

ABCs of Viral Hepatitis

for Providers

	Hepatitis A Caused by the hepatitis A virus	Hepatitis B Caused by the hepatitis B virus	Hepatitis C Caused by the hepatitis C virus
Oklahoma Statistics	There were 17 new HAV cases reported in 2021 in Oklahoma.	<ul style="list-style-type: none"> In 2021, 30 new HBV cases were reported. In Oklahoma, 1,318 chronic or pre-existing HBV cases were reported in 2021. 	<ul style="list-style-type: none"> In 2021, 48 new HCV cases were reported. In Oklahoma, 7,648 chronic or pre-existing HCV cases were reported in 2021.
Routes of Transmission	<p>Fecal-oral route transmission occurs via:</p> <ul style="list-style-type: none"> Person to person contact with a person with HAV. Sexual contact with a person with HAV. Ingesting of contaminated food or water. <p>Bloodborne transmission of HAV is uncommon.</p>	<p>Exposure of percutaneous, mucosal, or nonintact skin to infectious blood, semen, and other body fluids.</p> <p>Percutaneous exposure to blood containing HBV is most infectious and an efficient mode of transmission.</p> <p>HBV is transmitted primarily through:</p> <ul style="list-style-type: none"> Birth to a mother living with HBV. Sexual contact with a person living with HBV. Sharing needles, syringes, or other injection-drug equipment. <p>Less commonly transmitted through:</p> <ul style="list-style-type: none"> Needle-sticks or other sharp instrument injuries. Organ transplants and dialysis. Interpersonal contact through sharing items such as razors or toothbrushes or contact with open sores of an infected person. 	<p>Direct percutaneous exposure to the blood of someone with HCV. Mucous membrane exposures to blood can also result in transmission, although this route is less efficient.</p> <p>HCV is transmitted primarily through:</p> <ul style="list-style-type: none"> Sharing needles, syringes, or other equipment to inject drugs. <p>Less commonly through:</p> <ul style="list-style-type: none"> Birth to a mother that has HCV. Sexual contact with a person with HCV. Unregulated tattooing. Needle-sticks or other sharp instrument injuries.
Incubation Period	15 to 50 days (average of 28 days)	60 to 150 days (average of 90 days)	14 to 182 days (average of range of 14 to 84 days)
Common Symptoms of Acute Infection	Symptoms of all types of viral hepatitis are similar and can include one or more of the following:		
Potential for Chronic Infection after Acute Infection	None	<ul style="list-style-type: none"> 90% of infants after acute infection at birth. 25–50% of children newly infected at ages 1–5 years. 5% of people newly infected as adults. 	Chronic infection develops in over 50% of newly infected people.
Severity	Most people with acute disease recover with no lasting liver damage; death is uncommon but occurs more often among older people and/or those with underlying liver disease.	<ul style="list-style-type: none"> Most people with acute disease recover with no lasting liver damage; acute illness is rarely fatal. 15–25% of people with chronic infection develop chronic liver disease, including cirrhosis, liver failure, or liver cancer. 	<ul style="list-style-type: none"> Approximately 5–25% of persons with chronic hepatitis C will develop cirrhosis over 10–20 years. People with hepatitis C and cirrhosis have a 1–4% annual risk for hepatocellular carcinoma.
Serologic Tests for Acute Infection	IgM anti-HAV	<ul style="list-style-type: none"> HBsAg, plus IgM anti-HBc 	<ul style="list-style-type: none"> No serologic marker for acute infection.
Serologic Tests for Chronic Infection	No chronic infection.	<p>Tests for chronic infection should include three HBV seromarkers:</p> <ul style="list-style-type: none"> HBsAg Anti-HBs Total anti-HBc 	<ul style="list-style-type: none"> Assay for anti-HCV. Qualitative and quantitative nucleic acid tests (NAT) to detect and quantify presence of virus (HCV RNA).
Testing Recommendations for Chronic Infection	No chronic infection	<p>Screening recommendations:</p> <ul style="list-style-type: none"> One time HBV screening for all adults aged ≥18 years at least once during a lifetime. All pregnant women during each pregnancy, preferably in the first trimester, regardless of vaccination status or history of testing. <p>Testing recommendations:</p> <ul style="list-style-type: none"> Everyone with a history of risk for HBV infection, regardless of age. Susceptible persons, regardless of age, with ongoing risk should be tested periodically, while risk persists. Offer testing if the risk for exposure occurred after previous HBV serologic testing and while the person was susceptible. Anyone who requests HBV testing regardless if risk disclosure. Persons who have an increased risk for acquiring HBV infection. 	<ul style="list-style-type: none"> Universal hepatitis C screening: <ul style="list-style-type: none"> Hepatitis C screening at least once in a lifetime for all adults aged 18 years and older, except in settings where the prevalence of HCV infection (HCV RNA positive/detected) is less than 0.1%*. Hepatitis C testing for all pregnant women during each pregnancy, except in settings where the prevalence of HCV infection (HCV RNA positive/detected) is less than 0.1%*. One time hepatitis C testing regardless of age or setting prevalence among people with recognized conditions or exposures: <ul style="list-style-type: none"> People with HIV. People who ever injected drugs and shared needles, syringes, or other drug preparation equipment, including those who injected once or a few times many years ago. People with selected medical conditions. Prior recipients of transfusions or organ transplants, including: <ul style="list-style-type: none"> Health care, emergency medical, and public safety personnel after needle sticks, sharps, or mucosal exposures to HCV positive blood [PDF – 177 KB]. Children born to mothers with HCV. Routine periodic testing for people with ongoing risk factors, while risk factors persist: <ul style="list-style-type: none"> People who currently inject drugs and share needles, syringes, or other drug preparation equipment. People with selected medical conditions. <p>Anyone who requests to be tested HCV should be tested.</p>
Treatment	<ul style="list-style-type: none"> No medication available. Best addressed through supportive treatment. 	<ul style="list-style-type: none"> Acute: no medication available; best addressed through supportive treatment. Chronic: regular monitoring for signs of liver disease progression; antiviral drugs are available. 	<ul style="list-style-type: none"> Acute: AASLD/IDSA recommend treatment of acute HCV without a waiting period. Chronic: over 90% of people with hepatitis C can be cured regardless of HCV genotype with 8–12 weeks of oral therapy.
Vaccination Recommendations		<ul style="list-style-type: none"> Vaccine is available. Universal Hepatitis B vaccination in adult aged 19–59 years is recommended by the CDC. A list of who should get vaccinated against hepatitis B is available on the CDC website: What is Hepatitis B - FAQ CDC 	No vaccine available.

Definition:

“Screening” refers to conducting serologic testing of asymptomatic persons not known to be at increased risk for exposure to HBV. “Testing” refers to conducting serologic testing of persons with symptoms or who are identified to be at increased risk for exposure to HBV.