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### INTEROFFICE MEMORANDUM

**Date:** March 10, 2008  
**TO:** CHD Primary Contacts  
**FROM:** Julia Gill, Ph.D., M.P.H. – Chief, Bureau of Epidemiology  
Thomas Liberti – Chief, Bureau of HIV/AIDS  
**SUBJECT:** Information on Hepatitis C (Acute and Chronic) Case Reporting

#### INFORMATION ONLY

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The Bureau of Epidemiology and the Hepatitis Prevention Program have updated the hepatitis C acute and chronic surveillance case definitions (see attached). The new updates now incorporate the most advanced hepatitis C laboratory testing methods into the surveillance case definition.

Previous case reports of hepatitis C may have required additional investigation to determine whether a lab report or case report represented an acute or chronic hepatitis case, and whether the case was confirmed, probable or suspect. County health departments (CHDs) are now instructed to report the hepatitis status based on the information initially provided by the reporting source as described below:

1) If the initial notification of the hepatitis C lab result or case report includes information suggestive of an acute hepatitis C infection (a provider diagnosis of acute hepatitis C, provider notes suggesting acute disease, symptoms of acute viral hepatitis, or elevated liver function tests), please investigate, identify risk factors for infection, and report using the appropriate diagnosis and case classification.

Example: Provider phones, faxes, or mails a case report to the CHD which includes positive laboratory criteria for diagnosis of hepatitis C as listed in the surveillance case definition **and** symptoms of acute viral illness **or** markedly elevated liver functions tests **or** any additional information suggesting an acute infection.

2) If the initial notification of the hepatitis C case **DOES NOT** indicate or suggest an acute hepatitis infection, **no additional investigational efforts are necessary**. Please report by using the appropriate "Hepatitis C, Chronic" case classification.

Example: Provider phones, faxes, or mails a case report to the CHD which includes **only** positive laboratory criteria for diagnosis of hepatitis C as listed in the surveillance case definition.

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**Case Reporting**

When case surveillance definitions are modified, it may not only change reporting practices, but may also affect the county's and the state's hepatitis surveillance data. Allowing use of the new laboratory tests may result in more confirmed diagnoses of acute or chronic hepatitis C, while not investigating cases further if only a laboratory result is received may move more cases into the 'suspect' category.

The Merlin DX STATUS will soon reflect the updated changes to the surveillance case definition for acute and chronic hepatitis C. As of January 1, 2008, please use the updated surveillance case definition for reporting acute and chronic hepatitis C cases. The surveillance case definitions are attached for your use.

Please contact the Bureau of Epidemiology or the Hepatitis Prevention Program with any questions regarding the updated reporting procedures at (850) 245-4401.

RK/RH/lb  
Attachment  
cc: Dr. Russell Eggert, Division Director

# Hepatitis C, Acute

reporting code = 07051  
case report form: CDC 53.1 (8/01)  
*Viral Hepatitis Case Report*  
**MERLIN ELECTRONIC SUBMISSION**

## Clinical case definition

An acute illness with a) discrete onset of symptoms **and** b) jaundice **or** serum alanine aminotransferase levels > 400 IU/L. Symptoms most commonly include: anorexia, vague abdominal discomfort, nausea and vomiting.

## Laboratory criteria for diagnosis

**One or more of the following three criteria:**

- Hepatitis C Virus Recombinant Immunoblot Assay (HCV RIBA) positive
- OR
- Nucleic Acid Test (NAT) for HCV RNA Positive
- OR
- Antibodies to hepatitis C virus (anti-HCV) screening-test-positive with a signal to cut-off ratio predictive of a true positive as determined for the particular assay as defined by CDC. (URL for the signal to cut-off ratios:  
[http://www.cdc.gov/ncidod/diseases/hepatitis/c/sc\\_ratios.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/c/sc_ratios.htm))

**AND, Meets the following two criteria:**

- IgM anti-HAV negative
- AND
- IgM anti-HBc negative (if done) or HBsAg negative

## Case classification

Confirmed: a case that meets the clinical case definition and is laboratory confirmed

Probable: a hepatitis C case with a clinically compatible illness and with positive anti-HCV laboratory results with a signal to cut-off ratio that does not meet the above criteria or is not reported.

## Comments

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.

**Report liver enzymes results for all cases where these are available.**

**A copy of laboratory test results must accompany the case report form.**

# Hepatitis C, Chronic

reporting code = 07054  
case report form: CDC 53.1 (8/01)  
*Viral Hepatitis Case Report*  
**MERLIN ELECTRONIC SUBMISSION**

## Clinical case definition

Persons with chronic hepatitis C may have no evidence of liver disease or may have a spectrum of disease ranging from chronic hepatitis to cirrhosis or liver cancer. Persons with chronic infection may be asymptomatic.

## Laboratory criteria

- Antibody to HCV (anti-HCV) positive (repeat reactive) by enzyme immunoassay (EIA), verified by an additional more specific assay (e.g. RIBA or PCR for HCV RNA)

OR

- HCV RIBA positive

OR

- Nucleic acid test for HCV RNA positive

OR

- Report of HCV genotype

OR

- Anti-HCV positive (repeat reactive) with a signal to cut-off ratio predictive of a true positive as determined for the particular assay as defined by CDC. (URL for the signal to cut-off ratios:

[http://www.cdc.gov/ncidod/diseases/hepatitis/c/sc\\_ratios.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/c/sc_ratios.htm))

## Case Classification

Confirmed: A case that is laboratory confirmed.

Probable: A case that is anti-HCV positive (repeat reactive) by EIA and has alanine aminotransferase (ALT or SGPT) values above the upper limit of normal, but the anti-HCV EIA result has not been verified by an additional more specific assay and the signal to cut-off ratio is unknown.

Suspect: A case that is Anti-HCV positive, but absent other diagnostic criteria.

**A copy of laboratory test results must accompany the case report form.**