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CDC: The ABCs of Hepatitis
http://www.cdc.gov/hepatitis/Resources/Professionals/PDFs/ABCTable.pdf

CDC: Interpretation of Hepatitis B Serologic Test Results

Hepatitis B Foundation: Additional Blood Tests
http://www.hepb.org/patients/additional_blood_tests.htm

Acute Hepatitis B Case Definition
https://wwwn.cdc.gov/nndss/conditions/hepatitis-b-acute/case-definition/2012/

Chronic Hepatitis B Case Definition
https://wwwn.cdc.gov/nndss/conditions/hepatitis-b-chronic/case-definition/2012/

Perinatal Hepatitis B Case Definition

Acute Hepatitis C Case Definition

Chronic Hepatitis C Case Definition

Perinatal Hepatitis C Case Definition
Viral Hepatitis Program

Organizational Chart

Viral Hepatitis Calls
The Viral Hepatitis Calls occur the 4th Thursday of designated months from 8:00-9:00CST/9:00-10:00EST.
**Important Terminology: Viral Hepatitis**

**Hepatitis A Virus (HAV):** A small, unenveloped symmetrical positive strand ribonucleic acid (RNA) virus in the family Picornaviridae and genus Hepatovirus. It is transmitted via the fecal-oral route.

**Hepatitis B Virus (HBV):** A double-stranded deoxyribonucleic acid (DNA) virus in the family Hepadnaviridae and genus Orthohepadnavirus. It is most commonly transmitted by sexual contact but can also be transmitted by contact with other body fluids. It is vaccine preventable.

**Hepatitis C Virus (HCV):** An enveloped, RNA virus in the family Flaviviridae and genus Hepacivirus. It is a blood-borne pathogen and is not vaccine preventable.

**Vertical Transmission (Perinatal Transmission):** A pathogen transmitted from mother to baby in pregnancy or during childbirth.

**Immunoglobulin M (IgM):** The first antibody (Ab) particle produced by the immune system in response to an antigen (infection). Presence of IgM antibodies can signify a recently acquired infection.

**Immunoglobulin G (IgG):** An antibody (Ab) particle produced by the immune system in response to an antigen (infection). Presence of IgG antibodies can signify a past or present infection.

**IgM Antibody to Hepatitis B Core Antigen (IgM anti-HBc):** Positivity indicates recent infection with hepatitis B virus (≤6 months).

**Hepatitis B Surface Antigen (HBsAg):** A protein on the surface of hepatitis B virus; it can be detected in high levels in serum during acute or chronic hepatitis B virus infection. The presence of HBsAg indicates that the person is infectious.

**Hepatitis B e-Antigen (HBeAg):** A protein that is secreted by hepatitis B infected cells. It is associated with chronic hepatitis B infection and is used as a marker of active viral disease and a patient’s degree of infectiousness.

**Hepatitis B Surface Antibody (anti-HBs):** The presence of anti-HBs is generally interpreted as indicating recovery and immunity from hepatitis B virus infection, either naturally or through vaccination.

**Total Hepatitis B Core Antibody (anti-HBc):** The total anti-HBc appears at the onset of symptoms in acute hepatitis B and persists for life. It indicates previous or ongoing infection with hepatitis B virus in an undefined time frame.

**Hepatitis B e Antibody (anti-HBe):** An antibody made in response to the B e-antigen and is detected in patients who have recovered from hepatitis B infection as well as those who are chronically infected.

**Hepatitis C Antibody (anti-HCV):** The presence of antibodies to hepatitis C virus in the blood. It indicates previous or ongoing infection with hepatitis C virus.

**Nucleic Acid Test (NAT)/Nucleic Acid Amplification Test (NAAT):** A molecular technique that tests for the presence of a virus or bacterium by testing for the presence of viral DNA (for HBV)/viral RNA (for HCV). NAT testing can be quantitative or qualitative and includes polymerase chain reaction (PCR) and genotype tests. For example, in an NBS Hepatitis C investigation, if you receive a positive result for an RNA, PCR, or genotype test, you will mark ‘positive’ for HCV RNA result.

**Window Period:** The period of time after a person is infected with a communicable disease but before antibodies to the infection are detectable on testing. During the window period, a patient’s antibody test will be negative despite the fact that the patient is infected.

**Acute Viral Hepatitis:** The early stage of viral infection of the liver caused by one of three different hepatitis viruses (A, B, or C). Signs and symptoms of early (or acute) viral hepatitis include yellowing of the skin or eyes (jaundice), abdominal pain, vomiting, nausea, diarrhea, malaise, grey-colored stools, or dark urine. For Hepatitis B and C, acute infection can lead to chronic infection.

**Chronic Viral Hepatitis:** A long-term illness that occurs when Hepatitis B or Hepatitis C remains in a person’s body. Chronic hepatitis can last a lifetime and lead to serious liver problems, including cirrhosis (scarring of the liver) or liver cancer.

**Sustained Virologic Response (SVR):** With successful HCV treatment, the virus will become undetectable in the blood. Patients are considered cured of HCV when the virus remains undetectable in their blood for 12 weeks after the completion of their treatment, which is also known as a sustained virologic response.
Important Terminology: NBS

National Electronic Disease Surveillance System (NEDSS) Based System (NBS): a database that facilitates electronically transferring public health surveillance data to and from public health departments and CDC.

Event: A laboratory report (either paper or electronic) within NBS.


Of note, the Viral Hepatitis Program manages non-perinatal/pregnancy HBV and all HCV conditions. HAV, perinatal HBV and HBV in pregnancy are managed by the Vaccine Preventable Diseases Program.

Case Status: The classification of the condition utilizing the CDC/CSTE hepatitis case definitions (confirmed, probable, not a case). Case status may evolve as new laboratory reports are received and should be updated, regardless of when the investigation was opened.

- Example: an existing HCV chronic, probable investigation from 2010 receives a positive HCV RNA laboratory report in 2016.
  - Associate the recently received laboratory report with the existing investigation, and
  - Update case status from ‘probable’ to ‘confirmed’

NBS Investigation: Created within NBS to house information related to a condition.

Investigation Start Date: The date the investigation was opened. The investigation start date will always remain static.

- For example: you receive a positive HBsAg on a patient and you notice they have an existing positive HBsAg laboratory report in NBS from 9/30/2011 and no investigation was created.
  - Open an investigation and investigation start date will auto-populate to today’s date,
  - Associate both the new and old laboratory reports to this investigation, and
  - The investigation start date, MMWR Week, and MMWR Year should not be modified to reflect the earlier laboratory report.
  - Note: if an investigation had been created previously, you would associate the new laboratory report to the existing investigation and not modify the existing investigation start date, MMWR Week, or MMWR Year to reflect today’s date.

Association: The process of linking all relevant events to investigations within NBS.

Field Investigation: An investigation conducted by regional staff to determine if a viral hepatitis infection is acute and/or if a woman of reproductive age is pregnant. This includes requesting records from a provider and/or interviewing the patient to fill out the case report form. Information obtained from a field investigation must be entered into the NBS investigation.

Reportable: The conditions that are required to be reported to the state health department.

Notifiable: The conditions that require CDC notification.

Woman of Reproductive Age: Any woman aged 11-50.

Orphan Laboratory Report: A laboratory report received via Electronic Laboratory Reporting (ELR) that is not associated with an investigation in NBS.

Laboratory Object: A laboratory report (either paper or electronic) entered within NBS. If verbal laboratory results are given, please make every effort (via laboratory or provider) to obtain a paper copy of these results and enter them into NBS (so they will count as a laboratory object). Case status should only be determined from laboratory report and not from verbal results.

Regional Assignment: All regional assignments in NBS are based on the patient address listed on the most recent laboratory report. If this information is unavailable, regional assignment is based on the address of the provider.
NBS Supported Browsers

As of NBS version 5.4, users can access NBS from either Internet Explorer or Google Chrome. Both browsers require certain settings to be configured for NBS to work optimally.

Internet Explorer Configuration for NBS Users

You will need to modify your Internet Explorer (IE) browser settings to work properly with NBS. The current state standard is IE11, although the configuration changes are identical to those of IE9 and IE10.

There are 3 settings that need to be adjusted in Internet Explorer:
1) Configure the Compatibility View settings.
2) Turn off the Pop-Up Blocker.
3) Manage Temporary Internet Files (Delete Browsing History or AutoComplete Content).

STEP 1: COMPATIBILITY VIEW SETTINGS
1. Open Internet Explorer and go to: https://hssi.tn.gov/auth/login to log in to NBS.
2. Click on the cogwheel in the upper right hand corner of Internet Explorer and select Compatibility View Settings.
3. Match the settings to the box below
a. If tn.gov is in the **Websites you’ve added to Compatibility View** box, click on it to highlight it and click Remove:

![Compatibility View Settings](image)

b. If either of the below boxes are checked, uncheck them:
- Display intranet sites in Compatibility View
- User Microsoft compatibility lists

![Compatibility View Settings](image)
4. When the Compatibility View settings are correct, you will see a thick black box around the login box for NBS:

The black box is good now!

**STEP 2: POP-UP BLOCKER**

1. Return to the cogwheel in the upper right-hand corner of Internet Explorer.

2. Select **Internet Options** from the drop-down and you will see this box open:
3. Click on the **Privacy** tab at the top and the below box will open:

   ![Internet Options Privacy Tab](image)

4. If the box for **Turn on Pop-up Blocker** is checked, uncheck it.

   ![Internet Options Privacy Tab](image)
**STEP 3: DELETE BROWSING HISTORY**

1. Return to the cogwheel in the upper right-hand corner of Internet Explorer.

2. Select **Internet Options** again and you will see this box open:
3. Make sure you are in the **General** tab at the top. In the **Browsing History** section towards the bottom of the box, click **Settings**. If you are unable to access Delete Browsing History, please continue to Step 4.

4. At the next pop-up screen, make sure **Every time I visit the webpage** is marked and click **OK**.
5. You will be returned to the Internet Options box and the General tab. Click Delete (next to the Settings button you clicked in step 3).

6. The Delete Browsing History window will open. Make sure all of the boxes are checked except for the top one (Preserve Favorite website data). If it is checked, uncheck the box. Click Delete.
7. You will again be returned to the **Internet Options** box and **General** tab. Click **Apply**.

8. The **Apply** button will now be grayed out. Click **OK** to close the Internet Options box.

9. Close Internet Explorer completely (all tabs).
10. Open Internet Explorer and log in to NBS.

11. If you are able to delete browsing history, but NBS still does not work, proceed to Step 4.

**STEP 4: CONTENT TAB**
1. Open Internet Explorer and go to the cogwheel in the upper right-hand corner.

2. Select Internet Options again and click on the Content tab.
3. In the **AutoComplete** section, click **Settings**.

4. A new AutoComplete Settings box will open. Click on **Delete AutoComplete history**...
5. The Delete Browsing History window will open. Make sure all of the boxes are checked except for the top one (Preserve Favorite website data). If it is checked, uncheck the box. Click Delete.

![Delete Browsing History window](image)

6. You will be returned to the AutoComplete Settings box. Click OK.

7. You will be returned to the Internet Options box. Click OK.

8. Close Internet Explorer (all tabs).

9. Open Internet Explorer and log in to NBS.

IF NBS IS STILL NOT WORKING PROPERLY, please report your issue(s) to CEDS.Informatics@tn.gov
Google Chrome Configuration for NBS Users

STEP 1: CLEAR BROWSING DATA

1. On the Chrome toolbar (3 dots icon), click More Tools and then Clear Browsing Data.

2. In the Clear browsing data box, click the checkbox for “Cached images and files” (you can also choose to check “Browsing history” and “Cookies and other site data” but these are not necessary).

3. Use the menu at the top to select “all time” to delete everything.
4. Click **Clear Data**.

**STEP 2: Update Pages**

1. Access browser settings by clicking on the 3 dots icon in the upper-right corner of the window.

2. Click Settings in the dropdown menu.

3. Click on Advanced at the bottom of the page.
4. Scroll down to the System section and click on **Open proxy settings**

![Open proxy settings](image)

5. Click on the General tab (or if you don’t see the General tab, go to the Network section, click Change proxy settings, THEN click the General tab) and click **Settings** under the Browsing history section.

![Settings](image)

6. Change the radio button option to “Every time I visit the webpage” then click **OK** twice to exit.
• Link to NBS: https://hssi.tn.gov/auth/login
• If locked out of NBS email: CEDS.Informatics@tn.gov
• To request NBS access: https://is.gd/NBSUserRequest
Entering Viral Hepatitis Investigations into NBS

This document contains examples of best practices related to management of acute, chronic, pregnancy, and perinatal viral hepatitis (VH) events and investigations in Tennessee. Acute HAV, acute HBV, chronic HBV, HBV in pregnancy, perinatal HBV, acute HCV, chronic HCV, and perinatal HCV are reportable; acute HBV, HBV in pregnancy, perinatal HBV, acute HCV, and perinatal HCV are laboratory and provider reportable, while chronic HBV and chronic HCV are only laboratory reportable.

Tennessee Reportable Diseases Website:
https://www.tn.gov/health/cedep/reportable-diseases.html

All providers and laboratories should be reporting to the Tennessee Department of Health; however, if a region finds a provider or laboratory where reports are not being received consistently, please let Viral Hepatitis Program staff know. Although laboratories are required to report positive viral hepatitis markers, they have no way to distinguish acute versus chronic infection. Additionally, laboratories are required to report negative hepatitis markers if one or more markers are positive (e.g. HBsAg result is positive, laboratories should report all tests performed for HAV, HBV, and HCV). When laboratory reports are received, an NBS investigation should be created and any related laboratory reports (paper or ELR) should be associated with the investigation. This applies to positive and negative laboratory results.

Example: An acute HBV case is reported with a positive HBsAg, a negative anti-HCV, and a negative HAV IgM. All three should be entered and associated with the acute HBV investigation. In this scenario, there should be no additional investigations created in NBS for HAV or HCV.

If a specimen is sent to both a commercial laboratory and the State Laboratory and the results are different, please email VH.Health@tn.gov.

Although chronic HBV and HCV cases are not provider reportable in Tennessee, NBS serves as a registry for chronic hepatitis cases. All chronic HBV cases will be handled through the region that corresponds to the patient address information listed on the laboratory report. All chronic HCV cases will be handled through the Central Office and field staff will only be notified if a case is suspected to be acute. The region will be notified by a direct email from Viral Hepatitis Program staff on a case by case basis.

All clinician reported cases of acute hepatitis must have a field investigation and an NBS investigation to determine appropriate condition and case status. The Centers for Disease Control and Prevention (CDC)/Council of State and Territorial Epidemiologists (CSTE) HBV and HCV case definitions, HBV and HCV case classification boxes, and specific applications of case status can be found in Appendix A: CDC/CSTE Case Definitions and NBS Case Status Classification. Case status should only be determined from laboratory reports that have been entered (either manually or by ELR) into NBS, and associated with an investigation.

Additionally, it is critically important to make every attempt to interview acute HBV and HCV cases diagnosed in jail or prison. It is best practice to call the medical staff at the facility to discuss the case with the nurse in charge and to set up a time to interview the patient.
The case report form, a letter requesting records from a provider, a letter requesting records from a provider pertaining only to HBV positive females of reproductive age (11-50), a letter of public health authority, a PH-1600 form, a letter for contacts to an acute HBV or HCV case, and the Accurint Record Search Request Form can be found in Appendix B: Standardized Statewide Tools. In an effort to develop and sustain streamlined statewide tools, only use these resources and contact Viral Hepatitis Program staff should a problem arise. Additionally, these documents are available in Word on SharePoint at: https://tennessee.sharepoint.com/sites/health/CEDEP/HSVH/Documents/Forms/Default.aspx?RootFolder=%2Fsites%2Fhealth%2FCEDEP%2FHSVH%2FDocuments%2FViral%20Hepatitis%2FVH%20Surveillance &FolderCTID=0x01200065F4714689D9B04F8A4F6F3F581140BC&View=%7BE179B6EF%2D0E95%2D4F93 %2D8546%2D6102322FBE6B%7D

To request a new NBS user, please go to the survey at: https://is.gd/NBSUserRequest

a) Complete the form to request the user access level and program areas.

b) Please ensure the two IT forms (20170111_ComputerAccessSecurityForm.pdf, 20170111_AcceptableUseForm.pdf) are attached. They may be downloaded, completed, and uploaded in the survey. The account cannot be set up without these two forms attached.
   a. Choose ‘General Communicable Disease’ option for domains.
   c) The new user will receive an email with the account instructions and the NBS User Guide developed by the Surveillance Systems and Informatics Program (SSIP).

For instructions on adding a provider, adding an organization (laboratory or medical facility), and/or the Laboratory Translator for Entering a Laboratory Report to assist with adding a laboratory report, refer to Appendix C: Adding Providers/Organizations and NBS and Laboratory Translator.

For detailed guidance on the Case Notification process, refer to Appendix D: Viral Hepatitis Case Notifications Process.

For an overview of the HBV and HCV Morbidity Reports process, please refer to Appendix E: Viral Hepatitis Morbidity Report Process.

For an overview on marking HCV ELR as Reviewed in Bulk, please refer to Appendix F: Marking HCV ELR as Reviewed in Bulk.

For an overview on patient matching and how to request a patient merge, please refer to Appendix G: Patient Matching: NBS Merge Request and/or Data Entry.
Hepatitis A NBS Investigations
Acute HAV infections are reportable to the Health Department.

The 2019 CDC/CSTE HAV Case Definition can be found at:

All persons who are IgM anti-HAV positive should be entered into NBS. Due to the outbreak potential of HAV these reports should receive immediate follow-up.

For IgM anti-HAV positive persons or HAV RNA NAAT positive persons with symptoms of an acute illness with discrete onset (e.g. fever, headache, malaise, anorexia, nausea, vomiting, diarrhea and abdominal pain with either jaundice or elevated liver enzymes), infection control measures should be implemented and the CEDEP Vaccine Preventable Diseases Program should be contacted immediately. To interrupt continued transmission, potential sources of infection and potentially exposed persons must be promptly identified and post-exposure prophylaxis must be given within 2 weeks of exposure.

For questions pertaining to HAV events or investigations, please contact the Vaccine Preventable Diseases program: Cassie Jones: Cassandra.Jones@tn.gov or Allison Sierocki: Allison.Sierocki@tn.gov
Hepatitis B NBS Investigations

HBV infections (acute and chronic) are reportable to the Health Department.

In order to properly categorize cases of HBV infection, public health regions should take the following steps upon receipt of all HBV laboratory reports, as well as clinical reports of suspected acute HBV:

1) Management of HBV Laboratory Reports in NBS [performed by the Public Health Regions]
   - **ELR:**
     - All HBV laboratory reports are to be associated with a patient/investigation and have a case status determined.
   - **Manual/Paper Laboratory Reports:**
     - All pertinent paper laboratory reports (positive and negative) which support a case status determination need to be entered into NBS as a laboratory report and associated with the investigation.
     - **For best practices**, laboratory reports/results given over the phone should be supported by a paper laboratory report. If verbal laboratory results are given, please make every effort (via laboratory or provider) to obtain a paper copy of these results.
   - **Morbidity Reports (MRs):**
     - All pertinent laboratory reports (positive and negative) found within the MRs which support a case status determination need to be entered into NBS as a laboratory report and associated with the investigation.
     - **For detailed instructions**, please see Appendix E: Viral Hepatitis Morbidity Report Process.

2) Field Investigations of HBV [performed by the Public Health Regions]
   - All suspected acute HBV cases (based on clinician reporting or other risk factor or laboratory data received), and/or
   - All women of reproductive age (11-50 years) to rule out pregnancy (even if known to have chronic infection)
     - **Standardized Tools Aiding in Field Investigations of Suspected Acute (Appendix B):**
       - Provider Requesting Records letter, HBV/HCV Case Report Form, a letter for contacts to an acute HBV case or acute HCV case, Accurint Record Search Request Form, and Public Health Authority letter (if necessary)
     - **Standardized Tools Aiding in Field Investigations of Women of Reproductive Age (Appendix B):**
       - Provider Requesting Records letter (if no existing HBV investigation), Provider Requesting Records Verifying Pregnancy Status letter (if existing HBV investigation), HBV/HCV Case Report Form, Accurint Record Search Request, and Public Health Authority letter, if necessary

Detailed instructions for HBV laboratory management, creating an NBS investigation, determining case status, and conducting field investigations are described in the Detailed Data Entry Instructions section.
Notes Regarding HBV Investigations

With respect to HBV, patients should have no more than one investigation for an acute infection and one investigation for a chronic infection. Creating multiple investigations for acute or chronic HBV affects case count information reported to CDC.

HBV ELRs must be associated with an existing investigation or an investigation must be created. Do not mark them as reviewed, as this creates orphan HBV laboratory reports.

If you receive an isolated positive IgM anti-HBc, anti-HBc, anti-HBs, or anti-HBe, please refer to the HBV antibody table in Appendix B: Standardized Statewide Tools for case classification instructions.

If you receive paper laboratory reports with more than one hepatitis test listed (e.g. a laboratory report with both HBV and HCV tests), please make a copy for yourself and mark out the HBV tests prior to sending the laboratory report to Central Office. Failure to do so may result in you receiving the HBV laboratory reports back, as Central Office administrative staff will not know the HBV laboratory reports have been entered.

If in doubt about whether or not to create an investigation or how to associate an ELR, please contact Central Office at VH.Health@tn.gov. Do not send protected health information (PHI) to this email address.

If you need an Accurint search for a Hepatitis case, please fill out the form in Appendix B: Standardized Statewide Tools and send securely to Jennifer Black: jennifer.black@tn.gov
Hepatitis B Positive Pregnant Female NBS Investigations

All pregnant women must be serologically screened for HBV infection for every pregnancy. If a reproductive age woman has a marker of current infection (HBsAg, HBeAg, HBV DNA, IgM anti-HBc), regardless of HBV condition (acute, chronic) or case status (confirmed, probable), she should be field investigated for pregnancy status.

In order to properly categorize cases of HBV infection, the public health regions should take the following steps upon receipt of all HBV laboratory reports, as well as clinical reports of suspected acute HBV:

1) Management of HBV Laboratory Reports in NBS (performed by the Public Health Regions)
   - **ELR:**
     - All HBV laboratory reports are to be associated with a patient/investigation and have a case status determined.
   - **Manual/Paper Laboratory Reports:**
     - All pertinent paper laboratory reports (positive and negative) which support a case status determination need to be entered into NBS as a laboratory report and associated with the investigation.
     - For best practices, laboratory reports/results given over the phone should be supported by a paper laboratory report. If verbal laboratory results are given, please make every effort (via laboratory or provider) to obtain a paper copy of these results.
   - **Morbidity Reports (MRs):**
     - All pertinent laboratory reports (positive and negative) found within the MRs which support a case status determination need to be entered into NBS as a laboratory report and associated with the investigation.
     - For detailed instructions, please see Appendix E: Viral Hepatitis Morbidity Report Process.

2) Field Investigations of HBV (performed by the Public Health Regions)
   - All women of reproductive age (11-50 years) should be investigated for pregnancy status in order to rule out pregnancy (even if known to have chronic infection)
     - Standardized Tools Aiding in Field Investigations of Women of Reproductive Age (Appendix B): Provider Requesting Records letter (if no existing HBV investigation), Provider Requesting Records Verifying Pregnancy Status letter (if existing HBV investigation), HBV/HCV Case Report Form, Accurint Record Search Request Form, a letter for contacts to an acute HBV or acute HCV case, and Public Health Authority letter, if necessary

Detailed instructions for creating an NBS investigation, determining case status, and conducting field investigations for Hepatitis B Positive Pregnant Females are described below.
Detailed Data Entry Instructions for Hepatitis B Positive Pregnant Female NBS Investigations

1. Be sure the patient’s acute and/or chronic investigation(s) are in NBS (if not, refer to Detailed Data Entry Instructions).
   a. After the appropriate HBV investigation has been identified or entered, navigate to the Events tab, and click Add New:

2. For condition, select Hepatitis B Positive Pregnant Female and click Submit.

3. Under the Patient tab, the following data is pre-populated based on the information within the patient’s NBS record (assuming the information was present in patient’s record):
   a. If you are aware that any of the patient’s information has changed, update it within the investigation. This will update the information within the NBS record to reflect the most current information. More importantly, it will keep both the past and present information in the record for historical context.
   b. You should only update this information within the investigation under the Patient tab (see below). DO NOT update this information in the Demographics tab on the Patient home screen as this will impact the historical data within NBS.
4. Under the Case Info tab, the Jurisdiction, Program Area, Investigation Start Date, Investigation Status, MMWR Week, and MMWR Year are pre-populated based on the information within the patient’s NBS record (assuming the information was present in patient’s record) and are founded on the date you open the investigation:
   a. You will ONLY need to fill out the following information for surveillance purposes:
      i. State Case ID – the REDCap number assigned by the Perinatal Hepatitis B Coordinator
      ii. Hepatitis B Acute Investigation ID and/or Hepatitis B Chronic Investigation ID
         1. This is the investigation ID number and starts with “CAS”
      iii. Investigator (Search for yourself or enter your quick code)
      iv. Date the Perinatal Hepatitis B Program was notified
      v. General Comments – this is where you will put any additional information gathered from the field investigation that is pertinent to the investigation.
5. The Hepatitis Core tab appears within the investigation for all hepatitides.
   a. You will need to fill out the following information for surveillance purposes (note: for unknown, select Unknown from the drop down):
      i. Reason for Testing (check all that apply), if known
      ii. Is the patient pregnant? Enter Yes (you would not have opened the investigation if she wasn’t)
         1. Enter the Due Date and the number of living children, if known
      iii. Fill in any criteria that pertain to the most recent HBV laboratory report if an HBV laboratory report was not conducted as part of a pregnancy panel. If a test was conducted as part of a pregnancy panel, refer to that laboratory report.
         1. For the iii section only, if there is information you do not know, you can leave the fields blank. You do not need to select Unknown.
      iv. Has the patient ever received a vaccination for Hepatitis B?
         1. If yes, how many does of Hepatitis B vaccine did the patient receive?
      v. Vaccine Dose Number (most recent vaccine of the series), if known
      vi. Vaccine Administered Date (most recent vaccine of the series), if known
6. Under the Contact Tracing tab, you are not required to enter any information.

7. Under the Contact Records tab, you are not required to enter any information.

8. Under the Supplemental Info tab, you are not required to enter any information; however, you can use this as a place to upload any supporting documentation from your investigation.
9. Once all tabs within the investigation have been filled out, click Submit. This will save the investigation.

<table>
<thead>
<tr>
<th>Patient</th>
<th>Case Info</th>
<th>Hypothesis</th>
<th>Contact Tracing</th>
<th>Current Records</th>
<th>Supplemental Info</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you need to change information within an investigation, you can go back into the investigation, click Edit, update the investigation information accordingly, and click Submit.
10. Once the investigation has been submitted, click on the Manage Associations button to associate hepatitis B laboratory reports (paper or electronic) related to the current pregnancy to the investigation:

a. Select the most recent HBV laboratory report and click Submit.
   i. The most recent laboratory report will be associated with the HBV chronic investigation (or the acute investigation in the absence of a chronic investigation) and the Hepatitis B Positive Pregnant Female investigation.

11. Investigations must be closed within 30 days of the Investigation Start Date and a case status must be denoted.
   a. To close the investigation, click on the Case Info tab and change the Investigation Status to ‘Closed.’
   b. To assign a case status, click on the Case Info tab and select the appropriate case status.
      i. The case status should be ‘confirmed’ for all Hepatitis B positive pregnant female investigations (you wouldn’t have opened the investigation if they weren’t pregnant).
   c. Click Submit
12. Please do not send a notification for this condition. Refer to Appendix D: Viral Hepatitis Case Notifications Process for more detailed guidance on the Case Notifications Procedure.
Notes Regarding Hepatitis B Positive Pregnant Female Investigations

With respect to HBV, patients should have no more than one investigation for an acute infection and one investigation for a chronic infection. Creating multiple investigations for acute or chronic affects case count information reported to CDC.

If a reproductive age woman has a marker of current infection (HBsAg, HBeAg, HBV DNA, IgM anti-HBc), regardless of HBV condition (acute, chronic) or case status (confirmed, probable), she should be field investigated for pregnancy status. Even if you receive a laboratory such as ‘HBV DNA not detected,’ the patient should still be assessed for pregnancy.

Each pregnancy is a new event – Hepatitis B, Positive Pregnant Female. As a result, you must open a new Hepatitis B, Positive Pregnant Female investigation for each pregnancy. Do not enter a second chronic investigation to denote pregnancy.

If a patient is investigated for pregnancy status and found not to be pregnant, please denote this in the general comments of the HBV investigation with the date the pregnancy investigation was conducted.

For example, a patient could have three pregnancy HBV investigations, denoting each of their three pregnancies, as well as an acute and/or chronic HBV investigation. There should only be one acute and/or one chronic investigation but there can be multiple HBV pregnancy investigations.

In the example below, there is one HBV acute investigation and one Hepatitis B Positive Pregnant Female Investigation. This tells us that the patient was diagnosed with HBV while in her acute stage and she hasn’t had additional laboratory reports that were greater than six months from the collection date of the laboratory report associated with her acute HBV investigation. Additionally, this tells us she has been pregnant one time while being positive for HBV since the implementation of the Hepatitis B Positive Pregnant Female condition in 2016.

If in doubt about whether or not to create an investigation or for any other questions regarding Hepatitis B Positive Pregnant Female investigations, please contact Janice Johnson: M.Janice.Johnson@tn.gov or 615-253-1359.
Hepatitis B Positive Pregnant Female NBS and Field Investigations

You get a Positive Lab of Current Infection (HBsAg, HBeAg, HBV DNA, or IgM anti-HBc) For a Woman of Reproductive Age (11-50)

Does the Patient Have an existing NBS Investigation?

If yes:
1. Add the laboratory report and update case status (if necessary).
2. Conduct a field investigation to determine if the patient is pregnant.

If no:
1. Open an investigation with the appropriate condition (field investigating if acute).
2. Conduct a field investigation to determine if the patient is pregnant.

Is Patient Pregnant?

If yes:
1. Alert your regional Perinatal HBV Coordinator.
2. Open a ‘Hepatitis B Positive Pregnant Female’ NBS investigation.
3. Fill in the data needed in the Patient, Case Info, and Hepatitis Core tabs as indicated by pages 51-54 of the User Guide.
4. Close the NBS investigation and denote case status as ‘confirmed.’

If no: *
Denote the date and that the patient is not pregnant in the General Comments within the Case Info tab of the ‘Hepatitis B, acute’ or ‘Hepatitis B, chronic’ investigation.
Example: ‘10/26/2016 – field investigated and patient found to not be pregnant.’

*Although not preferred, in lieu of denoting pregnancy status in the General Comments of the HBV investigation, you may elect to open a ‘Hepatitis B Positive Pregnant Female’ NBS investigation and denote case status as ‘Not a Case’ for each pregnancy investigation.
Perinatal Hepatitis B NBS Investigations

Perinatal HBV infections are reportable to the Health Department.

The 2017 CDC/CSTE HBV Perinatal Case Definition can be found at: https://wwwn.cdc.gov/nndss/conditions/hepatitis-b-perinatal-virus-infection/case-definition/2017/

Infants less than 24 months of age who were born in the United States to an HBV-positive mother or with laboratory evidence indicative of HBV infection are entered into NBS. Laboratory evidence of HBV infection in an infant consists of one or more of the following: positive HBsAg (only if at least 4 weeks after the last dose of HBV vaccine), positive HBeAg, and/or detectable HBV DNA.

All infants born to HBV positive mothers are tracked in a separate REDCap database.

Please contact your Regional Perinatal HBV Coordinator or Janice Johnson at M.Janice.Johnson@tn.gov or 615-253-1359 with any questions you may have pertaining to perinatal HBV investigations.
Hepatitis C NBS Investigations
HCV infections (acute, chronic, and perinatal) are reportable to the Health Department.

In order to properly categorize cases of HCV infection, Central Office Viral Hepatitis Program staff and public health regions should take the following steps upon receipt of HCV laboratory reports, as well as clinical reports of suspected acute HCV:

1) Management of HCV Laboratory Reports in NBS [performed by Central Office]
   • **ELR:**
     o All HCV laboratory reports are to be associated with a patient/investigation and have a case status determined.
   • **Manual/Paper Laboratory Reports:**
     o All pertinent paper laboratory reports (positive and negative) which support a case status determination need to be entered into NBS as a laboratory report and associated with the investigation.
   • **Morbidity Reports (MRs):**
     o All pertinent laboratory reports (positive and negative) found within the MRs which support a case status determination need to be entered into NBS as a laboratory report and associated with the investigation.
     o As Central Office finds indications of acute HCV infection, regional staff will be alerted.

2) Field Investigations of HCV [performed by the Public Health Regions]
   • All suspected acute HCV (clinician report, risk factors, associated laboratory reports) reported to regions will continue to be field investigated by the regions, **regardless of the age of the patient.**
     o For best practices, laboratory reports/results given over the phone should be supported by a paper laboratory report. If verbal laboratory results are given, please make every effort (via laboratory or provider) to obtain a paper copy of these results.
   • All other newly reported HCV cases falling into groups at increased risk for acute HCV infection will be field investigated by Central Office.
     o Note: During the course of Central Office investigations (NBS or field), if any information suggests acute infection (elevated ALT, etc.), the investigation will be forwarded to the respective region for field investigation.
     o **Standardized Tools Aiding in Field Investigations of Suspected Acute** (Appendix B): Provider Requesting Records letter, HBV/HCV Case Report Form, a letter for contacts to an acute HBV or acute HCV case, Accurint Records Search Request Form, and Public Health Authority letter (if necessary)

Detailed instructions for creating an NBS investigation, determining case status, and conducting field investigations for HCV are contained in this manual. For additional information pertaining to the provision of HCV testing in local health departments, you may access the HCV Testing Nursing Protocol, HCV Testing and Training Manual, Health Department Just-In Time Training, and the Specimen Collection and Transport Guidelines on SharePoint:
Notes Regarding HCV Investigations

With respect to HCV, patients should have no more than one investigation for an acute infection and one investigation for a chronic infection. Creating multiple investigations for acute or chronic affects case count information reported to CDC.

HCV ELRs not associated with an investigation can continue to be marked as reviewed; however, you will need to type the county name in the Lab Report Comments section before you mark it as reviewed.

This process will create orphan HCV laboratory reports; however, Viral Hepatitis Program staff will address these. Additionally, often times ALT results are received via ELR and we understand that many will be orphaned in this process. If, when reviewing the orphan laboratory reports, we see an elevated ALT in addition to a positive anti-HCV and/or an HCV RNA, we will email the region on a case by case basis and ask them to conduct an acute HCV field investigation.

If you receive paper laboratory reports with more than one hepatitis test listed (i.e. a laboratory report with both HBV and HCV tests), please make a copy for yourself and mark out the HBV tests prior to sending the laboratory report to Central Office. Failure to do so may result in you receiving the HBV laboratory reports back, as Central Office administrative staff will not know the HBV laboratory reports have been entered.

If in doubt about whether or not to create an investigation or how to associate an ELR, please contact a Central Office Epidemiologist at VH.Health@tn.gov. Do not send protected health information (PHI) to this email address.

If you need an Accurint search for a Hepatitis case, please fill out the form in Appendix B: Standardized Statewide Tools and send securely to Jennifer Black: jennifer.black@tn.gov

Please continue to send HCV laboratory reports that are not associated with suspected acute cases to Central Office, at the address below:

Tennessee Department of Health
Andrew Johnson Tower- HIV/STD/Viral Hepatitis Section – 4th Floor
Attention: Shannon De Pont
710 James Robertson Parkway
Nashville, TN 37243
Hepatitis C Positive Pregnant Female and Perinatal HCV NBS Investigations

Pregnancy among HCV-infected mothers is not reportable in the state of Tennessee; however, perinatal HCV investigations are reportable in the state of Tennessee. This process will be conducted centrally as follows:

**HCV-Positive Pregnant Female**

Central Office:
- Match NBS information to the provisional 2018 birth certificate data.
  - Either positive RNA at any point during pregnancy up to 2 weeks postpartum, or in the absence of an RNA collected during this period, last laboratory report prior to pregnancy was positive. Additionally, if no reported RNA, an anti-HCV positive laboratory report prior to 2 week postpartum.
- Open a ‘HCV-Positive Pregnant’ NBS Investigation.
  - Denote due date and case status = ‘confirmed’ (for RNA+) or ‘probable’ (for only Ab+).
  - **Do not** send a notification to CDC as this condition is not reportable.
- Enter infant (live birth) into NBS and open a ‘Perinatal HCV’ investigation.
  - Denote case status = ‘Suspect’ and apply contact tracing to the NBS record of the mother.

Public Health Regions:
- Supporting Role

**Perinatal HCV**

Central Office:
- If a child 2-36 months of age in 2018 or later (based on specimen collection date) had either an HCV Ab or HCV RNA result (applies to infants identified via mom per 2018 or later birth data or any laboratory reports we received for someone aged less than 36 months (SAS code, orphan laboratory report process, data entry).
  - Ensure testing algorithm was applied appropriately (i.e. no HCV Ab).
    - If not, educate provider.
    - If yes, update case status to ‘Confirmed’ (if RNA is positive) or ‘Not a Case’ (if RNA is negative).
  - Alert regional staff.

Public Health Regions:
- Supporting Role

If you come across any HCV-positive pregnant females or perinatal HCV-infected infants, please email [Heather.Wingate@tn.gov](mailto:Heather.Wingate@tn.gov) prior to entering into NBS.
Hepatitis D and Hepatitis E NBS Investigations
Hepatitis D and E are not reportable in the state of Tennessee; however, any laboratory reports containing Hepatitis D (HDV) or Hepatitis E (HEV) information must be sent to Central Office. Make a copy if the report contains any other laboratory reports you might need (HAV, HBV, HCV), and send to:

Tennessee Department of Health
Andrew Johnson Tower- HIV/STD/Viral Hepatitis Section – 4th Floor
Attention: Lindsey Sizemore
710 James Robertson Parkway
Nashville, TN 37243

If you decide to enter the HDV or HEV laboratory reports, please do not send a notification.

For questions pertaining to HDV and HEV laboratory reports, please contact Lindsey Sizemore: lindsey.sizemore@tn.gov or 615-770-6928.
Detailed Data Entry Instructions

Searching for a Patient

1. To avoid creating duplicate patient records in NBS, search for the patient by looking up their Date of Birth (DOB) and/or the first common letters of the last name (to account for multiple spellings of names):
   a. When searching, names should appear in alphabetical order.

   i. If the patient has more than one NBS profile and needs to be merged, please send an email to CEDS.Informatics@tn.gov including your DC# and the PSN/Patient IDs. Please see Appendix G: Patient Matching: NBS Merge Request and/or Data Entry for merge criteria.
      1. If there is an error in the name for one of the patient records, please correct the name before requesting the merge.
      2. Do not send any additional information about the patients, such as patient name or date of birth. If this information is required, please contact Shannon De Pont via telephone at 615-532-8518.
      3. When the NBS System Administrator merges the patient records, only one of the PSN numbers will be preserved and available when searching. Make note of all of the PSN numbers.

2. Before creating an investigation for an ELR, check NBS for the patient as you would when manually entering a paper laboratory report.
Adding a Patient

1. If the patient is not in NBS, add them and their laboratory report(s) into NBS:
   a. Click ‘add a new patient’:
      i. Fill out any information appearing on the laboratory report.
      ii. Unless otherwise specified on the laboratory report, mark the subsequent fields as follows:
         1. Information As of Date: auto populates
         2. Comment: Skip/leave blank unless needed
         3. Is the patient deceased?: Unknown
         4. Marital Status: Unknown
         5. Full Address
            a. County: Does not auto populate, please research via the following resources:
               https://tools.usps.com/go/ZipLookupAction_input
            b. Census Tract: Skip/leave blank
         6. Phone/email: (if known)
         7. Ethnicity: Unknown
         8. Race: Unknown
      iii. Do not enter information for type, assigning authority, or ID Value
     iv. Click Submit.
Adding a Laboratory Report

1. Once a patient is in NBS, click on their Patient ID to add a laboratory report.

2. Click on the Events tab, then click on the Add New button in the Lab Reports section:

   a. When entering a laboratory report (in a new jurisdiction) for an existing investigation (in a different jurisdiction), refer to guidance on Transferring Jurisdictions.

      i. Mark the laboratory fields as indicated below:

         1. Reporting Facility (if facility is not found, refer to Appendix C: Adding Providers/Organizations and NBS and Laboratory Translator for instruction on adding an organization)
         2. Ordering Facility: Only if listed on laboratory report (if facility is not found, refer to Appendix C: Adding Providers/Organizations and NBS and Laboratory Translator for instruction on adding an organization)
         3. Ordering Provider (if provider is not found, refer to Appendix C: Adding Providers/Organizations and NBS and Laboratory Translator for instruction on adding a provider)
         4. Program Area: General Communicable Disease
         5. Jurisdiction (auto populates based on county you entered in the previous step)
         6. Lab Report Date: Use the laboratory report’s resulted/verified/completed/report date
7. Date Received by Public Health: Date you received the laboratory report
8. Ordered Test
   a. Refer to NBS Translator for Entering a Laboratory Report
      (Appendix C: Adding Providers/Organizations and NBS and
      Laboratory Translator), fill in corresponding result, and click
      Select.
9. Accession Number: If given
10. Specimen Source: Serum, unless otherwise specified
11. Specimen Site: Skip (leave blank)
12. Date Specimen Collected: Collection Date
13. Patient Status at Specimen Collection: Unknown, unless otherwise
    specified
14. Pregnant:
   a. Unknown: If patient is female and has unknown pregnancy
      status
   b. Pregnant: If patient is female and status is known to be
      pregnant
   c. Skip: If patient is male
15. Resulted test:
   a. Refer to NBS Laboratory Translator for Entering a Laboratory
      Report (Appendix C: Adding Providers/Organizations and NBS
      and Laboratory Translator)
   b. Fill in corresponding result
   c. Click Add Test Result
16. Click Submit
a. To edit a previously entered laboratory report, click the events tab, and then date received. Click Edit

i. If you receive both qualitative and quantitative results, please enter both results. However, if you receive both a numerical result and a log result for the same lab on the same date, please enter only the numerical result.

ii. Click Submit
Creating an Investigation

1. Prior to conducting your field investigation for newly reported HBV and/or HCV cases that are suspected of having acute infection (clinician report, risk factors, associated laboratory reports), check to see if they have an existing investigation of the same condition by clicking on the Events tab:

   a. For those with an existing chronic investigation of the same condition:
      i. Associate the laboratory report with the chronic investigation even if the investigation has been closed and case status should be updated, if necessary. An additional investigation should not be created unless:
         1. **HBV only** - The patient is pregnant (refer to Hepatitis B Positive Pregnant Female section).
            a. With pregnancy, the patient will have an acute and/or chronic investigation in addition to a pregnancy investigation for each pregnancy.

   b. For those with an existing acute investigation of the same condition:
      i. If additional laboratory reports are received related to the acute condition, they should be associated with the existing acute investigation, even if the investigation has been closed, and case status should be updated, if necessary. An additional investigation should not be created unless:
         1. A positive/reactive laboratory report is received for a different VH infection
            a. Create an investigation for the additional VH infection, acute or chronic, as appropriate.
         2. A positive laboratory report is received with collection date greater than six months from the date of collection of the first specimen (in the existing HBV acute investigation) or twelve months from the date of collection of the first specimen (in the existing HCV acute investigation)
a. **HBV only** - Create an investigation for a chronic investigation.
b. **HCV only** – Send the laboratory report to Central Office.

3. **HBV only** - The patient is pregnant (refer to Hepatitis B Positive Pregnant Female section).
   a. With pregnancy, the patient will have an acute and/or chronic investigation in addition to a pregnancy investigation for each pregnancy.

4. **HCV only** - If there is documentation (either from the laboratory report itself or from the physician follow-up) that the patient has been treated and achieved sustained virologic response and you receive additional positive HCV laboratory reports, create a new acute HCV investigation.

c. For those with existing acute and chronic investigations:
   i. Associate the laboratory report with the chronic investigation even if the investigation has been closed and case status should be updated, if necessary. An additional investigation should not be created unless:
      1. **HCV only** – Send the laboratory report to Central Office.
      2. **HBV only** – The patient is pregnant (refer to Hepatitis B Positive Pregnant Female section).
         a. With pregnancy, the patient will have an acute and/or chronic investigation in addition to a pregnancy investigation for each pregnancy.

d. For those with multiple existing acute or multiple existing chronic investigations of the same condition:
   i. Refer to the earliest investigation of the same condition and update the case status (if necessary), associate all corresponding laboratory reports with this investigation, and change the case status for the duplicate investigations to ‘Not a Case.’ Detach any laboratory reports from the ‘Not a Case’ investigations.
      1. Example: if you have a chronic HCV investigation with an investigation start date of 6/17/2006 and another with an investigation start date of 9/30/2011, you will update the case status for the 6/17/2006 investigation (if necessary), associate all HCV laboratory reports to the 6/17/2006 investigation, change the case status for the 9/30/2011 investigation to ‘Not a Case,’ and detach all associated laboratory reports from the 9/30/2011 investigation. This will ensure our case counts to CDC are correct.
2. To create an investigation, click Add New:

   a. For condition, select Hepatitis B, acute or Hepatitis C, acute if you are preparing to do a field investigation. Otherwise, select chronic and click Submit.
      i. ‘Hepatitis’ is an option for condition; however, we request that you choose the specific condition from the beginning.
      ii. The condition you choose from the beginning makes a difference in which extended tabs you will have access to.
   
   iii. If the condition selected is acute, you are planning to conduct a field investigation, which includes sending out the provider requesting records letter (Appendix B: Standardized Statewide Tools).
   
   iv. Once the provider requesting records letter is received back, you can use this information to fill out the case report form (Appendix B: Standardized Statewide Tools). This will be used to populate the NBS tabs discussed below.
Adding or Editing Information in the Investigation

1. Under the Patient tab, data is pre-populated based on the information within the patient’s NBS record (assuming the information was present in patient’s record):
   a. **If you are aware that any of the patient’s information has changed, update it within the investigation.** This will update the information within the NBS record to reflect the most current information. More importantly, it will keep both the past and present information in the record for historical context.

   i. **You should only update this information within the investigation under the Patient tab. Do not** update this information in the Demographics tab on the Patient home screen as this will impact the historical data within NBS.

2. Under the Case Info tab, the Jurisdiction, Program Area, Investigation Start Date, Investigation Status, MMWR Week, MMWR Year, and Immediate National Notifiable Condition are pre-populated based on the information within the patient’s NBS record (assuming the information was present in patient’s record) and are based on the date you open the investigation:
   a. You will fill out the following information for surveillance purposes:

   i. Date of Interview (if patient was interviewed)

   ii. Reason why patient was not interviewed (if patient was not interviewed)

   iii. Investigator (Search for yourself or enter your quick code)

   iv. Date Assigned to Investigation – use the date you were assigned the investigation

   v. Reporting Source Type (the type of facility that reported the case), if known. If not known, leave blank.

   vi. Is this case part of an outbreak?

   1. If yes, select the outbreak name (Central Office will assign an outbreak name if this occurs)

   vii. Where was this disease acquired, if known? If not known, leave blank.

   viii. Country of Usual Residence (if outside of the United States)
ix. Country of Exposure (if outside of the United States)

x. Detection Method

xi. Case Status – ‘suspect’ can be selected initially while waiting to receive the provider requesting records letter back; however, it must be changed to reflect the appropriate case status (Appendix A: CDC/CSTE Case Definitions and NBS Case Status Classification) prior to closing the investigation.

xii. General Comments – this is where you will put any additional information gathered from the field investigation that is pertinent to the investigation.
   1. For example, if a patient indicates they share body jewelry, you would indicate that here as it isn’t captured elsewhere in the NBS investigation.

3. The Hepatitis Core tab appears within the investigation for all hepatitis.
   a. Central Office will interpret fields with unknown selected to mean the patient was lost to follow-up or refused to answer.
   b. Central Office will interpret fields with nothing selected (blank) to mean the case is still being worked up and the field investigation is not complete.
   c. You will fill out the following information for surveillance purposes:
      i. Reason for Testing (check all that apply)
         1. For example, if you are aware that the patient recently had a transplant with an HBV and/or HCV-infected organ, please choose ‘Blood/Organ donor screening’ as the reason for testing.
      ii. Diagnosis Date – use the laboratory report’s resulted/verified/completed/report date (same as the resulted date when the laboratory report is entered)
      iii. Is patient symptomatic? If yes, and if known:
         1. Illness Onset Date
      iv. Was the patient jaundiced?
v. Was the patient hospitalized for this illness? If yes, and if known:
   1. Hospital’s information
   2. Admission Date
   3. Discharge Date

vi. Is the patient pregnant? If yes,
   1. Due Date
   2. A second, separate pregnancy investigation must be opened in NBS to
denote the pregnancy (refer to Hepatitis B Positive Pregnant Female
Section). The patient will have their original Hepatitis investigation(s)
and their pregnancy investigation(s).

vii. Did the patient die from this illness? If yes, and if known:
   1. Date of Death
      a. You must be certain the patient died from the hepatitis
         indicated as the investigation condition and not from another
         primary cause.

viii. Was the patient aware s/he had hepatitis prior to lab testing?

ix. Does the patient have a provider of care for hepatitis? If yes, and if known:
   1. Physician’s information

x. Does the patient have diabetes? If yes, and if known:
   1. Diabetes diagnosis date
      a. If you only know the year, please denote the appropriate year
         and use 01/01 for the month and day, respectively.
   2. If patient has diabetes, select all that apply

4. The Hepatitis Extended tab appears within the investigation and differs depending on what
Hepatitis condition was selected when opening the investigation. All fields in this tab must be
filled out after conducting the acute field investigation with either yes, no, or unknown
responses. Do not leave these fields blank when closing the investigation.
If you determine after the field investigation that, based on the information you acquired, the patient meets the case definition for chronic infection as opposed to acute infection, refer to Detailed Data Entry Instructions section for Changing a Condition.

a. Contact with a Case asks if the patient was aware that they were a contact to a known case of the acute condition. If you select yes, NBS asks for the type of contact the patient had with that individual (sexual, needle, household, or other). If other is selected, please specify the type of contact in the text box.

i. In the Hepatitis Extended tab, some fields will not populate unless yes is selected. For example, if you select Yes for ‘Did the patient receive a tattoo?’ another set of questions will appear asking where the tattooing was performed (check all that apply).
**Contact Tracing**

1. Under the Contact Tracing tab, you are trying to determine who the patient could have exposed to HBV and/or HCV and contact tracing should be conducted on all acute cases. You will fill out the following information for surveillance purposes:

   a. Infectious Period From – **6 weeks** prior to the onset date for HBV and **2 weeks** prior to the onset date for HCV

   b. Infectious Period To – 60 days **after** the onset date

   i. Onset - symptoms or, in absence of symptoms, the first positive laboratory report

   ii. The following source can be used to calculate infectious period:
   

   c. Contact Investigation Status (mark as open until all contacts have been interviewed) and then close.

   d. Contact Investigation Comments – this is where you will put any additional information gathered from the field investigation that is pertinent to the investigation.
2. Under the Contact Records tab, you must Submit the investigation before you can add a contact.

3. Once you Submit, select the contact records tab again. You will fill out the following information for surveillance purposes:
   a. Contacts Named by Patient: These are persons that the case you are investigating has named as contacts during their infectious period.
      i. Add all named contacts.
   b. Patients Named by Contacts: These are persons that named the case you are investigating as a possible contact.
      i. Prepopulates from the record(s) of these contacts. If you are adding a new investigation, this field will be blank. You do not need to do anything with this field.

Remember: Always protect the confidentiality of the index patient’s identity when interviewing contacts.
4. To add a new contact record, select Add New Contact Record:

5. To avoid creating duplicate patient records in NBS, search for the patient by looking up their Date of Birth (DOB) and/or the first common letters of the last name (to account for multiple spellings of names):

6. If the patient does not exist in NBS (or if you are not sure it is the same person), select Add New and add any known demographic information.
7. If the patient is in NBS, select the green check mark next to their name
   a. This will populate four additional tabs for the contact patient: Contact, Contact Record, Contact Follow Up, and Supplemental Info.
8. Under the Contact tab, all patient information that exists in the NBS record will populate.
   a. Update any information that has changed and/or any new information.
   b. Most of the information in the contact record cannot be filled out until you have interviewed the contact.
      i. You can still add a contact record and reopen the record to add the information obtained from the interview. If you do this, be sure to change the Information as of Date.

9. Under the Contact Record tab, fill out the following:
   a. Investigator (Search for yourself or enter your quick code)
   b. Disposition
   c. Date of Interview
   d. Reason why contact was not interviewed, if applicable
   e. Date Named (date contact was named by index patient)
   f. Relationship
   g. Exposure Type
      i. If Other Needle Sharing type is selected, enter the type of needle sharing
   h. First Exposure Date, if known
   i. Last Exposure Date, if known
   j. General Comments – this is where you will put any additional information gathered from the field investigation that is pertinent to the investigation.
10. Under the Contact Follow Up tab, fill out any of the information you know after conducting the interview:
11. Under the Supplemental Info tab, you are not required to enter any information; however, you can use this as a place to upload the HBV/HCV Case Report form or any other supporting documentation from your investigation.

12. Once all tabs within the contact record have been filled out, click on the Contact Record tab, change the contact record status to closed, and click Submit. This will save the contact record.

   a. Select Close to close the contact record. This record is now listed under the original patient as a contact.
   b. To add additional contacts, follow the same steps as above.
13. To edit or add additional information within a contact record, click on the Contact Record ID, click Edit, update the contact record accordingly, and click Submit.

14. If you need to change information within an investigation, you can go back into the investigation, click Edit, update the Investigation information accordingly, and click Submit.

   a. Under the Supplemental Info tab, you are not required to enter any information; however, you can use this as a place to upload the HBV/HCV Case Report form or any other supporting documentation from your investigation.
15. Once the investigation has been submitted, click on Manage Associations to associate relevant laboratory reports (paper or electronic) to the investigation and click Submit.
Transferring Jurisdictions

Out of Tennessee Procedure

Out of Tennessee Paper Laboratory Reports
If it is necessary to send paper laboratory report(s) to Central Office, please contact Shannon.DePont@tn.gov to determine the best method for submission. Paper laboratory reports sent to Central Office via mail should use the following address:

Tennessee Department of Health
Andrew Johnson Tower - HIV/STD/Viral Hepatitis Section – 4th Floor
Attention: Shannon De Pont
710 James Robertson Parkway
Nashville, TN 37243

• Does the patient have an existing non-perinatal Hepatitis B or Hepatitis C NBS investigation?
  o If Yes
    ▪ Within NBS, transfer jurisdiction to Out of Tennessee, denote the appropriate state (and patient address) on the paper laboratory report, and send laboratory report to Central Office.
  o If No
    ▪ Send paper laboratory report to Central Office.

Out of Tennessee Electronic Laboratory Reports (ELR)
• Does the patient have an existing non-perinatal HBV or HCV NBS investigation?
  o If Yes
    ▪ The investigation status needs to be marked as Open, which allows the investigation to show in the Open Investigations Queue.
    ▪ Associate any relevant laboratory reports with this investigation (ELR and any existing paper laboratory reports).
    ▪ Select ‘Edit’ in the investigation and update the demographic information in the ‘Patient’ tab to reflect the address for the other jurisdiction.
      • As a reminder, change the demographics within the investigation and NOT in the Demographics tab, as the demographics you enter in the investigation will transfer to the Demographics tab.
    ▪ Select ‘Transfer Ownership’ and change the jurisdiction to Out of Tennessee.
    ▪ The investigation will show in the Open Investigation Queue under the Out of Tennessee jurisdiction for Viral Hepatitis Program staff to send the investigation and associated laboratory reports on to the new state or territory. Once the investigation has been forwarded on, the Viral Hepatitis Program will change the case status to Not a Case and the investigation status to Closed.
    ▪ An email needs to be sent notifying the Viral Hepatitis Program about the transfer only if the investigation status has been changed to Closed, because the
investigation will not show in the Open Investigations Queue. Then, email VH.Health@tn.gov with the Investigation ID (CAS#).

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<th>If No</th>
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<tbody>
<tr>
<td>• Select ‘Edit’ in the laboratory report.</td>
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<tr>
<td>• Update the patient address in the laboratory report.</td>
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<tr>
<td>• For manually entered laboratory reports, the demographic information may be updated in the Patient tab.</td>
</tr>
<tr>
<td>• For electronic laboratory reports, the address will need to be added as Add Comment under Lab Report Comments toward the bottom of the laboratory report.</td>
</tr>
<tr>
<td>Lab Report Comments</td>
</tr>
<tr>
<td>Add Comment</td>
</tr>
</tbody>
</table>

| Select ‘Transfer Ownership’ and change the jurisdiction to Out of Tennessee |
| • If the laboratory report was NOT marked as reviewed, and you can still see the Mark as Reviewed button, Central Office will see the laboratory report in their ‘Documents Requiring Review’ work queue to be able to send the report to the new state or territory. |
| • If the laboratory report was marked as reviewed, notify the Viral Hepatitis Program by emailing the Patient ID Number/PSN to VH.Health@tn.gov and they will alert the respective state. |

**In-State Procedure**

**In-State Paper Laboratory Reports**

In-State Investigations must be transferred to the jurisdiction listed on the most recent laboratory report received.

- Does the patient have an existing non-perinatal HBV or HCV NBS investigation?
  - If Yes
    - Associate any relevant laboratory reports with this investigation (ELR and any existing paper laboratory reports)
    - Coordinate with the appropriate jurisdiction, using Patient ID, to:
      - Transfer the investigation
      - Deliver paper laboratory reports not in NBS
      - Update the address within the investigation to the new address, including the county
  - If No
    - Open an investigation following Viral Hepatitis investigation protocol
    - Coordinate with the appropriate jurisdiction to:
      - Deliver paper laboratory reports not in NBS
      - Communicate any field investigation findings
In-State Electronic Laboratory Reports (ELR)

- Does the patient have an existing non-perinatal HBV or HCV NBS investigation?
  - If Yes
    - Associate any relevant laboratory reports with this investigation (ELR and any existing paper laboratory reports)
    - Coordinate with the appropriate jurisdiction, using Patient ID, to:
      - Transfer the investigation
      - **Update the address in the investigation to the new address**, including the county
  - If No
    - Open an investigation following Viral Hepatitis investigation protocol

The ‘ownership’ of the investigation can be changed by clicking on Transfer Ownership at the top of the investigation and transferring the investigation to the correct jurisdiction.
Closing an Investigation

1. Investigations must be closed **within 30 days** of the Investigation Start Date and a case status must be denoted.
   
   a. To close the investigation, click on the Case Info tab and change the Investigation Status to ‘Closed.’
   
   b. To assign a case status per the CDC/CSTE case definition (Appendix A: CDC/CSTE Case Definitions and NBS Case Status Classification), click on the Case Info tab and select the appropriate case status.
      i. During the 30 days while the case is being worked up, a case status of ‘Suspect’ is appropriate as a placeholder; however, **no cases should be closed with a case status of ‘Suspect.’**
         1. Select the case status based on the information you have at 30 days.
         2. The case status can be changed later should you acquire additional information.

2. **A notification must be sent for each condition.** To do this, select Create Notifications and then select Submit. Refer to Appendix D: Viral Hepatitis Case Notifications Process for more detailed guidance on the Case Notifications Process.
   
   a. Submit the notification when you close an investigation in order to notify Central Office that you are ready for the case to be reviewed.
b. Do not create a notification for investigations with an Out of Tennessee jurisdiction or those with a case status of ‘Not a Case.’

c. Any changes made to the investigation after the CDC notification has been sent will automatically be sent to CDC. There is no need to create another notification.

   i. Any comments added in the notification comments will be transferred to CDC.
Manage Associations

1. Once the investigation has been submitted, click on Manage Associations to associate all laboratory reports (paper or electronic) to the investigation.
Changing a Condition

1. If after conducting the field investigation it is determined the patient was a chronic case instead of an acute case, select Change Condition, and select the correct Condition and Submit.
   a. For example, a patient would not be ‘Hepatitis B, acute’ with a case status of ‘Not a Case.’ They need to have their condition changed to ‘Hepatitis B, chronic’ with a case status of either ‘Confirmed’ or ‘Probable.’ It is critically important to change the condition and designate the appropriate case status for CDC reporting and surveillance purposes.

b. When changing conditions, you will get the following warning message. This is letting you know that the previous condition selected will not carry over, any events (laboratory reports) you associated will remain associated, and any contact tracing links will be maintained. Most importantly, however, it is letting you know that any information currently under the extended tab of the acute condition that is not also in the extended tab of the chronic condition will not transfer over. Select OK.
c. The Hepatitis Extended tab will now be populated with the fields for the chronic condition and the additional information will need to be completed.

i. In a situation where you change the condition from acute to chronic, under the Case Info tab, select Yes for the question ‘Was the patient assessed for acute disease and determined to not have acute disease?’
Appendix A:
CDC/CSTE Case Definitions and NBS Case Status Classification
2012 CDC/CSTE Case Definitions: Hepatitis B, acute

The 2012 CDC/CSTE acute HBV case definition can be found at:  
https://wwwn.cdc.gov/nndss/conditions/hepatitis-b-acute/case-definition/2012/

Clinical Description
An acute illness with a discrete onset of any sign or symptom* consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain),

AND

Jaundice

OR

Peak elevated serum alanine aminotransferase (ALT) level > 100 IU/L during the period of acute illness.

*A documented negative hepatitis B surface antigen (HBsAg) laboratory test result within 6 months prior to a positive test (either HBsAg, hepatitis B e antigen (HBeAg), or hepatitis B virus nucleic acid testing (HBV NAT), including genotype) result does not require acute clinical presentation to meet surveillance case definition.

Laboratory Criteria for Diagnosis
HBsAg positive AND Immunoglobulin M (IgM) antibody to hepatitis B core antigen (IgM anti-HBc) positive (if done)

CDC Case Classification (Case Status)
Acute, confirmed: A case that meets clinical criteria, is laboratory confirmed, and is not known to have chronic hepatitis B.

Additional Tennessee Department of Health Case Classification (Case Status)
Acute, probable*: The following combination of tests:
Symptoms, or jaundice, or ALT >100, positive HBsAg, and unknown IgM anti-HBc
OR
Symptoms, or jaundice, or ALT>100, negative HBsAg, and positive IgM anti-HBc
OR
Regardless of symptoms, HBsAg positive, and IgM anti-HBc positive
OR
Regardless of symptoms, HBsAg positive, and unknown IgM anti-HBc

*Per internal Tennessee Department of Health discussions, if the patient has symptoms but no jaundice or elevated ALT, we will still classify them as acute, probable.
2012 CDC/CSTE Case Definitions: Hepatitis B, chronic

The 2012 CDC/CSTE chronic HBV case definition can be found at:
https://wwwn.cdc.gov/nndss/conditions/hepatitis-b-chronic/case-definition/2012/

Clinical Description
No symptoms are required. Persons with chronic hepatitis B virus (HBV) infection may have no evidence of liver disease or may have a spectrum of disease ranging from chronic hepatitis to cirrhosis or liver cancer.

Laboratory Criteria for Diagnosis
Immunoglobulin M (IgM) antibodies to hepatitis B core antigen (IgM anti-HBc) negative AND a positive result on one of the following tests: hepatitis B surface antigen (HBsAg), hepatitis B e antigen (HBeAg), or nucleic acid test for hepatitis B virus DNA (including qualitative, quantitative and genotype testing)
OR
HBsAg positive or nucleic acid test for HBV DNA positive (including qualitative, quantitative, and genotype testing) or HBeAg positive two times at least six months apart. (Any combination of these tests performed 6 months apart is acceptable).

Case Classification (Case Status)

Chronic, probable
A person with a single HBsAg positive or HBV DNA positive (including qualitative, quantitative, and genotype testing) or HBeAg positive laboratory result and does not meet the case definition for acute hepatitis B.

Chronic, confirmed
A person who meets either of the above laboratory criteria for diagnosis.

Comments
Multiple laboratory tests indicative of chronic HBV infection may be performed simultaneously on the same patient specimen as part of a hepatitis panel. Testing performed in this manner may lead to seemingly discordant results, e.g., HBsAg-negative AND HBV DNA-positive. For the purposes of this case definition, any positive result among the three laboratory results mentioned above is acceptable, regardless of other testing results. Negative HBeAg results and HBV DNA levels below positive cutoff level do not confirm the absence of HBV infection.
As highlighted in the footnote above, in order to assign appropriate condition (acute or chronic) and case status (probable or confirmed), it is critical to obtain the IgM anti-HBc result; negative IgM anti-HBc is not synonymous with unknown IgM anti-HBc.
While an investigation is being worked up, a case status of suspect can be used as a placeholder for the HBV conditions (acute or chronic) during this time.

All investigations must be closed within 30 days using the application of appropriate case status (confirmed, probable, or not a case). A case status of suspect does not fit within the CDC/CSTE case definitions as suspect is not an option.

Central Office epidemiologists will be running monthly reports to check for those with an investigation start date that exceeds 30 days and for those with no investigation and will reach out to field staff directly if any of these are found.

### Exception:
If these labs are received on a woman of reproductive age, a field investigation will need to be conducted to determine pregnancy status and, if pregnant, acquire additional HBV labs for definitive case status determination.
2016 CDC/CSTE Case Definitions: Hepatitis C (acute and chronic)
The 2016 CDC/CSTE acute HCV case definition can be found at:

The 2016 CDC/CSTE chronic HCV case definition can be found at:

Clinical Criteria
An illness with discrete onset of any sign or symptom consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain),
AND
Jaundice
OR
Peak elevated serum alanine aminotransferase (ALT) level > 200 IU/L during the period of acute illness.

Laboratory Criteria
A positive test for antibodies to hepatitis C virus (anti-HCV)

Hepatitis C virus detection test:
Nucleic acid test (NAT) for HCV RNA positive (including quantitative, qualitative or genotyping testing) or a positive test indicating the presence of hepatitis C viral antigen(s) (HCV antigen)

Case Classification (Conditions and Case Status)
**Acute, confirmed**: A case that meets clinical criteria and has a positive hepatitis C virus detection test (HCV NAT or HCV antigen)
OR
A documented negative HCV antibody, HCV antigen or NAT laboratory test result followed within 12 months by a positive result of any of these tests (test conversion)

**Acute, probable**: A case that meets clinical criteria and has a positive anti-HCV antibody test, but has no reports of a positive HCV NAT or positive HCV antigen tests
AND
Does not have test conversion within 12 months of has no report of test

**Chronic, confirmed**: A case that does not meet clinical criteria or has no report of clinical criteria
AND
Does not have test conversion within 12 months or has no report of test conversion
AND
Has a positive HCV NAT or HCV antigen test

**Chronic, probable**: A case that does not meet clinical criteria or has no report of clinical criteria
AND
Does not have test conversion within 12 months or has no report of test conversion
AND
Has a positive anti-HCV antibody test, but no report of a positive HCV NAT or positive HCV antigen test
HCV Case Status Classification Box and Applications of Case Status for HCV

**Hepatitis C**

<table>
<thead>
<tr>
<th>Symptom(s) plus either a) jaundice or b) ALT &gt;200 IU/L</th>
<th>No or Unknown</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV Ab(+) only</td>
<td>Chronic, Probable □</td>
<td>Acute, Probable □</td>
</tr>
<tr>
<td>HCV NAT(+) or HCV Ag(+)</td>
<td>Chronic, Confirmed □</td>
<td>Acute, Confirmed □</td>
</tr>
</tbody>
</table>

**Acute**

- Seroconversion: (-) HCV Ab, HCV Ag, or HCV NAT followed by a (+) of any of these within 12 months (see test conversion table below) = **Acute, Confirmed**

**Test Conversion within 12 Months Combinations**

<table>
<thead>
<tr>
<th>First Result</th>
<th>Second Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>(-) HCV Ab</td>
<td>(+) HCV Ab, (+) HCV Ag or (+) HCV NAT</td>
</tr>
<tr>
<td>(-) HCV Ag</td>
<td>(+) HCV Ag or (+) HCV NAT</td>
</tr>
<tr>
<td>(-) HCV NAT</td>
<td>(+) HCV Ag or (+) HCV NAT</td>
</tr>
</tbody>
</table>

**Chronic:**

- (+) HCV Ab, (-) RNA, and no other labs on file or the same results previously = **Chronic, Probable**
- (+) HCV Ab, (-) RNA, and prior (+) RNA = **Chronic, Confirmed**
- (-) HCV Ab, standalone = **Chronic, Not a Case**
- (-) HCV RNA, standalone = **Chronic, Not a Case**

While an investigation is being worked up, a case status of suspect can be used as a placeholder for the HCV acute condition. All investigations must be closed within 30 days using the application of appropriate case status (confirmed, probable, or not a case). A case status of suspect does not fit within the CDC/CSTE case definitions as suspect is not an option.

Central Office epidemiologists will be running monthly reports to check for those with an investigation start date that exceeds 30 days and will reach out to field staff directly if any of these are found.
2018 CDC/CSTE Case Definitions: Perinatal Hepatitis C

The 2018 CDC/CSTE perinatal HCV case definition can be found at:

Clinical Criteria
Perinatal hepatitis C in pediatric patients may range from asymptomatic to fulminant hepatitis.

Laboratory Criteria for Diagnosis
HCV RNA positive test results for infants between 2 to 36 months of age; OR
HCV genotype test results for infants between 2 to 36 months of age or greater; OR
HCV antigen test results for infants between 2 to 36 months of age or greater.

Epidemiologic Linkage
Maternal infection with HCV of any duration, if known. Not known to have been exposed to HCV via a mechanism other than perinatal (e.g. not acquired via healthcare).

Criteria to Distinguish a New Case from an Existing Case
Test results prior to 2 months of age should not be used for classification. Test results after 36 months of age should be reported under the 2015 Acute and Chronic HCV Infection case classification and not as perinatal HCV infection. Cases in the specified age range that are known to have been exposed to HCV via healthcare and not perinatally should be reported under the 2015 position statement. Event date should be based on earliest relevant laboratory test date within the 2-36 month window.

Case Classification
Confirmed: Infant who has a positive test for HCV RNA nucleic acid amplification test (NAAT), HCV antigen, or detectable HCV genotype at ≥2 months and ≤36 months of age and is not known to have been exposed to HCV via a mechanism other than perinatal.
Hepatitis B Testing and Counseling

GENERAL INFORMATION
Hepatitis B is a contagious liver disease that results from infection with the hepatitis B virus (HBV). It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness that damages the liver. Hepatitis B can be either ‘acute’ or ‘chronic’.

Acute hepatitis B infection is a short-term illness that can last a few weeks up to 6 months after exposure to HBV. Adults may or may not show symptoms, and children usually do not show symptoms. If present, symptoms typically appear 6 weeks to 6 months after exposure and may include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, or yellowing of the skin or eyes.

Chronic hepatitis B infection is a long-term illness that occurs when HBV remains in a person’s body. Risk for chronic infection is age dependent: about 90% of infants infected with HBV infection at birth will develop chronic infection, while only about 5-10% of adults will develop long term infection. Chronic infection can last a lifetime and may lead to serious liver problems including cirrhosis (scarring of the liver), cancer, and liver failure leading to death.

The best way to prevent HBV infection is to be vaccinated. Hepatitis B is usually spread when blood, semen, or other body fluids from a person infected with HBV enters the body of someone who is not infected. This can happen during sexual contact, when sharing needles or other drug equipment, or from an infected mother to her baby during pregnancy or birth. It can also be transmitted from contact with objects that have even small amounts of infected blood on them (razors, toothbrushes, nail clippers, and medical devices) and unsanitary tattooing equipment. HBV can live outside the body and remain infectious for at least 7 days.

HBV screening begins with a blood test for the Hepatitis B Surface Antigen (HBsAg). A reactive or positive HBsAg test means that an individual is currently infected with HBV. Persons with a positive HBsAg can spread HBV to others regardless if they feel sick or well. Other markers of on-going infection include HBeAg and HBV DNA. Additional blood markers can provide information on whether a patient is immune to HBV based on prior vaccination or due to prior infection that has resolved. Please reference the attached information on interpreting Hepatitis B serology from the CDC. Interpreting some HBV results can be tricky, and individuals may need to be referred to their medical provider for additional follow-up/testing when test results are unclear or inconsistent.

WHO SHOULD BE TESTED
Testing is recommended for:

- Pregnant women (with each pregnancy)
- Individuals at high-risk for HBV infection, including:
  - Children born to HBV infected mothers
  - Sexual contacts of HBV positive individuals
  - History of injection drug use (even once)
  - Household contacts of HBV positive individuals
  - History of STD or multiple sex partners
  - Men who have sex with men
  - HIV positive individuals
  - Occupational exposure
  - History of long-term hemodialysis
  - Persons born in or traveling to regions with intermediate or high rates of HBV
PROCEDURE

- Assess individual’s risk status
- Determine need for testing and counseling
- If indicated, screen for HBsAg using currently available test and provide HBV counseling regarding:
  - Test results and instructions for follow-up testing (if indicated)
  - Risk reduction
  - Additional recommended services

COUNSELING

- Test results
  - If HBsAg is negative, the patient is not currently infected with HBV
  - If HBsAg is positive, the patient has virus in the blood, can spread HBV to others, and needs referral and evaluation by a doctor experienced in diagnosing and treating HBV
- Risk reduction counseling
  - For all patients:
    - Do not share needles or other equipment to inject or snort drugs
    - Do not share other items that may come in contact with another person’s blood (medical equipment or personal items)
    - Avoid unsanitary tattooing
    - Use condoms consistently during all sexual activity
  - Additionally, for HBV positive patients:
    - See a doctor regularly
    - Avoid alcohol, acetaminophen (Tylenol), or products containing acetaminophen, as they can damage the liver
    - Consult a health professional before taking any prescription or over-the-counter medications
- Additional recommended services
  - Evaluation of immunization status (including Hepatitis A and Hepatitis B) and provision of indicated vaccines
  - Testing/counseling for Hepatitis C
  - Testing/counseling for other STDs (gonorrhea, chlamydia, syphilis, HIV)
  - Preconception counseling and/or contraception to reduce the risk of unintended pregnancy and/or mother-to-child transmission

REFERENCES

- Viral Hepatitis B information http://www.cdc.gov/hepatitis/hbv/index.htm
- Centers for Disease Control and Prevention web page for the ABCs of Hepatitis, http://www.cdc.gov/hepatitis/Resources/Professionals/PDFs/ABCTable.pdf
Hepatitis C Testing and Counseling

GENERAL INFORMATION
Hepatitis C is a contagious liver disease that results from infection with the hepatitis C virus (HCV). It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness that damages the liver. Hepatitis C can be either ‘acute’ or ‘chronic’.

Acute hepatitis C infection is a short-term illness that occurs within the first 12 months after someone is exposed to HCV. Approximately 75-85% of people who become infected with HCV develop chronic infection; the remaining 15-25% ‘clear’ the virus on their own without treatment and do not develop chronic infection. Chronic hepatitis C infection is a long-term illness that occurs when HCV remains in a person’s body. Chronic infection can last a lifetime and, over time, can lead to serious liver problems including cirrhosis and liver failure.

Hepatitis C is usually spread when blood from a person infected with HCV enters the body of someone who is not infected. Today, most people become infected with HCV by sharing needles or other equipment to inject drugs. HCV can also be transmitted from unsanitary tattooing equipment, contact with objects that have even small amounts of infected blood on them (snorting straws, medical equipment, personal items), unprotected sex, or blood transfusion or organ transplant prior to 1992.

Hepatitis C screening begins with an antibody test. A reactive or positive antibody test means that an individual has been infected with the HCV at some point in time, and a second HCV test (an HCV RNA test) is needed to see if the person is chronically infected.

WHO SHOULD BE TESTED
Testing is recommended for all persons:

- Born from 1945 through 1965, or
- At high-risk for HCV infection, including:
  - History of injection drug use (even once)
  - History of illicit intranasal drug use (even once)
  - History of unregulated tattoo
  - History of incarceration
  - HIV positive individual
  - History of STD or multiple sex partners
  - Sexual contact with HCV positive individual
  - History of long-term hemodialysis
  - Received a blood transfusion or organ transplant prior to 1992
  - Occupational exposure
  - Child born to HCV infected mother

PROCEDURE

- Assess patient’s individual risk status
- Determine patient’s needs (testing, level of counseling)
- Screen for HCV using currently available test
- Provide HCV counseling regarding:
  - Test results and instructions for follow-up testing (if indicated)
  - Risk reduction
  - Additional recommended services
COUNSELING

- **Test results**
  - If HCV antibody negative, the patient is not currently infected with HCV
    - For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or follow-up testing for HCV antibody is recommended. For persons who are immunocompromised, testing for HCV RNA may be considered
  - IF HCV antibody positive, the patient needs a follow-up test (HCV RNA)
    - If HCV RNA is negative, the patient has cleared the infection and is NOT chronically infected; however, patient is vulnerable to reinfection
    - If HCV RNA is positive, the patient has virus in the blood and needs referral to and evaluation by a doctor experienced in diagnosing and treating Hepatitis C

- **Risk reduction** counseling
  - For all patients:
    - Do not share any needles or other equipment to inject or snort drugs
    - Avoid unsanitary tattooing
    - Do not share any other items that may come in contact with another person’s blood (medical equipment, razors, toothbrushes, or other personal items)
    - Use condoms consistently during all sexual activity
  - For HCV positive patients
    - See a doctor regularly
    - Avoid alcohol
    - Consult a health professional before taking any prescription or over-the-counter medications, as they can damage the liver

- **Additional recommended services**
  - Testing/counseling for other STDs (gonorrhea, chlamydia, syphilis, HIV)
  - Evaluation of immunization status (including Hepatitis A and Hepatitis B) and provision of indicated vaccines
  - Preconception counseling and/or contraception to reduce the risk of unintended pregnancy and/or mother-to-child transmission

REFERENCES

Appendix B:
Standardized Statewide Tools
## Case Report Form

### Hepatitis B or C - Case Report Form

**INVESTIGATION:**
- Investigation start date: / / 
- Investigator name: 
- Phone: ( )
- Date of 1st Attempt: / / 
- Phone [ ] Letter [ ] Date of 2nd Attempt: / / 
- Phone [ ] Letter
- Date of Interview: / / 
- Reason not interviewed: 
  - Unable to Contact
  - Refused
  - Other:

**PATIENT INFORMATION**

- Last: 
- First: 
- Middle: 
- If Pediatric Case, Parent/Guardian Name: 
- Address: 
- City/State: 
- Zip: 
- Phone: ( )
- Employer: 
- Occupation/Setting: 

**DEMOGRAPHIC INFORMATION**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Date of Birth: / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American</td>
<td>American Indian/Alaska Native</td>
</tr>
<tr>
<td>Hispanic</td>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>Asian</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>White</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**CLINICAL & DIAGNOSTIC DATA**

- Provider Name, Address, and Phone: 
- ILLNESS ONSET DATE: / / 
- ILLNESS DIAGNOSIS DATE: / / 
- CLINICAL DATA:
  - Yes [ ] No [ ] Unknown [ ]
  - Symptoms? (fever, headache, malaise, anorexia, n/v, diarrhea, abdominal pain)
  - Jaundice? [ ]
  - Hospitalized for hepatitis? [ ]
  - Pregnant? [ ]
  - Died from Hepatitis? [ ]
- ILLS AND ALK LEVELS AT TIME OF DIAGNOSIS:
  - ALT (SGPT) Result: 
  - AST (SGOT) Result: 
- REASON FOR TESTING: (check all that apply)
  - Symptoms of acute hepatitis
  - Screening of asymptomatic patient with reported risk factors
  - Screening of asymptomatic patient with no risk factors
  - Prenatal screening
  - Evaluation of elevated liver enzymes
  - Blood/Organ donor screening
  - Follow-up testing for previous marker of viral hepatitis
  - Unknown
  - Other: specify:

**LABORATORY TESTS**

<table>
<thead>
<tr>
<th>Lab Name</th>
<th>Date of collection: / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Total anti-HAV</td>
<td>Pos [ ] Neg [ ] Unk [ ]</td>
</tr>
<tr>
<td>IgM anti-HAV</td>
<td>Pos [ ] Neg [ ] Unk [ ]</td>
</tr>
<tr>
<td>B. HBsAg</td>
<td>Pos [ ] Neg [ ] Unk [ ]</td>
</tr>
<tr>
<td>HBcAg</td>
<td>Pos [ ] Neg [ ] Unk [ ]</td>
</tr>
<tr>
<td>HBV NAT (qual, quant)</td>
<td>Pos [ ] Neg [ ] Unk [ ]</td>
</tr>
<tr>
<td>Geno A</td>
<td>Pos [ ] Neg [ ] Unk [ ]</td>
</tr>
<tr>
<td>C. anti-HCV</td>
<td>Pos [ ] Neg [ ] Unk [ ]</td>
</tr>
<tr>
<td>HCV NAT (qual, quant)</td>
<td>Pos [ ] Neg [ ] Unk [ ]</td>
</tr>
<tr>
<td>Geno B</td>
<td>Pos [ ] Neg [ ] Unk [ ]</td>
</tr>
<tr>
<td>D. anti-HD</td>
<td>Pos [ ] Neg [ ] Unk [ ]</td>
</tr>
<tr>
<td>E. anti-HV</td>
<td>Pos [ ] Neg [ ] Unk [ ]</td>
</tr>
</tbody>
</table>

**CASE CLASSIFICATION**

**Hepatitis B**

<table>
<thead>
<tr>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptomatic</td>
<td>Jaundice and/or ALT &gt; 100</td>
<td>HBsAg (+)</td>
<td>IgM anti-HBe (+)</td>
</tr>
<tr>
<td>Acute, Confirmed:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
  - Serocversion: (-) HBsAg within 6 months prior to (+) HBsAg, HBsAg/HBV NAT, OR
  - All Boxes I, II, and IV, OR
  - Boxes I and III with unknown IgM anti-HBe |
| Acute, Probable: |
  - Box I or Box II, plus Box III and IV, OR
  - Box I and Box II, plus Box III with unknown IgM anti-HBe, OR
  - Boxes III and IV |
| Chronic, Confirmed: |
  - One (I) of the following: HBsAg, HBsAg, or HBV NAT |
| Chronic, Probable: |
  - One (I) of the following: HBsAg, HBsAg, or HBV NAT |

**Hepatitis C**

<table>
<thead>
<tr>
<th>Symptom(s) plus either a) jaundice or b) ALT &gt; 200 IU/L</th>
</tr>
</thead>
<tbody>
<tr>
<td>No or unknown</td>
</tr>
<tr>
<td>HCV Ab(+) only</td>
</tr>
<tr>
<td>HCV NAT(+) or HCV Ag(+)</td>
</tr>
<tr>
<td>Acute, Confirmed</td>
</tr>
</tbody>
</table>

**PH-4296 Rev. 7/2018**

RDA 150
### PATIENT HISTORY - ACUTE HEPATITIS B ONLY

#### INFECTION TIMELINE
Enter onset date in heavy box. Count forwards and backwards to calculate the probable exposure and communicable periods. Ask about exposures between those dates. For Hepatitis B, exposure period is **6 months to 6 weeks** prior to onset (onset-symptoms or, in the absence of symptoms, first positive lab prior to onset). Patient is infectious until clearance of HBsAg — about 60 days after onset of symptoms in most adults and indefinitely for carriers.

<table>
<thead>
<tr>
<th>EXPOSURE PERIOD</th>
<th>COMMUNICABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time from onset:</strong></td>
<td></td>
</tr>
<tr>
<td>6 months to onset</td>
<td>6 months prior to onset</td>
</tr>
<tr>
<td>3 months to onset</td>
<td>3 months prior to onset</td>
</tr>
<tr>
<td>6 weeks to onset</td>
<td>6 weeks prior to onset</td>
</tr>
<tr>
<td>ONSET</td>
<td>ONSET</td>
</tr>
<tr>
<td>60 days after onset</td>
<td>60 days after onset</td>
</tr>
</tbody>
</table>

#### POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD
First, I would like to ask you a few questions about exposures you may have had in the 6 month to 6 week period before the onset of illness. I will need to ask you questions about various items, including social contacts, sexual contacts, tattoos, piercings, and potential drug use. (Remind patient of date range collected from timeline)

#### In the 6 months to 6 weeks before your onset of illness:

**Yes** | **No** | **Unknown**
---|---|---

- **Were you** a contact of a person with Hepatitis B?  
  - **Yes** | **No** | **Unknown**
  - **Did you** receive a tattoo?  
    - **Yes** | **No** | **Unknown**
  - **Did you** receive any body piercing (other than nail)?  
    - **Yes** | **No** | **Unknown**
  - **Did you** have dental work or oral surgery?  
    - **Yes** | **No** | **Unknown**
  - **Were you** hospitalized?  
    - **Yes** | **No** | **Unknown**
  - **Did you** have any other surgery (other than oral)?  
    - **Yes** | **No** | **Unknown**
  - **Were you** a resident of a long-term care facility?  
    - **Yes** | **No** | **Unknown**
  - **Were you** incarcerated for longer than 24 hours?  
    - **Yes** | **No** | **Unknown**
  - **Were you** involved in any type of sexual activity?  
    - **Yes** | **No** | **Unknown**
  - **Did you** inject drugs not prescribed by a doctor?  
    - **Yes** | **No** | **Unknown**
  - **Did you** use street drugs but not inject?  
    - **Yes** | **No** | **Unknown**

#### Specify:

- **Were you** employed in a medical or dental field involving direct contact with human blood?  
  - **Yes** | **No** | **Unknown**
  - **Yes** | **No** | **Unknown**
  - **Yes** | **No** | **Unknown**

- **Were you** employed as a public safety worker (fire, police, corrections) involving direct contact with human blood?  
  - **Yes** | **No** | **Unknown**
  - **Yes** | **No** | **Unknown**
  - **Yes** | **No** | **Unknown**

- **Were you** exposed to human blood?  
  - **Yes** | **No** | **Unknown**
  - **Yes** | **No** | **Unknown**
  - **Yes** | **No** | **Unknown**

During your lifetime, were you EVER:

- **Treated for sexually transmitted diseases?**  
  - **Yes** | **No** | **Unknown**
  - **Yes** | **No** | **Unknown**
  - **Yes** | **No** | **Unknown**

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PATIENT HISTORY: ACUTE HEPATITIS C ONLY

INFECTION TIMELINE

Enter onset date in heavy box. Count forwards and backwards to calculate the probable exposure and communicable periods.

Ask about exposures between these dates. For Hepatitis C, exposure periods are 6 months to 2 weeks prior to onset, onset symptoms, or, in the absence of symptoms, first positive lab prior to onset. Patient is infectious until clearance of HCV.

<table>
<thead>
<tr>
<th>EXPOSURE PERIOD</th>
<th>COMMUNICABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time from onset:</td>
<td>Calendar dates:</td>
</tr>
<tr>
<td>6 months prior to onset</td>
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<tr>
<td>3 months prior to onset</td>
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<tr>
<td>2 weeks prior to onset</td>
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<tr>
<td>ONSET</td>
<td></td>
</tr>
<tr>
<td>60 days after onset</td>
<td></td>
</tr>
</tbody>
</table>

POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

First, I would like to ask you a few questions about exposures you may have had in the 6 month to 2 week period before your onset of illness. I will need to ask you questions about various items, including social contacts, sexual contacts, tattoos, piercings, and potential drug use. (Remain patient data range collected from timeline.)

In the 6 months to 2 weeks before your onset of illness:

Yes No Unk

[ ] [ ] [ ] Were you: A contact of a person with Hepatitis C?

If YES, type of contact:

[ ] Sexual

[ ] Needle

[ ] Household (non-sexual)

[ ] Other:

[ ] [ ] [ ] Diabetes Diagnosis Date:

If YES, (Check all that apply)

[ ] Use a blood glucose monitor

[ ] Share a blood glucose monitor

[ ] Inject insulin

[ ] Share syringes or needles

[ ] [ ] [ ] Did you: Undergo hemodialysis?

[ ] [ ] [ ] Have an accidental stick or puncture with a needle or other object contaminated with blood?

[ ] [ ] [ ] Receive blood or blood products transfusion?

If YES, when?

[ ] [ ] [ ] Receive any IV infusions or injections in the outpatient setting?

[ ] [ ] [ ] Have other exposure to someone else's blood? Specify:

[ ] [ ] [ ] Were you: Employed in a medical or dental field involving direct contact with human blood?

If YES, frequency of direct blood contact:

[ ] Frequent (several times weekly)

[ ] Infrequent

[ ] [ ] [ ] Employed as a public safety worker (fire, police, correctional involving direct contact with human blood?)

If YES, frequency of direct contact:

[ ] Frequent (several times weekly)

[ ] Infrequent

[ ] [ ] [ ] [ ] Did you: Receive a tattoo?

If YES, where was it performed:

[ ] Commercial/Parlor

[ ] Correctional Facility

[ ] Self

[ ] Other:

[ ] [ ] [ ] Did you: Receive any body piercing other than ear?

If YES, where was it performed:

[ ] Commercial/Parlor

[ ] Correctional Facility

[ ] Self

[ ] Other:

[ ] [ ] [ ] Did you: Have dental work or oral surgery?

[ ] [ ] [ ] Have any other surgery (other than oral)?

[ ] [ ] [ ] Were you: Hospitalized?

If YES, name of hospital:

[ ] [ ] [ ] A resident of a long-term care facility?

[ ] [ ] [ ] Incarcerated for longer than 24 hours?

If YES, what type of facility:

[ ] Prison

[ ] Jail

[ ] Juvenile Facility

[ ] [ ] [ ] Did you: Inject drugs not prescribed by a doctor?

[ ] [ ] [ ] Use street drugs but not inject?

[ ] [ ] [ ] Have any sexual contact?

If YES, number of Male sexual partners:


If YES, number of Female sexual partners:


During your lifetime, were you EVER:

[ ] [ ] [ ] Treated for sexually transmitted diseases?

If YES, year of most recent treatment:

[ ] [ ] [ ] Incarcerated for longer than 6 months?

If YES, year incarcerated completed:

For how many months:

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RDA 150

June 2019
**COMPLETE FOR ALL HEPATITIS CASE CLASSIFICATIONS**

**CASE NAME:** _______________________

### EDUCATION AND PREVENTION MEASURES

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th><strong>Did patient complete 3-shot Hepatitis B vaccine series?</strong></th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Yes</strong></td>
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</tr>
</tbody>
</table>

If NO, Hepatitis B vaccination recommended?
- Yes, recommended
- No, specify reason: __________________________

- Hepatitis A vaccination recommended?
- Yes
- No

- If patient pregnant?
  - Yes
  - No

- If YES, refer patient to perinatal coordinator (see public health action list below).

- If case is less than 2 years old, was Hepatitis B acquired as a result of perinatal transmission?
  - No
  - Yes

- Did patient donate blood products, organs, or tissue? (including egg and semen)
  - Yes
  - No

- Case education provided? (Check all that apply)
  - Not donating blood products, organs, or tissue while infected? (including egg and semen)
  - Measures to avoid transmission
  - Avoidance of transmission (e.g., alcohol, Tylenol)
  - For formal, counseling on need for follow-up on any future pregnancies
  - For healthcare workers, counseling on safety and transmission
  - Possibility of chronic infection from acute status (i.e., ongoing infection)

- Other education provided?
  - Yes, specify: ________________________________

### PUBLIC HEALTH ACTIONS

(Check all that apply)

- Prophylaxis (HBIG) of appropriate contacts recommended
  - Number recommended prophylaxis: __________

- Vaccination of appropriate contacts recommended
  - Number recommended vaccination: __________

- Contact management follow-up completed

- Pregnant patient referred to Perinatal Coordinator
  - Estimated Date of Delivery: __________
  - Perinatal Case Number: __________

### NOTES & COMMENTS

Investigator: __________________________ Phone: (____) __________ Investigation complete date: ______/____/____
**COMPLETE FOR ALL HEPATITIS CASE CLASSIFICATIONS**

**CASE NAME:**

---

**CONTACT MANAGEMENT**

Items in italics are interviewer instructional items in bold indicate survey prompts I would like you to think about the risk factors we discussed. Can you provide any contacts such as household, sexual, needle sharing, tattoo equipment sharing, and others you may have been in close contact with during the period before your illness onset (since-symptoms or in the absence of symptoms, first positive lab prior to onset)? (Reminder: date range collected from timeline). I assure you that your information will be kept confidential.

### CONTACTS:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Gender: Female</th>
<th>Male</th>
<th>Date of 1st attempt:</th>
<th>Date of 2nd attempt:</th>
<th>Date of interview:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relation to case: (check all that apply)</td>
<td>Household</td>
<td>Sexual</td>
<td>Needle sharing</td>
<td>Tattoo equipment sharing</td>
<td>Other, specify:</td>
</tr>
<tr>
<td>Date of last exposure to contact:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
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<td></td>
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<tr>
<td>Phone number:</td>
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</tr>
</tbody>
</table>

### CONTACT FOLLOW UP: (to be completed after interview)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of 1st attempt:</th>
<th>Date of 2nd attempt:</th>
<th>Date of interview:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relation to case: (check all that apply)</td>
<td>Household</td>
<td>Sexual</td>
<td>Needle sharing</td>
</tr>
<tr>
<td>Date of last exposure to contact:</td>
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<tr>
<td>Address:</td>
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</tr>
<tr>
<td>Phone number:</td>
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</tr>
</tbody>
</table>

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Thank you for your patience and providing your information. As a reminder, your information will be kept confidential. Please give me a moment to review. This information is very useful to prevent further transmission. (Continue to next page)

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**June 2019**
Provider Records Request Letter

[Logo]

Name of Provider: ____________________________
Address: ____________________________
City, TN Zip: ____________________________

Today's Date: ____________________________

The Health Department has been notified by your lab of a positive hepatitis test for the following patient:

Patient: ____________________________
DOB: ____________________________

Date of Lab(s): ____________________________

Test result(s) received (tick all that apply):

- HBV
  - Hepatitis B surface antigen (HBsAg)
  - IgM antibody to hepatitis B core antigen (IgM anti-HBc)
  - Other (specify): ____________________________

- HCV
  - HCV antibody (anti-HCV)
  - Hepatitis C RNA (qualitative, quantitative, or genotype)
  - HCV antigen (HCV Ag)
  - Other (specify): ____________________________

Acute hepatitis B and acute hepatitis C are diseases that are reportable under the Tennessee Department of Health Notifiable Disease List as defined by CDC. 
[Link to Tennessee Laboratory Reportable Diseases, 2017: https://tn.gov/health/HealthDisease/ReportableDiseasesCommon2017_ListForLaboratories.pdf]

We are requesting further information in order to define this illness as either acute, chronic, or not a case.

Does this patient have a history of Hepatitis B or Hepatitis C? (tick all that apply)
  - Yes, Hepatitis B: ____________________________
  - Yes, Hepatitis C: ____________________________
  - No: ____________________________

What is the pregnancy status on this individual?
  - Pregnant: ____________________________
  - Not Pregnant: ____________________________

Additionally, we are requesting the following medical record(s) and/or lab report(s) (tick all that apply):

- Hospital History and Physical (if applicable)
- Hospital Discharge Summary (if applicable)
- Lab Reports:
  - Liver Function Tests (AST, ALT)
  - Hepatitis Panels (entire panel)
  - Other: ____________________________

If the patient has acute hepatitis, we will contact the patient to obtain information about risk factors. Please email or fax this form and the requested information to the email or fax number at the top of this page. Thank you very much for your assistance in completing this case investigation.

Sincerely,

[Your Name/Title]
Provider Records Request Letter for HBV Positive Females of Reproductive Age

<table>
<thead>
<tr>
<th>Name of Provider</th>
<th>Address</th>
<th>City, TN, Zip</th>
<th>Today's Date</th>
</tr>
</thead>
</table>

The Health Department has been notified by your lab of a positive test for Hepatitis B surface antigen (HBsAg) on a woman of reproductive age (11-50) with a known history of hepatitis B.

The Tennessee Department of Health follows up with each positive HBsAg lab to determine the patient’s pregnancy status. HBsAg testing during pregnancy is required and positive tests are reportable under the Tennessee Department of Health Notifiable Disease List as defined by CDC.

Tennessee Provider Reportable Diseases, 2017:

Tennessee Laboratory Reportable Diseases, 2017:

We are requesting further information in order to establish pregnancy status of your patient.

Patient: ___________________________ DOB ___________________________

Date of Lab(s): ___________________

What is the pregnancy status on this individual?

☐ Pregnant, Estimated Due Date _________________________

☐ Not Pregnant

If the patient is determined to be pregnant we will forward this information to the public health nursing coordinator in your region for case management, and s/he may reach out to you for additional information.

Please email or fax this completed form to the email or fax number at the top of this page.

Thank you very much for your assistance in completing this case investigation.

Sincerely,

Your Name / Title
Letter for Contacts to Acute HBV or Acute HCV Cases

This letter is to notify you of either a possible exposure to hepatitis or infection with hepatitis virus. Hepatitis virus infects the liver and if not managed properly, can lead to other medical complications such as liver failure, liver cancer, or even death. Infected persons can develop long term infections and unknowingly spread it to others.

Early signs and symptoms of infection include: abdominal pain, fever, fatigue, loss of appetite, nausea, vomiting, yellowing of skin or eyes (jaundice), dark urine, abdominal pain, joint pain and clay-colored stools. However, some infected persons have NO symptoms.

There are three common types of hepatitis, A, B, and C. Hepatitis B virus can be spread by sexual contact through exposure to infected body fluids or blood. Examples include exposures to needles or lancets, receiving tattoos or body-piercings from poorly sterilized equipment, and sharing items such as razors or toothbrushes. It also can be spread from infected mothers to their newborns during the birth process and to unvaccinated household members.

There is an effective vaccine to prevent Hepatitis B infection. If there are any unvaccinated or incompletely vaccinated persons living in your household, we strongly recommended that they report to the local health department or their primary care physician for testing and vaccination.

If I can be of help in answering questions for you, please call my office at ________.

Sincerely,

Your Name/ Title
To whom it may concern:

This letter is to address any questions or concerns that may arise regarding public health investigations and surveillance activities and rules as they relate to patient privacy protection. The Communicable and Environmental Disease and Emergency Preparedness Section (CEDEP) of the Tennessee Department of Health (TDH) conducts surveillance for a number of communicable diseases and other public health threats in its capacity as a public health authority as defined by the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information; Final Rule (Privacy Rule) [45 CFR §164.501].

The authority to conduct surveillance, which may include patient or provider interviews, and examination of isolates and/or medical record reviews, comes from the Communicable Diseases Rules of Tennessee Code Annotated. Under the law, the Commissioner of Health delegates authority to the Chief Medical Officer to “make sanitary inspections and inquiries respecting the causes of diseases...” (TCA 68-1-104[2]). The rule states that the health officer or designee shall “establish a complete epidemiological investigation to include (but not limited to) review of appropriate medical and laboratory records, interview affected persons and controls, and record findings on communicable disease field reports”. “Medical records shall be made available when requested, for inspection and copying of, by a duly authorized representative of the Department while in the course of investigating a reportable disease under these regulations.” (1200-141-15).

Pursuant to 45 CFR §164.512(b) of the Privacy Rule, “covered entities such as hospitals may disclose, without individual authorization, protected health information to public health authorities”... “authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations and public health interventions...”.

The Viral Hepatitis program oversees surveillance of Hepatitis B and Hepatitis C and investigates clusters and outbreaks.

The department will protect PHI in accordance with HIPAA, and with Rule 1200-14-1-17, which provides “All individually identifiable health information collected, created and/or prepared by the Department is deemed confidential and shall not be considered a public record. The Department may disclose such information to those entities or persons as are necessary to carry out the purpose of these rules and 1200-14-04-01 et seq, or as otherwise authorized or required by law.”

Thank you for your continued cooperation in these surveillance efforts, and contributions to our shared mission of protecting the health of our population.

Sincerely,

[Signature]

Timothy F. Jones MD
State Epidemiologist
VA Medical Record Request

If you are experiencing difficulties with requesting records from the VA for any HBV or HCV investigations, please email VH.Health@tn.gov.
This form may be completed online at [https://tnhealth.tn.gov/m香菇九to/T8XITHEAMSG] or faxed to the Communicable and Environmental Diseases and Emergency Preparedness (CEDEP) Division at Tennessee Department of Health (TDH) at (615) 741-5837. To fax directly to the local or regional health office, refer to [https://tnhealth.tn.gov/health-program-9c90-a0c8ce2-d746.html]. For questions, contact CEDEP at (615) 741-7347 or (800) 444-3026. For more specific details, refer to the Reportable Diseases website at [https://tnhealth.tn.gov/ReportableDiseases].

### Directions for Healthcare Providers:
- All of the information on this form is required to report, if available. The reporter will be contacted for any missing information.
- The provider information, patient demographics, and clinical information may be provided on this form, or attached (e.g., patient cover sheet, notifiable-disease report, relevant medical records).
- The contact information for the provider is required for the public health investigation. If the primary place of work for the provider is a private practice, include the name, phone, and fax for that facility rather than the hospital.
- Attach the associated laboratory report to this form.
- The patient address is used to assign public health jurisdiction for the investigation. If the patient address is unavailable, the provider county determines the jurisdiction.
- If the patient's date of death is unavailable, report the patient's age in years. If the patient is <1 year of age, please list "0" and mark the box for "Months." If the patient is >1 month of age, please list "0" and mark the box for "Months."
- Reproductive symptoms include: fever, malaise, vomiting, fatigue, anorexia, diarrhea, abdolinal pain, jaundice, headache, nausea.
- Reportable tuberculosis diseases such as Mycobacterium, Brucellosis, Lyme Disease, and spotted fever rickettsiosis.
- For a positive interferon-gamma release assay (IGRA) for latent tuberculosis infection (LTBI), attach a copy of the lab result to this report. For a positive tuberculin skin test (TST) for any child or adolescent <18 years of age, document the TST result in line(s) (box of indication in the "Comments" field or right; no this form directly to the Tennessee Tubercolosis Elimination Program (615) 251-1370.

### Directions for Laboratories:
- Laboratory should report via electronic laboratory reporting. Refers to [https://tnhealth.tn.gov/m香菇九to/3a9b2358-a39f-92b9-0a95-laboratory-reporting.html] for guidance and requirements.
- If reporting via printed laboratory report, the following information is required:
  1. Patient demographics (shown on the right, including address)
  2. Ordering provider and facility name, phone number, address
  3. Performing laboratory name, phone number, address
  4. Date of the laboratory report
  5. Test performed (may differ from the test ordered)
  6. Test result
  7. Name of the disease
  8. Spectrum and collection data
  9. Result (quantitative and qualitative), interpretation, and reference range
- The PH-1600 is required only if the printed laboratory report does not include the information listed above.
- Laboratories are not required to report information in the Clinical Information section.

**Reportable diseases and events are declared to be communicable and endangering to the public and are to be reported to the local health department by all hospitals, physicians, laboratories, and other persons knowing of or suspecting a case in accordance with the provisions of the statutes and regulations governing the control of communicable diseases in Tennessee (T.C.A. 67-1-14:11).**

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### PH-1600 Form

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date of Report:</th>
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</thead>
<tbody>
<tr>
<td>Reporter Name:</td>
<td>Phone:</td>
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<tr>
<td>Reporter Facility:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Lab Report:</td>
<td>□ Attached</td>
<td>□ Not Tested</td>
<td>□ Report Unavailable</td>
<td></td>
</tr>
<tr>
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<td></td>
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<tr>
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<td>Fax (if available):</td>
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<tr>
<td>Phone (if available):</td>
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<td>Illness Onset Date:</td>
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<td>Admission Date:</td>
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<td>/</td>
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<td>Discharge Date:</td>
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<td>Pregnant?</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Unknown</td>
<td></td>
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<td>Expeceted Due Date:</td>
<td>/</td>
<td>/</td>
<td></td>
<td>Died?</td>
</tr>
<tr>
<td>Symptoms?</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Unknown</td>
<td></td>
</tr>
<tr>
<td>Fever?</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Unknown</td>
<td></td>
</tr>
<tr>
<td>STD Treatment Date:</td>
<td>/</td>
<td>/</td>
<td></td>
<td>Medications:</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Accurint Record Search Request Form

Today's Date:

Please submit the following information. You can expect a response within 2 business days (if the contact person is working in the office). Please review the request policy (on page 2) before submitting this form.

<table>
<thead>
<tr>
<th>Staff Name/Title</th>
<th>Phone (xxx-xxx-xxxx)</th>
<th>Email Address</th>
<th>Office Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prism Profile ID # (or Patient Name, DOB, etc.)</td>
<td>Patient Type</td>
<td>Specific locating information needed?</td>
<td>Reason for request/ brief description of attempts to contact patient?</td>
</tr>
<tr>
<td>□ 900 case/ contact</td>
<td>□ Early 700 case/ contact</td>
<td>□ Pregnant case</td>
<td>□ Pregnant contact</td>
</tr>
<tr>
<td>□ Congenital case</td>
<td>□ Congenital contact</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Supervisor: Supervisor Phone: Supervisor Email: Notes:

1. If the patient is not listed in Prism, any locating and/ or demographic information you have for the patient (date of birth, race/ethnicity, past phone numbers, places of employment, etc.).
2. If you are in need of specific information please indicate what information is being requested e.g., email address, vehicle description, spouse name. Otherwise, you will only receive address and phone number information.
3. Please indicate what methods of location have already been attempted so the Accurint researcher is more deliberate about the information s/he attempts to retrieve.

Please send any Accurint requests to Jennifer Black securely at Jennifer.Black@tn.gov
Appendix C:
Adding Providers/Organizations and NBS and Laboratory Translator
Data Entry: Adding Providers

Note a Provider within NBS is both a Physician (Medical Provider) and an Investigator (i.e. NBS Investigator). Please enter them as follows:

1. From NBS Home page choose Data Entry then Provider:

2. Under Search Criteria search for the Provider using their name followed by Submit button:
3. The search will return no results and the option to Add the Provider:

4. Fill in corresponding information then Submit
   a. NBS Investigator
      i. Quick Code
      ii. First and Last name
   b. Physician (Medical Professional):
      i. First and Last name
      ii. Address
      iii. Phone number
      iv. Other demographics
5. Once new Provider has been submitted the below screen will display:
Data Entry: Adding Organizations

Note an Organization within NBS is both Laboratory and a Medical Facility. Please enter them as follows:

1. From NBS Home page choose Data Entry then Organization:

2. Under Search Criteria search for the Organization using the facilities name or address followed by Submit button:
3. The search will return no results and the option to Add the Organization:

![Search Results](image)

Your Search Criteria: Name Contains 'Tennessee General Hospital' resulted in 0 possible matches. Would you like to refine your search?

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There is no information to display

4. Fill in corresponding information then click Submit
   a. Laboratory
      i. Quick Code
      ii. Lab’s name
      iii. Address
      iv. Phone number
   b. Medical Facility:
      i. Medical Facility’s name
      ii. Address
      iii. Phone number

![Add Organization](image)

Administrative Information | Name | Identification Information | Address Information | Telephone Information

Quick Code: [Input Field]

Standard Industry Class:

- [Input Field]

Role:
- Allergy clinic
- Ampulee clinic
- Bone marrow transplant clinic
- Bone marrow transplant unit

General Comments: [Input Field]

Name: [Input Field]

Organization Name: Tennessee General Hoc
5. Once new Organization has been submitted the below screen will display:

---

**Administrative Information**
- Quick Code:
- Standard Industry Class:
  - Role:
- General Comments:

**Name**
- Organization Name: Tennessee General Hospitals

**Identification Information**

<table>
<thead>
<tr>
<th>Type</th>
<th>Authority</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Type:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assigning Authority:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID Value:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Data Entry: Translator for Entering a Laboratory Report

<table>
<thead>
<tr>
<th>On the sheet</th>
<th>Ordered Test</th>
<th>Resulted Test</th>
<th>Where</th>
<th>How</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hep C</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV RNA Quant</td>
<td>Hepatitis C virus, RNA</td>
<td>Hepatitis C virus, RNA</td>
<td>Numeric Result</td>
<td>Write in number</td>
</tr>
<tr>
<td><em>HCV RNA Log</em></td>
<td>Hepatitis C virus, RNA</td>
<td>Hepatitis C virus, RNA</td>
<td>Text Result</td>
<td>Write 'HCV RNA Log'</td>
</tr>
<tr>
<td>HCV RNA, PCR, QN</td>
<td>Hepatitis C virus, RNA</td>
<td>Hepatitis C virus, RNA</td>
<td>Numeric Result</td>
<td>Write in number</td>
</tr>
<tr>
<td>HCV PCR</td>
<td>Hepatitis C virus, RNA</td>
<td>Hepatitis C virus, RNA</td>
<td>Coded Result</td>
<td>Drop down 'Detected'</td>
</tr>
<tr>
<td>HCV RNA Viral Load</td>
<td>Hepatitis C virus, RNA</td>
<td>Hepatitis C virus, RNA</td>
<td>Numeric Result</td>
<td>Write in number</td>
</tr>
<tr>
<td>HCV RNA, Qualitative</td>
<td>Hepatitis C virus, RNA</td>
<td>Hepatitis C virus, RNA</td>
<td>Coded Result</td>
<td>Drop down 'Positive', 'Reactive' or 'Negative'</td>
</tr>
<tr>
<td>HCV NAT (Qualitative)</td>
<td>Hepatitis C virus, RNA</td>
<td>Hepatitis C virus, RNA</td>
<td>Coded Result</td>
<td>Drop down 'Positive', 'Reactive' or 'Negative'</td>
</tr>
<tr>
<td>HCV NAT (Quantitative)</td>
<td>Hepatitis C virus, RNA</td>
<td>Hepatitis C virus, RNA</td>
<td>Numeric Result</td>
<td>Write in number</td>
</tr>
<tr>
<td>HCV Genotype, LiPA</td>
<td>Hepatitis C Virus (HCV), Genotyping</td>
<td>Hepatitis C Virus (HCV), Genotyping</td>
<td>Text Result</td>
<td>Write '1b', '1a', '3a',</td>
</tr>
<tr>
<td>Hep C Ab &gt; 11.0</td>
<td>Hepatitis C Virus (HCV) Antibody</td>
<td>Hepatitis C virus (HCV), Antibody</td>
<td>Coded Result</td>
<td>Drop down 'Positive' or 'Reactive'</td>
</tr>
<tr>
<td>ANTI-HCV (HEPATITIS C) &gt; 11.0</td>
<td>Hepatitis C Virus (HCV) Antibody</td>
<td>Hepatitis C virus (HCV), Antibody</td>
<td>Coded Result</td>
<td>Drop down 'Positive' or 'Reactive'</td>
</tr>
<tr>
<td>Hepatitis C Antibody (HCV) IgG</td>
<td>Hepatitis C Virus (HCV) Antibody</td>
<td>Hepatitis C virus (HCV), Antibody</td>
<td>Coded Result</td>
<td>Drop down 'Positive' or 'Reactive'</td>
</tr>
<tr>
<td>HCV EIA</td>
<td>Hepatitis C Virus (HCV) Antibody</td>
<td>Hepatitis C virus (HCV), Antibody</td>
<td>Coded Result</td>
<td>Drop down 'Positive' or 'Reactive'</td>
</tr>
<tr>
<td>ALT (Liver Test)</td>
<td>Alanine Aminotransferase (ALT/GPT/SGPT)</td>
<td>Alanine Aminotransferase (ALT/GPT/SGPT)</td>
<td>Numeric Result</td>
<td>Write in number</td>
</tr>
<tr>
<td>AST (Liver Test)</td>
<td>Aspartate Aminotransferase (AST, SGOT, GOT)</td>
<td>Aspartate Aminotransferase (AST/ SGOT/ GOT)</td>
<td>Numeric Result</td>
<td>Write in number</td>
</tr>
<tr>
<td>HCV Ag</td>
<td>HCV Ag</td>
<td>HCV Ag</td>
<td>Coded Result</td>
<td>Drop down 'Positive', 'Reactive' or 'Negative'</td>
</tr>
<tr>
<td>On the sheet</td>
<td>Ordered Test</td>
<td>Resulted Test</td>
<td>Where</td>
<td>How</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>---------------</td>
<td>-------</td>
<td>-----</td>
</tr>
<tr>
<td><strong>Hep B</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Surface Antigen Confirmation</td>
<td>Hepatitis B Surface Antigen (HBsAg)</td>
<td>Hepatitis B virus Surface Antigen (HBsAg)</td>
<td>Text</td>
<td>Result/Coded</td>
</tr>
<tr>
<td>HBsAg</td>
<td>Hepatitis B Surface Antigen (HBsAg)</td>
<td>Hepatitis B virus Surface Antigen (HBsAg)</td>
<td>Text</td>
<td>Result/Coded</td>
</tr>
<tr>
<td>Hepatitis B Surface Antibody, Qualitative</td>
<td>Hepatitis B Surface Antibody (HBSAb)</td>
<td>Hepatitis B virus Surface Antibody (HBSab)</td>
<td>Text</td>
<td>Result/Coded</td>
</tr>
<tr>
<td>HBV NAT (Qualitative)</td>
<td>Hepatitis B Virus, DNA</td>
<td>Hepatitis B Virus, DNA</td>
<td>Coded Result</td>
<td>Drop down 'Positive', 'Reactive' or 'Negative'</td>
</tr>
<tr>
<td>HBV NAT (Quantitative)</td>
<td>Hepatitis B Virus, DNA</td>
<td>Hepatitis B Virus, DNA</td>
<td>Numeric Result</td>
<td>Write in number</td>
</tr>
<tr>
<td>Hepatitis B Virus DNA PCR (Ultraquant) Interp.</td>
<td>Hepatitis B Virus, DNA</td>
<td>Hepatitis B Virus, DNA</td>
<td>Coded Result</td>
<td>Drop down 'Detected' (Ultraquant is still a coded qualitative-type result)</td>
</tr>
<tr>
<td>HBV Qnt by PCR (IU/mL)</td>
<td>Hepatitis B Virus, DNA</td>
<td>Hepatitis B Virus, DNA</td>
<td>Coded Result</td>
<td>Drop down 'Detected' (Ultraquant is still a coded qualitative-type result)</td>
</tr>
<tr>
<td>Hepatitis B DNA Log</td>
<td>Hepatitis B Virus, DNA</td>
<td>Hepatitis B Virus, DNA</td>
<td>Text Result</td>
<td>Write in 'Hep B DNA log'</td>
</tr>
<tr>
<td>Hepatitis B DNA Quant</td>
<td>Hepatitis B Virus, DNA</td>
<td>Hepatitis B Virus, DNA</td>
<td>Numeric Result</td>
<td>Write in number</td>
</tr>
<tr>
<td><strong>Hepatitis B DNA Qual</strong></td>
<td>Hepatitis B Virus, DNA</td>
<td>Hepatitis B Virus, DNA</td>
<td>Coded Result</td>
<td>Drop down 'Positive'</td>
</tr>
<tr>
<td>Hepatitis Be Antibody</td>
<td>Shred</td>
<td>Shred</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Hepatitis Be Antigen</td>
<td>Hepatitis Be virus Antigen (HBeAg)</td>
<td>Hepatitis B virus e antigen</td>
<td>Coded Result</td>
<td>Drop down 'Reactive'</td>
</tr>
<tr>
<td>Hepatitis B Core Ab</td>
<td>Hepatitis B virus core antibody</td>
<td>HEPATITIS B VIRUS CORE AB</td>
<td>Coded Result</td>
<td>Drop down 'Positive' or 'Reactive'</td>
</tr>
<tr>
<td>HBV DNA Viral Load</td>
<td>Hepatitis B Virus, DNA</td>
<td>Hepatitis B Virus, DNA</td>
<td>Numeric Result</td>
<td>Write in number</td>
</tr>
<tr>
<td>ALT (Liver Test)</td>
<td>Alanine Aminotransferase (ALT/GPT/SGPT)</td>
<td>Alanine Aminotransferase (ALT/GPT/SGPT)</td>
<td>Numeric Result</td>
<td>Write in number</td>
</tr>
<tr>
<td>AST (Liver Test)</td>
<td>Aspartate Aminotransferase (AST, SGOT, GOT)</td>
<td>Aspartate Aminotransferase (AST/ SGOT/ GOT )</td>
<td>Numeric Result</td>
<td>Write in number</td>
</tr>
<tr>
<td>IgM HBCAb</td>
<td>Hepatitis B virus core antibody</td>
<td>HEPATITIS B VIRUS CORE AB</td>
<td>Coded Result</td>
<td>Drop down 'Positive' or 'Reactive'</td>
</tr>
</tbody>
</table>
Notes

* Only enter HCV RNA Log if HCV RNA Quant was not provided with same collection date.

*When Q.A.ing HBV, DNA we would rather have a quant (number) than a qual (pos/confirmed/detected) result. You can skip entering a qual as long as a quant is entered (dates must be the same).

*Nucleic Acid Test (NAT)/Nucleic Acid Amplification Test (NAAT): A molecular technique that tests for the presence of a virus or bacterium by testing for the presence of viral DNA (for HBV)/viral RNA (for HCV). *NAT testing can be quantitative or qualitative. For HBV: NAT encompasses PCR and DNA tests. For HCV: NAT encompasses PCR, RNA, and genotype tests*.

For an electronic version of the Translator for Entering a Laboratory Report, please visit SharePoint or email Shannon De Pont at Shannon.Depont@tn.gov
Appendix D:
Viral Hepatitis Case Notifications Process
The procedures for creating a notification changed in 2017 (see below for a detailed process). Central Office has final notification approval for cases that are sent to the CDC. The region will create a notification when the investigation is completed and ready for review at Central Office. Central Office will review the investigation, and if complete, will approve the notification for the case to be sent to CDC.

Do **not** create notifications on the following:

- Patients who are not residents of Tennessee
- Investigations with a case status of Unknown or Not a Case

Note: If notifications are created on the above, they will be rejected and fall out of the rejection queue after 14 days.
Case Notification Process in NBS

1. Complete the investigation and change the investigation status to Closed.

   ![Investigation Summary]

2. Click on Create Notification. In the Comments box, add any additional details for the receiving Central Office program. Click Submit to send the notification. Note, if you create the Notification before you are ready for Central Office review, leave the investigation Open.

   ![View Investigation]
3. The notification status will now show as Pending Approval (PEND_APPR) until the Central Office program has reviewed the investigation. Note, any comments entered when the notification was created will show.

4. If the notification is approved, the notification status will change to Approved. When the notification is in the process of being sent to CDC, the status will be Batch Processing. Once sent to CDC, the notification status will change to Completed, if there is no error.

5. If the notification is rejected, the investigation will be listed in the Rejected Notifications Queue. Rejected Notifications will only be retained in the queue for 2 weeks. Check the queue regularly, filtering on your name as Submitted By, to identify any investigations to review. To filter, click on the down arrow below Submitted By. Uncheck Select All, and then check only your name. Click OK.
6. Note, the Comments field shows what needs revised for the investigation. Click on the hyperlink under Condition to go directly to the investigation to review. If you click on the patient name, you will be directed to the Summary tab for that patient, rather than the investigation. Clicking on the investigation will allow you to return to this list you just filtered.
7. Click Edit to make changes to the investigation. Click Submit when complete.

8. Send the notification to the Central Office again by clicking on Create Notification. Enter any comments in the comments box, and click Submit. The investigation will be returned to the Central Office to review again. The notification status will again show as Pending Approval. Any comments entered when the notification is re-submitted will show. All steps of the process will be logged in the Notification section of the investigation. Note, this section may be on different tabs for different conditions.
9. Click on Return to Rejected Notifications Queue to review additional investigations. The investigation you just reviewed will be removed from this queue and moved to the Approval Queue for the Central Office.
Appendix E:
Viral Hepatitis Morbidity Report Process
Reporting PH-1600 forms via REDCap ended March 15, 2019, and currently external partners report PH-1600 forms via the NBS Morbidity Reports functionality. As Central Office enters and maintains the chronic HCV condition with NBS, we have outlined the responsibilities of Central Office and regional staff below for HBV only (acute and chronic). For detailed instructions on how to enter a laboratory report, please refer to the Detailed Data Entry Instructions in the NBS User Guide. As Central Office finds indications of acute HCV infections, we will alert the appropriate Regional/Metropolitan staff.

1. From the NBS Home Page find the ‘Documents Requiring Review Queue’ (step 1.a), filter by Document Type: Morbidity Report (step 1.b) and Description: check all applicable HBV conditions step (1.c)

   a. [Image of NBS Home Page]

   b. [Image of NBS Documents Requiring Review]

   c. [Image of NBS Documentation Table]
2. In the Document Type column, click on the patient’s ‘Morbidity Report’ link, and use the Reporting Information and/or Patient tabs* (step 2.a.), as well as the attached files, listed under ‘Attachment Information’ (step 2.b.) in order to enter NBS laboratory report and create corresponding investigation

   a. 

   b. 

3. To search for a historical NBS patient record, leave the Morbidity Report and search for an existing NBS patient record:
   a. If historical NBS patient record IS found:
      i. Request merge of the NBS historical patient file and the new Morbidity Report patient record (duplicate laboratory report) by emailing the Patient IDs to CEDS.Informatics@tn.gov
      ii. Once merge is complete, access the merge list returned from CEDS.Informatics@tn.gov and refer back to step 2 to obtain patient demographics and reported laboratory data needed in order to enter laboratory report and create corresponding investigation
      iii. Associate the Morbidity Report to the NBS investigation, thus marking the report as reviewed and removing from the Documents Requiring Review Queue
b. If historical NBS patient record is not found:
   i. Refer back to step 2.b. to obtain patient demographics and reported laboratory data needed in order to enter laboratory report and create corresponding investigation
   ii. Within the Morbidity Report, click ‘Create Investigation’ to create NBS investigation,
       1. This scenario will automatically mark the Morbidity Report as reviewed and remove from the Documents Requiring Review Queue
c. If laboratory report has previously been entered, within the Morbidity Report, click ‘Mark as Reviewed’ to remove the Morbidity Report from the Documents Requiring Review Queue

Miscellaneous:

- *The ‘Print’ button (step 2.b.) or the snipping tool are solutions to accessing pertinent patient information after leaving the Morbidity Report.
- If you notice any reporting errors with Morbidity Reports, please alert CEDS.Informatics@tn.gov
- The ‘Associate Investigation’ button found within the Morbidity Report itself (example in step 3.b) does not find existing/historical NBS patient records and only allows for association within the existing patient record (i.e., if an investigation was created within the same patient record housing the Morbidity Report)
- If your region is experiencing a high burden of duplicate laboratory reports, please request assistance from VH.Health@tn.gov
Appendix F:
Marking HCV ELR as Reviewed in Bulk
For programs with a large volume of laboratory reports to review, NBS v5.1.0.1 has functionality to mark multiple documents as reviewed at a time in the **Documents Requiring Review** queue. However, Regions will still have to add county of residence to the laboratory object.

**NOTE:** For Garcia Laboratory reports only, if you bulk mark as reviewed, you don’t have to add county of residence. You do still have to field investigate HBV and all suspected acute infections (HBV and HCV).

In the queue, you will **first** need to filter to the appropriate jurisdiction.

On the left-hand side of the page beside the Document Type column, you will see a column of empty checkmarks.
Click the topmost checkbox to check all boxes in the jurisdiction subset, or go through the laboratory reports manually and check only those that should be marked as reviewed.

When all appropriate laboratory reports are checked, click the Mark As Reviewed link.
The following message will show up, prompting you to indicate a reason that the selected documents need no further action (a dropdown and a comments section). The reason is required, but comments are not.

Zoomed:

The reason chosen in the dropdown will be applied to ALL records selected. If the laboratory report was previously associated with an investigation, choose Previously Associated...; the laboratory report will remain associated.

Once this information is complete, click Submit.

Your success (or failure) message will show at the top of the DRR screen.

The selected 2 documents have been successfully marked as reviewed as 'Negative Lab Result'.

Continue with your workflow as usual.
Appendix G:
Patient Matching: NBS Merge Request and/or Data Entry
A patient will be considered a suitable patient match for data entry purposes or NBS merge request if they meet one or more of the following scenarios:

1. Patient will be considered a match if they have the a) same first and last name, b) same date of birth, c) same condition, and d) meet one or more of the following:
   1. Same address,
   2. Two different addresses within the same public health region,
   3. One home address and one prison address, or
   4. Two different prison addresses.
2. Patient will be considered a match if they have the same social security number
3. Patient will be considered a match if they have the a) same first and last name, b) same date of birth, c) one record with a populated address and one record with no address and d) there are no other patients with the same name and contradictory fields
4. Patient will be considered a match if they have the a) same first and last name, b) transposed date or birth values (ex. 04/01/1989 and 04/10/1989), and d) meet one or more of the following:
   1. Same address,
   2. Two different addresses within the same public health region,
   3. One home address and one prison address, or
   4. Two different prison addresses.

**NOTE:** Once an NBS merge request is completed by SSIP please close the most recent duplicate NBS investigation(s) as ‘Not a Case’, update the original NBS investigation as appropriate, and associating all relevant laboratory report objects to the original NBS investigation. A comment should be made in the general comment box in the duplicate investigation(s) denoting the status as a duplicate investigation and change case status to ‘Not a Case’.