**Why is it important to investigate acute Hepatitis C cases?**

- To **prevent additional cases** by providing information to the person diagnosed with hepatitis C (HCV) infection on how to avoid exposing others.
- To **improve outcomes** for HCV-infected individuals by educating them on the importance of continued medical evaluations and providing referrals to medical or support services.
- To **identify clusters** of cases or outbreaks, in particular, those that appear to involve healthcare-associated transmission; the more quickly we can identify these situations the more quickly we can stop further transmission.

**What is the role of the MDPH Epidemiology Program in acute HCV investigation?**

- To identify cases that may be acutely infected, or have transmission related to healthcare, and determine if further follow-up is necessary. A case of HCV infection would be considered potentially acute if the person had discrete onset of symptoms such as fever, abdominal pain, gastrointestinal illness, jaundice, or elevated liver enzymes (ALT>400) reported, or evidence of recent seroconversion (a negative antibody test for HCV in the 6 months prior to the positive result). We call this a suspect acute HCV case.
- If the suspect acute HCV case (as described above) is under 15 years old or between 30 and 69 years of age, the case may be assigned to the LBOH for further follow-up. **Cases of HCV infection that are not specifically assigned to the LBOH do not need to be investigated.**
- Any case of HCV infection between 15 and 29 years of age or 70 years or older will automatically be considered a suspect acute case. The MDPH Acute Hepatitis C Case Reporting Form (ACRF) is automatically sent by MDPH to the provider for completion. These cases may be assigned to the LBOH for follow up if we do not receive a completed ACRF from the provider or if transmission is thought to be associated with healthcare.

**What is the role of the LBOH in acute HCV investigation?**

- To educate the case on ways they can reduce the risk of transmission to others.
- To provide referrals to the case for medical or support services as needed.
- To collect missing data on the case, particularly information about an individual’s recent possible exposures.

**How is the LBOH notified of an acute HCV case that needs to be investigated?**

When a case of acute HCV infection is identified by the Epidemiology Program, an epidemiologist will notify the LBOH where the case currently resides by creating a task in MAVEN. The task will indicate that an investigation needs to be conducted and will have a due date of two months from the date the LBOH was notified of the case. Once created, MAVEN will generate an email (as shown below) to the individual to whom the task is assigned. In addition to creating the task, an epidemiologist will also contact the LBOH via phone to answer any questions.
Once this email is received, the LBOH nurse or health agent should access the event ID in MAVEN, view their assigned task within the event and change the status of the task from “Pending” to “In progress”. Once this change is made, MAVEN will generate an email back to MDPH so we’ll know that you’re aware of the task and working on it.
What are the steps a LBOH should take to complete an acute HCV investigation?

1. Familiarize yourself with the questions in the case’s demographic, clinical and risk history question packages so you know what information remains to be collected. In addition to the question packages, please review the case’s laboratory results. [Note: For LBOHs that are not on MAVEN, MDPH will fax the acute HCV case report form and review the questions of most importance with the person who will complete the follow-up. The paper CRF does not need to be completed, if the information has been entered into MAVEN.]
2. Contact the healthcare provider listed as having ordered the test(s) to see what further clinical and risk information they have. You can find the name of the ordering provider in MAVEN as shown in the screen shot on the next page. Start with the provider listed on the most recent laboratory result. Verify with the provider that the case is aware of their HCV diagnosis. Review all related laboratory results with the provider and ask if they are aware of any additional laboratory results including other hepatitis C tests, liver enzyme tests (AST/ALT), and tests for hepatitis A and B. If they have additional results, ask that they fax them to MDPH at 617-983-6813.

In the clinical question package, note any symptoms, particularly gastroenteritis or jaundice. You should also ask about pregnancy status as well as if the person is diabetic.

When asking about risk history, keep in mind the incubation period for Hepatitis C is 12 months. While all questions should be answered, those with a star can help us determine a potential source of acute infection.
3. Contact the case to complete any missing information in the risk/exposure/control and prevention question package and provide education on HCV infection. Reassure the individual that all information is kept strictly confidential. Focus particularly on those questions related to healthcare. Some of the questions are about sensitive topics, such as drug use, and should be asked in a non-judgmental manner. Please go through all risk related questions without making assumptions about an individual’s behavioral history.

4. Educate the individual about preventing transmission and ways to protect her/his liver. Resources on these topics can be found online on the websites listed below. If you feel you need more training on these topics, please inform the epidemiologist who assigned you the case.

Resources:
Massachusetts Department of Public Health
Viral hepatitis fact sheets can be found here in multiple languages:

Centers for Disease Control and Prevention, Division of Viral Hepatitis
Extensive information on viral hepatitis including patient education materials can be found at the CDC website
cdc.gov/hepatitis

5. Provide referrals to medical or support services if needed. Information about available resources can be found online here: www.mass.gov/eohhs/docs/dph/aids/resources-guide.pdf. While this document is focused on HIV related services, it also contains extensive information on viral hepatitis services as well. If there is not a funded program in your area, it is recommended that you contact community health centers in your community or region to see what HCV related care they provide. This information can be used to further support your referrals.

If you have made several attempts to obtain case information, but have been unsuccessful (e.g., the health care provider and/or case does not return your calls or respond to a letter, or the case refuses to divulge information or is too ill to be interviewed), please complete the question packages with as much
information as you have gathered. Document your communication attempts in the comments section on MAVEN. Note in the administrative question package that the case was lost to follow-up.

I’ve completed my acute HCV case investigation. Now what?
Update the original task to reflect ‘Complete’ by clicking on the task tab from the main dashboard. Enter the date you completed the task and assign the task back to the epidemiologist who is listed as the task’s creator. Once the task is updated, MAVEN will generate an email to the epidemiologist so they will know you’ve completed your investigation.
If you have any questions about acute hepatitis C follow-up, please contact the Epidemiology Program at 617-983-6800. If you have questions about MAVEN, please contact the ISIS helpdesk at 617-983-6801.