

HEPATITIS HID IN Plain sight



elcome to the July edition of Your Health, which this month focusses on two very different diseases, both of which, however, can be caught without your being aware.

With either disease, when infection occurs, symptoms may not display at all – or if they do, they can be mild resembling a cold or flu. But if left untreated, both have the potential to cause severe or even life-changing illnesses. Being vigilant and understanding the causes, symptoms and preventions of these diseases can make a massive difference.

HEPATITIS: Hiding in plain sight

Hepatitis is an inflammation of the liver, usually caused by a viral infection or by excessive alcohol consumption.

There are five different types of viral hepatitis (A, B, C, D and E), as well as alcohol and autoimmune hepatitis. Some types will pass without any serious problems, while others can be long-lasting and cause scarring of the liver (cirrhosis), loss of liver function and, in some cases, liver cancer.

There are currently safe and effective vaccines for most types of hepatitis, with antiviral medication and/or corticosteroids used to treat symptoms. There is no "Good hygiene and a healthy lifestyle are some simple ways to may help prevent becoming infected."

vaccine at present for hepatitis C.

Good hygiene, including hand washing, and a healthy lifestyle are some simple ways to may help prevent becoming infected, but see your GP if you have any persistent or troublesome symptoms that you think could be caused by hepatitis.



SYMPTOMS

While hepatitis can be asymptomatic, when symptoms occur they can include:

- muscle and joint pain,
- fever,
- 🗖 nausea,
- tiredness,
- loss of appetite,
- stomach pain,
- dark urine,
- pale, grey-coloured poo,
- itchy skin,
- yellowing of the eyes and skin, i.e. jaundice.

Short-term (acute) hepatitis is

hepatitis that resolves within six months, and which often has no noticeable symptoms.

Long-term (chronic) hepatitis lasts longer than six months and can also not have any obvious symptoms until the liver stops working properly (liver failure). It is sometimes only picked up during blood tests.

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TYPES

Hepatitis A virus (HAV) – most often transmitted through faeces, contaminated water or food or through sex. While overall, HAV infections are mild, with most people making a full recovery and becoming immune, HAV can be severe and even life threatening.

HEPATITIS B VIRUS (HBV) – transmitted through infected blood, semen and other bodily fluids. HBV can be passed from infected mothers to infants at the time of birth, or from family members to infants in early childhood. Transfusions of infected blood and blood products during medical procedures or through infected needles are additional routes, with healthcare workers at risk of accidental needle stick injuries while caring for infected patients.

HBV is uncommon in the UK, with most cases occurring in southeast Asia and sub-Saharan Africa. Most adults can fight off the virus and fully recover within a couple of months. However, those infected as children often develop chronic HBV, which can lead to cirrhosis and liver cancer.

In the UK, vaccination against HBV is recommended for people in high-risk groups, such as:

- healthcare workers,
- people who inject drugs,
- men who have sex with men,
- children born to mothers with HBV,
- people travelling to countries where the infection is more common.

In 2017, the HBV vaccine was added to the routine immunisation programme. Watch this video from the UK Health Security Agency to find out more: https://youtu.be/-b2R647uO_0



HEPATITIS C VIRUS (HCV) – transmitted mainly through infected blood via transfusions of HCV-contaminated blood and blood products and through infected needles. Sexual transmission is also possible but is much less common. In the UK, it's most commonly spread through sharing needles used to inject drugs.

HCV often causes only mild or no noticeable symptoms, so many people are unaware they're infected. Around one in four people will fight off the infection and be free of the virus. In the remaining cases, it'll stay in the body for many years, and can cause cirrhosis and liver failure. Chronic HCV can be treated with very effective antiviral medications, but there's currently no vaccine available.

Hepatitis and Lyme Disease

ALCOHOLIC HEPATITIS – caused by drinking excessive amounts of alcohol over many years. Though often without symptoms, the disease can result in sudden jaundice and liver failure. The condition is common in the UK, but many people do not realise they have it.

VACCINATION IS RECOMMENDED IF:

- you're at high risk of infection or severe consequences of infection
- you're travelling to an area where the virus is common, such as India, Africa, Central and South America, the Far East and Eastern Europe.

Cutting out alcohol will usually allow the liver to recover, but if the person does not stop drinking to excess, there's a risk of developing cirrhosis, liver failure or even liver cancer. You can reduce your risk of developing alcoholic hepatitis by limiting your alcohol intake to no more than 14 units a week. (One unit of alcohol = 10ml of pure alcohol which varies from drink to drink, so do check drinkaware.co.uk or with your GP for specific advice.)

HEPATITIS D VIRUS (HDV) – occurs only in those who are infected with HBV. The dual infection of HDV and HBV can result in a more serious disease and outcome. HBV vaccines provide protection from HDV infection.

HEPATITIS E VIRUS (HEV) – mostly transmitted through faeces or contaminated water or food. HEV is a common cause of hepatitis outbreaks in developing parts of the world. Safe and effective vaccines to prevent HEV infection have been developed but are not widely available. AUTOIMMUNE HEPATITIS – a rare cause of long-term hepatitis in which the immune system attacks and damages the liver. Eventually, the liver can become so damaged that it stops working properly.

Treatment for autoimmune hepatitis involves very effective medicines that suppress the immune system and reduce inflammation. It's not clear what causes the disease, and it's not known whether anything can be done to prevent it.

Sources: *NHS, WHO, British Liver Trust, drinkaware.co.uk*



LYME DISEASE: Be tick aware!

Much has been written about ticks and the effects of tick bites, and while these tiny, spider-like insects are indeed parasites and can carry disease, most ticks are not dangerous.

There are many different types of tick in the UK, but it's the Ixodes ricinus, or 'sheep tick', that is the principal carrier of Lyme disease. Up to 3,000 cases of Lyme disease are confirmed in England and Wales each year, with about 15% of cases acquired while people are abroad.

WHAT ARE TICKS? Ticks are small, parasitic insects related to mites and spiders which feed on the blood of animals and humans. Adult ticks are usually 3 to 5mm in size and fully fed females about the size of a baked bean.

WHERE DO YOU FIND TICKS? Ticks survive in many habitats but prefer moist areas with leaf litter or longer grass. They don't fly or jump – instead they wait for a host to pass by and then climb on. They bite into the skin and attach themselves, feeding on blood for several days before dropping off, fully engorged.

Ticks are found throughout the year but are most active here in the UK in the spring and summer. High-risk areas for infected ticks are the south of England and the Scottish Highlands, though infection is possible in other areas.



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Hepatitis and Lyme Disease

"If you have been bitten, remove the tick as soon as possible."

SYMPTOMS

Lyme is called "The Great Imitator" because its symptoms mimic many other diseases. It can affect any organ of the body, including the brain and nervous system, muscles and joints and the heart. Although symptoms do not always present, if they do, they often include:

- a flu-like illness, fatigue and muscle and joint pain,
- a spreading circular red rash.

You may not be aware that you have been bitten by a tick, so if you have spent time outdoors and develop any of these symptoms, seek advice from your GP or dial NHS 111.

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PREVENTION

- Walk on clearly defined paths to avoid brushing against vegetation.
- Wear light-coloured clothes so ticks can be spotted and brushed off.
- Use insect repellent.
- Check for ticks regularly!

Check your clothes and body for ticks when outdoors and again when you get home. Check your children and pets as well. Areas that ticks may frequently be found include skin folds, armpits, groin, waistband area, back of the neck and hairline. Data from UKHSA's Tick Surveillance Scheme shows that adults are commonly bitten on the legs, whilst children are commonly bitten on the head or neck area. It is important to remember, however, that bites can occur on any part of the body and more than one tick can be attached at one time.

If you have been bitten, remove the tick or ticks as soon as possible. Early removal is key to prevention. The safest way to remove a tick is to use a pair of fine-tipped tweezers. Grasp the tick as close to the skin as possible; pull upwards slowly and firmly, trying to remove the tick's mouthparts. Clean the bite area and monitor it for several weeks to see if any rash appears.

Contact your GP promptly if you begin to feel unwell with flu-like symptoms or develop a rash. If Lyme disease is diagnosed and treated early, it is not dangerous; but left untreated, it can become late-stage or chronic, spreading to other parts of the body and affecting other bodily systems. At this stage, it can cause life-changing problems.



Hepatitis and Lyme Disease



TREATMENT

If your GP thinks you have Lyme disease, you will likely be prescribed a three-week course of antibiotics, although you may be referred for specialist opinion and/or treatment.

Most people with Lyme disease get better after antibiotics. This can take months for some people, but the symptoms should improve over time. Where this is not the case, people are often referred to a specialist hospital.

The UKHA advises you speak to your doctor or occupational health provider before buying tests or treatments online through independent sites.

Sources: *NHS, UKHSA, gov.uk, lymediseaseaction.org.uk, RSPCA*

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