Dear Colleagues:

During the past three years, the United States has been experiencing widespread outbreaks of hepatitis A virus infections among at-risk populations, primarily: people who use drugs, people experiencing homelessness, and men who have sex with men. The Centers for Disease Control and Prevention is collaborating with state public health departments to characterize the genetic relatedness of hepatitis A virus (HAV) strains associated with these outbreaks to inform response efforts. To streamline laboratory testing during these outbreaks, CDC requests that states consider sending only those specimens that have tested positive for anti-hepatitis A IgM and meet any of the following criteria:

- Specimen from a case patient in a county that has not yet reported a hepatitis A case in an at-risk population;
- Specimen from a case patient who doesn’t report any known risk factors or contact with at-risk populations (e.g., household or sexual contact, volunteering at a homeless shelter);
- Specimen from a case patient suspected to be associated with foodborne transmission;
- Archived/stored specimen from a patient who has died, and whose classification as an outbreak-related death requires nucleic acid testing beyond anti-HAV IgM-positivity; or
- Other patient specimens not meeting the above criteria that require nucleic acid testing or molecular characterization (to be discussed on a case-by-case basis).

**Specimen Submission**

- State health departments wanting to submit specimens meeting the above criteria to CDC for further testing are requested to contact CDC at hepaoutbreaklab@cdc.gov for prior approval.
- Once approved for submission:
  - Please follow instructions for ‘Submitting Specimens to CDC’ using test code CDC-10325 at [https://www.cdc.gov/laboratory/specimen-submission/detail.html?CDCTestCode=CDC-10325](https://www.cdc.gov/laboratory/specimen-submission/detail.html?CDCTestCode=CDC-10325), and
  - Complete CDC 50.34 specimen submission form as specified in the example with adding the priority status in the ‘Brief Clinic Summary’ section along with any additional information the state would normally include.

Each specimen must receive prior approval based on above criteria. Specimens submitted without prior approval or that fall outside of the priority criteria listed may not be tested at CDC.

Sincerely,

Carolyn Wester, MD, MPH
Director, Division of Viral Hepatitis
CDC

Enclosures
**CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN**

**LABORATORY EXAMINATION REQUESTED**
- **Test order name:** Hepatitis A Serology, NAT and Genotyping
- **Test order code:** CDC-10325
- **Suspected Agent:** Hepatitis A
- **Date sent to CDC:**
- **At CDC, bring to the attention of:** Amanda Poe

**PATIENT INFORMATION**
- **Patient Name:**
- **Birth date:**
- **Case ID:**
- **Sex:**
- **Age:**
- **Age Units:**
- **Clinical Diagnosis:**
- **Date of onset:**
- **Pregnancy Status:**
- **Fatality:**
- **Date of Death:**

**SPECIMEN INFORMATION**
- **Specimen collected date:**
- **Time:**
- **Material Submitted:** Original material
- **Specimen source (type):** Serum specimen
- **Specimen source modifier:**
- **Specimen site:**
- **Specimen source site modifier:**
- **Collection method:**
- **Treatment of specimen:**
- **Transport medium/Specimen preservative:**
- **Specimen handling:** Frozen (Dry Ice)

**CDC USE ONLY**
- **Package ID:**
- **Delivered to Unit #:**
- **Opened by:**
- **Until Specimen ID #:**
- **Date received at CDC:**
- **Date received at STAT:**
- **Date received in testing lab:**

**Condition** | **STAT Laboratory** | **Testing Laboratory**
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Outer Package |  |  
Specimen Container |  |  
Specimen |  |  

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**STATE PHIL./NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE / FEDERAL AGENCY / INTERNATIONAL INSTITUTION / PEACE CORPS**

**Name:**
**Institution name:**
**Street address:**
**City:**
**State:**
**Zip Code:**
**Phone:**
**Fax:**
**Point of Contact:**

**Patient ID:**
**Alternative Patient ID:**
**Specimen ID:**
**Alternative Specimen ID:**

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**ORIGINAL SUBMITTER** (Organization that originally submitted specimen for testing)

**Name:**
**Institution name:**
**Street address:**
**City:**
**State:**
**Zip Code:**
**Phone:**
**Fax:**
**Point of Contact:**

**Patient ID:**
**Alternative Patient ID:**
**Specimen ID:**
**Alternative Specimen ID:**

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**INTERMEDIATE SUBMITTER** (Complete if specimen is submitted to SPHL through an intermediate agency)

**Name:**
**Institution name:**
**Street address:**
**City:**
**State:**
**Zip Code:**
**Phone:**
**Fax:**
**Point of Contact:**

**Patient ID:**
**Alternative Patient ID:**
**Specimen ID:**
**Alternative Specimen ID:**

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**Version 3.0.0**  **Expiration Date:** 12/06/2019
Add the following code for test criteria:

1. Specimen from a case in a county that has yet reported a hepatitis A case in an at-risk population
2. Specimen from a case patient who doesn’t report any known risk factors or contact with at-risk populations (e.g., household or sexual contact, volunteering at a homeless shelter)
3. Specimen from a case patient suspected to be associated with foodborne transmission
4. Archived/stored specimen from a patient who has died, and whose classification as an outbreak-related death requires nucleic acid testing beyond anti-HAV IgM-positivity
5. Other patient specimens not meeting the above criteria that require nucleic acid testing or molecular characterization (to be discussed on a case-by-case basis).