HEPATITIS A CASE REPORT

Mail to: California Department of Public Health
Immunization Branch
850 Marina Bay Parkway
Building P, 2nd Floor, MS 7313
Richmond, CA 94804-6403
OR Fax to: (510) 620-3949

CASE IDENTIFICATION AND DEMOGRAPHICS

PATIENT'S NAME—*Last* *First* *Middle initial* | **PHONE** ( )

STREET ADDRESS | **CITY** | **STATE** | **ZIP** | **COUNTY**

DOB *(month/day/year)* / / | **AGE** *(enter age and check one)* _____ ☐Days ☐Weeks ☐Months ☐Years | **SEX** ☐M ☐F | **COUNTRY OF BIRTH** ☐USA ☐OTHER: ________ | **DATE OF REPORT** / /

ETHNICITY *(check one)*
☐Hispanic/Latino
☐Non-Hispanic/Non-Latino
☐Unknown

RACE *(check all that apply)*
☐Black/African-American
☐Native American/Alaskan Native
☐White
☐Unknown
☐Other:______

☐Asian: *Please specify:*
☐Asian Indian ☐Hmong ☐Thai
☐Cambodian ☐Japanese ☐Vietnamese
☐Chinese ☐Korean ☐Other Asian: ______
☐Filipino ☐Laotian

☐Pacific Islander: *Please specify:*
☐Native Hawaiian
☐Guamanian
☐Samoan
☐Other Pacific Islander: ______

PATIENT'S OCCUPATION/SETTING *(check all that apply and specify)*
☐Food service ☐Day care/preschool ☐School
☐Health care ☐Correctional Facility ☐Other
SPECIFY OCCUPATION:______

REASONS FOR TESTING *(check all that apply)*
☐Symptoms of acute hepatitis ☐Exposure to case
☐Evaluation of liver enzymes ☐Unknown ☐Other:______

PHYSICIAN NAME *(name, facility)* | **PHYSICIAN PHONE** ( ) | **CDPH ID**

CLINICAL AND DIAGNOSTIC DATA

SYMPTOMATIC?
☐Yes ☐No
☐Unknown

SYMPTOMS *(check all that apply)*
☐Jaundice ☐Anorexia ☐Clay stools
☐Dark urine ☐Abdominal pain ☐Fatigue
☐Diarrhea ☐Other: _____

SYMPTOM ONSET DATE / /

DIAGNOSIS DATE (test date) / /

DIED OF HEPATITIS? ☐Yes ☐No ☐Unk
if yes, date of death / /

HOSPITALIZED? ☐Yes ☐No ☐Unknown | **HOSPITAL NAME** | **ADMIT DATE** / / | **DISCHARGE DATE** / /

HEPATITIS A DIAGNOSTIC TESTS *(required)*

	Positive	*Negative*	*Unk*	*Month/Day/Year*
anti-HAV IgM	☐	☐	☐	__/__/_____
anti-HAV total	☐	☐	☐	__/__/_____

OTHER VIRAL HEPATITIS DIAGNOSTIC TESTS

	Positive	*Negative*	*Unk*	*Month/Day/Year*
HBsAg	☐	☐	☐	__/__/_____
anti-HBs	☐	☐	☐	__/__/_____
anti-HBc IgM	☐	☐	☐	__/__/_____
anti-HBc total	☐	☐	☐	__/__/_____
anti-HCV	☐	☐	☐	__/__/_____
Other _____	☐	☐	☐	__/__/_____
anti-HCV	☐	☐	☐	__/__/_____
Other _____	☐	☐	☐	__/__/_____

LIVER ENZYME LEVELS AT DIAGNOSIS *Month/Day/Year*

ALT [SGPT] Result______ Upper limit normal _____ __/__/_____
AST [SGOT] Result ______ Upper limit normal _____ __/__/_____
Bilirubin ______ __/__/_____

HEPATITIS A VACCINE HISTORY *Date unk*

☐Dose #1 Date __/__/____ ☐
☐Dose #2 Date __/__/____ ☐
☐None ☐Unknown

DIAGNOSIS

An acute illness with discrete onset of symptoms AND(1) jaundice or (2) elevated serum aminotransferase levels

☐**Confirmed** hepatitis A case: anti-HAV IgM positive or epidemiologically linked with a laboratory-confirmed case

**See hepatitis A quicksheet for additional information*

OPTIONAL RISK FACTOR INFORMATION

Within 7 weeks of onset of illness	*Yes*	*No*	*Unk*
Patient traveled domestically or internationally	☐	☐	☐
Travel Type: ☐Domestic ☐ International ☐ Unknown			
Location (city, county, state, country) ___________			
Contact with foreign traveler	☐	☐	☐
Contact to a confirmed or suspected case of hepatitis A	☐	☐	☐
Type of contact: ☐ Household ☐ Sexual ☐ Child care ☐Other ____			
Household contact of day care attendee or employee	☐	☐	☐
Household contact of diapered child	☐	☐	☐
If yes, was child internationally adopted?	☐	☐	☐
Ate raw or undercooked shellfish	☐	☐	☐
One or more male sex partners	☐	☐	☐
One or more female sex partners	☐	☐	☐
Illicit drug use (injecting or non-injecting)	☐	☐	☐
Homeless	☐	☐	☐
Linked to a common-source outbreak	☐	☐	☐
Type of outbreak: ☐ Foodborne ☐ Waterborne ☐ Source not identified			
Other: _________________			

If "Yes", provide names, dates, ages, addresses, telephone numbers, places, etc. in Comments box on the next page.

During the infectious period	*Yes*	*No*	*Unk*
Was the case employed as a food handler	☐	☐	☐
Did the case prepare food at any public or private gatherings	☐	☐	☐
Was the case employed as a health care worker with direct patient contact	☐	☐	☐
Was the case an attendee or employee of a child care center, nursery or preschool	☐	☐	☐

If 'Yes', provide job description, dates worked during communicable period, supervisor's name and phone number, etc. in Comments box on the next page.

INFECTION TIMELINE

Incubation period: 15-50 days
Infectious period: Transmission most likely to occur 1-2 weeks before onset of illness until seven days after jaundice onset
Post-exposure prophylaxis: Single-antigen HAV vaccine for healthy persons aged 12 months-40 years (consider vaccine in persons aged 41-59*) or immune globulin, 0.02 cc/kg, IM as soon as possible and within two weeks of exposure.

Enter date of onset in onset box.*
Count backward and forward to determine probable exposure and communicable periods.

	EXPOSURE PERIOD		COMMUNICABLE PERIOD	
Days from onset:	-50 days	-14 days	**ONSET***	+7 days
Calendar dates:	__/__/____ *(month/day/year)*	__/__/____ *(month/day/year)*	__/__/____ *(month/day/year)*	__/__/____ *(month/day/year)*

**onset of jaundice or onset of symptoms if not jaundiced*

SUSCEPTIBLE CONTACT* MANAGEMENT/FOLLOW-UP

HOUSEHOLD/DAYCARE ROSTER AND OTHER KNOWN OR PRESUMED CONTACT

Name	age	dates of exposure	last useful PEP date†	type of contact (household, sexual)	prophylaxis IG	prophylaxis Vax	prophylaxis None	vaccinated >1mo. before exposure	Reason PEP not given	Phone #
					☐	☐	☐	☐		
					☐	☐	☐	☐		
					☐	☐	☐	☐		
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					☐	☐	☐	☐		
					☐	☐	☐	☐		

**See hepatitis A quicksheet for definition of susceptible contact*
†2 weeks after last exposure date

COMMENTS

COMPLETED BY	LHD	DATE COMPLETED	PHONE	REPORT TO CDPH
		/ /	( )	/ /