

HCV Case Classification Changes, 2020

In July of 2019 the Council of State and Territorial Epidemiologists posted a position statement for revision of the Hepatitis C case definition. The 2015 Revision of the Case Definition of Hepatitis C for National Notification position statement that established revised case classifications for acute and chronic hepatitis C virus (HCV) infection continued to require the discrete onset of symptoms suggesting acute hepatitis, even though 70-80% of people acutely infected with HCV are asymptomatic. The subset of symptoms used were not all strictly hepatitis related and “discrete onset” was subject to variation in classifying cases. To more accurately classify HCV cases the changes set forth to take effect on January 1, 2020 include:

1. Clinical Criteria for **Acute Hepatitis C** now include:
 - Jaundice, **OR**
 - Peak elevated total bilirubin* levels > 3.0 mg/dL, **OR**
 - Serum alanine aminotransferase (ALT) > 200IU/dL, **AND**
 - The absence of a more likely diagnosis (which may include evidence of advanced liver disease due to other causes such as alcohol exposure, other viral hepatitis, hemochromatosis, etc.)

Please note that a field for bilirubin will be added to the MDSS case report form
2. Age of **Acute and Chronic HCV** cases must be > 36 months, unless the case was known to have been exposed non-perinatally. Cases with age ≤ 36 months should be classified as perinatal hepatitis C.
3. The following will be classified as a confirmed, **Acute HCV** case:
 - A documented negative HCV antibody followed within 12 months by a positive HCV antibody test (anti-HCV test conversion) in the absence of a more likely diagnosis
 - A documented negative HCV antibody OR negative hepatitis C virus detection test (in someone without a prior diagnosis of HCV infection) followed within 12 months by a positive hepatitis C viral detection test (HCV RNA test conversion) in the absence of a more likely diagnosis
4. All jurisdictions are encouraged to track negative HCV viral detection tests to document both spontaneous clearance of infection and sustained viral response to HCV treatment.
 - Cases that have evidence of having cleared the infection at time of initial report or are considered false positive should not be reported.
 - If evidence indicating resolution of infection is received within the calendar year of a case being reported, the case status should be changed to “not a case.” If evidence indicating resolution of infection is received after the calendar year of the initial case report, the case status should not be modified as it was a confirmed case at the time of the first report.
5. Jurisdictions are encouraged to ensure that cases of treatment failure are not classified as new cases of HCV infection to the extent that it can be determined.

Updated case definitions, case report forms and classification guidance documents will be posted on our website [at www.michigan.gov/hepatitis](http://www.michigan.gov/hepatitis). Please contact the Viral Hepatitis Unit with questions at 517-335-8165 or MDHHS-Hepatitis@michigan.gov.