

Hepatitis A

Agent: Hepatitis A virus (Picornaviridae family)

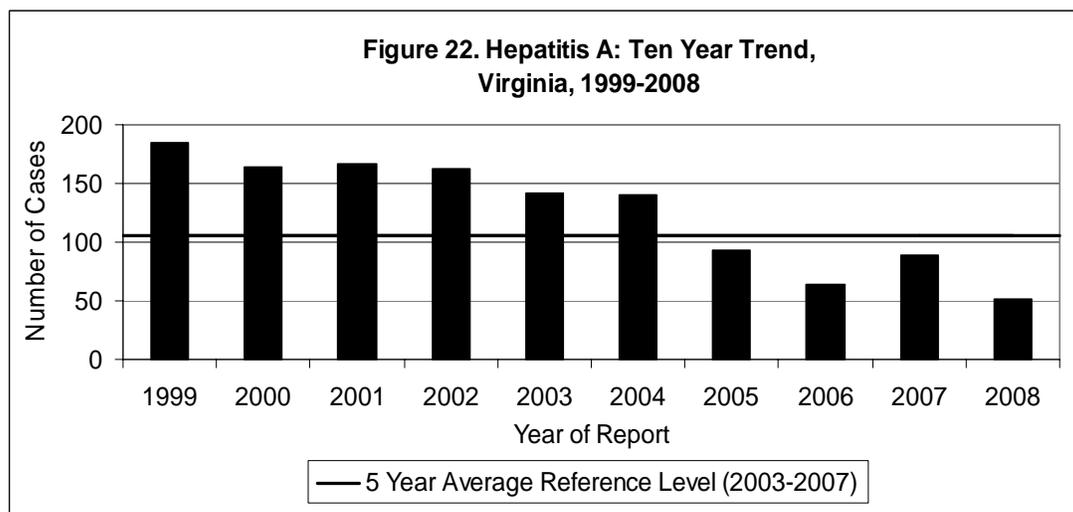
Mode of Transmission: Person-to-person by direct contact with fecal material from infected animals or people. Important vehicles for transmission include food or water contaminated by infected animals or people.

Signs/Symptoms: Fever, malaise, nausea, abdominal discomfort, and jaundice. In older children and adults, symptoms usually occur for several weeks, though prolonged or relapsing disease can last up to six months. Younger children often exhibit no symptoms.

Prevention: Safe food preparation, good personal hygiene (e.g., washing hands with soap after diaper changes in child care settings), and immunization. Administering immune globulin (IG) after exposure to hepatitis A can protect against symptomatic infection.

Other Important Information: This is an acute illness only; chronic infection does not occur. A vaccine was first introduced in 1995 and is currently recommended for all children at the age of one year, persons who are at increased risk of infection, and persons who are at increased risk for complications from hepatitis A.

During 2008, 51 cases of hepatitis A infection were reported in Virginia, representing a 43% decrease from the 89 cases reported in 2007 and a 52% decrease from the five year average of 105.4 cases per year (Figure 22). Nationally, there has been an overall downward trend in reported hepatitis A infections which began in the late 1990s. There were 31,032 hepatitis A cases reported in the U.S. in 1996 and only 2,979 reported in 2007, the most recent year for which national data are available. Introduction of a hepatitis A vaccine in 1995 is most likely responsible for this decrease.



In Virginia in 2008, the highest incidence rate occurred in the 10-19 year age group (1.0 per 100,000) (Figure 23). Rates in the other age groups ranged from 0.0 (in infants) to 0.9 per 100,000 (20-29 year age group). Forty-one percent of cases were missing race data. Among cases with race reported, the rate in the “other” race group was highest (1.7 per 100,000), while the rate in the white and black populations was the same (0.3 per

100,000). Females had a rate of infection similar to males (0.7 and 0.6 per 100,000, respectively).

The incidence rate observed in the northern region (1.5 per 100,000) was more than twice the rate in the southwest region, which had the second highest rate (0.6 per 100,000). The rates in the other regions ranged from 0.2 to 0.3 per 100,000. Illness onset among cases was fairly evenly distributed throughout the year except for the third quarter, when 41% of cases occurred (Figure 24). The high number of cases reported in August is partly attributed to multiple ill individuals in several families who were likely exposed to hepatitis A while traveling outside the country.

