



**BC Centre for Disease Control**  
An agency of the Provincial Health Services Authority

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Provincial STI Services  
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**DATE: March 8, 2016 Administrative Circular: 04 2016: 04**

**ATTN:** Medical Health Officers and Branch Offices  
Public Health Nursing Administrators and Assistant Administrators  
Holders of Communicable Disease Control Manuals

**RE: NEW CASE REPORT FORMS FOR ACUTE HEPATITIS B AND ACUTE HEPATITIS C**

Please note the following case report forms (CRFs) for acute hepatitis B (HBV) and acute hepatitis C (HCV) have been configured into the Panorama public health reporting system for surveillance and are available on the BCCDC website (<http://www.bccdc.ca/health-professionals/professional-resources/surveillance-forms>) under the Sexually Transmitted & Blood Borne Infections tab.

#### **BACKGROUND**

- In BC from 2010 to 2015, there were on average 10 acute HBV and 115 acute HCV cases per year. Rates of acute HBV and acute HCV have been decreasing due to BC's HBV vaccination program, expansion of harm reduction programs, and changes in drug use patterns.
- HBV and HCV case reporting is completed by health care providers for follow-up and surveillance of individuals identified with acute HBV and acute HCV in accordance with the follow-up practices of each Health Authority.

#### **SURVEILLANCE OF ACUTE HBV AND ACUTE HCV**

- From 2000 to mid-2012, BC was a participant in a national enhanced hepatitis strain surveillance system (EHSSS) led by the Public Health Agency of Canada to improve understanding of the epidemiology of acute HBV and acute HCV.
- Since the EHSSS was discontinued in 2012, BC Health Authorities were requested to continue submitting the EHSSS forms to mitigate gaps in provincial surveillance of acute HBV and acute HCV while new provincial CRFs were developed and the new public health reporting system for surveillance (i.e. Panorama) was rolled out.
- In February 2014, the Sexually Transmitted Infection Blood Borne Infections (STBBI) Task Group established a working group to develop core data elements for surveillance of acute HBV and acute HCV and create streamlined new provincial CRFs.

- The CRFs were recommended for adoption as provincial CRFs by the STIBBI Task Group and thereafter approved by the Communicable Diseases (CD) Policy Committee on October 20, 2015. The EHSSS were officially retired from use in BC on November 30, 2015.

#### **OBJECTIVES OF ACUTE HBV AND ACUTE HCV CASE REPORT FORMS ARE:**

- to support case management of acute HBV and acute HCV infections by providing a standardized tool for conducting follow-up, triggering referrals to relevant services and providing education.
- to facilitate linkage to care and services that can prevent ongoing transmission and acquisition of other infections.
- to identify potential point sources for HBV/HCV infections for public health interventions.
- to complement laboratory data, through collection of risk factors and other case characteristics which permits monitoring of trends among different exposure categories, such as injection drug use and potential sexual transmission of HCV.

#### **HEPATITIS B and C: ACUTE CASE REPORTING**

- Electronic versions of the CRFs were made available on the BCCDC website on January 1, 2016. Full configuration of the forms into Panorama was completed on January 22, 2015. Health Authorities using Panorama should enter all data from the CRFs directly into the Panorama system. Guidance for entering data into Panorama is provided on the forms.
- Health Authorities and/or public health providers who do not have access to Panorama can access the CRFs on the BCCDC website (<http://www.bccdc.ca/health-professionals/professional-resources/surveillance-forms>).
- The shaded areas of the CRFs represent core surveillance variables. Please ensure these sections are completed and entered into Panorama if applicable.
- All the data from the CRFs will be made available to the Health Authorities in an analytic format through the CD Mart. This will allow the Health Authorities to evaluate trends in risk factors and populations at risk in real time and can inform programs and strategies aimed at reducing risk/harm and secondary transmission.

If you have questions regarding these practice changes, please contact Cheryl Prescott, Senior Practice Leader, Clinical Prevention Services (CPS) at 604-707-5651, [Cheryl.Prescott@bccdc.ca](mailto:Cheryl.Prescott@bccdc.ca) or Stephanie Gin, Nurse Educator CPS, 604-707-5628, [Stephanie.Gin@bccdc.ca](mailto:Stephanie.Gin@bccdc.ca).

For questions about the forms or surveillance, please contact Maria Alvarez, Epidemiologist, 604-707-2436, [maria.alvarez@bccdc.ca](mailto:maria.alvarez@bccdc.ca) or Margot Kuo, Epidemiologist, 604-707-5653, [margot.kuo@bccdc.ca](mailto:margot.kuo@bccdc.ca).

Please note, a continued nursing education session (CNE): *Introduction to Case Report Forms for Acute Hepatitis B and Acute Hepatitis C*, will be held through the [Provincial Health Services Authority \(PHSA\) Mediasite](#) platform on March 23, 2016 at 12:45pm. To book the teleconference room email [Telehealth@phsa.ca](mailto:Telehealth@phsa.ca) .

Sincerely,



Mel Krajden

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BC Centre for Disease Control

pc: BC Ministry of Health:  
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