



FREQUENTLY ASKED QUESTIONS: HEPATITIS A



1. What is hepatitis A?

Hepatitis A is an acute, self-limiting disease of the liver caused by the hepatitis A virus (HAV). The virus has a worldwide distribution and is exclusively a human pathogen. It causes disease mainly in settings where sanitary conditions are poor.

2. What are the symptoms of hepatitis A disease?

The risk of developing symptomatic illness following HAV infection is age-dependant. The younger the person is when infected, the less likely it is that symptoms will occur. The clinical symptoms of acute hepatitis A develop after an incubation of 15 to 50 days and are indistinguishable from those of other causes of acute hepatitis.

The hallmark of HAV infection is:

- Jaundice (yellow skin and/or yellow colour in the white part of eyes)

Jaundice is rare among young children with clinical symptoms, but will occur in the majority of adults with hepatitis A.

Other symptoms include:

- Nausea
- Diarrhoea
- Vomiting and loss of appetite
- Pain in muscles, joints or stomach
- Jaundice
- Dark urine and pale stools

Complications of hepatitis A include:

- Relapsing hepatitis
- Fulminant hepatitis
- Cholestatic hepatitis
- Renal failure
- Neurologic complications

3. Why is hepatitis A a health problem in South Africa and the world?

Hepatitis A has a worldwide distribution but is more prevalent in areas where hygienic and sanitary conditions are poor. Each year approximately 1.5 million cases of hepatitis A occur globally.

In South Africa hepatitis A was once more common among the white community and within the age range 5-9. However, with the changing socio-economic conditions, children from all race groups who are from the upper class are vulnerable to HAV infection and they retain their vulnerability into adulthood. Outbreaks of hepatitis A occur almost every year in South Africa, leading to high morbidity in affected individuals. In very rare cases, fatalities do occur.

4. How is hepatitis A transmitted?

HAV is transmitted via the faecal-oral route, through person-to-person, or by the ingestion of contaminated food or water. The following ways have been shown to spread infection:

- Close personal contact with someone with hepatitis A
- Eating food contaminated by infected food handlers
- Contact with infected children
- Ingesting raw or undercooked shell fish from waters contaminated with HAV
- Ingesting contaminated food or water from areas with poor sanitary conditions
- Oro-anal sexual practices
- In rare instances, blood transfusions or blood products can transmit HAV.

5. Who is at risk?

Everyone is at risk of HAV infection, however there are certain groups who are at an increased risk and they include the following:

- People living under conditions where sanitation is poor
- Health care workers
- Food handlers
- Recipients of blood or blood products, such as haemophiliacs
- Travellers to HAV endemic countries
- Children in day-care centres, their families, and day-care centre staff
- Homosexuals
- Intravenous drug users

6. How do I know if I have or have had hepatitis A disease?

Since the causes of hepatitis are many, and the clinical symptoms of acute hepatitis are the same, the only way to confirm hepatitis A is to do a blood test. You can visit your doctor or local hospital for further information.

7. What is the treatment following HAV infection?

There is no treatment for hepatitis A. Bed rest supplemented by appropriate nutrition during episodes of loss of appetite is recommended.

8. How is hepatitis A prevented?

General measures

These include not buying food from unhygienic street vendors, always washing hands after using the toilet and before eating, and when travelling to an HAV endemic area to use bottled or treated water.

Pre- and post-exposure prophylaxis

Pre-exposure or post-exposure is possible by one of two methods (or both): passive immunisation with hepatitis A immunoglobulin and vaccination. Of these two methods, the most cost-effective method to prevent and control hepatitis A is vaccination.

9. Who should get the hepatitis A vaccine?

The WHO recommends vaccination of all individuals at risk of HAV infection, and also general vaccination in areas of intermediate endemicity for HAV. In areas with low endemicity for HAV, specific at risk groups should be vaccinated.

10. How and when is the hepatitis A vaccine given?

Hepatitis A vaccine is given by intramuscular injection in the arm children older than 2 years and adults

- Two doses of the vaccine are administered at least 6 to 12 months apart for both children and adults

11. Should HIV positive individuals be vaccinated?

Hepatitis A vaccine is an inactivated vaccine and it can be given to HIV positive individuals with no risk, even though most respond poorly to the vaccine.

12. What are the side effects of the hepatitis A vaccine?

Hepatitis A vaccine is highly safe. Mild side-effects include soreness at the injection site; fatigue, fever, vomiting and diarrhoea.

Where to find us:

South African Vaccination and Immunisation Centre (SAVIC)
PO Box 173, University of Limpopo – Medunsa Campus
0204, PRETORIA, Gauteng Province, South Africa

Tel: + 27(12)521 3077, Fax: + 27(12)521 4284, Email: info@savic.ac.za; <http://www.savic.ac.za>