VIRAL HEPATITIS CASE REPORT

The following questions should be asked for every case of viral hepatitis

Form Approved OMB No. 0920-0728 Exp. Date 01/31/2014

Prefix: (Mr. Mrs. Miss Ms. etc) _____ Last: _____ First: _____ Middle: _____

Preferred Name (nickname): _____ Maiden: _____

Address: Street: _____

City: _____ Phone: (_ _ _) _ _ _ – _ _ _ _ Zip Code: _ _ _ _ _ – _ _ _ _

SSN # (optional) _ _ _ – _ _ _ – _ _ _ _

Only data from lower portion of form will be transmitted to CDC

State: _____ County: _____ Date of Public Health Report M M / D D / Y Y Y Y

Case ID: _____

Legacy Case ID: _____

DEMOGRAPHIC INFORMATION

RACE: (check all that apply)

❑ Amer Indian or Alaska Native ❑ Black or African American ❑ White

❑ Asian ❑ Native Hawaiian or Pacific Islander ❑ Other Race, specify _____

ETHNICITY:

Hispanic ❑

Non-hispanic ❑

Other/Unknown ❑

SEX: Male ❑ Female ❑ Unk ❑

PLACE OF BIRTH: ❑ USA ❑ Other: _____

DATE OF BIRTH: M M / D D / Y Y Y Y

AGE: _ _ _ (years) (00 = <1yr , 999 = Unk)

CLINICAL & DIAGNOSTIC DATA

REASON FOR TESTING: (check all that apply)

❑ Year of birth (1945-1965)

❑ Screening of asymptomatic patient with reported risk factors

❑ Screening of asymptomatic patient with no risk factors (e.g., patient requested)

❑ Follow-up testing for previous marker of viral hepatitis

❑ Symptoms of acute hepatitis

❑ Blood/organ donor screening

❑ Evaluation of elevated liver enzymes

❑ Other: specify: _____

❑ Prenatal screening

❑ Unknown

CLINICAL DATA:

	Yes	No	Unk
Diagnosis date: M M / D D / Y Y Y Y			
Is patient symptomatic?	❑	❑	❑
if yes, onset date: M M / D D / Y Y Y Y			
At diagnosis, was the patient			
• Jaundiced?	❑	❑	❑
• Hospitalized for hepatitis?	❑	❑	❑
Was the patient pregnant?	❑	❑	❑
Due date: M M / D D / Y Y Y Y			
Did the patient die from hepatitis?	❑	❑	❑
• Date of death: M M / D D / Y Y Y Y			
Was the patient aware they had viral hepatitis prior to lab testing?	❑	❑	❑
Does the patient have a provider of care for hepatitis?	❑	❑	❑
Does the patient have diabetes?	❑	❑	❑
Diabetes diagnosis date: M M / D D / Y Y Y Y			

DIAGNOSTIC TESTS: (CHECK ALL THAT APPLY)

	Pos	Neg	Unk
• Total antibody to hepatitis A virus [total anti-HAV]	❑	❑	❑
• IgM antibody to hepatitis A virus [IgM anti-HAV]	❑	❑	❑
• Hepatitis B surface antigen [HBsAg]	❑	❑	❑
• Total antibody to hepatitis B core antigen [total anti-HBc]	❑	❑	❑
• Hepatitis B "e" antigen [HBeAg]	❑	❑	❑
• IgM antibody to hepatitis B core antigen [IgM anti-HBc]	❑	❑	❑
• Nucleic Acid Testing for hepatitis B [Hep B NAT]	❑	❑	❑
• Antibody to hepatitis C virus [anti-HCV]	❑	❑	❑
– anti-HCV signal to cut-off ratio _____			
• Supplemental anti-HCV assay [e.g., RIBA]	❑	❑	❑
• Antibody to hepatitis D virus [anti-HDV]	❑	❑	❑
• Antibody to hepatitis E virus [IgM anti-HEV]	❑	❑	❑

LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS

• ALT [SGPT] Result _____ Upper limit normal _____

• Date of ALT result M M / D D / Y Y Y Y

• AST [SGOT] Result _____ Upper limit normal _____

• Date of AST result M M / D D / Y Y Y Y

	Yes	No	Unk
If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case?	❑	❑	❑

DIAGNOSIS: (check all that apply)

❑ Acute hepatitis A ❑ Acute hepatitis C ❑ Chronic HBV infection ❑ Perinatal HBV infection

❑ Acute hepatitis B ❑ Acute hepatitis E ❑ HCV infection (Past or Present)

Patient History — Acute Hepatitis A

Case ID: _____

During the **2-6 weeks** prior to onset of symptoms-	Yes	No	Unk
Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?	❑	❑	❑
If yes, was the contact (check one)			
• household member (non-sexual)	❑	❑	❑
• sex partner	❑	❑	❑
• child cared for by this patient	❑	❑	❑
• babysitter of this patient	❑	❑	❑
• playmate	❑	❑	❑
• other _____			
Was the patient			
• a child or employee in a day care center, nursery, or preschool?	❑	❑	❑
• a household contact of a child or employee in a day care center, nursery or preschool?	❑	❑	❑
If yes for either of these, was there an identified hepatitis A case in the child care facility?	❑	❑	❑

What is the sexual preference of the patient?

❑ Heterosexual ❑ Homosexual ❑ Bisexual ❑ Unknown

Please ask both of the following questions regardless of the patient's gender.

In the **2–6 weeks** before symptom onset how many	0	1	2–5	>5	Unk
male sex partners did the patient have?	❑	❑	❑	❑	❑
female sex partners did the patient have?	❑	❑	❑	❑	❑

In the **2–6 weeks** before symptom onset	Yes	No	Unk
Did the patient inject drugs not prescribed by a doctor?	❑	❑	❑
Did the patient use street drugs but not inject?	❑	❑	❑
Did the patient **travel or live** outside of the U.S.A. or Canada?	❑	❑	❑

If yes, where? 1) _____ 2) _____

(Country) 3) _____

What was the principle reason for travel? ❑ Business ❑ New Immigrant ❑ Other

❑ Tourism ❑ Visiting relatives/friends ❑ Adoption ❑ Unknown

In the **3 months** prior to symptom onset did anyone in the patient's household travel outside of the U.S.A. or Canada?	❑	❑	❑

If yes, where? 1) _____ 2) _____

(Country) 3) _____

Is the patient suspected as being part of a common-source outbreak?	❑	❑	❑
If yes, was the outbreak			
Foodborne — associated with an infected food handler	❑	❑	❑
Foodborne — **NOT** associated with an infected food handler	❑	❑	❑
Specify food item _____			
Waterborne	❑	❑	❑
Source not identified	❑	❑	❑
Was the patient employed as a food handler during the **TWO WEEKS** prior to onset of symptoms or while ill?	❑	❑	❑

VACCINATION HISTORY

	Yes	No	Unk	
• Has the patient ever received the hepatitis A vaccine?	❑	❑	❑	
	1	**>2**		
If yes, how many doses?	❑	❑		• In what year was the last dose received? Y Y Y Y (year)
	Yes	**No**	**Unk**	
• Has the patient ever received immune globulin?	❑	❑	❑	• If yes, when was the last dose received? M M / Y Y Y Y (mo/year)

Patient History — Acute Hepatitis B

Case ID: _____

During the **6 weeks – 6 months** prior to onset of symptoms was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection?	Yes	No	Unk
	❑	❑	❑
If yes, type of contact			
Sexual	❑	❑	❑
Household (non-sexual)	❑	❑	❑
Other: _____			

During the **6 weeks – 6 months** prior to onset of symptoms **Did the patient:**	Yes	No	Unk
• undergo hemodialysis?	❑	❑	❑
• have an accidental stick or puncture with a needle or other object contaminated with blood?	❑	❑	❑
• receive blood or blood products [transfusion]	❑	❑	❑
If yes, when? M M / D D / Y Y Y Y			
• receive any IV infusions and/or injections in the outpatient setting	❑	❑	❑
• have other exposure to someone else's blood	❑	❑	❑
specify: _____			
During the **6 weeks – 6 months** prior to onset of symptoms			
• Was the patient employed in a medical or dental field involving direct contact with human blood?	❑	❑	❑
If yes, frequency of direct blood contact?			
❑ Frequent (several times weekly) ❑ Infrequent			
• Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood?	❑	❑	❑
If yes, frequency of direct blood contact?			
❑ Frequent (several times weekly) ❑ Infrequent			
• Did the patient receive a tattoo?	❑	❑	❑
Where was the tattooing performed? (select all that apply)			
❑ commercial parlor/shop			
❑ correctional facility ❑ other _____			

	Yes	No	Unk
Did the patient ever receive hepatitis B vaccine?	❑	❑	❑
	1	**2**	**3+**
If yes, how many shots?	❑	❑	❑
• In what year was the last shot received? __ __ __ __			
Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after the last dose	**Yes**	**No**	**Unk**
	❑	❑	❑
• If yes, was the serum anti-HBs ≥ 10mIU/ml?	❑	❑	❑
(answer 'yes' if the laboratory result was reported as 'positive' or 'reactive')			

What is the sexual preference of the patient?

❑ Heterosexual ❑ Homosexual

❑ Bisexual ❑ Unknown

Ask both of the following questions regardless of the patient's gender.

In the **6 months** before symptom onset, how many	0	1	2–5	>5	Unk
• male sex partners did the patient have?	❑	❑	❑	❑	❑
• female sex partners did the patient have?	❑	❑	❑	❑	❑

Was the patient **EVER** treated for a sexually-transmitted disease?	Yes	No	Unk
	❑	❑	❑
• If yes, in what year was the most recent treatment? Y Y Y Y			

During the **6 weeks – 6 months** prior to onset of symptoms	Yes	No	Unk
• inject drugs not prescribed by a doctor?	❑	❑	❑
• use street drugs but not inject?	❑	❑	❑
• Did the patient have any part of their body pierced (other than ear)?	❑	❑	❑
Where was the piercing performed? (select all that apply)			
❑ commercial parlor/shop			
❑ correctional facility ❑ other _____			
• Did the patient have dental work or oral surgery?	❑	❑	❑
• Did the patient have surgery ? (other than oral surgery)	❑	❑	❑
Was the patient: (check all that apply)			
• hospitalized?	❑	❑	❑
• a resident of a long term care facility?	❑	❑	❑
• incarcerated for longer than 24 hours	❑	❑	❑
if yes, what type of facility (check all that apply)			
prison	❑	❑	❑
jail	❑	❑	❑
juvenile facility	❑	❑	❑

	Yes	No	Unk
During his/her lifetime, was the patient **EVER** incarcerated for longer than 6 months?	❑	❑	❑
• If yes,			
what year was the most recent incarceration? Y Y Y Y			
for how long? M M M (mos)			
Did patient have a negative HBsAg test within 6 months prior to positive test?	❑	❑	❑
Verified test date: M M / D D / Y Y Y Y			
Was the patient tested for hepatitis D?	❑	❑	❑
Did patient have a co-infection with hepatitis D?	❑	❑	❑

Perinatal Hepatitis B Virus Infection

Case ID: _____

RACE OF MOTHER:

❑ Amer Ind or Alaska Native ❑ Black or African American ❑ White ❑ Unknown

❑ Asian ❑ Native Hawaiian or Pacific Islander

❑ Other Race, specify: _____

ETHNICITY OF MOTHER:

Hispanic..... ❑

Non-hispanic ..... ❑

Other/Unknown..... ❑

	Yes	No	Unk
Was **Mother** born outside of United States?.....	❑	❑	❑
Was the **Mother** confirmed HBsAg positive prior to or at time of delivery?..	❑	❑	❑
• If no, was the mother confirmed HBsAg positive after delivery?	❑	❑	❑
Date of earliest HBsAg positive test result.....	M M / D D / Y Y Y Y		

If yes, what country? _____

	0	1	2	3+
How many doses of hepatitis B vaccine did the child receive ?	❑	❑	❑	❑

• When?

• Dose 1 M M / D D / Y Y Y Y

• Dose 2 M M / D D / Y Y Y Y

• Dose 3 M M / D D / Y Y Y Y

	Yes	No	Unk
Did the child receive hepatitis B immune globulin (HBIG)?.....	❑	❑	❑
• If yes, on what date did the child receive HBIG?	M M / D D / Y Y Y Y		

Patient History — Acute Hepatitis C

Case ID: _____

	Yes	No	Unk
During the **2 weeks – 6 months** prior to onset of symptoms was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis C virus infection?	❑	❑	❑
If yes, type of contact			
Sexual	❑	❑	❑
Household (non-sexual)	❑	❑	❑
Other: _____	❑	❑	❑

	Yes	No	Unk
During the **2 weeks – 6 months** prior to onset of symptoms **Did the patient:**			
• undergo hemodialysis?	❑	❑	❑
• have an accidental stick or puncture with a needle or other object contaminated with blood?	❑	❑	❑
• receive blood or blood products [transfusion]	❑	❑	❑
If yes, when?			
• receive any IV infusions and/or injections in the outpatient setting	❑	❑	❑
• have other exposure to someone else's blood	❑	❑	❑
specify: _____			
During the **2 weeks – 6 months** prior to onset of symptoms			
• Was the patient employed in a medical or dental field involving direct contact with human blood ?	❑	❑	❑
If yes, frequency of direct blood contact?			
❑ Frequent (several times weekly) ❑ Infrequent			
• Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood?	❑	❑	❑
If yes, frequency of direct blood contact?			
❑ Frequent (several times weekly) ❑ Infrequent			
• Did the patient receive a tattoo?	❑	❑	❑
Where was the tattooing performed? (select all that apply)			
❑ commercial parlor/shop			
❑ correctional facility ❑ other _____			

What is the sexual preference of the patient?

❑ Heterosexual ❑ Homosexual

❑ Bisexual ❑ Unknown

Ask both of the following questions regardless of the patient's gender.

In the **6 months** before symptom onset, how many	0	1	2–5	>5	Unk
• male sex partners did the patient have?	❑	❑	❑	❑	❑
• female sex partners did the patient have?	❑	❑	❑	❑	❑

	Yes	No	Unk
Was the patient EVER treated for a sexually-transmitted disease?	❑	❑	❑
• If yes, in what year was the most recent treatment? Y Y Y Y			
During the **2 weeks – 6 months** prior to onset of symptoms			
• inject drugs not prescribed by a doctor?	❑	❑	❑
• use street drugs but not inject?	❑	❑	❑
Did the patient have a negative HCV antibody test within 6 months to a positive test?	❑	❑	❑
Vertified test date M M / D D / Y Y Y Y			
During the **2 weeks – 6 months** prior to onset of symptoms			
• Did the patient have any part of their body pierced (other than ear)?	❑	❑	❑
Where was the piercing performed? (select all that apply)			
☐ commercial parlor/shop			
☐ correctional facility			
☐ other _____			
• Did the patient have dental work or oral surgery?	❑	❑	❑
• Did the patient have surgery ? (other than oral surgery)	❑	❑	❑
Was the patient – (check all that apply)			
• hospitalized?	❑	❑	❑
• a resident of a long term care facility?	❑	❑	❑
• incarcerated for longer than 24 hours	❑	❑	❑
If yes, what type of facility (check all that apply)			
prison	❑	❑	❑
jail	❑	❑	❑
juvenile facility	❑	❑	❑

	Yes	No	Unk
During his/her lifetime, was the patient **EVER** incarcerated for longer than 6 months?	❑	❑	❑
• If yes, what year was the most recent incarceration? Y Y Y Y			
for how long? M M M (mos)			
Has the patient recieved medication for the type of hepatitis being reported?	❑	❑	❑

Patient History — Chronic Hepatitis B Infection

Case ID: _____

The following questions are provided as a guide for the investigation of lifetime risk factors for HBV infection. Routine collection of risk factor information for persons who test HBV positive is not required. However, collection of risk factor information for such persons may provide useful information for the development and evaluation of programs to identify and counsel HBV-infected persons.

	Yes	No	Unk
Did the patient receive clotting factor concentrates produced prior to 1987?	❑	❑	❑
Was the patient ever on long-term hemodialysis?	❑	❑	❑
Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times?	❑	❑	❑
How many sex partners has the patient had (approximate lifetime)? _____			
Was the patient ever incarcerated?	❑	❑	❑
Was the patient ever treated for a sexually transmitted disease?	❑	❑	❑
Was the patient ever a contact of a person who had hepatitis?	❑	❑	❑
If yes, type of contact			
• Sexual	❑	❑	❑
• Household [Non-sexual]	❑	❑	❑
• Other	❑	❑	❑

	Yes	No	Unk
Was the patient ever employed in a medical or dental field involving direct contact with human blood?	❑	❑	❑
What is the birth country of the mother ? _____			
Has the patient recieved medication for the type of hepatitis being reported?	❑	❑	❑

Patient History — Hepatitis C Infection (past or present)

Case ID: _____

The following questions are provided as a guide for the investigation of lifetime risk factors for HCV infection. Routine collection of risk factor information for persons who test HCV positive is not required. However, collection of risk factor information for such persons may provide useful information for the development and evaluation of programs to identify and counsel HCV-infected persons.

	Yes	No	Unk
Did the patient receive a blood transfusion prior to 1992?	❑	❑	❑
Did the patient receive an organ transplant prior to 1992?	❑	❑	❑
Did the patient receive clotting factor concentrates produced prior to 1987?	❑	❑	❑
Was the patient ever on long-term hemodialysis?	❑	❑	❑
Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times?	❑	❑	❑
How many sex partners has the patient had (approximate lifetime)? _____			
Was the patient ever incarcerated?	❑	❑	❑
Was the patient ever treated for a sexually transmitted disease?	❑	❑	❑
Was the patient ever a contact of a person who had hepatitis?	❑	❑	❑
If yes, type of contact			
• Sexual	❑	❑	❑
• Household [Non-sexual]	❑	❑	❑
• Other	❑	❑	❑

	Yes	No	Unk
Was the patient ever employed in a medical or dental field involving direct contact with human blood?	❑	❑	❑
Has the patient recieved medication for the type of hepatitis being reported?	❑	❑	❑