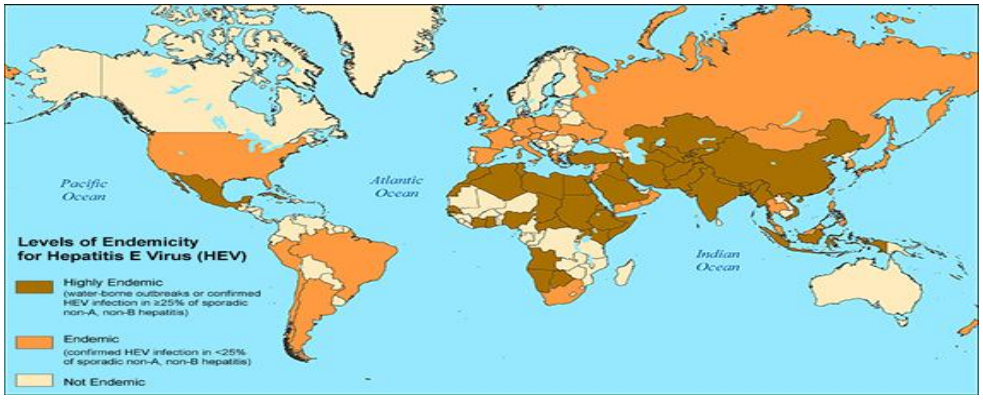
Hepatitis E: Fact Sheet

Overview:

- Hepatitis E is widely spread across the globe and is self-limiting, acute liver disease caused by Hepatitis E: virus is a non-enveloped, positive-sense, single-stranded ribonucleic acid (RNA) virus with four genotypes (Type 1, 2, 3, and 4) .
- Globally, 57 000 deaths and 3.4 million cases of acute hepatitis E are attributable to infection with hepatitis E virus genotypes 1 and 2.
- Hepatitis E is found worldwide, but the prevalence is highest in East and South Asia with genoptype 1 most commonly found in India.



Route of transmission: Hepatitis E virus is usually spread by the fecal-oral route. Other transmission routes identified includes:

- foodborne transmission from ingestion of uncooked/cut vegetables and fruits;
- transfusion of infected blood products
- vertical transmission from a pregnant woman to her fetus.

Symptoms:

- The incubation period following exposure to the hepatitis E virus ranges from three to eight weeks, with a mean of 40 days.
- The period of communicability is unknown.
- Symptoms includes:
    - jaundice (yellow discoloration of the skin and sclera of the eyes, dark urine and pale stools);
    - anorexia (loss of appetite);
    - an enlarged, tender liver (hepatomegaly);

- abdominal pain and tenderness;
- nausea and vomiting;
- fever

- Fulminant hepatitis occurs more frequently during pregnancy. Pregnant women are at greater risk of obstetrical complications and mortality from hepatitis E, which can induce a mortality rate of 20% among pregnant women in their third trimester.
- Cases of chronic hepatitis E infection have been reported in immunosuppressed people. Reactivation of hepatitis E infection has also been reported in immunocompromised people.

Diagnosis & Treatment:

- Blood (2-6ml) collected in plain vial for antibody detection and serum, stool for RT-PCR.
- Diagnosis can be confirmed only by testing for the presence of antibody to Hepatitis E or HEV RNA by RT-PCR.
- Hepatitis E usually resolves on its own without treatment.
- There is no available treatment capable of altering the course of acute hepatitis. Prevention is the most effective approach against the disease.

Prevention

- On an individual/community level, infection risk can be reduced by:
    - Maintaining quality standards for water supplies;
    - Establishing proper disposal systems to eliminate sanitary waste;
    - Raising awareness about the risk of HEV among common public through various channels by :
        - maintaining hygienic practices such as hand washing with safe water, particularly before handling food;
        - Use of boiled water for drinking
        - avoiding drinking water and/or ice of unknown purity;
        - avoiding eating uncooked and cut food, fruits or vegetables
- Increasing awareness of HEV infection among physicians to enhance its diagnosis and reporting for early epidemiological investigation and outbreak detection.