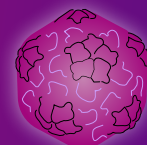




Hepatitis A disease



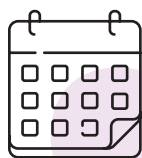
Caused by the **hepatitis A virus (HAV)** highly resistant to low pH, drying, detergents, high ambient temperatures, and freezing^{1,2}



Responsible for **160 million acute HAV infections worldwide** in 2022, resulting in **26,500 deaths**³



A **food & water borne disease** transmitted primarily by the faecal/oral route through contaminated food and water, or by direct contact with infected persons^{1,4}



Incubation period is **30 days** in average (range 15-50 days)¹



Common symptoms of acute hepatitis A include dark urine, jaundice, pale-colored stools, elevated serum aminotransferases activity⁵



Mostly **asymptomatic in children** under 6 years but more severe outcomes in older age groups^{1,2}



Relapsing hepatitis may occur **3 to 20%** of the cases and evolution to **fulminant hepatitis** in less than 1%^{1,2}



Recovery is usually complete within **24 weeks**⁴



Hepatitis A treatment & prevention



No **antiviral treatment** available for hepatitis A^{1,2}



Improved **basic hygiene**^{2,6}



Improved **sanitation** and access to **safe water**^{2,6}



Vaccination
Hepatitis A is a vaccine-preventable disease²

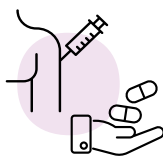
Selected AT-RISK POPULATIONS^{*} for whom vaccination is recommended by WHO and US CDC^{6,7}



Travelers from low to high or intermediate endemic areas



Persons working with clinical or non-clinical material containing HAV



Persons who use injection or non-injection drugs



Men who have sex with men



Persons experiencing homelessness

HIV+



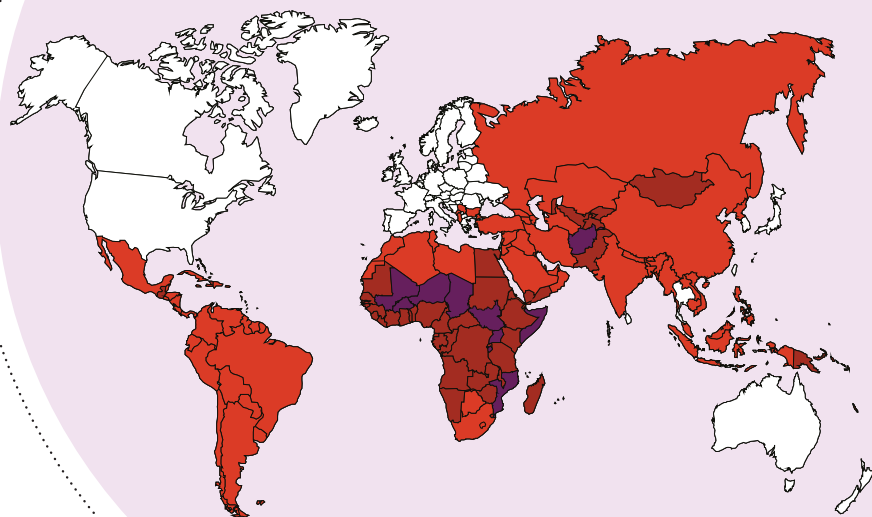
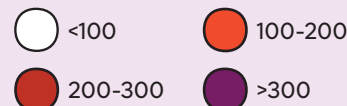
People at risk of serious outcomes if infected

Chronic Liver Disease



^{*}For a complete list, please refer to the WHO/US CDC recommendations

Acute Hepatitis A Prevalence Rate 2022 (cases per 100,000)³



Adapted from IHME, 2022,
at the University of Washington.
Used with permission.

Risk of hepatitis A associated with travel



1



78.2% of 254 travellers with acute hepatitis A had no pre-travel health encounter, underscoring a major missed opportunity for prevention⁸

2



or



Among the 254 travellers with acute hepatitis A, the top regions of exposure were:
South-Central Asia: 24.8%,
Sub-Saharan Africa: 24.0%,
North Africa: 17.3%⁸

3



Risk to contract
Hepatitis A:
1-7 per 100,000 per
month of travel⁹

4



Risk to get
hospitalized
if infected:
23-93%⁹



Hepatitis A vaccination should be considered by travelers as a preventive measure in addition to behavioral precautions^{6,10}
Vaccination usually consists a 2-doses[#] series^{2,6,7}

[#]Schedule may vary depending on country and vaccine manufacturer



A vaccine should be administered as soon as travel is considered. For most healthy persons aged 1–40 years, **one dose of a single-antigen hepatitis A** vaccine given at any time before departure can provide adequate protection. Completion of the vaccine series according to the licensed schedule is needed for long-term protection⁵

References

1. Shin EC & Jeong SH. Natural History, Clinical Manifestations, and Pathogenesis of Hepatitis A. Cold Spring Harbor Perspect Med, 04 Sep 2018, 8(9):a031708. 2. Miguere M et al. Hepatitis A: Epidemiology, High-Risk Groups, Prevention and Research on Antiviral Treatment. Viruses 2021, 13(10), 1900. 3. Institute for Health Metrics and Evaluation – IHME-at the University of Washington. Accessed Feb 2025. Used with permission. 4. Lemon SM et al. Type A viral hepatitis: A summary and update on the molecular virology, epidemiology, pathogenesis and prevention. Journal of Hepatology, 2018; 68(1): 167–84. 5. Walsh NM, et al. Chapter 26 - Hepatitis A Vaccines. In Plotkin's Vaccines (8th Edition), Elsevier, 2023, Pages 365–388.e15. 6. WHO position paper on hepatitis A vaccines. Oct 2022. 40 (97):493–512. 7. US CDC - Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020. MMWR 69(5): 1–38. 8. Balogun O, et al. Acute hepatitis A in international travellers: a GeoSentinel analysis, 2008–2020. J Travel Med. 2022. 29(2):1–6. 9. Steffen R et al. Travel vaccines—priorities determined by incidence and impact J travel Med, 2023. 1–14. 10. CDC – Yellow book 2024 Chapter 4 Hepatitis A – Nelson NP, 2023; available at: <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/hepatitis-a>. Accessed Jan 2024.

WHO: World Health Organization; US CDC: US Centers for Disease Control and Prevention

sanofi

For use by Sanofi Medical Affairs for scientific and medical discussions only. ©2025 Sanofi. All rights reserved. Do not photograph, copy, or distribute.

MAT-US-2502781 V1.0 - P - Expiry date: 03/30/2027 - Photo credit: Pexels-Marlein-Topciu.