, >14 years : 20%)

Transmission :

- Most common fecal-oral route
- Fecal contamination, oral ingestion
- Blood transfusion rare
- Mother to newborn infant rare
- Sexual contact rare (often fecal-oral)

Incubation (infection → symptom onset) 4 wks (15 -50 d)	Acute Hepatitis (general symptoms, jaundice) 3 wks	Convalescence < 2 months
	+ + +	++ ++ ++ IgM ++
		+ ++ +++ IgG

Communicability
(viremia, virus in stools)
2 wks → Sympt. Onset → 1wks

Prophylaxis indicated for

- Household contacts
- Sexual contacts
- Child day care contacts
- Food handler contacts

No prophylaxis

School, Office,
Workplace

**Window of opportunity for prophylaxis
Vaccine**
Communicable period + 2 wks

Exclusion : Child Care Center, Food handling (7 days after symptom onset)

Diagnosis

Confirmed case : Meets clinical case definition and is laboratory confirmed, or
Meets clinical case definition and has epidemiological link to known confirmed case

Clinical case definition :

- acute illness
- discrete onset of symptoms
- jaundice or elevated serum aminotransferase levels

Laboratory diagnosis through serology tests :

- Anti HAV IgM = current infection, consistent with acute or recent illness
- Anti HAV IgM + IgG = current infection, consistent with later course of illness

BUT

- Anti HAV IgG only = past infection (current immunity, lasts for years)
- Anti HAV IgG only = < 2-3 weeks after HAV vaccination
- Anti HAV (total) = not sufficient to differentiate between current and past infection

Treatment, Prophylaxis

Treatment :

- Supportive
- Rest

Prophylaxis of the exposed :

- Must be given within 14 day after exposure, to be effective
- Vaccine
- Immune Globulin (IG) 0.02 ml/kg IM as soon as possible after exposure

HAV Immunization :

- No routine vaccinations in areas with less than twice average national rates
- Recommended for travelers, MSM, drug users, person with occupational risks, persons with clotting-factor disorders, persons with chronic liver disease

Control

