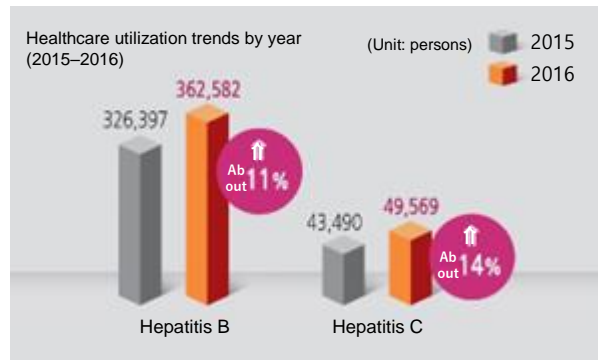


Hepatitis B and C can become chronic

Hepatitis B and C are diseases caused by the Hepatitis B virus (HBV) and Hepatitis C virus (HCV), respectively. Unlike Hepatitis A, Hepatitis B and C infections are likely to become chronic. Data from 2016 shows that the number of patients receiving medical care due to hepatitis B and C infections increased by about 11% and 14%, respectively, compared to 2015.



Hepatitis B

Hepatitis B is an infectious disease caused by HBV infection. It can be classified as acute hepatitis B or chronic hepatitis B. Once a person is infected with HBV, they are likely to become a chronic carrier. Moreover, some patients are at elevated risk of progressing to serious liver disease, such as liver cirrhosis and liver cancer, which calls for caution.

Hepatitis C

Hepatitis C is an important liver disease caused by HCV infection and can be either acute or chronic. With further progression, it can cause liver cirrhosis and liver cancer.

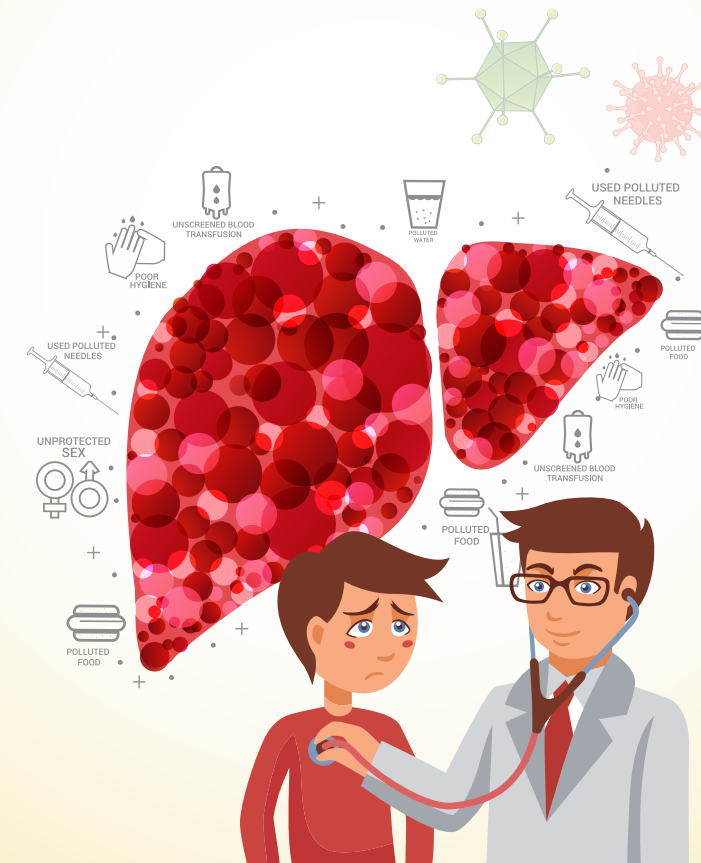
Test information

Code No.	Test Name	Specimen	Method
41999	HAV Ab IgG	Serum 0.5	CMIA
41131	Anti-HAV, total (IgM and IgG)	Serum 0.5	ECLIA
41132	HAV Ab IgM (Anti-HAV IgM)	Serum 0.5	CMIA
21001	HBsAg	Serum 0.5	ICA
21101		Serum 0.5	CIA
21002	HBs Ab(Anti-HBs)	Serum 0.5	ICA
21102		Serum 0.5	CIA
21625	HBsAg quantitative	Serum 0.5	CMIA
41129	Anti-HBc, total	Serum 0.5	CMIA
41130	HBc Ab IgM	Serum 0.5	CMIA
21103	HBeAg	Serum 0.5	CIA
21104	HBe Ab(Anti-HBe)	Serum 0.5	CIA
71022	HBV PCR qualitative	Serum 1.5	PCR
71252	HBV DNA quant	Serum 1.5	Real-time PCR
71325	HBV drug resistance mutation (25 types)	Serum 2.0	Sequencing
21111	HCV Ab(Anti-HCV)	Serum 0.5	CIA
81319	HCV Ab (Immunoblot)	Serum 0.5	Immunoblot assay
72241	HCV genotyping	Serum 2.0	Real-time RT-PCR
71018	HCV RNA qualitative	Serum 1.5	RT-PCR hybridization
71259	HCV RNA quantitative	Serum 1.5	Real-time RT-PCR

Hepatitis A, commonly affects in 20s and 30s, so be careful!!

Hepatitis A

[Acute Hepatitis A]

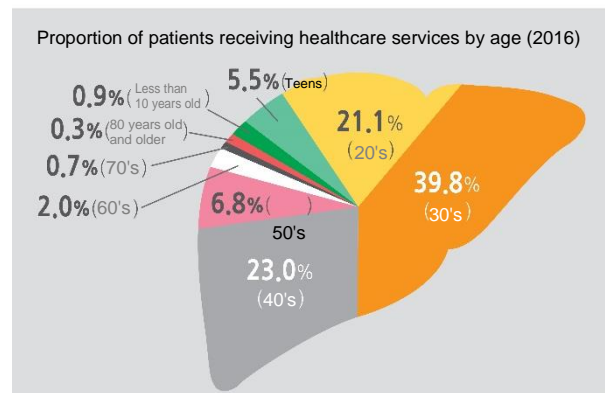
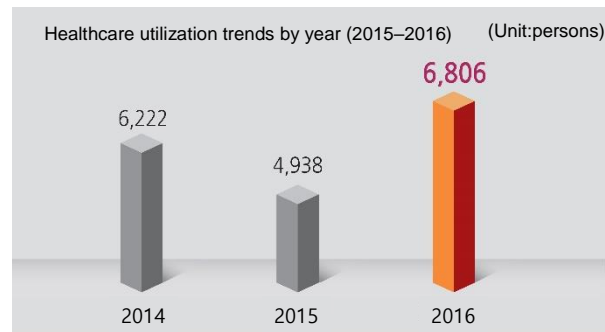


What is hepatitis A?

Hepatitis A is an acute infectious disease caused by hepatitis A virus (HAV). Its symptoms are similar to those of other types of acute hepatitis, such as fever, nausea and vomiting, tea-colored urine, appetite loss, abdominal discomfort, and jaundice.

According to HIRA statistics, the number of patients receiving medical care for acute hepatitis A in 2016 was 6,806. The most common age group receiving medical care was 30s (39.8%), 40s (23.0%), and 20s (21.1%). Thus, people in their **20s to 40s accounted for 84% of the total population utilizing healthcare.**

[Healthcare utilization for acute hepatitis A]



Health Insurance Review and Assessment Service

Causes

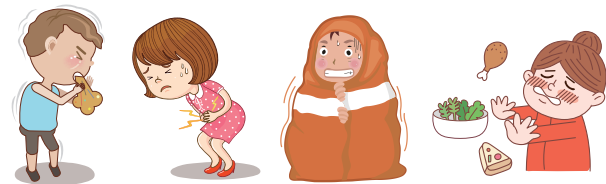
In most cases, infection occurs through the oral route by consuming food or water contaminated with the feces of an infected individual. However, it can also spread through non-oral routes, such as contaminated needles (in the case of drug addicts) or blood products. Since transmission primarily occurs orally, the infection can be passed from infected individuals to their family members or relatives. Outbreaks can also occur in densely populated settings like military camps, daycare centers, and nurseries.

Symptoms

After an average incubation period of 30 days (ranging from 15–50 days), symptoms such as fever, fatigue, loss of appetite, nausea, abdominal pain, dark urine, and jaundice may occur. In children under the age of 6, approximately 70% of cases may result in an inapparent infection, where no symptoms are present. However, young adults in their 20s and 30s generally develop severe symptoms.



Sweat Muscle pain Fatigue, lethargy Fever



Vomiting Abdominal pain Nausea Loss of appetite

[Hepatitis A symptoms]

Diagnosis

The diagnosis of Hepatitis A is confirmed through the detection of HAV IgM antibodies (IgM anti-HAV). These antibodies appear 5-10 days before symptoms manifest and can persist for up to 6 months after infection.

On the other hand, HAV IgG antibodies (IgG anti-HAV) appear during the recovery phase of hepatitis A and can remain positive for several decades.

Treatment

Currently, there is no therapeutic agent for the treatment of hepatitis A. Generally, symptomatic relief is the main approach, and a high-protein diet and resting the liver are helpful. In severe cases, hospitalization may be required for symptom management and relief.

Prevention

For prevention, good personal hygiene practices, such as washing hands, is important. Food and water should be boiled before consumption. Hepatitis A vaccination is recommended for high-risk groups (people in their 20s and 30s with chronic liver disease, people traveling to epidemic areas such as Southeast Asia, and long-term residents of these regions, and children).

Hepatitis A vaccine

The hepatitis A vaccine is given in two doses, with the second dose being administered 6–12 months after the first dose. Immunity is retained for more than 20 years. Vaccination is recommended for the following high-risk groups:

- People traveling to epidemic areas and long-term residents of epidemic areas
- Children living in hepatitis A epidemic areas that periodically have hepatitis A outbreaks
- Gay men
- Illicit drug users
- People at risk of occupational exposure to hepatitis A
- Patients with chronic liver disease
- Patients with hemophilia