Acute viral hepatitis: HAV and HEV

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Acute viral hepatitis A and E have returned to urban Europe with hepatitis A outbreaks in 2025 affecting over 2100 cases and both viruses posing particular risks to immunocompromised patients who may experience vaccine breakthrough or chronic infection.

KEY POINTS

- The speaker reported a 2025 hepatitis A outbreak across Austria, Hungary, Slovakia, and Czechia affecting approximately 2100 cases, disproportionately impacting homeless individuals and substance users, with hospitalisation rates of 63% in Austria and 86% in Czechia as stated.
- Hepatitis A vaccine breakthrough infections were documented in a 2025 systematic review confirming 4 of 6 cases after complete vaccination in immunocompromised patients undergoing chemotherapy or post-transplant, who exhibit blunted antibody responses and faster antibody loss.
- Post-exposure prophylaxis with vaccination within 14 days remains standard practice but is supported by very low certainty evidence due to lack of randomised trials, inconsistencies, and study limitations according to the speaker.
- Hepatitis E in Europe is predominantly genotype 3 acquired locally through undercooked pork or game, does not require travel history, and immunocompromised patients should be tested with PCR when serology is unreliable.
- A study from Hannover published in 2026 examined 32 hospitalised cirrhotic patients with acute hepatitis E, with the speaker stating that 50% developed acute-on-chronic liver failure and ribavirin was used in only 2 cases.
- The speaker recommended considering ribavirin off-label for hepatitis E in cases anticipating chronification after three months, with re-evaluation at 12 weeks, and noted that moving away from mTOR inhibitors or calcineurin inhibitors is important as these act pro-viral.

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