

Hepatitis A

Disease Category: Hepatitis

Timeframe to follow-up: Same day

Signs and Symptoms (1)	Symptoms can include jaundice, dark urine or clay-colored stools, fatigue, anorexia, nausea, headache, malaise, fever, vomiting, diarrhea, joint pain, and abdominal pain
Incubation (2)	Usually 28 days, range 15-50 days
Case Classification (3)	Clinical criteria: An acute illness with a discrete onset of any sign or symptom consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, abdominal pain, or dark urine) AND a) Jaundice or elevated bilirubin ≥ 3.0 mg/dL, OR b) Elevated serum alanine aminotransferase (ALT) levels >200 IU/L, AND c) The absence of a likely diagnosis Laboratory Criteria for Diagnosis Confirmatory laboratory evidence: • Immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV) positive. OR • Nucleic acid amplification test (NAAT; such as Polymerase Chain Reaction [PCR] or genotyping) for hepatitis A virus RNA positive. Case Classification Confirmed: • A case that meets the clinical criteria and is IgM anti-HAV positive[§] OR • A case that has hepatitis A virus RNA detected by NAAT (such as PCR or genotyping) OR • A case that meets the clinical criteria and occurs in a person who had contact (e.g., household or sexual) with a laboratory-confirmed hepatitis A case 15–50 days prior to onset of symptoms [§]And not otherwise ruled out by IgM anti-HAV or NAAT for hepatitis A virus testing performed in a public health laboratory.
Differential Diagnosis (4)	Alcoholic hepatitis, Autoimmune hepatitis, Drug-induced liver injury, Hepatitis B, Hepatitis C, Hepatitis D, Hepatitis E, Epstein-Barr virus, Wilson disease, Q fever
Treatment (5)	There is no specific treatment for hepatitis A, supportive care and management of symptoms is recommended.
Duration (1)	Symptoms usually persist for less than 2 months, although 10%–15% of symptomatic persons have prolonged or relapsing disease for up to 6 months.

<u>Exposure</u> (1)	Close personal contact with an infected person, injection or non-injection drug use, sexual contact with an infected person, or ingestion of contaminated food or water
<u>Laboratory Testing</u>	Serologic testing is available to commercial labs, CDC will provide genotyping for outbreaks. Nevada State Public Health Laboratory can also provide serology testing, see their webpage for instructions on collection and storage of specimens.
<u>Control of Contacts</u>	Obtain list of all contacts and if susceptible, recommend postexposure prophylaxis (PEP).
Key areas of focus during investigation	Any close contact with acute hepatitis A case, food exposures (restaurant or group meals), travel outside of the United States or contact with recent arrival, poor hygiene (illicit drug use, experiencing homelessness, and congregate living (incarceration)).
Public Health Actions	Reports of Hepatitis A cases must be made to the Local Health Authority within 24 hours following the identification of the case. Local Health Authority to notify Office of State Epidemiology (dpbhepi@health.nv.gov) or call 775-684-5911/775-400-0333 (after hours) if outbreak suspected. For individual confirmed or probable cases: • Confirm diagnosis, if possible • Identify potential exposures • Prepare a case report and submit to the Chief Medical Officer (through OSE) within 7 days after completing the case investigation • Identify potential outbreaks from common sources • Provide education about how to prevent transmission • If a food or beverage handler has Hepatitis A, public announcements to inform patrons of potential exposure could be warranted To the best of the local health authority's ability, each step of the investigation should be completed within one working day or in alignment with NAC 441A.
<u>Key Partner Agencies</u>	• Local Health Authorities (CCHHS, CNHD, NNPH, SNHD) • Nevada State Public Health Lab (NSPHL) • Southern Nevada Public Health Lab (SNPHL) (5) (2) (3)

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I. DISEASE REPORTING

A. Legal Reporting Requirements

A report to the health authority may be made by telephone; telecopy (in the form prescribed by the health authority); or any form of electronic communication identified by the health authority, following the specified format and procedure. (6)

1. *Health Care Providers and Health Care Facilities*

Health providers and facilities must notify the health authority within 24 hours after identifying a case (6) (7) (8)

2. *Laboratories*

Laboratories must notify the health authority within 24 hours of identifying the case. (6) If the lab is located outside of Nevada, notify the Nevada Chief Medical Officer through the Office of State Epidemiology (OSE) within the same timeframe. (6) (9)

3. *Local Health Authority (LHA)*

LHA's must notify the Office of State Epidemiology (OSE) within 7 days after completing the case investigation. (10)

II. THE DISEASE AND ITS EPIDEMIOLOGY (5) (2) (3) (1)

A. Background

Hepatitis A virus (HAV) is one of several viruses known to cause hepatitis in humans. Exposure to HAV may result in acute infection, but it does not become a chronic, long-term infection.

In rare cases, hepatitis A can cause liver failure and death. In 2023, the mortality rate for hepatitis A was 0.01 per 100,000 people. It is highest among persons 65 and older (0.08 deaths per 100,000 people) and among males (0.03 deaths per 100,000 people).

People at higher risk of infection and serious disease include:

- International travelers
- Men who have sex with men
- People who use or inject drugs
- People whose jobs increase the risk of exposure
- People who anticipate close personal contact with an international adoptee
- People experiences homelessness

People with chronic liver disease (including hepatitis B and hepatitis C) and HIV are at higher risk for developing serious disease from HAV infection.

B. Etiologic Agent

HAV is a positive-sense RNA virus in the family *Picornaviridae*, genus *Hepatovirus*.

C. Description of Illness

Hepatitis A infection may be symptomatic or asymptomatic and the likelihood of experiencing symptoms increases with age. The illness has an abrupt onset of fever, malaise, anorexia, nausea, abdominal discomfort, dark urine, and jaundice. Clinical illness does not usually last longer than 2 months, although 10% to 15% of persons have prolonged or relapsing signs and symptoms for up to 6 months.

D. Disease Burden in Nevada

HAV is of low endemicity to Nevada. In 2021, the rate of reported HAV was low, at 0.1 cases per 100,000 population in Nevada. There is no definite and consistent seasonal pattern that HAV infection follows.

See the [Nevada Office of State Epidemiology Communicable Disease Dashboard](#) for Nevada specific data on Hepatitis A ([Monitoring Communicable Disease in Nevada](#), Vaccine Preventable section).

E. Reservoirs

Humans are the only natural reservoir of the virus. There are no insect or animal vectors. A chronic Hepatitis A Virus state has not been reported although infections may relapse or be prolonged.

F. Modes of Transmission

- Person-to-Person Contact:
 - Hepatitis A can be spread from close, personal contact with an infected person, such as through certain types of sexual contact (like oral-anal sex), caring for someone who is ill, or using drugs with others. Hepatitis A is very contagious, and people can even spread the virus before they feel sick.
- Eating Contaminated Food or Drink:
 - Contamination of food with the hepatitis A virus can happen at any point: growing, harvesting, processing, handling, and even after cooking. Contamination of food and water happens more often in countries where hepatitis A is common. Although uncommon, foodborne outbreaks have occurred in the United States from people eating contaminated fresh and frozen imported food products.

G. Incubation Period

The average incubation period for Hepatitis A is 28-30 days (range 15-50 days).

H. Period of Communicability

Viral shedding persists for 1 to 3 weeks. Infected persons are most likely to transmit Hepatitis A virus 1 to 2 weeks before the onset of illness, when Hepatitis A virus
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concentration in stool is highest. The risk then decreases and is minimal the week after the onset of symptoms.

I. Testing

Depending on indication, may test for Immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV). Details about specimen collection may be found at the [Nevada State Public Health Laboratory's website](#).

J. Treatment (11)

There are no specific treatments for hepatitis A, but rest, a balanced diet, and fluids are typically enough to treat symptoms.

Provide most current treatment guidelines from [Red Book](#) to the healthcare provider or refer case to physician for proper treatment for Hepatitis A.

III. EPIDEMIOLOGIC CASE INVESTIGATION

The public health authority should begin investigating the case of hepatitis A, step by step, within one working day of notification or in alignment with [NAC 441A](#).

A. Step 1: Review relevant information about the disease.

1. *Review scientific information in [Control of Communicable Diseases Manual](#), most recent edition.*
2. *Review Hepatitis A most recent case definition ([2019 CDC](#)).*

B. Step 2: Begin investigating the case.

1. *Contact Reporting Source and/or Reported Case*

Upon receiving an initial case report, review lab test results and available clinical details and epidemiologic factors. Please make three attempts to contact the case (text and phone calls) on separate days, at different times of the day (morning, afternoon, late afternoon). Document all attempts to contact a reporting source and/or reported case, preferably in the "Encounters" tab of EpiTrax. Please use case report forms (CRF) to gather accurate information about the case. Focus on the key data elements listed above. Filling out an electronic version of the CRF in EpiTrax (called a Confidential Morbidity Report (CMR) in EpiTrax) is preferred. If used, the completed PDF version should be attached to the CMR in EpiTrax. The CRF should be completed within 7 days of completing the investigation of the case. (10)

C. Step 3: Identify potential sources of infection (1)

The investigation focuses on exposures in the 15-50 days before onset. Hepatitis A is spread through the fecal-oral route, through close person-to-person contact with a person who is infected, sexual contact with a person who is infected, and/or ingestion of contaminated food and water.

Ask about any risk factors for infection including but not limited to sexual history, travel history, injection drug use/sharing needles, occupational hazards such as working with HAV-infected primates or with HAV in a research laboratory, experience of unstable housing/homelessness, contact with diapered children, with children in child care or other setting for preschool children, or with staff of these facilities, clotting-factor disorders, exposure to unchlorinated drinking water, consumption of raw or partially cooked shellfish, and restaurant/food service meals.

D. Step 4: Initiate control measures for case and/or for contacts (see Section IV – Section VI below).

E. Step 5: Provide Education and Prevention messaging to the case and/or contacts (see Section IX below).

IV. CONTROL OF CASE (2) (12)

All Hepatitis A cases should be counseled on how to prevent transmission to others.

1. Management/Exclusions for Specific Groups or Settings

	Symptomatic	Asymptomatic
Sensitive Occupation*	Cases of HAV should not work in sensitive occupations until diarrhea has resolved <i>and</i> one week has passed after the onset of jaundice. If a food or beverage handler had potential for transmission of HAV within the food establishment, a public announcement should be made to inform patrons of potential exposure if warranted.	No exclusions, but employer shall instruct a food and beverage handler of the need and proper method of hand washing after defecation.
Childcare/School Attendee	Cases of HAV should not attend a child care facility until considered not to be infectious.	N/A
Case in a Medical Facility	Provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.	
General Population	Educate on how to prevent transmission to others, need and method of proper hand washing after defecation, and assess whether follow-up services, including harm	

	reduction and hepatitis A and hepatitis B vaccination are appropriate. Until 7 days after the onset of jaundice, the case should not prepare food or handle food to be eaten by others.
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* Employment as a food and beverage handler, employment in a health care facility, employment in a school or employment in a child care facility (12)

2. *Exclusion Notifications*

Cases should be contacted by phone to provide information about how to prevent transmission to others and to provide exclusion instructions as needed. If a case is unable to be contacted by phone, they may be contacted by email or by any other contact method that has been acquired for the case.

V. CONTROL OF CONTACTS (2)

Contacts may be identified during the case investigation process by asking the case about sexual history, injection drug use/sharing needs, medical history, and household members.

If resources allow, identify contacts and coordinate referral for post-exposure prophylaxis if contact occurred within 14 days. Information regarding hepatitis A vaccination and post-exposure prophylaxis can be found on the [Hepatitis A ACIP Vaccine Recommendations website](#).

Investigate symptomatic contacts in the same manner as a case.

1. *Management/Exclusions for Specific Groups or Settings*

	Symptomatic	Asymptomatic
Sensitive Occupation*	Contacts should not work in sensitive occupations. For food and beverage handlers, offer appropriate prophylaxis to other food and beverage handlers in the workplace who have had contact with the food or beverage handler having hepatitis A and who have not been vaccinated against hepatitis A. The employer of a food or beverage handler who declines prophylaxis and has not been vaccinated against hepatitis A shall observe the food or beverage handler and report to the health	If not infectious, no exclusions. Same prophylaxis requirements for symptomatic food and beverage handlers.

	authority if the food or beverage handler develops any symptoms of hepatitis A during the 45 days after refusing prophylaxis.	
Childcare/School Attendee	For child care facilities with no diapers in the facility, offer appropriate prophylaxis to all employees and children in contact with the case and who have not been vaccinated against hepatitis A. For child care facilities with children enrolled in diapers, if 1 or more cases of hepatitis A are recognized in children or employees, or if cases are recognized in 2 or more households of attendees— vaccine or 1G may be given to classroom contacts of an index case.	
Case in a Medical Facility	Provide care in accordance with enteric precautions or other appropriate disease specific precautions.	
General Population	Offer and provide appropriate prophylaxis to a contact who has not been vaccinated against hepatitis A if the contact's last contact to the case having hepatitis A was within the preceding 2 weeks and while the case was in a communicable stage. Hepatitis A vaccine should be given as soon as possible, but no later than 2 weeks after exposure. Because hepatitis A cannot be reliably diagnosed on clinical presentation alone, serological confirmation of HAV infection in index patients by IgM anti-HAV testing should be obtained before postexposure prophylaxis of contacts. IG may be given depending on age and presence of medical co-morbidities, but also within 2 weeks of exposure.	

* Employment as a food and beverage handler, employment in a health care facility, employment in a school or employment in a child care facility (12)

2. *Exclusion Notifications*

Contact by phone to provide information about how to prevent transmission to others and to provide exclusion instructions as needed. If unable to contact by phone, contact by email or by any other contact method that has been acquired.

VI. CONTROL OF CARRIERS (2)

Persons can be *asymptomatic* carriers of hepatitis A.

Carriers may be identified through outbreak investigation or healthcare provider testing. Investigate symptomatic carriers in the same manner as a case.

1. *Management/Exclusions for Specific Groups or Settings*

	Symptomatic	Asymptomatic
Sensitive Occupation	N/A	N/A
Childcare/School Attendee	N/A	N/A
Case in a Medical Facility	Provide care in accordance with enteric precautions or other appropriate disease specific precautions.	
General Population	Educate on how to prevent transmission to others. Patients should also be referred for hepatitis A-directed medical care and recommended to receive vaccination against hepatitis A and hepatitis B, if indicated.	

2. *Exclusion Notifications*

Carriers should be notified by phone, email, or any other contact information acquired for the carrier.

VII. MANAGEMENT OF SPECIAL SITUATIONS/OUTBREAK CONTROL (2)

Coordinate with senior epidemiology staff to determine if an outbreak is occurring. If so, notify Environmental Health, local health authorities, or infection control, as appropriate.

ACIP recommends 1 dose of HepA vaccine during a hepatitis A outbreak for all unvaccinated persons aged ≥1 year who are at risk for HAV infection (e.g., persons who use injection or noninjection drugs, persons experiencing homelessness, and MSM) or at risk for severe disease from HAV (e.g., persons with chronic liver disease and persons with HIV infection). A single dose of preexposure HepA vaccine has been shown to successfully control outbreaks of hepatitis A, although routine long-term protection still generally involves the standard 2-dose HepA series.

A. Possible Foodborne or Waterborne Outbreaks

Contact Environmental Health if a sanitary inspection is indicated due to commercial food service facility, childcare facility, or public drinking water supply is suspected as the source of infection.

VIII. PREVENTION (2)

The investigator should reference the most recent disease specific public educational materials from the CDC. The [Nevada OSE website](#) also provides information about hepatitis.

- The best way to prevent hepatitis A is by getting vaccinated. Both inactivated and live attenuated hepatitis A vaccines are highly immunogenic and generate long-lasting protection against hepatitis A in children and adults. Protection begins as soon as 14-21 days after a single dose of vaccine. A second dose is necessary for long-term protection.

- Raw oysters, clams, and other shellfish are risky for a variety of infections including hepatitis. Preferably, these items should be heated to a temperature of 63°C (145°F) for at least 15 seconds to ensure safety before eating. In endemic areas, travelers should take only boiled and still hot or bottled beverages and well-cooked food served hot.

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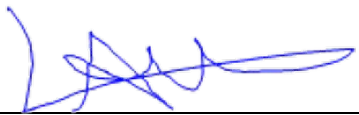
X. ACKNOWLEDGEMENTS

This document was developed based on the content and format of the disease investigation guidelines of several state and local health jurisdictions:

- Oregon Health Authority Investigative Guidelines
- Washington State Department of Health Reporting and Surveillance Guidelines
- Washoe County Health District Epidemiology and Communicable Disease Program Investigation of Communicable Disease Manual

The Nevada Office of State Epidemiology would like to acknowledge the work of these great partners.

XI. UPDATE LOG



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Chief Medical Officer

7/31/26

Chief Medical Officer Approval Date