



April 2025

DOH 150-316

Hepatitis B Investigations Quick Guide

For new Hepatitis B (HBV) cases¹

This guide is intended for Local Health Jurisdiction staff who are responsible for hepatitis B investigations within their jurisdiction. DOH recognizes that infectious disease capacity varies between counties and LHJs don't always have the resources to conduct full investigations. With that in mind, these are the expected actions for LHJ investigators working on hepatitis B cases in WDRS.

1. Determine if the case is pregnant

Potentially pregnant HBV cases can be found in the “HBV events where pregnancy is indicated” and “HBV women of CBA to assess pregnancy” workflows in WDRS. All pregnant persons with labs that indicate current hepatitis B infection (see **bold** test types in the table below) should be enrolled in the Perinatal Hepatitis B Prevention Program (PHBPP). These cases should be managed until their infant completes the HBV vaccination series and post-vaccine serological testing. Refer to the [PBHPP guide](#) for details. Pregnant persons should be enrolled in the PBHPP for **each pregnancy**, regardless of whether they are a new reportable acute or chronic HBV case.

2. Determine if the case is acute or chronic – prioritize acute cases

Acute HBV cases represent active disease transmission and should be prioritized for investigation and public health interventions. Suspect acute infection in cases with positive results for Hepatitis B core antibody IgM (IgM anti-HBc)², alanine aminotransferase (ALT) > 200 IU/L, or total bilirubin ≥ 3.0 mg/dL. These cases can be found in the “Potential acute HBV cases [LHJ]” workflow.

If the case is not pregnant and has **previously** been reported as a chronic HBV case in WA, no further public health action is required. If you have capacity and resources to do so, conduct public health actions (step 4). Otherwise, make sure the case has a chronic “Disease Status” in WDRS and proceed to step 5.

3. Collect essential data

For both acute and chronic cases, collect and enter **case-defining lab results** (see table below) in WDRS. Access the

¹ This guide assumes the case has been created via Electronic Laboratory Report (ELR) in WDRS, which the vast majority are. For cases/labs received via fax or postal mail, follow the same processes after creating the event in WDRS. For both ELR and paper labs, always check that cases are new and not duplicates by first searching WDRS for the case's name. New labs should be added to existing cases, rather than creating new events. If the case is a duplicate and at least two business days old, please submit a task to the “HBV - Statewide Hepatitis B/D Edit” group for deduplication.

² IgM anti-HBc is a specific indicator of acute HBV infection and is generally detectable at the time symptoms appear and declines to undetectable levels within 6-9 months; it should not be confused with Hepatitis B core antibody total (anti-HBc total or anti-HBc).

records through EMR or request them from the healthcare provider.

Acute cases should be investigated as fully as possible – try to interview the case and collect complete demographics, clinical features, and possible exposures. Determine whether exposure may indicate further public health follow up to prevent additional cases. Identify potentially exposed contacts, including household members, sexual contacts, and others potentially exposed to blood or sexual fluids.

For **new chronic cases**, prioritize labs and demographic information; collect other data as resources allow.

4. Conduct public health actions

For both acute and newly diagnosed chronic HBV cases, public health actions can reduce disease transmission and morbidity and mortality associated with hepatitis B. **For as many cases as possible, provide education** on HBV, resources for HBV care, and contact information for hepatitis support agencies. As resources allow, counsel cases on: monitoring their HBV viral load and liver health; measures to avoid transmission (e.g., safer sex, not sharing needles/razors/nail clippers etc.); avoidance of liver toxins; harm reduction if currently using injection drugs; not donating blood, organs, or tissues; testing for other bloodborne pathogens (e.g., HCV and/or HIV). Recommend hepatitis A vaccination if susceptible; recommend hepatitis B vaccination for household and sexual contacts.

5. Close case in WDRS

When your investigation is complete, make sure the following fields are entered in WDRS to close the case: Accountable county, LHJ notification date, Investigator, Investigation status, and Record complete date (these fields are highlighted in orange and marked with an asterisk in the Administrative question package). Cases missing one or more of these fields will be found in the open cases workflows: “Open acute HBV events” or “Open chronic HBV events.”

Case-Defining HBV Labs

Hepatitis B surface antigen (HBsAg)

HBV DNA (qualitative or quantitative)

Hepatitis B e antigen (HBeAg)

HBV genotype

Hepatitis B IgM core antibody (anti-HBc IgM)

Hepatitis B core antibody, total

Hepatitis B surface antibody

Bilirubin

Alanine aminotransferase (ALT)

See also:

- Hepatitis WDRS user guide:
<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150-120-WDRSHepatitisManual.pdf>
- Hepatitis B (acute and chronic) case definition, CDC/CSTE:
<https://ndc.services.cdc.gov/case-definitions/hepatitis-b-acute-and-chronic-2024/>
- Hepatitis B (perinatal infection) case definition, CDC/CSTE:
<https://ndc.services.cdc.gov/conditions/hepatitis-b-perinatal-virus-infection/>
- Understanding Hepatitis B Test Results, Hepatitis B Foundation:
<https://www.hepb.org/prevention-and-diagnosis/diagnosis/understanding-your-test-results/>



DOH 150-316 April 2025

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Program contact info
hepatitis@doh.wa.gov

<https://doh.wa.gov/public-health-provider-resources/notifiable-conditions/hepatitis-b>