

ABCs of Viral Hepatitis

for Providers



**SEXUAL HEALTH &
HARM REDUCTION
SERVICE**

| | 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 | In 2022, there were 4 new cases of HAV reported in Oklahoma. | <ul style="list-style-type: none"> In 2022, there were 33 new/acute cases of HBV reported in Oklahoma. In 2022, there were 1,016 newly reported cases of chronic HBV in Oklahoma. | <ul style="list-style-type: none"> In 2022, there were 22 new cases of HCV reported in Oklahoma. In 2022, there were 6,078 newly reported cases of chronic HCV in Oklahoma. |
| 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: | | |
| | <ul style="list-style-type: none"> Jaundice Fever Fatigue Loss of appetite Nausea Vomiting Abdominal pain Joint pain Dark Urine Clay-colored stool Diarrhea (HAV only) | | |
| 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). |

Hepatitis A

Caused by the hepatitis A virus

Hepatitis B

Caused by the hepatitis B virus

Hepatitis C

Caused by the hepatitis C virus

Testing Recommendations for Chronic Infection

No chronic infection

Screening recommendations:

- 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.

Testing recommendations:

- 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 of risk disclosure.
- Persons who have an increased risk for acquiring HBV infection.

Universal hepatitis C screening:

- 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:
 - 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:
 - **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:**
 - People who currently inject drugs and share needles, syringes, or other drug preparation equipment.
 - People with selected medical conditions.
- Anyone who requests to be tested HCV should be tested.

Treatment

- No medication available.
- Best addressed through supportive treatment.

- **Acute:** no medication available; best addressed through supportive treatment.
- **Chronic:** regular monitoring for signs of liver disease progression; antiviral drugs are available.

- **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

- Vaccine is available.
- All Children 12-23 months old as routine childhood vaccination recommended by the CDC;
- All Children and Adolescents two to 18 years old who have not previously received the vaccine recommended by the CDC;
- A list of who should get vaccinated is available on the CDC website: **Hepatitis A Vaccine | CDC**

- 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: **Hepatitis B Vaccine | 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.



OKLAHOMA
State Department
of Health