

Viral Hepatitis Reporting Requirements for Health Care Providers

	Are health care providers required to report to NYC DOHMH?
Hep A	Yes , report Hep A if the IgM antibody is positive or borderline. Report as quickly as possible so close contacts can get post-exposure prophylaxis
Acute hep B	Yes , report Hep B if the IgM antibody is positive (do not report if borderline).
Chronic hep B	No , do not report. As of March 1, 2015, healthcare providers should no longer report chronic hepatitis B (unless the patient is pregnant or postpartum). In many cases, it will be unknown whether the patient has acute or chronic hepatitis B; do not report these cases.
Acute hep C	Yes , report if there is some specific reason to think that the patient has a new infection, e.g., history of negative hep C test in the prior year, symptoms of acute infection, or recent initiation of injection drug use. If this information is unknown, do not report.
Chronic hep C	No , do not report. As of March 1, 2015, healthcare providers should no longer report chronic hepatitis C. In most cases, it will be unknown whether the patient has acute or chronic hepatitis C; do not report these cases.
Hep D	Yes , report Hep D if the IgM or Antigen (ag) is positive
Hep E	Yes , report Hep E if the IgM is positive

- For information about which tests **laboratories** are required to report, please see <http://www.wadsworth.org/labcert/regaffairs/clinical/commdiseaseguide.pdf>
- Please see below for description of specific lab tests

Viral Hepatitis Lab Tests

Hepatitis A

Hepatitis A virus Antibody IgM

- Usually indicates acute infection
- Can also indicate recent vaccination
- High false-positive rate, especially in patients without clinical signs of hepatitis.

Hepatitis A virus Antibody - total

- Indicates resolved (or acute) infection, or vaccine-induced immunity
- After successful vaccination, can be negative or positive

Hepatitis B

Hepatitis B Core Antibody IgM (HBcIgM)

- Usually indicates acute (new) infection with hepatitis B virus
- High false-positive rate, especially in:
 - patients without clinical signs of hepatitis
 - patients with chronic hepatitis B

Hepatitis B Core Antibody total (anti-HBc)

- Indicates acute, chronic or resolved hepatitis B virus infection

Hepatitis B Surface Antigen (HBsAg)

- Indicates acute or chronic infection
- Indicates that patient is infectious
- Can be identified in serum starting 30-60 days after exposure to hepatitis B virus and persists for variable periods
- If patient was vaccinated in the prior 6 weeks, a positive result may not be meaningful

Hepatitis B Surface Antibody (anti-HBs)

- Produced following a natural infection or vaccination
- The vaccine includes surface protein only, not core protein. Therefore, vaccinated individuals are anti-HBs positive but anti-HBc negative
- If anti-HBs is negative, the patient is *susceptible*.

Hepatitis B "e" Antigen (HBeAg)

- Present in patients with high levels of virus

Hepatitis B "e" Antibody (HBeAb)

- Used in association with the HBeAg test to monitor course of infection and treatment

Hepatitis B DNA viral detection test (HBV DNA)

- Detects the hepatitis B virus in the blood
- Indicates that patient is infectious
- Results can be Qualitative (positive or negative) or
 Quantitative (viral load, copies per ml or units per ml)

Hepatitis B genotype

- Indicates the strain of the virus - Not frequently ordered

Hepatitis C

There is no lab test to distinguish acute from chronic hepatitis C infection.

Hepatitis C Antibody test - Will remain positive even if the infection is resolved.

- Screening test
- **If positive, RNA test is needed to determine infection status**

Tests for hepatitis C virus

A positive nucleic acid test (NAT) indicates infection, but does not indicate whether the infection is acute (new) or chronic

RNA (e.g., Polymerase chain reaction (PCR) or bDNA)

- Detects the hepatitis C virus in the blood. There are two kinds:
 - Qualitative (result is detected or not detected) or
 - Quantitative (result is viral load, IU per ml); used to monitor response to treatment

Hepatitis C genotype

- Indicates the strain of the virus, e.g., 1a
- Different genotypes require different antiviral treatment regimens

Hepatitis D

Hepatitis D can only cause infection when hepatitis B is also present.

Hepatitis D IgM

- Usually indicates an acute infection with hepatitis D

Hepatitis D Ag

- Indicates that the patient has hepatitis D

Hepatitis E

Hepatitis E IgM

- Usually indicates an acute infection
- High false-positive rate

Liver Function Tests (LFTs)

AST=SGOT
ALT=SGPT

For both tests, the normal range (reference range) varies & should therefore be reported with the test result. The normal range is typically around 20-50 for both tests.

Generally with viral hepatitis: ALT value is higher than AST.

Generally with alcohol-induced liver damage: AST is higher than ALT, sometimes much higher.

ALT should be reported along with any positive reportable hepatitis serology tests. This is especially important with hepatitis A IgM and hepatitis B core IgM tests.