



Hepatitis A, acute

County _____

LHJ Use ID _____

Reported to DOH Date ____/____/____

LHJ Classification Confirmed

By: Lab Clinical

Epi Link: _____

Outbreak-related

LHJ Cluster# _____

LHJ Cluster Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Reporter (check all that apply)

Lab Hospital HCP

Public health agency Other

OK to talk to case? Yes No Don't know

Investigation start date: ____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact Parent/guardian Spouse Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender F M Other Unk

Ethnicity Hispanic or Latino

Not Hispanic or Latino

Race (check all that apply)

Amer Ind/AK Native Asian

Native HI/other PI Black/Afr Amer

White Other

CLINICAL INFORMATION

Onset date: ____/____/____ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

Discrete onset of symptoms

Diarrhea Maximum # of stools in 24 hours: _____

Pale stool, dark urine (jaundice)

Onset date ____/____/____

Abdominal cramps or pain

Nausea

Vomiting

Loss of appetite (anorexia)

Fatigue

Vaccinations

Y N DK NA

Received any doses of hepatitis A vaccine

Number doses in past: _____

Year of last dose: _____

Laboratory

Collection date ____/____/____

Source _____

P N I O NT

Hepatitis A IgM (anti-HAV)

Serum aminotransferase (SGOT [AST] or SGPT [ALT]) elevated above normal

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

Clinical Findings

Y N DK NA

Complications, specify: _____

Hospitalization

Y N DK NA

Hospitalized at least overnight for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

Died from illness Death date ____/____/____

Autopsy Place of death _____

NOTES

INFECTION TIMELINE

Enter jaundice onset date in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset: -50 -15

Calendar dates:

o
n
s
e
t

Contagious period: 2 weeks prior to 1 week after jaundice onset*

* may be longer in children

EXPOSURE (Refer to dates above)

<p>Y N DK NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Travel out of the state, out of the country, or outside of usual routine Out of: <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Country Destinations/Dates: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Case knows anyone with similar symptoms</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contact with confirmed or suspect hepatitis A case Nature of contact: <input type="checkbox"/> Household member (non-sexual) <input type="checkbox"/> Sex partner <input type="checkbox"/> Child care by case <input type="checkbox"/> Babysitter for case <input type="checkbox"/> Playmate <input type="checkbox"/> Drug user <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Epidemiologic link to a lab confirmed case</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contact with diapered or incontinent child or adult</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Congregate living Type: <input type="checkbox"/> Barracks <input type="checkbox"/> Corrections <input type="checkbox"/> Long term care <input type="checkbox"/> Dormitory <input type="checkbox"/> Boarding school <input type="checkbox"/> Camp <input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shellfish or seafood County/location collected: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Group meal (e.g. potluck, reception)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food from restaurants Restaurant name/Location: _____</p>	<p>Y N DK NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Source of drinking water known <input type="checkbox"/> Individual well <input type="checkbox"/> Shared well <input type="checkbox"/> Public water system <input type="checkbox"/> Bottled water <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drank untreated/unchlorinated water (e.g. surface, well)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-injection street drug use</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Injection street drug use Injection street drug use type: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any type of sexual contact with others during exposure period # female sexual partners: _____ # male sexual partners: _____</p> <p>How was this person likely exposed to the disease: <input type="checkbox"/> Food <input type="checkbox"/> Drinking Water <input type="checkbox"/> Sexual contact <input type="checkbox"/> Illicit drugs <input type="checkbox"/> Nonsexual close contact <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Multiple risk factors</p> <p>Where did exposure probably occur? <input type="checkbox"/> U.S. but not WA (State: _____) <input type="checkbox"/> In WA (County: _____) <input type="checkbox"/> Not in U.S. (Country/Region: _____) <input type="checkbox"/> Unknown</p> <p>Exposure details: _____</p> <p><input type="checkbox"/> No risk factors or exposures could be identified</p> <p><input type="checkbox"/> Patient could not be interviewed</p>
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PATIENT PROPHYLAXIS / TREATMENT

PUBLIC HEALTH ISSUES

Y N DK NA

Employed as food worker

Non-occupational food handling (e.g. potlucks, receptions) during contagious period

Employed in child care or preschool

Attends child care or preschool

Household member or close contact in sensitive occupation or setting (HCW, child care, food)

Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset Date: ___/___/___
Agency/location: _____
Specify type of donation: _____

Part of a common source outbreak:
 Infected food worker
 Food not from food worker
 Waterborne Other: _____

Failure of vaccine or postexposure prophylaxis

PUBLIC HEALTH ACTIONS

Notify blood or tissue bank

Prophylaxis of contacts recommended
Number recommended prophylaxis: ____
Number receiving prophylaxis: ____
Number completing prophylaxis: ____

Exclude case from sensitive occupations (HCW, food, child care) or situations (child care) until diarrhea ceases

Test symptomatic contacts

Prophylaxis recommended to non-household contacts

Public announcement recommended

Restaurant inspection

Investigate vaccine or postexposure prophylaxis failure

Other, specify: _____

Investigator _____ Phone/email: _____ Investigation complete date ___/___/___

Local health jurisdiction _____ Record complete date ___/___/___

Hepatitis A, acute: case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered