

## Transmission

- Water contaminated with human waste (stools)
- Eating raw or undercooked meat or meat products (such as liver) and seafood (such as shellfish)
- Blood transfusion
- From mother to unborn baby during pregnancy

## Symptoms

- Most people with hepatitis E have no signs or symptoms of disease at all.
- Symptoms can include mild fever, loss of appetite, abdominal pain, nausea, dark urine, pale stools, and yellow skin or whites of eyes (jaundice).
- Pregnant women are particularly at risk of falling severely ill with Hepatitis E and can die.

## Prevention

- Safe, clean water (including a clean, covered water container in the household)
- Use of appropriate sanitation facilities (sound, clean latrines)
- Handwashing with soap (especially after using the toilet or cleaning a baby)
- Good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.)
- Social mobilization and behaviour change communication

## Vulnerable people

- Pregnant women, especially those later in pregnancy (after the third month)
- People with liver diseases
- Displaced populations
- People living in areas that have poor water, sanitation and hygiene facilities and services

## If an epidemic occurs

- Detect and refer cases to health facilities
- Promote handwashing with soap (especially after using the toilet or cleaning a baby)
- Promote safe, clean drinking water (including a clean, covered water container in the household)
- Promote use of appropriate sanitation facilities (sound, clean latrines)
- Promote good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.)
- Increase social mobilization and behaviour change communication
- Health promotion

## Community-based assessment - questions

Make a map of the community and mark the information you gather on the map. Record other details.

- When did people start to fall sick with hepatitis E?
- How many people have fallen sick with hepatitis E? Where?
- How many people have died from hepatitis E? Where?
- How many people live in the affected community or area? How many children under five years of age live in the area? How many pregnant women live in the area?
- Who and where are the vulnerable people?
- Are children in the affected community generally well nourished?
- Do people always have enough food?
- How common is breastfeeding?
- Where do people obtain their drinking water? Is the source safe? Do people treat their water?
- What sanitation facilities (including communal latrines) are available? Do people use them?
- What handwashing facilities are available? Do they have soap?
- Where are the local health facilities and services? (Include traditional and community carers.)
- What are the community's habits, practices and beliefs about caring for and feeding sick people? When babies and infants are sick, do women continue to breastfeed them?
- Do people have specific practices related to pregnancy, such as withholding fluids?
- Is a social mobilization or health promotion programme in place?
- What are the community's habits, practices and beliefs about hygiene, sanitation and water?
- Which sources or channels of information do people use most?
- Are rumours or is misinformation about hepatitis E spreading in the community?
- Can people identify the signs and symptoms of dehydration?
- Do people know how to make oral rehydration solution (ORS)? Do they have resources at hand to make it?
- Do people know how to treat water?

## Volunteer actions

See the following action tools for more information on what actions to take against hepatitis e:

- 1 - Community-based surveillance
- 2 - Community mapping
- 3 - Communicating with the community
- 4 - Referral to health facilities
- 5 - Volunteer protection and safety
- 12 - Managing fever
- 19 - Psychosocial support (Psychological first aid (PFA))
- 29 - Hygiene promotion
- 30 - Clean, safe household water
- 31 - Good food hygiene
- 32 - Sanitation
- 33 - Building and maintaining latrines
- 34 - Handwashing with soap
- 43 - Social mobilization and behaviour change

