Hepatitis C - Acute

Orpheus ID

☐ confirmed
☐ presumptive
☐ suspect
☐ no case

Name _____
LAST, first, initials (a.k.a.)

COUNTY_____

Address _____
Street City Zip

Special housing
_____

Phone number _____ / _____ _____
home (H), work (W), cell (C), message (M) home (H), work (W), cell (C), message (M)

ALTERNATIVE CONTACT

Name _____
LAST, first,initials

Phone(s) _____
home (H), work (W), cell (C), message

DEMOGRAPHICS

DOB ___/___/____
m d y

if DOB unknown, AGE _____

Sex ☐ female ☐ male

Language _____

Country of birth
_____

Worksites/school/day care center

_____

Occupation/grade _____

RACE (*check all that apply*)
☐ White
☐ Black
☐ Asian
☐ Pacific Islander
☐ American Indian/Alaska Native
☐ Unknown
☐ Other_____

HISPANIC
☐ Yes ☐ No
☐ unknown ☐ declined

PROVIDERS, FACILITIES AND LABS

Reporter
☐_____
name and phone number

Type (circle one)
PMD Lab-fax
MDx Lab-phone
ER Lab-other
ICP HCP
Lab-ELR

Reporter
☐_____
name and phone number

Type (circle one)
PMD Lab-fax
MDx Lab-phone
ER Lab-other
ICP HCP
Lab-ELR

☐ Ok to contact patient (only list once)

Local epi name_____
Date report received by LHD ___/___/____
LHD completion date ___/___/____

BASIS OF DIAGNOSIS

CLINICAL DATA

DIAGNOSIS DATE ___/___/____

Symptomatic? ☐ yes ☐ no ☐ unk
if yes, ONSET DATE (first s/s) ___/___/____

Jaundiced ☐ yes ☐ no ___/___/____

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

Hospital Name:_____

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

Died from hepatitis ☐ yes ☐ no ___/___/____
date

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
☐ Born between 1945-1965
☐ Unknown ☐ Other _____

LABORATORY TESTS

Lab Name:_____ Date of blood draw ___/___/____

		pos.	neg.	not. done	unk
A	IgM anti-HAV	☐	☐	☐	☐
	total anti-HAV	☐	☐	☐	☐
B	HBsAg	☐	☐	☐	☐
	IgM anti-HBc	☐	☐	☐	☐
	total anti-HBc	☐	☐	☐	☐
	anti-HBs	☐	☐	☐	☐
	HBV DNA (PCR)	☐	☐	☐	☐
	HBeAg	☐	☐	☐	☐
C	anti-HCV	☐	☐	☐	☐
	HCV RNA (PCR)	☐	☐	☐	☐

Anti-HCV signal-to-cutoff ratio _____

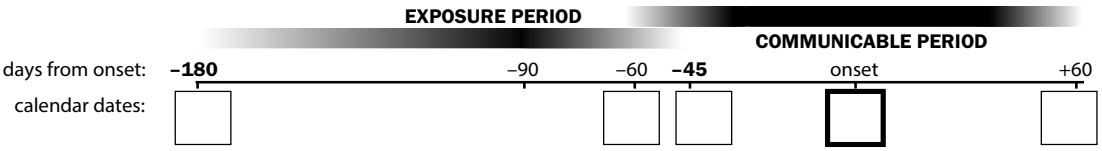
HCV genotype _____

		Upper limit normal *(list reference value from lab slips)*
ALT (SGPT)	_____	_____
AST (SGOT)	_____	_____
Bilirubin	_____	_____

CASE'S NAME

INFECTION TIMELINE

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



(infectious until clearance of HBsAg—about 60 days for most adults—indefinitely for carrlers

Interviewed ☐ yes ☐ no Interview date(s) _____ Interviewed by _____

Wno ☐ patient ☐provider ☐ parent ☐ other

Reason not interviewed (choose one)

☐ not indicated ☐ unable to reach ☐ out of jursdiction ☐ deceased
☐ refused ☐ physician interview ☐ medical record review

RISKS

Check all that apply. any of the situations below apply to case in 6 weeks to 6 months prior ot onset of symptoms

yes no ref unk

☐ ☐ ☐ ☐ Was the patient a close contact of an infectious confirmed or presumptive case?
if yes, type of contact
☐ sexual
☐ needle
☐ household (non-sexual)
☐ other _____

☐ ☐ ☐ ☐ organ transplant/artificial insemination

☐ ☐ ☐ ☐ IG recipient (any kind: IVIG, TIG, HBIG, etc.)

☐ ☐ ☐ ☐ hemodialysis patient

☐ ☐ ☐ ☐ diabetes
if yes, use a blood glucose monitor ☐ yes ☐ no
if yes, share a blood glucose monitor ☐ yes ☐ no
if yes, inject insulin ☐ yes ☐ no
if yes, share syringes or needles ☐ yes ☐ no

☐ ☐ ☐ ☐ needlestick or similar injury

☐ ☐ ☐ ☐ had exposure to someone else's blood specify that is_____

☐ ☐ ☐ ☐ transfusion/or other blood product recipient
if yes, date (m/d/y) ____/ ____ /____

☐ ☐ ☐ ☐ receive any infusions in outpatient setting

☐ ☐ ☐ ☐ dental work or oral surgery

☐ ☐ ☐ ☐ other surgery

☐ ☐ ☐ ☐ hospitalized

☐ ☐ ☐ ☐ employed in medical/dental field having contact with human blood
if yes, frequency of direct blood contact
☐ frequent (several times weekly)
☐ infrequently

☐ ☐ ☐ ☐ employed as a public safety worker (fire, police, corrections) having direct contact with human blood
if yes, frequency of direct blood contact
☐ frequent (several times weekly)
☐ infrequent

☐ ☐ ☐ ☐ resident of long-term care facility

☐ ☐ ☐ ☐ body piercing (other than ear)
if yes, where was it done
☐ commercial parlor/shop
☐ correctional facility
☐ self

Check all that apply.

yes no ref unk

☐ ☐ ☐ ☐ tatooing
if yes, where was it done
☐ commercial parlor/shop
☐ correctional facility
☐ self
☐ other _____

☐ ☐ ☐ ☐ incarcerated more than 24 hours
if yes, what type of facility
☐ prison
☐ jail
☐ juvenile facility

☐ ☐ ☐ ☐ any sexual contact
if yes, number of male sexual partners
☐ 0 ☐ 1 ☐ 2–5 ☐ >5 ☐ unk
if yes, number of female sexual partners
☐ 0 ☐ 1 ☐ 2–5 ☐ >5 ☐ unk

☐ ☐ ☐ ☐ uses street drugs, but does not inject

☐ ☐ ☐ ☐ injects drugs not prescribed by doctor
if yes, primary drug injected (select 1)
☐ methamphetamine/speed
☐ cocaine
☐ speedball (cocaine and heroin together)
☐ other _____
if yes, year of most recent drug use
_____

During his/her lifetime was patient EVER

☐ ☐ ☐ ☐ incarcerated more than 6 months
if yes, year of most recent incarceration
_____
for how many months _____

☐ ☐ ☐ ☐ treated for sexually transmitted disease
if yes, year of most recent treatment

CASE'S NAME

FOLLOW-UP

Check all that apply.

yes no ref unk

☐ ☐ ☐ ☐ Case education provided?
if yes, date ___/___/___

☐ ☐ ☐ ☐ Did the case have a documented negative hepatitis C test in the previous 6 months (includes: anti-HCV, HCV RNA PCR)?
if yes, date of test (if exact date unknown, give best estimate) ___/___/___

☐ ☐ ☐ ☐ Does the case have a medical provider?

☐ ☐ ☐ ☐ Did the case have HCW performing invasive procedures?

How was data collected for this case?

☐ fax ☐ phone ☐ fax ☐ in person ☐ medical record ☐ other ☐ unknown

CONTACT MANAGEMENT AND FOLLOW-UP

Ask about other potential contacts (sexual, needle-sharing, etc.) within the period of communicability.

☐ no other contacts identified ☐ contacts identified and individual case report forms file

HOUSEHOLD ROSTER

Name	DOB/Age	Sex	Relation to case	Occupation	Education provided	Last exposure	Onset date	Interview date	Sick
		☐ M ☐ F	☐ daycare ☐ friend ☐ household ☐ sexual			___/___/___	___/___/___	___/___/___	☐Y ☐N
		☐ M ☐ F	☐ daycare ☐ friend ☐ household ☐ sexual			___/___/___	___/___/___	___/___/___	☐Y ☐N
		☐ M ☐ F	☐ daycare ☐ friend ☐ household ☐ sexual			___/___/___	___/___/___	___/___/___	☐Y ☐N

ADMINISTRATION

Orpheus January 2015

Remember to copy patient's name to the top of this page.

Case report sent to OHA on ____/____/____

Completed by _____ Date _____ Phone _____

Investigation sent to OHA on ____/____/____