

Hepatitis C Virus (HCV) Epidemiology and Surveillance Frequently Asked Questions (FAQs) for Local Health Jurisdictions (LHJs) in California

Q. I received a positive HCV antibody and a negative HCV ribonucleic acid (RNA) for a patient. How do I classify this incident?

For cases reported on or after January 1, 2020, a patient with a positive HCV antibody and known negative HCV RNA should be classified as Not a Case, Chronic Hepatitis C.

A patient with positive HCV antibody and unknown HCV RNA should be classified as a Probable, Chronic Hepatitis C case.

Q. I received a negative HCV RNA for a patient and no other HCV lab results are available. How do I classify this incident?

If you receive this information outside of the California Reportable Diseases Information Exchange (CalREDIE), then you do not have to enter this information into CalREDIE. If you receive this information within CalREDIE, you can classify a patient with a negative HCV RNA only as Not a Case, Chronic Hepatitis C.

Q. I received a positive HCV antibody, followed by a multiple subsequent positive and negative HCV RNAs for a patient. How do I classify this incident?

You would classify a patient with a positive HCV antibody and any positive HCV RNA as a Confirmed, Chronic Hepatitis C, despite multiple subsequent laboratory results.

Q. I received a negative HCV RNA followed by a positive HCV RNA for a patient. How do I classify this incident?

If a positive test result is within 12 months of a negative report (test conversion), you would classify this patient as Confirmed, Acute Hepatitis C. However, if the subsequent positive test is after this 12-month timeframe, you would classify this patient as Confirmed, Chronic Hepatitis C. For more information on distinguishing a new case, see the [CDC's instructions for classifying a case of Acute Hepatitis C](https://www.cdc.gov/nndss/conditions/hepatitis-c-acute/case-definition/2020/).¹

Q. I received a report of hepatitis C in a person who is pregnant. How do I report this incident in CalREDIE?

¹ <https://www.cdc.gov/nndss/conditions/hepatitis-c-acute/case-definition/2020/>

Currently, all positive hepatitis C test results are autoimported and autoclosed in CalREDIE with a Resolution Status of Suspect, Chronic Hepatitis C. CalREDIE does not currently have fields dedicated to tracking hepatitis C information for people during pregnancy. LHJs can use an Excel spreadsheet or another local system to track HCV in pregnancy and then the Perinatal Hepatitis C Case Report Form for infants 2-36 months of age. The case report form includes fields for collecting information on the birth parent. For sample, optional, Excel-based templates and tools for tracking HCV during pregnancy, contact cdph_ovhp@cdph.ca.gov.

Q. In October 2019, California Code of Regulations, Title 17, Section 2505 was changed to require laboratories to submit negative test results at the request of the state or local health department. Will CDPH collect negative HCV test results?

CDPH hopes to explore the technical requirements needed to begin collecting negative test results for HCV RNA. However, progress on this initiative is on hold due to COVID-19. CDPH will keep LHJ partners apprised of any updates.

Q. The hepatitis C case counts reflected in CalREDIE for my local health jurisdiction are different than those shown in the data table produced by the California Department of Public Health (CDPH). Why are the numbers different?

The numbers are different because CDPH deduplicates records for chronic hepatitis C cases across local health jurisdictions and across time, so there may be, for example, a county that was reported in County A in 2015 and then reported in County B in 2016. After deduplicating cases, CDPH would only count that case once and would attribute it to County A so it would not show up in the CDPH report for County B. Similarly, a case reported in County A in both 2015 and in 2016 would only be counted once, in 2015.

Also, many LHJs have state prisons. For data analysis purposes, CDPH removes hepatitis C cases reported from state prisons from both the numerator and the denominator of the LHJ in which the prison is located. This is because people are often incarcerated in a different LHJ than they would otherwise live, and because health care for hepatitis C infection is provided by state prisons while people are incarcerated there. For more information, see the chronic hepatitis C surveillance report data tables and technical notes, available on the CDPH [Viral Hepatitis Surveillance Data](#) website.

Finally, CDPH is measuring cases newly reported in any local health jurisdiction statewide; the whole state of California is the unit of analysis. In contrast, LHJs may want to know whether a case was newly reported in their jurisdiction, regardless of whether it was previously reported in another LHJ, so that person can be linked to care.

For these reasons, CDPH expects state and local hepatitis C numbers to differ.