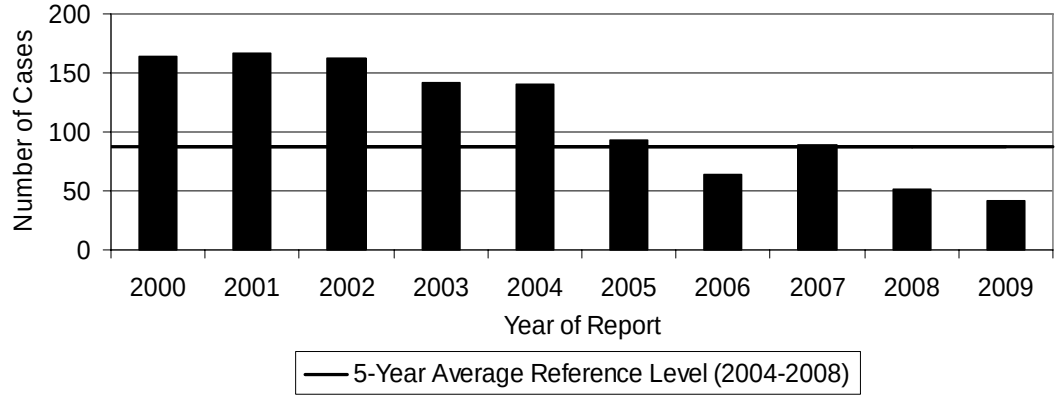
Hepatitis A

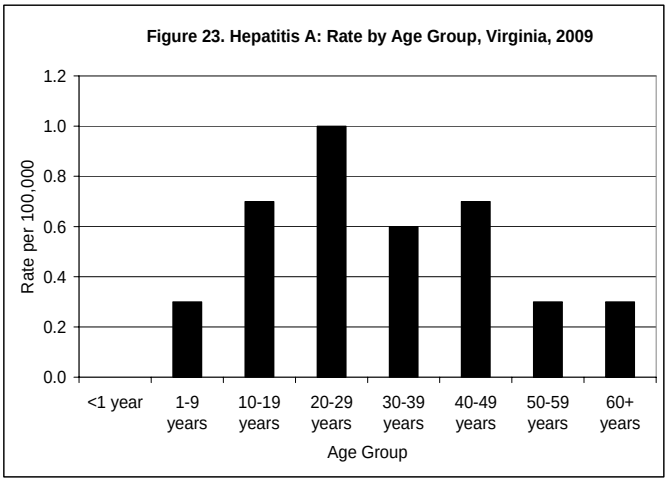
Agent: Hepatitis A virus (Picornaviridae family)
Mode of Transmission: Person-to-person transmission by direct contact with fecal material from infected animals or people. Important vehicles for transmission include food or water contaminated by infected animals or people.
Signs/Symptoms: Fever, malaise, nausea, abdominal discomfort, and jaundice. In older children and adults, symptoms usually occur for several weeks, though prolonged or relapsing liver disease can last up to six months. Younger children often exhibit no symptoms.
Prevention: Preventive measures include immunization, safe food preparation, and good personal hygiene (e.g., washing hands with soap after using the bathroom, after changing diapers, and before preparing and eating food). 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 (i.e., international travelers), and persons who are at increased risk for developing complications from hepatitis A.

Reports of acute hepatitis A in Virginia have shown a general decline that began in 2002. The 42 cases reported in 2009 represent an 18% decrease from the 51 cases reported in 2008 and a 52% decrease from the five-year average of 87.4 cases per year (Figure 22). This downward trend in acute hepatitis A cases reflects a national pattern which began in the late 1990s. The introduction of hepatitis A vaccine in 1995 is most likely responsible for this decrease.

Figure 22. Hepatitis A: Ten-Year Trend, Virginia, 2000-2009



In Virginia in 2009, the highest incidence rate occurred in the 20-29 year age group (1.0 per 100,000) (Figure 23). Rates in the other age groups ranged from 0.0 (in infants) to 0.7 per 100,000 (10-19 age group and 40-49 year age group). Forty-five percent of cases were missing race information. Among cases with race reported, the rate in the "other" race group was highest (1.3 per 100,000), while the rate in the white and black populations was the same (0.2 per 100,000). Females and males had similar rates of infection (0.6 and 0.5 per 100,000, respectively).



The incidence rate observed in the northern region (1.1 per 100,000) was twice the observed rate for the entire state (0.5 per 100,000). The second highest rate occurred in the central region (0.6 per 100,000). Rates in the other regions ranged from 0.2 to 0.4 per 100,000. Cases occurred throughout the year, with 43% of cases developing during the third quarter, and of those, 10 (56%) occurred in September (Figure 24). No outbreaks of hepatitis A were reported in Virginia. A potential common source exposure was not identified for the cases that occurred in September, but seven of these ten cases that were interviewed for risk factors reported recent international travel.