



Epidemiology Unit
Ministry of Health and Mass Media
231, De Saram Place, Colombo 10
Tel: (011) 2695112, Fax: (011) 2696583

Hepatitis A

Fact Sheet

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Introduction

Hepatitis A is a viral liver disease which affects both children and adults. The severity of the disease could vary from mild to severe. It is a highly contagious disease and can go into outbreak situations easily if the appropriate measures are not taken swiftly.

Clinical Features

Adults have more symptoms and signs than children and the worse outcomes of the disease are also more common in adults. Jaundice (yellow colour discolouration of the skin and the eyes) is the most common symptom which appears among 70% of adults and while only noticeable in 10% of children. The other symptoms/signs include fever, malaise, loss of appetite, diarrhoea, nausea, abdominal pain/discomfort and dark-coloured urine.

Almost everyone recovers fully from hepatitis A with lifelong immunity. However, a very small proportion of people infected with hepatitis A could die from fulminant hepatitis. Hepatitis A sometimes relapses, meaning the person who just recovered falls sick again with another acute episode. This is normally followed by recovery.

Risk Groups

Anyone who has not been vaccinated or previously infected can get infected with the hepatitis A virus. In areas where the virus is widespread (high endemicity), most hepatitis A infections occur during early childhood. Risk factors include:

- poor sanitation;
- lack of safe water;
- living in a household with an infected person;
- being a sexual partner of someone with acute hepatitis A infection;
- travelling to areas of high endemicity without being immunized.

Diagnosis

Hepatitis A is clinically indistinguishable from other types of acute viral hepatitis. The diagnosis is made by detection of the Hepatitis A virus-specific immunoglobulin (IgM antibodies) in serum.

Mode of Transmission

The disease is primarily transmitted by ingestion of contaminated food and water (feco-oral mode). However, it could spread through direct and close physical contact with an infected person too.

Incubation Period

The incubation period is around 14-28 days.

Treatment

There is no specific antiviral treatment for hepatitis A. Instead, the management of hepatitis A focuses on supportive care to relieve symptoms and ensure adequate hydration and nutrition. Recovery from symptoms following infection may be slow and can take several weeks or months. It is important to avoid unnecessary medications that can adversely affect the liver, e.g. acetaminophen, and paracetamol.

Therapy is aimed at maintaining comfort and adequate nutritional balance, including the replacement of fluids that are lost from vomiting and diarrhoea.

Important health messages to be shared with Hepatitis A:

- wash your hands thoroughly with soap and warm water, dry on a clean towel
- do not prepare food or drink for other people
- do not share eating or drinking utensils with other people
- do not share linen and towels with other people
- do not have sex
- wash eating utensils in soapy water, and machine wash linen and towels.

Preventive Measures

Improvement of the sanitary facilities, adherence to stringent food safety practices and immunization are the main pillars of the prevention.

Sanitary facilities

- Adequate supply of safe drinking water (boiled to 100°C for at least 1 minute)
- Always use a toilet for defecation
- Proper disposal of faeces of small children
- Wash hands with soap according to the proper techniques before eating, after defecation and before preparation of food.

Food safety practices

- Always clean the fruits or green leaves/ vegetables (if using freshly) thoroughly before consuming.
- Cook for an adequate amount of time.
- Keep the cooked food, washed fruits and other ready-to-eat foods covered to avoid contamination by mechanical vectors. (eg. flies.)

Hepatitis A Vaccine

- Safe and effective killed vaccine is available for long-lasting protection.
- Two doses (6 months apart) are required for full protection.
- Not provided under the National Programme of Immunization.
- Not recommended for children less than 1 year
- Refer to the immunization handbook
(http://epid.gov.lk/web/images/pdf/Publication/Immunization_Guide_2012.pdf)

Management of the outbreak situations

- Visit the patient's house as soon as possible once the notification is received.
- Look for more patients with the symptoms around the patient's household and refer them for immediate medical attention. (Hepatitis A tends to occur in clusters. Though it is hard to distinguish Hep A from Hep. B, only by signs and symptoms, epidemiologically we can differentiate them by exploring this clustering effect.)
- Confirm the outbreak situation and take immediate measures to control the outbreak.
- Identify the source of infection.
- Super-chlorinate (double the usual amount of Chlorine) the water sources even after two incubation (2 months) periods from the number of cases comes down to pre-outbreak levels.
- Educate the community (including school children and factory workers) about the value of drinking boiled cool water, hand washing, proper disposal of excreta and cleaning the fruits and green leaves thoroughly before consuming.
- Inspect the food handling establishments (Hotels, bakeries, fast food outlets...) in the area.
- Send food and water samples for investigation from the possible contaminated sites.
- Since the disease has a long incubation period all the preventive activities also need to be continued persistently for a long period.