	illness	incubation period and acute stage of disease; may persist in carrier state for years to lifetime	May persist in carrier state for years
Mode of transmission	Principal route: Fecal–oral Rarely: Parenteral	Principal route: Parenteral Less frequent route: Oral, sexual, any body fluid Perinatal transfer: Transplacental blood (last trimester); at delivery; or during breastfeeding, especially if mother has cracked nipples	Principal route: Parenteral Non-parenteral spread possible
Clinical Features			
Onset	Usually rapid, acute	More insidious	Usually insidious
Fever	Common and early	Less frequent	Less frequent
Anorexia	Common	Mild to moderate	Mild to moderate
Nausea and vomiting	Common	Sometimes present	Mild to moderate
Rash	Rare	Common	Sometimes present
Arthralgia	Rare	Common	Rare
Pruritus	Rare	Sometimes present	Sometimes present
Jaundice	Present (many cases anicteric)	Present	Present
Immunity	Present after one attack; no crossover to type B or C	Present after one attack; no crossover to type A or C	Present after one attack; no crossover to type A or B
Carrier state	No	Yes	Yes
Chronic infection	No	Yes	Yes
Prophylaxis			
Immune globulin (IG)	Passive immunity Successful, especially in early incubation period and preexposure prophylaxis	Passive immunity Inconsistent benefits; probably of no use	Not currently recommended by CDC
HAV vaccine	Two inactivated vaccines approved for all children 12 to 23 months old: Havrix and Vaqta; given in a two-dose schedule (6 months between doses)		
HBV immune globulin (HBIG)	No benefit	Post-exposure protection possible if given immediately after definite exposure	No benefit
HBV vaccine	No benefit	Provides active immunity Universal vaccination recommended for all newborns	No benefit
Mortality rate	0.1% to 0.2%	0.5% to 2.0% in uncomplicated cases; may be higher in complicated cases	1% to 2% in uncomplicated cases; may be higher in complicated