State of California—Health and Human Services Agency

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

Local ID Number _____

(Please use the same ID Number on the preliminary and final reports to allow linkage to the same case.)

Report Status (check one)

☐Preliminary ☐Final

HEPATITIS E CASE REPORT

Please complete this form for confirmed and probable cases of Hepatitis E virus infections (HEV). For case definitions, see page 7. ***Completion of this form is not required but encouraged to improve surveillance of this disease****. Jurisdictions not participating in CalREDIE should mail the completed form to IDB-SSS at the address above. Jurisdictions participating in CalREDIE should create a CalREDIE incident and enter the information directly into the CalREDIE system.*

PATIENT INFORMATION

Last Name	*First Name*	*Middle Name*	*Suffix*

Social Security Number (9 digits)	*DOB (mm/dd/yyyy)*	*Age*	☐ *Years* ☐ *Months* ☐ *Days*

Address Number & Street – Residence	*Apartment/Unit Number*

City/Town	*State*	*Zip Code*

Census Tract	*County of Residence*	*Country of Residence*

Country of Birth	*If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)*

Home Telephone	*Cellular Phone/Pager*	*Work/School Telephone*

E-mail Address	*Other Electronic Contact Information*

Work/School Location	*Work/School Contact*

Gender
☐ Male ☐ Female ☐ Other: _____

Pregnant? ☐ Yes ☐ No ☐ Unk	*If Yes, Est. Delivery Date (mm/dd/yyyy)*

Medical Record Number	*Patient's Parent/Guardian Name*

Occupation Setting (see list on page 8)	*Other Describe/Specify*

Occupation (see list on page 8)	*Other Describe/Specify*

Primary Language
☐ English
☐ Spanish
☐ Other: _____

Ethnicity (check one)
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Unk

*Race**
(check all that apply, race descriptions on page 8)
☐ African-American/Black
☐ American Indian or Alaska Native
☐ Asian *(check all that apply)*
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Thai
- ☐ Vietnamese
- ☐ Other: _____

☐ Pacific Islander *(check all that apply)*
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Guamanian
- ☐ Other: _____

☐ White
☐ Other: _____
☐ Unk

*Comment: self-identity or self-reporting
The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

First three letters of patient's last name: | | | |

CLINICAL INFORMATION

Physician Name - Last Name	*First Name*	*Telephone Number*

SIGNS AND SYMPTOMS

Symptomatic? ☐ Yes ☐ No ☐ Unk	*First Symptom*	*Onset Date of Symptom (mm/dd/yyyy)*	*Duration of Acute Symptoms (days)*

Pregnant? ☐ Yes ☐ No ☐ Unk	*Weeks Gestation at Onset*	*Pregnancy Outcome* ☐ Live birth, healthy infant ☐ Live birth, complications (describe):_____ ☐ Fetal loss ☐ Still birth

Signs and Symptoms	Yes	No	Unk	If Yes, Specify as Noted
Anorexia (loss of appetite)				
Abdominal pain				
Clay stools (white or gray)				
Dark urine (orange or brown)				
Diarrhea				
Fatigue				
Fever				
Yellow skin or eyes (Jaundice)				*Onset date of jaundice (mm/dd/yyyy)*

Other signs and symptoms (specify)

PAST MEDICAL HISTORY

Does the patient have a history of liver disease? ☐ Yes ☐ No ☐ Unk	*If Yes, specify condition(s)*
Does the patient have any other medical conditions? (e.g.., renal disease, diabetes, immune-compromising conditions) ☐ Yes ☐ No ☐ Unk	*If Yes, specify medical conditions(s)*
Is the patient on immunosuppressive therapy? ☐ Yes ☐ No ☐ Unk	*If Yes, specify medication(s)*
Does the patient drink alcohol? ☐ Yes ☐ No ☐ Unk	*If Yes, how many servings of alcohol in a typical week?*
Does the patient use illicit drugs? ☐ Yes ☐ No ☐ Unk	*If Yes, specify type, route, frequency*

HOSPITALIZATION

Did patient visit emergency room for this illness? ☐ Yes ☐ No ☐ Unk	*Was patient hospitalized?* ☐ Yes ☐ No ☐ Unk	*If Yes, how many total hospital nights?*

If there were any ER visits or hospital stays related to this illness, specify details below.

HOSPITALIZATION – DETAILS

Hospital Name 1	*Street Address*			*Admit Date (mm/dd/yyyy)*	
	City			*Discharge / Transfer Date (mm/dd/yyyy)*	
	State	*Zip Code*	*Telephone Number*	*Medical Record Number*	*Discharge Diagnosis*
Hospital Name 2	*Street Address*			*Admit Date (mm/dd/yyyy)*	
	City			*Discharge / Transfer Date (mm/dd/yyyy)*	
	State	*Zip Code*	*Telephone Number*	*Medical Record Number*	*Discharge Diagnosis*

First three letters of patient's last name: | | | |

OUTCOME

Outcome?	If Survived,	If Died, Date of Death (mm/dd/yyyy)	Died of Hepatitis E infection?
☐ Survived ☐ Died ☐ Unk	Survived as of _____ (mm/dd/yyyy)		☐ Yes ☐ No ☐ Unk
Complications? ☐ Yes ☐ No ☐ Unk	If Yes, what type of complications? ☐ Liver failure ☐ Pregnancy loss ☐ Other:_____		

Notes, Clinical Course

LABORATORY INFORMATION

Reasons for testing (check all that apply)

☐ Symptoms of acute hepatitis ☐ Exposure to HEV case
☐ Evaluation of elevated liver enzymes ☐ Unknown ☐ Other (specify):_____

HEPATITIS E DIAGNOSTIC TESTS

Diagnostic Test	Specimen Source	Collection Date	Result	Comments
Hepatitis E Virus (HEV) RNA PCR			☐ Positive ☐ Unknown ☐ Negative ☐ Not done	If positive specimen site
Anti-HEV IgM			☐ Positive ☐ Unknown ☐ Negative ☐ Not done	
Anti-HEV IgG acute serum			☐ Positive ☐ Unknown ☐ Negative ☐ Not done	If positive, titer
Anti-HEV IgG convalescent serum			☐ Positive ☐ Unknown ☐ Negative ☐ Not done	If positive, titer
Other diagnostic tests for HEV (describe)			☐ Positive ☐ Unknown ☐ Negative ☐ Not done	

Was specimen sent to CDC for genotyping?	Type of Test	Result	Genotype
☐ Yes ☐ No ☐ Unk			☐ 1 ☐ 3 ☐ Unknown ☐ 2 ☐ 4 ☐ Other:_____

LIVER ENZYME LEVELS AT DIAGNOSIS

Diagnostic Test	Collection Date	Result (U/L)	Comments
Alanine aminotransferase (ALT)			
Aspartate aminotransferase (AST)			
Bilirubin			
Other relevant tests (specify)			

OTHER VIRAL HEPATITIS DIAGNOSTIC TESTS

Diagnostic Test	Date of Collection	Result: Positive/Negative/ Unknown/ Not Done	Comments
Hepatitis A Virus (HAV) Antibody (anti HAV IgM)			
Hepatitis B Virus (HBV) core antibody (anti-HBc IgM)			
HBV surface antigen (HBsAg)			
Anti-Hepatitis C Virus (HCV)			
Other viral hepatitis diagnostic tests (specify)			

Notes, diagnostic testing

First three letters of patient's last name: | | | |

EPIDEMIOLOGIC INFORMATION

INCUBATION PERIOD: 60 DAYS PRIOR TO ILLNESS ONSET

Infection Timeline

Incubation period: 15-60 days (mean, 40 days)
Infectious period: Transmission most likely to occur 7 days before onset of illness until 14 days after jaundice onset

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

Days from onset:	-60 days	*-7 days*	***Onset***	*+14 days*
Calendar dates:	___ ___ ____	___ ___ ____	___ ___ ____	___ ___ ____
	(mm/dd/yyyy)	*(mm/dd/yyyy)*	*(mm/dd/yyyy)*	*(mm/dd/yyy)*

TRAVEL HISTORY

*Did patient travel or live **outside the United States** during the 60 days prior to illness onset?* ☐ Yes ☐ No ☐ Unk	*If No, is patient a close personal contact of a person who traveled internationally?* ☐ Yes ☐ No ☐ Unk	*Describe (relationship to patient, location of travel)*

*Did the patient travel overnight or longer outside **county of residence** (but within the U.S.) during the 60 days prior to illness onset?*
☐ Yes ☐ No ☐ Unk

If Yes to either travel question, specify all locations and dates below.)

TRAVEL HISTORY – DETAILS

Travel Type	Location (city, county, state, country)	Date Travel Started *(mm/dd/yyyy)*	Date Travel Ended *(mm/dd/yyyy)*
☐ Domestic ☐ Unk ☐ International			
☐ Domestic ☐ Unk ☐ International			
☐ Domestic ☐ Unk ☐ International			

If case-patient traveled outside the US at any time during the 60 days prior to onset, no additional exposure history necessary

FOOD HISTORY

DID THE PATIENT EAT OR DRINK ANY OF THE FOLLOWING ITEMS DURING THE INCUBATION PERIOD?

Food Item	**Yes**	**No**	**Unk**	**If Yes, Specify as Noted**		
Seafood or meat item imported from outside the U.S.				*Type(s)*	*Eaten undercooked or raw?* ☐ Yes ☐ No ☐ Unk	*Where originated?*
Organ meats (e.g., liver)				*Type(s)*	*Eaten undercooked or raw?* ☐ Yes ☐ No ☐ Unk	*Where purchased?*
Wild game (e.g., swine, deer, venison)				*Type(s)*	*Eaten undercooked or raw?* ☐ Yes ☐ No ☐ Unk	*Where purchased?*
Shellfish				*Type(s)*	*Eaten undercooked or raw?* ☐ Yes ☐ No ☐ Unk	*Where purchased?*
Other food exposures of interest				*Type(s)*	*Eaten undercooked or raw?* ☐ Yes ☐ No ☐ Unk	*Where purchased?*

First three letters of patient's last name: | | | |

ANIMAL EXPOSURES

DID THE PATIENT HAVE ANY OF THE FOLLOWING ANIMAL EXPOSURES DURING THE INCUBATION PERIOD? This includes direct or indirect contact with the animal or environment.

Animal Exposures	Yes	No	Unk	Type(s) of Animals	Animal ill?	Setting/Location	Date (mm/dd/yyyy)
Pig or boar					☐ Yes ☐ No ☐ Unk		
Rodents, including rats					☐ Yes ☐ No ☐ Unk		
Other livestock (e.g., cows, sheep, goats)					☐ Yes ☐ No ☐ Unk		
Other animal exposures of interest (specify)					☐ Yes ☐ No ☐ Unk		

WATER EXPOSURES

DID THE PATIENT HAVE ANY OF THE FOLLOWING WATER EXPOSURES DURING THE INCUBATION PERIOD?

Water Source	Yes	No	Unk	Activity	Location	Date (mm/dd/yyyy)
Natural recreational water (rivers, lakes, oceans, etc.)						
Artificial recreational water (swimming pools, water parks, fountains, etc.)						
Drank untreated water/other water exposures of interest						

Source of household drinking water (check all that apply)

☐ Municipal tap water ☐ Private well water ☐ Bottled water (specify):_____

☐ Filtered tap water ☐ Untreated water

BLOOD/ORGAN DONATION

Did patient receive a blood transfusion during the incubation period? ☐ Yes ☐ No ☐ Unk	*If Yes, details of blood transfusion, including date*
Did patient donate blood during the infectious period? ☐ Yes ☐ No ☐ Unk	*If Yes, details of blood donation, including date*
Did patient receive an organ transplant during the incubation period? ☐ Yes ☐ No ☐ Unk	*If Yes, details of organ transplant, including date*
Did patient donate an organ during the infectious period? ☐ Yes ☐ No ☐ Unk	*If Yes, details of organ donation, including date*

OTHER EXPOSURES OR EPIDEMIOLOGICAL RISKS

DID THE PATIENT HAVE ANY OF THE FOLLOWING EXPOSURES OR EPIDEMIOLOGIC RISK FACTORS DURING THE INCUBATION OR INFECTIOUS PERIOD?

Setting or Exposure	Yes	No	Unk	If Yes, Specify as Noted	
Exposed to a confirmed or probable HEV case				*Provide details in the Ill Contacts section below.*	
Attended or worked in daycare				*Location*	
Contact with a diapered child or adult				*Location*	
Lived in congregate setting (e.g., dorm, residential care facility, corrections, etc.)					
Homeless					
Sexual activity				*Sexual partner(s)* ☐ Male ☐ Female ☐ Refused	*Engaged in oral-anal sex* ☐ Yes ☐ No ☐ Unk

First three letters of patient's last name: | | | |

Exposure to sewage or human excreta	☐	☐	☐	*Describe:*
Other exposures of interest	☐	☐	☐	*Describe:*

CONTACTS

IF THE PATIENT HAS ANY RELEVANT ILL HOUSEHOLD, SEXUAL, OR OTHER CLOSE CONTACTS, PLEASE PROVIDE DETAILS BELOW AND ENTER INTO NOTES OR MANAGE EXTERNALLY

Does the patient have any relevant ill household, sexual, or other close contacts? ☐ Yes ☐ No ☐ Unk	*If Yes, please provide details below and enter into Notes or manage externally.*
How many people besides the case, live in the household?	*Please provide details below. Include any guests who visited from outside the US and stayed at the patient's home, or social or sexual contacts who experienced a similar illness.*

CONTACTS – DETAILS

Name 1	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐ Yes ☐ No ☐ Unk
	Telephone Number	*Similar illness?* ☐ Yes ☐ No ☐ Unk		*Onset Date (mm/dd/yyyy)*	*Pregnant or immunocompromised?* ☐ Yes ☐ No ☐ Unk
Name 2	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐ Yes ☐ No ☐ Unk
	Telephone Number	*Similar illness?* ☐ Yes ☐ No ☐ Unk		*Onset Date (mm/dd/yyyy)*	*Pregnant or immunocompromised?* ☐ Yes ☐ No ☐ Unk
Name 3	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐ Yes ☐ No ☐ Unk
	Telephone Number	*Similar illness?* ☐ Yes ☐ No ☐ Unk		*Onset Date (mm/dd/yyyy)*	*Pregnant or immunocompromised?* ☐ Yes ☐ No ☐ Unk
Name 4	*Relationship*	*Age*	*Gender*	*Occupation*	*Sensitive occupation / situation?* ☐ Yes ☐ No ☐ Unk
	Telephone Number	*Similar illness?* ☐ Yes ☐ No ☐ Unk		*Onset Date (mm/dd/yyyy)*	*Pregnant or immunocompromised?* ☐ Yes ☐ No ☐ Unk

NOTES / REMARKS

REPORTING AGENCY

Investigator Name	*Local Health Jurisdiction*	*Telephone Number*	*Date Form Completed (mm/dd/yyyy)*
First Reported By ☐ Clinician ☐ Laboratory ☐ Other (specify):_____		*Health education provided?* ☐ Yes ☐ No ☐ Unk	*Patient restriction / clearance needed?* ☐ Yes ☐ No ☐ Unk

EPIDEMIOLOGICAL LINKAGE

Epi-linked to known case? ☐ Yes ☐ No ☐ Unk	*Contact Name / Case Number*

DISEASE CASE CLASSIFICATION

Case Classification (see case definition below)
☐ Confirmed ☐ Probable

First three letters of patient's last name: | | | |

OUTBREAK			
Part of known outbreak? ☐ Yes ☐ No ☐ Unk	*If Yes, extent of outbreak:* ☐ One CA jurisdiction ☐ Multiple CA jurisdictions ☐ Multistate ☐ International ☐ Unk ☐ Other (specify):_____		
Mode of Transmission ☐ Point source ☐ Person-to-person ☐ Unk ☐ Other:_____	*Vehicle of Outbreak*	*Pattern 1 ID number*	*Pattern 2 ID number*

STATE USE ONLY

State Case Classification

☐ Confirmed ☐ Probable ☐ Not a case ☐ Need additional information

CASE DEFINITION

HEPATITIS E VIRUS INFECTION (CDPH Definition, 2019)

CLINICAL CRITERIA

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, abdominal pain, or dark urine),
AND
a) jaundice or elevated total bilirubin levels >3.0 mg/dL, **OR**
b) elevated serum alanine aminotransferase (ALT) levels >200 IU/L,
AND
c) the absence of a more likely diagnosis

LABORATORY CRITERIA

Confirmatory laboratory evidence

- Detection of Hepatitis E Virus (HEV) ribonucleic acid (RNA) by nucleic acid amplification testing (NAAT; such as polymerase chain reaction [PCR] or genotyping) in any clinical specimen, **OR**
- Detection of a four-fold increase in quantitative HEV immunoglobulin G (IgG) antibody in acute and convalescent serum specimens, **OR**
- Detection of immunoglobulin M (IgM) antibody to HEV positive, **and** negative tests for other causes of acute viral hepatitis including negative hepatitis A virus IgM antibody, hepatitis B virus surface antigen, hepatitis C virus RNA, and hepatitis D virus IgM antibody

Probable laboratory evidence

Detection of HEV IgM antibody in serum in the absence of other tests described above.

EPIDEMIOLOGIC LINKAGE

Contact (e.g., household contact, meal sharing, travel partner, or sexual) with a laboratory-confirmed HEV case 15-60 days prior to onset of symptoms

CASE CLASSIFICATION

Confirmed

A case meeting clinical criteria AND confirmatory laboratory criteria.

Probable

- A case meeting clinical criteria AND probable laboratory criteria, **OR**
- A case meeting clinical criteria who is a close contact to a confirmed case of HEV.

First three letters of patient's last name: | | | |

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Adult film actor/actress
- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - server
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - nurse
- Medical - other/unknown
- Military
- Police officer
- Professional, technical, or related profession
- Retired
- Sex worker
- Stay at home parent/guardian
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Volunteer
- Other
- Refused
- Unknown