Hepatitis A

Agency:

Investigator: Phone number:

FOR STATE USE ONLY
Status: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case
Reviewer initials:
Referred to another state:

CASE

Last name:
First and middle name:
Maiden name: Suffix:
Address line:
Zip: City:
State: County:
Phone: ( )- - Type:
Long-term care resident: ☐ Yes ☐ No ☐ Unknown
Corrections facility ☐ Yes ☐ No ☐ Unknown
Homeless ☐ Yes ☐ No ☐ Unknown
Facility name:

Date of Birth: / / Estimated? ☐ Age:
Gender: ☐ Female ☐ Male ☐ Other
Pregnant: ☐ Yes ☐ No ☐ Unk Est. delivery date: / /
Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Parent with partner ☐ Widowed
Race: ☐ American Indian or Alaskan Native ☐ Unknown ☐ Black or African American ☐ White ☐ Hawaiian or Pacific Islander ☐ Asian
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown
Parent/Guardian name:
Parent/Guardian phone: ( )- - Type:

EVENT

Diagnosis date: / / Onset date: / /
Event outcome: ☐ Survived this illness ☐ Died from this illness ☐ Died unrelated to this illness ☐ Unknown
Date of Death / /
Event exception ☐ Case could not be found ☐ Case could not be interviewed ☐ Case refused interview ☐ Other – see notes
Outbreak related: ☐ Yes ☐ No ☐ Unknown
Outbreak name:
Exposure setting:
Epi-linked: ☐ Yes ☐ No ☐ Unk To whom:
Location acquired: ☐ In USA, in reporting state ☐ In USA, outside reporting state ☐ Outside USA ☐ Unknown
State: Country:

Healthcare provider information

Last name:
First name:
Provider title: ☐ ARNP ☐ MD ☐ DO ☐ NP ☐ PA
Facility name:
Address line 1:
Address line 2:
Zip code: City:
State: County:
Phone : ( )- - Type:

LABORATORY FINDINGS

Laboratory: Accession #: Collection date: / /
Date received: / / Specimen source: ☐ Blood/serum ☐ Other Result date: / /
Result type: ☐ Preliminary ☐ Final Test type: ☐ PCR ☐ IgM HAV ☐ IgG HAV ☐ Total IgM/IgG HAV Result: ☐ Positive ☐ Negative ☐ Borderline ☐ Equivocal ☐ Not done
Organism: **Hepatitis A virus**

Laboratory: Accession #: Collection date: / /
Date received: / / Specimen source: ☐ Blood/serum ☐ Other Result date: / /

Result type: ☐ Preliminary ☐ Final
Organism: **Hepatitis A virus**
Test type: ☐ PCR ☐ IgM HAV ☐ IgG HAV ☐ Total IgM/IgG HAV
Result: ☐ Positive ☐ Negative ☐ Borderline ☐ Equivocal ☐ Not done

Laboratory: _____ Accession #: _____ Collection date: / /
Date received: / / Specimen source: ☐ Blood/serum ☐ Other Result date: / /
Result type: ☐ Preliminary ☐ Final
Organism: **Hepatitis A virus**
Test type: ☐ PCR ☐ IgM HAV ☐ IgG HAV ☐ Total IgM/IgG HAV
Result: ☐ Positive ☐ Negative ☐ Borderline ☐ Equivocal ☐ Not done

OCCUPATIONS

Interpret 'occupation' very loosely and consider every person to have at least one 'occupation'.

Occupation type: _____ Job title: _____
Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown Facility name: _____
Date worked from: / / Address: _____
Date worked to: / / Zip code: _____
Removed from duties: ☐ Yes ☐ No ☐ Unknown City: _____ State: _____ County: _____
Date removed: / / Phone: ( )- - Type: _____
Work in a health care setting ☐ Yes ☐ No ☐ Unknown
Direct patient care duties in lab or health care setting: ☐ Yes ☐ No ☐ Unknown
Health care worker type: ☐ Laboratorian ☐ Nursing ☐ Nurse practitioner ☐ Physician ☐ Physician assistant ☐ Other
Handle food: ☐ Yes ☐ No ☐ Unknown
Attend or provide child care: ☐ Yes ☐ No ☐ Unknown
Attend school: ☐ Yes ☐ No ☐ Unknown
Work in a lab setting: ☐ Yes ☐ No ☐ Unknown

Occupation type: _____ Job title: _____
Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown Facility name: _____
Date worked from: / / Address: _____
Date worked to: / / Zip code: _____
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Health care worker type: ☐ Laboratorian ☐ Nursing ☐ Nurse practitioner ☐ Physician ☐ Physician assistant ☐ Other
Handle food: ☐ Yes ☐ No ☐ Unknown
Attend or provide child care: ☐ Yes ☐ No ☐ Unknown
Attend school: ☐ Yes ☐ No ☐ Unknown
Work in a lab setting: ☐ Yes ☐ No ☐ Unknown

HOSPITALIZATIONS

Was the case hospitalized? ☐ Yes ☐ No ☐ Unknown

Hospital: _____ Isolated at entry: ☐ Yes ☐ No ☐ Unk Isolation type (entry): _____
Admission date: / / Discharge date: / / Days hospitalized: _____
Currently isolated: ☐ Yes ☐ No ☐ Unk Current isolation type: _____

CLINICAL INFO & DIAGNOSIS

Jaundice: ☐ Yes ☐ No ☐ Unk Onset date: / /
Dark urine: ☐ Yes ☐ No ☐ Unk Onset date: / /
Diarrhea: ☐ Yes ☐ No ☐ Unk Onset date: / /

Other symptoms: ☐ Abdominal pain ☐ Fever ☐ Nausea ☐ Anorexia ☐ Malaise

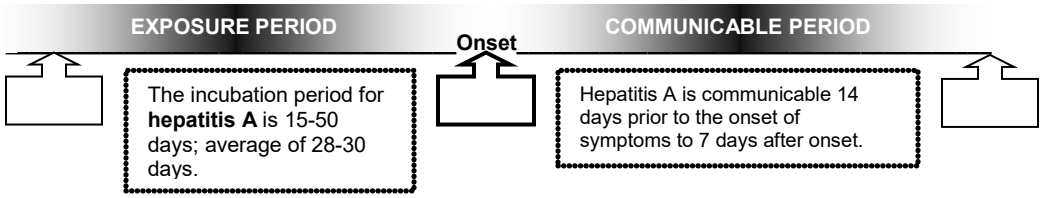
Testing reason: ☐ Elevated liver enzymes ☐ Symptoms of disease other than elevated liver enzymes ☐ Exposure to risk factor associated with hepatitis A ☐ Testing for immunity to hepatitis A ☐ Exposure to someone with confirmed hepatitis A ☐ Screening for blood/plasma donation

ALT performed? ☐ Yes ☐ No ☐ Unk	Result (in IU/l):	Expected min (in IU/l):	Expected max (in IU/l):
AST performed? ☐ Yes ☐ No ☐ Unk	Result (in IU/l):	Expected min (in IU/l):	Expected max (in IU/l):
Bilirubin performed? ☐ Yes ☐ No ☐ Unk	Result (in IU/l):	Expected min (in IU/l):	Expected max (in IU/l):

Was there an alternative diagnosis? ☐ Yes ☐ No ☐ Unk If yes, specify:

INFECTION TIMELINE

Enter onset date in dark-line box. Enter dates for start of exposure period and start and end of communicable period.



RISK FACTORS/TRAVEL

Is the case vaccinated for hepatitis A? ☐ Yes ☐ No ☐ Unknown

Date vaccinated: / /	Date vaccinated: / /
Lot #:	Lot #:
Vaccine type:	Vaccine type:
Manufacturer:	Manufacturer:

Number of vaccinations: ____

Risk Factors/Travel Information – *In the 50 days prior to onset of symptoms did the case:*

Travel within Iowa? ☐ Yes ☐ No ☐ Unk	City in Iowa:	Departure date: / /	Return date: / /
Travel within U.S.? ☐ Yes ☐ No ☐ Unk	State: City:	Departure date: / /	Return date: / /
Travel outside U.S.? ☐ Yes ☐ No ☐ Unk	Country:	Departure date: / /	Return date: / /

Visit restaurants? ☐ Yes ☐ No ☐ Unknown

If yes, complete the following table:

Establishment name	Address/Zip	Date visited	Foods consumed	Others ill?
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk

Attend group gatherings? ☐ Yes ☐ No ☐ Unknown

If yes, complete the following table:

Location of gathering	Address/Zip	Date visited	Foods consumed	Others ill?
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk

Dietary Information – *In the 50 days prior to onset of symptoms did the case consume:*

Shellfish: ☐ Yes ☐ No ☐ Unk From dates consumed: / / To dates consumed: / /

List all source/types: List all brand names:

Was the shellfish raw or undercooked? ☐ Yes ☐ No ☐ Unk

Unpasteurized products: ☐ Yes ☐ No ☐ Unk From dates consumed: / / To dates consumed: / /

List all source/types: List all brand names:

Raw fruits: ☐ Yes ☐ No ☐ Unk From dates consumed: / / To dates consumed: / /

List all source/types: List all brand names:

Raw vegetables: ☐ Yes ☐ No ☐ Unk From dates consumed: / / To dates consumed: / /

List all source/types: List all brand names:

Frozen fruits or vegetables: ☐ Yes ☐ No ☐ Unk From dates consumed: / / To dates consumed: / /

List all source/types: List all brand names:

Other Exposures – *In the 50 days prior to the onset of symptoms did the case:*

Wear diapers: ☐ Yes ☐ No ☐ Unk **Have contact with diapers:** ☐ Yes ☐ No ☐ Unknown

Do street drugs or inject steroids: ☐ Yes ☐ No ☐ Unk

Spend time in a homeless shelter: ☐ Yes ☐ No ☐ Unk From date: / / To date: / / Shelter name(s):

Have sex with someone with similar symptoms: ☐ Yes ☐ No ☐ Unk **Had sex with:** ☐ Men ☐ Women ☐ Both ☐ Unknown

CONTACTS

Number of people living in case's household: ____ **Close contacts with the case and/or same exposures?** ☐ Yes ☐ No ☐ Unk

In the last 50 days, did the case have contact with anyone with similar symptoms? ☐ Yes ☐ No ☐ Unk

Close contacts of case, close contacts with same exposures, and contacts with similar symptoms

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case

☐ Spouse ☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian ☐ Sexual contact ☐ Family member (non-household) ☐ Significant other ☐ Friend/acquaintance ☐ Work/school/child care ☐ Healthcare provider ☐ Unknown/Other

Documented history of hepatitis A disease? ☐ Yes ☐ No ☐ Unk

Received IG within 14 days of exposure? ☐ Yes ☐ No ☐ Unk

Previously vaccinated for hepatitis A? ☐ Yes ☐ No ☐ Unk

Vaccinated for hepatitis A w/in 14 days of exposure? ☐ Yes ☐ No ☐ Unk

Immune globulin

Contact wt:

Date given: / /

Dose: Unit:

Route:

Hep A vaccine

Date vaccinated: / /

Vaccine manufacturer:

Vaccine type:

Number of vaccinations:

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case

☐ Spouse ☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian ☐ Sexual contact ☐ Family member (non-household) ☐ Significant other ☐ Friend/acquaintance ☐ Work/school/child care ☐ Healthcare provider ☐ Unknown/Other

Documented history of hepatitis A disease? ☐ Yes ☐ No ☐ Unk

Received IG within 14 days of exposure? ☐ Yes ☐ No ☐ Unk

Previously vaccinated for hepatitis A? ☐ Yes ☐ No ☐ Unk

Immune globulin

Contact wt:

Date given: / /

Dose: Unit:

Hep A vaccine

Date vaccinated: / /

Vaccine manufacturer:

Vaccine type:

Vaccinated for hepatitis A w/in 14 days of exposure?	☐ Yes ☐ No ☐ Unk		Route:		Number of vaccinations:

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case

☐ Spouse ☐ Sibling ☐ Parent/ guardian ☐ Family member (non-household) ☐ Friend/acquaintance ☐ Healthcare provider
☐ Child ☐ Roommate ☐ Sexual contact ☐ Significant other ☐ Work/school/child care ☐ Unknown/Other

		Immune globulin		Hep A vaccine	
Documented history of hepatitis A disease?	☐ Yes ☐ No ☐ Unk		Contact wt:		Date vaccinated: / /
Received IG within 14 days of exposure?	☐ Yes ☐ No ☐ Unk		Date given: / /		Vaccine manufacturer:
Previously vaccinated for hepatitis A?	☐ Yes ☐ No ☐ Unk		Dose: Unit:		Vaccine type:
Vaccinated for hepatitis A w/in 14 days of exposure?	☐ Yes ☐ No ☐ Unk		Route:		Number of vaccinations:

NOTES: