

Hepatitis C, Acute

Merlin reporting code = 07051
 Case report form (CRF): [Viral Hepatitis CRF](#)
MERLIN EXTENDED DATA REQUIRED

Clinical description

An acute illness with discrete onset of symptoms consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal discomfort pain) **and** either jaundice **or** elevated liver enzymes (serum alanine aminotransferase [ALT] level >200 IU/L) during the period of acute illness.

A documented negative hepatitis C virus (HCV) result followed within 12 months by a positive test result (as described in the laboratory criteria for diagnosis) does not require an acute presentation to meet the surveillance case definition.

Laboratory criteria for case classification

Confirmatory:

1. Applicable with clinically compatible illness:

One of the following:

- Positive nucleic acid test (NAT) for HCV RNA (including quantitative, qualitative, or genotype testing)
- Positive HCV recombinant immunoblot assay (HCV RIBA)
- Positive HCV antigen(s) test (if and when an FDA-approved test for HCV antigen(s) is available)

And **both** of the following, if done:

- Negative IgM antibody to hepatitis A virus (anti-HAV)
- Negative IgM antibody to hepatitis B core antigen (IgM anti-HBc).

2. Applicable without clinically compatible illness:

Negative NAT for HCV RNA, HCV RIBA, HCV antigen (if and when an FDA-approved test for HCV antigen(s) is available), or HCV antibody (anti-HCV) result followed *within 12 months* by a positive result of any of these tests.

Presumptive:

Positive anti-HCV antibody.

Case classification

Confirmed:

- A clinically compatible illness in a person with confirmatory laboratory evidence (1) and no previous diagnosis of chronic hepatitis C
- OR
- A person with confirmatory laboratory evidence (2) and no previous diagnosis of chronic hepatitis C.

Probable:

A clinically compatible illness in a person with presumptive laboratory evidence and no previous diagnosis of chronic hepatitis C.

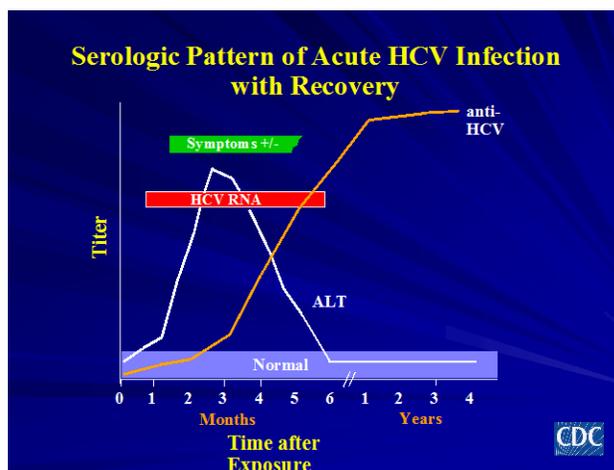
Criteria to distinguish a new case from previous reports

A new case is an incident case (new acute or newly diagnosed chronic) that has not previously been reported meeting case criteria for hepatitis C. A new probable acute case may be re-classified as confirmed acute case if a positive NAT for HCV RNA or a positive HCV antigen(s) test is reported within the same year. A confirmed acute case may be classified as a confirmed chronic case if a positive NAT for HCV RNA or a positive HCV antigen is reported one year or longer after acute case onset. A confirmed acute case may not be reported as a probable chronic case (i.e., HCV antibody positive, but with an unknown HCV RNA NAT or antigen status). States and territories may choose to track resolved hepatitis C cases in which spontaneous clearance of infection or sustained viral response to treatment are suspected to have occurred before national notification or are known to have occurred after national notification as a confirmed or probable case to CDC.

Comments

Report liver enzyme results for all cases in Merlin.

Up to 20% of acute hepatitis C cases will be anti-HCV negative when reported and will be classified as non-A, non-B hepatitis because some (5%–10%) have not yet seroconverted and others (5%–10%) remain negative even with prolonged follow-up. Available serologic tests for anti-HCV do not distinguish between acute and chronic or past infection. Thus, other causes of acute hepatitis should be excluded for anti-HCV positive patients who have an acute illness compatible with viral hepatitis.



See graphic for additional information related to the serological course of disease.

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