



Viral Hepatitis

Viral Hepatitis Surveillance and Case Management



VIRAL HEPATITIS SURVEILLANCE AND CASE MANAGEMENT

GUIDANCE FOR STATE, TERRITORIAL, AND LOCAL HEALTH DEPARTMENTS

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The purpose of this document is to provide jurisdictional guidance to implement and improve hepatitis A, hepatitis B, and hepatitis C surveillance and case management, including reporting requirements, collection of relevant laboratory data, and case investigation. Given that current systems for the surveillance and follow-up of cases differ by jurisdiction, the standards outlined in this document are designed to provide models for best practices, recognizing that not every jurisdiction can meet those standards with available resources. All material contained in this report is in the public domain and may be used and reprinted without special permission; however, citation as to source is appreciated.

General Viral Hepatitis Surveillance Guidance



Hepatitis A
Surveillance Guidance



Hepatitis B
Surveillance Guidance



Hepatitis C
Surveillance Guidance

Additional Information and Resources

Executive Summary

Classification Scenarios

Acknowledgements

Suggested Citation

References

Since the 2005 edition of the *Guidelines for Viral Hepatitis Surveillance and Case Management*, the epidemiology of viral hepatitis in the United States has changed substantially. Decreases in hepatitis A incidence that occurred following release of the hepatitis A vaccine in the late 1990s ended in 2016, when large person-to-person outbreaks of hepatitis A began being reported primarily among people who use drugs (PWUD) and people experiencing homelessness. Decreases in acute hepatitis B incidence that occurred after release of the hepatitis B vaccine in the 1980s ceased in 2010. Also in 2010, decreases in acute hepatitis C incidence that were first observed in the 1990s began to reverse. Rates of acute hepatitis C have most notably increased among people 20–49 years of age, American Indian/Alaska Native people, and non-Hispanic White people. The shift in acute hepatitis B and hepatitis C incidence is most evident in jurisdictions disproportionately affected by the opioid crisis.

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Cases of hepatitis A; acute, chronic, and perinatal hepatitis B; and acute, chronic, and perinatal hepatitis C should be classified in accordance with their respective CDC/CSTE surveillance case definition. The scenarios provided in the following tables can serve as guidance for classification of these cases. Technical assistance is available for more complex scenarios by contacting the assigned regional CDC DVH technical assistance team.

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The Centers for Disease Control and Prevention (CDC) editor of the *Viral Hepatitis Surveillance and Case Management: Guidance for State, Territorial, and Local Health Departments* was Kathleen Ly, Epidemiologist (Surveillance Team/Division of Viral Hepatitis) with leadership and guidance from Dr. Ruth Jiles (currently Senior Scientist, Surveillance Team/Division of Viral Hepatitis). Dr. Alfred DeMaria, Medical and Laboratory Consultant at the Massachusetts Department of Public Health, served as the external editor. This guidance was developed in collaboration with staff from state, territorial, and local health departments, with input from Ashley Vineyard (Council of State and Territorial Epidemiologist) and Boatemaa Nitri-Reed (National Alliance of State and Territorial AIDS Directors). Rachel Wilson (Division of Viral Hepatitis) reviewed and edited this document for clarity and consistency with CDC publishing guidelines. View the list of experts in viral hepatitis surveillance contributed to the condition-specific sections.

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<https://www.cdc.gov/hepatitis/statistics/GuidelinesAndForms.htm>. Published August 2021. Accessed August 16, 2021.

View list of references cited throughout the document.

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