



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg
Mayor

Thomas R. Frieden, M.D., M.P.H.
Commissioner

nyc.gov/health

2009 Advisory #6: Reporting Acute Hepatitis C cases

- NYC DOHMH depends on clinicians to report acute hepatitis C cases as there is no lab test that distinguishes acute from chronic hepatitis C.
- Reporting acute cases allows the DOHMH to detect outbreaks of hepatitis C.

Please Distribute to All Clinical Staff in Internal Medicine, Pediatrics, Infectious Diseases, Emergency Medicine, and Family Medicine Staff. Please also share with your non-hospital based primary care colleagues.

March 2nd, 2009

Dear Colleagues:

Did you know that physicians are required to report acute hepatitis C cases to the New York City Health Department? (NYC Health Code, Section 11.03; reporting is exempt from HIPAA.)

Since there is no lab test that distinguishes acute from chronic infection, **we depend on clinicians** to report new cases. Reporting acute hepatitis C helps the Department identify outbreaks and track disease trends so we can target education and prevention measures.

Please report your patient if:

- S/he presents with discrete onset of signs and symptoms AND has elevated liver enzymes which you think may indicate an acute, new hepatitis C infection.
 - Symptoms include dark urine, pale stool, fatigue, jaundice, fever, loss of appetite, diarrhea, nausea, vomiting and abdominal pain OR
- S/he tested negative for hepatitis C in the past 12 months and now tests positive.

How to report acute hepatitis C infection:

- Report cases in any of the following ways
 - By mail using the Universal Reporting Form (<http://www.nyc.gov/html/doh/downloads/pdf/hcp/urf-0803.pdf>)
 - Online at www.nyc.gov/nycmed (registration needed)
 - By phone - call Katherine Bornschlegel, MPH, Hepatitis Surveillance Coordinator at 212-788-4390
- When filling out the form:
 - Fill in the bubble that indicates acute infection under Hepatitis C.
 - In the “comments” section, provide details about why it appears to be a new infection, and describe the patient’s risk factors (e.g. injection drug use).

Sincerely,

Katherine Bornschlegel, MPH

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