

Acute Hepatitis Testing Guidelines

Washington State Clinical Laboratory Advisory Council

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FOR EDUCATIONAL PURPOSES ONLY

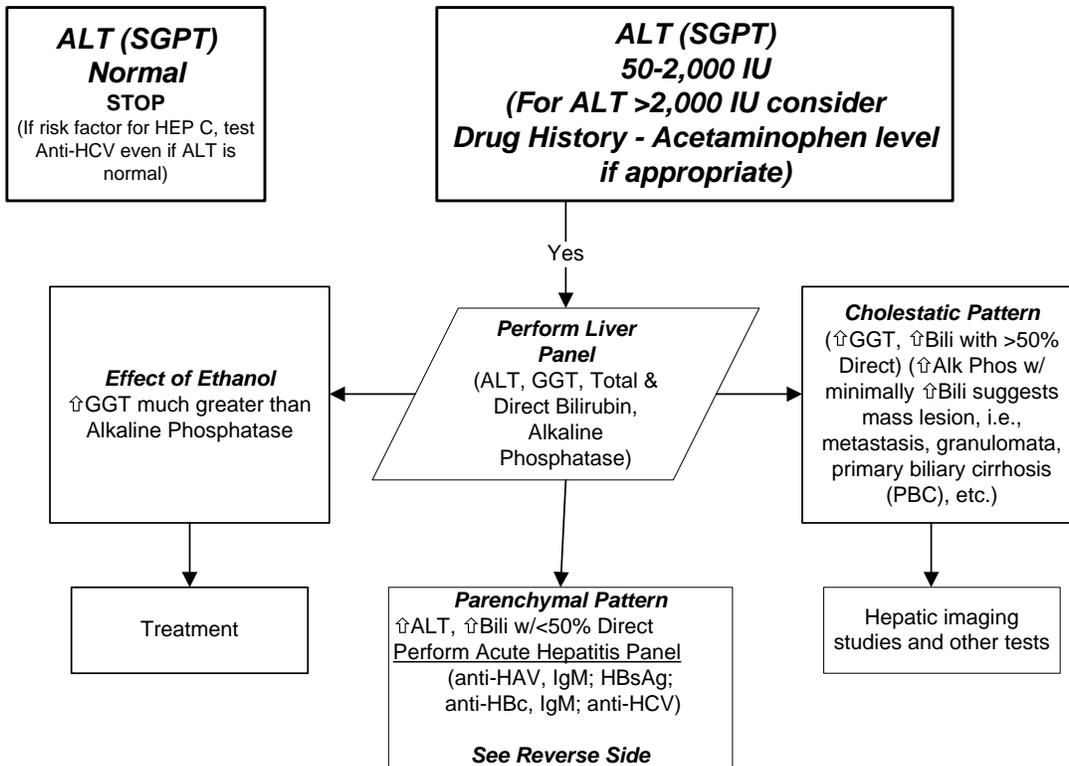
The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

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



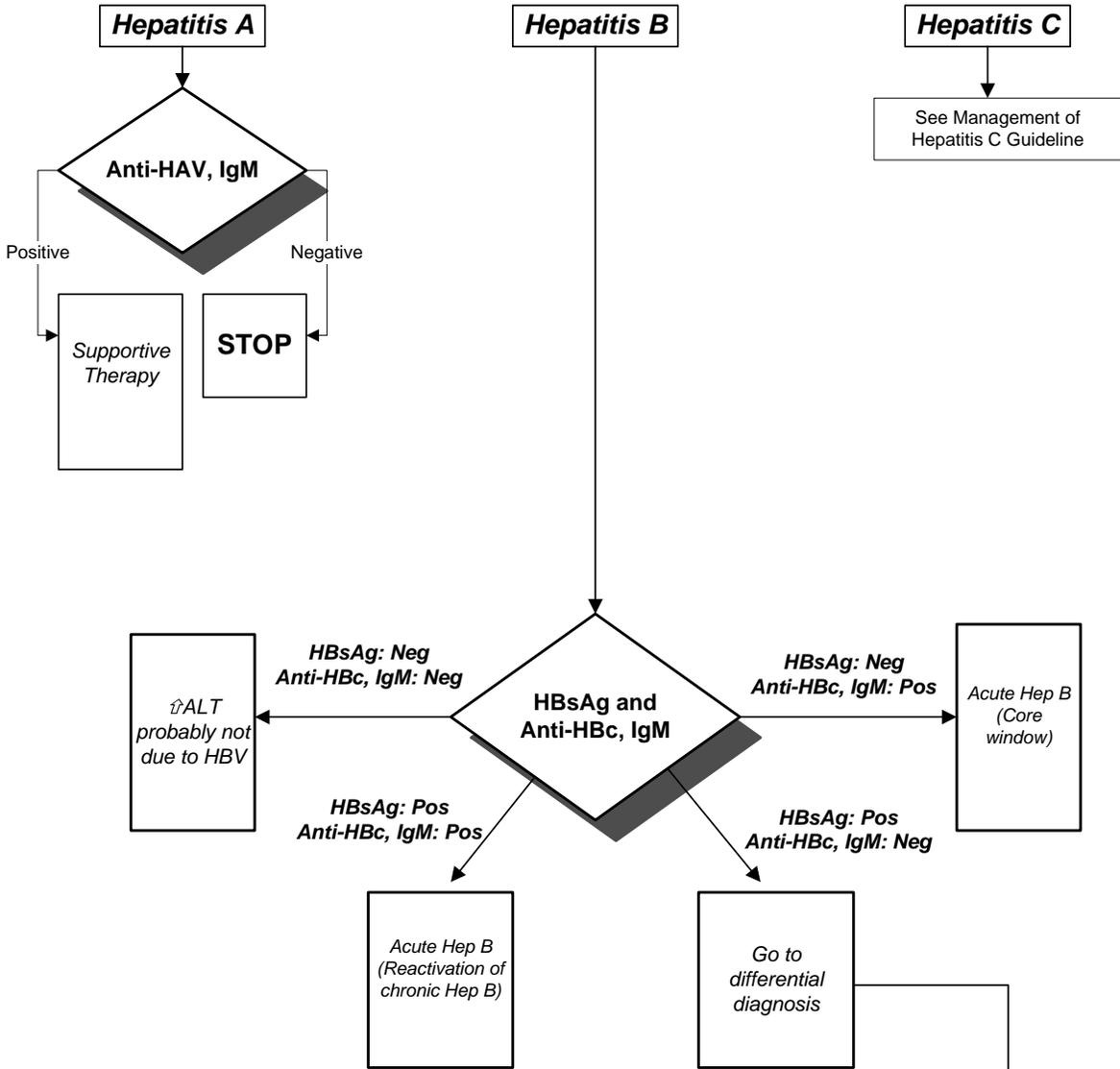
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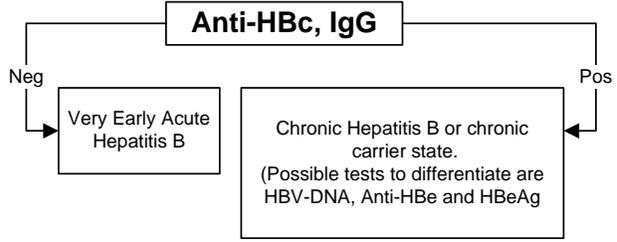
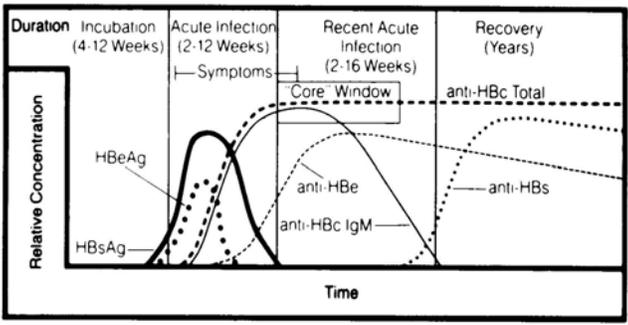
Reviewers:

1. Gretch D, MD, PhD. Director of Hepatitis Division, University of Washington Viral Hepatitis Laboratory. Personal Communication. 1999.
2. Spitters, Christopher, MD, MPH, Medical Director, Infectious Diseases and Reproductive Health, Washington State Department of Health, Personal Communication, June, 1999.

Acute Hepatitis Panel:
Anti-HAV, IgM; HBsAg; Anti-HBc, IgM; Anti-HCV



Hepatitis B Serologic Profile



(Serologic profile in 75-85% of patients
PUB #681-NonDOH (January 2013))