Acute Hepatitis Testing Guidelines

Washington State Clinical Laboratory Advisory Council

FOR EDUCATIONAL PURPOSES ONLY
The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

Diagnostic Testing for Hepatitis should be initiated based on a clinical assessment of probability of acute infection including the following criteria:

**Symptoms of Hepatitis:** Anorexia, nausea, fatigue, malaise, arthralgias, headache, pharyngitis (prodrome), dark urine, clay colored stools

**Signs of Hepatitis:** Jaundice, low grade fever, large tender liver

**Risk factors:** Known exposure, IV drug abuse, occupational exposure, unsafe sexual behavior, travel history, history of transfusion

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### ALT (SGPT)

**Normal**

50-2000 IU

(For ALT >2000 IU consider Drug History - Acetaminophen level if appropriate)

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**Cholestatic Pattern**

(↑GGT, ↑Bili with >50% Direct) (↑Alk Phos w/ minimally ↑Bili suggests mass lesion, i.e., metastasis, granulomata, primary biliary cirrhosis (PBC), etc.)

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**Parenchymal Pattern**

↑ALT, ↑Bili w/<50% Direct

Perform Acute Hepatitis Panel

(anti-HAV, IgM; HBsAg; anti-HBc, IgM; anti-HCV)

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**Effect of Ethanol**

↑GGT much greater than Alkaline Phosphatase

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Perform Liver Panel

(ALT, GGT, Total & Direct Bilirubin, Alkaline Phosphatase)

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Treatment

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Hepatic imaging studies and other tests

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See Reverse Side

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References:


Reviewers:

1. Gretchen D, MD, PhD. Director of Hepatitis Division, University of Washington Viral Hepatitis Laboratory. Personal Communication. 1999.
**Acute Hepatitis Panel:**

Anti-HAV, IgM; HBsAg; Anti-HBc, IgM; Anti-HCV

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**Hepatitis A**

- Anti-HAV, IgM
- Positive
  - Supportive Therapy
  - STOP
- Negative

**Hepatitis B**

- HBsAg: Neg
  - Anti-HBc, IgM: Neg
    - ALT probably not due to HBV
  
- HBsAg: Pos
  - Anti-HBc, IgM: Pos
    - Acute Hep B (Reactivation of chronic Hep B)
  
  - Anti-HBc, IgM: Neg
    - Go to differential diagnosis

**Hepatitis C**

- See Management of Hepatitis C Guideline

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**Hepatitis B Serologic Profile**

(Serologic profile in 75-85% of patients)

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