Hepatitis - Viral

This is a PDF version of the following document:
Disease Type 1: Pathogen-Based Diseases
Disease 16: Hepatitis – Viral

You can always find the most up to date version of this document at https://www.std.uw.edu/go/pathogen-based/viral-hepatitis/core-concept/all.

References


- Bridges CB, Coyne-Beasley T. Advisory committee on immunization practices recommended
[PubMed Abstract] -

[PubMed Abstract] -

[PubMed Abstract] -

• CDC. Update to: CDC viral hepatitis surveillance, United States 2016.
[CDC] -

[PubMed Abstract] -

[CDC] -

[PubMed Abstract] -

[PubMed Abstract] -

[PubMed Abstract] -

[PubMed Abstract] -

[PubMed Abstract] -

[PubMed Abstract] -

[PubMed Abstract] -


- Lu PJ, Byrd KK, Murphy TV. Hepatitis A vaccination coverage among adults 18-49 years traveling to a country of high or intermediate endemicity, United States. Vaccine. 2013;31:2348-57. [PubMed Abstract]


- Raczniak GA, Bulkow LR, Bruce MG, et al. Long-term immunogenicity of hepatitis A virus


# Figures

## Figure 1 Test Figure

Test Publish Caption update 8

Test

### Content Analytics

<table>
<thead>
<tr>
<th>Words in Modules</th>
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<td>97,033</td>
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### Lesson Word Counts

<table>
<thead>
<tr>
<th>3.1 Diagnosis and Management of Acute: 5,816 words</th>
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Table 1.

**Baseline HBV Serologic Results**

<table>
<thead>
<tr>
<th>HBsAg</th>
<th>anti-HBs</th>
<th>anti-HBc</th>
<th>Interpretation</th>
<th>Recommended Action</th>
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</thead>
<tbody>
<tr>
<td>(+)</td>
<td>(-)</td>
<td>(+)</td>
<td>Chronic HBV infection</td>
<td>Link to care for HBV treatment</td>
</tr>
<tr>
<td>(+)</td>
<td>(-)</td>
<td>IgM (+)</td>
<td>Acute HBV infection</td>
<td>Link to care for management and follow-up</td>
</tr>
<tr>
<td>(-)</td>
<td>(+)</td>
<td>(+)</td>
<td>Resolved HBV infection</td>
<td>Reassurance</td>
</tr>
<tr>
<td>(-)</td>
<td>(+)</td>
<td>(-)</td>
<td>Immune to HBV</td>
<td>Reassurance</td>
</tr>
<tr>
<td>(-)</td>
<td>(-)</td>
<td>(-)</td>
<td>Susceptible to HBV (non immune);</td>
<td>Vaccinate</td>
</tr>
</tbody>
</table>

"Isolated anti-HBc" may represent (1) prior HBV infection, (2) a false-positive test, (3) occult HBV infection, or (4) window phase of acute HBV infection. Expert consultation advised to determine optional further evaluation and management.

Abbreviations: HBV = hepatitis B Virus; HbsAg = hepatitis B surface antigen; anti-HBs = hepatitis B surface antibody; anti-HBc = hepatitis B core antibody
Table 5.

**Recommendations for Postexposure Prophylaxis Following Exposure to Hepatitis A Virus (HAV)**

<table>
<thead>
<tr>
<th>Indication/Age Group</th>
<th>Risk Category/Health Status</th>
<th>HAV Vaccine</th>
<th>Immune Globulin</th>
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<tbody>
<tr>
<td>&lt;1 year</td>
<td>Healthy</td>
<td>No</td>
<td>0.1 mL/kg*</td>
</tr>
<tr>
<td>1-40 years</td>
<td>Healthy</td>
<td>1 dose^</td>
<td>None</td>
</tr>
<tr>
<td>&gt;40 years</td>
<td>Healthy</td>
<td>1 dose^</td>
<td>0.1 mL/kg§</td>
</tr>
<tr>
<td>≥1 Year</td>
<td>Immunocompromised or chronic liver Disease</td>
<td>1 dose^</td>
<td>0.1 mL/kg#</td>
</tr>
<tr>
<td>≥1 Year</td>
<td>Vaccine</td>
<td>No</td>
<td>0.1 mL/</td>
</tr>
</tbody>
</table>

**Abbreviations**

* Measles, mumps, and rubella vaccine should not be administered for at least 3 months after receipt of immune globulin.

^A second dose is not required for postexposure prophylaxis; however, for long-term immunity, the hepatitis A vaccination series should be completed with a second dose at least 6 months after the first dose.

§The provider’s risk assessment should determine the need for immune globulin administration. If the provider’s risk assessment determines that both vaccine and immune globulin are warranted, HepA vaccine and immune globulin should be administered simultaneously at different anatomic sites.

#Vaccine and immune globulin should be administered simultaneously at different anatomic sites.

**Life-threatening allergic reaction to a previous dose of hepatitis A vaccine, or allergy to any vaccine component.

Source:
