



County: _____

LHJ Use ID _____ Reported to DOH Date ___/___/___

LHJ Classification Confirmed Probable

By: Lab Clinical Epi Link: _____

LHJ notification date: _____ Eval/Web ID: _____

Hepatitis C – Positive Laboratory Report

The patient in the attached laboratory report had a positive test for hepatitis C. If the case has not been previously reported from your office, please complete the form below and fax to: _____

PATIENT INFORMATION

Name (last, first) _____
 Address _____ Homeless
 City/State/Zip _____
 Phone(s)/Email _____
 Alt. contact Parent/guardian Spouse Other Name: _____
 Zip code (school or occupation): _____ Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____

Birth date ___/___/___ Age _____
 Gender F M Other Unk
 Ethnicity Hispanic or Latino
 Not Hispanic or Latino Unk
 Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other Unk

CLINICAL INFORMATION

This report is: Acute hepatitis C Chronic hepatitis C Cannot determine if acute or chronic hepatitis C

Reason for current testing (check all that apply): Acute hepatitis symptoms: vomiting, diarrhea, abd. pain, anorexia, nausea, fever
 Jaundice Asymptomatic with risk factor Prenatal Asymptomatic, no risk Elevated liver enzymes
 Follow-up for previous test Born 1945-1965 Blood/organ donor Unk Other:

Onset date: ___/___/___ Onset date is estimated Diagnosis date: ___/___/___ Illness duration: _____ days

Y N DK NA

- Pregnant If yes, EDD: ___/___/___ Hospital: _____
- Diabetes If yes, diagnosis date: ___/___/___
- Ever had liver biopsy
- Healthcare provider-diagnosed cirrhosis
- Ever diagnosed with liver cancer
- Patient has health insurance If Y check all that apply:
 Medicare Medicaid VA / Military
 Employer Individual
- Recommended to receive treatment for hepatitis C
- Received treatment Discontinued Completed

Known risk factors [Acute: within 6 months; Chronic: lifetime]

Y N DK NA

- Clotting factor (year: _____)
- Blood products (year: _____)
- Organ transplant (year: _____)
- Hemodialysis
- In job with potential blood or body fluid exposure
- Tattoo
- Body piercing (except ears)
- Acupuncture
- New or risk sexual partner
- Perinatal transmission
- Close contact
- Injection drug use
- Incarceration
- Other: _____
- No risk factors

Laboratory

P = Positive O = Other
 N = Negative NT = Not Tested
 I = Indeterminate

P N I O NT

- Reactive anti-HCV screen (mo/yr) ___/___
 Signal to cut-off ratio (if known) _____
- HCV RNA qualitative (mo/yr) ___/___
- HCV RNA quantitative (mo/yr) ___/___
 Value: _____/ml I.U. RNA copies
 If no confirmatory test, primary reason why not:
 Lost to follow-up Patient declined
 Treatment not medically indicated
 Limited life expectancy Other: _____
- HCV genotyping
 Results: 1 2 3 4 5
 6 Other _____ Unk
- Documented negative antibody, NAT or antigen result within prior 12 months (test conversion in past year)

Liver function tests

(If >1 LFT in past 3 months, report peak; else give most recent).

- Serum aminotransferase (SCOT [AST] or SGPT [ALT] elevated above normal for lab
 ALT (SGPT) Actual value: _____ date ___/___/___
 AST (SGOT) Actual value: _____ date ___/___/___

*Note: May be acute infection if AST or ALT > 7 times normal

Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

Investigator _____ Phone/email: _____

Investigation complete date ___/___/___
Record complete date ___/___/___

2016 Case Definition for Hepatitis C Infection

Clinical Criteria

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) peak elevated serum alanine aminotransferase (ALT) level >200 IU/L during the acute illness.

Laboratory Criteria

A positive test for antibodies to hepatitis C virus (anti-HCV) OR

Hepatitis C virus detection test:

Nucleic acid test (NAT) for HCV RNA positive (including qualitative, quantitative or genotype testing) OR

A positive test indicating presence of hepatitis C viral antigen(s) (HCV antigen) if FDA approved

Case Classification

Acute, 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)

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

Chronic, confirmed

A case that does not meet clinical criteria or a case that 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

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

Criteria to distinguish a new case of this disease or condition from reports or notifications which should not be enumerated as a new case for surveillance

A new case is an incident case (new acute or newly diagnosed chronic) that has not previously been reported as meeting case criteria for hepatitis C. A new probable acute case may be re-classified as confirmed acute case if a positive NAT for HCV RNA or a positive HCV antigen(s) test is reported within the same year. A confirmed acute case may be classified as a confirmed chronic case if a positive NAT for HCV RNA or a positive HCV antigen is reported one year or longer after the acute case onset. A confirmed acute case may not be reported as a probable chronic case (i.e., HCV antibody positive, but with an unknown HCV RNA NAT or antigen status). States and territories may choose to track resolved hepatitis C cases in which spontaneous clearance of infection or sustained viral response to treatment are suspected to have occurred before or are known to have occurred after national notification as a confirmed or probable case to CDC.