Hepatitis C - Chronic

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 _____ Phone(s) _____
LAST, first,initials 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	☐	☐	☐	☐
	Anti-HCV signal-to-cutoff ratio _____				
	HCV RNA (PCR)	☐	☐	☐	☐
	HCV genotype _____				

Upper limit normal
(list reference value from lab slips)

ALT (SGPT) _____ _____
AST (SGOT) _____ _____
Bilirubin _____ _____

CASE'S NAME

RISKS

Interviewed ☐ yes ☐ no Interview date:_____ Interviewed by _____

Who ☐ patient ☐provider ☐ parent ☐ other

Reason not interviewed (choose one)

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

LIFETIME OF EXPOSURE/RISKS

Check all that apply.

yes	no	ref	unk	
☐	☐	☐	☐	Received a blood transfusion prior to 1992
☐	☐	☐	☐	Received an organ transplant prior to 1992
☐	☐	☐	☐	Received clotting factor concentrates produced prior to 1987
☐	☐	☐	☐	Ever on hemodialysis
☐	☐	☐	☐	Employed in medical or dental field involving direct contact with human blood
☐	☐	☐	☐	Ever a contact of a person who had hepatitis C if yes, type of contact ☐ sexual ☐ needle ☐ household (non-sexual) ☐ other _____
☐	☐	☐	☐	Has the patient ever injected drug not prescribed by a doctor, even if only once? *if yes*, year of most recent injection drug use_____
☐	☐	☐	☐	Ever treated for a sexually transmitted disease?
☐	☐	☐	☐	Ever incarcerated for more than 6 months?
☐	☐	☐	☐	Is the case a man who has ever had sex with other men?

FOLLOW-UP

Check all that apply.

yes	no	ref	unk	
☐	☐	☐	☐	Does the case have a provider?
☐	☐	☐	☐	Patient seeing provider for chronic hepatitis C infection?
☐	☐	☐	☐	Does the case have cirrhosis?
☐	☐	☐	☐	Patient ever taken medication prescribed by doctor for chronic hepatitis C?
☐	☐	☐	☐	Has the case ever had hepatitis A or B?
☐	☐	☐	☐	Is the case insured?
☐	☐	☐	☐	Case education provided? *If yes*, date ___/___/___

Oher potential concerns for transmission

☐ Excessive drooling, biting, bleeding
☐ Recent blood/plasma donation
☐ HCW performing invasive procedures
☐ unk

How was data collected for this case?

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

CASE'S NAME

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 ____/____/____