Hepatitis A Management Timeline

Early Symptom Onset: fever, anorexia, fatigue, myalgia, nausea, occasional diarrhea

Key:
- Signs & Symptoms
- Infectious Period
- Prophylaxis
- Exposure & Incubation
- Lab Specimens
- Disease Control

Week 8 | Week 7 | Week 6 | Week 5 | Week 4 | Week 3 | Week 2 | Week 1 | Day 0 | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | Week 8

Cases

Exposure Period: Average incubation is 4 weeks (range 15-50 days) to initial symptom onset and typically 5 weeks to jaundice onset.

Jaundice Onset: typically presents a week after early symptom onset and generally lasts 1-3 weeks

Infectious Period: 2 weeks prior to initial symptom onset to 1 week after jaundice onset. Peak infectivity occurs 2 weeks prior to jaundice onset.

IgM Diagnosis[1]: IgM antibody can generally be detected at time of symptom onset or shortly before. IgM remains detectable up to 6 months (24 weeks) after infection. To be considered a confirmed case, a patient must be IgM anti-HAV positive and meet the clinical case definition.

ALT Liver Function Test[2]: ALT usually peaks around symptom onset and declines in 2-3 weeks.

Exclusion Criteria: Case exclusion may be necessary if there is a high risk of transmission to others. Exclusion generally extends until a week after jaundice onset or 2 weeks after initial symptom onset, if jaundice does not develop.

Contacts

Post-Exposure Prophylaxis (PEP) with hepatitis A vaccine or Immune Globulin (IG)[3]: People *exposed to* Hepatitis A within the past 2 weeks can receive a single dose HAV vaccine or single dose of IG. Vaccination is preferable to IG, for healthy individuals 12 months-40 years, including pregnant and breastfeeding women.

Secondary Exposure Period: Secondary cases can be exposed to Hepatitis A from 2 weeks prior to the index case's initial onset of symptoms to 1 week after onset of jaundice.

Secondary Case Onset: Average onset occurs 4 weeks after initial exposure. Onset of second generation Hepatitis A cases can appear for up to 15 to 50 days after coming into contact with the index case.

[1]Serologic testing can be performed in two segments. Patient is first tested for total antibody against HAV (IgM and IgG combined). If total antibody is positive, patient is either immune or currently infected. Hepatitis A IgM testing is then performed. IgM must be positive for patient to be classified as a case.

[2]Elevated ALT is an indication of liver inflammation and is not specific to Hepatitis A. Although generally concurrent with symptom onset, elevated ALT can occasionally precede detectable IgM by a few days.

[3]While receipt of IG does not yield IgM test false positives, IgM can be detectable in some adults 2-3 weeks-post HAV vaccination.

Please contact the CDPHE Communicable Disease Branch to report or consult on a case, or to request IG for PEP: 303-692-2700, afterhours 303-370-9395