Appendix B: Provincial Case Definitions for Diseases of Public Health Significance

Disease: Hepatitis A

Effective: February 2019
Hepatitis A

1.0 Provincial Reporting
Confirmed and probable cases of disease

2.0 Type of Surveillance
Case-by-case

3.0 Case Classification

3.1 Confirmed Case
Laboratory confirmation of infection, in the absence of recent hepatitis A vaccination:
- Detection of immunoglobulin M antibody to hepatitis A virus (anti-HAV IgM)
  AND
- Acute illness with discrete onset of symptoms and jaundice or elevated serum aminotransferase levels (AST, ALT)
  OR
- An epidemiologic link to laboratory-confirmed case

3.2 Probable Case
Acute illness in a person with an epidemiologic link to a laboratory-confirmed case

4.0 Laboratory Evidence

4.1 Laboratory Confirmation
The following will constitute a confirmed case of acute/recent hepatitis A:
- Serum/plasma sample positive for HAV IgM antibody

4.2 Approved/Validated Tests
- Tests for immunoglobulin G antibody to hepatitis A virus (anti-HAV IgG), anti-HAV IgM and anti-HAV Total (IgG and IgM) antibody

4.3 Indications and Limitations
- Anti-HAV IgM results are repeated in duplicate to confirm a positive result.
- Detection of anti-HAV IgM antibodies confirms recent infection. Antibodies are generally detectable in serum/plasma 5-10 days before symptom onset and usually decrease to undetectable levels within 6 months after onset of infection. In rare cases, anti-HAV IgM may persist for longer. Acute/recent infection should be confirmed with clinical history, symptoms, and biochemical tests (e.g. elevated serum transaminases [AST, ALT], bilirubin, etc.)
- Reactive anti-HAV IgM serological tests may be reported in the absence of clinically compatible illness or epidemiologic links to hepatitis A cases / settings
with hepatitis A transmission. This may reflect a false-positive anti-HAV IgM test due to non-specific cross reactivity in the lab test, presence of rheumatoid factor in serum, following recent immunization with the hepatitis A vaccine, (both IgG and IgM antibodies will appear in serum within two weeks after immunization), or other unexplained reasons. It may also be due to remote hepatitis A infection with persistent anti-HAV IgM, which has been reported. Finally, it may signal detection of unapparent / anicteric hepatitis A infection; as above, interpretation of a reactive anti-HAV IgM result should consider clinical history and presence of elevated AST, ALT.

- Detection of anti-HAV IgG antibodies signals recovery from acute hepatitis A infection or past vaccination. When anti-HAV IgG antibodies are detected alone, they indicate some level of immunity either from past infection or previous immunization. “Total hepatitis A virus antibody” (total IgM and IgG antibody) is not a confirmatory test for acute HAV infection but is used as an initial screening test in some laboratories.

- AST and ALT generally return to normal before the anti-HAV IgM disappears.

5.0 Clinical Evidence

Acute clinical illness is characterized by abrupt fever, malaise, anorexia, nausea and abdominal pain followed by jaundice or elevated aminotransferase levels within a few days.

6.0 ICD 10 Code(s)

B15.0 Hepatitis A with hepatic coma

B15.9 Hepatitis A without hepatic coma [Hepatitis A (acute) (viral) NOS]

7.0 Sources


## 8.0 Document History

### Table 1: History of Revisions

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<thead>
<tr>
<th>Revision Date</th>
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<tr>
<td>March 2017</td>
<td>General</td>
<td>New Template</td>
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<tr>
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<td>8.0 Sources</td>
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<td>March 2017</td>
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<tr>
<td>February 2019</td>
<td>General</td>
<td>Minor revisions were made to support the regulation change to Diseases of Public Health Significance.</td>
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