Hepatitis A (HAV) is a virus that affects the liver. It is the most common type of viral hepatitis in the United States.

HAV Transmission

Hepatitis A virus infection continues to be one of the most frequently reported, vaccine-preventable diseases in the United States. In 1997, there were 180,000 new HAV infections, but the incidence has dramatically decreased by 95% with the introduction of the HAV vaccine and increased prevention measures. Unlike hepatitis B and C, which are spread through contact with infected blood or body fluids, hepatitis A is spread through food and water contaminated by feces (poop) of people infected with HAV. The virus is spread by hepatitis A virus-infected fecal matter that is ingested (by mouth) or through blood. The hepatitis A virus may be present even if you cannot see it (e.g., a glass of water, ice cubes, food, etc.).

HAV is also transmitted through close, personal contact

— CONTINUED ON PAGE 2
Hepatitis A (HAV) Overview — CONTINUED FROM PAGE 1

such as changing diapers and through some types of sexual contact (e.g., analingus, or anal/oral sex) and, rarely, injection drug use.

This virus is extremely hearty. It can survive the body’s highly acidic digestive tract. At room temperature, HAV can live for more than a week. In water, it can survive from 3 to 10 months, which is why it is found in some shellfish in sewage-contaminated bodies of water.

Workers in day care centers and long-term care facilities, such as nursing homes, have a higher risk of getting hepatitis A, as do international travelers to areas that have substandard drinking water.

Risk factors associated with hepatitis A

- People who have contact with an HAV-infected individual (caregivers and household members)
- Sex contacts of infected persons
- Men who have sex with men
- People who inject or use drugs
- International travelers to countries with medium to high rates of HAV
- Persons with clotting-factor disorders

HAV Symptoms and Progression

HAV has an incubation period that can be from 15 to 50 days but averages 28 days. When symptoms occur in adults, they appear suddenly and may include fever, exhaustion, loss of appetite, nausea and abdominal discomfort, dark urine, gray-colored stools (poop) and jaundice (yellowing of the skin and eyes).

Children younger than age six who become infected with HAV, usually have no symptoms. Because they are symptom-free, caregivers, parents, household members, childcare workers and other people who come into contact with infected children are at risk of contracting HAV.

Like all types of hepatitis viruses, HAV infects and inflames the liver. People at risk for more severe damage from HAV include those with chronic hepatitis C or B, the elderly, people with a compromised immune system, the homeless population, and people who inject or take drugs. There have also been outbreaks of HAV from contact with food service workers; others who some legislators have advocated for laws to require all food service workers to be vaccinated against HAV.

HAV Prevention

To prevent transmission of HAV, adults and children must wash their hands thoroughly, especially after using the toilet or changing diapers. People infected with HAV should avoid preparing food for others. Clean up spilled blood or body fluids with a 10:1 bleach solution (10 parts water to 1 part bleach). Wear gloves when touching blood, body secretions, or any cuts or sores. Do not share razors, toothbrushes, or needles. Practice safer sex, including condoms and barriers for oral/anal sex.
Hepatitis A (HAV) Overview — CONTINUED FROM PAGE 2

Hepatitis A usually resolves on its own. Symptoms usually last a few weeks, although fatigue may linger for months. About 10-15% of people experience a relapse over a 6-9 month period. There is no chronic or carrier state. A person may develop fulminant hepatitis A, which is liver failure characterized by severe symptoms and may be fatal; fulminant hepatitis A is more likely in people who already have chronic hepatitis B, hepatitis C, another liver disease, or a compromised immune system. This is why we are experiencing so many deaths. Vaccination against hepatitis A will protect people at increased risk for these complications.

HAV Treatment
Because hepatitis A typically resolves on its own, there is no standard treatment for HAV. An injection of HAV immune globulin (antibodies) given within 14 days of exposure may prevent the development of illness or lessen the severity of symptoms. During the acute period, general measures such as a healthy diet, plenty of fluids and adequate rest can help make a person feel better. In severe acute infections hospitalization may be necessary.

The HAV Vaccine
The HAV vaccine is considered safe and effective. The two-dose vaccine is administered by injection, with the second dose given 6-12 months after the first. The vaccine has demonstrated protection for 20 years, but it is estimated to protect against HAV for 40 years. Some experts believe that people with compromised immune systems (such as people with HIV or people taking immunosuppressants) may require more doses of the HAV vaccine.

There have been no serious adverse reactions attributed to the HAV vaccine. Common side effects may include soreness/tenderness at injection site, headache, and discomfort.

The recommendations for vaccination against HAV include anyone at risk of exposure to HAV, including men who have sex with men, day care center workers, and certain international travelers. People with hepatitis B or C or other types of liver disease should receive the HAV vaccine to prevent fulminant hepatitis A.

Routine mandatory vaccination of school-age children in some states has reduced the incidence of outbreaks among children. Vaccination programs have the potential to reduce future outbreaks, if not eliminate the disease. There is also a combination HAV/HBV vaccine (Twinrix) that has been FDA approved for an accelerated dosing schedule (three shots within 30 days and a booster shot after one year). People who have already been infected with hepatitis A are immune and do not need to be vaccinated.

For more information about hepatitis A and immunization, visit the following websites.

Centers for Disease Control and Prevention website on hepatitis A
https://www.cdc.gov/hepatitis/index.htm

Immunization Action Coalition
http://www.immunize.org

Alan Franciscus is the Executive Director of the Hepatitis C Support Project and the Editor-in-Chief of the HCV Advocate Website.
I’ve been writing about hepatitis C for twenty years, and am at risk of article redundancy. So, please bear with me devoted Healthwise readers, as I delve back into one of the most common topics relating to hepatitis C: sexual transmission. I couldn’t think of a better subject for February, the month celebrating love and chocolate.

Valentine’s Day is not the main reason I am writing about sexual transmission of hepatitis C. The inspiration came because of a disturbing email I received from someone who found me on the internet. In this article, I’ve changed some details to conceal his identity.

The man in question had a one-time extramarital affair, not long ago. After his wife found out about it, she was tested for sexually transmitted infections. The hep C test came back positive. She asked her doctor if the hep C could have come from her husband’s affair, to which the doctor stated that he was certain without a doubt that this was the source of transmission.

In the meantime, the man was waiting on his hep C test results. Clearly, he was consumed by guilt. He wanted to know if there was any possibility that his wife’s physician was wrong.

I am furious over this doctor’s opinion. There is no way that her medical provider could know the source of the transmission. Hepatitis C is generally passed when the blood of a person with the virus comes into direct contact with the blood of someone without hepatitis.
C virus (HCV). Hep C is rarely transmitted sexually, especially in heterosexual relationships. The Centers for Disease Control and Prevention (www.cdc.gov/hepatitis/hcv/) state that sex is an inefficient means of HCV transmission. The sexual transmission risk goes up in the following circumstances:

- Having a sexually transmitted disease or HIV
- Multiple sex partners
- Rough sex
- Men who have sex with men

Although the risk of becoming infected with hepatitis C through unprotected sexual intercourse is low, it is still possible. To reduce the risk, experts recommend that people who wish to avoid acquiring or transmitting HCV, practice safer sex using a protective barrier (e.g., condoms). To keep possible blood exposure to a minimum, avoid sex play with Cupid’s arrows. (Please don’t write and tell me you use arrows in the bedroom, especially while fisting.)

It’s worth noting here that none of what I am writing about applies to hepatitis B transmission. Hep B is a completely different virus and easily passed sexually. But unlike hepatitis C, there is a vaccine against hep B. If you are at risk for hepatitis B, get immunized as soon as possible. The CDC provides excellent information about the vaccine at (www.cdc.gov/hepatitis/hbv/vaccadults.htm).

And while we are on the subject, when was the last time you educated yourself about safer sex? There are many sites with good information. I’ll leave you to discover a site that delivers the information in the style that most speaks to you. Just like we all have our own sexual practice preferences, we also have our own learning preferences. Personally, I am a Planned Parenthood kind of person, which delivers more than tips on how to avoid pregnancy.

Speaking of sex, let’s get back to our guilt-ridden husband. His hepatitis C tests came back negative. This was good news for him, but it opens up lots of questions for his wife. It was easier for her to accept that her husband passed the virus on to her. Now she has to live with that question those plagues many of us when we first learn our status, “How did I get hep C and how long have I had it for?”

But these days, the diagnosis can be a little easier to bear because hep C can be cured. Granted, once you have cirrhosis, eliminating the virus doesn’t usually fix the liver damage. Still, it always feels good to shoot an arrow through hep C, and make it a thing of the past. Being cured is better than chocolate and roses any day. 😊

Lucinda Porter, RN, is a long-time contributor to the HCV Advocate and author of “Free from Hepatitis C” and “Hepatitis C One Step at a Time.” She blogs at www.LucindaPorterRN.com and HepMag.com
Did You Know...

- Drinking moderate to heavy amounts of alcohol is linked to seven types of cancer: mouth, esophagus, larynx, liver, colon, rectum, and breast.

- A survey in 2015 reported that 15.7 million people in the United States had an alcohol use disorder in the prior year.

- Alcoholic liver disease (without hepatitis C) is a leading cause of cirrhosis, liver cancer, and death.

- Drinking alcohol increases the level of fat in the liver that can lead to steatosis (fatty liver). Fatty liver can cause severe disease progression including cirrhosis, liver cancer, liver transplantation, and death. Fatty liver will soon surpass Hep C as the leading cause of cirrhosis, liver cancer, and liver transplantation.

If you have chronic hepatitis C (HCV), a healthy approach to keep the liver and the body healthy is to abstain from drinking alcohol. However, the safe level of alcohol consumption for someone with hepatitis C is unknown. It is worth knowing that drinking too much alcohol can increase the risk of HCV disease progression to cirrhosis, liver cancer, and death. Many physicians and state Medicaid systems will refuse to provide HCV treatment to people who drink alcohol. Additionally, people who drink alcohol will not be able to receive a liver transplant.

Not Just the Liver

Drinking too much alcohol can cause:

- High blood pressure
Alcohol — CONTINUED FROM PAGE 6

- Central nervous system injury, such as to the brain and nerves (peripheral neuropathy – numbness and pain in the extremities)
- Sexual impotence in males and females
- Depression, anxiety, and other psychosocial problems
- Lowered immune system response, so people may not be able to fight off infections as effectively

It’s safe to say that everyone with HCV should abstain from alcohol. In a perfect world, everyone should abstain from drinking alcohol. But we do not live in a perfect world, and few of us are perfect. Alcohol is a very addictive substance. It is not practical to expect someone to stop drinking cold turkey. This approach does not work for most people and could be dangerous for people who have a serious addiction to alcohol.

There are many approaches to becoming sober. Alcohol, like any addiction, requires many approaches to achieve success. The recovery process may include medications, therapy, self-help groups. It should include family, loved ones, and friends.

**Danger**

Heavy drinkers over a period of months, years or even a short period, may experience severe alcohol withdrawal. The symptoms can range from mild to severe to life-threatening. If someone starts to experience alcohol withdrawal symptoms or if they believe they may experience these symptoms, they should talk to a medical provider before they stop drinking or as soon as they experience the symptoms. People who have previously experienced severe withdrawal symptoms should seek professional medical advice before they stop drinking. Some medications can help with the withdrawal symptoms.

**Alcoholic Anonymous (AA)**

A well-known abstinence program is Alcoholic Anonymous (AA). AA is a 12-step program that includes open meetings. The meetings are free; people share their stories, members work the program by following and working 12 steps with the aid of a sponsor who is in the program. The identities of the people and the stories shared within the meetings are kept anonymous.

**Medications**

Some medications can help reduce the craving for alcohol:

- Disulfiram (Antabuse) is an older drug that makes people sick if they drink alcohol.
- Naltrexone and nalmefene are opioid antagonists — the drugs block a neural transmitter to help reduce the cravings for alcohol.
- Various antidepressants such as SSRIs and tricyclics are drugs used specifically to replace a chemical in the brain depleted by alcohol. These drugs work better for people who are depressed after abstaining from alcohol.
- Gabapentin - anticonvulsant drug that helps with the effects from alcohol withdrawal.
- Campral - acamprosate – is thought to offset some of the negative effects of alcohol withdrawal.

The drugs above help to reduce the alcohol craving but work better when combined with self-help programs and therapy.

**Harm Reduction**

Harm reduction techniques are another way to reduce or stop drinking alcohol. The first step is to make a plan. For instance, if you drink six beers a day every week, reduce it to five beers a day the following week. The following week reduce drinking beer even more.
Alcohol — CONTINUED FROM PAGE 7

Get to a point where there is a day in between where there is no alcohol. Another approach is to switch from higher alcohol content such as whiskey to a lower alcohol content such as beer. Be careful not to drink more of the lower alcohol content to make up for the higher alcohol content.

Quiz

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has a questionnaire called CAGE. Answering the following four CAGE questions can help you find out if you or a loved one has a drinking problem:

1. Have you ever felt you should Cut down on your drinking? Y □ N □
2. Have people Annoyed you by criticizing your drinking? Y □ N □
3. Have you ever felt bad or Guilty about your drinking? Y □ N □
4. Have you ever taken a morning Eye-opener (drink first thing in the morning?) Y □ N □

Answering yes to one question suggests that you may have an alcohol problem. Answer yes to two or more questions means that you likely have a problem with alcohol and should seek professional help or a peer-led group like AA.

Alcoholism is an insidious disease that affects everyone in the alcoholic’s orbit. The most important person in the process of becoming sober is the alcoholic. It’s a monumental task to take on the job to become sober. It may not happen the first or second time. But every time someone takes on the task, they will learn something valuable about themselves and the process. Eventually, perseverance pays off. Use every resource available, and enlist everyone in the process of being sober.

Resources


NIAAA has recently launched the Navigator—a website that can help people with alcoholism. The website has no commercial ties or corporate sponsors. The information contained on the Navigator is based on scientific research. The goal is to educate and provide a wide variety information to help people with alcoholism. The Navigator also provide links to non-profit organizations and other resources for people to learn about alcoholism. https://alcoholtreatment.niaaa.nih.gov/

Alcoholic Anonymous https://www.aa.org/

Check out our Harm Reduction Glossary for more information about medications to reduce alcohol cravings. http://hcvadvocate.org/resources/glossaries/harm-reduction-glossary/

Alan Franciscus is the Executive Director of the Hepatitis C Support Project and the Editor-in-Chief of the HCV Advocate Website.
January has been a busy month at the HCV Advocate!

The reason it is busier than usual we are in the process of reviewing all of our HCSP Fact Sheets and Guides. To that point we are listing just a few that we have reviewed and updated below:

- **A Guide to Understanding and Managing Fatigue**
  - [Click to download](http://hcvadvocate.org/publications/fact-sheets/hcsp-fact-series/healthcare-consumer/)
- **Being an Effective Healthcare Consumer – The Series**
  - [Click to download](http://hcvadvocate.org/hepatitis/factsheets_pdf/Meditation.pdf)
- **Meditation**
  - [Click to download](http://hcvadvocate.org/hepatitis/factsheets_pdf/Fatigue_Guide.pdf)
- **Sleep**
  - [Click to download](http://hcvadvocate.org/hepatitis/factsheets_pdf/Sleep_Guide.pdf)

---

**Do you have hepatitis C? Get support. Get answers.**

- Get a personal Health Advisor to coach you on your journey.
- Develop a personalized plan - you set the goals, we'll help you get there.
- Find answers and accountability to get the results you want.
- Use the tools and guides we send you to track your progress.

Enroll online: packhealth.com/hcv

As easy as 1-2-3!

1. Enter your contact info
2. Use promo code: **HCV2017**
3. Get 3 months of membership free!

---

**Hepatitis C Support Project**

**Executive Director**
Alan Franciscus
alanfranciscus@hcvadvocate.org

**Webmaster**
Judy Barlow
webmaster@hcvadvocate.org

**Contributing Authors**
Lucinda Porter, RN
Leslie Hoex
Blue Kangaroo Design
leslie@bluekangaroodesign.com

**Contact information:**
Hepatitis C Support Project
PO Box 15144
Sacramento, CA 95813

The HCV Advocate offers information about various forms of intervention in order to serve our community. By providing information about any form of medication, treatment, therapy or diet we are neither promoting nor recommending use, but simply offering information in the belief that the best decision is an educated one.

Reprint permission is granted and encouraged with credit to the Hepatitis C Support Project.