Hepatitis B Case Ascertainment Worksheet

Case Definition for Acute Hepatitis B

Clinical Description

An acute illness with: a) discrete onset of symptoms, and b) jaundice or elevated serum aminotransferase levels.

Laboratory Criteria for Diagnosis

- IgM antibody to hepatitis B core antigen (anti-HBc) positive or hepatitis B surface antigen (HbsAg) positive.
- IgM anti-HAV negative (if done).

Case Classification

<u>Confirmed</u>: a case that meets the clinical case definition and is laboratory confirmed.

Comments

Persons who have chronic hepatitis or persons identified as HBsAg positive should not be reported as having acute viral hepatitis unless they have evidence of an acute illness compatible with viral hepatitis (with the exception of perinatal hepatitis B infection).

Guidelines for investigating hepatitis B

Local health department (LHD) receives a lab report with a HBsAg and/or HBcAb IgM positive marker.

1. Conduct an internal record search – has patient been reported before?
   - ➢ Yes
     - If chronic case (Hepatitis B surface antigen [HBsAg] positive, total anti-HBc positive [if done] and IgM anti-HBc negative, OR HBsAg positive two times at least 6 months apart), ensure education was originally provided and close case
     - If lab is a follow-up to an acute case – add to WVEDSS and forward a hard copy to State Hepatitis B Epidemiologist

   - ➢ No
     - Begin investigation to determine if this is an acute hepatitis B case

2. Call the provider to collect additional patient information
   a. Confirm patient's demographics.   e.g. complete name, address, phone number, date of birth, etc.
   b. Reason for testing?
   c. Is the patient symptomatic? e.g. jaundice, nausea, vomiting, fatigue, dark urine, clay colored stool, etc
   d. Date of onset of illness?
   e. Is the patient pregnant?
      - ➢ Yes
        - Ask when is the EDD (estimated date of delivery)
        - Notify the **Perinatal Hepatitis B Coordinator at the Immunization Program immediately (1-800-642-3634).**
   f. Are there any other lab tests?   e.g. hepatitis A & C, liver enzymes, bilirubin
   g. Does the patient have a history of IV drug abuse and or alcohol abuse?
   h. Does the patient have a hepatitis B vaccine history?
      - ➢ If yes, obtain:
        - dates of vaccination
        - number of doses received
        - manufacture name & vaccine lot number
   i. Did the physician notify the patient of the positive lab report?
      - ➢ Yes
        - Work with the provider to identify contacts Provide necessary public health action

      - ➢ No

- Inform the physician that you will be notifying the patient to provide education on transmission and prevention and to identify contacts

3. Conduct an investigation using the CDC Viral Hepatitis Case Report form to identify any risk factors. (CDC form is available in the Hepatitis B protocol and on the IDEP website ttp://www.wvdhhr.org/IDEP/PDFs/IDEP/CDC_hepatitis.pdf)
   a. Investigate 6 weeks to 6 months prior to illness onset
      i. Did the patient have multiple sex partners?
      ii. How many female sex partners did the patient have?
      iii. How many male sex partners did the patient have?
      iv. Did the patient have a history of STDs?
      v. Was the patient an injecting drug user (sharing needles and/or "works")?
      vi. Was the baby born to a HBsAg positive mother?
      vii. Did the patient have any household members or sexual contacts that could have been exposed?
      viii. Did the patient's employment expose him to human blood?
      ix. Was the patient ever incarcerated?

4. Conduct contact tracing to identify the following contacts and provide the necessary public health interventions:
   a. Sexual contacts
      Was the last sexual contact(s) within 14 days and is the vaccine immune status unknown?   If yes, ensure that:
      ➢ a blood sample from the contact(s) is submitted to WV OLS for hepatitis B screen.
      ➢ the hepatitis B immunoglobulin (HBIG) and the first dose of hepatitis B vaccine is administered to the contact(s).
         - If hepatitis serologies are positive, stop vaccination series and refer the patient for medical care.   If serologies are negative, complete the full immunization series.
      ➢ the hepatitis B tracking form is completed and it is submitted to the HIV/AIDS/STD Program.
   b. Needle sharing contacts
      Was the last needle sharing contact(s) within 7 days and is the vaccine immune status unknown? If yes, ensure that:
      ➢ a blood sample from contact(s) is submitted to WV OLS for hepatitis B screen.
      ➢ the hepatitis B immunoglobulin (HBIG) and the first dose of hepatitis B vaccine is administered to the contact(s).
         - If hepatitis serologies are positive, stop vaccination series and refer the patient for medical care.   If serologies are negative, complete the full immunization series.
         - HBIG must be administered within a week after the last needle sharing event with the source patient.
      ➢ the hepatitis B tracking form is completed and it is submitted to the HIV/AIDS/STD Program.
   c. Household contacts
      Was the last household contact(s) within 14 days and the vaccine immune status unknown? If yes, ensure that:
      ➢ a blood sample from contact(s) is submitted to WV OLS for hepatitis B screen.
      ➢ the hepatitis B immunoglobulin (HBIG) and the first dose of hepatitis B vaccine is administered to the contact(s).
         - If hepatitis serologies are positive, stop vaccination series and refer the patient for medical care.   If serologies are negative, complete the full immunization series
      ➢ the hepatitis B tracking form is completed and it is submitted to the HIV/AIDS/STD Program.

If prophylaxis is needed contact the State Hepatitis B Epidemiologist or your Disease Intervention Specialist (DIS) 1-800-642-8244.

5. Refer for medical evaluation
   a. Persons with acute hepatitis B should be evaluated for development of chronic infection
   b. Detection of HBsAg >6 months after illness onset indicates the presence of chronic infection.
   c. Evaluate for chronic liver disease, eligibility for treatment.

6. Report
   a. Enter data into WVEDSS including labs and submit for State Review.   *Until WVEDSS is functional, send a paper copy and all appropriate laboratory studies to the West Virginia HIV/AIDS/STD program, as well as submitting it electronically.*