

HEPATITIS - A (HAV)
(Reportable Disease - Report to Local Health Agency)

IMMUNIZATION: Two inactivated vaccines available but not currently part of Missouri's immunization schedule for children.

INCUBATION PERIOD: Generally 28-30 days, ranges from 15-50 days.

SYMPTOMS: Many infections are asymptomatic, especially in young children. Mild to severe symptoms may include any or all of the following: sudden onset of fever, weakness, loss of appetite, nausea, dark urine, abdominal discomfort, followed by jaundice (yellowing of eyes and skin).

PERIOD OF COMMUNICABILITY: Largely contagious two weeks before symptoms appear until one week after jaundice (3 weeks). If jaundice is not present, person should be considered infectious for the two weeks before symptoms started until two weeks after the start of symptoms (total of 4 weeks).

MODE OF TRANSMISSION: The hepatitis A virus must enter through the mouth and be multiplied in the body and passed in the feces. The virus can then be carried on an infected person's hands and can be spread by direct contact, or by eating or drinking food or beverages that were handled by the infected individual. It can also be spread by drinking water contaminated with human sewage. The ritual sharing between users of both injectable and inhalable drugs provides an ideal method for the transmission of the virus.

SCHOOL ATTENDANCE: Children and adults with confirmed hepatitis A infection should be excluded while symptomatic and at least 1 week from onset of jaundice or 2 weeks after onset of illness **OR** until Immune Globulin has been given to appropriate staff and children.

CONTACTS/FOLLOW-UP:
(Per Local Health Department) Immune Globulin (IG) is an effective control measure and is recommended for all household, sexual (heterosexual or homosexual), drug use, and other at risk contacts (close friends) within 14 days of exposure to hepatitis A.

continued

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Child-care centers: Special control measures apply. If hepatitis A is diagnosed in a household contact of a day-care child, that child should be tested for IgM antibody to hepatitis A virus; this measure may facilitate early detection of an outbreak.

Guidelines for Use of IG in Child-Care Centers:

1. Where all children are more than two years old or toilet trained:
When a case of hepatitis A is identified in an employee or child, IG (0.02 ml/kg) is recommended for all employees in contact with the index case and all children in the same room as the index case.
2. Where children are not yet toilet trained: IG (0.02 ml/kg) is recommended for all employees and enrolled children when
 - a. there is one case of HAV infection in a child-care employee or child
 - or**
 - b. there are cases of HAV infection in one or more household contacts of two of the enrolled children.

During the six weeks after the last case is identified, any new employees and newly enrolled children should receive IG.

Affected child-care centers should not close down, since this would permit infected children to return to their homes and neighborhoods without their illness being recognized. Closing one center may result in spread to other centers. Cooperation between public health agencies and child-care operators is essential to successful outbreak control.

Family child-care operators should follow the prevention and control measures described above.

School and preschools:

School room exposure is usually not an important means of transmitting hepatitis A. Routine administration of IG is not indicated for pupils and teachers in contact with a case. However, a thorough interview must be done to determine if any of the classmates may also be close personal contacts and be at significant risk and therefore need IG.