Acute Hepatitis A Case Investigation Aid for LHD Staff

Clinical Description: An acute illness with a discrete onset of any sign or symptom consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, dark urine, pale stools, or abdominal pain), and either a) jaundice, or b) elevated serum alanine aminotransferase (ALT) or aspartate aminotransferase (AST) levels. Additionally, Immunoglobulin M (IgM) antibody to hepatitis A virus (IgM anti-HAV) must be positive. Total HAV antibody is not sufficient to diagnose acute HAV infection.

Comment: In accordance with 902 KAR 2:020 (http://www.lrc.ky.gov/kar/902/002/020.htm) healthcare providers should report the probable diagnosis of cases of acute hepatitis A within 24 hours to either the local or state health department. Local health departments should report cases of acute hepatitis A to the state health department within 24 hours. Rapid identification and reporting of cases are important in order to take action to prevent transmission of infection to other persons and to provide post-exposure prophylaxis (PEP) to susceptible contacts of an acute case of hepatitis A.

Conducting Investigation:

Collect clinical information to determine case status

- Obtain/review medical documentation (Review above clinical description)
- To meet case definition, patient must have: acute onset of signs or symptom(s) PLUS either jaundice or elevated LFTs PLUS reactive/positive IgM anti-HAV test result
- Patient may have one sign or symptom, or several. Jaundice alone is not sufficient to meet the clinical case definition for acute hepatitis A.
- Review EPID200 or NEDSS for completeness. If info is missing, contact provider ASAP.
- If case was symptomatic and a total antibody was performed, contact provider or lab to request test of laboratory confirmation (i.e., IgM anti-HAV test).
- Request specimen to be sent to DLS for HAV molecular testing and genotyping.
- Be sure to obtain illness onset date.

When You Have a Case:

Take Action

- Enter all info into NEDSS and create investigation. (Refer to acute hepatitis A variable list provided by KDPH.)
- Use PEP Excel calculator to determine infectious period and window for PEP.
- Contact index case/patient.
- Determine close contacts (e.g., household contacts, sexual contacts, drug-sharers, etc.)
- Encourage PEP for close contacts ASAP. (Must be within 2 week window.)
- Determine risk factors (e.g., illicit drug use, homelessness, MSM, travel to endemic area, etc.)
Determine occupation (daycare workers, food handlers, & healthcare workers must be excluded for 7 days after onset of jaundice and can return to work on day 8)

Complete supplemental questionnaire and fax to 502-696-3803.

**Note:** In instances of cases in congregate settings (e.g., rehab facilities, jails, etc.) refer to guidance provided by KDPH.