

Hepatitis A Case Report Form



Demographic Information		
Date of Interview	Interviewer Name	County
Patient Name	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Race and Ethnicity <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> White, Hispanic <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Black, Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan native <input type="checkbox"/> Unknown <input type="checkbox"/> Other race	Phone Number Address	
Symptoms and Onset Dates		
<input type="checkbox"/> Abdominal Pain _____ <input type="checkbox"/> Anorexia/Loss of appetite _____ <input type="checkbox"/> Clay-colored stool _____ <input type="checkbox"/> Dark urine (brown/orange) _____ <input type="checkbox"/> Diarrhea _____	<input type="checkbox"/> Fever/chills _____ <input type="checkbox"/> Jaundice _____ <input type="checkbox"/> Malaise _____ <input type="checkbox"/> Nausea _____ <input type="checkbox"/> Vomiting _____	
The exposure period is 15-50 days prior to jaundice/symptom onset. Exposure period _____		
Vaccination History		
Has the patient ever received the hepatitis A vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, how many doses? <input type="checkbox"/> 1 <input type="checkbox"/> 2+ In what year was the last dose received? _____		
Did the patient ever receive the hepatitis B vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, how many shots? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ In what year was the last dose received? _____		
Dose #	Date Given	
1	_____	
2	_____	
3	_____	
4	_____	
Contacts		
During the 2-6 weeks prior to the onset of symptoms: Was the patient a contact of a person with confirmed or suspected hepatitis A infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, the contact was a:		
<input type="checkbox"/> Babysitter of this patient <input type="checkbox"/> Child cared for by this patient <input type="checkbox"/> Household member (non-sexual) <input type="checkbox"/> Needle sharing contact	<input type="checkbox"/> Playmate <input type="checkbox"/> Sexual partner <input type="checkbox"/> Other- specify _____	
List all persons the patient knows that had similar symptoms in the 2-6 weeks prior to symptom onset. Collect as much information as possible including name, age/date of birth, relationship, symptoms, and phone number/contact information.		
_____ _____		

Prophylaxis

Close contacts include household members, sexual partners, drug using contacts, childcare contacts, persons who have eaten food prepared or handled by the patient, and others with opportunity for fecal-oral exposure during the communicable period.

The communicable period is 2 weeks prior to the onset of jaundice/symptoms to one week after.

Date of jaundice/symptom onset: _____

Communicable period _____

Was prophylaxis recommended for close contacts? Yes No Unknown

List all contacts for whom prophylaxis was recommend. Include as much information as possible including name, age/date of birth, and relationship.

Food History

In the 2-6 weeks prior to symptom onset, did the patient consume any raw or undercooked shellfish? Yes No
 Unknown

If yes, collect as much information about the shellfish as possible including type of shellfish, restaurant or grocery store where purchased, the location of the restaurant or grocery store, and the date consumed.

List all restaurants where the patient eats regularly. Include dates visited, if available.

Child Care

Is the patient a child or employee in a daycare center, preschool, or nursery? Yes No Unknown

If yes, please collect as much information about the facility as possible including the name, address, phone number, and last date of attendance.

Is the patient a household contact of a child or employee in a nursery, daycare center, or preschool? Yes No
 Unknown

If yes, please collect as much information about the facility as possible including the name, address, and phone number.

If yes for either of the above questions, have there been any other hepatitis A cases linked to this child care facility in the 3 months prior to symptom onset? Yes No Unknown

Travel History

Has the patient ever lived outside of the United States? Yes No Unknown

If yes, when and where? _____

In the 2-6 weeks prior to symptom onset, did the patient travel outside of the United States? Yes No
 Unknown

If yes, what was the principle reason for travel?

- | | |
|---|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> New immigrant | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Tourism | <input type="checkbox"/> Other- specify _____ |
| <input type="checkbox"/> Visiting friends/relatives | |

Collect as much information as possible about the travel including all the dates and locations visited during the exposure period.

In the 2-6 weeks prior to symptom onset, did the patient have any close contacts with travel outside the United States (this includes visitors from counties outside the U.S.)? Yes No Unknown

If yes, collect as much information as possible about the travel including all the dates and locations visited during the exposure period.

Occupational History

Is the patient employed? Yes No Unknown

If yes, collect as much information as possible including the employer, address, phone number, position/duties, and dates worked while ill.

Has the patient had any additional employment during the last 3 months? Yes No Unknown

If yes, collect as much information as possible including the employer, address, phone number, position/duties, and dates worked while ill.

Was the patient employed as a food handler during the two weeks prior to onset of symptoms or while ill? Yes
 No Unknown

Housing & Incarceration

What is the patient's current housing situation?

- | | |
|--|--|
| <input type="checkbox"/> Living in a house/townhouse/condo/apartment that they own | <input type="checkbox"/> Homeless (no usual residence) |
| <input type="checkbox"/> Living in a house/townhouse/condo/apartment that they rent | <input type="checkbox"/> Temporary treatment center |
| <input type="checkbox"/> Living with their parents | <input type="checkbox"/> Prison/jail currently |
| <input type="checkbox"/> Living with other family or friends (name not on the lease) | <input type="checkbox"/> Other- specify |
| <input type="checkbox"/> Unstable (cough surfing, hotel, hostel, etc.) | <input type="checkbox"/> Unknown |

If not currently homeless, has the patient been homeless any time in the last 3 months? Yes No Unknown

In the last 3 months, has the patient spent more than 24 hours in a jail, prison, or detention facility? Yes No
 Unknown

If yes, collect the facility name and the dates incarcerated.

Drug Use

In the 2-6 weeks before symptom onset, did the patient use crystal meth, ecstasy (MDMA), stimulants, or any other recreational drugs? Yes No Unknown

If yes, specify drugs _____

If yes, did they share drugs or drug use equipment (e.g. pipes, inhalers, bong, spoons, syringes, needles, straws)?
 Yes No Unknown

If yes, with whom? _____

Did the patient inject street drugs? Yes No Unknown

Did the patient use street drugs but not inject? Yes No Unknown

Sexual History for Persons ≥ 16 Years Old

In the past 12 months, have you had sexual contact with a man? Yes No Unknown

In the past 12 months, have you had sexual contact with a woman? Yes No Unknown

Do you consider yourself to be heterosexual/straight, homosexual/gay/lesbian, bisexual, or other?

- Heterosexual/straight Bisexual
 Homosexual/gay/lesbian Other

In the past month, have you had sex with someone you didn't know or just met? Yes No Unknown

If yes, where (list cities, states) _____

In the past month, how did you meet people with whom you had sexual contact? Check all that apply.

- Website Other- specify _____
 Digital application (app) No sexual contact
 Bar, club, or party
 Bath house, sex club, or gym

In the past 3 months, how many sex partners have you had?

- 0 >5
 1 Unknown
 2-5