

# Tip Sheet for Acute Hepatitis C Investigations

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Bureau of Infectious Disease and Laboratory Sciences  
Division of Epidemiology

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## Goals of investigation

- Obtain accurate and actionable data to inform prevention practices and policies
- Identify potential clusters of hepatitis C infections
- Prevent transmission and additional cases
- Improve outcomes for people with hepatitis C infection

## Role of the local board of health (LBOH)

- Collect information on individuals' symptoms, their demographics, and risk history in the six months prior to event date
- Provide health education to the individual
- Provide referrals to local clinical and support services

## Role of MDPH

- Triage reported cases for targeted investigation of those suspected to be acute
- Classify cases based on clinical presentation and laboratory results
- Determine if further investigation is needed

## *How are cases assigned to LBOHs for investigation?*

Epidemiologists at MDPH determine whether to assign suspected acute hepatitis C cases based on the following criteria. **Note that if a laboratory result is associated with a substance use disorder treatment facility, the case will not be assigned out for investigation regardless of if any of these criteria are met.**

- A case first reported within the last year with a positive hepatitis C laboratory result and *at least one* of the following:
  - Jaundice
  - Test conversion (e.g. a negative hepatitis C antibody result, followed within 12 months by a positive hepatitis C antibody result or a positive hepatitis C RNA result)
  - Elevated ALT values ( $\geq 200$  U/L)
  - Elevated total bilirubin ( $\geq 3.0$  mg/dL)
  - Reported as having been tested specifically due to signs or symptoms of acute hepatitis C infection
  - Evidence from medical record reporting of acute hepatitis C infection (applies to participating facilities)

## *How is the LBOH notified of an acute hepatitis C case that needs to be investigated?*

While the majority of hepatitis C cases will appear in the "LBOH Notification but no follow-up required" workflow, once it is flagged as a suspect acute case based on the criteria above, the event will appear in the "LBOH Notification for Routine Disease Workflow." The notes field in the event will contain instructions on next steps.

## Steps in the investigation

### 1. Familiarize yourself with the Acute Hepatitis C Investigation Wizard.

The screenshot shows a table titled "Question Packages" with columns for "Question Package", "Person", and "Last Update". The table lists various question packages, with "1. Administrative" highlighted in yellow. Below the table, there is a "Wizards:" section with a dropdown menu. The "Acute Hepatitis C Investigation Wizard" is selected and highlighted in blue. A red circle is drawn around the "Wizards:" section and the "View Wizard" button.

Question Package	Person	Last Update
1. Administrative	Event ID	09/02/2023
2. Demographic		08/23/2023
3. Clinical		09/02/2023
5. Risk/Exposure/Control & Prevention		08/23/2023
6. Epi-linked and Outbreak Information		08/16/2023
8. ECR Information		08/16/2023
9. Electronic Case Reporting		08/16/2023
9. Sequencing Information		08/16/2023

View Question Package Wizards: Acute Hepatitis C Investigation Wizard View Wizard

Note that some information may already be present in the case from automated reporting sources (e.g. the provider reporting form for confirmed cases, or medical record linkage for participating facilities). If this is the case, you should work to obtain the remaining missing information by contacting the provider, and subsequently the individual. Additionally, take this time to review the case's laboratory results. Add your own information to Steps 1-3 at the bottom of the Wizard.

### 2. Call the ordering provider.

Always contact the provider first to obtain available clinical, demographic, and risk history information. Start with the provider listed on the most recent laboratory test. If you have difficulty reaching that specific provider, remember that a hospital's infection preventionist can also be helpful (see [list of contacts](#) in MAVEN Help section).

Ensure that the provider has notified the individual of the hepatitis C diagnosis. Encourage the provider to tell the patient that someone from the LBOH will be reaching out to them, so that they expect your call.

Determine if the provider has additional laboratory results that are not recorded in MAVEN. If so, request that those results be faxed to MDPH at 617-983-6813.

Review clinical information with the provider, including: diagnosis date (and whether or not this is a new diagnosis), symptoms and onset date, other relevant health conditions, values from recent liver function tests (e.g. ALT and total bilirubin), and whether or not the case was hospitalized due to their illness.

Obtain available risk history information from the provider. Collection of risk history and exposure information is essential to inform whether public health interventions are needed. For cases with unusual risk histories, particularly those indicative of a potential healthcare-associated infection (e.g. surgery or dental work during the six months prior to the event date), please notify MDPH Epidemiology at 617-983-6800.

### 3. Call the case.

Complete the remainder of the Acute Hepatitis C Investigation Wizard with the case. Ensure that during your interview, you are non-judgmental and not making any assumptions about potential risks or types of exposures.

Provide health education on hepatitis C transmission, prevention, and how they can protect their liver. An important part of doing so is getting vaccinated for hepatitis A and hepatitis B; discuss with the individual where they can get vaccinated locally. You can use the following resources to help you, and contact MDPH if you would like additional guidance.

- [Hepatitis fact sheets](#)
- [CDC Division of Viral Hepatitis resources](#)

Provide referrals for the case for medical and support services.

- Hepatitis C infection can be cured, and there are [several highly effective antiviral medications](#).
- MassHealth will cover hepatitis C screening and treatment without restrictions such as fibrosis score, substance use, or prescriber specialty.
- People who inject drugs can substantially reduce their risk of getting and transmitting viral hepatitis and other bloodborne pathogens by using a sterile needle and syringe for every injection. Educate yourself on [syringe service programs in Massachusetts](#).
- [Additional agencies](#) can assist with testing, linkage to care and treatment, and other resources such as overdose prevention.

Attempt to contact the case at least three times, documenting each attempt in the notes section in MAVEN. Try calling at different times of the day to accommodate different schedules. Contact the provider again for a working phone number if the number is missing or inactive. Consider other sources of contact information available to you. If you have made several attempts to obtain information, but have been unsuccessful (e.g. your calls to the provider or case go unreturned, or the case declines to share information, or is too ill to be interviewed), complete the Acute Hepatitis C Investigation Wizard with as much information as you have gathered. Note at the bottom of the Acute Hepatitis C Investigation Wizard that the case was lost to follow-up.

Step 4 - Case Report Form Completed: Case Report Form complete date:

No 09/02/2023

Primary reason:

Patient lost to follow-up

Physician not reachable

### 4. Complete the investigation.

Mark the “Acute HCV Investigation Status” field as *Complete*, and fill out the remaining Steps 4 & 5 at the bottom of the Acute Hepatitis C Investigation Wizard.

Disease Status Information

Acute HCV Investigation Status:

Pending

Pending

Complete

Investigation Steps (1-5)

LBOH acknowledged date: