

Hepatitis E Virus (HEV) Fact Sheet

(adapted from materials developed by the Centers for Disease Control and Prevention)

Report to Minnesota Department of Health	<ul style="list-style-type: none"> • Tests for the hepatitis E virus (HEV) are not yet FDA approved; however, these tests can be accessed through referral for patients with clinical symptoms of viral hepatitis when other viral etiologies (HAV, HBV, HCV, HDV, CMV, EBV) have been ruled out. • Diagnosis of HEV would be more likely in persons with a history of travel to endemic regions outside the U.S. • Contact the Minnesota Department of Health if you suspect a case of HEV by any of the following methods: <ul style="list-style-type: none"> ○ Phone: 651.201.5414 or 1.877.676.5414 (toll free) ○ Fax: 651.201.5501 ○ Mail: Minnesota Department of Health Disease Report Card P.O. Box 64975 St. Paul MN 55164-0975
Etiology	<ul style="list-style-type: none"> • HEV is a spherical, non-enveloped, positive-strand RNA virus.
Signs and Symptoms	<ul style="list-style-type: none"> • Persons with HEV infection may be asymptomatic. • Symptoms are those associated with other types of viral hepatitis: jaundice, malaise, anorexia, fever, diarrhea, abdominal pain, and arthralgia. • Symptom severity increases with age. • High case-fatality rate among pregnant women • Incubation period is typically 40 days (range: 15 to 60 days)
Long-Term Effects	<ul style="list-style-type: none"> • There is no known chronic (long-term) infection.
Transmission	<p>Fecal-oral route by either:</p> <ul style="list-style-type: none"> • ingestion of contaminated food or water, or • person-to-person contact (less common)
Communicability	<ul style="list-style-type: none"> • The period of communicability after acute infection is unknown, but fecal shedding of the virus and viremia commonly occur for at least two weeks.
Risk Groups	<ul style="list-style-type: none"> • Travelers to parts of Asia, Africa, and Mexico (not endemic in the U.S.) • More common among adults than children
Prevention	<ul style="list-style-type: none"> • Travelers to HEV-endemic regions should avoid drinking water (and beverages with ice) of unknown purity, uncooked shellfish, and unpeeled fruit and vegetables not prepared by traveler. • Vaccine is not yet available.
Treatment & Medical Management	<ul style="list-style-type: none"> • Supportive care.
Postexposure Management	<ul style="list-style-type: none"> • None; immune globulin (IG) prepared in the United States does not prevent HEV infection.
Trends & Statistics	<ul style="list-style-type: none"> • HEV is rarely reported in the United States and most reported cases have occurred among travelers to endemic regions. • Rarely, a "U.S. strain" of HEV has been reported among persons with no recent history of travel outside of the United States.
References	<ul style="list-style-type: none"> • http://www.cdc.gov/ncidod/diseases/hepatitis/e/index.htm (CDC website on HEV) • Pickering L, eds. "Red Book 2000 Report of the Committee on Infectious Diseases, 25th ed." 2000, American Academy of Pediatrics.