



ESP CASE DETECTION ALGORITHM

HEPATITIS B

Acute Hepatitis B, Chronic Hepatitis B, Active Hepatitis B in Pregnancy

Document Version 2.12

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Modification History

Version	Date	Modification	By
2.12	10/11/2017	Added ESP Logo and MDPH branding	DPM
2.11	7/5/2017	Transferred to updated template	DPM
2.1	5/23/2017	Removed hepatitis A and 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	7/21/2009	Original circulated version.	DPM



Section 1. Overview

The purpose of this document is to describe the criteria used to identify new HEPATITIS B 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 B, chronic hepatitis B, and active hepatitis B in pregnancy.

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) >5x upper limit of normal
3. Aspartate aminotransferase (AST) >5x upper limit of normal
4. IgM antibody to Hepatitis B Core Antigen = "REACTIVE"
5. Hepatitis B Surface Antigen = "REACTIVE"
6. Hepatitis B "e" Antigen = "REACTIVE"
7. Hepatitis B Viral DNA
8. Diagnosis of Chronic Hepatitis B
9. Total bilirubin > 1.5
10. Calculated bilirubin = (direct bilirubin + indirect bilirubin) = value > 1.5

*See [Section 4](#) for codes used to define each component.

B. CRITERIA FOR ACUTE HEPATITIS B CASES

Summary of Case Components					
1	Jaundice ICD9/10 Code	5	Hep B Surface Antigen	9	Total bilirubin >1.5
2	ALT >5x ULN	6	Hep B "e" Surface Antigen	10	Calculated bilirubin >1.5
3	AST >5x ULN	7	Hep B viral DNA		
4	IgM antibody to Hep B Core Antigen	8	Diagnosis for chronic Hep B		

Classify patient as having acute hepatitis B if any of the following conditions are true:

- a) (#1 or #2 or #3) and #4 within 14-day period
- b) (#1 or #2 or #3) and (#9 or #10) and #5 within 21-day period, and
 - a. No prior positive result for #5 or #7 ever, and



- b. No code for #8 at this encounter or in the past
- c) (#1 or #2 or #3) and (#9 or #10) and #7 within 21-day period, and
 - a. No prior positive result for #5 or #7 ever, and
 - b. No code for #8 at this encounter or in the past
- d) #5 “reactive” with record of #5 “non-reactive” within the prior 12 months, and
 - a. No prior positive test for #5 or #7 ever, and
 - b. No code for #8 at this encounter or in the past.

Notes:

- For definition (b) and (c), cases should be reported immediately upon fulfilling criteria. However, if a diagnosis for #8 appears within 30 days following fulfillment of the conditions for the case, then case should be changed from acute hepatitis B to chronic hepatitis B.
- For definition (d), “date collected” (or if unavailable, then “date ordered”) should be used for comparison of dates.

C. CRITERIA FOR CHRONIC HEPATITIS B CASES

Classify patient as having chronic hepatitis B if any of the following conditions are true:

- a) Any patient with (#5 or #6 or #7) who does not fulfill criteria for acute hepatitis B (above)
- b) Any patient with (#5 or #6 or #7) who fulfilled criteria for acute hepatitis B more than 12 months prior to the current positive test (#5 or #6 or #7)

D. CRITERIA FOR ACTIVE HEPATITIS B IN PREGNANT CASES

Classify patient as having active hepatitis B in pregnancy if the following condition is true:

- a) Any patient with (#5 or #6 or #7) and pregnancy flag active at lab order encounter or in the 28 days following lab order date for (#5 or #6 or #7)

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.

II. CASE REPORT UPDATE CRITERIA

A repeat report should be sent to MDPH every time a patient has another positive/reactive test result for #5 or #6 or #7.

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's.

Hep B Surface Antigen	
IgM to Hep B Core Antigen	
Hep B "e" antigen	
Hep B DNA	
ALT	
AST	
Hep E antibody	

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

For ACUTE hepatitis B cases identified using condition (b) or (c), the case should be changed to CHRONIC hepatitis B if a diagnosis code for chronic hepatitis B within the following 30 days.

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
Chronic Hepatitis B (#8)	ICD-9-CM	070.32	Chronic viral hepatitis B without mention of hepatic coma without mention of hepatitis delta
	ICD-10-CM	B18.0	Chronic viral hepatitis B with delta-agent
	ICD-10-CM	B18.1	Chronic viral hepatitis B without delta-agent

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, unspecified
	ICD-10-CM	R50.9	Fever, unspecified
Jaundice	ICD-9-CM	782.4	Jaundice
	ICD-10-CM	R17	Unspecified jaundice
Abdominal pain	ICD-9-CM	789*	Abdominal pain
	ICD-10-CM	R10*	Abdominal and pelvic pain
Nausea & Vomiting	ICD-9-CM	787.0	Nausea and vomiting
	ICD-9-CM	787.01	Nausea with 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
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 SerPl-cCnc
ASPARTATE AMINOTRANSFERASE (AST)	1920-8	AST SerPl-cCnc
IGM ANTIBODY TO HEPATITIS B CORE ANTIGEN	31204-1	Hepatitis B virus core Ab.IgM : ACnc : Pt : Ser : Ord :
HEPATITIS B SURFACE ANTIGEN	5195-3	Hepatitis B virus surface Ag : ACnc : Pt : Ser : Ord :
HEPATITIS B E ANTIGEN	13954-3	Hepatitis B virus little e Ag : ACnc : Pt : Ser : Ord : EIA
HEPATITIS B VIRAL DNA	See Table 4	See Table 4
HEPATITIS E ANTIBODY	14212-5	Hepatitis E virus Ab.IgM : ACnc : Pt : Ser : Ord :
TOTAL BILIRUBIN	33899-6	Bilirubin.glucuronidated+bilirubin.non-glucuronidated:SCnc:Pt:Ser/Plas:Qn
DIRECT BILIRUBIN	29760-6	Bilirubin.glucuronidated : SCnc:Pt:Ser/Plas:Qn
INDIRECT BILIRUBIN	14630-8	Bilirubin.non-glucuronidated:SCnc:Pt:Ser/Plas:Qn

Table 4. Hepatitis B Viral DNA positivity and LOINC Mapping Criteria by Test

Component Name	LOINC	LOINC Name	Positive result
HEP B DNA PCR (QL)	29610-3	Hepatitis B virus DNA : ACnc : Pt : Ser/Plas : Ord : Probe.Amp.Tar	“POSITIVE” or “DETECTED”
HEP B VIRAL DNA IU/ML	5009-6	Hepatitis B virus polymerase DNA : ACnc : Pt : Bld : Ord : Probe.Amp.Tar	>100
HEP B DNA COPIES/ML	5009-6	Hepatitis B virus DNA : ACnc : Pt : xxx : Ord : Probe.Amp.Tar	>160
HEPATITIS B DNA, QN, IU/COPIES	5009-6	Hepatitis B virus DNA : ACnc : Pt : xxx : Ord : Probe.Amp.Tar	>50 *
HEPATITIS B DNA IU/ML, QUANT	5009-6	Hepatitis B virus DNA : ACnc : Pt : xxx : Ord : Probe.Amp.Tar	>50
HEPATITIS B DNA LOG IU/ML, QUANT	16934-2	Hepatitis B virus polymerase DNA : ACnc : Pt : Bld : Ord : Probe.Amp.Tar	>1.7
HBV DNA QUANT INTERPRETATION	29610-3	Hepatitis B virus DNA : ACnc : Pt : Ser/Plas : Ord : Probe.Amp.Tar	“POSITIVE” or “DETECTED”
HEPATITIS B DNA QUANT COPIES/ML	5009-6	Hepatitis B virus DNA : ACnc : Pt : xxx : Ord : Probe.Amp.Tar	>40
HEPATITIS B DNA QUANT IU	5009-6	Hepatitis B virus DNA : ACnc : Pt : xxx : Ord : Probe.Amp.Tar	>200

* Result field says “SEE BELOW”. Comment field has the result in the following format:
“Result: 421 IU/ml (2.62 log IU/ml)” A positive result for us is >50 IU/ml.

IV. CODE MAINTENANCE STRATEGY

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