Section: Medical Exposure Control Plan – Information Fact Sheets
Subject: HEPATITIS-A
Section #: 383.04
Issue Date: March 21, 2011
Revision Date:
Approved By: Michael Lozano, Jr., M.D., HCFR Medical Director

1. Identification
    a. Acute viral hepatitis is a common, worldwide disease that has different causes; each type shares clinical, biochemical, and morphologic features. Liver infections caused by non-hepatitis viruses (e.g., Epstein-Barr virus, yellow fever virus, cytomegalovirus generally are not termed acute viral hepatitis. At least 5 specific viruses appear to be responsible.
    b. It is the most common cause of acute viral hepatitis and is particularly common among children and young adults. In some countries, > 75% of adults have been exposed. HAV spreads primarily by fecal-oral contact and thus may occur in areas of poor hygiene. Waterborne and food-borne epidemics occur, especially in underdeveloped countries

2. Infectious Agents
    a. Hepatitis A virus is a positive-strand RNA virus. It has been classified as Hepatovirus, a member of the family Picornaviridae.

3. Susceptibility
    a. In developing countries adults are usually immune and epidemics of Hepatitis A are uncommon. Where environmental sanitation is poor, infection is common and occurs at an early age. People can spread the virus to others before developing symptoms. Hepatitis A immunity after infection probably lasts for life.

4. Mode of Transmission
    a. Person-to-person via the fecal-oral route (typically an infected person not washing their hands prior to being involved in food preparation).
    b. Infectious agent reaches its peak in feces a week or two prior to symptoms.
    c. Common sources of outbreaks have been related to contaminated water; food from infected food handlers; raw or uncooked mollusks from contaminated waters; and even contaminated produce.
    d. Hepatitis A is not spread from kissing, sneezing, or by saliva; however, vomitus is a mode of transmission.

5. Incubation Period
    a. 15 to 50 days depending on the dose with the average being 28 to 30 days.
    b. This time frame is forgiving with respect to allowing time for Immune Globulin (IG) to be given.

6. Period of Communicability
    a. Studies have indicated that the maximum infectivity in humans is during the last half of the incubation period and continuing for a few days after the onset of jaundice.

7. Isolation
    a. Universal precautions are adequate; gloves, mask, and goggles. Diligent hand washing is prudent.

8. Exposure Management
    a. Diagnosed with a blood test. There is NO medicine or treatment that will make the symptoms go away faster.

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b. Administration of Immune Globulin (IG) can be of some benefit (see vaccination).
c. Alcohol should be avoided because it can increase liver damage.
d. Restrictions on diet or activity, including commonly prescribed bed rest, have no scientific basis.
e. Most patients may safely return to work after jaundice resolves, even if AST or ALT levels are slightly elevated.

9. Vaccination

a. Immune Globulin (IG) prevents someone who has been exposed to Hepatitis A from getting the disease if given within 14 days from exposure. IG is effective 80 – 90% of the time and protects against Hepatitis A for about 3 months.
b. Havrix (Vaqta) is an active immunization against Hepatitis A. It is given via the IM route and a booster shot (6 – 12 months after the first dose) is necessary if prolonged immunity is desired.
c. Healthcare providers should strongly consider getting vaccinated!

10. References

a. Professional Guide to Diseases, Sixth Edition 1998, Springhouse Corp., Springhouse, Penn.
b. Control of Communicable Diseases Manual, Sixteenth Edition 1995, American Public Health Assoc., Washington, D.C.
c. Communicable Disease Information, Seattle – King County Department of Public Health web site, www.metroke.gov/health/prevent/hepa.htm
d. Infectious Diseases, Armstrong & Cohen, Mosby 1999, Volumes 1 & 2.