Hepatitis E

COUNTY

FOR STATE USE ONLY #

___/___/___ case report

___/___/___ interstate

☐ confirmed ☐ presumptive ☐ suspect

date investigation initiated_____

CASE IDENTIFICATION

Name _____ Phone(s) _____
LAST, first, initials (a.k.a.) indicate home (H); work (W); message

Address _____
Street City Zip

_____ language spoken _____

ALTERNATIVE CONTACT: ☐Parent ☐ Spouse ☐Household member ☐ Friend ☐ _____

Name _____ Phone(s) _____
indicate home (H); work (W); message

Address _____
Street City Zip

SOURCES OF REPORT *(check all that apply)*

☐ Lab ☐ Infection Control Practitioner
☐ Physician ☐_____
☐ ELR

Name _____

Phone _____ Date ___/___/___
(first report) m d

Primary M.D. *(if different)* _____

OK to talk to patient?

DEMOGRAPHICS

SEX
☐ female ☐ male

DATE OF BIRTH ____/____/____
m d yy

or, if unknown, AGE _____

PLACE OF BIRTH
☐ USA
☐ other _____

HISPANIC
☐ yes ☐ no ☐ unknown

RACE
☐ White
☐ Black
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ American Indian or Alaska native
☐ unknown
☐ refused to answer
☐ other _____

Worksites/school/day care center

_____

_____

Occupations/grade

_____

_____

BASIS OF DIAGNOSIS

CLINICAL DATA

DIAGNOSIS DATE ____/____/____
m d yy

Symptomatic? ☐ yes ☐ no ☐ unknown

if yes, ONSET DATE (first s/s) ____/____/____
m d yy

Jaundiced ☐ yes ☐ no ____/____/____

Pregnant ☐ yes ☐ no ____/____/____
due date

Hospitalized from hepatitis ☐ yes ☐ no ____/____/____
admit date

Hospital name: _____

Died from hepatitis ☐ yes ☐ no
Date of death ____/____/____

REASON FOR TESTING (check all that apply)

- ☐ Symptoms of acute hepatitis
- ☐ Screening of asymptomatic patient with reported risk factors
- ☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested)
- ☐ Prenatal screening
- ☐ Evaluation of elevated liver enzymes
- ☐ Blood/organ donor screening
- ☐ Followup testing for previous marker of viral hepatitis
- ☐ Unknown
- ☐ Other _____

LABORATORY TESTS

Lab name: _____

Date of blood draw ____/____/____
m d yy

	pos.	neg.	pending	not done
IgM anti-HAV	☐	☐	☐	☐
total anti-HAV	☐	☐	☐	☐
HBsAg	☐	☐	☐	☐
IgM anti-HBc	☐	☐	☐	☐
total anti-HBc	☐	☐	☐	☐
anti-HBs	☐	☐	☐	☐
HBV DNA (PCR)	☐	☐	☐	☐
HBeAg	☐	☐	☐	☐
	☐	☐	☐	☐
Anti-HCV	☐	☐	☐	☐
RIBA	☐	☐	☐	☐
HCV RNA (PCR)	☐	☐	☐	☐
HCV genotype	☐	☐	☐	☐
IgM anti-HEV	☐	☐	☐	☐
total anti-HEV	☐	☐	☐	☐

Anti-HCV signal-to-cutoff ratio

_____

		Upper limit normal	Date of test m/d/yy
ALT (SGPT)	_____	_____	___/___/____
AST (SGOT)	_____	_____	___/___/____
Bilirubin	_____	_____	___/___/____

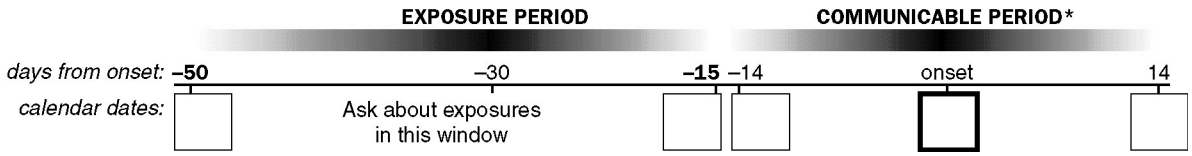
(list reference value from lab slips)

other tests (specify)

_____	_____	___/___/____
_____	_____	___/___/____
_____	_____	___/___/____

INFECTION TIMELINE

Enter onset date (of first sx) in heavy box. Count forwards and backwards to figure probable exposure and communicable periods.



*lasts at most 7 days after jaundice begins

EPI LINKAGE

During the 2–8 weeks prior to onset, was the patient:

	y	*n*
associated with a known outbreak	☐	☐
If yes, was the outbreak		
foodborne, associated with an infected food handler	☐	☐
foodborne, not associated with an infected food handler	☐	☐
waterborne	☐	☐
source not identifed	☐	☐

☐ a close contact of an infectious **confirmed** or **presumptive** case

if yes was this case reported? ☐ yes ☐ not yet

Specify nature of contact: ☐ household ☐ sexual ☐ child cared for by this patient ☐ baby sitter of this patient ☐ playmate ☐ other _____

Is the case aware of anyone else with signs or symptoms of hepatitis? ☐ yes ☐ no *If yes*, give names, contact information, and other details.

POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

Check all that apply. ***Provide relevant details (nature of contact, names, dates, places, etc.) *Name suspect or reported cases, even if reported in another county or state.***

☐ **no risk factors could be identified**

Interviewed: ☐ yes ☐ no Date: _____
Other sources of information: ☐ provider ☐ medical record review ☐ other specify: _____

In the 2—8 weeks prior to symptom onset:

yes no

- ☐ ☐ daycare attendee or employee
- ☐ ☐ household member attends/works at day care center
- ☐ ☐ employed as a food handler during ***2 weeks*** prior to symptom onset or while ill
- ☐ ☐ foreign travel
  if yes, where _____
- ☐ ☐ household member with foreign travel prior to symptom onset
  if yes, where _____
- ☐ ☐ domestic travel in U.S. (outside Oregon)
  if yes, where _____

yes no

- ☐ ☐ any sexual contact, *if yes*
  number of male sexual partners
  ☐ 0 ☐ 1 ☐ 2–5 ☐ >5 ☐ unknown
  number of female sexual partners
  ☐ 0 ☐ 1 ☐ 2–5 ☐ >5 ☐ unknown
- ☐ ☐ uses street drugs but does not inject
- ☐ ☐ injects drugs not prescribed by doctor
- ☐ ☐ homeless/lives in shelter
- ☐ ☐ visit any recreational water parks
- ☐ ☐ exposure to rodents

Personal hygiene appears ☐ good ☐ adequate ☐ poor ☐ unknown

During the 2 weeks prior to onset of symptoms or while ill, did the patient prepare food for any public or private gatherings? ☐ yes ☐ no

If the case is a food handler, works/attends daycare, or is a HCW with direct patient contact, provide job description, dates worked during communicable period, supervisor's name and phone number, etc.

Site or job description	Dates worked while communicable 00/00/00 — 00/00/00	Supervisor's name and telephone number

PATIENT'S NAME

CASE–CONTACT MANAGEMENT AND FOLLOW-UP

Case education provided? ☐ yes ☐ no ☐ unknown *if yes*, date _____/_____/_____

Name ____________________ Age ______ Relation to Case _______________ Date Contacted ____/____/____ (m d y) Located? ☐ yes ☐ no Education Provided? ☐ yes ☐ yes by proxy ☐ no

Name ____________________ Age ______ Relation to Case _______________ Date Contacted ____/____/____ (m d y) Located? ☐ yes ☐ no Education Provided? ☐ yes ☐ yes by proxy ☐ no

Name ____________________ Age ______ Relation to Case _______________ Date Contacted ____/____/____ (m d y) Located? ☐ yes ☐ no Education Provided? ☐ yes ☐ yes by proxy ☐ no

Name ____________________ Age ______ Relation to Case _______________ Date Contacted ____/____/____ (m d y) Located? ☐ yes ☐ no Education Provided? ☐ yes ☐ yes by proxy ☐ no

Notes

ADMINISTRATION

Case report sent to OHA on ____/____/____

Completed by ________________________________ Date Completed ____________ Phone _______________ Investigation sent to OHA on ____/____/____