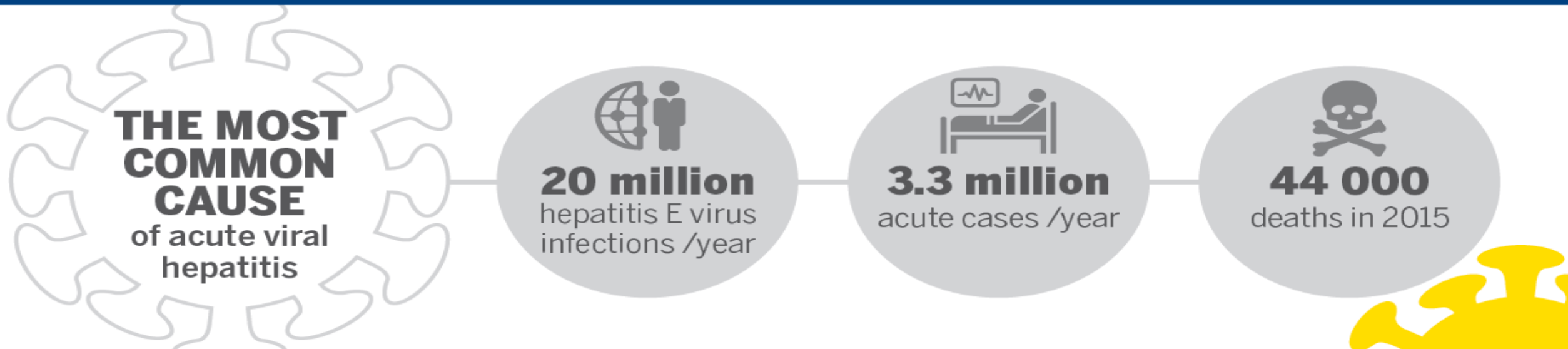




THINK HEPATITIS E

A worldwide burden
An under-diagnosed acute liver disease



A WIDE CLINICAL SPECTRUM

Clinically hepatitis E cannot be differentiated from other forms of viral hepatitis

SEVERITY



Usually mild:
acute icteric
hepatitis



From asymptomatic
infection to
fulminant hepatitis

TYPICAL PRESENTATION



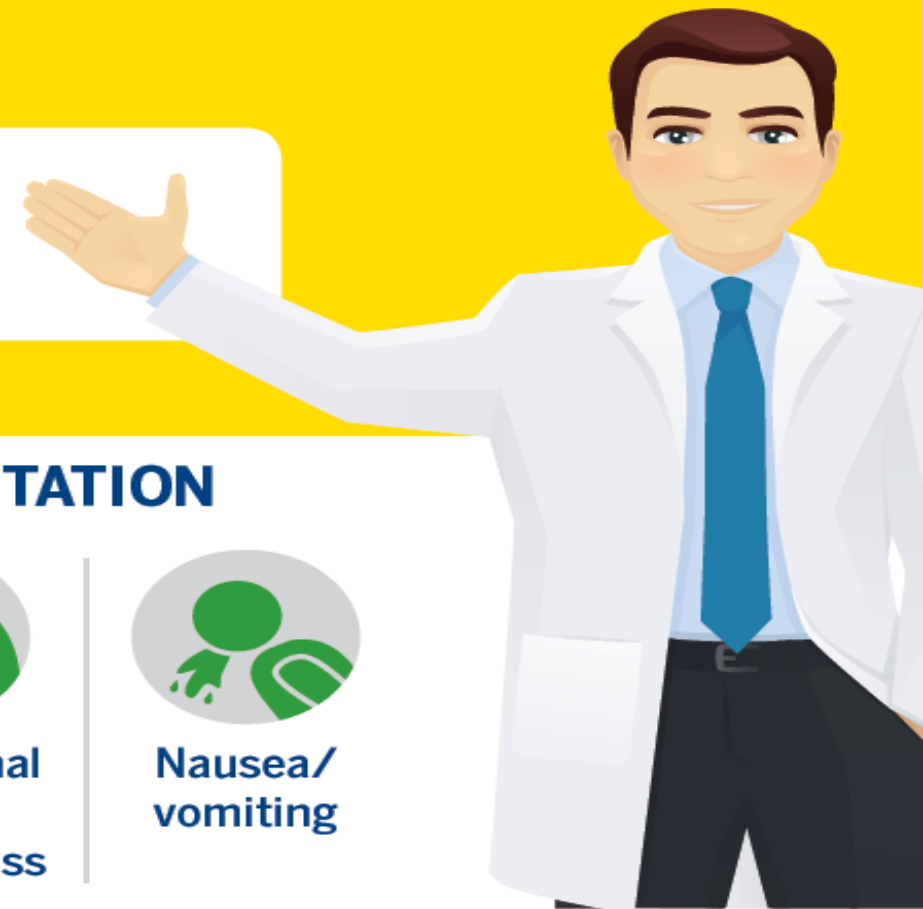
Fever



Abdominal
pain/
tenderness



Nausea/
vomiting



FULMINANT HEPATITIS

- Pregnant women (case fatality rates can reach 20-25%)
- Patients with pre-existing liver disease

CHRONIC HEPATITIS

immunocompromised patients



Incubation period
4-6 weeks
Duration of symptoms
1-4 weeks

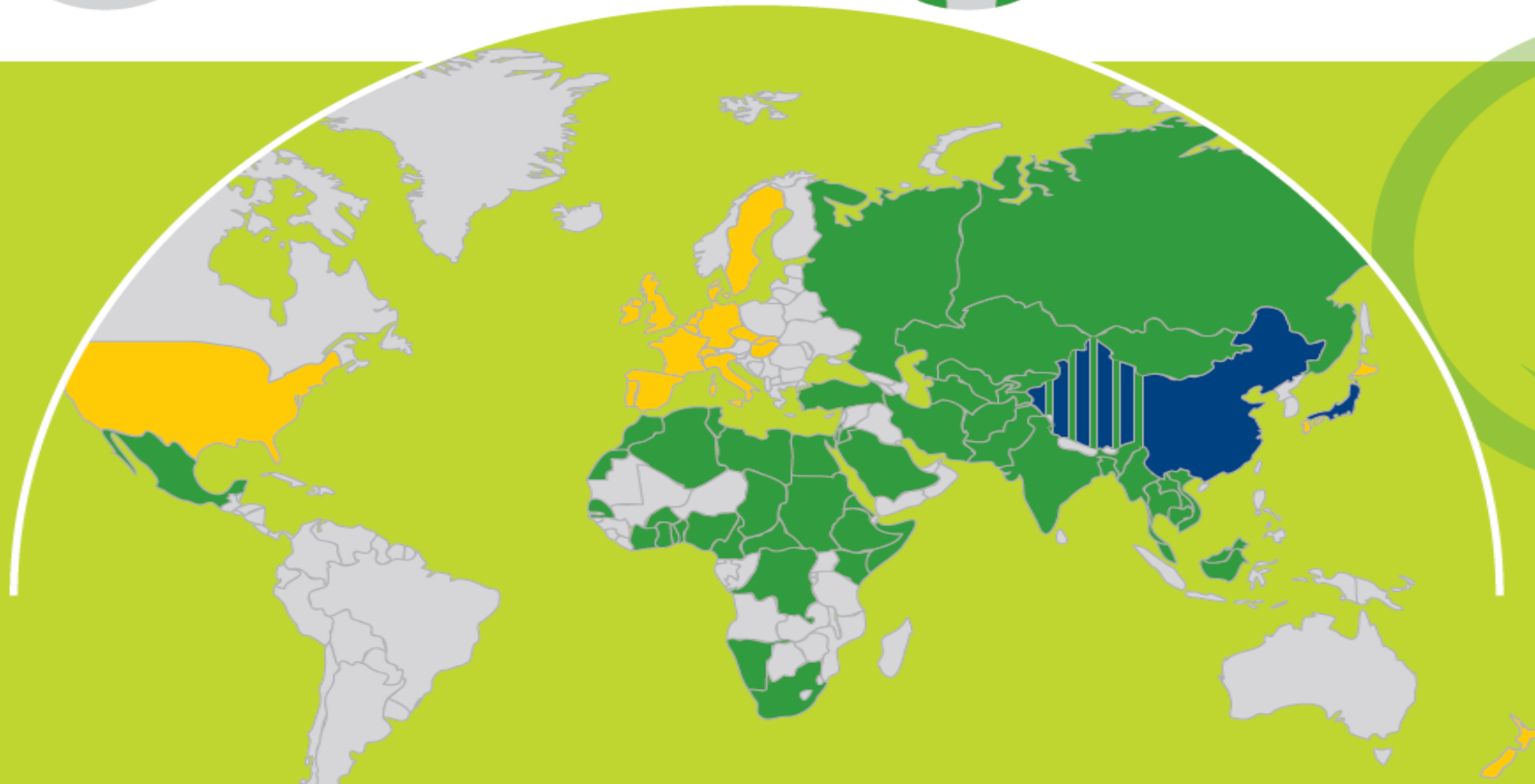
2 DIFFERENT EPIDEMIOLOGICAL PATTERNS



Via contaminated water
for **genotypes 1 and 2** ■
→ Large community outbreaks



Via ingestion of undercooked meat
(pork, deer and also shellfish and fruit) for
genotypes 3 ■ and **4** ■



WHEN TO TEST FOR HEPATITIS E VIRUS?



First-line test
for acute
hepatitis



Clinical signs
or symptoms
of hepatitis



Elevation of
aminotransferase
levels



SUSPICION OF VIRAL HEPATITIS?
THINK A, B, C & E!

PRESCRIBE HEPATITIS E

FOR CLEAR RESULT FOR EACH PATIENT



| | HAV | HEV | HBV | HCV | HIV |
|--|--|--------------------|---|--------------|---------------------------------------|
| MAIN TRANSMISSION MODE | Food & waterborne | | Body fluids | | |
| CLINICAL SIGNS ACUTE INFECTIONS | Fever | Abdominal pain | Nausea | Jaundice | "Flu like" symptoms primary infection |
| CLINICAL FORM | | | CHRONIC | | HIV INFECTION |
| | | FULMINANT | | | |
| AT RISK POPULATION | <ul style="list-style-type: none"> Travelers Immunosuppressed people Pregnant women | | Sexual intercourse: have a sexual infected partner, multiple partners, Blood exposure: drug users, workers exposed to blood products, tattoos, piercings | | |
| VACCINE | YES | | | NO | |

WHY?

- **Clinically undistinguishable** from other types of acute hepatitis
- Self-limiting disease in most cases, but can also be **fatal** in its **fulminant form**, in **pregnant women, infants** or patients with **pre-existing liver disease**
- Immunocompromised patients may develop chronic infection

WHEN?

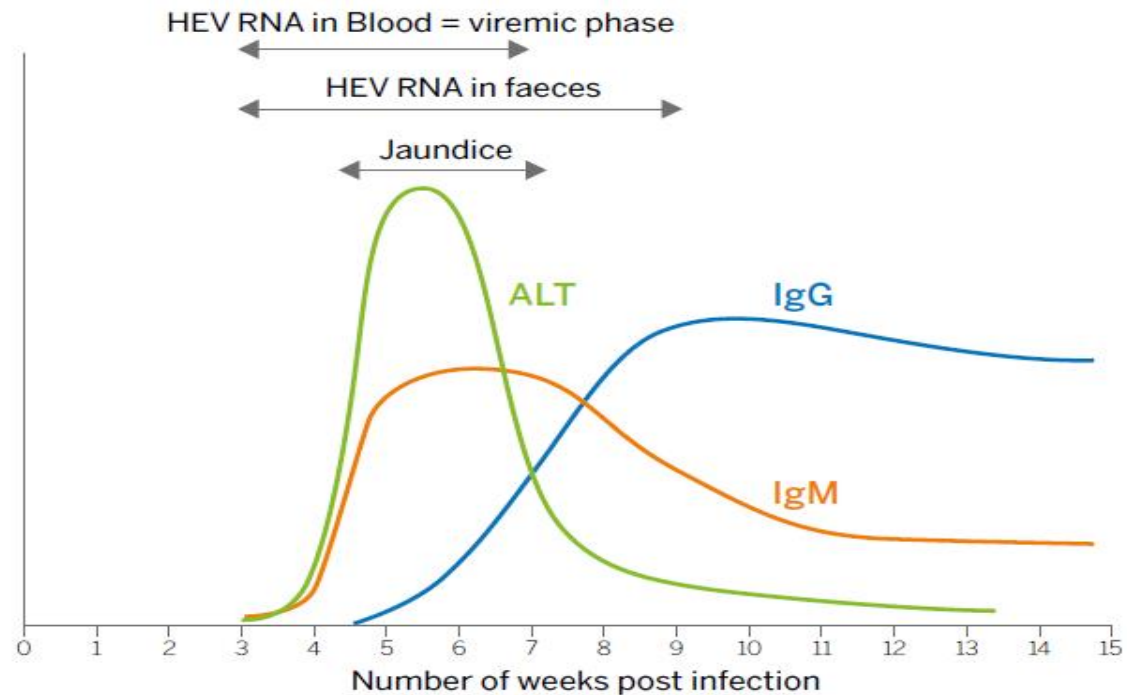
- First-line test for **acute hepatitis**
- All patients with **clinical signs and symptoms of hepatitis**
- All patients with biological signs of **cytolysis** (increase in serum transaminase levels)

PRESCRIBE HEPATITIS E AND DIAGNOSE



DIAGNOSIS

- Due to the **short period of HEV viremia**, diagnosis of HEV infection is mainly based on **specific anti-HEV IgM and IgG detection**.
- **Complementary detection of IgM and IgG antibodies:**
 - IgM to detect recent infection
 - IgG to detect recent or past infection





VIDAS®

Anti-HEV IgM & Anti-HEV IgG

For actionable patient reporting decisions



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THE VIDAS[®] FAMILY:
VIDAS[®], MINI VIDAS[®]
AND VIDAS[®] 3





BIOMÉRIEUX



VIDAS® HEPATITIS PANEL

HEPATITIS A

- HAV IgM
- Anti-HAV Total

HEPATITIS B

- HBs Ag Ultra
- HBs Ag Ultra Confirmation
- Anti-HBs Total II
- Anti-HBc Total II
- HBc IgM II
- HBe/Anti-HBe

HEPATITIS C

- Anti-HCV

HEPATITIS E

- Anti-HEV IgM
- Anti-HEV IgG