02-ID-02

Committee: Infectious Diseases

Title: Non-ABC Hepatitis, Acute

Statement of the Problem:
Surveillance for non-ABC hepatitis is needed to identify and monitor the frequency of disease that may be associated with other known agents of viral hepatitis and to detect new etiologic agents. A revision of the prior case definition for Non-A, Non-B hepatitis is needed. It is now possible to exclude HCV infection as well as HAV and HBV infection and allow the specific monitoring of acute hepatitis due to rare or new etiologic agents.

Statement of the desired action(s) to be taken:
CSTE recommends that:
1. Approve case definition for acute non-ABC hepatitis
2. Place confirmed cases of non-ABC hepatitis under national surveillance through the National Notifiable Diseases Surveillance System (NNDSS).

Goals of Surveillance:
1. To identify and monitor the frequency of disease that may be associated with other known but rare agents of viral hepatitis
2. To detect new etiologic agents

Methods for Surveillance:
Investigation of individuals with signs and symptoms of acute viral hepatitis who are negative for serologic markers of acute hepatitis A (IgM anti-HAV), acute hepatitis B (IgM anti-HBc) and hepatitis C (anti-HCV). Core information on these cases collected by state health departments to be reported 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:

> An acute illness with a) discrete onset of symptoms and b) jaundice or elevated serum aminotransferase levels

Laboratory Criteria:

> Serum aminotransferase levels greater than 2.5 times the upper limit of normal,
> and IgM anti-HAV negative,
> and IgM anti-HBc negative (if done) or HBsAg negative,
> and anti-HCV negative

Case Classification

> Confirmed: A case that meets the clinical case definition and is laboratory confirmed

Period of Surveillance:
Ongoing.

Background and Justification: HAV, HBV and HCV are the etiologic agents of >95 % of acute viral hepatitis in the United States. However, a small percentage of persons with signs and symptoms typical of acute viral hepatitis do not have serologic markers of infection with these viruses, and may be infected with other viruses. Surveillance for NANB hepatitis has been conducted since 1982 to monitor the frequency of cases of acute hepatitis due to etiologic agents other than HAV and HBV.
With the development of tests for anti-HCV in 1991, it became possible to identify cases of NANB hepatitis due to HCV infection. However, these early anti-HCV tests had low sensitivity for

detecting early HCV infection, and thus a substantial number of reported NANB hepatitis were cases of early acute hepatitis C not detectable by available serologic tests. Consequently, hepatitis C and NANB hepatitis have to date been reported together as a single category.

However, with increased sensitivity of newer tests, anti-HCV can now be detected in more than 97% of HCV infected patients within 6 months of exposure. In addition, PCR testing for HCV RNA can detect virus as early as 1-2 weeks after exposure. Thus, cases of acute hepatitis due to HCV infection can now be reliably distinguished from those due to infection with other agents. Separate and mutually exclusive case definitions are needed for reporting cases of acute hepatitis C and acute non-ABC hepatitis.

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.

Case Definition

Clinical description

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Comment: