

OPERATIONAL INSTRUCTION

Enquiries to: Dr Jag Gill
(09) 388 4801

Supersedes: OP 0626/95; OP 0611/95

Number: OP 0798/96

Date: 15 October 1996

File No: 86-01539

Subject: HEPATITIS A

*This operational instruction is re-issued to reiterate
the policy of the Health Department of WA.*

INTRODUCTION

Hepatitis A is a viral infection of the liver which spreads by the faecal-oral route, either from person to person or via the consumption of contaminated food or drink. The disease is uncommon in Australia as in most Western countries with high standards of hygiene and sanitation.

The incubation period ranges from 15 to 40 days. Symptoms vary considerably in severity among individuals and can include fever, nausea, malaise, and jaundice. Virus is excreted in the faeces of all infected persons. If the symptom of jaundice appears, virus has already been excreted for about a week or two and this will continue for about another week.

Most infections occur in children, and most of these are asymptomatic or of a mild non-specific nature. Children can therefore be an unrecognised source of infection. Adults tend to be more severely affected and the illness can last several weeks. Severe hepatitis is very uncommon and death is rare. A complete recovery is expected and there is no carrier state for Hepatitis A.

GROUPS AT RISK

People from a country of low endemicity like Australia who travel to areas of intermediate or high endemicity such as Asia, the Pacific Islands, India, Africa, or Central/South America, are at high risk of exposure to Hepatitis A. Passive immunisation with immunoglobulin has been offering short term protection (up to three months) for this group for a long time. Alternatively, a vaccine for active immunisation has become available in Australia in recent years. This has the advantage of long term protection.

Other groups at risk of exposure are those who come into contact with infectious people and/or faecal material in the course of their work or other activities. This applies in particular to situations where hygienic precautions are difficult to follow at all times. One such situation concerns staff and children in day care centres as well as their families. In studies conducted in the USA, day care centres have been linked to a large proportion of Hepatitis A cases in the community.

Because of the mode of transmission of Hepatitis A, health professionals are also at risk of exposure. However, hospital acquired Hepatitis A is rare. Provided that the usual infection control procedures are followed at all times, they offer good protection against Hepatitis A. Thorough handwashing after patient care and wearing gloves when contact with faeces is possible or anticipated, are crucial. Consuming food or drink on hospital wards is a risk factor for faecal-oral transmission and should be avoided by staff. Staff induction and ongoing training regarding universal precautions and infection control procedures are essential.

PREVENTION

Good hygiene conditions and procedures especially in situations of close person to person contact limit the faecal-oral spread of the disease and thereby protect against Hepatitis A. Basic rules of hygiene include washing hands with soap and water after going to the toilet or changing nappies, and before eating or preparing food. In addition, health care workers should follow the precautions discussed above.

IMMUNISATION

Passive Immunisation

A single intramuscular injection of normal immunoglobulin (human) (NIGH) provides short term protection against Hepatitis A. In the event of a disease outbreak, it can be given to contacts of the index case and has been proven to prevent or reduce the severity of the infection provided it is administered within two weeks after exposure. Pre-exposure prophylaxis for travellers to endemic areas can be achieved by giving NIGH. The following doses are recommended:

- 0.03 mL/kg for protection up to 3 months; and
- 0.06 mL/kg for protection for 3 or more months (repeated every 4-6 months).

Active Immunisation

A vaccine containing inactivated Hepatitis A virus has been approved for use in Australia since 1993. It should be stored at 2-8 degrees Celsius, and is destroyed by freezing. For adults, the recommended schedule is two 1mL doses to be given intramuscularly 2-4 weeks apart, and a third dose 6-12 months after the first. Since the vaccine is new, it is not known how long the protection lasts, but ten years or even longer is expected. At present, information on the response to the vaccine in children is limited and the vaccine is not recommended for children below five years of age. Half-strength paediatric doses have not been approved for use in Australia.

Adverse reactions to Hepatitis A vaccine are usually mild and disappear within a day. Soreness, redness and induration at the injection site are the most common. Less common are generalised symptoms including headache, fever, and nausea.

Contraindications to vaccination with Hepatitis A vaccine include hypersensitivity to any of the vaccine components, and vaccination should be postponed in the case of severe febrile illness. During pregnancy vaccination should be avoided unless the risk of infection is high.

Active immunisation is recommended for groups at high risk of exposure. These are:

- travellers to areas of high or intermediate endemicity;
- staff in day-care centres; and
- individuals going to live and work in remote communities in WA.

Adults born before 1945 or those born in areas of high or moderate endemicity, are likely to have been exposed to the disease in childhood and to have acquired natural immunity. Testing for antibodies to Hepatitis A prior to vaccination should therefore be considered in these people.

Dr J S Gill
DIRECTOR
DISEASE CONTROL