

## Hepatitis A Case Report Form

### Hepatitis A Fast Facts

**Agent:** Hepatitis A virus (HAV)

**Incubation:** 15-50 days (average 28 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 globuline (gammaSTAN)

### Patient 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  Unknown

**Race**     White     Black or African American     Asian     American Indian or Alaska Native  
 Native Hawaiian or other Pacific Islander     Other     Multiple Races     Unknown  
if other, please specify \_\_\_\_\_

**Public Health Region** \_\_\_\_\_

**Type of Insurance:**  Medicaid     Medicare     Military/ VA     Indian Health Services     Private     Uninsured

**Is patient experiencing homelessness? :**  Yes     No     Unknown

**Residential Address Number & Street Apartment/Unit Number**

\_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone(s) (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Other Electronic Contact Information (e.g., Grindr, Instagram, etc.)**

\_\_\_\_\_

**Primary Language:**  English     Spanish     Other: please specify \_\_\_\_\_

**Pregnant:**  Yes     No     Unknown    **Estimated Delivery Date** \_\_\_/\_\_\_/\_\_\_\_\_

**Occupation/ School** \_\_\_\_\_ **Occupation/School setting** \_\_\_\_\_

Physician name and facility \_\_\_\_\_

Physician phone (\_\_\_\_) \_\_\_\_\_

**Reason for testing**

- Routine physical
- Exposure to case
- Unknown
- Symptoms of acute hepatitis
- Possible cholestatic hepatitis
- Other \_\_\_\_\_
- Evaluation of liver enzymes

**SIGNS AND SYMPTOMS**

**Symptomatic?**  Yes  No  Unknown

**Onset date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Jaundice**  Yes  No  Unknown

**Jaundice onset date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Diarrhea**  Yes  No  Unknown

**Diarrhea onset date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Vomiting**  Yes  No  Unknown

**Abdominal discomfort**  Yes  No  Unknown

**Loss of appetite**  Yes  No  Unknown

**Fever**  Yes  No  Unknown

**Light, clay-colored stool**  Yes  No  Unknown

**Dark urine**  Yes  No  Unknown

**Itching**  Yes  No  Unknown

**Headaches**  Yes  No  Unknown

**Fatigue**  Yes  No  Unknown

**Other symptoms (specify)** \_\_\_\_\_

**LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS**

ALT [SGPT] result \_\_\_\_\_ Upper limit normal (ALT) \_\_\_\_\_ ALT draw date \_\_\_\_/\_\_\_\_/\_\_\_\_

AST [SGOT] result \_\_\_\_\_ Upper limit normal (AST) \_\_\_\_\_ AST draw date \_\_\_\_/\_\_\_\_/\_\_\_\_

Bilirubin (total) \_\_\_\_\_ Bilirubin draw date \_\_\_\_/\_\_\_\_/\_\_\_\_

**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"/>

## HOSPITALIZATION

Hospitalized for hepatitis?  Yes  No  Unknown

If yes, provide details below.

Hospital Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Admit date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge/transfer date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical record number \_\_\_\_\_

Discharge diagnosis \_\_\_\_\_

Did the patient die from Hepatitis A?  Yes  No  Unknown If yes, date of death (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

## Diagnostic tests

IgM antibody to Hepatitis A virus (IgM anti-HAV)	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg/Inconclusive	<input type="checkbox"/> Unk/Not done
Total antibody to Hepatitis A virus (total anti-HAV)	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg/Inconclusive	<input type="checkbox"/> Unk/Not done
Hepatitis A Nucleic Acid Test (NAT)	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg/Inconclusive	<input type="checkbox"/> Unk/Not done
Hepatitis B surface antigen (HBsAg)	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg/Inconclusive	<input type="checkbox"/> Unk/Not done
IgM antibody to Hepatitis B core antigen (IgM anti-HBc)	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg/Inconclusive	<input type="checkbox"/> Unk/Not done
Total antibody to Hepatitis B core antigen (total anti-HBc)	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg/Inconclusive	<input type="checkbox"/> Unk/Not done
Antibody to Hepatitis C virus (anti-HCV)	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg/Inconclusive	<input type="checkbox"/> Unk/Not done
Supplemental anti-HCV assay (e.g., RIBA)	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg/Inconclusive	<input type="checkbox"/> Unk/Not done
HCV RNA (e.g., PCR)	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg/Inconclusive	<input type="checkbox"/> Unk/Not done

## PCR AND GENOTYPING RESULTS

Was specimen sent to CDC for genotyping?  Yes  No  Unknown

CDC genotype results \_\_\_\_\_ CDC genotype result date \_\_\_\_/\_\_\_\_/\_\_\_\_

CDC genotype sub-cluster \_\_\_\_\_

### CALCULATE EXPOSURE PERIOD

*Incubation Period is 15-50 days (mean of 28 days) prior to onset of acute illness*

Onset date (onset of acute symptoms) \_\_\_\_/\_\_\_\_/\_\_\_\_

Beginning of exposure period (onset minus 50 days) \_\_\_\_/\_\_\_\_/\_\_\_\_

End of exposure period (onset minus 14 days) \_\_\_\_/\_\_\_\_/\_\_\_\_

Exposure period      Begin \_\_\_/\_\_\_/\_\_\_\_\_      End \_\_\_/\_\_\_/\_\_\_\_\_

○ What do you think caused you to become ill? \_\_\_\_\_

**During the 15-50 day period before illness onset (dates above), did the patient have any of the following exposures?**

- Contact with someone with confirmed or suspected Hepatitis A virus infection?     Yes     No     Unknown
  - If yes, what was the relationship?     Parent or Guardian     Spouse or significant other
  - Sexual     Friend     Child     Other (please specify) \_\_\_\_\_

**INTERNATIONAL TRAVEL**

- Did the patient travel outside the U.S.     Yes     No     Unknown
  - If any travel, where? (city, country)
    - Location: \_\_\_\_\_  
Dates of travel \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_
    - Location: \_\_\_\_\_  
Dates of travel \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_

**DOMESTIC TRAVEL**

- Did the patient travel outside their county of residence?     Yes     No     Unknown
  - If any travel, where? (city, country)
    - Location: \_\_\_\_\_  
Dates of travel \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_
    - Location: \_\_\_\_\_  
Dates of travel \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_

**SEX AND DRUG INFORMATION**

**Please ask the following questions about the exposure time period listed above:**

- Did the patient have sexual (vaginal, anal, oral) contact with (mark all that apply)?
  - Male     Female     Transgender     Refused     Don't know/unknown     None
- How many sexual partners has the person had? \_\_\_\_\_
- Had a sexual partner that used/s recreational drugs?     Yes     No     Unknown
- Had a male sex partner who has had sex with men?     Yes     No     Unknown
- Sex with someone the patient didn't know (anonymous sex)?     Yes     No     Unknown
- Did the patient use recreational drugs?     Yes     No     Unknown
- Shared drug equipment (even once)?     Yes     No     Unknown

**If yes, please complete table below.**

	Opioids	Heroin	Meth	Cocaine	Other (specify)
Smoke					
Snort					
Inject					
By mouth					

Exposure period Begin \_\_\_/\_\_\_/\_\_\_ End \_\_\_/\_\_\_/\_\_\_

**Where the patient spends the night**

**During the exposure period (dates above), did the patient spend the night at any of the following places? Only include locations differing from the home address reported by the patient.**

	Y/N/U	Name	Address/Phone	Start date	End date
Friend or family member home (1)			( ) _____		
Friend or family member home (2)			( ) _____		
Shelter (1)			( ) _____		
Shelter (2)			( ) _____		
On the street (1)			( ) _____		
On the street (2)			( ) _____		
Jail, prison, or detention center (1)			( ) _____		
Jail, prison, or detention center (2)			( ) _____		
Rehab, detox, or congregate living facility (1)			( ) _____		
Rehab, detox, or congregate living facility (2)			( ) _____		
Other type of location (1), specify _____ _____			( ) _____		
Other type of location (2), specify _____ _____			( ) _____		

- In the settings listed above, was the patient around anyone ill with symptoms of hepatitis A?
  - Yes
  - No
  - Unknown

Calculate **INFECTIOUS** Period:

Infectious Period is 14 days prior to onset of symptoms through one week following onset of symptoms.

Date of symptom onset: \_\_\_/\_\_\_/\_\_\_

Beginning of infectious period (onset date minus 14 days) : \_\_\_/\_\_\_/\_\_\_

End of infectious period (onset date plus 7 days) : \_\_\_/\_\_\_/\_\_\_

## SUSCEPTIBLE CONTACTS

**Ask all of the following questions for the infectious period listed above:**

- Did the case patient share the same household with others?  Yes  No  Unknown
  - How many people were in the household? \_\_\_\_\_
- Did the case patient handle or prepare food for others (non-work related)?  Yes  No  Unknown
  - How many people did the case patient prepare food for? \_\_\_\_\_
  - Describe food preparation: \_\_\_\_\_  
\_\_\_\_\_
- Was the case patient employed as a food handler?  Yes  No  Unknown
  - If yes, provide name, location and dates of work: \_\_\_\_\_  
\_\_\_\_\_
  - Did patient work while experiencing diarrhea?  Yes  No  Unknown
  - Did the patient wear gloves?  Yes  No  Unknown
  - Rate hand hygiene practices while working:  Good  Poor  Unknown  Other \_\_\_\_\_
  - Describe patient's role at work while infectious: \_\_\_\_\_  
\_\_\_\_\_
- Was the case patient a health care worker?  Yes  No  Unknown
  - If yes, provide name, location and dates of work: \_\_\_\_\_  
\_\_\_\_\_
- Did the case have sexual contacts?  Yes  No  Unknown
  - How many are named \_\_\_\_\_
  - How many are known but not disclosed \_\_\_\_\_
  - How many are anonymous \_\_\_\_\_
- Did the case patient use any recreational drugs?  Yes  No  Unknown
  - If yes, Did the case patient **inject** any recreational drugs  Yes  No  Unknown
- Did the case patient use any recreational drugs **with other people**?  Yes  No  Unknown
  - If yes, did they share injection equipment (needles, syringes, cookers, cottons)?  Yes  No  Unknown
  - If yes, how many people did they share equipment with? \_\_\_\_\_

**Risk History (continued)**

Infectious Period      Begin \_\_\_\_/\_\_\_\_/\_\_\_\_      End \_\_\_\_/\_\_\_\_/\_\_\_\_

**WHERE THE PATIENT SPENDS THE NIGHT**

- Was the case patient experiencing homelessness during the infectious period?       Yes    No    Unknown

**During the infectious period (dates above), did the patient spend the night at any of the following places? Only include locations differing from the home address reported by the patient.**

	Y/N/U	Name	Address/Phone	Start date	End date
Friend or family member home (1)			(____) _____		
Friend or family member home (2)			(____) _____		
Shelter (1)			(____) _____		
Shelter (2)			(____) _____		
On the street (1)			(____) _____		
On the street (2)			(____) _____		
Jail, prison, or detention center (1)			(____) _____		
Jail, prison, or detention center (2)			(____) _____		
Rehab, detox, or congregate living facility (1)			(____) _____		
Rehab, detox, or congregate living facility (2)			(____) _____		
Other type of location (1), specify _____			(____) _____		
Other type of location (2), specify _____					

**Risk History (continued)**

Infectious Period      Begin \_\_\_/\_\_\_/\_\_\_\_\_      End \_\_\_/\_\_\_/\_\_\_\_\_

List all contacts, during the **infectious period**, below

(ENTER THESE CONTACTS INTO REDCap CONTACT FORM, and LINK TO CASE)

Name/ Age	Address	Phone	Dates of contact	Type of contact	Immune? <i>include vaccine type (monovalent or Hep A/B) and dates of vaccination, if known</i>	PEP* offered and date received	
						Offered Y/N	Date rec'd

\* Follow guidance for PEP if contact is identified within 2 weeks of the most recent exposure.

**Case Classification**

Confirmed     Not a case

**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**

A case that meets the clinical case definition and is laboratory confirmed, OR

A case that meets the clinical case definition and occurs in a person who has an epidemiologic link with a person who has laboratory-confirmed hepatitis A (i.e., household or sexual contact with an infected person during the 15-50 days before the onset of symptoms).



## Food and water exposure history (continued)

- Participate in aquatic activities (surfing or swimming in ocean, water parks, streams, etc.)?

Yes       No       Unknown

Specify aquatic activities and locations \_\_\_\_\_  
\_\_\_\_\_

Water sources (including drinking water and residential water source)

Municipal tap       Filtered tap       Private well       Untreated surface

Bottled, specify: \_\_\_\_\_

## Household and daycare exposure history

During the 15-50 day period before illness onset (dates above), did the patient have any of the following exposures?

- Household contact of a child in diapers?       Yes     No     Unknown

- If yes, was the child internationally adopted?     Yes     No     Unknown

- If yes, from where? \_\_\_\_\_

- Household contact of a child or employee in a child care center, nursery, or preschool?

Yes       No       Unknown

- If yes, was there an identified Hepatitis A case in the child care facility?     Yes     No     Unknown

- If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

## Household travel

- Did anyone else in the **household** travel outside the U.S.?       Yes     No     Unknown

- If travel among household, where? (city, country)

▪ Location: \_\_\_\_\_

Dates of travel \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

- Did someone from **outside the U.S. visit**?       Yes     No     Unknown

- If visitor, from where? (city, country)

▪ Origin of visitor: \_\_\_\_\_

▪ Name(s) of visitors and relationship \_\_\_\_\_

Dates of visit \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

- Did anyone else in the household travel **outside their county of residence**?     Yes     No     Unknown

- If travel among household, where? (city, country)

▪ Location: \_\_\_\_\_

Dates of travel \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

- Did someone from **outside their county of residence visit**?       Yes     No     Unknown

- If visitor, from where? (city, country)

▪ Origin of visitor: \_\_\_\_\_

▪ Name(s) of visitors and relationship \_\_\_\_\_

Dates of visit \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_