## The ABCs of Hepatitis

	<b>HEPATITIS A</b> is caused by the Hepatitis A virus (HAV)	<b>HEPATITIS B</b> is caused by the Hepatitis B virus (HBV)	<b>HEPATITIS C</b> is caused by the Hepatitis C virus (HCV)
U.S. Statistics	Estimated 25,000 new infections in 2007	<ul> <li>Estimated 43,000 new infections in 2007</li> <li>Estimated 1.2 million people with chronic HBV infection</li> </ul>	<ul> <li>Estimated 17,000 new infections in 2007</li> <li>Estimated 3.2 million people with chronic HCV infection</li> </ul>
Routes of Transmission	<ul> <li>Ingestion of fecal matter, even in microscopic amounts, from:</li> <li>Close person-to-person contact with an infected person</li> <li>Sexual contact with an infected person</li> <li>Ingestion of contaminated food or drinks</li> </ul>	<ul> <li>Contact with infectious blood, semen, and other body fluids, primarily through:</li> <li>Birth to an infected mother</li> <li>Sexual contact with an infected person</li> <li>Sharing of contaminated needles, syringes or other injection drug equipment</li> <li>Needlesticks or other sharp instrument injuries</li> </ul>	<ul> <li>Contact with blood of an infected person, primarily through:</li> <li>Sharing of contaminated needles, syringes, or other injection drug equipment</li> <li>Less commonly through:</li> <li>Sexual contact with an infected person</li> <li>Birth to an infected mother</li> <li>Needlestick or other sharp instrument injuries</li> </ul>
Persons at Risk	<ul> <li>Travelers to regions with intermediate or high rates of Hepatitis A</li> <li>Sex contacts of infected persons</li> <li>Household members or caregivers of infected persons</li> <li>Men who have sex with men</li> <li>Users of certain illegal drugs (injection and non-injection)</li> <li>Persons with clotting-factor disorders</li> </ul>	<ul> <li>Infants born to infected mothers</li> <li>Sex partners of infected persons</li> <li>Persons with multiple sex partners</li> <li>Persons with a sexually transmitted disease (STD)</li> <li>Men who have sex with men</li> <li>Injection drug users</li> <li>Household contacts of infected persons</li> <li>Healthcare and public safety workers exposed to blood on the job</li> <li>Hemodialysis patients</li> <li>Residents and staff of facilities for developmentally disabled persons</li> <li>Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of ≥2%)</li> </ul>	<ul> <li>Current or former injection drug users</li> <li>Recipients of clotting factor concentrates before 1987</li> <li>Recipients of blood transfusions or donated organs before July 1992</li> <li>Long-term hemodialysis patients</li> <li>Persons with known exposures to HCV (e.g., healthcare workers after needlesticks, recipients of blood or organs from a donor who later tested positive for HCV)</li> <li>HIV-infected persons</li> <li>Infants born to infected mothers</li> </ul>
Incubation Period	15 to 50 days (average: 28 days)	45 to 160 days (average: 120 days)	14 to 180 days (average: 45 days)
Symptoms of Acute Infection	Symptoms of all types of viral hepatitis are similar and can include one or more of the following:         Fever         Fatigue           • Loss of appetite         • Nausea         • Vomiting         • Abdominal pain         • Clay-colored bowel movements         • Joint pain         • Jaundice		
Likelihood of Symptomatic Acute infection	<ul> <li>&lt; 10% of children &lt; 6 years have jaundice</li> <li>40%-50% of children age 6-14 years have jaundice</li> <li>70%-80% of persons &gt; 14 years have jaundice</li> </ul>	<ul> <li>&lt; 1% of infants &lt; 1 year develop symptoms</li> <li>5%-15% of children age 1-5 years develop symptoms</li> <li>30%-50% of persons &gt; 5 years develop symptoms</li> <li>Note: Symptoms appear in 5%-15% of newly infected adults who are immunosuppressed</li> </ul>	<ul> <li>20%–30% of newly infected persons develop symptoms of acute disease</li> </ul>
Potential for Chronic Infection	None	• Among unimmunized persons, chronic infection occurs in >90% of infants, 25%–50% of children aged 1–5 years, and 6%–10% of older children and adults	<ul> <li>75%–85% of newly infected persons develop chronic infection</li> <li>15%–20% of newly infected persons clear the virus</li> </ul>
Severity	Most persons with acute disease recover with no lasting liver damage; rarely fatal	<ul> <li>Most persons with acute disease recover with no lasting liver damage; acute illness is rarely fatal</li> <li>15%-25% of chronically infected persons develop chronic liver disease, including cirrhosis, liver failure, or liver cancer</li> <li>Estimated 3,000 persons in the United States die from HBV-related illness per year</li> </ul>	<ul> <li>Acute illness is uncommon. Those who do develop acute illness recover with no lasting liver damage.</li> <li>60%–70% of chronically infected persons develop chronic liver disease</li> <li>5%–20% develop cirrhosis over a period of 20–30 years</li> <li>1%–5% will die from cirrhosis or liver cancer</li> <li>Estimated 12,000 persons in the United States die from HCV-related illness per year</li> </ul>
Serologic Tests for Acute Infection	• IgM anti-HAV	<ul> <li>HBsAg in acute and chronic infection</li> <li>IgM anti-HBc is positive in acute infection only</li> </ul>	No serologic marker for acute infection

	HEPATITIS A	HEPATITIS B	HEPATITIS C
Serologic Tests for Chronic Infection	Not applicable—no chronic infection	<ul> <li>HBsAg (and additional markers as needed)</li> </ul>	<ul> <li>Screening assay (EIA or CIA) for anti-HCV</li> <li>Verification by an additional, more specific assay (e.g., RIBA for anti-HCV) or nucleic acid testing for HCV RNA</li> </ul>
Screening Recomendations for Chronic Infection	Not applicable—no chronic infection Note: Screening for past acute infection is generally not recommended	<ul> <li>Testing is recommended for:</li> <li>Pregnant women</li> <li>Persons born in regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of ≥2%)</li> <li>U.Sborn persons not vaccinated as infants whose parents were born in regions with high rates of Hepatitis B (HBsAg prevalence of ≥ 8%)</li> <li>Infants born to HBsAg-positive mothers</li> <li>Household, needle-sharing, or sex contacts of HBsAg-positive persons</li> <li>Men who have sex with men</li> <li>Injection drug users</li> <li>Patients with elevated liver enzymes (ALT/AST) of unknown etiology</li> <li>Hemodialysis patients</li> <li>Persons needing immunosuppressive or cytotoxic therapy</li> <li>HIV-infected persons</li> <li>Sources of blood or body fluids involved in potential HBV exposures (e.g., needlesticks)</li> <li>Donors of blood, plasma, organs, tissues, or semen</li> </ul>	<ul> <li>Testing is recommended for:</li> <li>Current or former injection drug users</li> <li>Recipients of clotting factor concentrates before 1987</li> <li>Recipients of blood transfusions or donated organs before July 1992</li> <li>Long-term hemodialysis patients</li> <li>Persons with known exposures to HCV (e.g., healthcare workers after needlesticks, recipients of blood or organs from a donor who later tested positive for HCV)</li> <li>HIV-infected persons</li> <li>Children born to infected mothers (do not test before age 18 mos.)</li> <li>Patients with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests)</li> <li>Donors of blood, plasma, organs, tissues, or semen</li> </ul>
Treatment	<ul> <li>No medication available</li> <li>Best addressed through supportive treatment</li> </ul>	<ul> <li>Acute: No medication available; best addressed through supportive treatment</li> <li>Chronic: Regular monitoring for signs of liver disease progression; some patients are treated with antiviral drugs</li> </ul>	<ul> <li>Acute: Antivirals and supportive treatment</li> <li>Chronic: Regular monitoring for signs of liver disease progression; some patients are treated with antiviral drugs</li> </ul>
Vaccination Recommendations	<ul> <li>Hepatitis A vaccine is recommended for:</li> <li>All children at age 1 year</li> <li>Travelers to regions with intermediate or high rates of Hepatitis A</li> <li>Men who have sex with men</li> <li>Users of certain illegal drugs (injection and non-injection)</li> <li>Persons with clotting-factor disorders</li> <li>Persons who work with HAV- infected primates or with HAV in a research laboratory</li> <li>Persons with chronic liver disease, including HBV- and HCV-infected persons with chronic liver disease</li> <li>Anyone else seeking long-term protection</li> </ul>	<ul> <li>Hepatitis B vaccine is recommended for:</li> <li>All infants within 12 hours of birth</li> <li>Older children who have not previously been vaccinated</li> <li>Sex partners of infected persons</li> <li>Persons with multiple sex partners</li> <li>Persons seeking evaluation or treatment for an STD</li> <li>Men who have sex with men</li> <li>Injection drug users</li> <li>Household contacts of infected persons</li> <li>Healthcare and public safety workers exposed to blood on the job</li> <li>Persons with end-stage renal disease, including HCV-infected persons with chronic liver disease</li> <li>Persons with end-stage renal disease, including predialysis, hemodialysis, peritoneal dialysis, and home dialysis patients</li> <li>Residents and staff of facilities for developmentally disabled persons</li> <li>Travelers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of ≥2%)</li> <li>Anyone else seeking long-term protection</li> </ul>	There is no Hepatitis C vaccine.
Vaccination Schedule	2 doses given 6 months apart	<ul> <li>Infants and children: 3 to 4 doses given over a 6- to 18-month period depending on vaccine type and schedule</li> <li>Adults: 3 doses given over a 6-month period</li> </ul>	No vaccine available



DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Disease Control and Prevention



Division of Viral Hepatitis