

## Summary

- Hepatitis E is caused by an infection with hepatitis E virus;
- it is transmitted via the faecal-oral route;
- Hepatitis E does not develop into a chronic (life-long) infection, however, the infection is more severe among pregnant women in the third trimester; and
- Hepatitis E is found most commonly in developing countries, especially India, Asia, Africa and Central America.

## About the virus

Hepatitis E is transmitted via the faecal-oral route and can be spread by eating or drinking contaminated food or water. The highest rates of hepatitis E infection occur in regions where there is poor sanitation and sewage management that promotes the transmission of the virus. For example, hepatitis E is common in Central and South-East Asia, North and West Africa and Mexico.

Hepatitis E is not a common cause of liver disease in Australia. Over the last 6 years, there have been approximately 10 to 30 cases of hepatitis E diagnosed and reported to the government each year.<sup>1</sup>

Hepatitis E causes an acute (short-term) illness but does not cause a chronic (life-long) infection.

## Symptoms

The time between infection with hepatitis E and development of symptoms ranges from 15 to 60 days, with an average of 40 days.<sup>2</sup> Common symptoms of acute hepatitis E are similar to those of other types of viral hepatitis and include:

- fever;
- weakness;
- fatigue;
- loss of appetite;
- nausea;
- vomiting; and
- jaundice (yellowish eyes and skin, dark urine and pale-coloured faeces/poo/shit).

In general, people with hepatitis E recover with no long lasting illness. There is a very small chance (1–4%) of developing sudden and life threatening liver disease. Pregnant women who become infected with hepatitis E are at greater risk of severe illness and liver failure and 20% may die because of the infection. However, this occurs mainly in developing countries where hepatitis E is very common and where there is limited healthcare for pregnant women.

## Transmission

Hepatitis E is found in the faeces and spread via the faecal-oral route, similar to hepatitis A. Drinking or eating contaminated water or food could result in infection. Person-to-person transmission of hepatitis E is uncommon. There is no evidence that hepatitis E is spread sexually or through blood or blood product transfusion.<sup>3</sup>

<sup>1</sup> National Notifiable Diseases Surveillance System (NNDS). Available from: URL: <http://www9.health.gov.au/cda/Source/CDAindex.cfm>. Retrieved November 3, 2006.

<sup>2</sup> World Health Organisation (2005). Hepatitis E—fact sheet No 280.

<sup>3</sup> World Health Organisation (2005). Hepatitis E—fact sheet No 280.

### Testing

Diagnosis of hepatitis E is performed by a blood test that detects either the antibodies or the virus itself. The blood tests needed to diagnose hepatitis E are not widely available.

### Treatment

There is no treatment for hepatitis E. Hepatitis E is caused by a virus, therefore, antibiotics are of no value in the treatment of the infection. Treatment of hepatitis E infection is supportive and involves bed rest and fluid replacement.

Prevention is the most effective approach against hepatitis E.

### Prevention

At present, no vaccine exists for the prevention of hepatitis E.

As hepatitis E is spread through the faecal-oral route, prevention of hepatitis E relies primarily on the provision of clean drinking water and good personal hygiene.

Travellers to developing countries are advised to take precautions against drinking contaminated water (including beverages with ice), eating uncooked shellfish and uncooked fruits and vegetables that are not peeled or prepared by the traveller. Travellers also need to be aware of personal hygiene including hand washing. Information about countries where hepatitis E is endemic is available from travel medicine centres.