

Hepatitis A

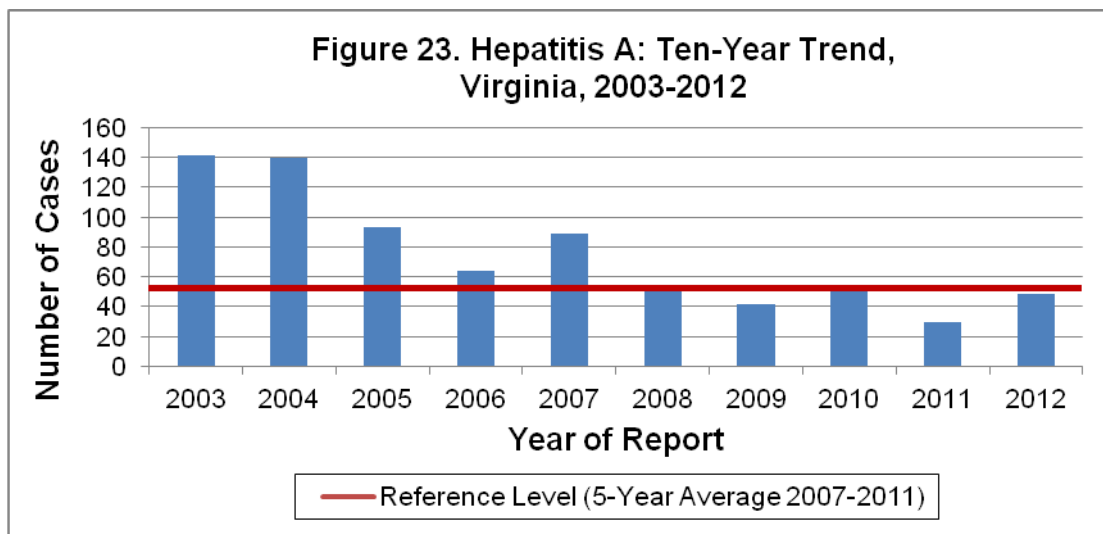
Agent: Hepatitis A virus (HAV), a member of the Picornavirus family

Mode of Transmission: HAV is spread when fecal matter enters the mouth, such as by consuming 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.

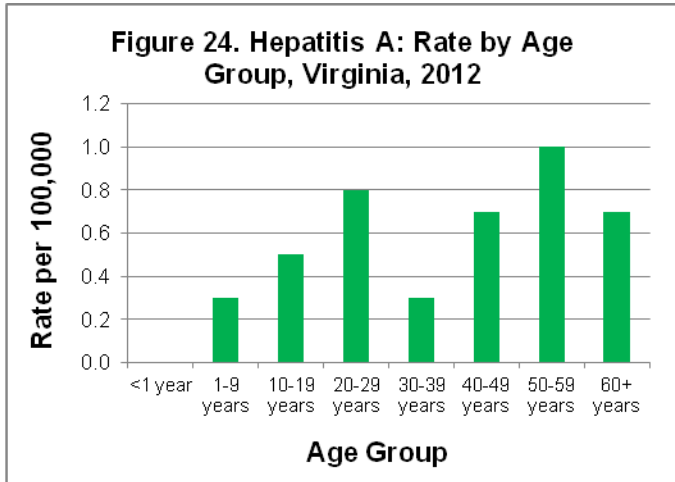
Prevention: Preventive measures include immunization, safe food preparation, and good personal hygiene (e.g., washing hands with soap after using the bathroom, after changing diapers, and before preparing and eating food). Administration of immune globulin (IG) after exposure to hepatitis A can protect 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 2012, 49 cases of hepatitis A were reported in Virginia. This represents a 63% increase from the 30 cases reported in 2011, but is comparable to the five-year average of 52.8 cases per year (Figure 23).

Reported cases ranged in age from three to 94 years. The highest incidence rate occurred in the 50-59 year age group (1.0 per 100,000) and no cases occurred among infants (Figure 24). Rates among the other age groups ranged from 0.3 to 0.8 per 100,000. Race data were available for 59% of cases. Among those cases with race information available, the rate in the “other” and white race groups were similar (0.5 and 0.4 per 100,000, respectively), and were higher than the rate in the black population (0.1 per 100,000). The rate in females (0.7 per 100,000) was slightly higher than the rate in males (0.5 per 100,000).



By region, incidence was highest in the northern region (1.0 per 100,000) and lowest in the eastern region (0.1 per 100,000). Cases occurred throughout the year with 62% having onset during the second and third quarters (Figure 25). Risk factors were identified in 43% of the cases, of whom 9% had known exposure to a confirmed hepatitis A case and 48% were associated with travel outside of the country.

