02-ID-01

Committee: Infectious Diseases

Title: Hepatitis C Virus Infection (chronic or resolved)

Statement of the Problem:
An estimated 2.7 million people in the United States are chronically infected with hepatitis C virus (HCV). Persons with chronic HCV infection are a major reservoir for transmission of HCV infections. With screening for HCV infection and the advent of laboratory-based reporting of hepatitis C markers, an increasing number of persons testing positive for antibody to hepatitis C virus (anti-HCV) are being identified to state health departments. States and counties are increasingly interested in using these data to monitor the disease burden due to chronic infection and to develop prevention and case-management programs.

Statement of the desired action(s) to be taken:
CSTE recommends:
1. Approve case definition for chronic hepatitis C virus infection.
2. Place confirmed cases of chronic hepatitis C virus infection under national surveillance through the National Notifiable Diseases Surveillance System (NNDSS).

Goals of Surveillance:
1. Monitor and describe the burden of disease due to chronic HCV infection;
2. Collect data vital to prevention program planning;
3. Provide an opportunity for case management of persons with chronic infection
    a. counsel chronically infected persons so that they may reduce transmission to others and prevent further harm to their liver.
    b. refer for medical management.

Methods for Surveillance:
Clinician and laboratory reporting. Core data elements collected by state health departments and reported weekly to Centers for Disease Control and Prevention through National Electronic Telecommunications Surveillance System (NETSS) or in the future National Electronic Disease Surveillance System (NEDSS).

Case Definition:
Clinical description

Most HCV-infected persons are asymptomatic. However, many have chronic liver disease, which can range from mild to severe including cirrhosis and liver cancer.

Laboratory criteria

Anti-HCV positive (repeat reactive) by EIA, verified by an additional more specific assay (e.g. RIBA for anti-HCV or nucleic acid testing for HCV RNA)

OR

Anti-HCV positive (repeat reactive) by EIA with a signal to cut-off ratio $\geq$3.8.

Case Classification

Confirmed - a case that is laboratory confirmed.

Probable. A case that is anti-HCV positive (repeat reactive) by EIA and has alanine aminotranferase (ALT or SGPT) values above the upper limit of normal, but the anti-HCV EIA result has not been verified by an additional more specific assay or the signal to cut-off ratio is unknown.

Period of Surveillance:
Permanent, with review of reporting needs every five years.

Background and Justification:
HCV is a bloodborne infection and is transmitted by percutaneous and mucosal exposure to infectious body fluids. HCV replicates in the liver and causes both acute and chronic hepatitis. Based on testing from the Third National Health and Nutrition Examination Survey (NHANES III) conducted during 1988-1994, 1.8% of the general U.S. population has serologic evidence of prior HCV infection. An estimated 2.7 million people have chronic HCV infection.

Only 25-30% of acutely infected persons are symptomatic. Regardless of whether symptoms are present, the vast majority of persons who are infected with HCV become chronically infected (≥85%). Chronic liver disease develops in most (≥70%) of those infected, including cirrhosis and hepatocellular carcinoma. Persons with chronic HCV infection are a major reservoir for transmission of HCV infections. Most infected people do not know that they are infected. It is essential that infected persons are counseled regarding ways to prevent transmission of HCV to others and to avoid hepatotoxic substances, especially alcohol, which may worsen the course of liver disease. Infected persons need to be evaluated for the presence of liver disease and referred for treatment if indicated.

The development of databases or registries is an effective strategy for the follow-up, counseling and medical referral of HCV infected persons. Several states and counties have established databases or "registries" of persons with chronic hepatitis C virus infection, and a number of states are in the process of developing such registries. These registries of person with chronic infection have proved useful for case management of those infected, and in estimating the burden of HCV infection. The establishment of National Notifiable Disease Surveillance System (NNDSS) reporting category for this condition would provide states with a mechanism for reporting and tracking these cases within their NNDSS database, and for collecting the data vital to prevention programs.

Coordination:

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References:

Division of Viral Hepatitis. Guidelines for Viral Hepatitis Surveilance and Case Management. Centers for Disease Control and Prevention, 2002.

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Comment: