

MANAGEMENT OF HEPATITIS A

A. DISCUSSION

1. Hepatitis A is caused by infection with the hepatitis A virus (HAV). It is the most common cause of acute viral hepatitis and is particularly common in children and young adults. In some countries, more than 75% of adults have been exposed.
2. It is primarily transmitted by the fecal-oral route, by either person-to-person contact or consumption of contaminated food or water. Fecal shedding of the virus occurs from two weeks before to one week after the onset of clinical illness (jaundice or elevation of liver enzymes).
3. The average incubation period is 28 days (with a range of 15-50 days). Hepatitis A does not become chronic and persons recovering from Hepatitis A will have lifelong protection against the disease.

B. ACTION

1. Disease and Treatment
 - a. Infection with HAV may vary from no symptoms to acute hepatitis.
 - b. Laboratory tests usually indicate presence of elevated bilirubin, AST, ALT and anti-HAV IgM.
 - c. If the inmate is sick enough to require infirmary care, enteric isolation will be used according to guidelines found in the infection control program guidelines.
 - d. HAV does not lead to chronic hepatitis and no special follow-up is needed.
 - e. Inmates with acute hepatitis A infection may not work in food services while ill. Inmates who have had hepatitis A may return to work when recovered from the acute illness. Questions about return to work can be referred to the Department of Health. Inmates with a positive anti-HAV IgG or anti-HAV total are immune to hepatitis A and may work in food services.
2. Prevention
 - a. Hepatitis A vaccine should be given in accordance with recommendations published by the Centers for Disease Control and Prevention (CDC).
 - b. Any inmate noted to be infected with the HBV and/or HCV or with chronic liver disease will be evaluated for a history of HAV by the responsible practitioner.

- (1) A positive response for anti-HAV IgG indicates immunity and vaccine need not be administered.
 - (2) Inmates with a negative response to anti-HAV-IgG will be offered vaccine to this infection.
- c. If the inmate consents to receiving the vaccination, the appropriate vaccine information statement (VIS) shall be provided and read. A specific informed consent form shall be signed and witnessed. See [HSB 15.03.30, Immunization Requirements for Inmates](#) and [DC4-710B, Informed Consent for Vaccine](#).
 - d. The hepatitis A vaccine is generally not administered to women during pregnancy. However, the vaccine may be administered to a pregnant woman if clinically indicated on a case by case basis.
 - e. The vaccine is administered in the deltoid muscle at zero (0) time and in six (6) months.
 - f. No post-vaccination tests are recommended.
 - g. Protective levels of antibody developed in 100% of patients when the vaccine is administered appropriately. Booster doses are not recommended.

C. POST EXPOSURE FOLLOW-UP

1. Any inmate who has a significant exposure to hepatitis A will be given appropriate post-exposure treatment. Routine follow up is not indicated.
2. Details on post-exposure prophylaxis are found in [HSB 15.03.30, Immunization Requirements for Inmates](#).

Reference:

CDC Prevention of Hepatitis A Through Active or Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP), in the *Morbidity and Mortality Weekly Report Recommendations and Reports (MMWR)*, May 19, 2006/55 (RR07); 1-23.