Hepatitis B/C (acute or chronic)

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: ____
Long-term care resident: ☐ Yes ☐ No ☐ Unknown
Facility name: ____
Facility phone: ( )- - Type: ____

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

EVENT

Onset date: / / Diagnosis 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 ☐ Unknown
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 type: ☐ ARNP ☐ DO ☐ MD ☐ NP ☐ PA
Facility name: ____
Address line 1: ____
Address line 2: ____
Zip code: ____ City: ____
State: ____ County: ____
Phone : ( )- - Type: ____

LABORATORY FINDINGS (LIST ALL CURRENT AND PREVIOUS LAB RESULTS)

Laboratory: ____
Accession #: ____
Collection date: / /
Date received: / /
Specimen source: ____
Result date: / /

Test type: *Hepatitis B/D*
☐ Hepatitis B surface antigen (HBsAg)
☐ Hepatitis B core IgM antibody (IgM HBc/IgM anti-HBc)
☐ Hepatitis B e antigen (HBeAg)
☐ Hepatitis B core antibody total IgM/IgG antibody (HBc total/anti-HBc)
☐ Hepatitis B core IgG antibody (IgG HBc/IgG anti-HBc)
☐ Hepatitis B DNA (HBV DNA)
☐ Hepatitis B surface antibody (anti-HBs)
☐ Hepatitis D (anti-HDV)

Test type: *Hepatitis C*
☐ Hepatitis C antibody (anti-HCV) ☐ Hepatitis C RNA (HCV RNA)
☐ Hepatitis C RIBA (HCV RIBA) ☐ Hepatitis C Genotype ☐ Hepatitis C IgG (EIA)
☐ Hepatitis C DNA QL

Result type: ☐ Preliminary ☐ Final
Result: ☐ Positive ☐ Negative

Laboratory: ____________________
Accession #: ____________________
Collection date: ___/___/___
Date received: ___/___/___
Specimen source: ____________________
Result date: ___/___/___

Test type: *Hepatitis B/D*
☐ Hepatitis B surface antigen (HBsAg)
☐ Hepatitis B core IgM antibody (IgM HBc/IgM anti-HBc)
☐ Hepatitis B e antigen (HBeAg)
☐ Hepatitis B core antibody total IgM/IgG antibody (HBc total/anti-HBc)
☐ Hepatitis B core IgG antibody (IgG HBc/IgG anti-HBc)
☐ Hepatitis B DNA (HBV DNA)
☐ Hepatitis B surface antibody (anti-HBs)
☐ Hepatitis D (anti-HDV)

Test type: *Hepatitis C*
☐ Hepatitis C antibody (anti-HCV) ☐ Hepatitis C RNA (HCV RNA)
☐ Hepatitis C RIBA (HCV RIBA) ☐ Hepatitis C Genotype
☐ Hepatitis C DNA QL ☐ Hepatitis C IgG (EIA)

Result type: ☐ Preliminary ☐ Final Result: ☐ Positive ☐ Negative

Laboratory: ____________________
Accession #: ____________________
Collection date: ___/___/___
Date received: ___/___/___
Specimen source: ____________________
Result date: ___/___/___

Test type: *Hepatitis B/D*
☐ Hepatitis B surface antigen (HBsAg)
☐ Hepatitis B core IgM antibody (IgM HBc/IgM anti-HBc)
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☐ Hepatitis C DNA QL ☐ Hepatitis C IgG (EIA)

Result type: ☐ Preliminary ☐ Final Result: ☐ Positive ☐ Negative

Laboratory: ____________________
Accession #: ____________________
Collection date: ___/___/___
Date received: ___/___/___
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Result date: ___/___/___

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Result type: ☐ Preliminary ☐ Final Result: ☐ Positive ☐ Negative

OCCUPATIONS

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

Occupation type: ____________________
Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown
Date worked from: ___/___/___
Date worked to: ___/___/___
Removed from duties: ☐ Yes ☐ No ☐ Unknown
Date removed: ___/___/___

Job title: ____________________
Facility name: ____________________
Address: ____________________
Zip code: ____________________
City: ____________ State: ________ County: ____________
Phone: (   )-   -   Type:

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

Work in a health care setting: ☐ Yes ☐ No ☐ Unknown
Direct patient care duties: ☐ Yes ☐ No ☐ Unknown
Health care worker type:

HOSPITALIZATIONS

Was the case hospitalized? ☐ Yes ☐ No ☐ Unknown

Hospital: ____________________ ____________

Admission date: / / Discharge date: / / Days hospitalized:

CLINICAL INFO & DIAGNOSIS

Date of First Hep B Symptom Onset: ____/____/____

Has the case ever had any of the following symptoms of hepatitis B or C *(check all that apply)*? ☐ **Yes** ☐ **No**

☐ Jaundice ☐ Diarrhea ☐ Upper right quadrant pain
☐ Dark urine ☐ Nausea ☐ Clay-colored stools
☐ Fatigue ☐ Vomiting ☐ Abdominal cramps
☐ Other

Does the case have symptoms now (last 180 days) or did they occur in the past? ☐ Presently symptomatic ☐ Past symptoms

Date of First Hep C Symptom Onset: ____/____/____

Did the patient ever have elevated liver enzymes attributed to hepatitis B or C?
☐ Yes ☐ No ☐ Unk

Why was this person tested for Hepatitis B/C *(check all that apply)*?

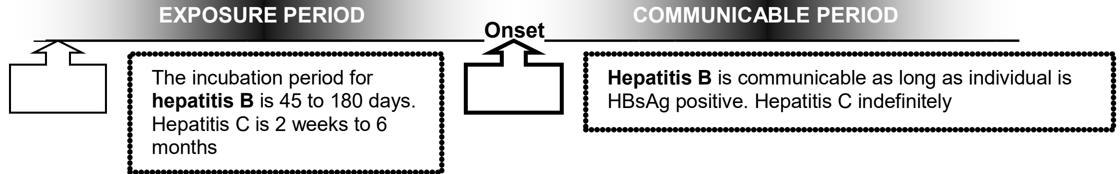
☐ Needle stick or other exposure
☐ Symptoms of hepatitis B or C
☐ Elevated liver enzymes
☐ Pregnancy screen
☐ Check for immunity due to vaccination
☐ Resolved infection
☐ Screening for blood/plasma donation
☐ Test for suspected hepatitis B or C infection
☐ Exposure to someone with hepatitis B or C
☐ Test for seroconversion to carrier state
☐ Follow-up on previous diagnosis
☐ Screening for insurance
☐ Pregnancy screen
☐ Symptoms of hepatitis B or C
☐ Elevated liver enzymes
☐ Screen for immunity
☐ Other, please list reason _____

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

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

INFECTION TIMELINE

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



The incubation period for **hepatitis B** is 45 to 180 days. Hepatitis C is 2 weeks to 6 months

Hepatitis B is communicable as long as individual is HBsAg positive. Hepatitis C indefinitely

RISK FACTORS/TRAVEL

CASE HISTORY

Was the case diagnosed with hepatitis B? ☐ Yes ☐ No ☐ Unk
Year of diagnosis: ________
Treated for hep B: ☐ Yes ☐ No ☐ Unk
Treatment successful: ☐ Yes ☐ No ☐ Unk

Was the case diagnosed with hepatitis C? ☐ Yes ☐ No ☐ Unk
Year of diagnosis: ________
Treated for hep C: ☐ Yes ☐ No ☐ Unk
Treatment successful: ☐ Yes ☐ No ☐ Unk

Case's mother born outside the U.S.? ☐ Yes ☐ No ☐ Unk
If YES, what country: ________________

Case born outside the U.S.? ☐ Yes ☐ No ☐ Unk
If YES, what country: ________________

Does the case speak English? ☐ Yes ☐ No ☐ Unk
If No, what language: ________________

Case ever had contact with a confirmed or suspected acute/chronic case of hep B or C? ☐ Yes ☐ No ☐ Unk

If YES, type of contact:
☐ Sexual ☐ Yes ☐ No ☐ Unk
☐ Household ☐ Yes ☐ No ☐ Unk
☐ Blood to Mucous Membrane ☐ Yes ☐ No ☐ Unk
☐ Needle sharing ☐ Yes ☐ No ☐ Unk
☐ Other ☐ Yes ☐ No ☐ Unk

Has the case ever received or been exposed to blood or blood products? ☐ Yes ☐ No ☐ Unk
If YES, approximate years received or exposed: ____, ____, ____

Sexual orientation? ☐ Men ☐ Women ☐ Both

Number of sexual partners in lifetime? ☐ 0 ☐ 1 ☐ 2-5 ☐ >5 ☐ Unk

Has the case ever had an organ/tissue transplant? ☐ Yes ☐ No ☐ Unk

Has case ever received a tattoo? ☐ Yes ☐ No ☐ Unk
If YES, was it done in a commercial parlor/shop: ☐ Yes ☐ No ☐ Unk
Name and location of parlor/shop: ________________

Case ever used needles for injection of street drugs or steroids (even once)? ☐ Yes ☐ No ☐ Unk

Has the case ever shared needles or works for injecting drugs (even once)? ☐ Yes ☐ No ☐ Unk

Has the case ever snorted cocaine or other street drugs (even once)? ☐ Yes ☐ No ☐ Unk

Is the case a military veteran? ☐ Yes ☐ No ☐ Unk

Does the case currently serve in the military? ☐ Yes ☐ No ☐ Unk

Is the case currently in prison? ☐ Yes ☐ No ☐ Unk
If NO, have you ever been in prison? ☐ Yes ☐ No ☐ Unk
If YES, then list dates to and from: ____/____/____ - ____/____/____

In the 6 months prior to illness did the case…

Case ever had contact with a confirmed or suspected acute/chronic case of hep B or C? ☐ Yes ☐ No ☐ Unk

If YES, type of contact:

Type of contact	Yes	No	Unk
☐ Sexual	☐	☐	☐
☐ Household	☐	☐	☐
☐ Blood to Mucous Membrane	☐	☐	☐
☐ Needle sharing	☐	☐	☐
☐ Other	☐	☐	☐

Work in the:

Medical ☐ Yes ☐ No ☐ Unk **Dental** ☐ Yes ☐ No ☐ Unk

Other field involving contact with human blood or other body fluids ☐ Yes ☐ No ☐ Unk

Degree of contact with blood: ☐ Frequent ☐ Infrequent ☐ Unk

Received blood or blood products? ☐ Yes ☐ No ☐ Unk

If YES, list dates received: ___/___/___, ___/___/___, ___/___/___

Question	Yes	No	Unk
Receive dialysis?	☐	☐	☐
Used needles for injection of street drugs or steroids?	☐	☐	☐
Had dental work or oral surgery?	☐	☐	☐
Had surgery?	☐	☐	☐
Acupuncture?	☐	☐	☐
Body Piercing?	☐	☐	☐
Received a tattoo?	☐	☐	☐
If YES, was it done in a commercial parlor/shop?	☐	☐	☐

Name and location of parlor/shop: ____________________

Have you ever had an accidental needle stick? ☐ Yes ☐ No ☐ Unk

VACCINATION HISTORY

Has the patient ever received any doses of the hepatitis B vaccine? ☐ Yes ☐ No ☐ Unknown

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

Number of vaccinations: ____

Was antibody testing done within 1-6 months after last dose? ☐ Yes ☐ No ☐ Unk If yes, was the antibody test: ☐ Positive ☐ Negative ☐ Unk

Has the patient been vaccinated for hepatitis A? ☐ Yes ☐ No ☐ Unknown

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

Number of vaccinations: ____

CONTACTS

Is the case pregnant? ☐ Yes ☐ No ☐ Unknown

Anticipated delivering hospital: ____________________

Has the patient given birth in the last 6 months? ☐ Yes ☐ No ☐ Unknown Hospital: ____________________

Trimester tested: ☐ 1st ☐ 2nd ☐ 3rd

Infant's Last name: ____________________

Infants First name: ____________________

Infant alias: ____________________

DOB: ___/___/___ Gender: ☐ Female ☐ Male

Providers Last name: ____________________

Providers First name: ____________________

Provider type: ☐ ARNP ☐ DO ☐ MD ☐ NP ☐ PA

Facility name: ____________________

Address: ____________________

Race: ☐ American Indian or Alaskan Native ☐ Black or African American ☐ Hawaiian or Pacific Islander ☐ Unk ☐ White ☐ Asian

Zip code: ____________ City: ____________

State: ____________ County: ____________

Phone: ( )- - Type:

Infant serology tested: ☐ Yes ☐ No ☐ Unk

Date:	/ /	Date:	/ /
HBsAg result:	☐ Positive ☐ Negative ☐ Not done	HBsAg result:	☐ Positive ☐ Negative ☐ Not done
Anti-HBs result:	☐ Positive ☐ Negative ☐ Not done	Anti-HBs result:	☐ Positive ☐ Negative ☐ Not done
Infant immune to hepatitis B:	☐ Infant immune ☐ Infant not immune	**Infant immune to hepatitis B:**	☐ Infant immune ☐ Infant not immune

Number of people living in case's household: _____

Contacts requiring prophylaxis for hepatitis B- see Epi Manual for guidance on identifying contacts

Name	DOB	Gender	Relationship to case:
	/ /	☐ Male ☐ Female	☐ Spouse ☐ Child ☐ Sibling ☐ Roommate ☐ Parent/guardian ☐ Sexual contact ☐ Family member (non-household) ☐ Friend/acquaintance ☐ Contact- work/school/etc ☐ Unknown/Other
Address/Phone			**Zip code**
			- -
HBIG received ☐ Yes ☐ No ☐ Unk	**Date given**	/ /	
Vaccinated for hep B? ☐ Yes ☐ No ☐ Unk	**Tested for HBsAg?** ☐ Yes ☐ No ☐ Unk	**Tested for Anti-HBs?** ☐ Yes ☐ No ☐ Unk	
Date(s) vaccinated: / / , / / , / /	Date: / /	Date: / /	
# of vaccinations:	Result:	Result:	
Is contact a case? ☐ Yes ☐ No *If this contact is a case create a new event and/or case for this contact.*			

Name	DOB	Gender	Relationship to case:
	/ /	☐ Male ☐ Female	☐ Spouse ☐ Child ☐ Sibling ☐ Roommate ☐ Parent/guardian ☐ Sexual contact ☐ Family member (non-household) ☐ Friend/acquaintance ☐ Contact- work/school/etc ☐ Unknown/Other
Address/Phone			**Zip code**
			- -
HBIG received ☐ Yes ☐ No ☐ Unk	**Date given**	/ /	
Vaccinated for hep B? ☐ Yes ☐ No ☐ Unk	**Tested for HBsAg?** ☐ Yes ☐ No ☐ Unk	**Tested for Anti-HBs?** ☐ Yes ☐ No ☐ Unk	
Date(s) vaccinated: / / , / / , / /	Date: / /	Date: / /	
# of vaccinations:	Result:	Result:	
Is contact a case? ☐ Yes ☐ No *If this contact is a case create a new event and/or case for this contact.*			

NOTES