# VIRAL HEPATITIS CASE REPORT

## The following questions should be asked for every case of viral hepatitis

<table>
<thead>
<tr>
<th>Prefix: (Mr. Mrs. Miss Ms. etc)</th>
<th>Last:</th>
<th>First:</th>
<th>Middle:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Name (nickname):</td>
<td>maiden:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Street:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Phone:</td>
<td>Zip Code:</td>
<td></td>
</tr>
<tr>
<td>SSN # (optional):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### DEMOGRAPHIC INFORMATION

**SEX:**
- Male
- Female
- Unk

**PLACE OF BIRTH:**
- USA
- Other:

**DATE OF BIRTH:**
- Date of birth: M M / D D / Y Y Y Y
- Age: ___ ___ (years) (00= <1yr, 99= Unk)

**ETNICITY:**
- Hispanic
- Non-hispanic
- Other/Unknown

### CLINICAL & DIAGNOSTIC DATA

**REASON FOR TESTING:**
- Symptoms of acute hepatitis
- Evaluation of elevated liver enzymes
- Blood / organ donor screening
- Follow-up testing for previous marker of viral hepatitis

**CLINICAL DATA:**
- Diagnosis date: M M / D D / Y Y Y Y
- Is patient symptomatic? Yes
- if yes, onset date: M M / D D / Y Y Y Y
- Was the patient
  - Jaundiced? Yes
  - Hospitalized for hepatitis? Yes
  - Was the patient pregnant?
  - due date: M M / D D / Y Y Y Y
- Did the patient die from hepatitis?
  - Date of death: M M / D D / Y Y Y Y

**LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS**

- ALT [SGPT] Result: Upper limit normal
- AST [SGOT] Result: Upper limit normal

**DIAGNOSTIC TESTS: CHECK ALL THAT APPLY**

- Total antibody to hepatitis A virus [total anti-HAV] Pos
- IgM antibody to hepatitis A virus [IgM anti-HAV] Pos
- Hepatitis B surface antigen [HBsAg] Pos
- Total antibody to hepatitis B core antigen [total anti-HBc] Pos
- IgM antibody to hepatitis B core antigen [IgM anti-HBc] Pos
- Antibody to hepatitis C virus [anti-HCV] Pos
- anti-HCV signal to cut-off ratio
- Supplemental anti-HCV assay [e.g., RIBA] Pos
- HCV RNA [e.g., PCR] Pos
- Antibody to hepatitis D virus [anti-HDV] Pos
- Antibody to hepatitis E virus [anti-HEV] Pos

**DIAGNOSIS:**
- Acute hepatitis A
- Acute hepatitis B
- Acute hepatitis C
- Acute hepatitis E
- Chronic HBV infection
- Perinatal HBV infection
- Hepatitis Delta (co- or super-infection)
- HCV infection (chronic or resolved)
- Acute non-ABC D hepatitis

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**In this patient and a laboratory-confirmed hepatitis A case?**
- Yes
- No
- Unk
# Patient History - Acute Hepatitis A

**DRAFT COPY**

**NETSS ID NO.**

**STATE CASE NO.**

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, was the contact (check one)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• household member (non-sexual)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• sex partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• child cared for by this patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• babysitter of this patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• playmate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

- **Was the patient a child or employee in a day care center, nursery, or preschool?**

- **Was the patient a child or employee in a day care center, nursery or preschool travel outside of the U.S.A. or Canada?**

- **Was the patient employed as a food handler during the two weeks prior to onset of symptoms or while ill?**

### Please ask both of the following questions regardless of the patient’s gender.

- **In the 2-6 weeks before symptom onset how many male sex partners did the patient have?**
- **In the 2-6 weeks before symptom onset how many female sex partners did the patient have?**

### In the 3 months prior to symptom onset:

- **Did anyone in the patient’s household travel outside of the U.S.A. or Canada?**

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

### VACCINATION HISTORY

- **Has the patient ever received the hepatitis A vaccine?**
- **Has the patient ever received immune globulin?**

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**Note:** This is a draft copy of a patient history form related to acute hepatitis A. The form includes questions about the patient's history, contacts, and travel, as well as questions regarding the patient's vaccination history. The form is designed to be filled out by healthcare providers to gather information for diagnosing and managing cases of acute hepatitis A.
Patient History - 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 [ ] Unk [ ]
  - **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 [ ] 1-5 [ ] >5 [ ] Unk [ ]
- **female sex partners did the patient have?**
  - 0 [ ] 1-5 [ ] >5 [ ] Unk [ ]

#### Was the patient **EVER** treated for a sexually transmitted disease?
- Yes [ ] No [ ] Unk [ ]
  - **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 [ ] Unk [ ]
- **Use street drugs but not inject?**
  - Yes [ ] No [ ] Unk [ ]

### During his/her lifetime, was the patient **EVER**
- **incarcerated for longer than 6 months?**
  - Yes [ ] No [ ]
  - **If yes, what year was the most recent incarceration?** __ __ __ __
  - **For how long?** __ __ __ __ mos

### Did the patient ever receive hepatitis B vaccine?
- **If yes, how many shots?**
  - 1 [ ] 2 [ ] 3+ [ ]
  - **In what year was the last shot received?** __ __ __ __
<table>
<thead>
<tr>
<th>RACE OF MOTHER:</th>
<th>ETHNICITY OF MOTHER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amer Ind or Alaska Native</td>
<td>Hispanic ..................</td>
</tr>
<tr>
<td>Asian</td>
<td>Non-hispanic ..............</td>
</tr>
</tbody>
</table>
| Black or African American | Other/Unknown ...........
| Native Hawaiian or        |                               |
| Pacific Islander          |                               |
| White                     |                               |
| Unknown                   |                               |
| Other Race, specify:      |                               |

Was Mother born outside of United States? ................................................................. Yes No Unk

Was the Mother confirmed HBsAg positive prior to or at time of delivery? ............ Yes No Unk

- If no, was the mother confirmed HBsAg positive after delivery? .................... Yes No Unk

Date of HBsAg positive test result ................................................................. M M / D D / Y Y Y Y

How many doses of hepatitis B vaccine did the child receive? ......................... 0 1 2

- When?
  - Dose 1- M M / D D / Y Y Y Y
  - Dose 2- M M / D D / Y Y Y Y
  - Dose 3- M M / D D / Y Y Y Y

Did the child receive hepatitis B immune globulin (HBIG)? ........................... Yes No Unk

- If yes, on what date did the child receive HBIG? ........................................ M M / D D / Y Y Y Y
Patient History- Acute Hepatitis C

During the 2 weeks- 6 months prior to onset of symptoms was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis C virus infection? Yes ☐ No ☐ Unk ☐

If yes, type of contact
- Sexual ☐ ☐ ☐
- Household [Non-sexual] ☐ ☐ ☐
- Other: ____________________________ ☐ ☐ ☐

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

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?

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

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

During the 2 weeks- 6 months prior to onset of symptoms
- inject drugs not prescribed by a doctor? ☐ ☐ ☐ ☐
- use street drugs but not inject? ____________________________

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

Did the patient have any part of their body pierced (other than ear)?
- where was the piercing performed? (select all that apply)
  ☐ commercial ☐ correctional ☐ other ____________________________
  parlor / shop facility
- Yes ☐ No ☐ Unk ☐

During his/her lifetime, was the patient EVER
- incarcerated for longer than 6 months? ☐ ☐ ☐ ☐
- If yes, for how long? __ __ __ mos

**DRAFT COPY**
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>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the patient receive a blood transfusion prior to 1992?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Did the patient receive an organ transplant prior to 1992?</td>
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<td></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>Was the patient ever employed in a medical or dental field involving direct contact with human blood?</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>How many sex partners has the patient had (approximate lifetime)?</td>
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<td></td>
</tr>
<tr>
<td>Was the patient ever incarcerated?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the patient ever treated for a sexually transmitted disease?</td>
<td></td>
<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>
</tbody>
</table>