

| Hepatitis Type | Transmission | Clinical Manifestations | Diagnosis | Treatment & Prevention |
|--------------------------|---|--|---|--|
| Hepatitis A (HAV) | Fecal-oral (contaminated food/water, poor hygiene). | - Acute only , no chronic phase. - Symptoms: fatigue, fever, nausea, abdominal pain, jaundice. | - IgM anti-HAV for acute infection. - IgG indicates past infection or immunity. | - No antiviral treatment. - Vaccine available. - Supportive care: hydration, rest, and proper hygiene. |
| Hepatitis B (HBV) | Blood, sexual contact, needle sharing, vertical transmission. | - Acute or chronic phases. - Chronic cases: cirrhosis, liver cancer , or asymptomatic carriers. | - HBsAg (acute and chronic phases). - Anti-HBc IgM for acute phase. - Anti-HBc IgG for chronic/past exposure. | - Antiviral drugs for chronic HBV (e.g., tenofovir, entecavir). - Vaccine available. Prevents HBV and HDV. |
| Hepatitis C (HCV) | Bloodborne (transfusions before screening, needle sharing). | - Often asymptomatic or mild symptoms in acute phase. - Chronic in 85% of cases, leading to cirrhosis or cancer. | - Antibody testing (anti-HCV). - PCR for HCV RNA to confirm active infection. | - Combination therapy: interferon alpha + ribavirin. - Screening blood donors reduces risk significantly. |
| Hepatitis D (HDV) | Requires HBV for replication; blood, sexual contact. | - Co-infection with HBV: severe acute hepatitis. - Superinfection in chronic HBV: relapsing jaundice, rapid cirrhosis. | - IgM/IgG for delta antigen. - PCR for HDV RNA. | - Prevent HBV to prevent HDV (via HBV vaccine). - Interferon alpha for HDV; response is limited (15–25%). |
| Hepatitis E (HEV) | Fecal-oral (contaminated water, poor sanitation). | - Acute hepatitis only; severe in pregnant women (risk of fulminant hepatitis). - Symptoms resemble HAV. | - IgM anti-HEV for acute phase. | - No specific antiviral treatment. - Prevention: hygiene, safe water. No vaccine widely available. |
| Hepatitis G (HGV) | Bloodborne (similar to HCV; co-infection with HCV common). | - Often asymptomatic. - Clinical significance unclear, often found with HCV but does not worsen outcomes. | - PCR for HGV RNA. - Antibody testing (limited clinical use). | - No specific treatment or vaccine. - Prevent via blood safety and hygiene practices. |

Highlights :

- Hepatitis A, E : Transmitted **fecal- orally**
Acute only (no chronic form)
prevention via (HAV) vaccine
- Hepatitis B, C, D : **Bloodborne** or via **sexual contact**
chronic potential with risks of **cirrhosis, liver cancer**
vaccines available **only** for HBV (Also prevent HDV)
- Shortest incubation period **HAV (15-45) days**

