Acute Hepatitis C – Surveillance and Case Management

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Background

- Cases of acute hepatitis C have increased rapidly in the US since 2010, most being associated with IDU

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• The highest incidence of acute hepatitis C is typically found among people in younger age groups (20-39 years)

Figure 3.4. Rates of reported acute hepatitis C virus infection, by age group — United States, 2004–2019

Surveillance

• Improving acute hepatitis C surveillance is an important component for eliminating hepatitis C

• Surveillance data can be used to inform and improve public health interventions:
  • Monitor trends in disease incidence and determine risk behaviors or exposures
  • Identify outbreaks
  • Assess missed opportunities for prevention and needs for education
  • Understand the burden of hepatitis C in the community

**Case Ascertainment**

- **Laboratory Reporting**
  - Aids in understanding of epidemiology, case ascertainment, case classification, and monitoring cure continua for acute hepatitis C:
    - Anti-HCV (positive results – and negative, if possible);
    - HCV RNA (positive and negative results), including quantitative, qualitative, and genotype testing; and
    - HCV antigen (positive and negative results) when and if a test is approved by FDA.
Case Ascertainment

• Health Care Facility and Provider Reporting
  • Many states require health care facilities and providers to report hepatitis C diagnoses

• Additional Sources of Information
  • Medical records, hospital discharge databases, death certificates, and birth certificates.
Case Investigation Prioritization

• Some jurisdictions may lack resources to conduct investigations for all acute cases – consider prioritization for investigation:
  • Gather minimal risk data and follow-up on cases WITHOUT anticipated risk history
  • Target efforts to groups that might be at higher risk of acquiring or transmitting HCV (PWID, PLWH, pregnant people, etc.)
  • Target efforts based on specific settings (SSPs, correctional facilities, homeless service providers, etc.)
  • Supplement surveillance data with other data sources to target efforts in high risk populations (SAMHSA/state drug use, overdose, EMS, hospital discharge data, etc.)
Scenario: A primary care provider reported a positive HCV RNA test result in a person 24 years of age. Liver function tests show a peak ALT level of 236 IU/L, but jaundice is not present. There is not a more likely diagnosis than acute hepatitis C. The patient could not be matched with an existing acute or chronic case of hepatitis C in the surveillance system.

Classification: This patient meets the classification criteria for confirmed acute hepatitis C.
Case Ascertainment and Classification

**Scenario:** The HD received a positive anti-HCV laboratory result on a person 20 years of age. The person’s HCV RNA status is unknown. Through provider follow-up, it was determined that the patient presented with nausea, fatigue, and jaundice; the peak ALT level was 642 IU/L. There is not a more likely diagnosis than acute hepatitis C. This patient could not be matched with an existing acute or chronic case of hepatitis C in the surveillance system.

**Classification:** This patient meets the classification criteria for probable acute hepatitis C.
Thank You

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