

HEPATITIS A

1. **Agent:** Hepatitis A virus (HAV). non-infectious 1 week after onset of jaundice.
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:** An acute illness with 1) discrete onset of symptoms **and** 2) jaundice or elevated serum aminotransferase levels **AND** based on positive IgM specific hepatitis A virus antibody test (anti-HAV IgM). Total hepatitis A virus antibody (Total anti-HAV) is not a confirmatory test for acute HAV. A case meets the clinical definition and occurs in a person who has an epidemiologic link with a person who has a laboratory-confirmed hepatitis A (i.e., household or sexual contact with an infected person during the 15-50 days before the onset of symptoms).
3. **Incubation:** 15-50 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. Sexual and household contacts are 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. There is no carrier state. Considered
8. **Specific Treatment:** None.
9. **Immunity:** Lifelong.

REPORTING PROCEDURES

1. Report within 1 working day of identification of case or suspected case (Title 17, Section 2500, *California Code of Regulations*). Laboratory reports are to be faxed along with the Confidential Morbidity Report (CMR).

If a prepared commercial food item is the likely source of this infection, report immediately by phone.

2. Epidemiologic Data:

- a. Ensure case has met both the clinical and laboratory criteria for diagnosis of acute hepatitis A (see Diagnosis 2c).
- 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.A.).
- e. Occupational history, especially individuals in sensitive occupations or situations. Dates worked 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 illegal drug use.

CONTROL OF CASE, CONTACTS & CARRIERS

Determine if patient is in a sensitive occupation or situation and the need for hepatitis A vaccine or immune globulin (IG) for postexposure prophylaxis (PEP) for contacts.

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 close personal contact with a person with hepatitis A. Asymptomatic infection with viral shedding may still occur despite receipt of 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 persons 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.

c. IG should be used for children aged <12 months, immuno-compromised persons, persons who have had chronic liver disease diagnosed, and persons for whom hepatitis A vaccine is contra-indicated.

d. Persons 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.

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 day-care 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. The use of vaccine or IG for individuals exposed to a known or highly suspected common-source vehicle such as food or water will be coordinated by Public Health Services.

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

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.
4. Hepatitis A vaccine is not indicated for contact management.

DIAGNOSTIC PROCEDURES

San Joaquin County Public Health Laboratory services are available. Refer to the Laboratory Services Manual in Section 2, Disease Reporting.