



Hepatitis A

Centre for Disease Control

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What is hepatitis A?

Hepatitis is a general term used to describe inflammation of the liver. A variety of viruses and other substances, such as alcohol, can also cause hepatitis. The hepatitis A virus is the most common virus that causes hepatitis.

How is it spread?

This virus passes through the digestive system of people with the infection and is spread when something contaminated with infected faeces is swallowed. Only a small amount of virus is necessary to spread the infection. The virus can potentially survive on objects and in water for months.

The virus can be passed on:

- by food, drink, eating utensils, toys or other objects that have been handled by an infected person
- after touching infected nappies, linen and towels or someone else's hands that have been in contact with faeces
- by oro-anal sex.

Outbreaks have also been reported as a result of drinking or bathing in water contaminated by sewage, or by eating shellfish, particularly oysters contaminated by sewage.

What are the symptoms?

The symptoms generally develop 1 month after infection but may develop from 2 weeks to 2 months after infection.

Hepatitis A is an acute illness, starting with fever, loss of appetite, nausea, tiredness, abdominal discomfort and feeling generally unwell. Urine may become dark in colour and faeces paler. The eyes and skin may then become a yellow colour (jaundice), however this may be difficult to see in dark skinned people. The skin may also become itchy.

The symptoms are generally more severe in adults than children. Many children will not show any sign of the infection or have a mild illness without any jaundice.

The length and severity of illness varies but most people feel well within a month of onset. Complications are rare. Hepatitis A does not

cause chronic liver disease and people do not become 'carriers', as can occur with hepatitis B or C. After a person has recovered from hepatitis A they are immune and cannot get it again.

What is the infectious period?

Infected people can pass the virus to others from 2 weeks before feeling unwell, until 1 week after the appearance of jaundice.

Who is at risk?

Hepatitis A virus is worldwide and can affect anyone who is not immune. People at higher risk of contracting the infection are:

- international travellers and residents of areas with inadequate waste disposal, contaminated water and/or poor hygiene
- children and staff in day care centres, particularly if children are not toilet trained
- household members and close contacts of an infected person.

What is the treatment?

There is no specific treatment for hepatitis A.

How can hepatitis A be prevented?

Good hygiene is the best way to prevent hepatitis A. In situations where good hygiene may be compromised hepatitis A vaccination is recommended.

To avoid faecal spread hands should be washed thoroughly with soap and warm running water for at least 10-15 seconds and thoroughly dried:

- after going to the toilet
- before preparing or handling food
- after every nappy change
- after changing soiled linen.

Other measures include:

- never change nappies or let children sit on tables or counters where food is prepared or eaten
- wash change mat with warm soapy water (use disposable wash cloth or launder cloth)

after use)

- where the change mat is soiled with faeces wash as above then wipe with bleach and leave to dry
- clean books, toys, equipment, furnishings, floors and toilets regularly (including toilet door handles)
- avoid sharing drinks and eating utensils.

Child care centres should refer to the NHMRC publication "Staying Healthy in Child Care" for further advice on prevention in a child care centre.

Hepatitis A vaccination

Hepatitis A vaccine is available for both adults and children and is safe and effective in preventing disease.

Vaccination is recommended for adults in the following at risk groups:

- travellers to moderate to high risk areas
- residents or frequent visitors to remote Indigenous communities
- child care and preschool staff
- intellectually disabled and their carers
- health care providers
- men who have sex with men
- injecting drug users
- people with chronic hepatitis B and C infections
- people with chronic liver disease
- solid organ transplant recipients
- plumbing and sewage workers
- HIV infected persons.

A pre-vaccination blood test to determine existing immunity is recommended to avoid unnecessary vaccination for:

- those born before 1950
- those growing up in areas with intermediate/high risk of hepatitis A infection such as Indigenous communities or countries such as Africa and Asia.

The recommended vaccination schedule is 1 injection, followed by a booster dose 6-12 months later. A combined hepatitis A and B vaccine is available if hepatitis B vaccination is also required, this is a series of 3 injections over a 6 month period.

The vaccine is effective by 4 weeks after the first vaccine.

These vaccinations are available on private prescription from a doctor. Some employers may fund hepatitis A vaccination for at risk workers.

As part of a national immunisation program free hepatitis A vaccine is offered to all Indigenous infants born on or after 1 May 2004. In the NT this vaccine is offered routinely at 12 and 18 months. Since the introduction of this vaccine for Indigenous infants there have been very few cases of hepatitis A acquired in the Northern Territory.

How is hepatitis A controlled?

Good hygiene and appropriate vaccination are the best methods to control hepatitis A.

If hepatitis A does occur in a food handler or child care worker they should be excluded from work until 7 days after the onset of jaundice. People with hepatitis A should not prepare food for others while infectious.

Children with hepatitis A should be excluded from school or child care until a medical certificate of recovery is received and until 7 days after the onset of jaundice.

Close contacts of an infected person may be offered hepatitis A vaccination to prevent infection if given within 2 weeks of contact. A second vaccine given in 6-12 months is recommended to provide long lasting protection. Normal human immunoglobulin may be given to children less than 1 year of age or to people who are immune suppressed. Because the contact person may be infectious, extra care should be given to hygiene for several weeks to protect others. The protection provided by immunoglobulin lasts only 2-3 months.

The NT Childhood Vaccination Schedule is available at: http://www.health.nt.gov.au/Centre_for_Disease_Control/Immunisation/index.aspx

For more information contact the Centre for Disease Control in your region

Alice Springs 8951 7540

Darwin 8922 8044

Katherine 8973 9049

Nhulunbuy 8987 0357

Tennant Creek 8962 4259

or <http://www.nt.gov.au/health/cdc>