Figure 3-3. Process for acute and chronic hepatitis B case ascertainment and classification

Laboratory report(s) or provider report indicating hepatitis B virus (HBV) infection in a person >24 months of age*

Is the patient an existing chronic hepatitis B event in the surveillance system?

Yes
- Is there evidence of reactivation?
  Yes
  - Contact provider to establish/confirm reactivation
  No
  - Append to existing event; update event per local protocols

No
- Is the patient newly reported to your surveillance system, OR was the patient an acute hepatitis B event in a previous MMWR year?
  Yes
  - Determine if the patient is positive for HBsAg or HBV DNA.
  No
  - Append to existing event and update the event per local protocols.

No
- Did the patient have a documented negative HBsAg test result within 6 months prior?
  Yes
  - Confirmed acute hepatitis B case
  No
  - Determine if the patient has symptoms consistent with acute viral hepatitis AND does the patient have jaundice or ALT >100 IU/L.
    Yes
      - Determine if there is a more likely diagnosis.
      No
      - Determine if the patient had a documented positive HBsAg or HBV DNA test result 6 or more months prior.
        Yes
          - Confirmed chronic hepatitis B case
        No
          - What is the result of anti-HBc IgM?
            Yes
              - Confirmed chronic hepatitis B case
            No
              - Probable chronic hepatitis B†

High resource activity • Minimum to moderate resource activity

* A person <24 months of age whose mode of exposure is not perinatal (e.g., health care-acquired) should be classified under the 2012 acute or chronic hepatitis B case definitions. A person <24 months of age whose mode of exposure is perinatal should be classified under the 2017 perinatal hepatitis B case definition. Surveillance programs should provide prevention programs with information on people who have positive test outcomes for post-test counseling and referral to treatment and care, as appropriate.

† Nucleic acid testing for HBV DNA, including qualitative, quantitative, and genotype testing. An isolated positive hepatitis B ‘e’ antigen (HBeAg) test result should prompt further investigation into the hepatitis B surface antigen (HBsAg) and/or HBV DNA results.

‡ A documented negative HBsAg within 6 months prior to a positive test (either HBsAg, HBeAg, or HBV DNA) does not require acute clinical presentation to meet the acute hepatitis B case definition.

§ A new acute hepatitis B case is an incident case that has not been previously notified as an acute or chronic hepatitis B case.

¶ Acute hepatitis B clinical symptoms include fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain.

# May include evidence of acute liver injury from infectious, autoimmune, metabolic, drug or toxin exposure, neoplastic, circulatory or thromboembolic, or idiopathic causes.

** May re-classify as confirmed if additional information is later received before the Nationally Notifiable Diseases Surveillance System (NNDSS) close-out date for national notification purposes. Jurisdictions with a longitudinal system can update probable cases to confirmed within their system at any time regardless of the NNDSS close-out date.