Hepatitis A (Foodborne Viral Hepatitis)

Hepatitis A is an acute infection of the liver caused by the hepatitis A virus. It is diagnosed occasionally in the United States and is more common in other parts of the world. It is prevented through vaccination, which is a series given in 2 or 3 doses and is administered routinely to children during their toddler years (12 months to 24 months.) Vaccination is available and commonly offered to people after this time frame and is recommended prior to international travel. Hepatitis A vaccination is required for child care (daycare) attendance, in North Dakota.

Transmission

Hepatitis A is spread through the fecal-oral route, often through direct person-to-person contact, or from consuming contaminated food or water. People at highest risk for hepatitis A include those who:

- Are not immunized through vaccination or prior illness,
- Travel to countries where hepatitis A is common,
- Are household members or caregivers of a person infected with hepatitis A (especially child care workers who may change diapers of children who are infected with hepatitis A),
- Have intimate contact with people who are infected with hepatitis A,
- Use drugs recreationally,
- Are experiencing homelessness.

Symptoms

Adults and teens are more likely to have symptoms compared to children. Symptoms may include fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, pale stools, or jaundice (yellowing of skin or whites of eyes.) Children younger than six years old often have few or no symptoms. Hepatitis A symptoms generally last no longer than two months. Prolonged or relapsing illness can last up to one year, but this is uncommon. In rare cases, people with hepatitis A may develop a condition known as "fulminant hepatitis" which can lead to serious illness or death.

Diagnosis

Hepatitis A cases should be reported to the ND HHS immediately. Cases are diagnosed with blood tests to measure antibody levels (IgM), as well as liver function tests (ALT, bilirubin). Health providers will also assess for symptoms consistent with hepatitis, such as jaundice. Please note that IgM results alone are insufficient to diagnose a person, and may lead to false positive results, as it may indicate past illness or vaccination.

Treatment

There is no specific antiviral treatment for hepatitis A. For individuals experiencing severe symptoms, hospitalization and supportive care may be necessary.

Prevention

Hepatitis A is easily prevented through vaccination. Children routinely receive hepatitis A vaccine, as part of childhood immunization, and as a requirement for a group child care setting. Immunizing children, especially those who require assistance using the bathroom or those who use diapers, against hepatitis A is an important prevention strategy, since most cases under six years old exhibit no symptoms and may shed the virus for months.

People who work in food preparation and handling, plan to travel abroad, are justice-involved, experience homelessness, or are frequently exposed to stool of other individuals (such as child care employees) are highly advised to be vaccinated against hepatitis A to prevent transmission to themselves or others.

People exposed to hepatitis A may also receive vaccination as part of "post-exposure prophylaxis." If given soon enough after exposure (as soon as possible but no longer than two weeks after first exposure) it is very effective at preventing progression to disease.

People who are exposed to hepatitis A but are not eligible for vaccination (children under one year old) may receive an antibody product (immune globulin) to offer protection against the disease. These supplies are costly, limited, and only available for people under qualifying circumstances. When possible, vaccination should be used.

Cost should not be a barrier to vaccination. The Vaccines for Children (VFC) Program provides all recommended vaccines to children who are American Indian, uninsured or underinsured, and Medicaid-eligible. Many recommended vaccines are also available for uninsured adults. Vaccines are available at your local health care provider, public health department or pharmacy.

Exclusion Guidance

Except for food handlers (see below), infected individuals should be excluded from work or school until one week after the day their symptoms started unless there are other circumstances for which they should be excluded, such as persistent symptoms.

Food Handler/Other Sensitive Occupation Restrictions
Employees who handle food or who staff other sensitive occupations should be excluded from work until one of the following conditions is met:

a) seven days have passed since the onset of jaundice,
b) 14 days have passed since the onset of symptoms other than jaundice,
c) a healthcare provider determines the food handler is no longer infectious with hepatitis A. (The provider should supply the food handler with a note to furnish to their employer.)

For additional information about hepatitis A, contact the North Dakota Department of Health and Human Services' Public Health Division at 800.427.2180.

Resources:

1. Centers for Disease Control and Prevention. (2020, June 22). *CDC Hepatitis HAV*. Centers for Disease Control and Prevention. Retrieved February 16, 2024 from https://www.cdc.gov/hepatitis/hav/index.htm
2. Kimberlin, D. W., Barnett, E. D., Lynfield, R., Sawyer, M. H. (2021) Red Book: 2021-2024 Report of the Committee on Infectious Diseases. 32nd ed. American Academy of Pediatrics. [Management and Prevention of Infectious Diseases; Hepatitis A] [pages 373-381].

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