



Hepatitis B Case and Contact Documentation in the Wisconsin Electronic Disease Surveillance System (WEDSS)

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Division of Public Health

January 30, 2013 12:00-1:00 p.m.



Overview of Today's Presentation

- Brief overview of hepatitis B serologic and virologic markers
- Hepatitis B surveillance in Wisconsin
 - Case reporting to the Centers of Disease Control and Prevention (CDC).
 - Revised surveillance case definitions for hepatitis B.
 - Case classification algorithm and instructions.
- Review of the updated hepatitis B disease-specific forms in the Wisconsin Electronic Disease Surveillance System (WEDSS)
 - Documentation of perinatal follow-up and contact investigations.
 - Updated forms for documenting laboratory, clinical, and risk information.



Markers of Hepatitis B Virus (HBV) Infection

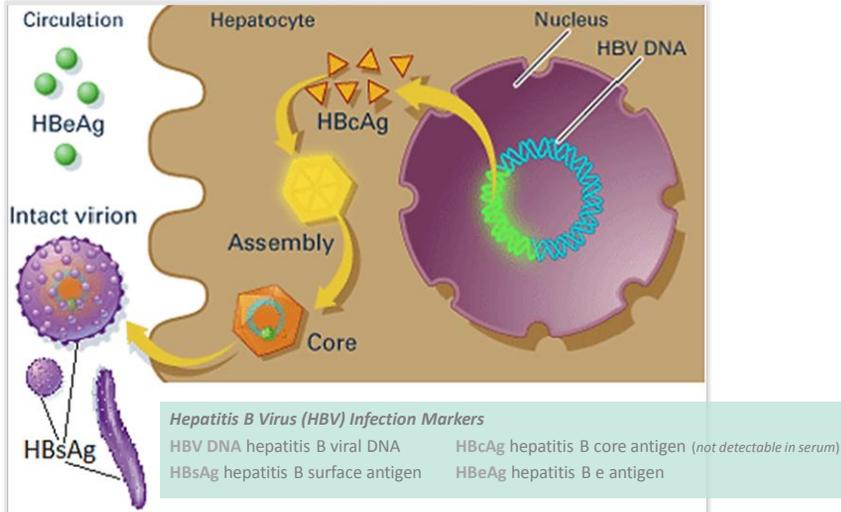


Illustration by: Spach DH, Ehlert, DW. *Hepatitis Web Study*, available at: <http://depts.washington.edu/hepstudy/>



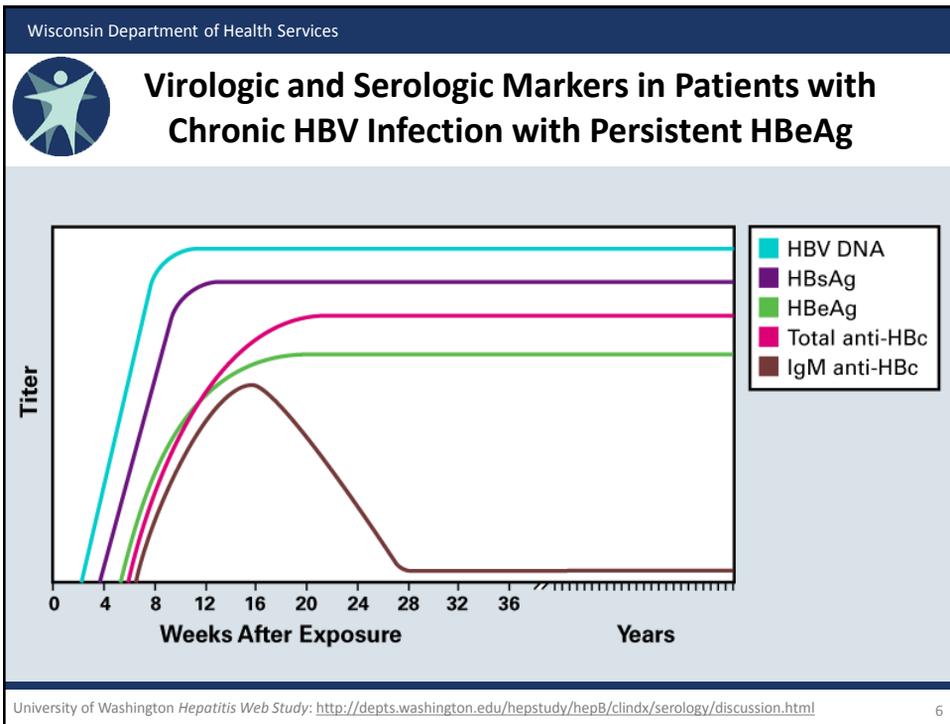
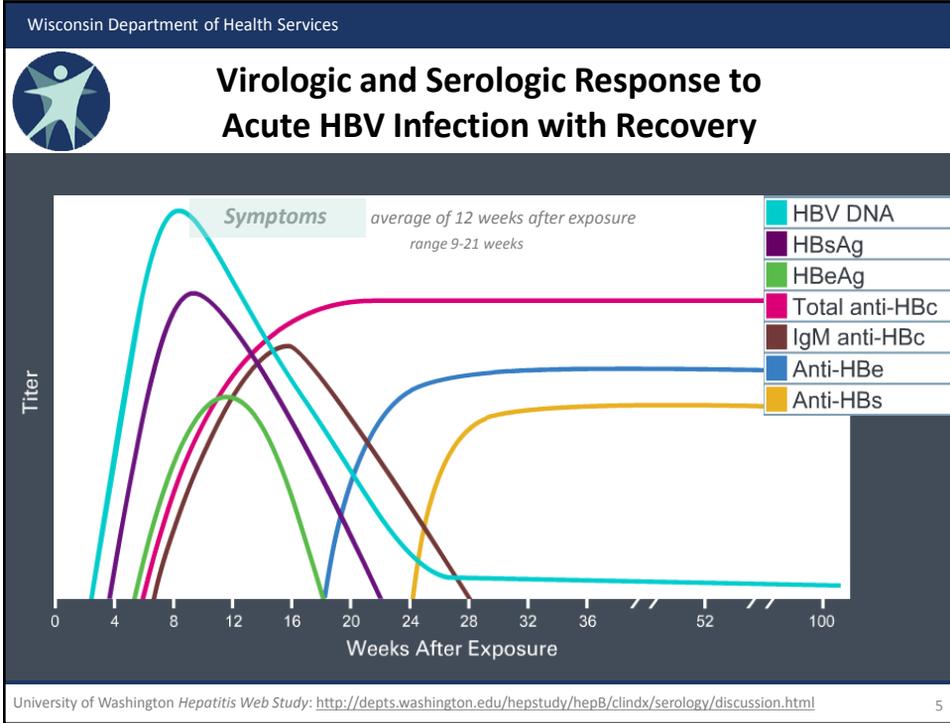
Interpretation of HBV Infection Serologic Markers

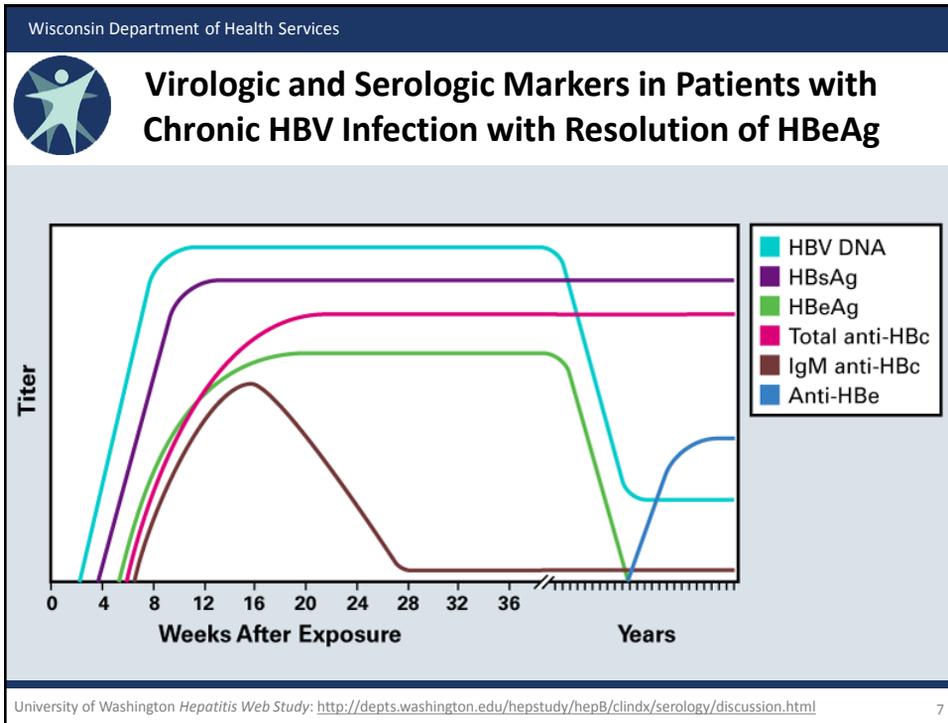
Serologic Markers of HBV Infection

HBsAg hepatitis B surface antigen	
HBeAg hepatitis B e antigen	HBeAg + indicates higher viral load and infectivity
anti-HBc total hepatitis B core antibody	
IgM anti-HBc IgM antibody to hepatitis B core antigen	
anti-HBs hepatitis B surface antibody	
anti-HBe antibody to hepatitis B e antigen	

Test Result	Interpretation
HBsAg – anti-HBc, total – anti-HBs –	Susceptible to HBV infection
HBsAg – anti-HBc, total + anti-HBs +	Immune due to natural HBV infection
HBsAg – anti-HBc, total – anti-HBs +	Immune due to hepatitis B vaccination
HBsAg + anti-HBc, total + IgM anti-HBc + anti-HBs –	Acutely infected
HBsAg + anti-HBc, total + IgM anti-HBc – anti-HBs –	Chronically infected
HBsAg – anti-HBc, total + anti-HBs –	<i>Interpretation unclear – four possibilities:</i> 1. Distantly resolved infection (most common) 2. Susceptible with false-positive anti-HBc 3. Chronic infection with 'low-level' HBsAg 4. Resolving acute infection

CDC, *Interpretation of HBV Serologic Markers*: <http://www.cdc.gov/hepatitis/HBV/HBVfaq.htm>





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Hepatitis B Disease Surveillance in Wisconsin

- WEDSS – initiated in 2007
- Hepatitis B – a reportable disease in Wisconsin since 1981
 - Acute and perinatal hepatitis B disease incidents are currently electronically transmitted to the CDC.
 - Chronic and unspecified hepatitis B disease incidents are not transmitted to the CDC, but may transmit chronic cases in the future.
- CDC and the Council of State and Territorial Epidemiologists (CSTE) revised hepatitis B case definitions in July 2012
 - Revised definitions adopted in Wisconsin beginning January 1, 2013.
- CDC's Hepatitis (Case Transmission) Message Mapping Draft
 - Based on existing Viral Hepatitis Case Report form, which includes: demographic information, clinical data, diagnostic tests, and patient history and risk sections.

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Hepatitis B Case Definitions for HBV Surveillance

Acute hepatitis B infection

Confirmed: *revisions implemented January 1, 2013, in Wisconsin*

Discrete onset of symptoms* (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, abdominal pain, dark urine) **AND** jaundice or elevated serum aminotransferase levels (ALT) >100 IU/L

AND

IgM anti-HBc positive OR HBsAg positive (AND IgM anti-HAV negative [if done])

Note:* A documented **negative HBsAg result within 6 months prior to a positive HBsAg, HBeAg, or HBV DNA test result does not require an acute clinical presentation to meet the surveillance case definition



Hepatitis B Case Definitions for HBV Surveillance

Chronic hepatitis B infection

Confirmed:

IgM anti-HBc negative **AND** a positive result on one of the following tests: HBsAg, HBeAg, or HBV DNA

OR

HBsAg positive or HBV DNA positive or HBeAg positive two times at least 6 months apart. (*Any combination of these tests performed 6 months apart is acceptable.*)

Probable: *definition available since 2007*

Single HBsAg positive or HBV DNA positive or HBeAg positive lab result, and does not meet the case definition for acute hepatitis B.

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Hepatitis B Case Classification Algorithm for Surveillance*

acute and chronic hepatitis B cases, not including perinatal

Serologic Markers of HBV Infection

HBsAg	hepatitis B surface antigen
HBeAg	hepatitis B e antigen
anti-HBc	total hepatitis B core antibody
IgM anti-HBc	IgM antibody to hepatitis B core antigen
anti-HBs	hepatitis B surface antibody
anti-HBe	antibody to hepatitis B e antigen

*Note: for public health surveillance – not to be used for clinical diagnosis of acute or chronic hepatitis B infection

Based on 2012 CSTE case definition, available at: <http://wwwn.cdc.gov/NNDSS/script/ConditionList.aspx?Type=0&Yr=2013> 13

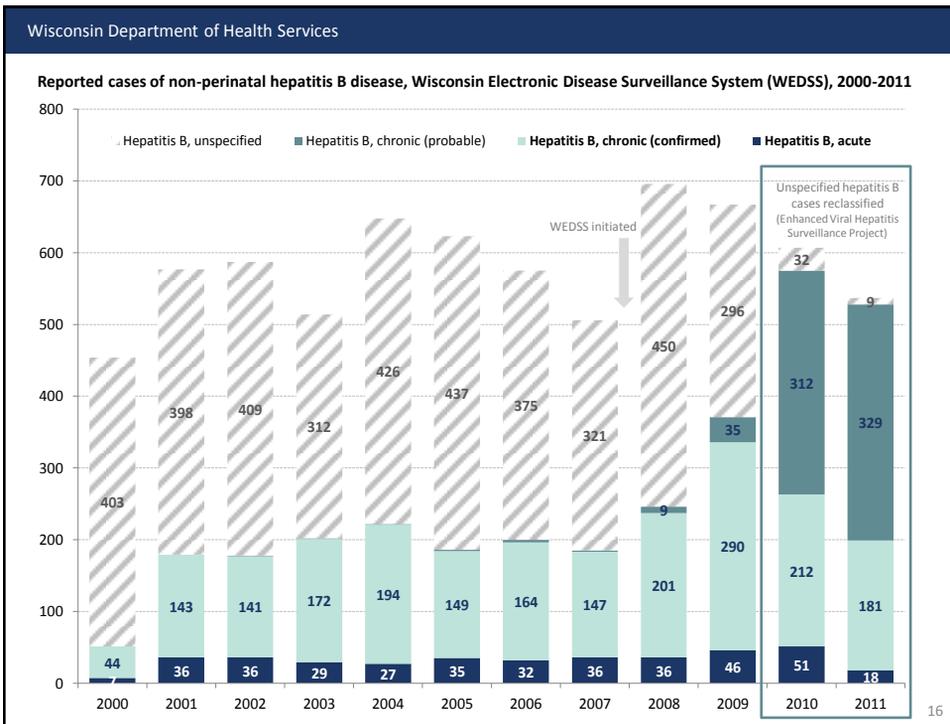
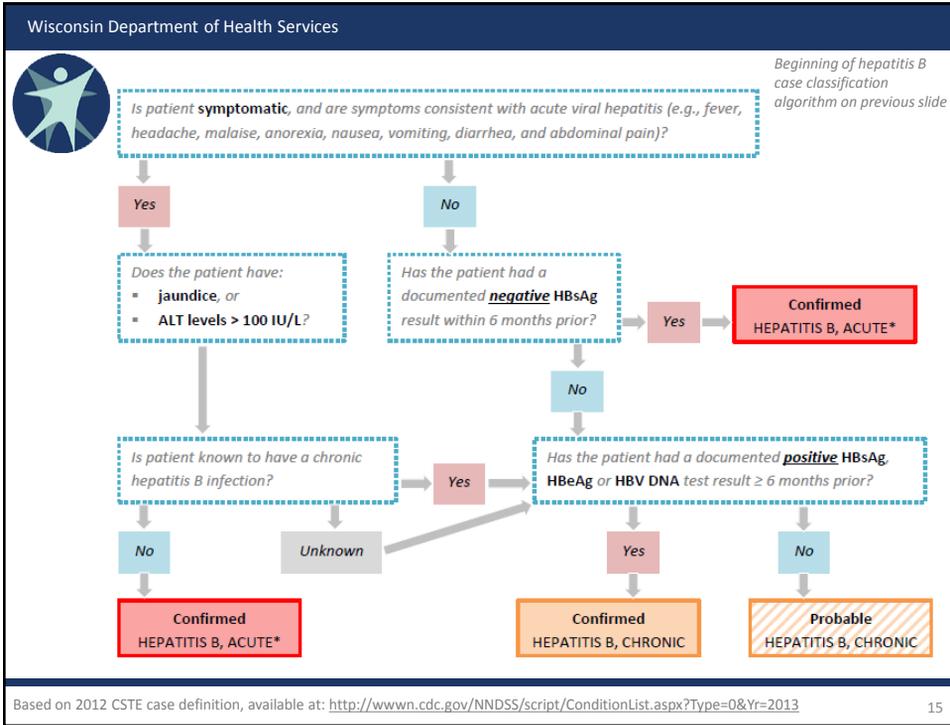
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Hepatitis B Case Classification Algorithm for Surveillance

acute and chronic hepatitis B cases, not including perinatal

Continued on next slide

Based on 2012 CSTE case definition, available at: <http://wwwn.cdc.gov/NNDSS/script/ConditionList.aspx?Type=0&Yr=2013> 14





Hepatitis B Case Classification Instructions

- Once a disease incident has been classified and finalized (i.e., **Final** “Resolution Status” and **Confirmed** “Process Status” in WEDSS) as **hepatitis B, acute** or **hepatitis B, perinatal**
 - The disease incident should remain finalized (as acute or perinatal) because that is how the case was first identified in Wisconsin.
 - Although the case may meet the **hepatitis B, chronic** case definition over time, we do not change his/her classification to chronic if the criteria for acute or perinatal hepatitis B were met initially and finalized as such.
- Please note the recent change in the case definition for **hepatitis B, acute**
 - A documented **negative** HBsAg result within 6 months prior to a positive HBsAg, HBeAg, or HBV DNA test result does not require an acute clinical presentation to meet the surveillance case definition.

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2013 Changes in Hepatitis B Forms in WEDSS

- Moved documentation of perinatal follow-up and contact investigations from WEDSS Case Manager to Reporter.
- Added sections to document receipt of hepatitis B vaccine and immune globulin (for contacts).
- Combined patient risk documentation forms for acute and chronic hepatitis B (consistent with hepatitis C risk form).
- Improved format of laboratory results section.

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Changes in Documentation of Perinatal Follow-up

- Documentation of perinatal follow-up was moved from WEDSS Case Manager to Reporter for several reasons:
 - To simplify and ensure linkage of mother and infant.
 - To ensure linkage of perinatal follow-up and a perinatal disease incident.
 - In response to requests from several local health departments.
 - To accommodate CDC grant reporting requirements (forms in Reporter can be customized more easily).
- Information already reported in Case Manager will remain there.
 - Anna Kocharian will transfer perinatal follow-up data in Case Manager for infants born in 2013 to Reporter by the end of March 2013.

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Documentation of Perinatal Follow-up in WEDSS is Required

- Documentation of perinatal follow-up for infants born to HBsAg-positive mothers is **required** and should be completed using WEDSS Reporter.
 - Please **use WEDSS Reporter** instead of Case Manager or DPH form 4631 below (*Wisconsin Perinatal Hepatitis B Prevention Program Information Collection Form*) to document perinatal follow-up.
- Please continue to submit the spreadsheet for perinatal follow-up reimbursement to Stephanie Borchardt until further notice from the Immunization Program.

Department of Health and Social Services Division of Public Health DPH 4631 (12/08)		STATE OF WISCONSIN	
WISCONSIN PERINATAL HEPATITIS B PREVENTION PROGRAM		DPH ID # 2902	
INFORMATION COLLECTION FORM			
Mother's last name	First name	DOB	Mother's case ID #
Address		City	Zip
County	Phone	Race	(A=Asian/Pacific Islander, B=Black, I=American Indian)

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Importing Electronic Lab Reports of Hepatitis B Test Results from the WEDSS Staging Area

Upon receipt of an electronic laboratory report (ELR) with a positive hepatitis B test result (particularly HBsAg, HBeAg, HBV DNA), check patient's gender and date of birth.
If patient is a woman of childbearing age (15-44 years), determine patient's pregnancy status to decide if perinatal follow-up needs to be initiated.

Case ID	Date Received	Patient	DOB	City	Requested Test	Value	Response	Jurisdiction	Laboratory
852116	11/14/2012				HEP B SURFACE AG	POS	HEPATITIS B, Unspecified	Greenfield	"ACL Laboratories
852116	11/14/2012				Hep B Core Ab, Tot		HEPATITIS B, Unspecified	Polk County	"LabCorp
854009	11/12/2012				HBV DNA (SemiL)	4.780	HEPATITIS B, Unspecified	Unknown	"ARUP Laboratories
854007	11/12/2012				Hepatitis B Genotype	Type B	HEPATITIS B, Unspecified	Unknown	"ARUP Laboratories
854002	11/12/2012				HBV DNA (SemiL)	3.7	HEPATITIS B, Unspecified	Unknown	"ARUP Laboratories
853997	11/12/2012				HBV DNA Interpretation	Detected	HEPATITIS B, Unspecified	Unknown	"ARUP Laboratories
853812	11/08/2012				Hepatitis BS Ag - Confirmation	Reactive	HEPATITIS B, Unspecified	Non-Wisconsin	"Dynacare Labora
851125	11/07/2012				HBsAg CONFIRM	POSITIVE	HEPATITIS B, Unspecified	Appleton	"St. Elizabeth Hosp Laboratory
851124	11/07/2012				HEP B e AG	REACTIVE	HEPATITIS B, Unspecified	Appleton	"St. Elizabeth Hosp Laboratory

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Search by name and date of birth (DOB) to prevent creating duplicate patient records

- Search by name and date of birth (DOB) to determine if patient already exists (find a "match") in WEDSS by clicking "Select Patient" below.
- If patient:
 - already has an existing hepatitis B disease incident in WEDSS,
 - is not a woman of childbearing age (15-44 years), and public health follow-up was already completed, then simply import electronic laboratory report by checking the matched disease incident and clicking "Only Attach Lab Report" below.

Do not create a duplicate hepatitis B disease incident.

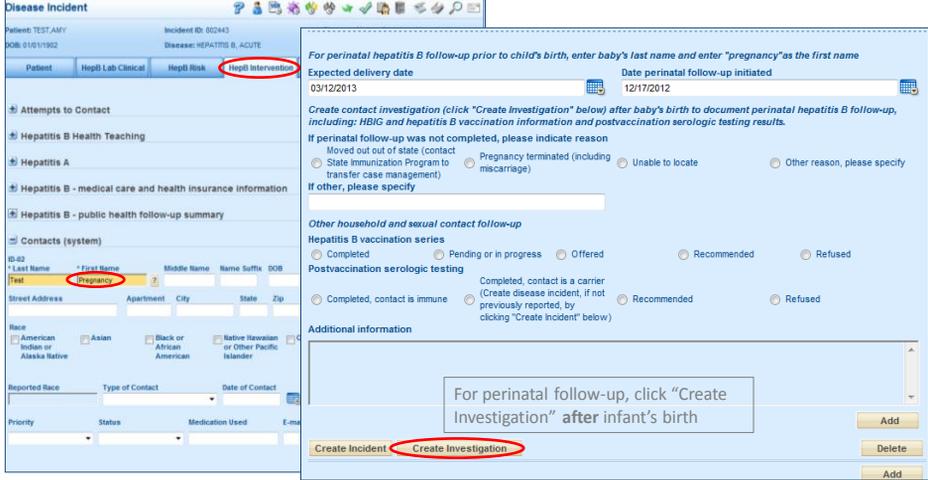
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WEDSS Documentation of Perinatal Follow-up in HBsAg-Positive Pregnant Women

Document on HBsAg-positive pregnant woman's hepatitis B disease incident's *Intervention* tab



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Instructions for Documenting Perinatal Follow-up in WEDSS – Continued

Instructions are provided in *Contacts* section of hepatitis B disease incidents (demonstrated in previous slide)

- To document perinatal hepatitis B follow-up prior to infant's birth, enter parent's last name and **“pregnancy”** as the first name.
 - Enter expected delivery date and the date when perinatal follow-up was initiated with the mother by the local health department.
- If perinatal follow-up is not completed, indicate reason.
 - If patient moves out of state, contact state hepatitis B coordinator to transfer case management to appropriate state.
- After child's birth, create contact investigation to document perinatal follow-up, including hepatitis B immune globulin (HBIG) date, hepatitis B vaccination information and post-vaccination serologic testing results – click **“Create Investigation”** in *Contacts* section.

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Documenting Contact Investigations and Perinatal Follow-up (after Child's Birth) in WEDSS – Continued

Contact Investigation

Contact: TEST 418769 Investigation ID: 055350 Process Status: Completed by D
 MRN: 02142010 Disease: HEPATITIS B - ACUTE Resolution Status: Not A Case

1. Complete *Hepatitis B Immune Globulin (HBIG)* and *Hepatitis B Vaccination History* sections for infants born to HBsAg-positive women.
 2. Document post-vaccination serologic testing results in *Hepatitis B Initial Laboratory Results - MANDATORY* section.

Hepatitis B Immune Globulin (HBIG)

Has the patient ever received hepatitis B immune globulin (HBIG)?
 Yes No Unknown Refused Not Asked HBIG Date: 02/14/2010

Hepatitis B Vaccines and Trade Names

Hepatitis B Vaccination History

ID-03	Hepatitis B vaccination date	Hepatitis B vaccine type
	06/20/2010	HepB
		Lot number: 123456
		Hepatitis B vaccine manufacturer: Merck
		<input type="button" value="Delete"/> <input type="button" value="Add"/>
ID-02	Hepatitis B vaccination date	Hepatitis B vaccine type
	03/14/2010	HepB
		Lot number: 123456
		Hepatitis B vaccine manufacturer: GlaxoSmithKline
		<input type="button" value="Delete"/>

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WEDSS Documentation of Contact Investigations

- Documentation of individual non-perinatal contact investigations (e.g., sexual, other household, needle sharing) through WEDSS Reporter is optional

Hepatitis B - public health follow-up summary

Indicate if the following public health services were provided (check all that apply)

Perinatal hepatitis B follow-up initiated (please document in 'Contacts' section below)

Household, sexual, and other close contacts referred

Total number of close contacts identified: _____

Number of close contacts who are infected/carriers (Ensure they have disease incidents): _____

Number of close contacts who are susceptible (Recommend hep B vaccine to all susceptible contacts): _____

Number of close contacts who are immune to hepatitis B (anti-HBs positive/fully vaccinated): _____

Number of close contacts who are in the process of receiving hepatitis B series: _____

It is sufficient to complete the *Hepatitis B – public health follow-up summary* section in the Hepatitis B Intervention tab for non-perinatal/other contacts. However, the *Contacts* section can also be used, if needed by the local health department, to document individual non-perinatal contact investigations, similarly to the perinatal follow-up documentation, using the fields (in the *Contacts* section) below or by creating a Contact Investigation as demonstrated in previous slides.

Other household and sexual contact follow-up

Hepatitis B vaccination series
 Completed Pending or in progress Offered Recommended

Postvaccination serologic testing
 Completed, contact is immune Completed, contact is a carrier (Create disease incident, if not previously reported, by clicking "Create Incident" below) Recommended

Additional information

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Updated Hepatitis B Laboratory Results Tab

Hepatitis B Case Definition

Negative HBsAg Result Prior To First Positive

Did the patient have a negative HBsAg test within 6 months prior to first positive test?
 Yes No Unknown Refused Not Asked

If yes, test date:

Hepatitis B Initial Laboratory Results - MANDATORY

HBsAg (hepatitis B surface antigen) result <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Not Done HBsAg date: <input type="text"/>	IgM anti-HBc (IgM antibody to hepatitis B core antigen) result <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Not Done IgM anti-HBc date: <input type="text"/>	Total anti-HBc (total antibody to hepatitis B core antigen) result <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Not Done Total anti-HBc date: <input type="text"/>	Anti-HBs (antibody to hepatitis B surface antigen) result <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Not Done Anti-HBs date: <input type="text"/>	HBsAg (hepatitis B "e" antigen) result <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Not Done HBsAg date: <input type="text"/>	anti-HBe (antibody to hepatitis B "e" antigen) result <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Not Done anti-HBe date: <input type="text"/>	Hepatitis B virus DNA (HBV DNA) - IU/ml <input type="text"/>	Hepatitis B virus DNA (H) <input type="text"/>	IgM anti-HAV (IgM antibody to hepatitis A virus) result <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Not Done IgM anti-HAV date: <input type="text"/>	Total anti-HAV (total antibody to hepatitis A virus) result <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Not Done Total anti-HAV date: <input type="text"/>	Hepatitis C EIA result <input type="radio"/> Pos <input type="radio"/> Neg <input type="radio"/> Unk Hepatitis C EIA date: <input type="text"/>	Anti-HDV (antibody to hepatitis Delta virus) result <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Not Done Anti-HDV (antibody to hepatitis Delta virus) date: <input type="text"/>	IgM anti-HEV (IgM antibody to hepatitis E virus) result <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Not Done IgM anti-HEV (IgM antibody to hepatitis E virus) date: <input type="text"/>
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Liver enzyme levels at time of diagnosis

ALT (SGPT) Result - U/L <input type="text"/>	AST (SGOT) Result - U/L <input type="text"/>
ALT (SGPT) Upper Limit Of Normal - U/L <input type="text"/>	AST (SGOT) Upper Limit Of Normal - U/L <input type="text"/>
ALT (SGPT) Date <input type="text"/>	AST (SGOT) Date <input type="text"/>

ALT (SGPT) Not done
 AST (SGOT) Not done
 Previous history of HBV infection
 Yes No Unknown Refused Not Asked
 If yes, when was previous HBV infection identified (estimate if date unknown):

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Updated Hepatitis B Laboratory Results Tab – Continued

Hepatitis Reason For Testing (check all that apply)

<input type="checkbox"/> Symptoms of acute hepatitis <input type="checkbox"/> Screening, asymptomatic patient with risk factors <input type="checkbox"/> Screening, asymptomatic patient, no risk factors <input type="checkbox"/> Prenatal screening <input type="checkbox"/> Unknown reason If other, please specify: <input type="text"/>	<input type="checkbox"/> Elevated liver enzymes <input type="checkbox"/> Blood or organ donor screening <input type="checkbox"/> Follow-up testing for previous viral hepatitis marker <input type="checkbox"/> Postvaccination serologic testing <input type="checkbox"/> Other (not listed)
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Hepatitis B Repeat Laboratory Results (>= 6 months from initial)

HBsAg (hepatitis B surface antigen) result <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Not Done HBsAg date: <input type="text"/>	HBsAg (hepatitis B "e" antigen) result <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown <input type="radio"/> Not Done HBsAg date: <input type="text"/>	Hepatitis B virus DNA (HBV DNA) - IU/ml <input type="text"/>	Hepatitis B virus DNA (H) <input type="text"/>
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Please do not over-write already documented laboratory results in the "LabClinical" tab with new lab results – enter new lab results (if not already automatically populated by ELR) in the "lab widget" (*Laboratory information* section) at the bottom of the "LabClinical" tab.

Laboratory Information (system)

Show Results Beginning: Show All Results For Patient:

ID-02 Accession Number: <input type="text"/>	Order Result Status: <input type="text"/>	Specimen Collected Date: <input type="text"/>	Specimen Received Date: <input type="text"/>
Specimen Source: <input type="text"/>	Specimen Body Site: <input type="text"/>	Test Code: <input type="text"/>	Resulted Test: <input type="text"/>
Result: <input type="text"/>	Units: <input type="text"/>	Reference Range: <input type="text"/>	Test Coding System: <input type="text"/>
Organism Code: <input type="text"/>	Resulted Organism: <input type="text"/>	Organism Coding System: <input type="text"/>	
Result Date: <input type="text"/>	Performing Facility ID: <input type="text"/>	Abnormal Flag: <input type="text"/>	Notes: <input type="text"/>
Observation Result Status: <input type="text"/>		Drug Susceptibility Results: <input type="text"/>	Delete: <input type="button"/>
			Add: <input type="button"/>

Complete *Hepatitis B Repeat Laboratory Results* section for results that are ≥ 6 months after the already-documented initial positive results (for those disease incidents that meet the case definition for chronic hepatitis B).

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Additional Hepatitis Laboratory Results – Optional Form for Local Health Departments

For local health departments that would like to document additional or negative test results for case management or contact investigations (and would prefer to use a form similar to the *Hepatitis Laboratory Results* section rather than the “lab widget”), an *Additional Hepatitis Laboratory Results* section has been added to the WEDSS Filing Cabinet.

Please only use this form to document negative and/or additional test results, if needed, during case management or contact investigations. Use the “LabClinical” tab to document initial laboratory results.

Additional Hepatitis Laboratory Results

Description: UDF
Patient: TEST, AMY
Record ID: 646992

Additional Hepatitis Lab Instructions

Please only use this form to document negative and/or additional test results, if needed, during case management. Use the LabClinical tab to document initial laboratory results.

Hepatitis Laboratory Results

ID-01

HBsAg (hepatitis B surface antigen) result
 Positive Negative Unknown
 Not Done

HBsAg date

IgM anti-HBc (IgM antibody to hepatitis B core antigen) result
 Positive Negative Unknown
 Not Done

Total anti-HBc (total antibody to hepatitis B core antigen) result
 Positive Negative Unknown
 Not Done

Anti-HBs (antibody to hepatitis B surface antigen) result
 Positive Negative Unknown
 Not Done

HBsAg (hepatitis B “e” antigen) result
 Positive Negative Unknown
 Not Done

anti-HBe (antibody to hepatitis B “e” antigen) result
 Positive Negative Unknown
 Not Done

Hepatitis B virus DNA (HBV DNA) – IU/ml

Hepatitis

Hepatitis Liver Enzyme Levels

ID-01

ALT (SGPT) Result - U/L

AST (SGOT) Result - U/L

ALT (SGPT) Upper Limit Of Normal - U/L

AST (SGOT) Upper Limit Of Normal - U/L

ALT (SGPT) Date

AST (SGOT) Date

ALT (SGPT) Not done AST (SGOT) Not done

Delete Add

Save Print

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Updated Hepatitis B Clinical Data

Hepatitis B Clinical Data

Was the patient jaundiced at time of diagnosis
 Yes No Unknown Refused Not Asked

Did the patient have any of the following symptoms at the time of diagnosis (check all that apply)

<input type="checkbox"/> Fever	<input type="checkbox"/> Headache
<input type="checkbox"/> Malaise	<input type="checkbox"/> Anorexia
<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Abdominal pain

If other, please specify

No symptoms Unknown
 Refused Not asked

- The *Hepatitis B Clinical Data* section is also contained in the “LabClinical” tab, and now includes options to select symptoms consistent with hepatitis infection.
- The question about jaundice is highlighted in red to denote the importance of inquiring if patient had jaundice and/or other signs and symptoms to determine if case meets the acute hepatitis B case definition (especially in the absence of a prior negative HBsAg result).

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Updated Hepatitis B Risk Tab

- Combined risk sections for acute and chronic hepatitis B.
- Now consistent with WEDSS Hepatitis C Risk tab.
- Eliminated duplicate questions.
- Added questions related to drug use and injecting drugs.

Hepatitis B Risk - MANDATORY

For the following questions, past 6 months – 6 months prior to first positive hepatitis test result.

Was the patient ever in contact with a person with hepatitis B? (check all that apply for each type of contact)

Anyone

Yes, past 6 months Yes, more than 6 months ago
 No Unknown
 Refused Not asked

Sexual

Yes, past 6 months Yes, more than 6 months ago
 No Unknown
 Refused Not asked

Household (non-sexual)

Yes, past 6 months Yes, more than 6 months ago
 No Unknown
 Refused Not asked

Injection drug use

Yes, past 6 months Yes, more than 6 months ago
 No Unknown
 Refused Not asked

Other contact (specify)

Yes, past 6 months Yes, more than 6 months ago
 No Unknown
 Refused Not asked

If other, please specify _____

Ever injected drugs to get high, even if only once

Yes, past 6 months Yes, more than 6 months ago
 No Unknown
 Refused Not asked

Use street drugs but not inject

Yes, past 6 months Yes, more than 6 months ago
 No Unknown
 Refused Not asked

Ever snorted drugs

Yes, past 6 months Yes, more than 6 months ago
 No Unknown
 Refused Not asked

Ever shared injecting equipment or "works" (optional)

Yes, past 6 months Yes, more than 6 months ago
 No Unknown
 Refused Not asked

If ever shared injecting equipment, check all that apply

Needles Syringes
 Coasters Cottons
 Spoons Water
 Other (please specify) _____

During the 6 months prior to the first positive hepatitis B test, how many:

Male sex partners did the patient have

0 1 2 to 5 6 or more

More than 5 Unknown Refused Not asked

Female sex partners did the patient have

0 1 2 to 5 6 or more

More than 5 Unknown Refused Not asked

Approximate lifetime number of sex partners _____

Ever treated for a sexually transmitted disease

Yes No Unknown Refused Not Asked

If yes, date of most recent treatment _____

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Updated Hepatitis B Risk Tab – Continued

- Added options to select "Refused" or "Not asked" for all questions in the Risk tab.
- Added questions about diabetes diagnosis and sharing of diabetical equipment.

Has the patient been diagnosed with diabetes

Yes No Unknown Refused Not Asked

If yes, date of diagnosis (estimate if exact diagnosis date is unknown) _____

If yes, has the patient shared diabetical equipment (e.g. blood glucose monitor, lancet, injection devices) with anyone

Yes No Unknown Refused Not Asked

Was the patient employed in a medical or dental field involving direct contact with human blood

Yes, past 6 months Yes, more than 6 months ago
 No Unknown
 Refused Not asked

If within the past 6 months, frequency of blood contact (med-dental)

Frequent (several times a week) Infrequent Unknown Refused Not asked

In the past 6 months, was the patient employed as a public safety worker (e.g., fire fighter, law enforcement or correctional officer) having direct contact with

Yes No Unknown Refused Not Asked

If yes, frequency of blood contact (public safety)

Frequent (several times a week) Infrequent Unknown Refused Not asked

Ever received a tattoo

Yes, past 6 months Yes, more than 6 months ago
 No Unknown
 Refused Not asked

If yes, where was tattooing performed? (check all that apply)

Commercial shop Correctional facility
 Other (please specify) _____ Other tattoo location _____

In the past 6 months, did the patient get a piercing

Yes No Unknown Refused Not Asked

If yes, where was piercing performed? (check all that apply)

Commercial shop Correctional facility
 Other (please specify) _____ Other piercing location _____

Was the patient ever incarcerated for longer than 24 hours

Yes, past 6 months Yes, more than 6 months ago

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Upcoming Mediasite Live Presentations by the Wisconsin Immunization Program

Wednesday, February 13, 2013, at 12:00 p.m.

Hepatitis B Surveillance

A review of the updated *Perinatal Hepatitis B Prevention Program Manual*, which will be distributed to local health departments and birthing hospitals, and will be available on the Immunization Program's website at: <http://dhs.wisconsin.gov/immunization>.

Wednesday, February 27, 2013, at 12:00 p.m.

Vaccine Handling and Storage

A review of the updated CDC vaccine handling and storage recommendations

<http://dhsmedia.wi.gov/main/Catalog/catalogs/default.aspx> .

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Acknowledgements

- CDC Immunizations and Vaccines for Children Grant
- CDC Epidemiology and Laboratory Capacity (ELC) Grant, Enhanced Viral Hepatitis Surveillance Project:
 - Sheila Guilfoyle, Adult Hepatitis Coordinator
 - Marisa Stanley, MPH, Epidemiologist
- Wisconsin Electronic Disease Surveillance System (WEDSS) Team
- WEDSS Forms Workgroup
- Public Health Nurses, Local Health Departments
- Clinicians
- Laboratorians

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Questions and Comments ???????

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