

# HEPATITIS A: Indications for Post-Exposure Prophylaxis



April 19, 2016

If the product was consumed within the last 14 days post-exposure prophylaxis (PEP) is recommended as follows:

- **Everyone 1 year of age and over should be offered hepatitis A vaccine as soon as possible (unless contraindicated or fully immunized in the past – see below for definition of fully immunized).** It is recommended that monovalent vaccine be used as it has a more robust immune response required for PEP efficacy.
- **Hepatitis A vaccine is not authorized for children less than 1 year of age. Options for this age group include:**
  - Off label use of hepatitis A vaccine from 6 months to 1 year of age (See Canadian Immunization Guide, Hepatitis A)
  - Immune globulin, particularly if they attend a child care centre
  - No intervention except careful attention to hygiene when diapering etc. to prevent fecal oral spread
- Individuals with a contraindication to hepatitis A vaccine (e.g., allergic reaction to hepatitis A vaccine), should be referred to their primary care provider for assessment regarding immune globulin.
- **For pregnant women,** the vaccine has not been studied in clinical trials, but because the vaccine is prepared from inactivated viruses, no risk to the developing fetus is anticipated. Given that there have been hepatitis A cases associated with the food recall, the benefits likely outweigh the risks and can be recommended to them.
- **Individuals with chronic liver disease should be:**
  - Offered hepatitis A vaccine if within two weeks of last exposure (unless contraindicated or fully immunized in the past – see below for definition of fully immunized);
  - **Serum immune globulin should be considered in addition to the vaccine within three weeks of last exposure for those who have more severe chronic liver disease to ensure more protection. Note that immune globulin can only be obtained and administered in hospitals, but does not need to be provided at the same time as the vaccine.** For more information, please call the CD Team at the Health Unit, 705-743-1000 ext. 131.
  - Advised to consult their health care provider if within six weeks of exposure (i.e., a maximum incubation periods) for monitoring

For those previously vaccinated with hepatitis A vaccine:

- If two previous doses were provided, no additional doses are recommended.
- If one dose was provided less than 6 months ago, no additional doses are recommended until at least 6 months from the last dose.
- If one dose was provided 6 months or more in the past, one additional dose is recommended.
- Typically, hepatitis A is an acute, self-limiting liver infection. Clinical presentation varies with age. Infection is usually asymptomatic in children, and jaundice develops in < 10% of children 6 years and under. Symptoms may start 15 to 50 days after the contaminated food is eaten and usually resolve on their own.

Typically, acute clinical illness is characterized by:

- 1 to 7 day prodrome of abrupt onset fever, malaise, anorexia, nausea and abdominal pain followed by jaundice.
- Dark urine and light-colored stools, as well as pruritus may occur, and an enlarged liver may be seen.
- Extra-hepatic complications may occur.
- It has been reported that between 3% and 20% of cases may experience relapsing disease.
- Fulminant hepatitis and death are rare. There is usually complete recovery without complications or sequelae. Chronic infection is not known to occur.

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## Testing recommendations:

Serology tests indicating IgM anti-HAV antibodies confirms recent infection. Antibodies are generally detectable in serum 5-10 days after infection and usually decrease to undetectable levels within 6 months after onset of infection. In rare cases, they may persist for longer.

Detection of IgG antibodies signals recovery from acute Hepatitis A infection. When IgG antibodies are detected alone they indicate some level of immunity either from past infection or previous immunization. "Total hepatitis A virus antibody" (total IgM and IgG antibody) is not a confirmatory test for acute HAV infection but is used as an initial screening test in some laboratories.

For further information about Hepatitis A IgM and IgG human diagnostic testing, contact the Public Health Ontario Laboratories or refer to the Public Health Ontario Laboratory Services webpage:

[http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Hepatitis\\_A\\_Diagnostic\\_Serology.aspx#.VxT6K45VhXs](http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Hepatitis_A_Diagnostic_Serology.aspx#.VxT6K45VhXs)