



Hepatitis risk amongst travellers

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Hepatitis A & E

In the world of hepatitis, I tell my travellers, 'The vowels are to do with the bowels'. Hep A is probably the commonest vaccine-preventable illness travellers are exposed to and Hep E is a particularly severe infection in pregnant women.

Both are obtained the same way one obtains any other gut infections i.e. the faeco-oral route.

Travellers should be reminded about food, drink and fingers. Hot sizzling steaming food rather than reheated pre-cooked food. Salads are an act of faith in the person preparing it. And your own fingers are an underestimated source of infection. Mum was right – wash your hands before you eat that samosa.

Of these two viral infections, only Hep A is vaccine preventable. The vaccine is considered better than 95% protective and side-effects, apart from arm soreness, are rare.

What destinations warrant vaccination for Hep A?

If it appears to be the sort of trip where traveller's diarrhoea is a possibility, then Hep A is a possibility. Backpacking through Asia offers a risk around 2% per month. Staying in luxury would be lower, but all travellers eat and drink.

Why not just chance it?

It is worth remembering the things we doctors are good at treating. Hepatitis A is not one of them. For those of us over 40, there is about a 2% fatality rate and even in milder cases, there is often a long period of incapacity. The illness is generally milder in children but this is not always the case and certainly, school-

aged children travelling to areas of risk should be vaccinated. (Yes doctor, you should get your own children vaccinated before that trip to Bali, Langkawi or Sabah.)

But we are leaving on Saturday...is it too late?

No. The vaccine is rapidly protective and even if it is the day before, Hep A vaccination is worth doing. Today, there is virtually no role for gamma globulin in this situation.

Hepatitis B

Is this a common virus?

About 30% of the planet has been infected at some time, so that is two billion infected people. There are 20 million new infections per year and about 350 million chronically infected people, 75% of whom live in Asia. Nonetheless, travellers may underestimate risk, feeling that exposure is from events they can control i.e. sexual contact, needles, body fluids. Unexpected things happen when you are travelling, however, from unexpected sexual contact to unexpected car accidents requiring medical treatment.

Australia now aims for universal vaccination for Hepatitis B. Be aware however that this is just an aim, not yet achieved.

There has been a newborn vaccine offered for a few years now. There has been a twelve-year-old scheme for a few years more but the take-up has been patchy. (School notes for Year 7 tend to be passed on to parents on a 'need-to-know' basis, at least in our house.) In broad terms, your babes and toddlers will be protected, primary school students mostly will not, high school students have a 50/50 chance but rising, and the biggest risk group, the 18-

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35s, who have all the fun holidays and are at greatest risk, are mostly unvaccinated unless they happen to have got into medicine, nursing or surf life saving etc.

Who should be vaccinated?

All young Australians, certainly. Travel is a higher risk time but really it is a recommended vaccination for life on planet earth, and the travel consultation is an opportunity to vaccinate those who have missed out.

Hep B illness is an entirely avoidable disaster that affects the individual's health long term and impacts adversely on his or her relationships, occupation, children and loved ones. We should see Hep B infections in Australia as frequently as we see diphtheria; that is, never.

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CASE STUDY: Single or Combined? Rapid Course or Normal?

A nurse who missed out Hep B shots in her training is joining an eye surgery team in Vietnam, where carrier rates are around 20%.

She needs protection from Hep A and B as soon as possible, and a rapid schedule is justified. Either:

- ◆ Twinrix (HepAB) on Day 0, 7, 21-28, or
- ◆ Hepatitis A vaccine (Havrix, Vaqta, Avaxim) stat and Engerix B on day 0, 7, 21-28

She needs a recall letter in 12 months for a booster for Hep A and B, and following that a blood test to confirm immunity to Hep B. If this is positive (HBsAb > 10) then she has lifelong immunity.