



Contact Investigation Form

Hepatitis A Fast Facts

Agent: Hepatitis A virus (HAV)

Incubation: 15-50 days (average 28-30 days)

Mode of Transmission: Person-to-person through the fecal-oral route; ingestion of contaminated food or water

Avg Length of Illness: 1-2 weeks

Prevention- within 2 weeks of last known exposure: vaccine (most persons) and (for certain persons) immune globulin (gamaSTAN)

Contact Demographics

Date of Interview __/__/__

Last Name _____ First Name _____

Middle Name _____ Suffix _____

DOB (MM/DD/YYYY) __/__/____ Age ____ Years/Months/Days (circle one)

Patient's Parent/Guardian Name (if applicable) _____

Gender Male Female
 Transgender Male-to-Female Transgender Female-to-Male
 Refused to Answer
 Additional Gender Identity (please specify) _____

Sexual Orientation Heterosexual Homosexual Bisexual Refused to Answer

Ethnicity Hispanic Non-Hispanic

Race (check all that apply)
 Black or African American White Asian American Indian or Alaska Native
 Unknown Other _____

Public Health Region _____

Residential Address Number & Street Apartment/Unit Number, City, State, Zip

County _____

Home Telephone (____) _____

Cell Phone (____) _____

Work/School Telephone (____) _____

E-mail Address _____

Other Electronic Contact Information (Grindr, Instagram etc)

Occupation _____

Work/School Location _____

Work/School Contact _____

Symptomatic

Is the contact currently symptomatic? Yes No **If yes, please complete a Case Report Form**

Assessment of IG

What is the contact age in years: _____

What Type of contact is this:

- Sexual Drug, Injection Drug, Non-Injection
 Household Food service co-worker Corrections
 Other , please explain _____

Does the contact have any of the following:

- HIV Immunosuppression Chronic Liver Disease

Hepatitis A immunization history – Indicate Twinrix, monovalent or unknown

Dose Number	1	2	3	4
Type	<input type="checkbox"/> Twinrix (Hep A/B) <input type="checkbox"/> Monovalent Hep A <input type="checkbox"/> Unknown	<input type="checkbox"/> Twinrix (Hep A/B) <input type="checkbox"/> Monovalent Hep A <input type="checkbox"/> Unknown	<input type="checkbox"/> Twinrix (Hep A/B) <input type="checkbox"/> Monovalent Hep A <input type="checkbox"/> Unknown	<input type="checkbox"/> Twinrix (Hep A/B) <input type="checkbox"/> Monovalent Hep A <input type="checkbox"/> Unknown
Date of dose				
Unknown date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Post Exposure Prophylaxis

First known exposure date: _____

Last known exposure date: _____

Last day to receive PEP (last known exposure day plus 14 days): _____

Type of PEP recommended:

- Vaccine Only Vaccine and IG None- outside PEP window None- vaccinated

Was PEP (vaccine) administered in the appropriate window? Yes No Unknown

Was PEP (IG) administered in the appropriate window? Yes No Unknown

Was vaccine given outside of the PEP window? Yes No Unknown

Case Classification

Did this contact become a case:

Yes No Unknown

What is the Record ID for the new case investigation _____

CSTE Case Definition (2012)

Clinical Description

An acute illness with a discrete onset of any sign or symptom consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain), and either a) jaundice, or b) elevated serum alanine aminotransferase (ALT) or aspartate aminotransferase (AST) levels.

Laboratory Criteria for Diagnosis

Immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV) positive

Case Classification – Confirmed