Hepatitis A outbreak
Chief Health Officer Advisory

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Issued by: Dr Brett Sutton, Deputy Chief Health Officer, Victoria
Issued to: Health professionals

Key messages

- There has been an outbreak of 18 cases of hepatitis A infection in Sydney and surrounding areas since late July 2017. Several cases in this outbreak report men who have sex with men (MSM) sexual activity as a risk factor for transmission.
- Although hepatitis A among Australians is usually acquired overseas, most of the cases in this outbreak have been locally acquired in NSW. Outbreaks such as this can easily spread nationally with interstate travel.
- Since mid-2016, several hepatitis A outbreaks associated with MSM have also been reported in many European countries and in the United States of America.
- Outbreaks of hepatitis A can occur through person-to-person transmission, particularly sexual transmission, which includes but is not limited to MSM.
- Outbreaks can also occur through consumption of contaminated food or water.
- Hepatitis A vaccination is recommended for all MSM.
- Confirmed cases should abstain from sex when infectious.
- Hepatitis A vaccination is also recommended for all travellers to countries where hepatitis A is endemic and all travellers to countries with current outbreaks of hepatitis A.

What is the issue?

Since late July 2017, there have been 18 cases of hepatitis A associated with an outbreak in New South Wales (NSW). Eight of these cases have reported MSM sexual activity as a risk factor with at least four having visited public sex venues while infectious. Usually, most cases in Australia acquire their infection overseas. In the NSW outbreak only two cases have reported recent overseas travel.

The molecular typing of hepatitis A viruses in the NSW outbreak has shown that the strain is very similar to a currently circulating strain in Europe. Since June 2016 there have been 1500 confirmed hepatitis A cases and 2660 probable cases reported in Europe, predominantly among MSM. Victoria has been notified of four cases of hepatitis A this year in returned travellers from Europe who have reported MSM sexual activity as a risk factor.

Who is at risk of getting hepatitis A?

High risk groups include:
• Men who have sex with men, particularly if they have recently travelled to Europe or the United States of America:
  o Sixteen European Union countries have been associated with recent outbreaks (Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, the Netherlands, Norway, Portugal, Slovenia, Spain, Sweden and the United Kingdom);
  o Several states in the USA have reported an increase in hepatitis A cases.
• Close contacts, including sexual contacts, of people with hepatitis A infection.

Symptoms and transmission

The incubation period for hepatitis A infection is between 15 to 50 days with an average of 28 days.

Transmission is through the faecal-oral route and can occur when traces of virus are ingested, usually via contaminated hands, objects, water or food. People are infectious two weeks prior to symptom onset, and thus may transmit the infection to others for an extended period even before becoming unwell.

Initial symptoms typically include fever, malaise, anorexia, nausea, vomiting and abdominal discomfort followed a few days later by dark urine and jaundice. Prodromal symptoms may mimic influenza, so hepatitis A should be considered as a differential diagnosis for patients presenting with an influenza-like illness who have recent overseas travel to a high-risk country and/or MSM sexual activity as risk factors.

Collect blood for serological testing in any patients presenting with symptoms consistent with hepatitis A.

Symptoms usually last several weeks although convalescence may sometimes be prolonged.

Young children under 5 years of age infected with hepatitis A virus may have a mild illness with few or no symptoms, but can still transmit infection to others.

Prevention/treatment

Hepatitis A vaccination is recommended in the following high-risk groups:
• All MSM
• All travellers to Europe, particularly if they identify as MSM and/or work in an occupation where there is an increased risk of transmission to others. These high risk occupations include food handlers, health care workers and childcare workers
• Travellers to endemic areas as per usual travel vaccination advice (refer to the Australian Immunisation Handbook).

Advise patients suspected to have hepatitis A not to prepare food or drink or share utensils, provide personal care for others, share linen or towels, have sex or donate blood until infection is excluded.

Confirmed cases of hepatitis A must not work as food handlers, child care workers and health care workers or attend child care, pre-school or primary school until one week after the onset of jaundice, or if no jaundice, two weeks after the onset of symptoms.

Advise MSM against engaging in high risk sexual practices that increase the potential for faecal-oral transmission.
More information

Clinical information

Consumer information

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