HEPATITIS A

WHAT IS HEPATITIS A?

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 like crafts, money, door handles and the like. It is a common vaccine-preventable infection in travellers visiting developing countries.

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 a person who has previously been infected has life-long immunity.

Travelvax believes that awareness of how the virus is spread and taking the appropriate precautions will help minimise the risk however vaccination is the most effective way of preventing the disease.

WHAT ARE THE SYMPTOMS?

The incubation period for the hepatitis A virus is generally around 30 days (ranging from 2 to 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, with some individuals displaying none and children often asymptomatic (meaning they do not display symptoms). However, older people - particularly the elderly - are prone to severe illness, although rarely is hepatitis A fatal.

WHERE IS IT FOUND?

Hepatitis A is highly endemic (constantly present) throughout the developing world, but occurs in all countries. 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 higher and may increase with duration of travel. The chance of infection is highest in those who live in or visit rural areas, trekkers, or those who frequently eat or drink in settings of poor sanitation. The infection is also more common among the MSM community (men who have sex with men).

HAV can be transmitted in several ways, but is most commonly associated with the eating of seafood, such as oysters or inadequately cooked shellfish. These shellfish almost invariably come from water that had been contaminated with sewage or have been stored in contaminated ice. Eating raw vegetables grown in soil fertilised with infected faeces is another cause of outbreaks, as is drinking untreated water and participating in some types of sexual activity.

HOW IS HEPATITIS A TREATED?

Currently there is no cure for HAV and the only recommendation is bed rest. The infection can last anywhere from 1 to 3 weeks and is usually followed by complete recovery. Children generally show no symptoms but are still infectious. The elderly are usually more severely affected but the infection by and large is not fatal. However, early in the disease process, those infected will not show symptoms and this can increase the risk of transmission to others. The illness itself is not pleasant – especially if you are travelling in a foreign country - making prevention the best possible option.

OUR RECOMMENDATION

To avoid the transmission of hepatitis A, it is important to ensure proper hygiene, avoid sharing food or crockery and always drink bottled or filtered water. While this is best practice for many diseases and should always be employed when
in a developing country, the best way to ensure you do not contract HAV on your next trip is through vaccination.

**WHAT IS HEPATITIS A 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).

The HAV vaccine we offer at Travelvax works as follows:

- Inactivated virus vaccine (Havrix / Avaxim / Vaqta)
- Inactivated combination vaccine* with hepatitis B (Twinrix)
- Inactivated combination vaccine with typhoid (Vivaxim)

Read more in the [Australian Immunisation Handbook](#).

**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**

The HAV vaccine offers 99% protection after a full course, effective for 20 to 30 years. A single injection will protect for approximately one year and confers sufficient protection for short-term travel. For long-term protection, a second dose is needed.

**Contraindications:** Should not be administered to individuals who have previously experienced a serious reaction to this vaccine or those who are known to be hypersensitive to any of the vaccine components.

**POSSIBLE SIDE EFFECTS**

Infrequent and usually mild, the side effects that may occur include:

- 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.

**WHERE CAN I GET A HEPATITIS A VACCINATION FROM?**

If you require vaccination against hepatitis A, head to a Travelvax clinic near you. Staffed by trained professionals who have access to state-of-the-art equipment, we can help keep you safe on your next trip.

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.