



ESP CASE DETECTION ALGORITHM

ACUTE HEPATITIS A

Document Version 2.22

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Modification History

Version	Date	Modification	By
2.22	10/11/2017	Added ESP Logo and MDPH branding	DPM
2.21	7/5/2017	Updated documentation format	DPM
2.2	5/23/2017	Removed hepatitis B labs from data included in case reports to DPH.	DPH/DPM
2.1	3/23/2017	Removed hepatitis C labs from data included in case reports to DPH.	DPH/DPM
2.0	3/6/2017	<ul style="list-style-type: none">Updated algorithm format.Added appropriate ICD-10-CM diagnosis codes.	DPM
1.0	8/17/2014	Original circulated version.	DPM



Section 1. Overview

The purpose of this document is to describe the criteria used to identify new ACUTE HEPATITIS A cases from electronic medical records (EMR) using ESP and report them to the Massachusetts Department of Public Health (MDPH).

Section 2. Criteria used to identify cases using ESP data

I. CASE TYPES

This document includes algorithms to identify acute hepatitis A.

II. TIME WINDOW

There is no recurrence window for hepatitis B. A case is considered incident if it is the first time the criteria is met and it has not been previously reported.

III. CASE CRITERIA

A. CASE COMPONENTS*

1. Diagnosis code for jaundice, not of newborn
2. Alanine aminotransferase (ALT) >2x upper limit of normal
3. Aspartate aminotransferase (AST) >2x upper limit of normal
4. IgM antibody to Hepatitis A = "REACTIVE"

**See Section 4 for codes used to define each component.*

B. CASE CRITERIA

Classify patient as having acute hepatitis A if the following conditions is true:

- a) (#1 or #2 or #3) and #4 within 14-day period
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Section 3. Specifications for reporting diseases/conditions to the Massachusetts Department of Public Health

I. INITIAL CASE REPORTING CRITERIA

All cases should be immediately reported to MDPH upon initial detection. A patient should only be reported if it is the first time he or she meets the case definition.

II. CASE REPORT UPDATE CRITERIA

None.



III. DATA TO INCLUDE IN REPORTS TO MDPH

A. Demographic

Name	Last, first, middle
Date of birth	yyyy/mm/dd
Age	
Social security number	
Gender	Male / Female
Race	American Indian / Asian / Black / White / Other / Unknown
Ethnicity	Hispanic / Non-Hispanic / Unknown
Marital Status	Single / Married / Other, Unknown
Address	Line 1, line 2, city, state, zip, country
Phone	xxx-xxx-xxxx
Language spoken	
Medical record number	
PCP	Name, office address, phone number, email

B. Facility Information

Facility name	
Facility address	Line 1, line 2, city, state, zip
Facility contact person	
Contact person email	
Contact person phone	xxx-xxx-xxxx
Facility phone	xxx-xxx-xxxx

C. Encounter Data

Lab test ordering clinician	Name, office address, phone number, email
Treating clinician	Name, office address, phone number, email

D. Laboratory Results

Most recent result within 14-day period of day on which case was established. See [Table 3](#) for LOINC.

Hep A IgM antibody	
ALT	
AST	

E. Pregnancy

Pregnancy flag active	Yes or No
Expected Date of Delivery (EDD)	

F. Symptoms

If any of the following diagnosis codes (see [Table 2](#), below) or vital sign findings are present 14 days before or after case established then report the following symptoms:

Fever	Diagnosis code or measured temperature >100.4 degrees Fahrenheit
Jaundice	



Abdominal pain	
Nausea and Vomiting	
Diarrhea	

IV. CRITERIA TO REVOKE A CASE

None.

Section 4. Codes, laboratory tests, and medications used to identify criteria listed in Section 2 and supplementary reporting information in Section 3.

I. DIAGNOSIS CODES

Table 1. Diagnosis Codes Used to Identify Case Components

Component Name	Code Type	Code	Description
Jaundice (#1)	ICD-9-CM	782.4	Jaundice, not of newborn
	ICD-10-CM	R17	Unspecified jaundice

Table 2. Diagnosis Codes Used to Identify Symptoms

Symptom	Code Type	Code	Description
Fever	N/A	Temperature >100.4	Measured temperature if available, ELSE "fever".
	ICD-9-CM	780.60	Fever
	ICD-10-CM	R50.9	Fever, unspecified
Jaundice	ICD-9-CM	782.4	Jaundice
	ICD-10-CM	R17	Unspecified jaundice
Anorexia	ICD-9-CM	783.0	Anorexia
	ICD-10-CM	R63.0	Anorexia
Fatigue	ICD-9-CM	780.79	Other malaise and fatigue
	ICD-10-CM	R53.1	Weakness
	ICD-10-CM	R53.81	Other malaise
	ICD-10-CM	R53.83	Other fatigue
Abdominal pain	ICD-9-CM	789*	Abdominal pain
	ICD-10-CM	R10*	Abdominal and pelvic pain
Nausea & Vomiting	ICD-9-CM	787.01	Nausea and vomiting
	ICD-10-CM	R11.2	Nausea with vomiting, unspecified
	ICD-9-CM	787.02	Nausea alone
	ICD-10-CM	R11.0	Nausea
	ICD-9-CM	787.03	Vomiting alone
	ICD-10-CM	R11.10	Vomiting, unspecified
	ICD-10-CM	R11.11	Vomiting without nausea
	ICD-10-CM	R11.12	Projectile vomiting
Diarrhea	ICD-9-CM	787.91	Diarrhea
	ICD-10-CM	R19.7	Diarrhea, unspecified

II. MEDICATIONS

N/A



III. LAB TESTS LOINCS

Table 3. Laboratory Test LOINC Mapping

Component Name	LOINC	LOINC Name
ALANINE AMINOTRANSFERASE (ALT)	1742-6	ALT SerPI-cCnc
ASPARTATE AMINOTRANSFERASE (AST)	1920-8	AST SerPI-cCnc
IGM ANTIBODY TO HEPATITIS A	22314-9	Hepatitis A virus Ab.IgM : ACnc : Pt : Ser : Ord :

IV. CODE MAINTENANCE STRATEGY

Continuously screen all incoming Lx_Component_Name fields for the text strings: “HEP” or “HAV” or “ALT” or “SGPT” or “AST” or “SGOT” or “AMINOTRANS” not “CAST” not “FASTING” not “YEAST”