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:
(Check all that apply)

☐ *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○ *Closed* ○ *Open* ○ *Regional Review* ○ *State Review* ○ *Superceded* ○ *Unassigned*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**
		West Virginia	

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**
		West Virginia	

Home Phone ###-###-####	**Ext.**	**Other Phone** ###-###-####	**Ext.**

Patient Demographic Information

* indicates required fields

Sex

○ *Male* ○ *Female* ○ *Transsexual* ○ *Unknown* ○ *Failure to report sex/missing sex* ○ *Other (Specify)* _____

Date of Birth* mm/dd/yyyy	**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

(Check all that apply)

☐ *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:

(Check all that apply)

☐ *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*
☐ *Other (Specify)* _____

Was patient hospitalized for this disease? ○ *Yes* ○ *No* ○ *Unknown*	**Name of Hospital**	**Date of Admission** mm/dd/yyyy

Patient outcome from this disease: ○ *Died* ○ *Survived* ○ *Unknown*	**Date of Death** mm/dd/yyyy

Clinical Data

Date of diagnosis mm/dd/yyyy	**Is the patient symptomatic?** ○ *Yes* ○ *No* ○ *Unknown*	**If Yes, onset date:** mm/dd/yyyy	**Was the patient jaundiced?** ○ *Yes* ○ *No* ○ *Unknown*

Was the patient pregnant? ○ *Yes* ○ *No* ○ *Unknown*	**Due date:** mm/dd/yyyy

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

Test Name	Result	Upper Limit Normal	Date of Result
			mm/dd/yyyy
ALT (SGPT)			
AST (SGOT)			

Reporting Source

Last Name	**First Name**	
Phone ###-###-####	**Ext.**	**Fax** ###-###-####
Facility		
Address		
City	**State** West Virginia	**Zip**
E-mail		

Provider with Further Patient Information

Last Name	**First Name**	
Phone ###-###-####	**Ext.**	**Fax** ###-###-####
Address		
City	**State** West Virginia	**Zip**

Public Health Investigation

Name of Person Interviewed	**Relationship to Patient**	**Date reported to public health** mm/dd/yyyy	
Investigator	**Date public health investigation began** mm/dd/yyyy	**Health Department**	**Phone** ###-###-####
Ext.			
Investigation ID	**Part of an Outbreak?** ○ *Yes* ○ *No* ○ *Unknown*	**Outbreak Name**	**Lost to follow-up?** ○ *Yes* ○ *No*

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:

Household member (non-sexual)	**Sex partner**	**Child cared for by this patient**	**Babysitter of this patient**
○ *Yes* ○ *No* ○ *Unknown*	○ *Yes* ○ *No* ○ *Unknown*	○ *Yes* ○ *No* ○ *Unknown*	○ *Yes* ○ *No* ○ *Unknown*

Playmate	**Other (Specify)**
○ *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?	**A household contact of a child or employee in a day care center, nursery, or preschool?**
○ *Yes* ○ *No* ○ *Unknown*	○ *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:

How many male sex partners did the patient have?	**How many female sex partners did the patient have?**
○ *0* ○ *1* ○ *2-5* ○ *>5* ○ *Unknown*	○ *0* ○ *1* ○ *2-5* ○ *>5* ○ *Unknown*

Did the patient inject drugs not prescribed by a doctor?	**Did the patient use street drugs but not inject?**
○ *Yes* ○ *No* ○ *Unknown*	○ *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	**Specify food item**
○ *Yes* ○ *No* ○ *Unknown*	

Waterborne	**Source not identified**
○ *Yes* ○ *No* ○ *Unknown*	○ *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 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?

yyyy

Has the patient ever received immune globulin?

○ *Yes* ○ *No* ○ *Unknown*

If Yes, when was the last dose received?

mm/yyyy

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

○ *Yes* ○ *No* ○ *Unknown*

Household (Non-sexual)

○ *Yes* ○ *No* ○ *Unknown*

Other

○ *Yes (Specify)*_____ ○ *No* ○ *Unknown*

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?

yyyy

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*

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?

(Check all that apply)

☐ *Commercial parlor/shop* ☐ *Correctional facility* ☐ *Other (Specify)*_____

Acute Hepatitis B cont.

Did the patient have any part of their body pierced (other than ear)?
○ *Yes* ○ *No* ○ *Unknown*

If yes, where was the piercing performed?
(Check all that apply)
☐ *Commercial parlor/shop* ☐ *Correctional facility* ☐ *Other (Specify)*_____

Did the patient have dental work or oral surgery?
○ *Yes* ○ *No* ○ *Unknown*

Did the patient have surgery? (other than 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*

Was the patient incarcerated for longer than 24 hours?
○ *Yes* ○ *No* ○ *Unknown*

If yes, was the facility a:

Prison
○ *Yes* ○ *No* ○ *Unknown*

Jail
○ *Yes* ○ *No* ○ *Unknown*

Juvenile facililty
○ *Yes* ○ *No* ○ *Unknown*

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)

Did the patient ever receive hepatitis B vaccine?
○ *Yes* ○ *No* ○ *Unknown*

If yes, how many shots?
○ *1* ○ *2* ○ *3 or more*

In what year was the last shot received?
yyyy

Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after the last dose?
○ *Yes* ○ *No* ○ *Unknown*

If yes, was the serum anti-HBs >= 10mIU/ml?
(answer 'Yes' if the laboratory result was reported as 'positive' or 'reactive')
○ *Yes* ○ *No* ○ *Unknown*

Describe public health action taken

Risk Factor Investigation

Perinatal Hepatitis B Virus Infection

Race of Mother:
(Check all that apply)
☐ *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*_____

Ethnicity of Mother:
○ *Hispanic or Latino* ○ *Not Hispanic or Latino* ○ *Unknown* ○ *Failure to report ethnicity/missing ethnicity*

Was Mother born outside of the United States?
○ *Yes* ○ *No* ○ *Unknown*

If Yes, what Country?

Was the Mother confirmed HBsAg positive prior to or at time of delivery?
○ *Yes* ○ *No* ○ *Unknown*

If No, was the mother confirmed HBsAg positive after delivery?
○ *Yes* ○ *No* ○ *Unknown*

Date of HBsAg positive test result:
mm/dd/yyyy

How many doses of hepatitis B vaccine did the child receive?
○ *0* ○ *1* ○ *2* ○ *3 or more*

Dose 1 Date
mm/dd/yyyy

Dose 2 Date
mm/dd/yyyy

Dose 3 Date
mm/dd/yyyy

Did the child receive hepatitis B immune globulin (HBIG)?
○ *Yes* ○ *No* ○ *Unknown*

If Yes, on what date did the child receive HBIG?
mm/dd/yyyy

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:

Sexual	**Household (Non-sexual)**	**Other**
○ *Yes* ○ *No* ○ *Unknown*	○ *Yes* ○ *No* ○ *Unknown*	○ *Yes (Specify)*_____ ○ *No* ○ *Unknown*

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

Was the patient EVER treated for a sexually transmitted disease?	**If yes, in what year was the most recent treatment?** yyyy
○ *Yes* ○ *No* ○ *Unknown*	

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

Did the patient inject drugs not prescribed by a doctor?	**Did the patient use street drugs but not inject?**
○ *Yes* ○ *No* ○ *Unknown*	○ *Yes* ○ *No* ○ *Unknown*

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

Did the patient receive blood or blood products (transfusion)?	**If yes, when?** mm/dd/yyyy	**Did the patient receive any IV infusions and/or injections in the outpatient setting?**
○ *Yes* ○ *No* ○ *Unknown*		○ *Yes* ○ *No* ○ *Unknown*

Did the patient have other exposure to someone else's blood?	**If yes, specify:**
○ *Yes* ○ *No* ○ *Unknown*	

Was the patient employed in a medical or dental field involving direct contact with human blood?	**If yes, frequency of direct blood contact:**
○ *Yes* ○ *No* ○ *Unknown*	○ *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?	**If yes, frequency of direct blood contact:**
○ *Yes* ○ *No* ○ *Unknown*	○ *Frequent (several times weekly)* ○ *Infrequent*

Did the patient receive a tattoo?	**If yes, where was the tattooing performed?** (Check all that apply)
○ *Yes* ○ *No* ○ *Unknown*	☐ *Commercial parlor/shop* ☐ *Correctional facility* ☐ *Other (Specify)*_____

Did the patient have any part of their body pierced (other than ear)?	**If yes, where was the piercing performed?** (Check all that apply)
○ *Yes* ○ *No* ○ *Unknown*	☐ *Commercial parlor/shop* ☐ *Correctional facility* ☐ *Other (Specify)*_____

Did the patient have dental work or oral surgery?	**Did the patient have surgery? (other than oral surgery)**	**Was the patient hospitalized?**
○ *Yes* ○ *No* ○ *Unknown*	○ *Yes* ○ *No* ○ *Unknown*	○ *Yes* ○ *No* ○ *Unknown*

Was the patient a resident of a long term care facility?	**Was the patient incarcerated for longer than 24 hours?**
○ *Yes* ○ *No* ○ *Unknown*	○ *Yes* ○ *No* ○ *Unknown*

If yes, was the facility a:

Prison	**Jail**	**Juvenile facililty**
○ *Yes* ○ *No* ○ *Unknown*	○ *Yes* ○ *No* ○ *Unknown*	○ *Yes* ○ *No* ○ *Unknown*

During his/her lifetime, was the patient EVER incarcerated for longer than 6 months?	**If yes, what year was the most recent incarceration?** yyyy	**If yes, for how long?** (months)
○ *Yes* ○ *No* ○ *Unknown*		

Acute Hepatitis C cont.

Describe public health action taken

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.

Did the patient receive a blood transfusion prior to 1992?
○ *Yes* ○ *No* ○ *Unknown*

Did the patient receive an organ transplant prior to 1992?
○ *Yes* ○ *No* ○ *Unknown*

Did the patient receive clotting factor concentrates produced prior to 1987?
○ *Yes* ○ *No* ○ *Unknown*

Was the patient ever on long-term hemodialysis?
○ *Yes* ○ *No* ○ *Unknown*

Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times?
○ *Yes* ○ *No* ○ *Unknown*

How many sex partners has the patient had (approximate lifetime)?

Was the patient ever incarcerated?
○ *Yes* ○ *No* ○ *Unknown*

Was the patient ever treated for a sexually transmitted disease?
○ *Yes* ○ *No* ○ *Unknown*

Was the patient ever a contact of a person who had hepatitis?
○ *Yes* ○ *No* ○ *Unknown*

If yes, was type of contact:

Sexual
○ *Yes* ○ *No* ○ *Unknown*

Household (Non-sexual)
○ *Yes* ○ *No* ○ *Unknown*

Other
○ *Yes (Specify)*_____ ○ *No* ○ *Unknown*

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

Public Health Action Taken

Describe public health action taken