Figure 4-2. Process for acute and chronic hepatitis C case ascertainment and classification

1. A report from a laboratory or provider indicating hepatitis C virus (HCV) infection in a person older than 36 months of age is indicative of acute or chronic hepatitis C and should prompt an investigation.

2. Determine if the patient is an existing chronic hepatitis C event in the surveillance system. If yes, determine if there is evidence of reinfection per local protocols. If there is no evidence of reinfection, append to an existing event (if possible) and update event per local protocols. If there is evidence of reinfection, proceed to step 4.

3. If the patient is not an existing chronic hepatitis C event in the surveillance system, determine if the patient is newly reported to your surveillance system, OR if the patient was an acute hepatitis C event in a previous MMWR year and >1 year after acute specimen collection date. If no, append to an existing event (if possible) and update event per local protocols. If yes, proceed to step 4.

4. Determine if there is a positive HCV detection test (e.g., HCV RNA). If not, this is a not a hepatitis C case. If yes, this is a confirmed hepatitis C case. Proceed to step 5. If the HCV detection test result is not available, determine if there is a positive HCV antibody test. If not, this is not a hepatitis C case. If there is a positive HCV antibody test, this is a probable hepatitis C case. Proceed to step 5.

5. Determine the acute/chronic case status.
   a. Is there evidence of an anti-HCV or HCV detection test conversion? If yes, this is a confirmed acute hepatitis C case.
   b. Determine if the patient has jaundice or total bilirubin ≥3.0 mg/dL or ALT >200 IU/L. If no, the case status is chronic. If yes, determine if there is a more likely diagnosis to explain clinical evidence. If there is not a more likely diagnosis, the case status is acute. If there is a more likely diagnosis, the case status is chronic.

* A child <36 months of age whose mode of exposure is not perinatal (e.g., health care-acquired) should be classified under the 2020 acute or chronic hepatitis C case definition. A child 2–36 months of age whose mode of exposure is perinatal should be classified under the 2018 perinatal hepatitis C 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. HCV detection testing includes nucleic acid testing for HCV RNA (including qualitative, quantitative, or genotype testing) or a test indicating the presence of HCV antigen. At present, no HCV antigen tests are approved by the US Food and Drug Administration (FDA). These tests will be acceptable laboratory criteria, equivalent to HCV RNA testing, when an FDA-approved test becomes available.

† May re-classify as confirmed if a positive HCV detection test is later received before the National 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.

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

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¶ A documented negative HCV antibody followed within 12 months by a positive HCV antibody test (anti-HCV test conversion) OR a documented negative HCV antibody OR negative HCV detection test (in someone without a prior diagnosis of HCV infection) followed within 12 months by a positive HCV detection test (HCV detection test conversion).

# A new, acute hepatitis C case is either an incident case that has not been previously reported or a case among someone previously reported as having hepatitis C who has laboratory evidence of reinfection. Some jurisdictions are creating a local condition specific for reinfection as opposed to creating a new acute condition to maintain a deduplicated registry.

Reference: