	of Public Health			
Investigator: Phone number: Referred to another state:	Status: Confirmed Probable Suspect Not a case Reviewer initials:			
CASE				
Last name:       Date of Birth:       /       /       Estimated?       Age         First and middle       name:       Gender:       Female       Male       Other	:			
Maiden name:         Suffix:         Pregnant:         Yes         No         Unk         Est. delivery           Marital         Single         Married         Single         Sin	/ / Separated			
Address line: status: Divorced Parent with partner V	Vidowed			
Zip: City: Race: 🔲 Black or African American 🔤 V	Jnknown White			
State County				
Phone: Type: Entitiety Hispanic of Latino Not Not Not Not Not Hispanic of Latino Not				
Homeless Yes No Unknown				
Parent/Guardian				
EVENT				
Onset         Last name:				
Survived this illness       Died from this illness         Event outcome:       Died unrelated to this illness         Date of Death       /         First name:				
Event exception $ \begin{array}{c}                                     $	□ PA			
Outbreak Yes No Unknown				
setting:				
acquired: In USA, outside reporting state Zip code: City:				
Outside USA     Unknown     State:     County:				
State:         Country:         Phone :         ( )-         -         Type:				
LABORATORY FINDINGS				
LABORATORY FINDINGS         Laboratory:	1			
LABORATORY FINDINGS         Laboratory:				
LABORATORY FINDINGS         Laboratory:	/ e			
LABORATORY FINDINGS         Laboratory:       Accession #:       Collection date:       /         Date received:       /       /       Blood/serum       Result date:       /         Date received:       /       /       Specimen source:       Other       Result date:       /         Result type:       Preliminary       Final       PCR       Negative	/ ne al			
LABORATORY FINDINGS         Laboratory:	/ ee al			

CONFIDENTIAL	PATIEI	NT NAME: _				low	a Department of Public Health
Result type: Organism:	Preliminary		Tes	t type:	PCR IgM HAV IgG HAV Total IgM/IgG HAV	Result:	Positive     Negative     Borderline     Equivocal     Not done
Laboratory:			Access	sion #:		Collection date:	
	1 1				Blood/serum		
	Preliminary			t type:	□ PCR □ IgM HAV	Result:	
Organism:	Hepatitis A vire	us		) p o .	☐ IgG HAV ☐ Total IgM/IgG HAV		Equivocal Not done
OCCUPATIONS	<i>4</i> . 1 1						
Interpret 'occupa	ation' very loose	ly and consid	er every person to	have a	at least one 'occupation'.		
Occupation type Worked afte	e:		Jo	b title:			
		No 🗌 Unkr	nown Facility i	name:			
Date worked from	n: <u>/</u>	1	Ad	dress:			
Date worked to Removed from	): <u>/</u>	/	Zip	code:			
	s: 🗌 Yes 🗌	No 🗌 Unkr	iown	City:		State:	County:
Date removed	l: /	/	P	hone:		Туре:	
н	andle food:	Yes 🗌 No	Unknown		Work in a health care se Direct patient care duties	s in	No Unknown
Attend or provide		Yes 🗍 No	Unknown		lab or health care setting Health care worker type:		☐ No ☐ Unknown atorian ☐ Nursing
	lab setting:					🗌 Nurse	practitioner sian ⊡Physician assistant
						Other	
Occupation type			Jo	b title:			
Worked afte	er						
Date worked from							
	): <u>/</u>						
Removed from	n						
duties		No 🗌 Unkr		City:		State:	County:
Date removed	1: /	/	P	hone:	<u>()-</u> -	Type: Yes	No Unknown
H Attend or provide		Yes ☐ No Yes ☐ No	Unknown		Work in a health care s Direct patient care du	tios in L Yes	🗌 No 🔄 Unknown
Atte	end school:	Yes ☐ No Yes ☐ No			lab or health care se Health care worker	etting: Labora	atorian 🔲 Nursing practitioner
WOR III a						Difference Physic	ian ∏Physician assistant
HOSPITALIZATIONS							
Was the case hospitalized?  Yes No Unknown							
Hospita	l:		Isolated	at entry	y: Yes No U	nk Isolation ty	pe (entry):
Admission date	: <u> </u>	/	Dischar	rge date	e: <u>/ /</u>	Days ho	spitalized:
Currently isolated	l: 🗌 Yes 🗌 N	No 🗌 Unk	Current isolat	ion type	e:		
CLINICAL INFO & DIAGNOSIS							
Jaune	dice: 🗌 Yes	🗌 No 🔲 Unk	Onset date:	/	1		
Dark u	rine: 🗌 Yes	🗌 No 🔲 Unk	Onset date:	1	/		
Diarr	<b>hea</b> : 🗌 Yes	🗌 No 📋 Unk	_	/			
Center for Acute [ 2			<: 515-281-5698	Do no	ot complete shaded areas	Hepatitis	A Revised Aug-21
-							

CONFIDENTIAL	PATIENT NAME:			lowa Department of Public Health				
Other symptoms:		Fever 🗌 Nausea Malaise						
Testing reason:	Elevated liver enzymes       Symptoms of disease other than elevated liver enzymes         Exposure to risk factor associated with hepatitis A       Testing for immunity to hepatitis A         Exposure to someone with confirmed hepatitis A       Screening for blood/plasma donation							
ALT performed?	□Yes □No □Unk	Expected max (in IU/I):						
AST performed?	Yes No Unk	Result (in IU/I):	Expected min (in IU/I):	Expected max (in IU/I):				
Bilirubin performed?	🗌 Yes 🗌 No 🔲 Unk	Result (in IU/I):	Expected min (in IU/I):	Expected max (in IU/I):				
Was there an alternati	ve diagnosis? 🗌 Yes [	] No     ] Unk       If yes, spe	ecify:					
INFECTION TIMELINE								
Enter onset date in da box. Enter dates for st exposure period and s end of communicable	art of tart and	EXPOSURE PERIOD The incubation period for hepatitis A is 15-50 days; average of 28-30 days.	Onset Hepatitis A is days prior to	s communicable 14 the onset of 7 days after onset.				
RISK FACTORS/TRAVE								
	for hepatitis A?  Yes							
Date vaccinated:	/ /	Date vaccinated: /	1					
Lot #:		Lot #:						
Vaccine type:		Vaccine type:						
Manufacturer:		Manufacturer:						
Number of vaccination								
Risk Factors/Travel Travel within Iowa?	Information – In the 50 ( City in	<b>days prior to onset of syn</b> Do	nptoms did the case: eparture	Return				
Yes No Unk	lowa:	D	date: / / eparture	date: / / Return				
Yes No Unk	State: Cit		date: / /	date: / / Return				
Yes No Unk			date: / /	date: / /				
Visit restaurants?	Yes INO Unknown wing table:							
Establishment name	Address/Zip	Date visited	Foods consumed	Others ill?				
		1 1		🗌 No 📋 Unk				
		1 1		Yes No Unk				
				☐ Yes ☐ No ☐ Unk				
		1 1	. <u>.</u>					
				Yes Yes No Unk				
Attend group gather If yes, complete the follo	ings? □ Yes □ No □	Unknown						
Location of gathering	Address/Zip	Date visited	Foods consumed	Others ill?				
		1 1		☐ Yes ☐ No ☐ Unk				
		1 1		☐ Yes ☐ No ☐ Unk				
		1 1		☐ Yes ☐ No ☐ Unk				

CONFIDENTIAL	PATIENT NAME:		lowa Department of Public Health
Dietary Information	– In the 50 days prior to	onset of symptoms did the case consi	ıme:
Shellfish:	🗌 Yes 🗌 No 🔲 Unk	From dates consumed: / /	To dates consumed: / /
List all source/types:		List all brand nam	es:
	undercooked?  Yes  N	o 🔲 Unk	
Unpasteurized products:		From dates consumed:/ /	To dates consumed: / /
List all source/types:		List all brand nam	es:
Raw fruits:	🗌 Yes 🗌 No 🗌 Unk	From dates consumed: / /	To dates consumed: / /
List all source/types:		List all brand nam	es:
Raw vegetables:	🗌 Yes 🔲 No 🔲 Unk	From dates consumed: / /	To dates consumed: / /
List all source/types:		List all brand nam	es:
Frozen fruits or vegetables:		From dates consumed: / /	To dates consumed: / /
List all source/types:		List all brand nam	es:
Other Exposures – I	n the 50 days prior to the	e onset of symptoms did the case:	
v	Vear diapers: 🗌 Yes 🔲 I	No Unk Have contact	with diapers: 🗌 Yes 🗌 No 📄 Unknown
Do street drugs or in	iect steroids: 🗌 Yes 🔲 I	No 🔲 Unk	
Spend time in a home	eless shelter: 🗌 Yes 🔲 I		From date: / /
Have sex with s	omeone with	Shelter name(s):	To date:              /    / 
simila	r symptoms: Yes	No 🗌 Unk Had sex v	vith: Women Unknown
CONTACTS			
	g in case's household:		nd/or same exposures?
In the last 50 days, did	the case have contact with	anyone with similar symptoms?	□ No □ Unk
In the last 50 days, did	the case have contact with		□ No □ Unk
In the last 50 days, did	the case have contact with e, close contacts with same	anyone with similar symptoms?	□ No □ Unk
In the last 50 days, did	the case have contact with e, close contacts with same	anyone with similar symptoms?  Yes exposures, and contacts with similar symp Gender Male Female	☐ No ☐ Unk otoms Address/Phone
In the last 50 days, did	the case have contact with e, close contacts with same DOB / /	anyone with similar symptoms?  Yes exposures, and contacts with similar symp Gender Male Female Zip code: Relationship to case	□ No □ Unk
In the last 50 days, did Close contacts of case Name Spouse Sibling Child Room	the case have contact with contacts with same DOB / / Parent/ guardian nate	anyone with similar symptoms?	No Unk No Unk No Address/Phone Phone: - iend/acquaintance Healthcare provider ork/school/child care Unknown/Other
In the last 50 days, did Close contacts of case Name Spouse Sibling Child Room Documented histor hepatitis A disea	the case have contact with c, close contacts with same DOB / / Parent/ guardian nate Sexual contact y of Yes No Un	anyone with similar symptoms?  Yes exposures, and contacts with similar symp Gender  Male Female Zip code: Relationship to case Family member (non-household) Fi Significant other	No Unk No Unk Address/Phone Phone: iend/acquaintance Healthcare provider ork/school/child care Unknown/Other Date
In the last 50 days, did Close contacts of case Name Spouse Sibling Child Room Documented histor hepatitis A disea Received IG within 14 d	the case have contact with c, close contacts with same DOB / / Parent/ guardian nate Sexual contact y of se? Yes No Un ays	anyone with similar symptoms?  Yes exposures, and contacts with similar symp Gender  Male Female Zip code:  Relationship to case Significant other W K Contact wt: Contact wt:	No Unk No Unk Address/Phone Phone: iend/acquaintance Healthcare provider ork/school/child care Unknown/Other Date
In the last 50 days, did Close contacts of case Name Spouse Sibling Child Room Documented histor hepatitis A disea Received IG within 14 d of exposu Previously vaccinated	the case have contact with c, close contacts with same DOB / / Parent/ guardian mate Sexual contact y of Yes No Un ays re? Yes No Un	anyone with similar symptoms?  Yes exposures, and contacts with similar symp Gender  Male Female Zip code:  Relationship to case  Family member (non-household) Significant other  K Contact wt: Conta	No Unk No Unk Address/Phone Phone: iend/acquaintance Healthcare provider ork/school/child care Unknown/Other Date
In the last 50 days, did Close contacts of case Name Spouse Sibling Child Room Documented histor hepatitis A disea Received IG within 14 d of exposu Previously vaccinated hepatitis Vaccinated for hepatitis	the case have contact with c, close contacts with same DOB / / Parent/ guardian mate Parent/ guardian mate Sexual contact y of Yes No Un ays Yes No Un ays Yes No Un	anyone with similar symptoms?  Yes exposures, and contacts with similar symp Gender Gender Gender Gender Cip code: C	No       Unk         Address/Phone       Address/Phone         Phone:       -         iend/acquaintance       Healthcare provider         ork/school/child care       Unknown/Other         Date       /         vaccinated:       /         Vaccine       manufacturer:         Vaccine type:       Number of
In the last 50 days, did Close contacts of case Name  Spouse Sibling Child Room Documented histor hepatitis A disea Received IG within 14 d of exposu Previously vaccinated hepatitis	the case have contact with c, close contacts with same DOB / / Parent/ guardian mate Parent/ guardian mate Sexual contact y of Yes No Un ays Yes No Un ays Yes No Un	anyone with similar symptoms?  Yes  exposures, and contacts with similar symp Gender  Male Female Zip code:  Relationship to case Significant other  K Contact wt:	No       Unk         Address/Phone       Address/Phone         Phone:       -         iend/acquaintance       Healthcare provider         ork/school/child care       Unknown/Other         Date       Vaccinated:       /         Vaccine       //       //         Vaccine       Vaccine       //         Vaccine type:
In the last 50 days, did Close contacts of case Name Spouse Sibling Child Room Documented histor hepatitis A disea Received IG within 14 d of exposu Previously vaccinated hepatitis Vaccinated for hepatiti	the case have contact with c, close contacts with same DOB / / Parent/ guardian mate Parent/ guardian mate Sexual contact y of Yes No Un ays Yes No Un ays Yes No Un	anyone with similar symptoms?  Yes exposures, and contacts with similar symp Gender Gender Gender Gender Cip code: C	No       Unk         Address/Phone       Address/Phone         Phone:       -         iend/acquaintance       Healthcare provider         ork/school/child care       Unknown/Other         Date       Vaccinated:       /         Vaccine       manufacturer:
In the last 50 days, did Close contacts of case Name Spouse Sibling Child Room Documented histor hepatitis A disea Received IG within 14 d of exposu Previously vaccinated hepatitis Vaccinated for hepatiti w/in 14 days of exposu	the case have contact with c, close contacts with same DOB / / Parent/ guardian nate Sexual contact y of Yes No Un ays Yes No Un is A re? Yes No Un	anyone with similar symptoms?  Yes exposures, and contacts with similar symp Gender Gender  Male Female Zip code: Relationship to case Family member (non-household) Significant other Contact wt: Con	No       Unk         Address/Phone       Address/Phone         Phone:       -         iend/acquaintance       Healthcare provider         ork/school/child care       Unknown/Other         Date       /         vaccinated:       /         Vaccine       Vaccine         Number of       Number of         vaccinations:       Vaccinations:
In the last 50 days, did Close contacts of case Name Spouse Sibling Child Room Documented histor hepatitis A disea Received IG within 14 d of exposu Previously vaccinated hepatitis Vaccinated for hepatiti w/in 14 days of exposu	the case have contact with c, close contacts with same DOB / / Parent/ guardian mate Parent/ guardian mate Sexual contact y of se? Yes No Un ays re? Yes No Un is A re? Yes No Un bOB	anyone with similar symptoms?  Yes  exposures, and contacts with similar symp Gender  Male Female Zip code:  Relationship to case  Family member (non-household) Significant other  K Contact wt: Cont	No Unk     Address/Phone     Phone:
In the last 50 days, did Close contacts of case Name  Spouse Sibling Child Room Documented histor hepatitis A disea Received IG within 14 d of exposu Previously vaccinated hepatitis Vaccinated for hepatiti Win 14 days of exposu Name	the case have contact with c, close contacts with same DOB / / Parent/ guardian mate Parent/ guardian mate Sexual contact y of se? Yes No Un ays re? Yes No Un is A re? Yes No Un Sex No Un No Un Sex No Un	anyone with similar symptoms?  Yes  exposures, and contacts with similar symp Gender  Male Female Zip code:  Relationship to case  Family member (non-household) Significant other  K Contact wt: Cont	No Unk   Address/Phone     Address/Phone     Phone:
In the last 50 days, did Close contacts of case Name  Close Contacts of case Name  Child Child Coursented histor hepatitis A disea Received IG within 14 d of exposu Previously vaccinated hepatitis Vaccinated for hepatiti Win 14 days of exposu Name  Child Child Room	the case have contact with c, close contacts with same DOB / / Parent/ guardian mate Sexual contact y of Yes No Un ays Yes No Un ays Yes No Un is A re? Yes No Un Sex No Un Parent/ guardian nate Sexual contact	anyone with similar symptoms?  Yes  exposures, and contacts with similar symp Gender  Bender  Cip code:  Relationship to case  Family member (non-household)  Family member (non-household)  Family member (non-household)  K  Contact wt:  Contact wt: Contact wt: Contact wt: Contact wt: Contact wt: Contact wt: Contact wt: Contact wt: Contact wt: Contact wt: Contact wt: Contact wt: Contact wt: Contact wt: Contact wt: Contact wt: Contact wt: Contact	No Unk   Address/Phone     Phone:        Phone:     Phone:     Phone:     Phone:     Vaccine   Vaccine type:   Number of   Vaccinations:     Address/Phone     Phone:     Pho
In the last 50 days, did Close contacts of case Name  Spouse Sibling Child Room Coumented histor hepatitis A disea Received IG within 14 d of exposu Previously vaccinated hepatitis Vaccinated for hepatiti Vaccinated for hepatiti Vaccinated for hepatiti Child Room Coumented histor hepatitis A disea	the case have contact with c, close contacts with same DOB / / / / Parent/ guardian mate Sexual contact y of Yes No Un ays Yes No Un ays Yes No Un is A re? Yes No Un Se No Un Parent/ guardian mate Sexual contact y of Yes No Un	anyone with similar symptoms?    Yes exposures, and contacts with similar symp Gender    Male    Female Zip code: Relationship to case    Family member (non-household)    Fl    Significant other    K    Contact wt:    Contact w	No Unk   Address/Phone     Phone:        Phone:     Phone:     Phone:     Vaccine   Vaccine type:   Number of   Vaccinations:     Address/Phone     Phone:      <
In the last 50 days, did Close contacts of case Name  Spouse Sibling Child Room Coumented histor hepatitis A disea Received IG within 14 d of exposu Previously vaccinated hepatitis Vaccinated for hepatiti Win 14 days of exposu Name  Child Room Child Room Documented histor	the case have contact with c, close contacts with same DOB / / Parent/ guardian mate Sexual contact y of Yes No Un ays Yes No Un for Yes No Un is A Yes No Un DOB / / Parent/ guardian mate Sexual contact y of Yes No Un Parent/ guardian mate Sexual contact y of Yes No Un	anyone with similar symptoms?    Yes exposures, and contacts with similar symp Gender    Male    Female Zip code: Relationship to case    Family member (non-household)    Fl    Significant other    K    Contact wt:    Contact w	No Unk   Address/Phone     Phone:        Phone:     Phone:     Phone:     Vaccine   Vaccine type:   Number of   Vaccinations:     Address/Phone     Phone:      <
In the last 50 days, did Close contacts of case Name   Spouse Sibling Child Socumented histor hepatitis A disea Received IG within 14 d of exposu Previously vaccinated hepatitis Vaccinated for hepatiti Vaccinated for hepatiti Vaccinated for hepatiti Child Name  Child Spouse Sibling Child Roomi Documented histor hepatitis A disea Received IG within 14 d Sibling Ame	the case have contact with c, close contacts with same DOB / / Parent/ guardian nate Sexual contact y of Yes No Un ays Yes No Un is A Yes No Un is A Parent/ guardian nate Sexual contact y of Parent/ guardian nate Sexual contact y of Yes No Un DOB / /	anyone with similar symptoms?    Yes exposures, and contacts with similar symp Gender    Male    Female Zip code: Relationship to case    Family member (non-household)    Fil Significant other    W k Contact wt: k Contact wt: Route: Gender    Male    Female Zip code: Relationship to case    Family member (non-household)       Route:    Route:    Significant other       k Contact wt:    Route:    Significant other	No Unk   Address/Phone     Phone:     Phone:     Phone:     Phone:     Date   Vaccinated:   Vaccine   Mumber of   Vaccinations:     Address/Phone     Address/Phone     Phone:     Phone: <td< td=""></td<>

CONFIDENTIAL PATIENT NAME: \_

Vaccinated for hepatitis A Win 14 days of exposure?

Route:

Number of vaccinations:

Name	DOB Gender		Address/Phone				
	/ /						
	1 1	_ 🗌 Male					
			Zip code:	F	Phone: -	-	
Relationship to case							
Spouse   Sibling     Child   Roommate	Parent/ guardian Sexual contact	☐ Family ☐ Signific	member (non-household) cant other	Friend/acquain	tance ☐ He nild care ☐ Un	althcare provider known/Other	
Documented history of hepatitis A disease?	🗌 Yes 🗌 No 🔲 U	ink 🗐	Contact wt:	e	Date vaccinated:		
Received IG within 14 days of exposure?	□Yes □No □U	ink ulluk Ink ulluk	Date given: /	Heb D X X X X X X X X X X X X X X X X X X	Vaccine manufacturer:		
Previously vaccinated for hepatitis A?	☐Yes ☐No ☐U	ink en mu	Dose: L	Jnit:	Vaccine type:		
Vaccinated for hepatitis A w/in 14 days of exposure?	☐ Yes ☐ No ☐ U	Ink E	Route:	1	Number of vaccinations:		
NOTES:							
						_	
Center for Acute Disease Epi 5	demiology Fax: 5	15-281-5698	Do not complete shac	led areas H	Hepatitis A	Revised Aug-21	