

# Hepatitis A

## Overview

- Hepatitis A is an acute infection of the liver.
- Most infections are from contaminated food or water but faecal-oral transmission can also occur during sex, especially in [men who have sex with men](#).
- It does not cause chronic hepatitis, care is usually supportive.
- Infection with hepatitis A confers lifelong immunity.
- Offer hepatitis A immunisation to people at risk of hepatitis A, including [men who have sex with men](#), [people who inject drugs](#), [Aboriginal and Torres Strait Islander people](#), [people in custodial settings](#) and [sex workers](#).

## Cause

- Hepatitis A virus (HAV), a small single-stranded RNA virus.

## Clinical presentation

### Symptoms

- Incubation period 15-50 days, mean of 28 days
- Acute hepatitis: lethargy, nausea, fever, anorexia for a few days then jaundice, pale stools and dark urine
- Usually asymptomatic in children, more severe illness in elderly and [pregnant people](#). Usually resolves in 1 month

### Complications

## Symptoms

Liver failure is rare

## Diagnosis

Screening for hepatitis A is not recommended during routine [sexual health screening](#), or before hepatitis A immunisation, unless a previous infection is reported or considered likely.

Site/Specimen	Test	Consideration
Blood	AST, ALT, bilirubin	Raised in acute hepatitis
	Anti-HAV IgM	Acute HAV infection, persists for 3-6 months
	Anti-HAV Ig-total	Previous infection or vaccination

AST – Aspartate aminotransferase

ALT – Alanine aminotransferase

Anti-HAV IgM – Hepatitis A virus IgM antibodies

Anti-HAV Ig-total – Total antibody count (includes IgM, IgG and IgA)

**Investigations:** Exclude other causes of acute hepatitis, including [hepatitis B](#) and [hepatitis C](#).

## Management

### Principal treatment option

Situation	Recommended
Symptomatic infection	Supportive care. Hospitalisation if severe illness or clinical deterioration.

### Other immediate management:

- Advise no sexual contact during the acute illness and for at least **1 week** after the onset of jaundice.
- If there is a risk of occupational transmission of hepatitis A (e.g. food handlers, healthcare workers, child-care workers), then must be excluded from work for at least **1 week** after the onset of jaundice.
- Contact tracing.
- Provide patient with [factsheet](#).
- Notify the state or territory health department.
- Comprehensive sexually transmitted infections ([STI testing](#)) may be appropriate, depending on the patient's history.

## Special Treatment Situations

### Special considerations:

- Consider seeking specialist advice before treating any complicated presentation.

Situation	Recommended
Complicated infection	Severe hepatitis may require hospital admission.
<a href="#">Pregnancy</a> .	Seek specialist advice. Severe hepatitis can be more severe in <a href="#">pregnant people</a> .

## Contact tracing and post-exposure prophylaxis

- Notifiable condition
- Contact tracing is important to prevent re-infection and reduce transmission.
- Trace back **50 days** from onset of symptoms
- Infectivity for **2 weeks** before the onset of prodromal symptoms, to **1 week** after the onset of jaundice.
- The diagnosing doctor is responsible for initiating and documenting a discussion about contact tracing.
- Post-exposure prophylaxis using hepatitis A vaccine or normal human immunoglobulin (NHIG) (passive immunisation) can be used to prevent secondary cases in close contacts of hepatitis A cases.

See [Australasian Contact Tracing Manual – Hepatitis A](#) for more information.

## Follow Up

Review in **1 week** provides an opportunity to:

- Confirm contact tracing procedures have been undertaken or offer more contact tracing support

- If high risk e.g. [men who have sex with men](#), provide further sexual health education and prevention counselling.

## Auditable Outcomes

- 100% of human immunodeficiency virus ([HIV](#))-positive [men who have sex with men](#) are vaccinated or immune.
- 100% of close contacts receive vaccination if susceptible.