

Australian STI Management Guidelines for Use in Primary Care

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
<ul style="list-style-type: none">• 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 <u>pregnant people</u>. Usually resolves in 1 month
Complications
<ul style="list-style-type: none">• 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.
<u>Pregnancy</u>	Seek specialist advice. Severe hepatitis can be more severe in <u>pregnant</u> people.

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.

Endorsement: These guidelines have been endorsed by the Blood Borne Viruses and Sexually Transmitted Infections Standing Committee (BBVSS).

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