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**Identification and Reporting of Hepatitis C Virus Infections
to Public Health Agencies**

Health care providers and laboratory personnel are required by law to report both acute and chronic cases of hepatitis C virus (HCV) infections to local public health departments (Wisconsin Statute Chapter 252.05 and Administrative Rule Chapter HFS 145). Notification of acute cases is especially important in detecting clusters of new cases that may be linked to breaches in safe injection practices and other standards of care. However, acute cases are difficult to detect as most persons (approximately 60-70%) with HCV infections are asymptomatic. Furthermore, laboratory testing cannot differentiate between acute and past infections.

The following information will help health care professionals identify possible cases of acute HCV infections that must be reported to the local health department of the patient's place of residence. All suspected cases of acute HCV infection are to be reported within 72 hours of identification.

Contact your local health department for more information on how to report acute and chronic cases of HCV infection.

Wisconsin Case Definition of Acute HCV Infection

- Acute illness with discrete onset of symptoms; or a documented anti-HCV seroconversion (from negative to positive); AND
- Serum alanine aminotransferase levels (ALT) >7 times the upper limit of normal; AND
- IgM anti-HAV negative; AND
- IgM anti-HBc negative (if done) or HBsAg negative; AND
- A positive anti-HCV EIA with high s/co ratio or by chemiluminescence immunoassay (CIA) with a high (≥ 8.0) s/co ratio; or a positive supplemental antibody assay, e.g. RIBA or a positive confirmatory test that detects HCV RNA, e.g., PCR.

Possible Indicators of Acute HCV Infection

If one or more of the following factors are present, in the absence of information indicating that the case is chronic or resolved, suspect that the case is acute or recently acquired:

- Age less than or equal to 25 years
- Current or recent (within the last 6 months before symptom onset) injection drug use
- Recent blood exposure to someone with HCV infection
- Recent (within the last 6 months before symptom onset) hemodialysis patient
- Tested and diagnosed with HCV infection in an emergency room or an urgent care facility
- Symptoms compatible with acute hepatitis (jaundice, anorexia, dark urine, pale stool, malaise, and abdominal pain)
- Significantly elevated liver enzymes (≥ 350)
- Disqualified repeat blood product donor (suggests recent anti-HCV seroconversion)
- No other risk factors and >60 years of age