

Hepatitis B Disease Reporting in NCEDSS - Overview

Timely and complete electronic case reports are important for an accurate surveillance picture. Hepatitis B should be investigated in a timely measure to implement appropriate control measures, link patients to care, identify pregnant mothers requiring perinatal hepatitis B case management, and assure that reportable cases are transmitted to the CDC in a timely manner. Questions about Viral Hepatitis reporting should be discussed with the Viral Hepatitis Program at Dianne.Brewer@dhhs.nc.gov or Joshua.R.Moore@dhhs.nc.gov.

Key Hepatitis B Data for NCEDSS Entry:

Hepatitis B lab condition reports should be converted to an acute or chronic carrier event for all persons not previously reported for chronic hepatitis B (confirmed/probable) in NCEDSS. The following fields should be completed in NCEDSS for all acute hepatitis B, chronic hepatitis B, and hepatitis B lab condition report events unless otherwise specified. Failure to complete these fields may result in the event being sent back to the LHD for additional information. For assistance changing the event type, contact the NCEDSS helpdesk (NCEDSSHelpDesk@dhhs.nc.gov).

1. Administrative Package	<input type="checkbox"/> Initial source, date, and method of report to public health <input type="checkbox"/> County of residence <input type="checkbox"/> Fields under the Investigation Trail
2. Demographic Package	<input type="checkbox"/> Race <input type="checkbox"/> Ethnicity
3. Clinical Package* <i>Note: Attaching medical records to the event is encouraged but not meant to replace data entry in NCEDSS.</i>	<input type="checkbox"/> Clinical Findings (including symptom onset and date) <input type="checkbox"/> Presence of clinical criteria for acute HBV (<i>i.e. jaundice, elevated ALT > 200 IU/L, or total bilirubin \geq 3.0 mg/dL</i>) <i>Note: select yes, no, or unknown for each symptom. Do not leave field blank if the symptom is unknown.</i> <input type="checkbox"/> Presence of an alternative diagnosis <input type="checkbox"/> Hospitalization and clinical outcome <input type="checkbox"/> Pregnancy status (required for ALL females ages 14-50) <i>Note: if the patient is pregnant, complete infant birth details and link infant's case to the mother's case.</i> <input type="checkbox"/> Control measures
4. Risk History Package*	<input type="checkbox"/> Relevant exposures within the last 6 months (<i>e.g. tattoos or piercings, substance use, sexual contact</i>) <input type="checkbox"/> Residence in a congregate living facility (<i>LTCF, prison, etc.</i>) <input type="checkbox"/> Setting of likely exposure (<i>work, LTCF, prison, hospital, etc.</i>) <input type="checkbox"/> Healthcare and blood/bodily fluid exposures <input type="checkbox"/> Interview status (<i>including reason patient NOT interviewed</i>) <i>Note: This lets the State know that attempts were made to contact patient.</i>
5. Vaccine Information Package	<input type="checkbox"/> HBV vaccination history (<i>including date of administration, source of information, and vaccine product for each dose</i>)
6. Subsequent Report Package [§]	<input type="checkbox"/> Pregnancy fields (required for ALL females ages 14-50) <input type="checkbox"/> Case classification update required (<i>e.g. is this a probable chronic that is now confirmed by additional testing?</i>)
7. Lab Result Package	<input type="checkbox"/> Specimen date <input type="checkbox"/> Type of test (<i>e.g. HBsAg, DNA, HBc IgM, etc.</i>) <input type="checkbox"/> Test result (positive/negative) and result value (if applicable)

- Lab facility
- Ordering facility and provider

*The clinical and risk history packages are only available in acute and chronic carrier events and should be completed for all persons not previously reported for hepatitis B in NCEDSS.

§ Only the subsequent report needs to be completed for persons previously reported for chronic hepatitis B (confirmed/probable) in NCEDSS.

Regardless of prior events, pregnancy status should be ascertained for ALL females ages 14-50.