



Communicable Disease Case Reporting and Investigation Protocol **HEPATITIS D**

I. IDENTIFICATION AND DEFINITION OF CASES

- A. **Clinical Description:** Hepatitis D virus (HDV) causes infection only in people with acute (coinfection) or chronic (superinfection) hepatitis B virus (HBV) infection, which is characterized by insidious onset of anorexia, vague abdominal discomfort, nausea, vomiting, and sometimes arthralgia and rash that often progresses to jaundice. Acute coinfection with HBV and HDV usually causes an acute illness indistinguishable from acute HBV infection alone.
- B. **Laboratory Criteria:** Confirmatory laboratory evidence: Enzyme immunoassay for antibody to HDV (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).
- C. **Wisconsin Surveillance Case Definition:** Laboratory confirmation.

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), or 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](#).
- C. **Clinical Criteria for Reporting:** Clinically compatible illness.
- D. **Laboratory Criteria for Reporting:** Laboratory evidence of infection. 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.
 - 1) Determine pregnancy status if the patient is a woman of child-bearing age (approximately 12-55 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.
 - 2) Refer the patient to a medical provider to monitor outcome or progress of infection.
 - 3) Exclude patient from school, day care or work until acute illness has resolved.
 - 4) Educate patient on how to protect others from exposure to HDV and HBV.
 - 5) Persons who are not immune to hepatitis A virus (HAV) and who have liver disease should be vaccinated against HAV.
 - 6) Verify that the client has a hepatitis B incident in WEDSS. If not, create a hepatitis B incident.
- B. **Required Documentation:**
 - 1. Complete the WEDSS disease incident investigation report, including appropriate disease-specific tabs.
 - 2. Upon completion of investigation, set WEDSS disease incident process status to "Sent to State."

C. **Additional Investigation Responsibilities**

1. Assess patient for high-risk settings or activities to include providing patient care or child care, or attending a child care facility.
2. 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**

- A. In accordance with Wis. Admin. Code § [DHS 145.05](#), local public health agencies should follow the methods of control recommended in the current editions of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association, and the American Academy of Pediatrics' *Red Book: Report of the Committee on Infectious Diseases*, unless otherwise specified by the state epidemiologist.
- B. There is no vaccine to directly prevent; however, HDV cannot be transmitted in the absence of HBV. Therefore, vaccination against HBV protects against HDV. Hepatitis B vaccine is universally recommended for all infants at 0, 1-2 and 6-18 months of age. Catch-up vaccination is recommended for all children and adolescents aged ≤ 18 years. In addition, vaccination is recommended for previously unvaccinated adults at risk for hepatitis B infection including: sex partners of HBsAg-positive persons, sexually active persons not in a long-term mutually monogamous relationship (more than one sex partner during the previous six months), persons seeking evaluation or treatment for a sexually transmitted disease, men who have sex with men, current or recent intravenous drug user, household contacts of HBsAg-positive persons, residents and staff of facilities for developmentally disabled persons, health care and public safety workers with risk for exposure to blood or blood-contaminated body fluids, persons with end-stage renal disease, persons with diabetes mellitus, international travelers to regions with high or intermediate levels (HBsAg prevalence of 2% or higher), and persons with HIV infection.

V. **CONTACTS FOR CONSULTATION**

- A. Local health departments and tribal health agencies: <https://www.dhs.wisconsin.gov/lh-depts/index.htm>
- B. Bureau of Communicable Diseases, Immunization Program: 608-267-9959. After hours number 608-258-0099.
- C. Wisconsin State Laboratory of Hygiene: 1-800-862-1013. After hours emergency number 608-263-3280.

VI. **RELATED REFERENCES**

- A. Heymann DL, ed. Hepatitis D. In: *Control of Communicable Diseases Manual*. 20th ed. Washington, DC: American Public Health Association, 2015: 268-270.
- B. Pickering LK, ed. Hepatitis D. In: *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2015: 430-431.
- C. Centers for Disease Control and Prevention. 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).
- D. Centers for Disease Control and Prevention. 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).
- E. Hamborsky J, Kroger A, Wolfe S, eds. Hepatitis B In: *Epidemiology and Prevention of Vaccine-Preventable Diseases*. 13th ed. Washington DC: Public Health Foundation, 2015: 149-174.
- F. Wisconsin Immunization Program Hepatitis B webpage: <https://www.dhs.wisconsin.gov/immunization/hepd.htm>