World Hepatitis Alliance

HEPATITIS A: LET'S BREAK IT DOWN

The global landscape for hepatitis A is rapidly changing. The number of deaths from hepatitis A decreased globally by 10%, despite the number of cases increasing by 4% between 2010 and 2019.[1]

A number of factors have helped to drive these changes and in order to reduce both the number of cases and deaths it is important to understand the remaining challenges.

WHAT IS HEPATITIS A?

Hepatitis A is an inflammation of the liver caused by the hepatitis A virus. It is usually spread when an uninfected (and unvaccinated) person eats food or drinks water that is contaminated with the faeces of an infected person. Hepatitis A is also closely related to sexual contact.[2]

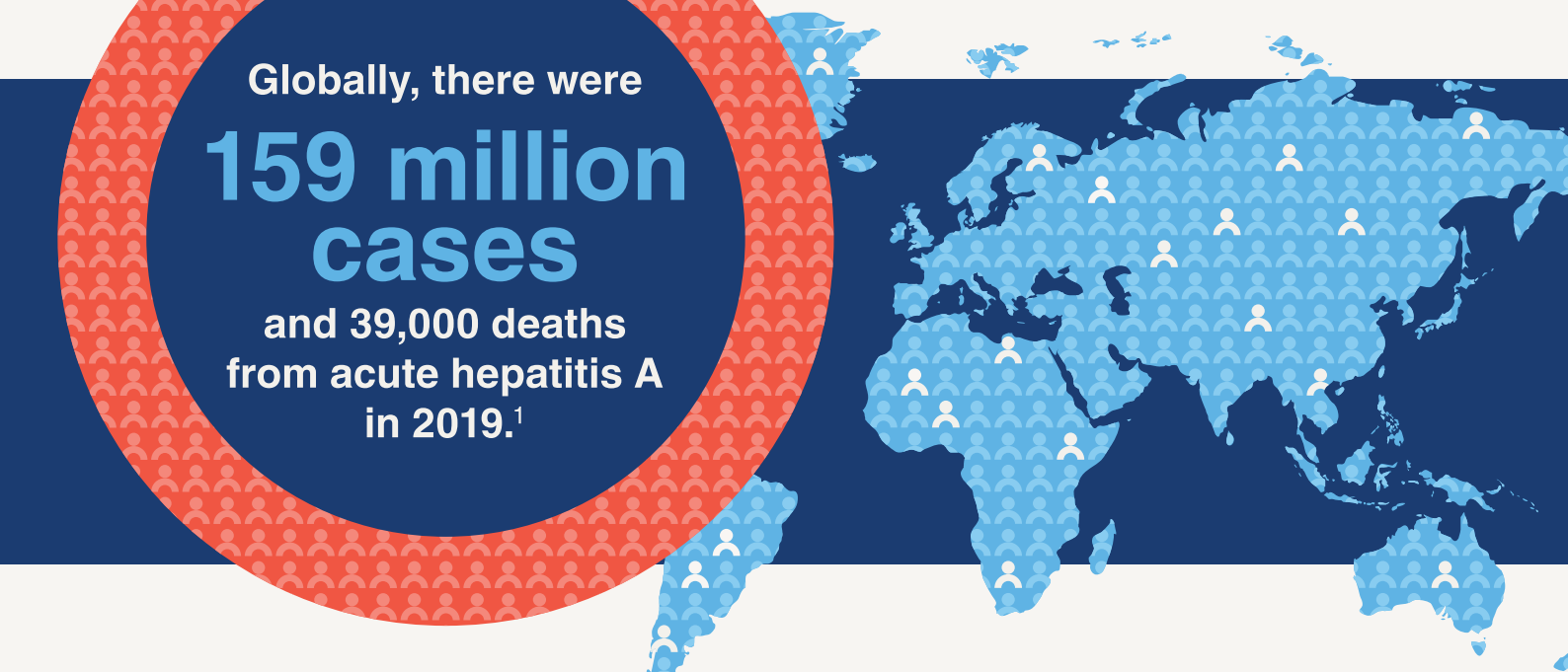
Hepatitis A does not cause chronic liver disease like hepatitis B or C, but it can cause mild to severe symptoms and in rare cases, acute liver failure. Not everyone who is infected will have all the symptoms of hepatitis A, but they may experience fever, loss of appetite, diarrhoea, nausea, abdominal discomfort, dark-coloured urine and/or jaundice (yellowing of the eyes and skin).[2]

While there is no specific antiviral treatment for hepatitis A, most people fully recover from hepatitis A and develop immunity.[2]

Globally, there were

159 million cases

and 39,000 deaths from acute hepatitis A in 2019.[1]



WHO IS AT RISK?

Groups that are at higher risk of hepatitis A include:

- men who have sex with men,
- those in at-risk occupations, such as sewage workers or laboratory technicians handling hepatitis A samples,
- people who inject drugs,
- people who experience homelessness,
- migrants,
- refugees,
- incarcerated persons,
- unvaccinated people travelling or moving from countries with low number of cases of hepatitis A to countries with intermediate or high number of cases.[1]

Hepatitis A is more likely to be severe or fatal in older adults and people living with chronic liver disease (such as hepatitis B or C) or HIV.[1]

Pregnant women with hepatitis A also are at risk of preterm labour and gestational complications.[1]

DID YOU KNOW?

The World Health Organization (WHO) highlights that middle-income countries would benefit the most from large-scale hepatitis A immunisation programmes. Most of these countries have a mix of intermediate and low prevalence of hepatitis A, with many adolescents and adults more at-risk of severe hepatitis A, making vaccination programmes more cost-effective for governments.[1]

HOW IS HEPATITIS A PREVENTED?

A safe and effective vaccine is available to everyone except children younger than one year old.[2]

As part of a comprehensive plan for the prevention and control of viral hepatitis, WHO recommends:[1]

- Introducing the hepatitis A vaccine into national immunisation programmes for individuals 12 years and older if there is an increasing number of acute hepatitis A cases over time or changes in a country's endemicity from high to intermediate.
- Vaccinating groups at higher risk, regardless of the number of hepatitis A cases within the country.
- Implementing large-scale national hepatitis A vaccination programmes in early childhood in countries with improving socioeconomic status rapidly changing from high to intermediate hepatitis A endemicity.
- Children (less than 18 years old) can receive either a single- or 2-dose hepatitis A vaccine, while adults over 40 years old or immunocompromised individuals should receive 2-doses.
- In outbreak situations, a single-dose vaccination strategy should be utilised – taking into account the feasibility of rapidly implementing a well-targeted vaccination programme.

In addition to vaccination, the most effective way to prevent hepatitis A is to improve sanitation and food safety. Improved water, sanitation and hygiene (WASH) measures should be part of a comprehensive plan to prevent and control hepatitis A.[1]

Safer sex practices such as using condoms also can help prevent hepatitis A.[2]

CHANGING LANDSCAPE OF HEPATITIS A

The socioeconomic indicators of a country are closely related to the number of hepatitis A cases it may have, with it more likely to occur in low-income settings or in areas with poor sanitation and a lack of access to clean water.[1]

A disease is considered **endemic** when it consistently occurs in a specific area or group of people, with high and steady levels of infection.[3] WHO classifies countries' hepatitis A endemicity based on the below:[1]

- **High:** About 90% or more children have had hepatitis A by age 10 years old (with most unlikely to have shown any symptoms).
- **Intermediate:** Less than 90% of children having it by age 10 years old but about 50% or more adolescents have had hepatitis A by age 15 years.
- **Low:** Less than 50% of people having it by age 15 years old but about 50% or more individuals have had hepatitis A by age 30 years.
- **Very low:** Less than 50% of individuals have hepatitis A by age 30 years.

It is important to understand this as it impacts both vaccination strategies and the level of risk to individuals of contracting hepatitis A.

Improving living conditions have led to many countries rapidly changing from high to intermediate hepatitis A endemicity. This leaves many adolescents and adults at risk of acquiring hepatitis A later in life, when the risk of developing serious symptoms and possible acute liver ailure increases, as they have not had hepatitis A as children or received the vaccine.[1]

Globalisation and increased international economic trade have also shifted hepatitis A endemicities worldwide.[4]

DID YOU KNOW?

While there is limited data on hepatitis A, 66% of cases and 97% of deaths occurred in low- and lower-middle income countries (LMIC), with WHO's South East Asia and African regions accounting for the greatest number of hepatitis A cases.[1]

CHALLENGES FACING HEPATITIS A

Despite increased hepatitis A vaccination rates globally, rising vaccine hesitancy and misinformation in some countries have weakened public confidence in immunisation programmes. This has led to individuals missing or delaying recommended vaccinations. It's critical that governments and health systems address concerns and misinformation about immunisation to encourage uptake of vaccines including for hepatitis A for those at-risk.[5,6]

Recently in high income countries, hepatitis A outbreaks have increased among men who have sex with men, people experiencing homelessness, individuals who use or inject drugs, and those living in poor sanitary conditions who have limited access to healthcare.[7,8]

DID YOU KNOW?

Studies have found that fewer than 20% of travellers from the US and less than 50% of travellers from Japan and Europe were vaccinated against hepatitis A before traveling to high endemic countries in 2018.

This low uptake of immunisation has led to several outbreaks of hepatitis A in Europe.[4,6]

Increased international travel and migration in recent decades have also impacted the number of hepatitis A cases globally. Migration can pose challenges as migrants who have developed natural immunity to hepatitis A as children living in high endemic countries may not be aware that their children are not immune and so are vulnerable to hepatitis A being raised in a nonendemic setting.[4]

Tourists and international travellers may also disregard or be unaware of hepatitis A immunisation advice. Unvaccinated travellers may contract hepatitis A while abroad and can pass it on to others unknowingly when they return home.[4]

Food-related hepatitis A outbreaks have also increased in Australia, Canada, Europe and the United States. Enhanced food protections at all levels of the supply chain are needed to prevent future hepatitis A foodborne outbreaks.

Food producers should also consider providing hepatitis A vaccination to food handlers to help prevent future outbreaks.[4]

CALLS TO ACTION FOR COMMUNITY ADVOCATES

1. **Raise awareness of hepatitis A**

Improve public awareness of hepatitis A and the importance of vaccination for key and at-risk populations to address vaccine hesitancy and misinformation and prevent transmission and future outbreaks.

2. **Understand the hepatitis A situation in your country and advocate for appropriate strategies to ensure its prevention is prioritised**

Speak to your government about reviewing its current guidelines to make sure they follow WHO's updated 2022 recommendations for hepatitis A – single dose childhood programmes are effective and can be cost-saving.

3. **Collaborate with WASH civil society organisations to advocate for change**

By working together, hepatitis and WASH community-based organisations can push for a comprehensive approach to the prevention and control of hepatitis A.

4. **Champion responses that put people with lived experience and civil society at their heart**

With civil society playing a central role, governments can ensure that hepatitis policies and programmes respond to communities' needs and that no one is left behind.

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