CONDITION

Hepatitis A

Hepatitis A is a contagious viral infection that causes short-term inflammation of the liver.

WHAT IT IS
Short-term viral inflammation of the liver

BODY SYSTEM
Digestive system, mainly the liver

MAIN SYMPTOMS
Tiredness, nausea, abdominal pain, yellow skin

WHAT CAUSES IT
Hepatitis A virus infection

HOW IT IS DIAGNOSED
Blood test for hepatitis A IgM antibodies

MAIN TREATMENT
Supportive care, fluids, nutrition, rest, and monitoring

CAN IT BE CURED?
Yes - the immune system usually clears it

IS IT AN EMERGENCY?
Sometimes - confusion or unusual bleeding needs emergency care

LONG-TERM OUTLOOK
Most people recover fully without chronic infection

Overview

Hepatitis A is an infection of the liver caused by the hepatitis A virus, or HAV. The liver helps digest food, process medicines, store energy, and remove waste from the blood. When it becomes inflamed, these jobs may temporarily be affected.

Hepatitis means inflammation of the liver. Several viruses can cause hepatitis, but hepatitis A behaves differently from hepatitis B and C. Hepatitis A is a short-term infection. It does not become a chronic, or lifelong, infection.

The virus usually spreads when tiny amounts of infected stool enter another person's mouth. This can happen through contaminated food or water, unwashed hands, or close personal contact. A person can pass on the virus before they know they are ill.

Many young children have no symptoms. Adults are more likely to feel unwell and may need

several weeks or months to regain their usual energy. Most people recover fully, but hepatitis A can occasionally cause severe liver failure.

Symptoms

Symptoms do not usually begin immediately after exposure. The incubation period-the time between infection and symptoms-is about 15 to 50 days.

Symptoms may begin suddenly and can include:

Dark urine may appear before jaundice. Jaundice happens when bilirubin, a yellow substance normally processed by the liver, builds up in the body.

Symptoms can resemble those of other liver conditions, stomach infections, or medication reactions. Symptoms alone cannot confirm hepatitis A.

Children younger than 6 often have mild symptoms or none at all. This does not mean they cannot spread the virus. Older children and adults are more likely to develop noticeable symptoms and jaundice.

- Tiredness, fever, or a general unwell feeling
- Loss of appetite, nausea, vomiting, or diarrhoea
- Pain or discomfort in the upper right side of the abdomen
- Dark urine or pale, clay-coloured stools
- Joint pain or itching
- Jaundice, meaning yellow skin or yellowing of the whites of the eyes

Causes and risk factors

Hepatitis A is caused by HAV. The virus leaves the body in stool and spreads through the faecal-oral route. This means infected material reaches another person's mouth, often in amounts too small to see.

Transmission can occur through:

Risk is higher when travelling to or living in places where hepatitis A is common or where sanitation is limited. Outbreaks can also occur in countries where the infection is less common.

People with chronic liver disease are not necessarily more likely to catch HAV, but they have a greater risk of serious illness if infected. Older adults are also more likely than young children to become noticeably or severely unwell.

Hepatitis A is not usually spread by coughing, sneezing, or ordinary brief contact. Casual contact at work or school does not automatically mean that infection has occurred.

- Food handled by an infected person who has not washed their hands well
- Water or food contaminated with sewage
- Raw or undercooked shellfish from contaminated water
- Close household, caregiving, or sexual contact with an infected person
- Sharing equipment for drug use

Diagnosis

A healthcare professional will ask about symptoms, recent travel, food exposures, close contacts, vaccination, medicines, and other possible causes of liver inflammation. They may check for jaundice, dehydration, or tenderness around the liver.

Blood tests can measure liver enzymes and bilirubin. Abnormal results show that the liver may be inflamed, but they do not identify the cause by themselves.

An acute hepatitis A infection is confirmed by finding immunoglobulin M antibodies to HAV, usually written as anti-HAV IgM. These are antibodies made by the immune system during a recent infection.

A total anti-HAV or anti-HAV IgG result usually shows past infection or vaccination. It does not, by itself, prove that current symptoms are caused by hepatitis A.

Testing people without symptoms is not always useful because false-positive results can occur. Public health teams may arrange testing when there is a known exposure or outbreak.

Treatment and management

There is no specific antiviral treatment that removes HAV. Care focuses on supporting the body while the immune system clears the infection.

This may involve rest, enough fluids, and small meals if nausea makes eating difficult. Some people need anti-nausea treatment or monitoring through blood tests. Hospital care may be needed for dehydration, severe vomiting, worsening liver function, or signs of acute liver failure.

Alcohol should be avoided while the liver is recovering. Medicines, vitamins, herbal products, and supplements are also processed by the liver and may not always be safe during hepatitis.

Before taking or stopping a medicine, discuss it with a healthcare professional or pharmacist. This includes non-prescription pain medicines.

Hepatitis A is usually reported to the local public health service. This allows close contacts to be identified and offered protection when appropriate.

A hepatitis A vaccine can prevent illness after a recent exposure if given soon enough, generally within two weeks. Some people may instead need, or may also be offered, immune globulin. Immune globulin contains ready-made antibodies. The choice is based on factors such as age, immune health, liver disease, pregnancy, and local guidance.

Complications

Most people recover without lasting liver damage. However, symptoms can sometimes continue or return over several months.

A prolonged form called cholestatic hepatitis can cause persistent jaundice, pale stools, dark urine, and severe itching. Relapsing hepatitis means symptoms and abnormal liver tests improve and then return. These patterns can be distressing but do not mean the infection has become chronic.

Rarely, hepatitis A causes acute liver failure. This means the liver suddenly becomes unable to perform essential functions. Warning signs can include confusion, unusual sleepiness, personality changes, easy bleeding, or rapidly worsening jaundice. Acute liver failure requires emergency hospital care and may lead to assessment for a liver transplant.

Serious complications are more likely in older adults and people who already have chronic liver disease. Hepatitis A does not cause chronic hepatitis, cirrhosis, or long-term infection.

Prevention

Hepatitis A can often be prevented with vaccination. Vaccine schedules and eligibility differ between countries. Vaccination is commonly recommended for people at increased risk, including some travellers, people with chronic liver disease, and people exposed during an outbreak. Anyone wanting protection can ask whether vaccination is available to them.

Good handwashing also reduces spread. Wash with soap and water after using the toilet or changing a nappy and before preparing or eating food. Alcohol-based hand sanitiser may not work as well against HAV and should not replace thorough handwashing when soap and water are available.

When travelling where hepatitis A is common, follow local food and water safety advice. Safer choices may include properly cooked food served hot, sealed drinks, and treated or bottled water.

If you have hepatitis A, follow instructions from your healthcare and public health teams about work, school, food preparation, and close contact. People are often most infectious during the two weeks before symptoms begin and become less infectious after jaundice has been present for about a week. The exact advice may differ for food handlers, healthcare workers, carers, and young children.

Do not prepare food for other people while you may be infectious. Avoid sexual activity that could involve contact with stool. Clean toilets, taps, flush handles, and other frequently touched bathroom surfaces.

Living with it and what to expect

Hepatitis A usually has a clear beginning and end. The immune system clears the virus, and the infection does not remain hidden in the liver.

Many people start to improve within a few weeks. Tiredness, reduced appetite, and abnormal liver blood tests may take longer to settle. Some people have symptoms that last or return over several months. Recovery time cannot be predicted from jaundice alone.

During recovery, pace activities according to your energy. You may be able to manage light tasks before you feel ready for exercise or a full work schedule. Returning to work or school also depends on whether you remain infectious and whether your role involves food, healthcare, or close personal care.

Follow-up blood tests may be used to check that liver inflammation and bilirubin are improving. Routine follow-up is especially important if symptoms are not settling, jaundice is increasing, or you already have liver disease.

After recovery, antibodies usually provide lasting immunity to hepatitis A. Having hepatitis A does not protect against hepatitis B, hepatitis C, or other causes of liver inflammation.

When to get medical help

Arrange prompt medical assessment if you develop jaundice, dark urine with pale stools, persistent nausea, or upper abdominal discomfort. This is particularly important after travel, a known hepatitis A exposure, or contact with someone who has jaundice.

Contact a healthcare or public health service urgently after a known exposure. Post-exposure vaccination or immune globulin works best when given promptly and is generally considered within two weeks.

Seek urgent same-day care if you:

Call emergency services if you become confused, unusually drowsy, difficult to wake, or develop unusual bleeding. Vomiting blood or passing black, tar-like stools also requires emergency care. These signs may indicate severe liver dysfunction or another serious problem.

Routine tiredness during recovery does not usually require emergency care, but it should be discussed at follow-up if it is worsening or preventing normal eating, drinking, or daily activity.

- Cannot keep fluids down
- Pass very little urine or have signs of dehydration
- Have rapidly worsening jaundice or abdominal pain
- Have an existing liver condition and develop possible hepatitis symptoms

Common questions

Is hepatitis A contagious?

Yes. It spreads mainly when the virus from an infected person's stool reaches another person's mouth. People can spread it before symptoms or jaundice appear.

Can hepatitis A become chronic?

No. Unlike hepatitis B and C, hepatitis A does not cause a chronic infection. Symptoms or abnormal blood tests can sometimes last for months, but the virus does not remain as lifelong hepatitis A.

How long does hepatitis A last?

Many people feel better within several weeks, but energy and liver tests may take longer to return to normal. Some people have prolonged or returning symptoms for several months.

Can I go to work or school with hepatitis A?

Not always immediately. The answer depends on when symptoms began, whether you still have jaundice, and the kind of work or school setting involved. Food handlers and people providing close care may need additional restrictions. Follow local public health advice.

Can I catch hepatitis A twice?

Usually not. Infection generally produces long-lasting immunity. A later episode of jaundice

would need assessment for another cause rather than being assumed to be hepatitis A again.

Should my family be vaccinated if I have hepatitis A?

Close contacts may need vaccination or immune globulin after exposure. Because timing matters, they should contact a healthcare or public health service promptly rather than waiting for symptoms.

Sources

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