

**North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch**



ATTENTION HEALTH CARE PROVIDERS:

Please report relevant clinical findings about this disease event to the local health department.

**HEPATITIS C, ACUTE
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 60**

REMINDER to Local Health Department staff: If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN

NC EDSS LAB RESULTS Verify if lab results for this event are in NC EDSS. If not present, enter results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name—City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	

NC EDSS PART 2 WIZARD COMMUNICABLE DISEASE

Is/was patient symptomatic for this disease? Y N U

If yes, symptom onset date (mm/dd/yyyy): ___/___/___

CHECK ALL THAT APPLY:

Fatigue/malaise/weakness..... Y N U

Loss of appetite (anorexia)..... Y N U

Weight loss with illness..... Y N U

Nausea..... Y N U

Vomiting..... Y N U

Abdominal pain or cramps..... Y N U

Joint pain..... Y N U

Enlarged liver (hepatomegaly)..... Y N U

Elevated liver enzymes..... Y N U
(ALT>200 IU/L)
If yes, specify level: _____

Jaunder (yellow skin, eyes, light or gray stools, hyperbilirubinemia).... Y N U
If yes, date of onset: (mm/dd/yyyy) _____

Dark urine (bilirubinuria)..... Y N U
If yes, date of onset: (mm/dd/yyyy) _____

Other symptoms, signs, clinical findings, or complications consistent with this illness..... Y N U
If yes:
Specify: _____

Tested for IgM anti-HAV?..... Y N U
If yes, results:..... positive negative

Tested for IgM anti-HBc?..... Y N U
If yes, results:..... positive negative

PREDISPOSING CONDITIONS

Any immunosuppressive conditions? Y N U

Specify _____

REASON FOR TESTING

Why was the patient tested for this condition? (Select all that apply)

Symptoms of acute hepatitis

Screening of asymptomatic person with reported risk factor(s)

Elevated liver enzymes

Blood/organ/tissue donor screening

Follow-up for previous marker for viral hepatitis

Blood/body fluid exposure

Healthcare exposure

Other, specify: _____

Unknown

HOSPITALIZATION INFORMATION

Was patient hospitalized for this illness >24 hours? Y N U

Hospital name: _____

City, State: _____

Hospital contact name: _____

Telephone: (____) _____ - _____

Admit date (mm/dd/yyyy): ___/___/___

Discharge date (mm/dd/yyyy): ___/___/___

ISOLATION/QUARANTINE/CONTROL MEASURES

Restrictions to movement or freedom of action?..... Y N

Check all that apply:

Work Sexual behavior

Child care Blood and body fluid

School Other, specify _____

Date control measures issued: _____

Date control measures ended: _____

Was patient compliant with control measures?..... Y N

Did local health director or designee implement additional control measures?..... Y N

If yes, specify: _____

Were written isolation orders issued?..... Y N

If yes, where was the patient isolated? _____

Date isolation started? _____

Date isolation ended? _____

Was the patient compliant with isolation?..... Y N

CLINICAL OUTCOMES

Discharge/Final diagnosis: _____

Survived?..... Y N U

Died?..... Y N U

Died from this illness?..... Y N U

Date of death (mm/dd/yyyy): ___/___/___

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy)
						SSN

TRAVEL/IMMIGRATION

The patient is:
 Resident of NC
 Resident of another state or US territory
 None of the above

Notes:

HEALTH CARE FACILITY AND BLOOD & BODILY FLUID EXPOSURE RISKS

From 2 weeks to 6 months prior to onset of symptoms/illness did the patient have any of the following healthcare facility exposures?

Patient was hospitalized..... Y N U
 Patient was a resident of a long-term care facility (e.g., nursing home, rest home, rehab)..... Y N U
 Patient underwent dialysis Y N U
 If yes:
 Facility Name _____
 City _____
 State _____ Country _____
 Patient had puncture or accidental stick with a needle or other object known to be or possibly contaminated with blood..... Y N U
 Received blood or blood products (transfusion)..... Y N U
 Date received (mm/dd/yyyy) _____
 Date unknown
 Facility or Provider name _____
 Address _____
 Contact name _____
 Received any IV infusions (other than blood/blood product transfusions) and/or injections in an outpatient setting..... Y N U
 Patient had dental work or oral surgery..... Y N U
 Other surgery (besides oral surgery), obstetrical or invasive procedure..... Y N U
 Was patient employed in a medical or dental field involving direct contact with human blood?..... Y N U
 Was frequency of direct blood contact
 Frequent (several times weekly)
 Infrequent
 Unknown
 Did the patient have other blood and/or body fluid exposure?..... Y N U
 Have non-healthcare related exposure to someone else's blood?..... Y N U
 Specify _____
 Was patient employed as a public safety worker (firefighter, law enforcement, or correctional officer) having direct contact with human blood?..... Y N U
 If yes, was frequency:
 Frequent (several times weekly)
 Infrequent
 Unknown

Notes:

BEHAVIORAL RISK AND CONGREGATE LIVING

During the 6 months prior to onset of symptoms, did the patient live in any congregate living facilities (correctional facility, barracks, shelter, commune, boarding school, camp, dormitory/sorority/fraternity)?..... Y N U
 Name of facility: _____
 Dates of contact: _____
Has the patient ever been incarcerated longer than 24 hours?..... Y N U
 Indicate all facilities that apply:
 Jail Juvenile
 Prison Unknown
Has the patient ever been incarcerated for longer than 6 months?..... Y N U
 Year of most recent incarceration of longer than 6 months: _____
 Date of most recent incarceration of longer than 6 months: _____
Has the patient ever received any tattoos?..... Y N U
 If yes, where was the tattoo performed?
 Commercial parlor/shop, specify name: _____
 Correctional facility
 Other, specify _____
 Unknown
Has the patient received any piercings (other than ears)?..... Y N U
 If yes, where was the piercing performed?
 Commercial parlor/shop, specify name: _____
 Correctional facility
 Other, specify _____
 Unknown
Has the patient ever used injection drugs not prescribed by a doctor?..... Y N U
Has the patient ever used NON-injection street drugs?..... Y N U
Has the patient had sexual contact with a known or suspected case of this disease?... Y N U
Has the patient ever been diagnosed with a sexually transmitted disease (STD)?..... Y N U
 Indicate year of last STD treatment: _____
During the 6 months prior to symptom onset, has the patient had sexual contact with a FEMALE?..... Y N U
 If yes, specify number of female partners _____
During the 6 months prior to symptom onset, has the patient had sexual contact with a MALE?..... Y N U
 If yes, specify number of male partners _____
In what setting was the patient most likely exposed?
 Restaurant Place of Worship
 Home Outdoors, including woods or wilderness
 Work Athletics
 Child Care Farm
 School Pool or spa
 University/College Pond, lake, river or other body of water
 Camp Hotel / motel
 Doctor's office/ Outpatient clinic Social gathering, other than listed above
 Hospital In-patient Travel conveyance (airplane, ship, etc.)
 Hospital Emergency Department International
 Laboratory Community
 Long-term care facility /Rest Home Other (specify) _____
 Military Unknown
 Prison/Jail/ Detention Center

OTHER EXPOSURE INFORMATION

Does the patient know anyone else with similar symptoms? Y N U
 Specify _____

Notes:

CASE INTERVIEWS/INVESTIGATIONS

Was the patient interviewed?..... Y N U
 Date of interview (mm/dd/yyyy): ____/____/____
Were interviews conducted with others?..... Y N U
 Who was interviewed? _____
Were health care providers consulted?..... Y N U
 Who was consulted? _____
Medical records reviewed (including telephone review with provider/office staff)?..... Y N U
 Specify reason if medical records were not reviewed: _____

Notes on medical record verification:

GEOGRAPHICAL SITE OF EXPOSURE

In what geographic location was the patient MOST LIKELY exposed?
 Specify location:
 In NC
 City _____
 County _____
 Outside NC, but within US
 City _____
 State _____
 County _____
 Outside US
 City _____
 Country _____
 Unknown

Is the patient part of an outbreak of this disease?..... Y N

Notes:

Hepatitis C, Acute

2020 Case Definition

CSTE Position Statement(s)

19-ID-06

Clinical Criteria

All hepatitis C virus cases in each classification category should be >36 months of age, unless known to have been exposed non-perinatally.

One or more of the following:

- Jaundice, **OR**
- Peak elevated total bilirubin levels ≥ 3.0 mg/dL, **OR**
- Peak elevated serum alanine aminotransferase (ALT) levels >200 IU/L,

AND

The absence of a more likely diagnosis (which may include evidence of acute liver disease due to other causes or advanced liver disease due to pre-existing chronic hepatitis C [HCV] infection or other causes, such as alcohol exposure, or viral hepatitis, hemochromatosis, etc.).

Laboratory Criteria

Confirmatory laboratory evidence:

- Positive hepatitis C virus detection test: Nucleic acid test (NAT) for HCV RNA positive (including qualitative, quantitative, or genotype testing), **OR**
- A positive test indicating presence of hepatitis C viral antigen(s) (HCV antigen)

Presumptive laboratory evidence:

- A positive test for antibodies to hepatitis C virus (anti-HCV)

Epidemiologic Linkage

No epidemiologic linkage is required for case definition.

Criteria to Distinguish a New Case from an Existing Case

A new acute case is an incident case that is over the age of 36 months and has not previously been reported meeting case criteria for chronic hepatitis C or for whom there is laboratory evidence of re-infection. Cases under the age of 36 months should be classified under the Perinatal HCV Position Statement (17-ID-08) unless the exposure mode is not perinatal (e.g., healthcare acquired).

All jurisdictions are encouraged to track negative HCV viral detection tests to document both spontaneous clearance of infection or 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 to CDC.

Acute cases determined via anti-HCV test conversion do not need to have a positive HCV viral detection test reported to be considered confirmed acute cases.

A new probable acute case may be reclassified as confirmed acute if a positive HCV viral detection test is reported in the same reporting year (e.g. prior to CDC closing reporting for the calendar year).

Collection of risk history data is recommended for probable and confirmed acute HCV cases. Timing of risk history data to collect ranges from 2 weeks to 12 months prior to symptom onset or diagnosis. The time frame to employ depends on the method of classification (e.g. if a case meets clinical criteria and has a positive HCV detection test, a risk history time frame of 2 weeks to 6 months prior to onset should be used; for a case classified via anti-HCV test conversion or HCV RNA test conversion, 2 weeks to 12 months prior to onset should be considered).

If evidence indicating resolution of infection is received after a confirmed acute case has been reported to CDC, the case report does not need to be modified as it was a confirmed case at the time of initial report. However, negative HCV viral detection test results received on confirmed acute case, subsequent to an initial positive result, should be appended to case reports, as feasible, and considered for the purpose of data analysis by each jurisdiction.

For probable acute cases, the presence of a negative HCV viral detection test result, in the absence of criteria that would allow for confirmation, indicates that a case should not be classified as probable acute and should not be reported to CDC.

A confirmed acute case may be classified as a confirmed chronic case if a positive HCV viral detection test 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 viral detection test). For purposes of incidence and prevalence calculations, confirmed acute and chronic HCV cases should be counted.

Case Classification

Probable

- A case that meets clinical criteria and has presumptive laboratory evidence, **AND**
- Does not have a hepatitis C virus detection test reported, **AND**
- Has no documentation of anti-HCV or HCV RNA test conversion within 12 months.

Confirmed

- A case that meets clinical criteria and has confirmatory laboratory evidence, **OR**
- A documented negative anti-HCV followed within 12 months by a positive anti-HCV test (anti-HCV test conversion) in the absence of a more likely diagnosis, **OR**
- A documented negative anti-HCV **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 virus detection test (HCV RNA test conversion) in the absence of a more likely diagnosis.