Wisconsin Department of Health Services
Division of Public Health
P-02039 (Rev 02/2020)

Communicable Disease Case Reporting and Investigation Protocol

HEPATITIS C VIRUS INFECTION

I. IDENTIFICATION AND DEFINITION OF CASES

A. Clinical Description:

1. **Acute or Chronic**:
   Cases 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 virus (HCV) infection or other causes, such as alcohol exposure, other viral hepatitis, hemochromatosis, etc.)
2. **Perinatal:** Perinatal hepatitis C in pediatric patients may range from asymptomatic to fulminant hepatitis.

B. Laboratory Criteria:

1. **Acute or Chronic:**
   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)
2. **Perinatal:** HCV RNA positive test results for infants between 2 to 36 months of age, OR HCV genotype test results for infants between 2 to 36 months of age or greater, OR HCV antigen test results for infants between 2 to 36 months of age or greater.

C. Wisconsin Surveillance Case Definitions:

1. **Acute:**
   Cases should be > 36 months of age, unless known to have been exposed non-perinatally.
   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 a positive hepatitis C virus detection test (HCV NAT or HCV antigen), OR has documented negative HCV antibody, HCV antigen or NAT laboratory test result followed within 12 months by a positive result of any of these tests (test conversion).
2. **Chronic:**
   Cases should be > 36 months of age, unless known to have been exposed non-perinatally.
   Probable: A case that does not meet OR has no report of clinical criteria, AND has presumptive laboratory evidence, AND has no documentation of anti-HCV or RNA test conversion within 12 months, AND does not have an HCV RNA detection test reported.
   Confirmed: A case that does not meet OR has no report of clinical criteria, AND has confirmatory laboratory evidence, AND has no documentation of anti-HCV or HCV RNA test conversion within 12 months.
3. **Perinatal:**
   Confirmed: Infant who has a positive test for HCV RNA nucleic acid amplification test (NAAT), HCV antigen, or detectable HCV genotype at ≥2 months and ≤36 months of age and is not known to have been exposed to HCV via a mechanism other than perinatal.

II. REPORTING

A. **Wisconsin Disease Surveillance Category II – Methods for Reporting:** This disease shall be reported to the patient's local health officer or to the local health officer's designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § DHS 145.04(3)(b). Report electronically through the Wisconsin

Electronic Disease Surveillance System (WEDSS), mail, or fax a completed Acute and Communicable Disease Case Report (F-44151) to the address on the form.

B. **Responsibility for Reporting**: According to Wis. Admin. Code § DHS 145.04(1), persons licensed under Wis. Stat. ch. 441 or 448, laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in Appendix A.

D. **Clinical Criteria for Reporting:** Evidence of clinical and relevant laboratory information indicative of perinatal, acute, or chronic HCV infection.

C. **Laboratory Criteria for Reporting:** Laboratory evidence of infection by methods specified in laboratory criteria, above. All positive results should be reported.

III. CASE INVESTIGATION

A. **Responsibility for case investigation**: It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.

B. **Required Documentation:**
1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs OR submit the Acute and Communicable Disease Report (F-44151).
2. Upon completion of investigation, set WEDSS disease incident process status to "Sent to State."

C. **Additional Investigation Responsibilities**: Determine whether the case is potentially outbreak-related and notify the Division of Public Health (DPH), Bureau of Communicable Diseases (BCD).

IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES

A. In accordance with Wis. Admin. Code § DHS 145.05, local public health agencies should follow the methods of control recommended in the current editions of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association, and the American Academy of Pediatrics' *Red Book: Report of the Committee on Infectious Diseases*, unless otherwise specified by the state epidemiologist.

B. Follow the guidelines for local public health agencies.

C. Contact the health care provider to obtain all relevant test results, to inquire about symptoms and risk factors, and to identify any alternative diagnoses or underlying medical conditions that might explain any symptoms of acute hepatitis or abnormal liver function test results.

D. After speaking with the health care provider, contact the patient to advise on measures to protect the liver from further harm, e.g., by avoiding the use of alcohol, not sharing injection drug equipment, and obtaining hepatitis A and hepatitis B vaccines.

E. Educate the client on how to protect others from exposure to HCV:
- Not donating blood, body organs, tissue, or sperm
- Not letting anyone else use the client's razor, toothbrush, or other personal care items
- Covering open cuts or sores with a bandage until they have healed
- If currently injecting drugs, seeking help in trying to stop. If not stopping use, never share needles or other equipment used to prepare or inject drugs (sometimes referred to as "works") with anyone else. Refer the client to harm reduction or syringe services in the area.
- Sexual transmission of HCV is rare, but persons with certain risk factors (men who have sex with men, drug use during sex, blood exposure during sex) are at higher risk of HCV transmission and should use protection.
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F. Client referral (self-referral) is used for contacts of HCV cases. Encourage clients to recommend HCV counseling and testing to their needle sharing and sexual partners. HCV counseling and testing services may be accessed through primary health care providers, local health departments, AIDS service organizations, or STD clinics that offer HCV testing.

G. Testing household contacts is not necessary unless they have had an identified blood exposure to the HCV infected person.

H. An infant whose mother has HCV infection should be tested for anti-HCV no sooner than 18 months of age. If earlier diagnosis is desired, the infant may be tested for HCV RNA (PCR) at 1-2 months of age. An infected mother may breastfeed unless her nipples are cracked or bleeding.

I. Refer the client to a medical provider for medical evaluation to assess liver function and need for treatment.

V. CONTACTS FOR CONSULTATION

A. Local health departments and tribal health agencies: https://www.dhs.wisconsin.gov/lh-depts/index.htm

B. Division of Public Health regional staff: http://www.dhs.wisconsin.gov/localhealth/index.htm

C. BCD/HIV program/Hepatitis program: 608-266-5819

D. Wisconsin State Laboratory of Hygiene: 800-862-1013

VI. RELATED REFERENCES

A. Heymann DL, ed. Hepatitis C virus In: *Control of Communicable Diseases Manual*. 20th ed. Washington, DC: American Public Health Association, 2015: 265-268.

B. Pickering LK, ed. Hepatitis C virus In: *Red Book*: *2015 Report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2015: 423-430.

C. Centers for Disease Control and Prevention (CDC). Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. *MMWR* 1998; 47(No. RR. 19):1-39.

D. CDC Guidelines for laboratory testing and result reporting. *MMWR* 2013; 62: https://www.cdc.gov/mmwr/pdf/wk/mm62e0507a2.pdf

E. CDC Viral hepatitis website: http://www.cdc.gov/hepatitis

F. Wisconsin Hepatitis C program website: https://www.dhs.wisconsin.gov/viral-hepatitis/hcv-program.htm