

## HEPATITIS D

Based on the MoH Communicable Diseases Control Manual 2012<sup>1</sup>, NSW Health guidelines<sup>2</sup> and the Victorian Health Department Blue Book<sup>3</sup>

### Associated Documents

Case Report Form:  
[K:\CFS\ProtectionTeam\FinalDocs\notifiableConditions\Hepatitis D\FormsStdLettersQuest\HepBCNOS\\_Nov2013.pdf](K:\CFS\ProtectionTeam\FinalDocs\notifiableConditions\Hepatitis D\FormsStdLettersQuest\HepBCNOS_Nov2013.pdf)

Specific Hepatitis D Fact Sheet (also will require Hepatitis B fact sheet):  
[Communicable Disease Control Manual – Te Whatu Ora - Health New Zealand](#)  
[Hepatitis D | The Hepatitis Foundation of New Zealand](#)

### The Illness

Hepatitis D (HDV or delta hepatitis) is always associated with a co-existent hepatitis B infection. It may occur as an acute co-infection with hepatitis B or as a super-infection in carriers. Co-infection usually results in a self-limiting hepatitis. Super-infection often causes a fulminant acute hepatitis which progresses to chronic active hepatitis. HDV is unable to infect a cell by itself and requires co-infection with HBV to undergo complete replication. Therefore humans with HBV infection act as reservoirs for HDV.

#### CASE DEFINITION

##### Clinical description

Hepatitis D is an illness with variable symptoms including fever, malaise, anorexia and nausea with jaundice and/or elevated serum aminotransferase levels.

**Incubation period:** 2–8 weeks

**Mode of transmission:** Transmitted by the same methods as HBV, i.e., exposure to infected blood and serous body fluids, contaminated needles, syringes or blood and plasma product transfusions. Sexual transmission may also occur but is less common than with hepatitis B. Perinatal infection is rare. Infection may occur at the same time as a new HBV infection (co-infection) or after someone has been infected with HBV and become a chronic HBV carrier (super-infection).

**Communicability:** Similar to that of HBV. Persons infected with the HDV are thought to be most infectious before the onset of symptoms. All persons with asymptomatic infection, persons with acute disease and those with chronic carriage of the virus are infectious to others.

**Prevention:** Prevention of hepatitis B infection with vaccine prevents infection with HDV. For persons with chronic hepatitis B infections, the only preventive measure is avoidance of exposure to potential sources of HDV.

### Notification Procedure

Attending medical practitioners or laboratories must notify the local medical officer of health of probable or confirmed cases.

#### CASE CLASSIFICATION

- **Under investigation:** A case that has been notified, but information is not yet available to classify it as probable or confirmed.
- **Probable:** Not applicable.
- **Confirmed:** A clinically compatible illness that is laboratory confirmed.
- **Not a case:** A case that has been investigated and subsequently found not to meet the case definition.

### Laboratory Testing

**Laboratory confirmation requires** negative tests for hepatitis A and C **and** a positive anti-HDV **and** simultaneous hepatitis B virus co-infection.  
(Testing for hepatitis D is indicated in clinically severe cases of suspected hepatitis B.)

### Management of Case

**Investigation, Restriction:** as for Hepatitis B (refer to the [Te Mana Ora Hepatitis B Protocol](#)).

**Counselling:** - as for Hepatitis B (refer to the [Te Mana Ora Hepatitis B Protocol](#))  
- a fact sheet is available:  
[Hepatitis D | The Hepatitis Foundation of New Zealand](#)

**Investigation, Restriction, Prophylaxis and Counselling**

- As for Hepatitis B (refer to the [Te Mana Ora Hepatitis B Protocol](#)).
- Specific Hepatitis D Fact sheet:  
[Hepatitis D | The Hepatitis Foundation of New Zealand](#)
- Consult with ESR and an infectious diseases physician.
- Vaccination against hepatitis B prevents HDV infection.

### Other Control Measures

As for Hepatitis B (refer to the [Te Mana Ora Hepatitis B Protocol](#)).

### Reporting

- Ensure complete case information is entered on EpiSurv.
- If a cluster of cases occurs, contact the Communicable Diseases Team at the Ministry of Health, and outbreak liaison staff at ESR, and complete the [Outbreak Report Form](#).
- If an outbreak, write report for Outbreak Report File in:  
[Y:\CFS\ProtectionTeam\FinalDocs\NotifiableConditions\HepatitisD\Outbreaks](#).

### References

1. New Zealand Te Whatu Ora Communicable Diseases Control Manual 2022, Hepatitis (viral) - not otherwise specified,  
<https://www.tewhatauora.govt.nz/for-the-health-sector/health-sector-guidance/communicable-disease-control-manual>
2. NSW Health, Infectious Diseases, Public Health Unit disease control guidelines, Hepatitis D  
<http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/hepd.aspx>
3. Victorian Health Department Blue Book, Hepatitis D  
<http://ideas.health.vic.gov.au/bluebook/hepatitis-d.asp>