

Viral Hepatitis

There are 5 main hepatitis that primarily affect the liver.

Two of these, Hepatitis A and E leads to acute hepatitis with resolution in most cases. These are two different viruses. Neither leads to chronic infection, cirrhosis or liver cancer. They are still very important viruses to understand as they are preventable and also contributes to overall mortality. Hepatitis B, C and D leads to chronic infection and its complications. They cause the majority of deaths from viral hepatitis.

Hepatitis A is spread through contaminated food or water, or through direct contact with an infectious person. Hence, prevention is through access to safe clean water, food safety, improved sanitation and hygiene. Hand washing is important. Higher rates are therefore seen in low and middle income countries. Other groups at risk of infection are men who have sex with men and persons who inject drugs. Following infection, most recover and then have life long immunity. Vaccination is available for those at risk of infection, including travelers to areas where infection is more common.

Most infections cause mild illness but at times can lead to severe illness and death. Outbreaks can occur due to contaminated food or water. There was over 7000 deaths from hepatitis A in 2016 (representing less than 1% of deaths from hepatitis). People with underlying liver conditions can suffer with severe illness and hence should be vaccinated.

Symptoms from acute viral hepatitis are similar irrespective of which virus. Hepatitis refers to inflammation of the liver which can cause nausea, fever, poor appetite, dark urine, jaundice (yellow skin and body fluids) and abdominal discomfort. Diarrhoea is seen with hepatitis A. Blood tests can confirm whether you have been infected recently, or have been exposed in the past. Recovery time can be variable from weeks. There is no specific treatment apart from supportive care.

All Koreans should consider whether they are candidates for hepatitis A vaccination. Talk to your doctor.

Hepatitis E has some similarities to hepatitis A in that it is spread through similar means, particularly contaminated water. It has a different global pattern and is less common in Korea. It is uncommon in Australia with most cases being from overseas including parts East and South Asia (more low and middle income countries). Outbreaks are reports in refugee camps and other emergency situations where clean water access is difficult. In places like Australia, sporadic cases without any obvious source is seen, but there is association with eating undercooked meat from infected animals. There are more than 20 million cases of hepatitis E each year, with about 15% having symptoms.

Symptoms are very similar to that of hepatitis A and the diagnosis is made based on history of travel as well as special blood tests. It can lead to severe disease including liver failure. Death rates are highest in pregnant women. Treatment is supportive care with fluids and managing symptoms. Where needed, some patients may need to be hospitalized. There is no specific treatment for hepatitis E. Prevention remains key with good food hygiene and clean water. A vaccine has been developed for this but not widely available or used worldwide.

Although these two viral infections leads to less overall impact as compared with hepatitis B, C and D which leads to chronic infection and death in nearly 300 million person globally, hepatitis A and E remain important to prevent and identify.

Hepatitis B, C and D infection will be discussed in detail in the coming weeks.