Table 5-1. Classification of hepatitis C cases diagnosed concurrently with hepatitis A

Scenario Confirmed hepatitis A* AND…	**Classification**	**Rationale**
Hepatitis C virus (HCV) test conversion* documented	Confirmed acute hepatitis C	Documented HCV test conversion.† Clinical criteria not required to be met for acute hepatitis C case classification. However, because the patient has confirmed hepatitis A, clinical criteria are present.*
• Negative anti-HCV • Positive HCV detection test • HCV test conversion† not documented	Confirmed acute hepatitis C	For the first 8 weeks following exposure to HCV, anti-HCV tests might not detect HCV antibodies.‡,§ HCV RNA is likely detectable ~1–2 weeks after HCV exposure.‡ If HCV RNA is detectable and anti-HCV is not detectable in the same specimen, this could indicate early acute HCV infection.‡ This scenario might be more common in settings where HCV testing is regularly performed (e.g., syringe services providers and blood donation centers).
• Positive anti-HCV (by history or documented) • Positive HCV detection test • HCV test conversion* not documented • Documentation of recent initiation of injection drug use within 12 months of first report to public health	Confirmed acute hepatitis C	The risk of HCV infection associated with injection drug use is strong following onset of injection. However, in the absence of information about recent initiation of injection drug use, this case would be classified as confirmed chronic hepatitis C. See below scenario.
• Positive anti-HCV (by history or documented) • Positive HCV detection test • HCV test conversion† not documented	Confirmed chronic hepatitis C	The 2020 acute hepatitis C case definition, under clinical criteria, states that a more likely diagnosis, such as another viral hepatitis infection (e.g., hepatitis A), should be considered as a possible explanation for the presence of clinical criteria before considering that the clinical criteria for acute hepatitis C is met.
• Positive anti-HCV • No HCV detection test reported • HCV test conversion† not documented	Probable chronic hepatitis C	The 2020 acute hepatitis C case definition, under clinical criteria, states that a more likely diagnosis, such as another viral hepatitis infection (e.g., hepatitis A), should be considered as a possible explanation for the presence of clinical criteria before considering that the clinical criteria for acute hepatitis C is met.

*A case of confirmed hepatitis A, in this context, has evidence of

1) acute hepatitis symptoms (i.e., the abrupt onset of symptoms consistent with acute viral hepatitis [e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, abdominal pain, or dark urine]), **AND**
2) acute hepatitis signs or laboratory abnormalities (defined as a report of jaundice or peak elevated total bilirubin levels ≥3.0 mg/dL or peak ALT levels >200 IU/L), **AND**
3) anti-HAV IgM positive and/or HAV RNA positive.

†**Anti-HCV test conversion:** 1) documented negative HCV antibody (anti-HCV) test followed by a positive HCV antibody test within 12 months or 2) documented negative HCV detection test followed by a positive anti-HCV test within 12 months.

HCV detection test conversion: 1) documented negative anti-HCV test followed by a positive HCV detection test within 12 months or 2) documented negative HCV detection test in someone without a prior diagnosis of hepatitis C followed by a positive HCV detection test within 12 months.

‡Source of information: https://www.aphl.org/aboutAPHL/publications/Documents/ID-2019Jan-HCV-Test-Result-Interpretation-Guide.pdf

§In people who are immunocompromised, development of HCV antibodies might not occur or be delayed. In people who have risks for HCV infection, HCV detection testing, regardless of HCV antibody status, should always be performed to determine presence or absence of infection.