Hepatitis A

Hepatitis A is a viral infection which primarily affects the liver. It may result in a clinical illness in the older children and adults or an asymptomatic disease in younger children.

The incubation period ranges from 15-50 days and symptoms include malaise, fever, nausea, abdominal discomfort, dark urine and jaundice.

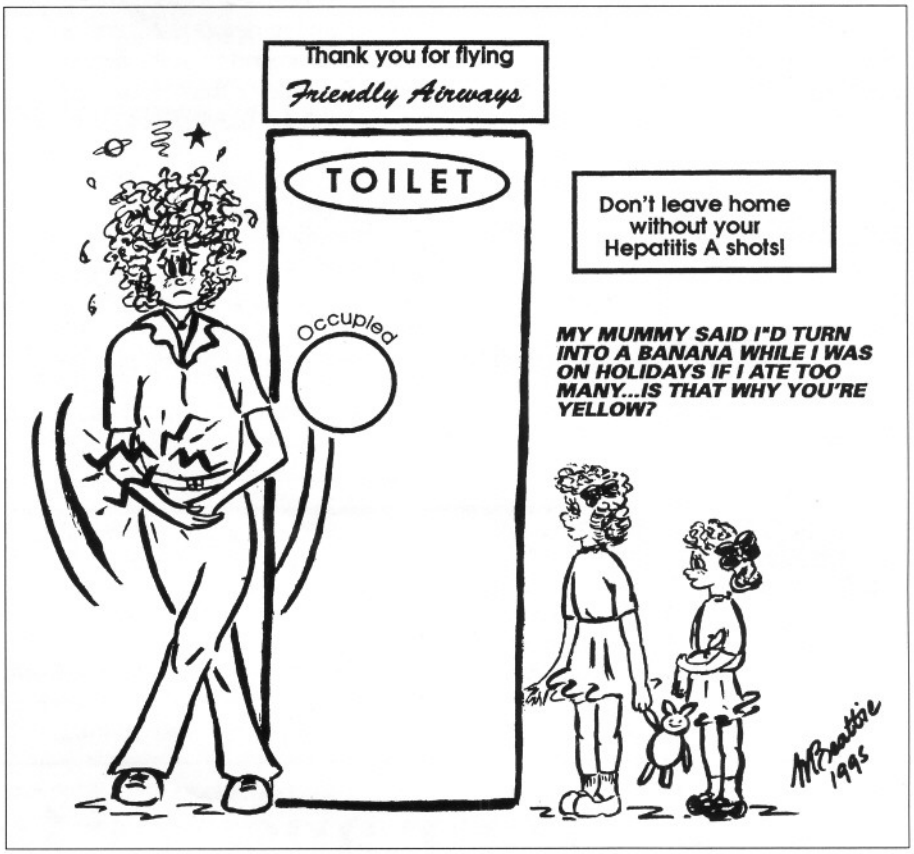
It is spread through the faecal/oral route and is commonly transmitted via the drinking of contaminated water or the eating of contaminated food.

A Hepatitis A vaccine (Havrix) became available in Australia in July 1993.

The vaccine contains a killed virus which has been grown in human diploid cells. There is no human blood product used in its manufacture.

Havrix is indicated for active immunisation against Hepatitis A in susceptible individuals older than five years of age.

Hepatitis A vaccination is recommended for those at high risk of exposure, such as persons travelling to areas of high or intermediate endemecity and staff at child day care centres. The value of vaccination for these and other groups as outlined in the 1995 NH&MRC guidelines is provided below.



Travellers

Persons who travel to areas of intermediate or high endemicity are at risk of acquiring Hepatitis A. Areas where Hepatitis A is highly endemic include Asia, the Pacific islands, India, Africa, Central and South America. Travellers to these areas would receive immunoglobuline (NIGH – see below) or Hepatitis A vaccine. Hepatitis A vaccine is preferred if they visit such countries for long periods of time or travel there repeatedly.

Testing for antibodies to Hepatitis A prior to active immunisation may be worthwhile in adults born before 1945 (since they are likely to have been exposed in childhood), those born in areas of high or moderate endemicity, and military personnel likely to be posted abroad. For those travelling in less than 2 weeks time, the use of NIGH has the advantage that it affords immediate protection after a single dose, but the protection is not long lasting (usually less than 3 months).

Occupational and community exposure

Apart from those whose occupation involves travel, only a few occupations in Australia are associated with significant occupational exposure.

Individuals who are at occupational risk of exposure are:

- Those caring for young children in day care centres, particularly in situations where the children are too young to have been toilet-trained;
- Teachers of the intellectually disabled;
- Staff and residents of residential facilities for the intellectually disabled;
- Health workers and teachers in remote Aboriginal and Torres Strait Islander communities;
- Nursing staff and other health care workers in contact with patients in paediatric wards and infectious diseases wards;
- Sewerage workers.

Homosexual men

Outbreaks of Hepatitis A in homosexual men have been reported in many countries, including Australia. Many sexually active homosexual men will already be immune. Those who are susceptible and still at risk should be vaccinated.

Individuals with chronic liver disease

Individuals with chronic liver disease and those who have had a liver transplant should receive Hepatitis A vaccine, because Hepatitis A infection is likely to be more severe in these cases. Many injecting drug users will have pre-existing liver disease from Hepatitis B or Hepatitis C infection, and should therefore be considered for Hepatitis A vaccination.

Recipients of blood products

Recipients of blood and blood products such as Factor VIII should be vaccinated against Hepatitis A.

Food Handlers

Routine vaccination of food handlers is not recommended, since food

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hygiene procedures and food processing methods should already be in place to protect food from contamination from food handlers.

Pre-vaccination screening

Pre-vaccination screening is not routinely required, but may be cost-effective in some groups, because of a higher risk of previous exposure. Note that individuals who have naturally acquired immunity from a previous infection can be assumed to be immune for life.

Two 1ml doses should be given in the primary course 2-4 weeks apart. These two injections will give protection for at least one year. A third dose given 6-12 months later will result in extended protection.

The duration of antibody protection is unknown but antibody levels achieved following three doses of Havrix are comparable with antibody levels following natural infection.

It is recommended that travellers should commence their Hepatitis A vaccinations 3-4 weeks prior to leaving Australia.

Havrix is well tolerated. Most frequent local adverse event is local tenderness at the site of injection. Systematic adverse events of malaise, fatigue and fever were reported in 1%-10% of vaccinations.

In 1994 Havrix won the prestigious UK Prix Galien medal for its tolerance, efficacy and innovation. Havrix also won the Australian Journal of Pharmacy, Best new Ethical Product Award. This award is given to the product that has provided the greatest advance in medicine for the greatest number of people.

Havrix has proven to be an effective and well tolerated vaccine and will offer those vaccinated extended immunity against Hepatitis A.

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