
Hepatitis A

Frequently Asked Questions

1. What is hepatitis A?

Hepatitis A, also known as infectious hepatitis, is a viral disease of the liver. The hepatitis A virus is relatively stable in the environment, and is easily spread to close contacts who are not immune.

2. Who can get hepatitis A?

All people are at risk of hepatitis A infection. Hepatitis A can spread among young children in daycare because many are in nappies and cannot wash their own hands. These children are usually asymptomatic, and so prevention is difficult. People who share the same household, and sexual partners of persons with hepatitis A are at risk of becoming infected. Persons who develop hepatitis A, or persons who are vaccinated are protected for life against subsequent infections.

3. Where does hepatitis A occur in South Africa?

The distribution of hepatitis A infection varies according to socio-economic conditions. Persons in low socio-economic conditions tend to become infected with hepatitis A very early in life, as infants or young children. Consequently the disease in this population is largely silent, as children tend to have asymptomatic disease with no long term consequences. Amongst persons from higher socio-economic conditions, the disease tends to infect persons of older age. Paradoxically therefore, the disease is more apparent amongst these groups, as jaundice is more frequent. In studies done in the early 1990's in South Africa, 90% of black and 60% of white South African adults had evidence of previous hepatitis A infection.

4. How is hepatitis A transmitted?

Hepatitis A virus is found in the stools (faeces) of persons with active disease. It is spread by the 'faeco-oral' route – for example - when people don't wash their hands after using the toilet, or changing a nappy or soiled sheets, and then touch their mouths, prepare food for others, or touch others with their contaminated hands. It may also be spread by contaminated food or water. A person with hepatitis A is most contagious 2 weeks before illness starts until 1 week after the onset of jaundice. Amongst household contacts of persons with hepatitis A, only 20-50% of contacts develop hepatitis A.

5. What are the signs and symptoms of hepatitis A?

The incubation period of hepatitis A ranges from 15-50 days. Symptoms are usually age dependent. Adults are more likely to have symptoms of fever, fatigue, loss of appetite, nausea, diarrhoea and jaundice. With the onset of jaundice persons will also notice dark brown urine, pale stools (faeces) and yellow discolouration of skin and eyes. Young children may have mild flu-like symptoms or no symptoms, and seldom become jaundiced. Symptoms normally last 1-2 weeks but may last longer.

6. How is hepatitis A diagnosed?

Hepatitis A is diagnosed through a blood test. The laboratory will look for antibodies to the hepatitis A virus. Laboratory tests can identify persons who have active disease, or persons who are immune to hepatitis A – either through past infection, or through vaccination

7. How is hepatitis A treated?

There is no treatment for the disease and most people do not need any, as the condition resolves on its own. Amongst the elderly, and persons with other underlying illness, hepatitis A can cause severe illness and rarely, death from liver failure.

8. How can hepatitis A be prevented?

Hepatitis A can be effectively prevented by vaccination. However, vaccination against hepatitis A is not part of the South African Expanded Programme of Immunisation (EPI). Persons who wish to receive hepatitis A vaccine are required to purchase it privately. Two vaccines are licensed for use in South Africa – Havirx® and Avaxim®. Twinrix® which provides vaccination against hepatitis A and B in a single infection is also available. Both require an initial injection with a booster after 6-12 months. Even in its mildest form Hepatitis A is not a pleasant disease as an older child or adult. Vaccination is advised.

When an adult is diagnosed with hepatitis A, this person should not handle food, nor care for patients, nor work with young children or the elderly until 14 days after the onset of illness. Scholars/learners infected with hepatitis A should be excluded from school for 1 week following onset of jaundice or, if they did not become jaundiced, for 14 days after onset of their illness.

Persons who are susceptible to hepatitis A (not vaccinated and never had infection) and who have been in close contact with someone with hepatitis A up to two weeks before onset of their illness, and up to 1 week after the onset of jaundice can receive hepatitis A vaccine to prevent infection. To be most effective, the hepatitis A vaccine should be given within 2 weeks of exposure to the case. The hepatitis A vaccine may not be effective as post-exposure prevention in those who have underlying illness, and there is not much data regarding its effectiveness in those over 40 years of age. These people require an injection of immunoglobulin (antibodies) to prevent infection after exposure. To be most effective, immunoglobulin (pooled human immune globulin) should be given within 2 weeks of exposure to the infected person.

General preventative efforts for hepatitis A include good hand hygiene, especially after use of the toilet, and before food preparation.