Hepatitis Case Investigation
West Virginia Electronic Disease Surveillance System
Division of Surveillance and Disease Control
Infectious Disease Epidemiology Program
Phone: 304-558-5358 or 800-423-1271 in West Virginia
Fax: 304-558-8736

Disease Under Investigation

* indicates required fields

### Does patient also have: ###

- [ ] Acute hepatitis A
- [ ] Acute hepatitis B
- [ ] Acute hepatitis C
- [ ] Acute hepatitis E
- [ ] Chronic HBV infection
- [ ] HCV infection (chronic or resolved)
- [ ] Acute non-ABCD hepatitis
- [ ] Perinatal HBV infection
- [ ] Hepatitis Delta (co- or super-infection)

### Investigation Status* ###
- [ ] Closed
- [ ] Open
- [ ] Regional Review
- [ ] State Review
- [ ] Superceded
- [ ] Unassigned

### Case Status* ###
- [ ] Confirmed
- [ ] Not a Case
- [ ] Probable
- [ ] Suspect
- [ ] Unknown

Patient Information

* indicates required fields

### Last Name* ###
### First Name* ###
### Middle Initial ###

### Street Address ###

- City
- County
- State
- Zip

### Is the patient’s residence a: ###
- [ ] Correctional Facility (Specify)
- [ ] Long Term Care Facility (Specify)
- [ ] Shelter or Group Home (Specify)
- [ ] None of the above

### Home Phone ###
### Ext. ###
### Other Phone ###
### Ext. ###

### Report Date ###
- mm/dd/yyyy

Parent / Guardian Information

### Last Name ###
### First Name ###
### Middle Initial ###
### Relationship to Patient ###

- [ ] Check if address is same as above; otherwise complete guardian contact information below

### Guardian Street Address ###

- City
- County
- State
- Zip

### Home Phone ###
### Ext. ###
### Other Phone ###
### Ext. ###
### Patient Demographic Information

**Sex**
- [ ] Male
- [ ] Female
- [ ] Transsexual
- [ ] Unknown
- [ ] Failure to report sex/missing sex
- [ ] Other (Specify) ________________

**Date of Birth**
- ________________

**Country of Birth**
- [ ] U.S.
- [ ] Other (Specify) ________________

**Age**
- ________________

**Age Units**
- [ ] Days
- [ ] Weeks
- [ ] Months
- [ ] Years

**Ethnicity**
- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino
- [ ] Unknown
- [ ] Failure to report ethnicity/missing ethnicity

**Race**
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander ________________
- [ ] White
- [ ] Unknown
- [ ] Failure to report race/missing race
- [ ] Some Other Race ________________

### Outcome and Clinical Information

**Reason for Testing:**
- [ ] Symptoms of acute hepatitis
- [ ] Evaluation of elevated liver enzymes
- [ ] Screening of asymptomatic patient with reported risk factors
- [ ] Blood / Organ donor screening
- [ ] Screening of asymptomatic patient with no risk factors (e.g., patient requested)
- [ ] Follow-up testing for previous marker of viral hepatitis
- [ ] Prenatal screening
- [ ] Unknown

**Was patient hospitalized for this disease?**
- [ ] Yes
- [ ] No
- [ ] Unknown

**Name of Hospital**
- ________________

**Date of Admission**
- ________________

**Patient outcome from this disease:**
- [ ] Died
- [ ] Survived
- [ ] Unknown

**Date of Death**
- ________________

### Clinical Data

**Date of diagnosis**
- ________________

**Is the patient symptomatic?**
- [ ] Yes
- [ ] No
- [ ] Unknown

**If Yes, onset date:**
- ________________

**Was the patient jaundiced?**
- [ ] Yes
- [ ] No
- [ ] Unknown

**Due date:**
- ________________

**Was the patient pregnant?**
- [ ] Yes
- [ ] No
- [ ] Unknown

### Diagnostic Tests

* indicates required fields

**Total antibody to hepatitis A virus** [total anti-HAV]*
- [ ] Positive
- [ ] Negative
- [ ] Unknown

**IgM antibody to hepatitis A virus** [IgM anti-HAV]*
- [ ] Positive
- [ ] Negative
- [ ] Unknown

**Hepatitis B surface antigen** [HBsAg]*
- [ ] Positive
- [ ] Negative
- [ ] Unknown

**Total antibody to hepatitis B core antigen** [Total anti-HBc]*
- [ ] Positive
- [ ] Negative
- [ ] Unknown

**IgM antibody to hepatitis B core antigen** [IgM anti-HBc]*
- [ ] Positive
- [ ] Negative
- [ ] Unknown

**Antibody to hepatitis C virus** [anti-HCV]*
- [ ] Positive
- [ ] Negative
- [ ] Unknown

**anti-HCV signal to cut-off ratio***
- ________________

**Supplemental anti-HCV assay** [e.g. RIBA]*
- [ ] Positive
- [ ] Negative
- [ ] Unknown

**HCV RNA** [e.g. PCR]*
- [ ] Positive
- [ ] Negative
- [ ] Unknown

**Antibody to hepatitis D virus** [anti-HDV]*
- [ ] Positive
- [ ] Negative
- [ ] Unknown

**Antibody to hepatitis E virus** [anti-HEV]*
- [ ] Positive
- [ ] Negative
- [ ] Unknown
## Liver Enzyme Levels at Time of Diagnosis

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Result</th>
<th>Upper Limit Normal</th>
<th>Date of Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT (SGPT)</td>
<td></td>
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<tr>
<td>AST (SGOT)</td>
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</tbody>
</table>

### Reporting Source

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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<table>
<thead>
<tr>
<th>Phone</th>
<th>Ext.</th>
<th>Fax</th>
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<table>
<thead>
<tr>
<th>Facility</th>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>West Virginia</td>
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</table>

<table>
<thead>
<tr>
<th>E-mail</th>
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### Provider with Further Patient Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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<table>
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<tr>
<th>Phone</th>
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<th>Address</th>
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<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>West Virginia</td>
<td></td>
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</tbody>
</table>

### Public Health Investigation

<table>
<thead>
<tr>
<th>Name of Person Interviewed</th>
<th>Relationship to Patient</th>
<th>Date reported to public health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Investigator</th>
<th>Date public health investigation began</th>
<th>Health Department</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mm/dd/yyyy</td>
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<tr>
<th>Ext.</th>
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</table>

<table>
<thead>
<tr>
<th>Investigation ID</th>
<th>Part of an Outbreak?</th>
<th>Outbreak Name</th>
<th>Lost to follow-up?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

### Risk Factor Investigation
Acute Hepatitis A

If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case?

- Yes
- No
- Unknown

During the 2 - 6 weeks prior to onset of symptoms:

**Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?**

- Yes
- No
- Unknown

If Yes, was the contact:

<table>
<thead>
<tr>
<th>Household member (non-sexual)</th>
<th>Sex partner</th>
<th>Child cared for by this patient</th>
<th>Babysitter of this patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Playmate**

- Yes
- No
- Unknown

During the 2 - 6 weeks prior to onset of symptoms, was the patient:

**A child or employee in a day care center, nursery, or preschool?**

- Yes
- No
- Unknown

**A household contact of a child or employee in a day care center, nursery, or preschool?**

- Yes
- No
- Unknown

If Yes for either of those, was there an identified hepatitis A case in the child care facility?

- Yes
- No
- Unknown

Please ask both of the following questions regardless of the patient's gender. In the 2 - 6 weeks prior to symptom onset:

<table>
<thead>
<tr>
<th>How many male sex partners did the patient have?</th>
<th>How many female sex partners did the patient have?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**Did the patient inject drugs not prescribed by a doctor?**

- Yes
- No
- Unknown

**Did the patient use street drugs but not inject?**

- Yes
- No
- Unknown

**Did the patient travel outside of the U.S.A. or Canada in the 2 - 6 weeks before symptom onset?**

- Yes
- No
- Unknown

If Yes, where?

(Country)

In the 3 months prior to symptom onset, did anyone in the patient's household travel outside of the U.S. or Canada?

- Yes
- No
- Unknown

If Yes, where?

(Country)

Is the patient suspected as being part of a common-source outbreak?

- Yes
- No
- Unknown

**Foodborne - associated with an infected food handler**

- Yes
- No
- Unknown

**Foodborne - NOT associated with an infected food handler**

- Yes
- No
- Unknown

**Specify food item**

**Source not identified**

- Yes
- No
- Unknown

**Waterborne**

- Yes
- No
- Unknown
Acute Hepatitis A cont.
Was the patient employed as a food handler during the TWO WEEKS prior to onset of symptoms or while ill?
- Yes
- No
- Unknown

Vaccination History
Has the patient ever received the hepatitis A vaccine?
- Yes
- No
- Unknown

If Yes, how many doses?
- One Dose
- Two or More Doses

If Yes, what year was the last dose received?

Has the patient ever received immune globulin?
- Yes
- No
- Unknown

If Yes, when was the last dose received?

Describe public health action taken

Risk Factor Investigation
Acute Hepatitis B

During the 6 weeks - 6 months prior to onset of symptoms:

Was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection?
- Yes
- No
- Unknown

If yes, was type of contact:
- Sexual
- Household (Non-sexual)
- Other

Ask both of the following questions regardless of the patient's gender. In the 6 months before symptom onset how many:

Male sex partners did the patient have?
- 0
- 1
- 2-5
- >5
- Unknown

Female sex partners did the patient have?
- 0
- 1
- 2-5
- >5
- Unknown

Was the patient EVER treated for a sexually transmitted disease?
- Yes
- No
- Unknown

If yes, in what year was the most recent treatment?

During the 6 weeks - 6 months prior to onset of symptoms:

Did the patient inject drugs not prescribed by a doctor?
- Yes
- No
- Unknown

Did the patient use street drugs but not inject?
- Yes
- No
- Unknown

Did the patient undergo hemodialysis?
- Yes
- No
- Unknown

Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood?
- Yes
- No
- Unknown

Did the patient receive blood or blood products (transfusion)?
- Yes
- No
- Unknown

Did the patient receive any IV infusions and/or injections in the outpatient setting?
- Yes
- No
- Unknown

Did the patient have other exposure to someone else's blood?
- Yes
- No
- Unknown

Was the patient employed in a medical or dental field involving direct contact with human blood?
- Yes
- No
- Unknown

If yes, frequency of direct blood contact:
- Frequent (several times weekly)
- Infrequent

Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood?
- Yes
- No
- Unknown

If yes, frequency of direct blood contact:
- Frequent (several times weekly)
- Infrequent

Did the patient receive a tattoo?
- Yes
- No
- Unknown

(.Check all that apply)
- Commercial parlor/shop
- Correctional facility
- Other (Specify)

If yes, where was the tattooing performed?
### Acute Hepatitis B cont.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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<tbody>
<tr>
<td>Did the patient have any part of their body pierced (other than ear)?</td>
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<tr>
<td>Did the patient have dental work or oral surgery?</td>
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<tr>
<td>Did the patient have surgery? (other than oral surgery)</td>
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<tr>
<td>Was the patient hospitalized?</td>
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<tr>
<td>Was the patient a resident of a long term care facility?</td>
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<tr>
<td>Was the patient incarcerated for longer than 24 hours?</td>
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</table>

#### Risk Factor Investigation

**Perinatal Hepatitis B Virus Infection**

<table>
<thead>
<tr>
<th>Race of Mother:</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>(Check all that apply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
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<tr>
<td>Black or African American</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
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<td></td>
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<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Failure to report race/missing race</td>
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<table>
<thead>
<tr>
<th>Ethnicity of Mother:</th>
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</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Failure to report ethnicity/missing ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was Mother born outside of the United States?</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>No</td>
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<tr>
<td>Unknown</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the Mother confirmed HBsAg positive prior to or at time of delivery?</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
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<tr>
<td>No</td>
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<td>Unknown</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>How many doses of hepatitis B vaccine did the child receive?</th>
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</thead>
<tbody>
<tr>
<td>0</td>
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<tr>
<td>1</td>
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<td>2</td>
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<tr>
<td>3 or more</td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Did the child receive hepatitis B immune globulin (HBIG)?</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
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<tr>
<td>No</td>
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<td></td>
<td></td>
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<tr>
<td>Unknown</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Describe public health action taken
## Risk Factor Investigation
### Acute Hepatitis C

**During the 2 weeks - 6 months prior to the onset of symptoms:**

**Was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis C virus infection?**

- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, was type of contact:

<table>
<thead>
<tr>
<th>Sexual</th>
<th>Household (Non-sexual)</th>
<th>Other (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>[ ] No</td>
<td>[ ] No</td>
<td>[ ] No</td>
</tr>
<tr>
<td>[ ] Unknown</td>
<td>[ ] Unknown</td>
<td>[ ] Unknown</td>
</tr>
</tbody>
</table>

Ask both of the following questions regardless of the patient's gender. In the 6 months before symptom onset how many:

**Male sex partners did the patient have?**

- [ ] 0
- [ ] 1
- [ ] 2-5
- [ ] >5
- [ ] Unknown

**Female sex partners did the patient have?**

- [ ] 0
- [ ] 1
- [ ] 2-5
- [ ] >5
- [ ] Unknown

**Was the patient EVER treated for a sexually transmitted disease?**

- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, in what year was the most recent treatment?

**During the 2 weeks - 6 months prior to onset of symptoms:**

**Did the patient inject drugs not prescribed by a doctor?**

- [ ] Yes
- [ ] No
- [ ] Unknown

**Did the patient use street drugs but not inject?**

- [ ] Yes
- [ ] No
- [ ] Unknown

**Did the patient undergo hemodialysis?**

- [ ] Yes
- [ ] No
- [ ] Unknown

**Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood?**

- [ ] Yes
- [ ] No
- [ ] Unknown

**Did the patient receive blood or blood products (transfusion)?**

- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, when?

- [ ] mm/dd/yyyy

**Did the patient receive any IV infusions and/or injections in the outpatient setting?**

- [ ] Yes
- [ ] No
- [ ] Unknown

**Did the patient have other exposure to someone else's blood?**

- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, specify:

**Was the patient employed in a medical or dental field involving direct contact with human blood?**

- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, frequency of direct blood contact:

- [ ] Frequent (several times weekly)
- [ ] Infrequent

**Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood?**

- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, frequency of direct blood contact:

- [ ] Frequent (several times weekly)
- [ ] Infrequent

**Did the patient receive a tattoo?**

- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, where was the tattooing performed?

- [ ] Commercial parlor/shop
- [ ] Correctional facility
- [ ] Other (Specify)

**Did the patient have any part of their body pierced (other than ear)?**

- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, where was the piercing performed?

- [ ] Commercial parlor/shop
- [ ] Correctional facility
- [ ] Other (Specify)

**Did the patient have dental work or oral surgery?**

- [ ] Yes
- [ ] No
- [ ] Unknown

**Was the patient hospitalized?**

- [ ] Yes
- [ ] No
- [ ] Unknown

**Was the patient a resident of a long term care facility?**

- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, was the facility a:

<table>
<thead>
<tr>
<th>Prison</th>
<th>Jail</th>
<th>Juvenile facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>[ ] No</td>
<td>[ ] No</td>
<td>[ ] No</td>
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<tr>
<td>[ ] Unknown</td>
<td>[ ] Unknown</td>
<td>[ ] Unknown</td>
</tr>
</tbody>
</table>

**During his/her lifetime, was the patient EVER incarcerated for longer than 6 months?**

- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, what year was the most recent incarceration?

- [ ] yyyy

If yes, for how long?

- [ ] (months)
### Acute Hepatitis C cont.

**Describe public health action taken**

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### Risk Factor Investigation

**Hepatitis C Virus Infection (chronic or resolved)**

The following questions are provided as a guide for the investigation of lifetime risk factors for HCV infection. Routine collection of risk factor information for persons who test HCV positive is not required. However, collection of risk factor information for such persons may provide useful information for the development and evaluation of programs to identify and counsel HCV-infected persons.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the patient receive a blood transfusion prior to 1992?</td>
<td></td>
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<tr>
<td>Did the patient receive clotting factor concentrates produced prior to 1987?</td>
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<tr>
<td>Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times?</td>
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<tr>
<td>Was the patient ever incarcerated?</td>
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<tr>
<td>Was the patient ever a contact of a person who had hepatitis?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>If yes, type of contact:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household (Non-sexual)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the patient ever employed in a medical or dental field involving direct contact with human blood?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Public Health Action Taken

**Describe public health action taken**