

The ABC's of Viral Hepatitis

Introduction

Hepatitis is a viral infection that causes inflammation of the liver. There are five different types of viral hepatitis.

Hepatitis A

Overview

Hepatitis A is an acute (short term) infection of the liver. It is not a chronic infection.

Symptoms may be severe and require medical attention but most people make a full recovery.

Transmission

Hepatitis A is transmitted via the faecal – oral route which is when microscopic amounts of infected faecal matter enters the mouth.

Prevalence

In 2017 there was 216 cases of hepatitis A in Australia. 78 of these were in Victoria. Hepatitis A usually occurs in outbreaks.

Management

There is an effective vaccination for hepatitis A.

Effective handwashing is also important to prevent hepatitis A transmission.

Once infected, symptom management is the focus, there is no specific treatment. This includes fluid replacement, rest and eating small meals more often due to nausea and tiredness.

Symptoms

Some people have hepatitis A without symptoms. You can still pass it on to other people.

If you do get symptoms they may begin as:

Loss of appetite and vomiting

- Fever
- Tiredness
- Joint aches
- Pain under right side of ribs

And develop into:

- Jaundice (yellowing skin and eyes)
- Dark urine and pale faeces

Hepatitis B

Overview

Hepatitis B is the most common form of viral hepatitis through-out the world.

Acute hepatitis B means you have the virus for less than 6 months and naturally clear it.

Chronic hepatitis B is presence of the virus for more than 6 months without your body clearing it.

Hepatitis B can be diagnosed with a blood test.

Transmission

Hepatitis B can be transmitted blood to blood, through sexual contact and mother to baby.

Prevalence

In 2106 there were an estimated 233, 034 people living with chronic hepatitis B in Australia. Many of these are undiagnosed.

In 2017 there were 6, 103 diagnoses of hepatitis B in Australia, 1, 797 of which were in Victoria.

In Australia chronic hepatitis B disproportionately affects migrant and refugee communities from high prevalence countries.

Management

There is an effective vaccination for hepatitis B.

Good medical management during pregnancy and at birth can significantly reduce the risk of transmission between mother and baby.

Regular monitoring and treatment as needed can reduce the effect hepatitis B has on the liver and help avoid associated risks such as cirrhosis, liver cancer and liver failure.

Chronic hepatitis B can be extremely well managed but not cured.

Symptoms

Most people with both acute and chronic hepatitis B do not have any symptoms and do not know they have the infection.

Symptoms of acute hepatitis B infection may include:

Flu-like symptoms, muscle aches and pain, nausea and vomiting, fatigue and jaundice.

Especially in the early stages, people with chronic hepatitis B often experience no symptoms.

Hepatitis C

Overview

Hepatitis C infection involves an initial acute phase of infection that may have no symptoms. Around 25% of adults who contract hepatitis C will clear the virus naturally within the first 12 months. For the remaining 75% the virus is not eliminated. This is chronic hepatitis C. Two blood tests, an antibody test and a polymerase chain reaction test are needed to diagnose hepatitis C.

Transmission

Hepatitis C is a blood borne virus. Transmission may occur when the blood of an infected person enters the bloodstream of another person. There have been some cases of sexual transmission predominantly among HIV positive men who have sex with men.

Prevalence

At the end of 2016 there were an estimated 199 412 people living with chronic hepatitis C in Australia. In 2017 there were 10 339 new hepatitis C diagnosis in Australia, 1 966 of which were in Victoria.

Management

There is currently no vaccination for hepatitis C. Direct acting antiviral treatment is a course of effective and well tolerated tablets which cure hepatitis C in up to 95% of cases.

Symptoms

Initially hepatitis C has minimal and often no symptoms. Over times common symptoms may be loss of appetite, brain fog, pain in the liver region and fatigue.

Hepatitis D

Overview

Hepatitis D is a defective virus that needs the hepatitis B virus to exist.

Despite risks of a more serious acute illness most people who are infected with hepatitis B and D at the same time will clear hepatitis D and never develop chronic hepatitis D infection. People with chronic hepatitis B who later get infected with hepatitis D usually develop chronic hepatitis D infection increasing the risk of significant liver scarring (cirrhosis) and other complications.

Transmission

Hepatitis D is transmitted by blood to blood and sexual contact. Transmission from mother to baby is possible but rare.

Prevalence

Hepatitis D is not common in Australia. In 2017 there were 65 new diagnosis, 20 of which were in Victoria.

Management

Hepatitis D can be prevented by the hepatitis B vaccination. Diagnosis can be made with a blood test. There is no specific treatment for hepatitis D and it has been shown that the medications for hepatitis B have only a limited effect on the hepatitis D virus.

Symptoms

Symptoms of hepatitis D include loss of appetite, nausea and vomiting, tiredness, pain in the liver region, muscle and joint pain, and jaundice.

Hepatitis E

Overview

Hepatitis E is an acute illness only and most people recover. Women during the later stages of pregnancy are at higher risk of complications. It can be diagnosed by a blood test, however this is not widely available.

Transmission

Hepatitis E is found in faeces and spread faecal-orally.

Prevalence

Hepatitis E is not common in Australia. In 2017 there were only 47 cases reported in Australia.

Management

There is no vaccine or specific treatment for hepatitis E. Symptom management such as rest and fluid replacement is the focus.

Symptoms

Symptoms may include fever, weakness, fatigue, loss of appetite, nausea, vomiting, and jaundice.

This info sheet is intended as a general guide only. It is not intended to replace expert or medical advice.

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