

# Hepatitis A Case Report Form

Connecticut Department of Public Health  
Epidemiology and Emerging Infections Program  
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Completed by: \_\_\_\_\_ Date of Completion: \_\_\_/\_\_\_/\_\_\_

## PATIENT INFORMATION

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_  
STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTY: \_\_\_\_\_ PHONE: \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ (years) (000= <1 yr, 999= Unk) SEX:  Male  Female  
RACE: (check all that apply)  
 American Indian/Alaska Native  Black or African American  White  
 Asian  Native Hawaiian/Pacific Islander  Other, specify \_\_\_\_\_  
ETHNICITY: (check one) PLACE OF BIRTH:  
 Hispanic  Non-Hispanic  Other/Unknown  USA  Other, specify \_\_\_\_\_

## CLINICAL AND DIAGNOSTIC DATA

Laboratory: \_\_\_\_\_  
Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Diagnosis date (specimen collection date): \_\_\_/\_\_\_/\_\_\_

Was the patient symptomatic?  Yes  No  Unk

If yes, symptom onset date: \_\_\_/\_\_\_/\_\_\_

Fever  Yes  No  Unk

Nausea  Yes  No  Unk

Vomiting  Yes  No  Unk

Loss of appetite  Yes  No  Unk

Abdominal pain  Yes  No  Unk

Dark urine  Yes  No  Unk

Diarrhea  Yes  No  Unk

Was the patient jaundiced?  Yes  No  Unk

If yes, jaundice onset date: \_\_\_/\_\_\_/\_\_\_

Was the patient hospitalized for hepatitis?  Yes  No  Unk

If yes, admitted: \_\_\_/\_\_\_/\_\_\_ discharged: \_\_\_/\_\_\_/\_\_\_

Hospital: \_\_\_\_\_

Was the patient pregnant?  Yes  No  Unk

If yes, due date: \_\_\_/\_\_\_/\_\_\_

Did the patient die from hepatitis?  Yes  No  Unk

If yes, date of death: \_\_\_/\_\_\_/\_\_\_

### REASON FOR TESTING (check all that apply)

- Symptoms of acute hepatitis
- Evaluation of elevated liver enzymes
- Screening of asymptomatic patient with reported risk factors
- Screening of asymptomatic patient w/ no risk factors (e.g., patient requested)
- Prenatal screening
- Blood/organ donor screening
- Follow-up testing for previous marker of viral hepatitis
- Other, specify: \_\_\_\_\_
- Unknown

### LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS

Date \_\_\_/\_\_\_/\_\_\_ ALT [SGPT] \_\_\_\_\_ Upper limit normal \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ AST [SGOT] \_\_\_\_\_ Upper limit normal \_\_\_\_\_

### DIAGNOSTIC TESTS (check all that apply)

	Pos	Neg	Unk	ND
Total antibody to hepatitis A virus [total anti-HAV]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IgM antibody to hepatitis A virus [IgM anti-HAV]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B surface antigen [HBsAg]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total antibody to hepatitis B core antigen [Total anti-HBc]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IgM antibody to hepatitis B core antigen [IgM anti-HBc]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibody to hepatitis C virus [anti-HCV]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-HCV signal to cut-off ratio _____				
Supplemental anti-HCV assay [e.g., RIBA]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV RNA [e.g., PCR]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibody to hepatitis D virus [anti-HDV]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibody to hepatitis E virus [anti-HEV]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DPH USE ONLY

Is this a confirmed\* case?  Yes  No

If yes, case ID: \_\_\_\_\_

\*CDC case definition (2000)

Confirmed = a case that meets the clinical and laboratory criteria

Clinical criteria: An acute illness with

a) discrete onset of symptoms and

b) jaundice or elevated serum aminotransferase levels

Laboratory criteria: Immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV) positive

Serum forwarded to State Lab?  Yes  No

If No, reason:

Did not know had to send serum to State Lab

Not enough residual sample

Out-of-state laboratory

Other, specify: \_\_\_\_\_

Serum received at State Lab?  Yes  No

If yes, accession#: \_\_\_\_\_

Serum forwarded to CDC?  Yes  No

CDC result: \_\_\_\_\_

Record submitted to CDC through NETSS?

Yes  No

If yes, NETSS ID: \_\_\_\_\_

## EXPOSURE (during 2 to 6 weeks prior to onset of symptoms unless otherwise noted)

1. Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?  Yes  No  Unk
- If yes, was the contact:
- Household member (non-sexual)  Yes  No  Unk
  - Sex partner  Yes  No  Unk
  - Child cared for by this patient  Yes  No  Unk
  - Babysitter of this patient  Yes  No  Unk
  - Playmate  Yes  No  Unk
  - Other, specify \_\_\_\_\_  Yes  No  Unk
2. Was the patient a child or employee in a day care center, nursery or preschool?  Yes  No  Unk
- If yes, name of facility \_\_\_\_\_ Address: \_\_\_\_\_
3. Was the patient a household contact of a child or employee in a day care center, nursery, or preschool?  Yes  No  Unk
- If yes, name of facility \_\_\_\_\_ Address: \_\_\_\_\_
4. If yes to question 2 or 3, was there an identified hepatitis A case in the child care facility?  Yes  No  Unk
- If yes, provide details \_\_\_\_\_
5. Was the patient employed as a health care worker with direct patient contact?  Yes  No  Unk
- If yes, name of facility \_\_\_\_\_ Address: \_\_\_\_\_
6. Was the patient employed as a food handler during the 2 weeks prior to onset of symptoms or while ill?  Yes  No  Unk
- If yes, name of restaurant \_\_\_\_\_ Address: \_\_\_\_\_
7. Did the patient eat raw shellfish?  Yes  No  Unk
- If yes, specify type of shellfish and where eaten/purchased \_\_\_\_\_
8. Did the patient inject drugs not prescribed by a doctor?  Yes  No  Unk
9. Did the patient use street drugs but not inject?  Yes  No  Unk
10. Did the patient travel outside of the US or Canada?  Yes  No  Unk
- If yes, where and when? Country 1: \_\_\_\_\_ Date(s) of travel: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_
- Country 2: \_\_\_\_\_ Date(s) of travel: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_
- Country 3: \_\_\_\_\_ Date(s) of travel: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_
11. In the 3 months prior to onset of symptoms, did anyone in the patient's household travel outside the US or Canada?  Yes  No  Unk
- If yes, where and when? Country 1: \_\_\_\_\_ Date(s) of travel: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_
- Country 2: \_\_\_\_\_ Date(s) of travel: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_
- Country 3: \_\_\_\_\_ Date(s) of travel: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_
12. Is the patient suspected to be part of a common-source outbreak?  Yes  No  Unk
- If yes, was the outbreak:
- Foodborne – associated with an infected food handler  Yes  No  Unk
  - Foodborne – NOT associated with an infected food handler  Yes  No  Unk
  - Specify food item: \_\_\_\_\_
  - Waterborne  Yes  No  Unk
  - Other, specify \_\_\_\_\_  Yes  No  Unk
  - Source not identified  Yes  No  Unk
13. Please ask both of the following questions regardless of the patient's gender:
- How many male sex partners did the patient have?  0  1  2-5  >5  Unk
- How many female sex partners did the patient have?  0  1  2-5  >5  Unk

### VACCINATION HISTORY

14. Has the patient ever received the hepatitis A vaccine?  Yes  No  Unk
- If yes, how many doses?  1   $\geq 2$   Unk
- In what year was the last dose received? \_\_\_\_\_
15. Has the patient ever received immune globulin?  Yes  No  Unk
- If yes, when was the last dose received? \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/year)

### NOTES/COMMENTS:

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