Hepatitis A

Traveler Summary

Key Points
- Hepatitis A is a viral infection of the liver acquired through consumption of fecally-contaminated food or from close contact with an infected person.
- Risk is high for travelers going to countries with poor general sanitation.
- Symptoms are generally mild and may include nausea, loss of appetite, stomach pain, malaise, fever, dark urine, and jaundice (yellow eyes and skin).
- Consequences of infection uncommonly include liver failure, especially in older adults and people with underlying liver disease.
- Prevention includes observing food and beverage precautions and good handwashing practices.
- Routine vaccination with hepatitis A (HepA) vaccine is given as 2 doses, 1 each at 0 and 6-18 months. A single dose at any time before departure will provide protection for healthy persons. A combination vaccine for both hepatitis A and hepatitis B is also available.
- Vaccine side effects are most commonly pain and redness at the injection site.
- Duration of vaccine protection following a completed series is at least 40 years; no booster is required.
- Postexposure prevention for unvaccinated persons includes either a dose of HepA vaccine or immunoglobulin, ideally within 2 weeks of exposure to a clinical case of hepatitis A infection.

Introduction
Hepatitis A is a liver infection caused by hepatitis A virus (HAV) resulting in liver inflammation and dysfunction.

Risk Areas
HAV infection is common in developing countries with inadequate sanitation, limited access to clean water, and poor hygienic conditions. Incidence rates are intermediate in developing countries with transitional economies and in some regions of industrialized countries where sanitary conditions are variable. Most developed countries with good sanitary and hygienic conditions have lower rates of HAV infection.

Transmission
HAV is transmitted through consumption of fecally-contaminated food (e.g., raw, undercooked, or inadequately cooked shellfish; frozen fruits, vegetables) and water (or ice) or from close contact (including oral or anal sex) with an infected person. HAV can persist on hands and in room-temperature food for several hours and is relatively resistant to heat and freezing.

Risk Factors
Risk is high for travelers going to developing countries and highest for travelers going to countries with intermediate or high levels of transmission who will have a long-stay, live in or visit rural areas, eat or drink frequently in high-risk situations, have close physical contact with local persons (especially young children) in settings with poor sanitary conditions, or will travel outside pre-arranged, fixed itineraries (including common tourist packages). Cases can also occur with standard tourist itineraries or accommodations. Undercooked shellfish in low infection rate countries may cause disease.

Risk of infection is low for infants staying in settings with good hygiene, who are breastfed, bottle fed (using safe water for formula reconstitution), or eat commercial baby food and not locally prepared food. Acutely infected infants may infect unvaccinated caregivers or close contacts upon return home.

HAV infection provides lifelong protection against the disease after recovery.

Symptoms
HAV infection can occur without symptoms, or it can range from mild illness (lasting 1-2 weeks) to severe disease (lasting several months). In young children, HAV infection usually causes either asymptomatic infection or very mild illness without jaundice (yellow skin or eyes); adults are more likely to have symptoms. Infection usually lasts less than 2 months in older children and adults.

Symptoms appear within 15 to 50 days following exposure and may include nausea, loss of appetite, stomach pain, malaise, fever, dark urine, and jaundice.

Consequences of Infection
Severe liver inflammation and liver failure are rare, but they can occur in older adults and people with underlying liver disease. Prolonged or relapsing symptoms, lasting from 6 months to a year, may occur in some infected older children and adults. Chronic hepatitis and carrier states do not occur. Death is rare in previously healthy individuals.

Need for Medical Assistance
Persons with symptoms of HAV infection or who have been exposed to HAV should seek medical attention.

Prevention
Non-vaccine: Observe food and beverage precautions, regardless of immunization status (see Food and Beverage Precautions) and good handwashing practices, especially after using the bathroom, changing diapers, and before preparing or eating food.

Vaccine: HepA vaccine is given routinely as a childhood vaccination and to certain at-risk travelers. Following 2 doses, most persons will be protected for at least 40 years. A combined hepatitis A-hepatitis B (HepA-HepB) vaccine is also available for persons aged ≥ 18 years.

For travel, HepA vaccination is recommended for:
- Susceptible travelers aged ≥ 1 year traveling to or living in developing countries and areas of intermediate or high risk for HAV transmission. Some experts recommend that travelers consider HepA vaccination regardless of destination.
- Susceptible travelers to some nondeveloping countries who engage in risk behaviors (see Transmission, above)
- Risk-averse travelers desiring maximum pre-travel protection
- At-risk travelers planning to depart in less than 2 weeks

Persons with underlying medical conditions or those who have concerns about the vaccine should speak to their health care provider before vaccine administration.

Immune globulin (IG), a human blood-derived product that can be used for all ages, is given as temporary protection if HepA vaccine cannot be used.

Side Effects: The most common vaccine side effects, which are mild and transient, are injection site reactions: pain, redness, warmth, swelling, and tenderness. Headache in some adults, feeding problems in children, and secondary respiratory tract infections have also been reported.

Timing:
HepA vaccine is given as follows:
- Routine, regardless of travel: 2 doses, 1 each at 0 and 6-18 months.
- If earlier protection is needed for travel, a single dose at any time before departure will provide full protection for healthy persons. Dose 2 should be given 6 to 18 months later.
- Older adults and persons with certain medical conditions should receive HepA vaccine and IG if departing in less than 2 weeks. Dose 2 should be given 6 to 18 months later.

HepA-HepB vaccine is given as follows:
- Persons aged ≥ 18 years: 3 doses, 1 each at 0, 1, and 6 months.
- If earlier protection is needed for travel, an accelerated schedule may be given: 4 doses, 1 each on days 0, 7, and 21-30, and the final dose at 12 months. This regimen should be considered for departures occurring in less than 6 months, if HepB protection is needed, and should not be used unless at least 2 doses can be given prior to departure.

Due to the long incubation period of HAV, postexposure prevention with either HepA vaccine or IG is recommended for
unvaccinated persons, ideally within 2 weeks of exposure to a clinical case of HAV infection.

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