



[Home](#) → [Medical Encyclopedia](#) → Hepatitis D (Delta agent)

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Hepatitis D (Delta agent)

Hepatitis D is a viral infection caused by the hepatitis D virus (previously called the Delta agent). It causes symptoms only in people who also have hepatitis B infection.

Causes

Hepatitis D virus (HDV) is found only in people who carry the hepatitis B virus. It can occur with a new infection of hepatitis B (coinfection) or on top of a hepatitis B infection (superinfection). HDV may make liver disease worse in people who have either recent (acute) or long-term (chronic) hepatitis B. It can even cause symptoms in people who carry hepatitis B virus, but who never had symptoms.

Hepatitis D infects about 15 million people worldwide. It occurs in a small number of people who carry hepatitis B.

Risk factors include:

- Being infected while pregnant (the mother can pass the virus to the baby).
- Carrying the hepatitis B virus.
- Being in a high-risk group for getting hepatitis B or D. Examples include sharing body fluids such as through sexual contact, household blood or saliva contact, or sharing needles/drug equipment.
- Receiving many blood transfusions. The US blood supply is screened for hepatitis virus, so this is uncommon.
- Using intravenous (IV) or injection drugs.
- Rarely, a baby can get hepatitis D from a mother with hepatitis D.

Symptoms

Hepatitis D may make the symptoms of hepatitis B worse.

Symptoms may include:

- Abdominal pain
- Dark-colored urine
- Fatigue
- Jaundice
- Joint pain

- Loss of appetite
- Nausea
- Vomiting

Exams and Tests

You may need the following tests:

- Anti-hepatitis D antibody. Blood tests for hepatitis B will also be done.
- Liver biopsy is occasionally done.
- Liver enzymes (blood test) and other bloodwork to check for other liver diseases and see how damaged the liver is.
- Imaging tests such as an abdominal ultrasound or a special ultrasound called elastography, to look at the liver and see how damaged it is.
- Evaluation for liver cancer.

Treatment

Many of the medicines used to treat hepatitis B are not helpful for treating hepatitis D.

You may receive a once weekly injectable medicine called pegylated alpha interferon for up to 12 months if you have a long-term HDV infection. A liver transplant for end-stage chronic hepatitis B may be effective.

Outlook (Prognosis)

People with an acute HDV infection most often get better over 2 to 3 weeks. Liver enzyme levels return to normal within 16 weeks.

About 1 in 10 of those who are infected may develop long-term (chronic) liver inflammation (hepatitis).

Possible Complications

Complications may include:

- Chronic active hepatitis
- Acute liver failure

When to Contact a Medical Professional

Contact your health care provider if you have symptoms of hepatitis D.

Prevention

Steps to prevent the condition include:

- Detect and treat hepatitis B infection as soon as possible to help prevent hepatitis D.
- Avoid intravenous (IV) or injection drug use. If you inject drugs, avoid sharing needles.
- Get vaccinated against hepatitis B.

Adults who are at high risk for hepatitis B infection and all children should get this vaccine. If you do not get Hepatitis B, you cannot get Hepatitis D.

Alternative Names

Delta agent

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