I. IDENTIFICATION AND DEFINITION OF CASES

A. Clinical Description:
   1. Hepatitis C, acute: An illness with discrete onset of any sign or symptom consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain) AND
      (a) Jaundice OR
      (b) A peak elevated serum alanine aminotransferase (ALT) level >200 IU/L during the period of acute illness
      Most HCV-infected persons are asymptomatic; however, many have chronic liver disease, which can range from mild to severe.
   2. Hepatitis C, chronic: A case that does not meet the Hepatitis C acute clinical criteria.

B. Laboratory Criteria:
   1. Hepatitis C, acute:
      • A positive test for antibodies to hepatitis C virus (anti-HCV): e.g., enzyme-linked immunosorbent assay (EIA), chemiluminescent immunoassay (CIA), HCV rapid test, HCV antibody
      • Hepatitis C virus detection test:
         o Nucleic acid test (NAT) for HCV RNA positive (including qualitative, quantitative or genotype testing: e.g., polymerase chain reaction [PCR], HCV ribonucleic acid [RNA])
         o A positive test indicating presence of hepatitis C viral antigen(s) (HCV antigen)*
         o Detectable viral load (e.g., HCV RNA) OR
         o Identified HCV genotype
      CDC HCV test interpretation chart: http://www.cdc.gov/hepatitis/hcv/PDFs/hcv_graph.pdf
   2. Hepatitis C, chronic:
      • A positive test for antibodies to hepatitis C virus (anti-HCV): (e.g., EIA, CIA, HCV Rapid Test, HCV ab)
      • Hepatitis C virus detection test: Nucleic acid test (NAT) for HCV RNA positive (including qualitative, quantitative, or genotype testing: e.g., PCR, HCV RNA)
      • A positive test indicating presence of hepatitis C viral antigen(s) (HCV antigen)*
      *When and if a test for HCV antigen(s) is approved by the Food and Drug Administration (FDA) and available

C. Wisconsin Surveillance Case Definitions:
   1. Hepatitis C, acute:
      • Probable: A case that meets clinical criteria and has a positive anti-HCV antibody test, but has no reports of a positive HCV NAT or positive HCV antigen tests, AND does not have test conversion within 12 months or has no report of test conversion.
      • Confirmed: A case that meets clinical criteria and has a positive hepatitis C virus detection test (HCV NAT or HCV antigen), OR
         A documented negative HCV antibody, HCV antigen or NAT laboratory test result followed within 12 months by a positive result of any of these tests (test conversion).
   2. Hepatitis C, chronic:
      • Probable: A case that does not meet clinical criteria or has no report of clinical criteria, AND does not have test conversion within 12 months or has no report of test conversion, AND has a positive anti-HCV antibody test, but no report of a positive HCV NAT or positive HCV antigen test.
      • Confirmed: A case that does not meet clinical criteria or has no report of clinical criteria, AND does not have test conversion within 12 months or has no report of test conversion, AND has a positive HCV NAT or HCV antigen test.

II. REPORTING

A. Wisconsin Disease Surveillance Category II – Methods for Reporting: This disease shall be reported to the patient’s local health officer or to the local health officer’s designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § DHS 145.04(3) (b). Report electronically through the Wisconsin
Electronic Disease Surveillance System (WEDSS), mail, or fax a completed Acute and Communicable Disease Case Report (F-44151) to the address on the form.

B. **Responsibility for Reporting:** According to Wis. Admin. Code § DHS 145.04(1), persons licensed under Wis. Stat. ch. 441 or 448, laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in Appendix A.

D. **Clinical Criteria for Reporting:** Evidence of clinical and relevant laboratory information indicative of acute and/or chronic HCV infection.

C. **Laboratory Criteria for Reporting:** Laboratory evidence of infection by methods specified in laboratory criteria, above. All positive results should be reported.

III. **CASE INVESTIGATION**

A. **Responsibility for case investigation:** It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.

B. **Required Documentation:**
   1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs OR submit the Acute and Communicable Disease Report (F-44151).
   2. Submit the CDC – Viral Hepatitis Case Report (www.cdc.gov/hepatitis/PDFs/vhsp02.pdf) for acute cases only. It is only necessary to complete the demographic section and the section on acute hepatitis C.
   3. Upon completion of investigation, set WEDSS disease incident process status to “Sent to State.”

C. **Additional Investigation Responsibilities:** Determine whether the case is potentially outbreak-related and notify the Wisconsin Division of Public Health (DPH), Bureau of Communicable Diseases (BCD).

IV. **PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES**


B. Advise client on measures to protect the liver from further harm, e.g., by avoiding the use of alcohol, not sharing injection drug equipment, and obtaining hepatitis A and hepatitis B vaccine.

C. Educate the client on how to protect others from exposure to HCV:
   - Not donating blood, body organs, tissue, or sperm.
   - Not letting anyone else use the client’s razor, toothbrush, or other personal care items.
   - Covering open cuts or sores with a bandage until they have healed.
   - If currently injecting drugs, seeking help in trying to stop. If not stopping use, never share needles or “works” with anyone else.
   - If not in a long-term monogamous sexual relationship, practice safer sex—use a latex barrier, such as a condom, every time you have sex.

D. Client referral (self-referral) is used for contacts of HCV cases. Encourage clients to recommend HCV counseling and testing to their needle sharing and sexual partners. HCV counseling and testing services may be accessed through primary health care providers, local health departments, AIDS service organizations, or STD clinics that offer HCV testing. The Wisconsin HIV/STD/Hepatitis Information and Referral Center can provide information and assistance in locating HCV testing resources. Contact the IRC toll-free at 800-334-2437 or through the Wisconsin HIV/STD/Hepatitis C Information and Referral Center website at [http://www.arcw.org](http://www.arcw.org).
E. Testing household contacts is not necessary unless they have had an identified blood exposure to the HCV infected person.

F. An infant whose mother has HCV infection should be tested for anti-HCV no sooner than 18 months of age. If earlier diagnosis is desired, the infant may be tested for HCV RNA (PCR) at 1-2 months of age. An infected mother may breastfeed unless her nipples are cracked or bleeding.

G. Refer the client to a medical provider for medical evaluation to assess liver function and need for treatment.

V. CONTACTS FOR CONSULTATION
   A. Local health departments and tribal health agencies: https://www.dhs.wisconsin.gov/lh-depts/index.htm
   B. Division of Public Health regional staff: http://www.dhs.wisconsin.gov/localhealth/index.htm
   C. BCD/AIDS/HIV program/Hepatitis program: 608-266-5819
   D. Wisconsin State Laboratory of Hygiene: 800-862-1013

VI. RELATED REFERENCES
   D. CDC Guidelines for laboratory testing and result reporting of antibody to hepatitis C virus. MMWR 2003; 52(No. RR-3):1-15
   E. CDC Viral hepatitis website: http://www.cdc.gov/hepatitis
   F. Wisconsin Hepatitis C program website: https://www.dhs.wisconsin.gov/viral-hepatitis/hcv-program.htm