

Hepatitis A, Acute

2019 Case Definition

CSTE Position Statement(s)

18-ID-07

Clinical Criteria

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, abdominal pain, or dark urine)

AND

- a) jaundice or elevated total bilirubin levels ≥ 3.0 mg/dL, **OR**
- b) elevated serum alanine aminotransferase (ALT) levels >200 IU/L,

AND

- c) the absence of a more likely diagnosis

Laboratory Criteria for Diagnosis

Confirmatory laboratory evidence:

- Immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV) positive, **OR**
- Nucleic acid amplification test (NAAT; such as Polymerase Chain Reaction [PCR] **OR** genotyping) for hepatitis A virus RNA positive

Epidemiologic Linkage

Contact (e.g., household or sexual) with a laboratory-confirmed hepatitis A case 15-50 days prior to onset of symptoms.

Criteria to Distinguish a New Case from an Existing Case

Hepatitis A is usually self-limiting and does not result in chronic infection. However, up to 10% of persons with hepatitis A may experience a relapse during the 6 months after acute illnesses. Cases of relapsing hepatitis A should not be enumerated as new cases. In addition, a case should not be counted as a hepatitis A case if there is an alternate, more likely diagnosis.

Case Classification

Confirmed

A case that meets the clinical criteria and is IgM anti-HAV positive §, **OR**

A case that has hepatitis A virus RNA detected by NAAT (such as PCR or genotyping), **OR**

A case that meets the clinical criteria and occurs in a person who had contact (e.g., household or sexual) with a laboratory-confirmed hepatitis A case 15-50 days prior to onset of symptoms.

§ And not otherwise ruled out by IgM anti-HAV or NAAT for hepatitis A virus testing performed in a public health laboratory.