

# MDCH Guidance for the Follow-up of High Priority Viral Hepatitis Cases

[www.michigan.gov/hivstd](http://www.michigan.gov/hivstd)



The Centers for Disease Control and Prevention (CDC) Division of Viral Hepatitis has encouraged health departments to review the accuracy of hepatitis surveillance data and assure appropriate public health investigations of cases of viral hepatitis considered to be of particular public health importance. For these high-priority cases, the Michigan Department of Community Health (MDCH) Viral Hepatitis Surveillance and Prevention Unit is interested in increasing the completeness of certain data fields in the hepatitis case report forms.

To help facilitate these efforts, MDCH will send a list of all high-priority viral hepatitis cases reported to the Michigan Disease Surveillance System (MDSS) to Michigan local public health jurisdictions within two weeks from the end of each month. These e-mails are intended to raise awareness of the high priority hepatitis populations. As usual, comprehensive completion of case report forms are appreciated for all cases of viral hepatitis. However, in the event time is limited, it is reasonable to focus efforts on these high priority groups and the relevant case investigation fields.

Listed below are the high-priority viral hepatitis case classifications, the reason for their public importance, and the MDCH guidance for follow-up.

*The first step in completing the follow-up of any hepatitis case is confirming the individual meets the correct case definition. The most up-to-date case definitions, reporting flow charts, and test interpretation guides can be found at [www.michigan.gov/cdinfo](http://www.michigan.gov/cdinfo). If there are questions on whether or not a patient meets a particular definition, please call the Viral Hepatitis Surveillance and Prevention Unit at 517-335-8165.*

## Hepatitis A in persons born after 2005

**Note:** Hepatitis A is a foodborne disease and is primarily spread through the fecal-oral route, including contaminated food. As such, all acute symptomatic cases of Hepatitis A (*not just those born after 2005*) require prompt public health follow-up for the assessment of post-exposure prophylaxis and the potential for foodborne exposure and/or transmission. It is expected that all fields of the MDSS case report form be completed as part of the case investigation follow-up.

### Public health importance

Hepatitis A in persons born after 2005 may be indicative of a vaccination failure.

### Guidance for follow-up

To assist with the evaluation of hepatitis A cases for possible vaccine failure, it is very important to accurately complete the 'Vaccine History' section of the case report form:

- Did the patient ever receive hepatitis A vaccine?
- If yes, how many doses of the hepatitis A vaccine did the patient receive?
- If yes, in what year was the last dose received?
- Has the patient ever received immune globulin?
- If yes, when was the last dose received?

## Acute or Chronic Hepatitis B among persons born after 1990

### Public health importance

Acute or Chronic Hepatitis B in persons born after 1990 may be indicative of a vaccination failure.

### Guidance for follow-up

To assist with the evaluation of hepatitis B cases born after 1990 for possible vaccine failure, it is very important to complete the vaccine history section of the case report form:

- *Acute Case* – Prioritize completion of the ‘Vaccination History’ section of the case report form.
  - Did the patient ever receive hepatitis B vaccine?
  - If yes, how many shots?
  - In what year was the last shot received?
  - Was the patient tested for anti-HBs within 1-2 months after the last dose?
  - If yes, was the anti-HBs result  $\geq 10$  mIU/ml?
- *Chronic Case* – There is no ‘Vaccination History’ section on the chronic hepatitis B form, but include any info on the patient’s vaccine history in the notes section of the case report form.

## Acute Hepatitis B or C missing symptoms, jaundice and ALT levels

### Public health importance

Accurate reporting of these cases is crucial to public health surveillance and prevention. In order to meet the latest acute hepatitis surveillance definitions all cases of acute hepatitis B and C must have symptoms of acute illness **AND** jaundice **OR** elevated liver enzymes. The only event in which an acute case does not require symptomology, jaundice, or elevated liver enzymes is if the patient has a negative HBV test within 6 months prior to a positive HBV test or a negative HCV antibody test within 6 months prior to a positive HCV antibody test.

### Guidance for follow-up

For acute cases of hepatitis B and C ensure that clinical and diagnostic info is entered in to MDSS to satisfy the acute hepatitis surveillance definition:

- *Hepatitis B*
  - Is the patient symptomatic?
  - Is or was the patient jaundiced?
  - ALT – Result / Upper limit / Date of Result
- *Hepatitis C*
  - Is the patient symptomatic?
  - Is or was the patient jaundiced?
  - ALT – Result / Upper limit / Date of Result

## Acute Hepatitis B or C associated with blood transfusion

### Public health importance

It is important to further examine cases of acute Hepatitis B and C in persons who have recently had blood transfusions to assess the probability of the transfusion being the source of the patient’s exposure.

### Guidance for follow-up

- *Acute Hepatitis B* – Determine if the patient’s transfusion procedure falls within **6 weeks to 6 months** prior to the patient’s onset of symptoms. If the patient has had a transfusion, but the date falls outside of the incubation period, mark the box ‘No’ and include the transfusion date in the notes section of the case report form.

- *Acute Hepatitis C* – Determine if the patient’s transfusion procedure falls within **2 weeks to 6 months** prior to the patient’s onset of symptoms. If the patient has had a transfusion, but the date falls outside of the incubation period, mark the box ‘No’ and include the transfusion date in the notes section of the case report form.

## Acute Hepatitis B or C infection in adults older than 50 years of age

### Public health importance

Acute Hepatitis B or C infections in adults older than 50 years of age might represent a healthcare-associated transmission. It is important to assess the possibility of healthcare transmission in acute cases of hepatitis in this population.

### Guidance for follow-up

- *Acute Hepatitis C* – Prioritize the completion of data fields associated with healthcare exposure. In the **2 weeks to 6 months** prior to the onset of symptoms:
  - Did the patient undergo hemodialysis?
  - Did the patient receive any IV infusions and/or injections in the outpatient setting?
  - Did the patient have dental work or oral surgery?
  - Did the patient have surgery (other than oral surgery)?
  - Was the patient hospitalized?
  - Was the patient a resident of a long-term care facility?
- *Acute Hepatitis B* – Prioritize the completion of data fields associated with healthcare exposure. In the **6 weeks to 6 months** prior to the onset of symptoms:
  - Did the patient undergo hemodialysis?
  - Did the patient receive any IV infusions and/or injections in the outpatient setting?
  - Did the patient have dental work or oral surgery?
  - Did the patient have surgery (other than oral surgery)?
  - Was the patient hospitalized?
  - Was the patient a resident of a long-term care facility?

## Acute or Chronic Hepatitis C in persons aged 18-25 years old

### Public health importance

There has been increase in the incidence of acute hepatitis C in individuals aged 18-25 in Michigan and nationally. It is believed that the increases in hepatitis C in this population are primarily due to increased intravenous drug use.

### Guidance for follow-up

Because of the association between young adult hepatitis C infections and intravenous drug use, the drug use fields should be the priority for follow-up of these cases.

- Acute Case – In the **2 weeks to 6 months** prior to the patient’s onset of symptoms\*:
  - Did the patient inject drugs not prescribed by a doctor?
  - Did the patient use street drugs, but not inject?
- Chronic Case – In the patient’s lifetime:
  - Did the patient inject drugs not prescribed by a doctor?

## For Questions or Concerns

Please call the MDCH Viral Hepatitis Surveillance and Prevention Unit at 517-335-8165.

## High Priority Hepatitis Quick Reference List by Disease

The following is a reference guide of the high priority cases of viral hepatitis and the MDSS case report form data fields to focus on, if time permits, during case follow-up.

### Hepatitis A

- Born after 2005\*
  - Ever receive hepatitis A vaccine?
  - If yes, how many doses?
  - If yes, in what year?
  - Received immune globulin?
  - If yes, when?

\* *All cases of hepatitis A, regardless of the patient's age, should be assessed for post-exposure prophylaxis and the potential for foodborne exposure and/or transmission*

### Hepatitis B Acute only

- Missing symptoms, jaundice, ALT levels
  - Complete the above fields to reliably determine if the patient meets the acute hepatitis B case definition
- Associated with blood transfusion
  - Did patient have a transfusion?
  - If yes, when?
- Over 50 years of age
  - Hemodialysis?
  - IV infusions and/or injections in the outpatient setting?
  - Dental work or oral surgery?
  - Surgery (other than oral surgery)?
  - Hospitalized?
  - Resident of a long-term care facility?

### Hepatitis B Acute or Chronic

- Born after 1990\*
  - Ever receive hepatitis B vaccine?
  - If yes, how many shots?
  - In what year?
  - Tested for anti-HBs within 1-2 months after the last dose?
  - If yes, result?

\* *For chronic cases include any info on the vaccination history in the notes section of the case report form*

### Hepatitis C Acute only

- Missing symptoms, jaundice, ALT levels
  - Complete the above fields to reliably determine if the patient meets the acute hepatitis C case definition
- Associated with blood transfusion
  - Did patient have a transfusion?
  - If yes, when?
- Over 50 years of age
  - Hemodialysis?
  - IV infusions and/or injections in the outpatient setting?
  - Dental work or oral surgery?
  - Surgery (other than oral surgery)?
  - Hospitalized?
  - Resident of a long-term care facility?
- If aged 18-25\*
  - Inject drugs not prescribed by a doctor?
  - Use street drugs, but not inject?

\**For chronic cases include any info on intravenous drug use in the epidemiologic info section of case report form*