Position Statement

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Hepatitis A virus

Background

Hepatitis A virus (HAV) is a member of the genus *Hepatovirus* within the family *Picornaviridae*.

HAV is highly transmissible with person-to person spread via the faecal-oral route or through contaminated food and water. HAV infection can also be spread during sexual intercourse and through injecting drug use. Transfusion-transmitted infections are rare.

In the UK, approximately 400 cases are reported each year; however, annual case numbers fluctuate due to outbreaks, and in recent decades there have been increases due to outbreaks associated with travel to countries with poor sanitation, ingestion of contaminated food (including shellfish, fruit and salad vegetables) as well as among gay, bisexual and other men who have sex with men (GBMSM).

HAV is a notifiable disease; however, due to the likelihood of the number of asymptomatic infections, especially in children, it may be underreported.

Epidemiology, pathogenesis, infection dynamics and clinical characteristics relevant to SoHO safety

In developed countries, person-to-person spread is the most common method of transmission, while in countries with poor sanitation, faeces-contaminated food and water are frequent sources of infection. Transmission of HAV within households is very common and children under the age of 6 years are effective transmitters. Hand hygiene is important in preventing spread. The average incubation period is 4 weeks (ranging from 2 to 6 weeks).

Increases in cases in the UK have more recently been associated with travellers returning from Europe, where infections have been associated with foodborne sources. Between January and May 2025, European countries (Austria, Czechia and Hungary) reported higher than expected numbers of cases, mainly in adults experiencing homelessness and use of injecting drugs, as well as those living in poor sanitary conditions. Slovakia reported increases in cases at the end of 2022, which have continued to rise in 2024 and 2025. These outbreaks highlight the continuing potential for importation of HAV into the UK through travel.

HAV infection is generally mild, and the severity increases with age. In children, HAV is often asymptomatic or mild, but it can result in clinical illness in adults. Clinical features include a high temperature, flu-like symptoms, nausea and vomiting, abdominal pain, diarrhoea or constipation, pale stools, dark urine, itchy skin and jaundice. HAV is rarely fatal but can lead to acute liver failure and death.

HAV transfusion-transmission is rare but documented. Viraemia is detectable soon after infection (1 to 2 weeks) and before symptoms appear. Therefore, there is a risk of transmission if a donor presents whilst there is active replication of the virus in the pre-clinical period. Transfusion-transmissions have been identified where there is a high viral load in the transfused component and a lack of antibody status in the donor and recipient. There is no evidence that components with low levels of HAV RNA are infectious.

Risk mitigation

Donor Selection Guidelines appropriately lead to donor deferral, including following symptomatic HAV infection, confirmed diagnosis, exposure through household contact and recent HAV vaccination. In addition, donors identified as part of an outbreak investigation are deferred, and close links with health protection professionals provide valuable information for lookbacks where necessary. The *For the Assessment of Individualised Risk* (FAIR) donor selection criteria are expected to provide some additional mitigation of HAV risk among GBMSM.

NAT-based screening assays are utilised for plasma destined for medicinal products. HAV is a non-enveloped virus and so more resistant to pathogen inactivation/reduction methods, therefore screening prior to pooling reduces the risk of a contaminated batch prior to manufacture. A large proportion of the blood supply is screened by these NAT assays, and these tests could be deployed more widely in outbreak situations to include donations not currently tested and could pick up asymptomatic cases. Close collaboration with Public Health services enables timely assessment of the blood safety responses needed, if any.

HAV vaccination is available for higher-risk groups and recovery from HAV infection provides lifelong immunity.

Conclusion and recommendations

Due to the rarity of transfusion and transplantation transmission, current evidence supports UK donor deferral criteria and supports screening procedures for plasma destined for medicinal products only. The deferral period of 6 months post recovery of symptoms (and 14 days post HAV vaccination), diagnosis or contact with an affected person (sharing a home with an individual who tested HAV RNA positive) supports the safety of the supply chain.



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