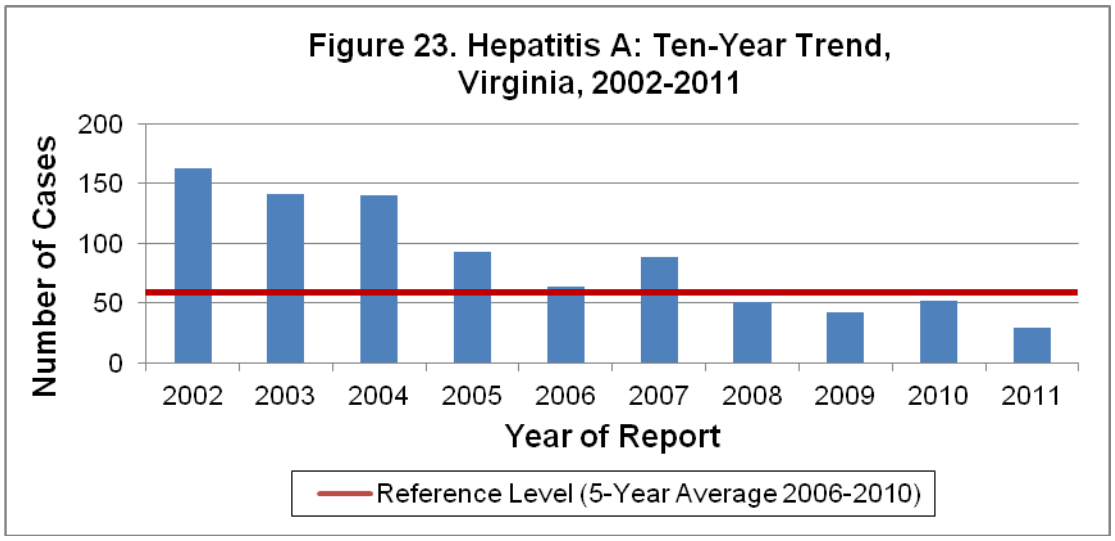
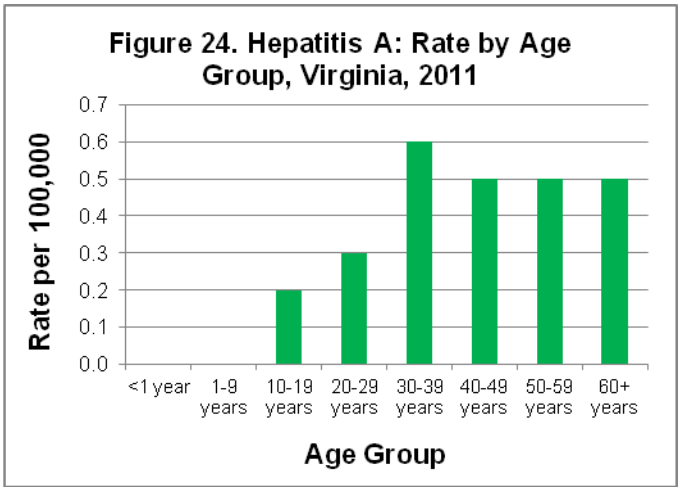
Hepatitis A

Agent: Hepatitis A virus (HAV); member of the Picornavirus family
Mode of Transmission: Person-to-person transmission by the fecal-oral route (i.e., ingestion of something contaminated by the feces of an infected person). Important vehicles for transmission include contaminated food or water. Most infections result from close contact with an infected household member or sex partner.
Signs/Symptoms: Fever, malaise, nausea, abdominal discomfort, dark urine, joint pain, 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.



In 2011, 30 cases of hepatitis A were reported in Virginia and represent a decrease of 42% from the 52 cases reported in 2010, and a 50% decrease from the five-year average of 59.6 cases per year (Figure 23). This decline in the number of reported cases mirrors the trend seen nationally. Since 1995 when the vaccine first became available, hepatitis A rates in the U.S. have declined by 95%.

Reported cases ranged in age from 16 to 85 years. The highest incidence rate occurred in the 30-39 year age group (0.6 per 100,000) (Figure 24). Rates among the other age groups ranged from 0.0 to 0.5 per 100,000, with no cases being reported in children less than 10 years of age. Race data were available for eighty-three percent of cases. Among those cases with race information available, the rate in the "other" race group was highest (0.5 per 100,000), while the rates in the white and black populations were comparable (0.3 and 0.2 per 100,000, respectively). Females were at a slightly higher risk (0.5 per 100,000) than males (0.3 per 100,000).



By region, incidence was highest in the southwest region (0.6 per 100,000) and lowest in the central region (0.1 per 100,000). Although cases were not distributed evenly throughout the year, there was no evident seasonal pattern (Figure 25). Risk factors were identified in 8 (27%) of the 30 cases. Six (75%) of those with an identified risk factor were associated with travel outside of the country and two others reported use of street drugs.