Hepatitis A

The Disease

Hepatitis A (HAV) is a viral disease transmitted via the faecal-oral route. Typically, infection is passed on through the eating or drinking of food and/or water contaminated by the faeces of an infected person, or by contaminated items (crafts, money, door handles). It is a common vaccine-preventable infection in travellers to developing countries.

The incubation period for Hepatitis A virus is generally around 30 days (range 2-6 weeks). Common symptoms include fever, loss of appetite, nausea and pain in the right upper abdomen, followed within several days by jaundice, a condition that results in yellowing of the skin and whites of eyes. These symptoms may range from mild to severe; some individuals have none, children are often asymptomatic. However older people – particularly the elderly - are prone to severe illness, although rarely is Hepatitis A fatal.

There is no specific treatment for HAV and the vast majority of those infected recover with bed rest, although they may be ill for several weeks. Rarely does any chronic or residual disease remain in the liver and infection confers life-long immunity.

Travelvax believes that awareness of how the virus is spread and taking the appropriate food- and water related precautions will minimise the risk. Vaccination is the most appropriate way of preventing the disease.

Where is it found?

Hepatitis A is highly endemic (constantly present) throughout the developing world, but occurs in all countries. Outbreaks have often been associated with the eating of seafood such as oysters or inadequately cooked shellfish. These shellfish almost invariably came from water that had been contaminated with sewage or stored in contaminated ice. Eating raw vegetables grown in soil fertilised with infected faeces is another cause of outbreaks, as is drinking untreated water. In developing countries, HAV infection is endemic due mainly to a lack of effective sewage disposal.

Risk to travellers

The risk of acquiring HAV infection while travelling varies with living conditions, length of stay, and incidence of hepatitis A in the area visited. For travellers to developing countries, risk of infection is usually significant and may increase with duration of travel. It is highest in those who live in or visit rural areas, trekkers, or those who frequently eat or drink in settings of poor sanitation.

Statistics show there is an increased risk for budget travellers in developing countries. Even with ‘5-star travel’ in developing countries, there is some degree of risk.
Vaccination

Inactivated Hepatitis A vaccine is a safe, highly effective option and is preferred to the short-lived alternative, gamma globulin (which is not always readily available).

Type

- Inactivated virus vaccine (Havrix / Avaxim / Vaqta)
- Combined vaccine* with Hepatitis B (Twinrix)
- Combined with Typhoid (Vivaxim)

Schedule

- Inactivated vaccine: Single dose, followed by a booster at 6 to 12 months
- Hepatitis A and B combined vaccine*: Three doses at 0, 1 and 6 months
- Hepatitis A and Typhoid combined vaccine: single dose, followed by Hepatitis A booster at 6-12 months.
  *Accelerated schedules are available for adults.

Level of protection

99%-plus immunity after full course, effective for 20-30 years. A single injection will protect for approximately one year and confers sufficient protection for travel. For longterm protection, a second dose is needed.

Potential side effects

Usually infrequent and mild:
- Redness, swelling, a hard lump or bruising around the injection site
- Feeling unwell, headache, fever
- Loss of appetite, nausea

As with all vaccines, there is a small risk of allergic reaction.

More information on Hepatitis A is available during your pre-travel consultation with Travelvax. Call 1300 360 164 for the location of the clinic nearest to you.