

Say No to Infection: Hepatitis A Fact Sheet



What is Hepatitis A

Hepatitis A is a disease caused by the hepatitis A virus which affects the liver. Hepatitis means inflammation of the liver and viruses are a common cause. The disease is generally mild, but severity increases with age. Asymptomatic (showing no symptoms) disease is common in children. Jaundice may occur in 70–80% of those infected as adults.

Unlike hepatitis B and C, hepatitis A does not cause chronic liver disease, but it can cause debilitating symptoms and rarely acute liver failure, which is often fatal.

Hepatitis A infection acquired in the UK may either present as sporadic cases, as community-wide outbreaks resulting from person-to-person transmission or, uncommonly, as point of source outbreaks related to contaminated food.

Hepatitis A is a notifiable disease.

Notifiable diseases are certain infections that may present a risk to human health.

How is Hepatitis A transmitted?

A person can be infected with the hepatitis A virus by:

- eating food prepared by someone with the infection who hasn't washed their hands properly or washed them in water contaminated with sewage.
- eating raw or undercooked shellfish from contaminated water.
- drinking contaminated water (including ice cubes).
- by close contact with an infected person, the virus is spread by poor personal or public hygiene. It can be spread where standards of hygiene are low in this country and abroad.
- having sex with someone who has the infection (this is particularly a risk for men who have sex with men) or injecting drugs using contaminated equipment.

What are the symptoms of Hepatitis A?

Hepatitis A virus is excreted in the bile and shed in the stools of infected persons.

Many people particularly young children do not develop any symptoms. In general, the severity of disease increases with age.

- The faeces from infected people are infectious for 2 weeks before the person becomes ill and for about a week after the jaundice (a yellow discolouration of the whites of the eyes and often the skin) appears.
- Children without symptoms may be infectious for several weeks longer.

The most common symptoms are:

- Fever (temperature)
- Loss of appetite, nausea
- Fatigue
- Abdominal pain
- Diarrhoea or constipation
- Followed within a few days by jaundice

The symptoms of Hepatitis A vary from a relatively mild illness lasting 1-2 weeks to a severely disabling illness lasting months.

A person with Hepatitis A is usually infectious for either,

- 7 days after yellowing of the skin and eyes (jaundice) started
- 7 days after symptoms started if no jaundice.

The incubation period (time from infection to onset of symptoms) is 15 to 50 days, the average being 28 days.

How is Hepatitis A diagnosed?

The purpose of testing is to determine if a person has been infected by the hepatitis A virus.

Hepatitis A is diagnosed by testing blood or stool for the presence of specific anti-viral antibodies. Antibodies are substances made by the immune system in response to infection with a virus such as hepatitis A.

Prevention of Hepatitis A

Improved sanitation, food safety and immunisation are the most effective ways to combat hepatitis A.

The spread of hepatitis A can be reduced by:

- adequate supplies of safe drinking water;
- proper disposal of sewage within communities; and
- personal hygiene practices such as regular handwashing before meals and after going to the bathroom.
- Vaccination.
- A person with Hepatitis A should be excluded from work, school, or nursery until 7 days after onset of jaundice, or 7 days after symptom onset if there is no history of jaundice.

IPC measures when caring for a resident with Hepatitis A

'Standard infection control precautions' (SICPs) and 'Transmission based precautions' (TBPs) should always be followed. Please see National IPC Manual [NHS England » National infection prevention and control](#)

- Residents should be cared for in their own room, whenever possible. En-suite toilet facilities should be used or a designated commode.
- Wear disposable gloves and aprons when caring for residents with diarrhoea and/or vomiting. Eye protection and a fluid resistant surgical mask (FRSM) should also be worn if the resident has vomiting.
- Hands should be cleaned with liquid soap, warm running water and dried thoroughly with paper towels after removing personal protective equipment (PPE).
- Encourage residents with symptoms to wash their hands thoroughly with liquid soap and warm running water or be provided with moist (non-alcohol) skin wipes after an episode of vomiting or diarrhoea, using the toilet/commode and before meals.
- Implement a strict cleaning regime, cleaning all frequently touched surfaces with a detergent followed by chlorine releasing agent.
- Use a clinical waste stream for any disposal of used PPE, or other contaminated single use items, and that a yellow clinical waste bin is situated outside of the resident's room for donning & doffing of PPE.
- Whilst a resident is considered infectious, their clothing, linen and waste must be handled as hazardous.

Outbreaks of Hepatitis A

Outbreaks of Hepatitis A associated with infected food handlers or food items have been reported, with outbreaks also occurring in care homes.

In nursing or residential care homes staff often have multiple roles such as preparing food and assisting residents with their toileting. There is a risk of onward transmission and risk of poor clinical outcomes in vulnerable residents. Infected care workers can potentially spread the disease to elderly residents and other groups at risk of severe complications from Hepatitis A infection.

If 2 or more linked cases occur in a care home setting, advice on management of close contacts of cases is given by UKHSA. This will be supported by UKHSA managing an IMT (incident management team) meeting.

Vaccination

Hepatitis A can be prevented by vaccination.

The hepatitis A vaccine is an inactivated vaccine (not a live virus) and cannot cause the illness it protects against. The vaccine is usually offered to household contacts of infected people to prevent

transmission. The vaccine may not prevent infection in all cases but may lessen the symptoms of the disease.

A person only needs to get a vaccine if they are at high risk of catching or getting seriously ill from Hepatitis A. For example,

- travelling to a country where hepatitis A is common, before travelling seek advice from GP, travel clinic, pharmacy.
- recent close physical contact with someone with Hepatitis A.
- they have long term liver disease.
- they have a blood clotting disorder, such as Haemophilia.
- a man who has sex with men.
- employment that puts a person at risk of infection e.g. sewage worker, healthcare worker.

Treatment

There is no specific treatment for hepatitis A, it usually focuses on keeping comfortable and controlling symptoms. A person may need to;

- **Rest** - many people with Hepatitis A feel tired and sick with less energy.
- **Get adequate food and fluids** – nausea can make it difficult to eat, snacking throughout the day may help rather than full meals, ensuring enough calories. Drinking plenty of fluids is important to prevent dehydration especially with diarrhoea and vomiting.
- **Avoid alcohol and use medications with care** – the liver may have difficulty processing medications and alcohol. Seek medical advice regarding any medications taken including medication without prescription.

Recovery from symptoms following infection may be slow and can take several weeks or months.

[For further information on Hepatitis A click here](#)