

Committee: Infectious

Title: Public Health Reporting and National Notification for Hepatitis A

I. Statement of the Problem

CSTE position statement 07-EC-02 recognized the need to develop an official list of nationally notifiable conditions and a standardized reporting definition for each condition on the official list. The position statement also specified that each definition had to comply with American Health Information Community recommended standards to support “automated case reporting from electronic health records or other clinical care information systems.” In July 2008, CSTE identified sixty-eight conditions warranting inclusion on the official list, each of which now requires a standardized reporting definition.

II. Background and Justification

Background

In 2006, 3, 579 cases of acute Hepatitis A in the United States were reported to CDC; the overall incidence of reported acute Hepatitis A was 1.2 per 100,000 population, the lowest ever recorded. After asymptomatic infection and under-reporting are taken into account, an estimated 32,000 new infections occurred in 2006. Hepatitis A is characterized by the acute onset of illness with dark urine and jaundice. Prodromal symptoms may include fever, headache, malaise, anorexia, nausea, vomiting and diarrhea. A high percentage of infants and young children with hepatitis A infection will be asymptomatic or have non-specific symptoms, including diarrhea. Following the introduction of hepatitis A vaccine in 1995, the incidence of hepatitis A in the United States has fallen dramatically. The decline was accelerated by expanded vaccination recommendations in 1999 for the routine immunization of children living in states, counties, or communities in which Hepatitis A rates were consistently above the national average. In 2006, the vaccination recommendations were further expanded to include vaccination for children in all states. Hepatitis A is transmitted primarily by the fecal-oral route by either person-to-person contact or ingestion of contaminated food or water. Household contacts and sexual contacts of hepatitis A cases are at high risk of contracting hepatitis A and should receive post-exposure prophylaxis if previously unvaccinated. Foodborne outbreaks may occur as a result of infected food handlers with poor hygienic habits. Travelers from low endemic areas visiting countries where hepatitis A is highly endemic are at risk of contracting hepatitis A. Ongoing surveillance for hepatitis A is needed to monitor the effectiveness of current strategies in controlling disease.

Justification

Hepatitis A meets the following criteria for a nationally and standard notifiable condition, as specified in CSTE position statement 08-EC-02:

- A majority of state and territorial jurisdictions—or jurisdictions comprising a majority of the US population—have laws or regulations requiring standard reporting of Hepatitis A to public health authorities
- CDC requests **standard** notification of Hepatitis A to federal authorities
- CDC has condition-specific policies and practices concerning the agency’s response to, and use of, notifications.

III. Statement of the desired action(s) to be taken

CSTE requests that CDC adopt this standardized reporting definition for Hepatitis A to facilitate more timely, complete, and standardized local and national reporting of this condition.

IV. Goals of Surveillance

To provide information on the temporal, geographic, and demographic occurrence of Hepatitis A to facilitate its prevention and control.

V. Methods for Surveillance

Surveillance for Hepatitis A should use the sources of data and the extent of coverage listed in Table V below.

Table V. Recommended sources of data and extent of coverage for ascertaining cases of Hepatitis A.

Source of data for case ascertainment	Coverage	
	Population-wide	Sentinel sites
clinician reporting	X	
laboratory reporting	X	
reporting by other entities (e.g., hospitals, veterinarians, pharmacies)	X	
death certificates	X	
hospital discharge or outpatient records	X	
extracts from electronic medical records	X	
telephone survey		
school-based survey		
other _____		

VI. Criteria for Reporting

Reporting refers to the process of healthcare providers or institutions (e.g., clinicians, clinical laboratories, hospitals) submitting basic information to governmental public health agencies about cases of illness that meet certain reporting requirements or criteria. The purpose of this section is to provide those criteria that should be used by humans and machines to determine whether a specific illness should be reported.¹

A. Narrative description of criteria to determine whether a case should be reported to public health authorities

Report any illness to public health authorities that meets any of the following criteria:

1. A person with acute illness and discrete onset of symptoms and has jaundice and has a IgM antibody to Hepatitis A virus positive (IgM anti-HAV positive) test. Symptoms may include: fever, headache, malaise, headache, anorexia, nausea, vomiting, diarrhea, abdominal pain and dark urine.
2. A person with acute illness and discrete onset of symptoms and has elevated serum aminotransferase levels and has IgM antibody to Hepatitis A virus positive (IgM anti-HAV positive). Symptoms may include: fever, headache, malaise, headache, anorexia, nausea, vomiting, diarrhea, abdominal pain and dark urine.
3. A person with an acute illness and discrete onset of symptoms and has jaundice **or** has elevated serum aminotransferase levels who is a epidemiologic contact of a case of laboratory-confirmed hepatitis A 15-50 days prior to onset of symptoms. Symptoms may include: jaundice, fever, headache, malaise, headache, anorexia, nausea, vomiting, diarrhea, abdominal pain and dark urine.
4. A person whose healthcare record contains a diagnosis of hepatitis A.
5. A person whose death certificate lists hepatitis A as a cause of death or a significant condition contributing to death.

Other recommended reporting procedures

- All cases of Hepatitis A should be reported.
- Reporting should be on-going and routine.
- Frequency of reporting should follow the state health department's routine schedule.

¹ "Human-based" criteria (described below under "A. Narrative") can be applied by medical care providers and laboratory staff based on clinical judgment and clinical diagnosis. Machine-based criteria (described below under "B. Table") can be applied using computerized algorithms that operate in electronic health record systems, including computerized records of laboratory test orders and laboratory test results.

B. Table of criteria to determine whether a case should be reported to public health authorities

Table VI-B. Proposed Table of criteria to determine whether a case should be reported to public health authorities. Note: The following criteria are proposed for evaluation before general implementation. For purposes of currently implementing reporting the narrative description in VI-A, should be used.

Criterion	Reporting		
<i>Clinical Presentation</i>			
Acute onset	N	N	N
Jaundice	N		N
Dark Urine	C	C	C
Fever	C	C	C
Headache	C	C	C
Malaise	C	C	C
Anorexia	C	C	C
Nausea	C	C	C
Vomiting	C	C	C
Diarrhea	C	C	C
Abdominal Pain	C	C	C
<i>Laboratory findings</i>			
Elevated serum aminotransferase levels		N	
Hepatitis A IgM positive	N	N	
<i>Epidemiological risk factors</i>			
Contact of a lab-confirmed Hepatitis A case 15-50 days prior to onset			N

Notes:

N = This criterion in conjunction with all other “N” and any “O” criteria in the same column is required to report a case.

C = This finding corroborates (i.e., supports) the diagnosis of—or is associated with—Hepatitis A, but is not required for reporting.

C. Disease Specific Data Elements:

Disease-specific data elements to be included in the initial report are listed below.

Immunization History

Doses of Hepatitis A vaccine received

Date of last dose of Hepatitis A vaccine

International Travel in past 2 months

Countries visited

Day Care Center Attendee

Food Handler

Drug User

MSM

Household contact (non-sexual)

Sexual contact

VII. Case Definition for Case Classification

A. Narrative description of criteria to determine whether a case should be classified as confirmed:

Clinical case definition

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

Laboratory criteria for diagnosis:

Immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV) positive

Case classification

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

or

a case that meets the clinical case definition and occurs in a person who has an epidemiologic link with a person who has laboratory-confirmed hepatitis A (i.e., household or sexual contact with an infected person during the 15-50 days before the onset of symptoms)

B. Classification Tables:

Table VII-B lists the criteria that must be met for a case to be classified as confirmed (presumptive).

Table VII-B. Proposed table of criteria to determine whether a case is classified. Note: The following criteria are proposed for evaluation before general implementation. For purposes of current notification, the narrative description in VII-A, should be used.

Criterion	Case Definition			
	Confirmed			
<i>Clinical Presentation</i>				
Acute onset	N	N	N	N
Jaundice	N		N	
Dark Urine	C	C	C	C
Fever	C	C	C	C
Headache	C	C	C	C
Malaise	C	C	C	C
Anorexia	C	C	C	C
Nausea	C	C	C	C
Vomiting	C	C	C	C
Diarrhea	C	C	C	C
Abdominal Pain	C	C	C	C
<i>Laboratory findings</i>				
Elevated serum aminotransferase levels		N		N
Hepatitis A IgM positive	N	N		
<i>Epidemiological risk factors</i>				
Contact of a lab-confirmed Hepatitis A case 15-50 days prior to onset			N	N

Notes:

N = This criterion in conjunction with all other “N” and any “O” criteria in the same column is required to classify a case.

C = This finding corroborates (i.e., supports) the diagnosis of—or is associated with—Hepatitis A, but is not included in the case definition.

VIII. Period of Surveillance

Surveillance should be on-going.

IX. Data sharing/release and print criteria

Notification to CDC for confirmed cases of Hepatitis A is recommended.

- All states receive a quarterly reports of cases submitted for the year to date. In addition, reports of acute hepatitis A are summarized in the weekly MMWR and annually in the MMWR Summary of Notifiable Diseases. Also once a year, an extensive analysis of data is conducted for publication in an MMWR surveillance summary along with case reports of acute hepatitis B and C.
- At a minimum, all states receive a quarterly report of cases, as well as the annual MMWR Summary of Notifiable Disease and the MMWR surveillance summary for acute viral hepatitis.
- Publication of data will follow this schedule (at a minimum):
 - Weekly in the tables of notifiable diseases in the MMWR
 - Quarterly feedback to state health departments
 - Annually in the MMWR annual Summary of Notifiable Diseases
 - Annually in the MMWR surveillance summary of acute viral hepatitis
- There is no current plan to re-release case data. Aggregate reports are publicly available, and states maintain confidential surveillance databases.

X. References

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