Contact CDEpi Program with questions at 406-444-0273. Fax completed forms to 800-616-7460.

VIRAL HEPATITIS CASE REPORT

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

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__ __ / __ __ / __ __ __ __

Was this record submitted to CDC through the NETSS system? Yes ☐ No ☐

If yes, please enter **NETSS ID NO.** ☐☐☐☐☐☐☐☐☐☐ If no, please enter **STATE CASE NO.** _____

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 , 99= Unk)**

CLINICAL & DIAGNOSTIC DATA

REASON FOR TESTING: (Check all that apply)
☐ Symptoms of acute hepatitis ☐ Evaluation of elevated liver enzymes
☐ Screening of asymptomatic patient with reported risk factors ☐ Blood / organ donor screening
☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested) ☐ Follow-up testing for previous marker of viral hepatitis
☐ Prenatal screening ☐ Unknown ☐ Other: specify: _____

CLINICAL DATA:

Diagnosis date: M M / D D / Y Y Y Y

	Yes	No	Unk
Is patient symptomatic?	☐	☐	☐
if yes, onset date: M M / D D / Y Y Y Y			
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			

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]	☐	☐	☐
• IgM antibody to hepatitis B core antigen [IgM anti-HBc]	☐	☐	☐
• Antibody to hepatitis C virus [anti-HCV]	☐	☐	☐
– anti-HCV signal to cut-off ratio _____			
• Supplemental anti-HCV assay [e.g., RIBA]	☐	☐	☐
• HCV RNA [e.g., PCR]	☐	☐	☐
• Antibody to hepatitis D virus [anti-HDV]	☐	☐	☐
• Antibody to hepatitis E virus [anti-HEV]	☐	☐	☐

LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS

- ALT [SGPT] Result _____ Upper limit normal_____
- AST [SGOT] Result _____ Upper limit normal_____
- Date of ALT result M M / D D / Y Y Y Y
- 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 B ☐ Chronic HBV infection ☐ Perinatal HBV infection ☐ Hepatitis Delta (co- or super-infection)
☐ Acute hepatitis C ☐ HCV infection (chronic or resolved)
☐ Acute hepatitis E ☐ Acute non-ABCD hepatitis

Patient History- Acute Hepatitis A **NETSS ID NO.** ☐☐☐☐☐☐☐☐☐☐

STATE CASE NO. _____

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?	☐	☐	☐

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** outside of the U.S.A. or Canada	☐	☐	☐
• If yes, where? 1) _____ 2) _____ (Country) 3) _____			
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 ?	☐	☐	☐
• If yes, how many doses?	1 ☐	≥2 ☐	
• In what year was the last dose received?	YYYY		
Has the patient ever received immune globulin ?	☐	☐	☐
• If yes, when was the last dose received? _____ / _____ (mo / yr)			

STATE CASE NO. _____

Patient History- Acute Hepatitis B

NETSS ID NO. | | | | | | | | | | |

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: _____ ☐ ☐ ☐

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

- inject drugs not prescribed by a doctor? ☐ ☐ ☐
- use street drugs but not inject? ☐ ☐ ☐

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 _____

During the **6 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 _____

Yes **No** **Unk**

- 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 ☐ ☐

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
    for how long ? __ __ __ **mos**

Did the patient ever receive hepatitis B vaccine? **Yes** **No** **Unk** ☐ ☐ ☐

If yes, how many shots? **1** **2** **3+** ☐ ☐ ☐

- In what year was the last shot received? Y Y Y Y

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')

NETSS ID NO. ☐☐☐☐☐☐☐☐☐☐

Patient History- Acute Hepatitis C

STATE CASE NO. _____

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?

	Yes	No	Unk
If yes, type of contact			
• Sexual	☐	☐	☐
• Household [Non-sexual]	☐	☐	☐
• Other: _____	☐	☐	☐

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?	☐	☐	☐

During the **2 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 **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 _____

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 _____

	Yes	No	Unk
• 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	☐	☐	

During his/her lifetime, was the patient ***EVER***			
• incarcerated for longer than 6 months ?	☐	☐	☐

• If yes,
what year was the most recent incarceration ? __ __ __ __
for how long ? __ __ __ **mos**