CONDITION

Hepatitis A - children

Hepatitis A is a short-term viral liver infection that often causes mild or no symptoms in young children.

WHAT IT IS
Short-term viral liver infection

BODY SYSTEM
Liver and digestive system

MAIN SYMPTOMS
Tiredness, nausea, belly pain, yellow skin or eyes

WHAT CAUSES IT
Hepatitis A virus infection

HOW IT IS DIAGNOSED
Blood test for hepatitis A IgM antibodies

MAIN TREATMENT
Fluids, nutrition, rest, and symptom relief

CAN IT BE CURED?
Yes - immune system clears infection

IS IT AN EMERGENCY?
Sometimes - confusion or unusual bleeding

LONG-TERM OUTLOOK
Full recovery usual; chronic infection does not occur

Overview

Hepatitis A is inflammation of the liver caused by the hepatitis A virus, also called HAV. The liver helps process nutrients, remove waste, and make proteins needed for blood clotting.

The infection is usually short term. Unlike hepatitis B or C, hepatitis A does not become a chronic, or lifelong, infection. Most children recover fully without specific medical treatment.

Young children often have mild symptoms or none at all. Older children and teenagers are more likely to feel unwell or develop jaundice, which means the skin or whites of the eyes look yellow.

A child without symptoms can still spread the virus. This matters because household members, childcare contacts, or others who have been exposed may need prompt vaccination

or another preventive treatment.

Symptoms

Symptoms usually begin several weeks after contact with the virus. They can develop gradually and may resemble a stomach infection or another viral illness.

Possible symptoms include:

Babies and children younger than 6 commonly have no obvious symptoms. If symptoms occur, they may be limited to tiredness, reduced appetite, vomiting, or diarrhea. Jaundice is more common in older children and teenagers.

Dark urine can appear before jaundice. On darker skin, yellowing may be easier to see in the whites of the eyes, inside the mouth, or on the palms.

Symptoms often improve over several weeks, although tiredness and reduced appetite can last longer. A small number of children have symptoms that return after seeming to improve.

- Tiredness, fever, or reduced appetite
- Nausea, vomiting, or pain in the upper belly
- Dark urine or unusually pale stools
- Yellow skin or whites of the eyes
- Itchy skin, diarrhea, or joint discomfort

Causes and risk factors

Hepatitis A spreads when tiny, invisible amounts of infected stool enter another person's mouth. This is called fecal-oral transmission.

A child may be exposed through:

The virus is not usually spread through coughing or sneezing. Ordinary contact such as sitting near someone is not the main concern unless contaminated hands, food, water, or objects allow the virus to reach the mouth.

People are most infectious before symptoms or jaundice appear. This means spread can happen before anyone knows that an infection is present.

A child is more likely to become infected if they have not been vaccinated and have close contact with the virus. Children with an existing liver condition are not necessarily more likely to catch hepatitis A, but they may have a greater risk of serious illness if infected.

- Close household contact with someone who has hepatitis A
- Diaper changing or toileting without careful handwashing
- Food or water contaminated with the virus
- Travel to an area where hepatitis A is more common
- Food handled by an infected person
- Certain close personal or sexual contact in older teenagers

Diagnosis

Symptoms alone cannot confirm hepatitis A because several infections and liver conditions can look similar.

The diagnosis is confirmed with a blood test for IgM antibodies against hepatitis A. Antibodies are proteins made by the immune system. The presence of hepatitis A IgM usually shows a recent infection.

Other blood tests may be used to check:

A test showing only long-term antibodies may reflect previous vaccination or an infection that happened in the past. It does not by itself confirm a current illness.

Confirmed hepatitis A is usually reported to public health authorities. This allows close contacts to be identified and offered preventive care while it can still help.

- Liver inflammation, measured with liver enzymes
- Bilirubin, the substance that causes jaundice
- How well the blood is clotting
- Blood sugar, kidney function, and hydration if illness is severe

Treatment and management

There is no routine antiviral medicine that removes hepatitis A. Treatment supports the child while their immune system clears the infection.

Care commonly includes fluids, small nutritious meals, rest, and treatment for troublesome symptoms. Children who feel nauseated may tolerate frequent drinks and smaller meals better than large portions. There is no need to force food, but maintaining fluids is important.

Some medicines, supplements, and herbal products are processed by the liver. Before giving

these during hepatitis A, check with the child's healthcare professional or pharmacist. This includes acetaminophen, also called paracetamol. Do not give more than the product directions state or combine products containing the same ingredient.

Older children and teenagers should not drink alcohol while recovering because it can place added stress on the liver.

Most children can recover at home with medical follow-up. Follow-up blood tests may be needed if jaundice is marked, symptoms continue, or earlier tests show reduced liver function.

Hospital care may be needed for dehydration, persistent vomiting, low blood sugar, unusual bleeding, confusion, or signs that the liver is not working properly. Rare acute liver failure requires specialist care and, in exceptional cases, assessment for a liver transplant.

Complications

Serious complications are uncommon in otherwise healthy children, but they can occur.

Dehydration may develop when vomiting, diarrhea, or poor drinking continues. Some children have prolonged jaundice and itching because bile, a digestive fluid made by the liver, is not flowing normally. Others have a relapsing illness in which symptoms improve and then return.

The most serious complication is acute liver failure. This means the liver rapidly loses important functions, including controlling blood clotting and clearing waste from the blood. Warning signs include confusion, unusual sleepiness, behavior changes, or unexplained bleeding.

Hepatitis A does not lead to chronic hepatitis, long-term carriage of the virus, or cirrhosis from ongoing infection.

Prevention

Vaccination is the main way to prevent hepatitis A. Many national vaccination programs recommend a hepatitis A vaccine series for children, although the routine schedule differs by country. Catch-up vaccination may be available for an older child who has not previously received it.

The vaccine cannot cause hepatitis A. It uses an inactivated virus, which means the virus cannot reproduce.

Everyday measures also reduce spread:

Hand sanitizer may be useful when soap and water are unavailable, but careful handwashing is

especially important after diaper changes and toilet use.

If your child has had close contact with someone who has hepatitis A, contact a healthcare service or public health department promptly. Preventive treatment works best when given within two weeks of exposure. Depending on the child's age and health, this may involve hepatitis A vaccine, immune globulin containing protective antibodies, or both.

Children with hepatitis A should not prepare food for other people. School and childcare exclusion rules differ by location, so follow the advice provided by public health authorities rather than waiting for every symptom to disappear.

- Wash hands with soap and water after toileting or changing diapers
- Help young children wash their hands properly
- Wash hands before preparing or eating food
- Avoid sharing food handled with unwashed hands
- Use safe food and water practices during travel

Living with it and what to expect

Most children recover over weeks to a few months. Appetite, energy, and usual activity may return gradually. Tiredness can continue after jaundice and stomach symptoms have improved.

Activity can usually increase as the child feels better. A child who is tired may need shorter school days, fewer activities, or extra rest for a time. There is no single recovery timetable.

Some children need repeat blood tests until liver inflammation and clotting return toward normal. This is routine follow-up and does not necessarily mean the infection is getting worse.

Symptoms can occasionally last for several months or return after an initial improvement. Even in these cases, hepatitis A does not become a chronic infection. After recovery, the immune response usually provides long-lasting protection against another hepatitis A infection.

Emotional support may also help. Jaundice or exclusion from school can make a child feel self-conscious or isolated. Simple explanations can reassure them that the infection is temporary and is not spread through ordinary friendship or conversation.

When to get medical help

Arrange prompt medical advice if your child has possible hepatitis A symptoms, especially

jaundice, dark urine, pale stools, or a known exposure. Early contact also helps protect household members and other close contacts.

Contact a healthcare service urgently if your child:

Seek emergency care if your child is confused, very difficult to wake, has a seizure, develops unusual bleeding, vomits blood, or passes black, tar-like stool. These may be signs of severe dehydration, bleeding, or acute liver failure.

Routine follow-up is appropriate for lingering tiredness, reduced appetite, or planned repeat blood tests when the child is otherwise stable and gradually improving.

- Cannot keep fluids down
- Urinates much less than usual
- Has worsening jaundice or belly pain
- Is unusually weak or difficult to engage
- Has symptoms that improve and then clearly return
- Has an existing liver condition and develops possible hepatitis symptoms

Common questions

Is hepatitis A dangerous for children?

Most children recover fully, and younger children often have mild or no symptoms. Severe liver failure is rare but possible. Confusion, difficulty waking, seizures, or unusual bleeding need emergency care.

Can my child get hepatitis A twice?

A second infection is unlikely after confirmed hepatitis A because recovery usually produces long-lasting immunity. Other viruses and liver conditions can cause similar symptoms, so new jaundice still needs medical assessment.

How long is a child with hepatitis A contagious?

A child is most contagious during the two weeks before symptoms appear and remains infectious for a period after symptoms or jaundice begin. Public health staff can advise when the child may safely return to school or childcare.

Can my child go to school or childcare?

Not immediately in many situations. Exclusion rules differ, but they commonly consider when symptoms or jaundice started and whether the child needs help with toileting. Follow local

public health and school guidance. The child should also be well enough to take part comfortably.

Does hepatitis A cause lifelong liver problems?

Hepatitis A does not become chronic and usually does not cause lasting liver damage. Recovery may still take weeks or months, and follow-up tests may be needed until liver function has improved.

What should happen if someone in our home has hepatitis A?

Household members should contact a healthcare service or public health department promptly. People who have not been vaccinated may need preventive treatment within two weeks of exposure. Careful handwashing and avoiding food preparation by the infected person can reduce further spread.

Sources

- Centers for Disease Control and Prevention: Clinical Signs and Symptoms of Hepatitis A
- Centers for Disease Control and Prevention: Clinical Care of Hepatitis A
- Centers for Disease Control and Prevention: Hepatitis A Vaccine Administration
- Centers for Disease Control and Prevention Yellow Book: Hepatitis A
- Centers for Disease Control and Prevention Pink Book, Chapter 9: Hepatitis A
- World Health Organization: Hepatitis A fact sheet