



What is hepatitis A?

Hepatitis A is an uncommon viral infection characterised by sudden fever, tiredness, loss of appetite, nausea and abdominal discomfort, followed a few days later by dark urine and jaundice (yellow eyes and skin). Symptoms usually last several weeks, although 15% of cases may have relapses for up to 12 months. Chronic infection does not appear to occur and people who have had hepatitis A are usually immune to it for life. The mortality from hepatitis A averages 0.1 – 0.3% but is higher (1.8%) in people over 50 years of age or with chronic liver disease. About 70% of infections in children less than 6 years of age are asymptomatic while about 70% of infections in children 6 years of age or more are symptomatic.

How common is hepatitis A?

In Western Australia, about 50 cases of hepatitis A are notified to the Department of Health each year. About 30% of these cases occur in Indigenous people, about 25% occur in people less than 10 years of age, about 60% occur in males, and about 60% occur outside the metropolitan area. Children living in remote Aboriginal communities have a high incidence of hepatitis A.

Who should be vaccinated against hepatitis A?

The National Health and Medical Research Council (NHMRC) recommends that, from 1 November 2005, Indigenous children living in Queensland, Northern Territory, South Australia, or Western Australia, should routinely be vaccinated against hepatitis A. The Federal Government is funding two doses of (free) hepatitis A vaccine for Indigenous children less than 5 years of age in these regions (see schedules below). For NHMRC hepatitis A vaccination recommendations for other high risk groups, see The Australian Immunisation Handbook, 8th edition, 2003: www1.health.gov.au/immhandbook

What is the Indigenous childhood hepatitis A vaccination schedule?

One dose of paediatric hepatitis A vaccine (**Vaqta**®) is recommended for Indigenous children at 12 and 18 months of age, and two doses of **Vaqta**® (given 6 or more months apart) are recommended for Indigenous children more than 12 months and less than 5 years of age.

Where can Indigenous children get vaccinated against hepatitis A?

At their GP or local immunisation clinic. **Vaqta**® is not free for people in other high risk groups and must be purchased from a doctor or pharmacist (with a doctor's prescription).

Should Non-Indigenous children get vaccinated against hepatitis A?

Non-Indigenous people (including children) living in rural and remote Indigenous communities should also be vaccinated against hepatitis A. However, **Vaqta**® is not free for Non-Indigenous children.

Who should not be vaccinated against hepatitis A?

People who have had a severe allergic reaction to any of the vaccine components or to a previous dose of that vaccine.

What are the side effects from hepatitis A vaccination?

Commonly reported, temporary side effects in children include soreness at the injection site (5%), fever (10%), and rash (1%). Serious side effects following hepatitis A vaccination are rare (e.g. allergic reaction <0.00001%).

What is the treatment for the side effects from vaccinations?

Paracetamol is recommended to reduce fever and pain (do not exceed the recommended dosage on the packet). Extra fluids (e.g. breast milk or water) and cooling (e.g. by fan) are recommended to reduce fever. If any reaction is severe or if you are worried about any symptoms, immediately contact your doctor, community nurse, or local hospital.

Where can I get more information about hepatitis A vaccination?

Ask your GP, local Population Health Unit, community nurse, health worker, the Central Immunisation Clinic (Phone: 93211312), or use the Internet, e.g. The Australian Immunisation Handbook, 8th edition, 2003: www1.health.gov.au/immhandbook ; the Australian Government: immunise.health.gov.au/index.htm , the National Centre for Immunisation Research and Surveillance: www.ncirs.usyd.edu.au