

From the Chief Medical Officer  
Dr Michael McBride



Department of  
**Health, Social Services  
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

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HSS(MD) 47/2008

To:  
All General Practitioners  
Medical Directors HSC Trusts (*for onward dissemination to  
doctors working in A&E, Gastroenterology, Hepatology,  
General Medicine, Genitourinary Medicine*)  
Directors of Public Health, HSS Boards  
Consultants in Communicable Disease Control, HSS  
Boards  
Consultants, Regional Virus Laboratory  
Director, NI Public Health Laboratory

Your Ref:  
Our Ref: HSS(MD) 47/2008  
Date: 30 December 2008

Dear Colleague

## **LOCAL INCREASE IN HEPATITIS A VIRUS (HAV)**

I am writing to advise you of a local increase in Hepatitis A Virus (HAV) cases. The Eastern Health & Social Services Board is currently investigating an increase in notifications of HAV infections. These HAV infections are predominantly in males aged between 25 and 40 years old. The current increase in cases appears to involve person-to-person spread and there is currently no indication that any food/water source is involved.

### **Symptoms and signs of HAV infection**

HAV infection causes a prodromal illness of fever, nausea, loss of appetite, abdominal pain and gastro-intestinal upset, followed by jaundice. The mean incubation period is 28 days (range 10 - 50 days). The majority of adults who become infected are symptomatic with acute cholestatic jaundice. Severity of infection increases with age. Further information on hepatitis A infection is available at <http://www.hpa.org.uk/>

### **Laboratory confirmation**

Please note that a test for HAV infection must be specifically requested when forwarding blood samples for serological testing to the laboratory, as testing for HAV infection may not be undertaken if a routine 'Hepatitis Screen' is requested on the laboratory form.. Relevant clinical details must also be included on laboratory forms accompanying requests for hepatitis serology testing.

### **Risk factors for acquisition and spread of HAV**

HAV is an RNA virus which is spread by the faecal-oral route. Person-to-person spread is the most usual method of transmission - generally through close personal contact, poor hygiene

practices and/or sexual activity, this includes spread through oral sex. Contaminated food and water may sometimes be implicated. Clusters occur in families and in settings where potential for faecal/oral spread is high, e.g. day care centres, nurseries, primary schools. Larger outbreaks have been recorded in men who have sex with men and injecting drug users (<http://www.hpa.org.uk/cdph/issues/CDPHvol4/No3/HepAguidelines0901.pdf>). You are asked to ensure that an assessment of risk factors for HAV infection is undertaken where appropriate.

## **Prevention of HAV Infection**

Good personal hygiene, in particular good hand hygiene, remains the cornerstone of measures for preventing HAV infection and its spread. Details on the recommendations for the use of HAV vaccine, including indications for pre-exposure vaccination as a preventive measure, are included in the latest version of *Immunisation Against Infectious Disease* (the Green Book) - [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_079917](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917).

## **Dealing with cases and management of contacts, including post exposure Immunisation**

All confirmed cases of HAV infection should be notified to the CCDC in your local Health & Social Services Board area without delay. Personal hygiene advice should be provided to all confirmed cases of Hepatitis A infection. Enteric precautions should be advised until one week after the onset of jaundice (if no jaundice, advise enteric precautions until 10 days after onset of symptoms). Symptomatic cases should be excluded from high-risk occupations.

The management of contacts of cases should be discussed with the CCDC at the local Health and Social Services Board. Symptomatic contacts of confirmed cases should be excluded from high-risk occupations.

Either passive or active immunisation, or a combination of the two, is available for the management of contacts and for outbreak control. HAV vaccine should be given to previously unvaccinated contacts of cases of hepatitis A with onset of jaundice within the last week. When the interval is longer, HNIG should be used, particularly for people over 50 years, given the greater severity of disease in this age group. HNIG is preferred when protection is required in a shorter time than it takes for a protective antibody response to the vaccine. Vaccine and HNIG may be given at the same time, but in different sites, when both rapid and prolonged protection is required. Full details are available at *Immunisation against infectious disease* (the Green Book) - [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_079917](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917).

Yours sincerely



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**Dr M McBride**  
**Chief Medical Officer**

