

LOCAL HEALTH DEPARTMENT DISEASE INVESTIGATION STEPS

NC REPORTABLE DISEASE/CONDITION	NC DISEASE CODE	INFECTIOUS AGENT (S)
HEPATITIS C, ACUTE	60	<i>Hepatitis C Virus</i>
PREPARING FOR INVESTIGATION		
KNOW THE DISEASE/CONDITION	<ul style="list-style-type: none"> • Read about Hepatitis C in the CD Manual. • See the case definition for Hepatitis C, Acute in the CD Manual. • Study APHA <i>Control of Communicable Diseases Manual</i>, 19th ed., pp 293 - 295. • Refer to CDC MMWR: Surveillance for Acute Viral Hepatitis - United States, 2007. May 22, 2009; 58 (SS03); pp 1 - 27. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5803a1.htm • Print and review reporting forms: <ul style="list-style-type: none"> <i>Part 1: Confidential Disease Report (DHHS 2124)</i> <i>Part 2: Hepatitis C, Acute (DHHS/EPI #60)</i> 	
CONDUCTING INVESTIGATION		
COLLECT CLINICAL INFORMATION	<ul style="list-style-type: none"> • If patient hospitalized for this disease, obtain medical record (admission note, progress note, other lab report(s), and discharge summary). • Obtain healthcare provider clinical notes from date(s) of service for this disease/condition. Determine why testing was done. • Look for evidence in the medical record that supports clinical findings described in the case definition. 	
REVIEW LABORATORY INFORMATION	<ul style="list-style-type: none"> • Review laboratory report(s) specific to this disease. Ensure anti-HCV screening test positive result is reported with a signal to cut-of ratio. If not, test result will need verification by a more specific serologic test (RIBA) or NAT for HCV RNA. If signal to cut-off ratios are predictive of a true positive, additional confirmation may not be necessary. Refer to: www.cdc.gov/hepatitis/HCV/labtesting.htm. • Evaluate laboratory results to determine if requirements of the case definition are satisfied. Lab results for IgM antibody to hepatitis A virus and IgM antibody to Hepatitis B core antigen should be negative. If no jaundice, ALT must be greater than 400 IU/L. • Contact the healthcare provider if further testing of the patient is indicated. 	
APPLY THE CASE DEFINITION	<ul style="list-style-type: none"> • Use the case definition to determine if clinical and laboratory findings meet the case definition criteria. 	

IMPLEMENTING CONTROL MEASURES	
ATTEMPT TO IDENTIFY SOURCE OF EXPOSURE	<ul style="list-style-type: none"> Review clinical records for potential source(s) of exposure. Given the long incubation period of 2 weeks to 6 months, this may be difficult to determine. If probable source of exposure is not evident in clinical information, interview patient to obtain additional information (injection drug use, healthcare worker, exposure to blood). Review past as well as recent history. If injection drug use is a factor, individuals who may have shared needles with the case may wish to be tested and should be referred to their private medical doctor.
IMPLEMENT CONTROL MEASURES TO PREVENT DISEASE AND ADDITIONAL EXPOSURES	<ul style="list-style-type: none"> Use the CDC website www.cdc.gov and NC Public Health HCV packets to educate at risk people about the disease (HCV information packets are available upon request through the NC Division of Public Health, (919) 733-9601). Instruct the case to refrain from donating blood, plasma, organs, tissue or semen. Advise case to always cover open wounds/sores.
REPORTING INVESTIGATION	
REPORT TO NC COMMUNICABLE DISEASE BRANCH (CD)	<ul style="list-style-type: none"> Enter Part 1 and Part 2 Communicable Disease Reports into NC EDSS as a new event, or update the existing event if already entered. 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.
SPECIAL CONSIDERATIONS	
MANAGEMENT OF OCCUPATIONAL EXPOSURE TO HCV	<ul style="list-style-type: none"> Recommendations for follow-up of occupational HCV 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 North Carolina rules (NCAC) do not specifically address post exposure testing for HCV, therefore public health does not have the authority to require testing for Hepatitis C virus.