# Hepatitis E Virus (HEV) Fact Sheet

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

## Report to Minnesota Department of Health
- 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:
  - 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
- HEV is a spherical, non-enveloped, positive-strand RNA virus.

## Signs and Symptoms
- 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
- There is no known chronic (long-term) infection.

## Transmission
- Fecal-oral route by either:
  - ingestion of contaminated food or water, or
  - person-to-person contact (less common)

## Communicability
- 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
- Travelers to parts of Asia, Africa, and Mexico (not endemic in the U.S.)
- More common among adults than children

## Prevention
- 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
- Supportive care.

## Postexposure Management
- None; immune globulin (IG) prepared in the United States does not prevent HEV infection.

## Trends & Statistics
- 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
- [http://www.cdc.gov/ncidod/diseases/hepatitis/e/index.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/e/index.htm) (CDC website on HEV)