



State of California—Health and Human Services Agency
California Department of Public Health



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TO: California Healthcare Providers

FROM: California Department of Public Health, Division of Communicable Disease Control,
Sexually Transmitted Diseases Control Branch, Office of Viral Hepatitis Prevention

SUBJECT: NEW REPORTING REQUIREMENTS FOR ACUTE HEPATITIS C

Dear Colleague:

As you may know, both acute and chronic hepatitis C are reportable to local health departments by California healthcare providers in accordance with the California Code of Regulations (CCR), Title 17, Section 2500.

It is usually astute clinicians who first alert local health departments to potential healthcare-associated hepatitis C outbreaks by reporting acute hepatitis C cases.

Because most hepatitis C cases are reported by laboratories and no single laboratory test differentiates between acute and chronic hepatitis C infection, we rely on healthcare providers to report acute cases of suspected or confirmed hepatitis C to the local health department where the patient resides.

Your help is especially important when identifying cases that may be of particular public health concern, such acute hepatitis C cases in older patients without traditional risk factors for hepatitis C infection who may have been exposed during recent healthcare procedures.

Because so many hepatitis C cases are reported in California it is critically important for clinicians to report acute cases to local health departments so appropriate public health follow-up of cases can be implemented. We depend on your expert opinion to make this determination.

The Council of State and Territorial Epidemiologists recently revised the case definitions for acute and chronic hepatitis C. The new case definitions, which were effective as of January 1, 2016, may be accessed at the links below.

Acute: <http://wwwn.cdc.gov/nndss/conditions/hepatitis-c-acute/case-definition/2016/>
Chronic: <http://wwwn.cdc.gov/nndss/conditions/hepatitis-c-chronic/case-definition/2016/>



Please report any patient meeting either of the following two criteria to your local health department:

1) Acute hepatitis C infection:

- An illness with discrete onset of any sign or symptom consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain), AND
- Jaundice or a peak elevated serum alanine aminotransferase (ALT) level >200 IU/L during the period of acute illness, AND
- A positive test for antibodies to hepatitis C virus (anti-HCV), or a positive HCV nucleic acid test (NAT) result, or a positive HCV antigen* result.

2) Hepatitis C seroconversion (patient may be asymptomatic):

- A documented negative anti-HCV, HCV NAT, or HCV antigen* result, followed within 12 months by a positive result of any of these tests.

*When and if a test for HCV antigen(s) is approved by FDA and available.

Please note that in the new 2016 case definition, the time frame for hepatitis C seroconversions reportable to public health has changed from 6 to 12 months, i.e., a documented negative HCV antibody, antigen or NAT test result followed within 12 months by a positive result for any of these tests is considered an HCV seroconversion. Also, the cutoff for distinguishing between normal and elevated ALTs when reporting an acute case of hepatitis C has been reduced from 400 IU/L to 200 IU/L.

To report a case of acute hepatitis C or hepatitis C seroconversion, complete a Confidential Morbidity Report (CMR) <https://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph110a.pdf> and submit it to your local health department, or use the CalREDIE Provider Portal. For more information about the CalREDIE Provider Portal, visit https://www.cdph.ca.gov/data/informatics/tech/Documents/Provider_Portal_Flyer.pdf. For a list of California Local Health Department Communicable Disease Reporting contacts, visit <http://www.cdph.ca.gov/HealthInfo/Pages/ReportableDiseases.aspx>.

Thank you for your assistance in improving viral hepatitis surveillance and hepatitis case follow-up in California. If you have questions about the revised case definition for hepatitis C or hepatitis C reporting, please contact Cynthia Yen at Cynthia.Yen@cdph.ca.gov or (510) 620-3987.

Sincerely,



Rachel McLean, MPH
Chief, Office of Viral Hepatitis Prevention
Sexually Transmitted Diseases Control Branch