Hepatitis A

Hepatitis A is an infection of the liver, and is transmitted through contaminated food and water or by direct contact with an infectious person

Hepatitis A is a highly infectious virus that can cause inflammation of the liver. The virus is usually transmitted through food or water contaminated by human faeces or by direct contact with an infectious person. Hepatitis A is rare in the UK with most cases occurring in travellers who have recently visited countries where the disease is common.

Areas with high levels of infection include low-income countries that may have relatively poor sanitary conditions and hygiene practices. These areas include: the Indian subcontinent, Sub-Saharan and North Africa, parts of the Far East, South and Central America, and the Middle East.

Certain travellers are at increased risk of acquiring hepatitis A, including:

- Those who are staying with or visiting the local population.
- Frequent and/or long-stay travellers to areas where sanitation and food hygiene are likely to be poor.
- Those with existing medical conditions such as liver disease or haemophilia.
- Men who have sex with men.
- People who inject drugs.
- Those who may be exposed to the virus through their work.
- Those going to areas of hepatitis A outbreaks who have limited access to safe water and medical care.

Symptoms are often mild or absent in young children, but the disease becomes more serious with advancing age. Recovery can vary from weeks to months. Following hepatitis A illness, immunity is lifelong. Symptoms may include: fever, loss of appetite, jaundice (yellowing of the eyes and skin), malaise and nausea.

Prevention

As the most common mode of infection in travellers is consumption of contaminated food or water. The risk of acquiring hepatitis A can be reduced by ensuring good personal hygiene and following advice on the prevention of food and water-borne diseases.

Hepatitis A vaccine

Several effective inactivated hepatitis A vaccines are available for travellers intending to visit areas where hepatitis A is common. Some of these vaccines are combined with either hepatitis B or typhoid.

Vaccine schedules

Vaccine (listed alphabetically)	Schedule	Age range

Ambirix Combined hepatitis A and B	2 doses, given 6-12 months apart	1 to 15 years
AVAXIM	2 doses, given 6-12 months apart	≥ 16 years
AVAXIM Junior	2 doses, given 6-36 months apart	1 to 15 years
Epaxal (Discontinued)	2 doses, given 6-12 months apart	Adults & children from ≥ 1 year
Havrix Monodose	2 doses, given 6-12 months apart	≥ 16 years
Havrix Junior Monodose	2 doses, given 6-12 months apart	1 to 15 years
Hepatyrix (Discontinued) Combined hepatitis A and typhoid	1 dose followed by a single antigen hepatitis A vaccine 6-12 months later	≥ 15 years
Twinrix Adult Combined hepatitis A and B	• 3 doses, 0, 1, and 6 months • 4 doses, days 0, 7 and 21, 4th dose at 12 months	• ≥ 16 years • ≥ 18 years
Twinrix Paediatric Combined hepatitis A and B	3 doses, 0, 1 and 6 months	1 to 15 years
VAQTA Adult	2 doses, given 6-12 months apart	≥ 18 years
VAQTA Paediatric	2 doses, given 6-18 months apart	1 to 17 years
ViATIM (Discontinued) Combined hepatitis A and typhoid	1 dose followed by a single antigen hepatitis A vaccine 6-12 months later	≥ 16 years

Length of protection

The duration of protection from a completed course of hepatitis A vaccine can be expected to be at least 25 years and probably indefinite. However, UK Health Security Agency recommend that until further evidence is available on persistence of protective immunity, a booster dose at 25 years is indicated for those at ongoing risk of hepatitis A. Specific advice should be sought for individuals with altered immune responses, an earlier booster may be recommended.

Resources

- More detailed information can be found in our hepatitis A factsheet
- UKHSA: Immunisation against infectious disease. Hepatitis A
- UKHSA: Hepatitis A: guidance, data and analysis
- Further details on the vaccines can be found on the Summary of Product Characteristics (SPC) on the electronic medicines compendium