

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

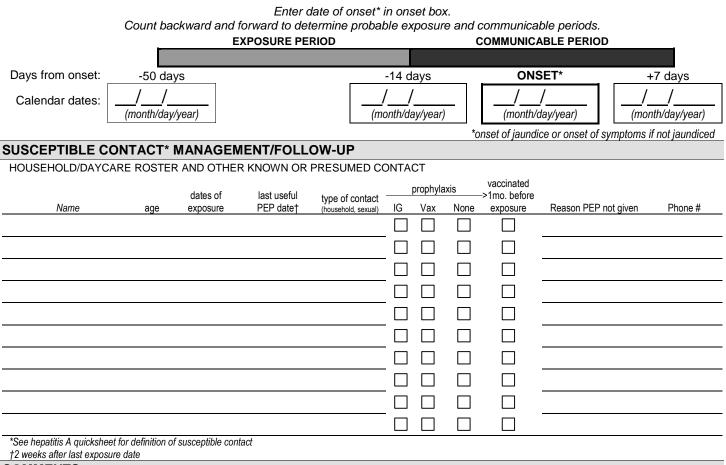
CASE IDENTIFICAT		OGRAPHICS					
PATIENT'S NAME—La	st	First		Middle initial	PHONE		
STREET ADDRESS		CITY	STATE	ZIP	COUNTY		
DOB (month/day/year)	AGE (enter age and o	check one)	SEX	COUNTRY OF BI	RTH	DATE OF R	EPORT
/ /	, .	,					
		Weeks Months Years				1 1	
ETHNICITY (check one)	RACE (check all that Black/African-Am		Please specify:			alandarı Diasası	
Non-Hispanic/	Native American/		n Indian Hm	ong 🗌 Thai		slander: <i>Please</i> s ve Hawaiian	specity.
Non-Latino			ibodian 🔲 Japa			manian	
	Other:	 □ Filipi			=	er Pacific Islande	er:
		k all that apply and specify)		OR TESTING (check			
	Day care/preschool			of acute hepatitis	Exposure to	o case	
	Correctional Facility	Other		of liver enzymes	Unknown	Other:	
SPECIFY OCCUPATIO							
PHYSICIAN NAME (nar	ne, facility)		PHYSICIA	N PHONE		CDPH ID	
CLINICAL AND DIA	GNOSTIC DAT	Α					
SYMPTOMATIC?	SYMPTOMS	(check all that apply)		MPTOM ONSET D		D OF HEPATI	-
□Yes □No	Jaundice	Anorexia Clay sto		/ /	ר <u>ם</u>	res □No □]Unk
Unknown	_	Abdominal pain Fatigue	DIA	GNOSIS DATE (test	date) if yes	s, date of death	
	Diarrhea	Other:		/ /		/ /	
HOSPITALIZED?	HOSPITAL NA	ME	AD	MIT DATE	DIS	CHARGE DAT	ſE
□Yes □No □Unkn	own			/ /		/ /	
HEPATITIS A DIAGNO	STIC TESTS (requir	ed)	OPTIONA	L RISK FACTOR	INFORMA	TION	
Pos	itive Negative	Unk Month/Day/Year	Within 7 wee	ks of onset of illness		Yes No	Unk
anti-HAV IgM			Patient traveled	domestically or internatio	nally		
anti-HAV total			Travel Type	e: Domestic 🛛 Intern	ational 🔲 Unkno	own	
OTHER VIRAL HEPAT	ITIS DIAGNOSTIC T	ESTS		ty, county, state, country)			
	itive Negative	Unk Month/Day/Year	Contact with for	-			i 🗌
HBsAg				firmed or suspected case	•		i 🗌
anti-HBs				tact: 🗌 Household 🗌 S		re	
anti-HBc IgM				act of day care attendee o	r employee		ј Ц
anti-HBc total				act of diapered child			<u>ј</u> Ц
anti-HCV			-	child internationally adopted	ed?		ļЦ
Other	j L			rcooked shellfish			ļЦ
anti-HCV	ļ Ц		One or more male sex partners			ļЦ	
Other			_	nale sex partners			ј Ц
LIVER ENZYME LEVE		Month/Day/Year	•	njecting or non-injecting)			ļЦ
	Upper limit nor		Homeless				ļЦ
AST [SGOT] Result _	Upper limit nor	rmal <u>/ /</u>		mon-source outbreak			ј Ц
Bilirubin HEPATITIS A VACCIN		 Date unk		preak: 🗌 Foodborne 🗌	Waterborne C S	ource not identifie	d
	Date / /		Other:				
Dose #2				e names, dates, ages, ado on the next page.	Iresses, telephone	numbers, places,	, etc. in
	Date//		Comments box	on the next page.			
	Unknown		During the infe	the second sector of			
DIAGNOSIS	dia avata avaat af a		During the infect			Yes No	D Unk
An acute illness with jaundice or (2) eleva				nployed as a food handle			ļЦ
	เอน จอเนเบ สมาแบบไ	ansigiase ieveis		pare food at any public of			
Confirmed hepatitis A case: anti-HAV IgM positive or		Was the case er patient contact	nployed as a health care	worker with direct			
epidemiologically link				n attendee or employee of	a child care cente	ir 🖵 —	- -
			nursery or preso				
				job description, dates wor			upervisor's
*See hepatitis A quicksheet I	or additional information			e number, etc. in Commer			
			•			00011	0000 (4/47)

State of California—Health and Human Services Agency

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.



COMMENTS

COMPLETED BY	LHD	DATE COMPLETED	DATE COMPLETED PHONE	
		/ /	()	/ /