

[County Letterhead]

Dear Doctor:

The _____ Health Department has received a positive **hepatitis C virus (HCV)** laboratory result for your patient, _____. **New York State Public Health Law mandates that laboratories and physicians report hepatitis A, B, and C cases to the county health department where the patient resides.** The Centers for Disease Control and Prevention (CDC) recommends that all hepatitis C antibody screening test (EIA, CIA, MEIA or CMIA) positive samples with low signal to cut-off (s/co) have reflex supplemental testing performed, preferably HCV RIBA.

Please complete the attached form as completely as possible. **If the patient is an acute case, please call us immediately at _____ so that we may identify the source of the new infection.**

For chronic cases, please return the form by mail or fax within 21-days to the _____ County Health Department at the address listed below or fax to _____

Mailing address:
X County Health Department
CD Staff Name
Address

Thank you for your assistance.

Please note the following case definitions when verifying the patient diagnosis

Acute Hepatitis C (CSTE/CDC Case Definition 2007)

Clinical Criteria:

An acute illness with:

- with a discrete onset of any sign or symptom consistent with acute viral hepatitis, and
- a)jaundice, or b) serum alanine aminotransferase levels (ALT) >400 IU/L

AND

Laboratory Criteria:

One or more of the following:

- Anti-HCV screening-test-positive (EIA, CIA, MEIA) verified by an additional more specific assay (e.g. RIBA for anti-HCV or nucleic acid testing (NAT) for HCV RNA, or
- Anti-HCV screening-test-positive (EIA, CIA, MEIA) with a signal to cut-off (s/co) ratio predictive of a true positive as determined for the particular assay by CDC (http://www.cdc.gov/ncidod/diseases/hepatitis/c/sc_ratios.htm), or
- HCV RIBA positive, or
- NAT for HCV RNA positive, and
- IgM anti-HAV negative, and
- IgM anti-HBc negative

Chronic/Resolved Hepatitis C (CSTE/CDC Case Definition 2005)

Clinical Criteria:

- Most hepatitis C virus (HCV) infected persons are asymptomatic. However, many have chronic liver disease, which can range from mild to severe including cirrhosis and liver cancer.

Laboratory Criteria:

- Anti-HCV screening-test-positive (EIA, CIA, MEIA) verified by an additional more specific assay (e.g. RIBA for anti-HCV or NAT for HCV RNA, or
- Anti-HCV screening-test-positive (EIA, CIA, MEIA) with a s/co ratio predictive of a true positive as determined for the particular assay (e.g., ≥ 3.8 for the enzyme immunoassays) and posted by CDC, or
- HCV RIBA positive, or
- NAT for HCV RNA positive, or
- Report of HCV genotype

Case Status Classification:

- **Confirmed:** A case that is laboratory confirmed and that does not meet the case definition for acute hepatitis C.

CONFIDENTIAL

Follow-up of Positive Hepatitis C Laboratory Report

Provider Information: Ordering Provider:

Primary Care Provider, if known: _____ **Phone:** _____

Patient Information Please provide any missing patient demographic information

Last Name: _____ **First Name:** _____ **Address:** _____
City: _____ **Zip:** _____ **DOB:** _____

Please circle appropriate values

Occupation: Food service Day care Health care Student/School Inmate Correction wrk
Other, specify _____ Unknown

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Race: White Black American Indian/Alaskan Asian Native Hawaiian/Other Pacific Islander
Other, Specify _____ Unknown

Sex: Male Female

Is patient pregnant: Yes **Due Date:** __/__/____ No Unknown

Please verify diagnosis (refer to case definitions): Acute* Chronic Not a Case

*PLEASE CALL THE LOCAL HEALTH DEPARTMENT IMMEDIATELY (Contact information is on the cover letter)

Was the patient provided education/counseling regarding hepatitis C infection? Yes No

Reasons for HCV Testing Check all that apply

- Symptoms of acute viral hepatitis
- Evaluation of elevated liver enzymes
- Screening of an asymptomatic patient with reported risk factors
- Blood/organ donor screening
- Screening of an asymptomatic patient with no reported risk factors
- Follow-up testing for previous marker of viral hepatitis
- Prenatal screening
- Other, specify _____

Clinical Information/Diagnostic Tests

Was the patient symptomatic?	Yes No Unknown	if yes, onset date	__/__/____
Was the patient jaundiced?	Yes No Unknown	if yes, onset date	__/__/____
Was the patient hospitalized?	Yes No Unknown	if yes, admit date	__/__/____
		hospital	_____
Did patient die from hepatitis?	Yes No Unknown	if yes, date of death	__/__/____
ALT(SGPT)	_____	Date	__/__/____
AST(SGOT)	_____	Date	__/__/____
Other Tests/Results	_____	Date	__/__/____
Other Tests/Results	_____	Date	__/__/____

Did the patient have prior negative hepatitis test results? Yes No Unknown

If yes, type of test _____ date of collection __/__/____

Risk Factors for HCV (Chronic Only)

Birth Country _____ Blood transfusion prior to 1992 Yes No Unknown Organ transplant prior to 1992 Yes No Unknown Rec'd clotting factor produced prior to 1987 Yes No Unknown Long-term hemodialysis Yes No Unknown Injection drug use Yes No Unknown Multiple lifetime sexual partners Yes No Unknown If yes, approx. no.(lifetime) _____ Ever treated for a STD Yes No Unknown	Contact of person with Hepatitis C - Sexual Yes No Unknown - Household Yes No Unknown - Other _____ Yes No Unknown Ever incarcerated Yes No Unknown Needlestick exposure Yes No Unknown Employed in medical/dental field Yes No Unknown Tattoo Yes No Unknown Body piercing Yes No Unknown Other, specify _____ Yes No Unknown
---	--

Vaccine History

Did the patient receive hepatitis A vaccine? If no, please select why	Yes No Unknown Not Offered Refused Immune due to history of HAV Previously vaccinated
Did the patient receive hepatitis B vaccine? If no, please select why	Yes No Unknown Not Offered Refused Immune due to history of HBV Previously vaccinated

Individual completing form: _____ Title: _____ Date: _____

Laboratory Results

Test Type:	Specimen Collection Date:	Test Result: