What is hepatitis A?
This is a viral disease that affects the liver. Symptoms include fever, chills, weakness, loss of appetite, nausea and abdominal discomfort, followed within a few days by jaundice (yellowing of the skin and the whites of the eyes). The urine may become dark and the stools pale. Many infections, particularly in children, are mild. Occasionally, jaundice may be severe and liver failure may occur. In general, severity of the disease increases with age. Past infection with hepatitis A gives life-long immunity.

How do you contract hepatitis A?
In the U.S., the Centers for Disease Control says person-to-person transmission through the fecal-oral route (ie, ingestion of something that has been contaminated with the feces of an infected person) is the primary means of HAV transmission. Most infections result from close personal contact with an infected household member or sex partner.

The disease is also commonly associated with eating and drinking contaminated food and water. Outbreaks are often linked to raw or undercooked shellfish and raw vegetables. The disease occurs worldwide, but is more common in developing countries with poor sanitation and overcrowding. The incubation period is approximately 28 days, ranging from 15–50 days.

How is hepatitis A diagnosed?
A blood test for specific hepatitis A antibodies is necessary to confirm diagnosis.

How is hepatitis A treated and prevented?
There is no specific treatment, but travelers can minimize the risk of exposure to hepatitis A by avoiding contaminated food and water. A blood test is available to detect hepatitis A antibodies for those who have a history of jaundice or who have lived abroad in endemic areas for long periods. Effective vaccines (Havrix, Twinrix) are available which provides virtually 100% protection.

Further information
Centers for Disease Control: wwwnc.cdc.gov/travel/diseases/hepatitis-a

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