



## How Are Hepatitis B Data Collected in Connecticut?

The Connecticut Department of Public Health (DPH) conducts public health surveillance for many infectious diseases including hepatitis B virus (HBV). Surveillance is the ongoing systematic collection of health data for the following purposes: monitoring trends in incidence of and risk factors for disease, assessing burden of disease, identifying infected persons requiring counseling and medical follow-up, identifying contacts of infected persons requiring counseling and/or post exposure prophylaxis and identifying and controlling outbreaks.

Connecticut law requires DPH to maintain a list of reportable diseases. As a result, providers are mandated to report all acute HBV cases and positive hepatitis B surface antigen (HBsAg) in pregnant women. Laboratories are required to report positive findings of positive HBsAg and IgM antibody to the core hepatitis B antigen (IgM anti-HBc). Reportable diseases are reported to DPH and local health departments by the diagnosing provider and the laboratory that collects the specimen specific for the disease.

Information about hepatitis B is collected in a computerized registry. The registry currently contains records for hepatitis B test results from 1992 – present. Prior to 2004, the registry included acute cases of hepatitis B, acute cases that became chronic, women of child-bearing age with positive HBsAg test results, and perinatal infections. In 2004, collection of all chronic HBV infections in Connecticut residents began.

DPH uses the CSTE 2000 acute hepatitis B confirmed case definition and the 2011 chronic hepatitis B confirmed case definition to identify cases of confirmed HBV. Please see links below for full definitions:

[http://www.cdc.gov/osels/ph\\_surveillance/nndss/casedef/hepatitisb2000.htm](http://www.cdc.gov/osels/ph_surveillance/nndss/casedef/hepatitisb2000.htm)

[http://www.cdc.gov/osels/ph\\_surveillance/nndss/casedef/hepatitisbcurrent.htm](http://www.cdc.gov/osels/ph_surveillance/nndss/casedef/hepatitisbcurrent.htm)

Prior to 2004, the case definition used for identification of an acute case of hepatitis B was positive laboratory confirmation of both HBsAg and IgM anti-HBc. Chronic HBV was determined by two positive HBsAg results at least six months apart.

### **Please note:**

Beginning in 2004, follow-up letters were routinely generated by DPH and mailed to all ordering providers of newly reported positive HBsAg and/or IgM anti-HBc Connecticut residents.

Beginning in 2006, all providers that ordered an IgM anti-HBc test that resulted in a positive result and failed to respond to DPH's follow-up letter were contacted a second time for form completion.

Since 2007, DPH staff has attempted to contact all acute hepatitis B cases to provide education on keeping the liver healthy and viral hepatitis and to administer an in-depth risk factor questionnaire.

Beginning in 2009, DPH staff began visiting the offices of non-responding providers to perform medical record reviews in order to complete the hepatitis B follow-up form.

Cases are classified in the tables and maps based on the year and the town of residence at the time of first report, which may or may not be the time and town of residence when the case was confirmed as a chronic case.