

HEPATITIS D

(Delta Hepatitis)

Last revised August, 2011

I. IDENTIFICATION

- A. **CLINICAL DESCRIPTION:** Hepatitis D virus (HDV) causes infection only in people with acute (coinfection) or chronic (superinfection) hepatitis B virus (HBV) infection. Acute hepatitis B virus infection is characterized by insidious onset of anorexia, vague abdominal discomfort, nausea, vomiting, sometimes arthralgias and rash, often progressing to jaundice. Acute coinfection with HBV and HDV usually causes an acute illness indistinguishable from acute HBV infection alone, except that the likelihood of fulminant hepatitis can be as high as 5%.
- B. **REPORTING CRITERIA:** Laboratory confirmation.
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
Enzyme immunoassay for antibody to HDV (anti-HDV), although anti-HDV may not be present until several weeks after onset of illness, and acute and convalescent sera may be required to confirm the diagnosis.
- D. **WISCONSIN CASE DEFINITION:** Laboratory Confirmation.

II. ACTIONS REQUIRED / PREVENTION MEASURES

- A. **WISCONSIN DISEASE SURVEILLANCE CATEGORY II:** Report to the patient's local health department either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report ([F-44151](#)), or by other means within 72 hours upon recognition of a case or suspected case.
- B. **EPIDEMIOLOGY REPORTS REQUIRED:**
- *Electronically*---Report through WEDSS, including appropriate disease-specific tabs
- OR**
- *Paper Copy*---Acute and Communicable Disease Case Report ([F-44151](#)) **AND** The Viral Hepatitis Case Record ([CDC 53.1](#)) for acute disease only (anti-HBc IgM+ test result or HBsAg+ test result with symptoms of hepatitis). The information collected on this form is also in WEDSS; therefore, it may serve as a helpful worksheet.
- C. **PUBLIC HEALTH INTERVENTIONS:**
In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association.
- In accordance with Wisconsin Admin Rule DHS 145.05, local public health should follow the control methods as set forth in the current edition of *Control of Communicable Diseases Manual*, an APHA publication.
 - Determine pregnancy status if the patient is a woman of child-bearing age (approximately 15-44 years). Refer pregnant patient to the Perinatal Hepatitis B Prevention Program through their local public health department. See Perinatal Hepatitis B Prevention Program Manual for detailed follow-up recommendations.

Wisconsin Division of Public Health Communicable Disease Surveillance Guideline

- Refer the patient to a medical provider to monitor outcome or progress of infection.
 - Exclude patient from school, daycare or work until acute illness has resolved.
 - Educate patient on how to protect others from exposure to HDV and HBV.
 - Persons who are not immune to hepatitis A virus (HAV) and who have liver disease should be vaccinated against HAV.
 - For further detailed information regarding control measures, please see the additional references cited at the end of this document. The Wisconsin Division of Public Health, Immunization Program should be consulted regarding state-specific guidelines.
- D. PREVENTION MEASURES: Because HDV cannot be transmitted in the absence of HBV infection, hepatitis B immunization protects against HDV infection.
- Hepatitis B vaccine is universally recommended for all infants at 0, 1-2 and 6-18 months of age.
 - Hepatitis B vaccine is recommended for all children and adolescents aged < 19 years.
 - Vaccination of previously unvaccinated adults at risk of HBV infection. Risk groups may include: Persons with occupational risk, clients and staff of institutions for the developmentally disabled; hemodialysis patients; recipients of certain blood products; household and sexual partners of HBsAg carriers; certain international travelers; injecting drug users; sexually active persons with multiple partners; and persons who are incarcerated.

III. CONTACTS FOR CONSULTATION

- A. LOCAL HEALTH DEPARTMENT – REGIONAL OFFICES – TRIBAL AGENCIES:
<http://www.dhs.wisconsin.gov/localhealth/index.htm>
- B. REGIONAL IMMUNIZATION PROGRAM REPRESENTATIVES:
<http://www.dhs.wisconsin.gov/immunization/regiondepts.htm>
- C. BCDER/ IMMUNIZATION PROGRAM: (608) 267-9959
- D. WISCONSIN STATE LABORATORY OF HYGIENE
Communicable Disease Division
Customer Service: (800) 862-1013 or (608) 262-6386
Clinical Supplies: (800) 862-1088 or (608) 265-2966

IV. RELATED REFERENCES

- Heymann DL, ed. HEPATITIS VIRAL. In: *Control of Communicable Diseases Manual*. 19 th ed. Washington , DC : American Public Health Association, 2008:295-297
- Pickering LK, ed. Hepatitis D. In: *Red Book: 2009 Report of the Committee on Infectious Diseases*. 28 th ed. Elk Grove Village , IL : American Academy of Pediatrics, 2009:361
- A Comprehensive Immunization Strategy to Eliminating Transmission of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Part I: Immunization of infants, children and adolescents. *MMWR* 2005; 54 (No. RR-16)
- A Comprehensive Immunization Strategy to Eliminating Transmission of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Part II: Immunization of Adults. *MMWR* 2006; 55 (No. RR-16)