Appendix B: Provincial Case Definitions for Reportable Diseases

Disease: Hepatitis A

Revised March 2017
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, with detection of 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 anti-HAV IgM and anti-HAV Total (IgG and IgM) antibody

4.3 Indications and Limitations

- Anti-HAV IgM results should be repeated in duplicate to confirm a positive result.
- Serology tests indicating IgM anti-HAV antibodies confirm recent infection. Antibodies are generally detectable in serum 5-10 days after infection and usually decrease to undetectable levels within 6 months after onset of infection.
In rare cases, they 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 have been 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, or for other unexplained reasons. It may also be due to remote hepatitis A infection as noted above, with persistent anti-HAV IgM, which has been reported. Finally, it may signal detection of inapparent / anicteric hepatitis A infection.

- Detection of IgG antibodies signals recovery from acute hepatitis A infection. When 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.

- Following immunization with the hepatitis A vaccine, both IgG and IgM antibodies will appear in serum within two weeks after immunization.

- AST and ALT generally return to normal before the anti-HV 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 Code(s)

#### 6.1 ICD-10 Code(s)

B15.0 Hepatitis A with hepatic coma  
B15.9 Hepatitis A without hepatic coma [Hepatitis A (acute) (viral) NOS]

#### 6.2 ICD-9/ICD-9CM Code(s)

070.0 Viral hepatitis A with hepatic coma  
070.1 Viral hepatitis A without mention of hepatic coma

### 7.0 Comments

N/A
8.0 Sources


9.0 Document History

Table 1: History of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Document Section</th>
<th>Description of Revisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2017</td>
<td>General</td>
<td>New Template</td>
</tr>
<tr>
<td>March 2017</td>
<td>8.0 Sources</td>
<td>Updated</td>
</tr>
<tr>
<td>March 2017</td>
<td>9.0 Document History</td>
<td>Updated</td>
</tr>
</tbody>
</table>