

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
HEPATITIS B	15, 115	<i>Hepatitis B Virus</i>
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about Hepatitis B in the CD Manual. • See the case definitions for Hepatitis B, Acute and Hepatitis B, Chronic in the CD Manual. • Study APHA <i>Control of Communicable Diseases Manual</i>, 19th ed., pp 284 - 293. • Print and review reporting forms: <p style="margin-left: 20px;"><i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: (DHHS/EPI), #15 Hepatitis B, Acute or #115 Hepatitis B, Chronic</i></p>	
CONDUCTING INVESTIGATION		
REVIEW LABORATORY INFORMATION	<ul style="list-style-type: none"> • Review laboratory report(s) specific to this disease. Evaluate laboratory results to determine if the requirements of the case definition are satisfied. • Contact the healthcare provider to see if additional tests were ordered, if additional test results are available, and/or if further testing of the patient is indicated. 	
COLLECT CLINICAL INFORMATION	<ul style="list-style-type: none"> • Use your Statewide Hepatitis B NC EDSS access to search the system to determine if the individual has been previously reported with Hepatitis B. • Obtain healthcare provider clinical notes from date(s) of service for this disease/condition. • If patient was hospitalized for this disease, obtain medical record (admission note, progress note, lab reports, including ALT/AST, if done, and discharge summary). • Determine why testing was done. Was the patient symptomatic for disease? Jaundiced? Currently pregnant? 	
APPLY THE CASE DEFINITION	<ul style="list-style-type: none"> • Review the case definitions for Hepatitis B, Acute and Hepatitis B, Chronic. • Review all available lab results, both positive and negative. • Review all clinical information. • Apply the case definition—remember that <i>both the clinical and laboratory findings</i> must satisfy the criteria needed to meet case definition. • Please note that an event that does not meet the case definition for confirmed Hepatitis B, Acute <i>may</i> meet the case definition for probable Hepatitis B, Chronic. • If you need assistance in applying the case definitions, please call the Hepatitis B Coordinator or your Regional CD Nurse Consultant. 	

IMPLEMENTING CONTROL MEASURES	
<p>ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE</p>	<ul style="list-style-type: none"> • Review the clinical records for potential source(s) of exposure. Given the long incubation period of 45 to 180 (average of 60-90) days, this may be difficult to determine. • If the probable source of exposure is not evident in the clinical information, interview the patient to obtain additional information to determine the source of infection and exposure to household, sexual, needlesharing, mucosal or blood contacts. Review past as well as recent history.
<p>IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES</p>	<ul style="list-style-type: none"> • Refer to 10A NCAC 41A .0203 to review control measures specific to Hepatitis B. • All HBV positive individuals should be informed of control measures for their disease (acute or chronic). • All sexual, needlesharing, and household contacts to acute or chronic cases should be tested, then vaccinated with Hepatitis B vaccine. (<i>Remember to have blood drawn prior to vaccine administration</i>). There is no need to wait for test results; both testing and vaccination can be done on the same day. In addition: <ul style="list-style-type: none"> ○ if susceptible, as determined by lab results (HBsAg negative and HBsAb negative), complete the Hepatitis B vaccine series. • After sexual exposure to an individual with acute HBV, Hepatitis B vaccine together with a single dose of HBIG is recommended if it can be given within 14 days of the last sexual exposure. • Hepatitis B acute cases and individuals who have been reported as Hepatitis B chronic, probable cases should be retested 6 months after diagnosis to determine if they are chronic carriers. • If the patient is an infant born to a Hepatitis B positive mother, contact the Hepatitis B Perinatal Coordinator for further guidance. • Use the CDC website www.cdc.gov to educate at risk people about the disease. • Instruct the case to refrain from donating blood, plasma, organs, tissue or semen. • Documentation that control measures were provided should be entered into NC EDSS in the Clinical Package.
REPORTING INVESTIGATION	
<p>REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)</p>	<ul style="list-style-type: none"> • Use your Statewide Hepatitis B NC EDSS access to search the system to determine if the individual has been previously reported with Hepatitis B. • If the individual has <i>not</i> been previously reported, create a new Hepatitis B event (either Acute or Chronic, depending on determination of case classification) and complete all question packages. • If the individual <i>has</i> been previously reported, create a Hepatitis B Lab/Condition Report event and complete the

	<p>Subsequent Report package.</p> <ul style="list-style-type: none"> • Assign event to State Disease Registrar when case investigation complete. • Do an "Event_Print" in NC EDSS after assigning to the state. Keep for one year along with any additional notes. Maintain as a surveillance file, not a medical record. • For further guidance, please refer to the "Hepatitis B Rules for Investigation and Reporting in NC EDSS" at http://epi.publichealth.nc.gov/cd/lhds/manuals/cd/ncedss.html
SPECIAL CONSIDERATIONS	
MANAGEMENT OF OCCUPATIONAL EXPOSURE TO HBV	<ul style="list-style-type: none"> • Recommendations for follow-up of occupational HBV exposures may be found in the CDC MMWR: Updated Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. June 29, 2001; 50(RR-11); pp 21-23. Available at: www.cdc.gov/mmwr/PDF/RR/RR5011.pdf
HEPATITIS B POSITIVE PREGNANT WOMEN	<ul style="list-style-type: none"> • If the patient is pregnant and meets the case definition for either acute or chronic disease, contact the Hepatitis B Perinatal Coordinator for further guidance. • If the case is entered into NC EDSS as a Perinatally-acquired Hepatitis B event, contact the Hepatitis B Perinatal Coordinator for specific guidance.