



Australian Government

**Australian Institute of
Health and Welfare**

Hepatitis A in Australia

Quick facts

The spread of hepatitis A infection in most regions of Australia dropped to low levels with supply of clean water, sewerage and improved hygiene. Persistent transmission in Indigenous communities was reduced after vaccination for Indigenous children in high-risk areas was introduced.

Hepatitis A is now uncommon in Australia, with most cases reported in travellers or associated with foodborne outbreaks.

What is hepatitis A?

Infection with the hepatitis A virus can cause an illness which affects the liver. Hepatitis A is transmitted through contaminated food or water, or through direct contact (including oral/anal sexual contact) with an infectious person. The virus can survive on skin, in food and on surfaces.

Although symptoms are often mild or absent in young children, they can still spread the infection. In older children and adults, symptoms include extreme tiredness, fever, decreased appetite, nausea, vomiting, clay-coloured bowel movements, and yellowing of the eyes and skin (jaundice). Symptoms may last for several weeks but recovery can take a long time.

Vaccination against hepatitis A

Vaccination against hepatitis A was made available to Aboriginal and Torres Strait Islander children in North Queensland in 1999. From 2005, the Australian National Immunisation Program provided hepatitis A vaccination for young Indigenous children living in Queensland, Western Australia, South Australia and the Northern Territory.

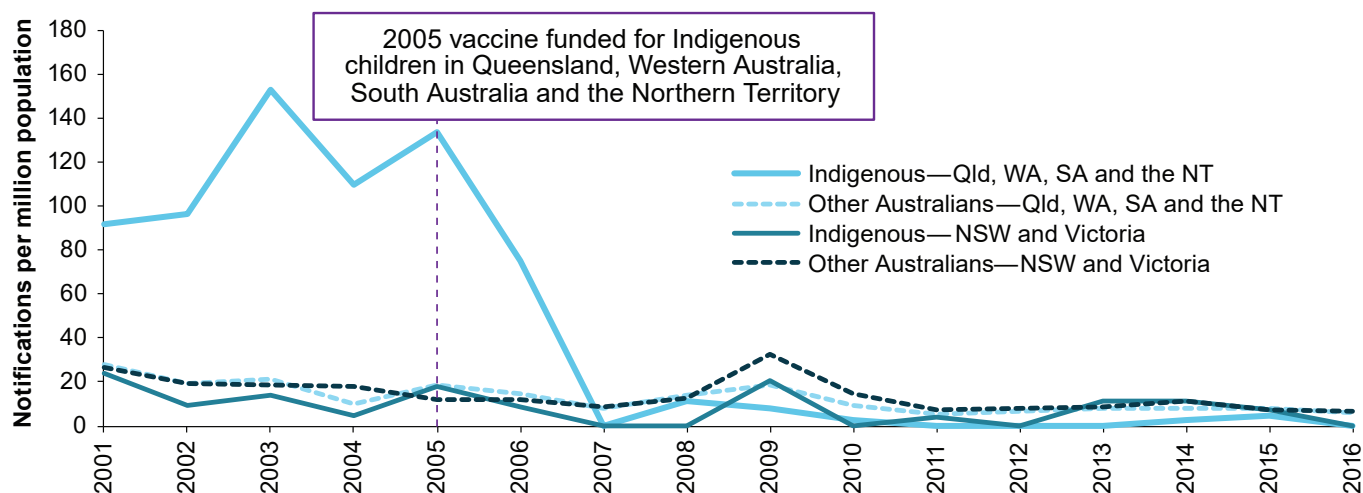
Hepatitis A vaccination is also recommended for people at a higher risk of infection, such as people travelling to countries where hepatitis A is common, men who have sex with men, people who work in or frequently visit rural and remote Indigenous communities, and those who are exposed to sewage. In most developing countries hepatitis A is a common disease, and transmission to non-immune travellers can occur.

At the end of 2016, 72% of eligible Indigenous 30 month olds were fully vaccinated against hepatitis A; however, vaccination rates vary by where a child lives.

Hepatitis A notifications

Hepatitis A is a nationally notifiable disease in Australia, which means that diagnosed cases of hepatitis A are reported to state or territory health departments. This way, a public health response can be undertaken to try and prevent further cases.

There were 145 notifications of hepatitis A in Australia in 2016. After vaccination of Indigenous children was funded in North Queensland in 1999, and in Queensland, Western Australia, South Australia and the Northern Territory in 2005, notification rates for Indigenous people in these 4 jurisdictions dropped considerably. Exposure whilst overseas is now a common explanation for cases, although contaminated imported food has caused outbreaks in recent years, such as 2009.

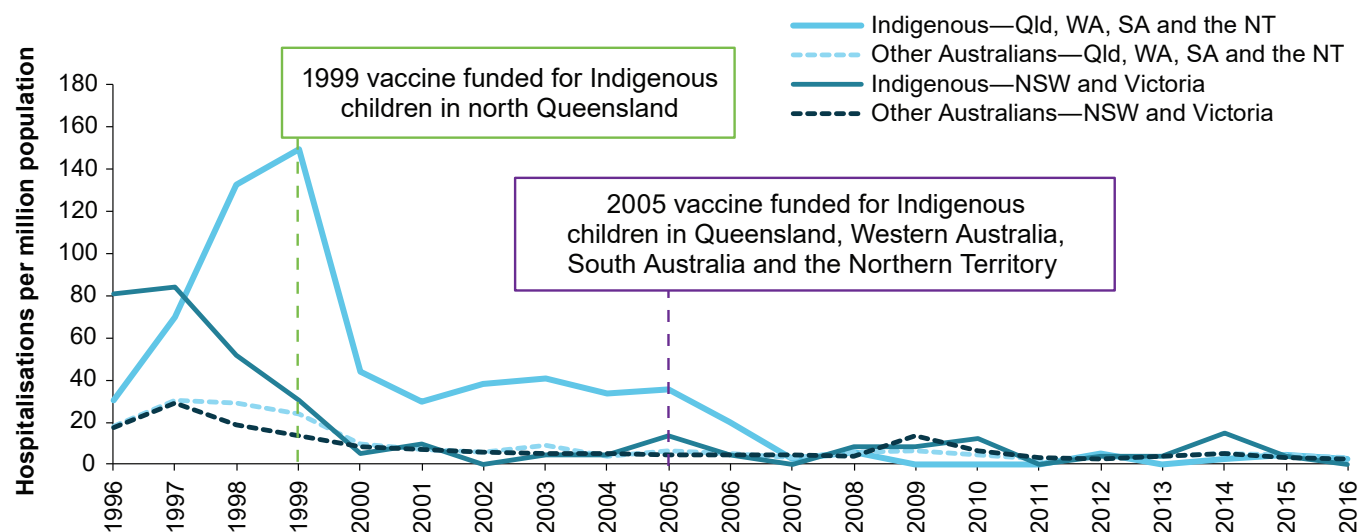


Source: AIHW analysis of NNDSS data extracted on 16 January 2018.

Hospitalisations and deaths due to hepatitis A

In 2016, there were 74 hospital admissions for hepatitis A in Australia. Between 1996 and 2005, an average of 10% of hospitalisations for hepatitis A each year were for Indigenous Australians. After the introduction of funded vaccination in 2005, this decreased to an average of 3% each year.

Between 1997 and 2016, hepatitis A caused 35 deaths in Australia.



Source: AIHW analysis of National Hospital Morbidity Database.

This fact sheet is part of the [Vaccine-preventable diseases](#) release. For more information see [Immunisation](#) on the AIHW website.

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