

**VIRAL HEPATITIS CASE RECORD
FOR REPORTING OF PATIENTS WITH SYMPTOMATIC ACUTE VIRAL HEPATITIS
(SEE CASE DEFINITION ON REVERSE)**

STATE GEOGRAPHIC CODE				
(1)	(2)	(3)	(4)	(5)
STATE CASE NO.				
(8)	(9)	(10)	(11)	

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Centers for Disease Control and Prevention
Hepatitis Branch, (G37)
Atlanta, Georgia 30333**

CDC CASE NO.			
(8)	(9)	(10)	(11)

PATIENT'S LAST NAME (please print clearly) (12-26)	FIRST AND MIDDLE NAME (or initials)	OCCUPATION
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STREET ADDRESS	TOWN OR CITY	STATE (Zip Code)	COUNTY (27-36)	COUNTY FIPS CODE (37-40)
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AGE (yrs) (41-42) 00 = < 1yr 99 = Unk	DATE OF BIRTH (43-48) Mo Day Yr	SEX (49) 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> Unk	RACE (50) 1 <input type="checkbox"/> American Indian or Alaskan Native 2 <input type="checkbox"/> Asian or Pacific Islander 3 <input type="checkbox"/> Black 5 <input type="checkbox"/> White 9 <input type="checkbox"/> Unk
Reporting physician's diagnosis (52-53) DO NOT REPORT CASES OF CHRONIC HEPATITIS OR CHRONIC CARRIERS!!		ETHNICITY (51) 1 <input type="checkbox"/> Hispanic 2 <input type="checkbox"/> Non-Hispanic 9 <input type="checkbox"/> Unk	

1 <input type="checkbox"/> Hepatitis A	2 <input type="checkbox"/> Hepatitis B	3 <input type="checkbox"/> Non-A, Non-B	4 <input type="checkbox"/> Hepatitis D	5 <input type="checkbox"/> Hepatitis (Delta)	Unspecified
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CLINICAL DATA			LABORATORY RESULTS		
Mo	Day	Yr	Pos	Neg	Not Tested/Unk
Date of first symptom (54-59)	___/___/___	___	IgM Hepatitis A antibody (IgM anti-HAV) (69)	1 <input type="checkbox"/>	2 <input type="checkbox"/> 9 <input type="checkbox"/>
Date of diagnosis (60-65)	___/___/___	___	Hepatitis B surface antigen (HBsAg) (70)	1 <input type="checkbox"/>	2 <input type="checkbox"/> 9 <input type="checkbox"/>
Was the patient jaundiced? (66)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	IgM Hepatitis B core antibody (IgM anti-HBc) (71)	1 <input type="checkbox"/>	2 <input type="checkbox"/> 9 <input type="checkbox"/>
Was the patient hospitalized for hepatitis? (67)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	Antibody to Delta (anti-HDV) (72)	1 <input type="checkbox"/>	2 <input type="checkbox"/> 9 <input type="checkbox"/>
Did the patient die from hepatitis? (68)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No			

For purposes of National Surveillance, ASK ALL OF THE FOLLOWING QUESTIONS FOR EVERY CASE OF HEPATITIS. These questions may help determine where the patient acquired his/her infection. Please refer to the work sheet on the back of the last page for additional questions.

During the 2-6 weeks prior to illness

	Yes	No	Unk
1. was the patient a child or employee in a nursery, day care center, or preschool? (73)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
2. was the patient a household contact of a child or employee in a nursery, day care center, or preschool? (74)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
3. was the patient a contact of a confirmed or suspected hepatitis A case? (75)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
If yes, type of contact: (76) 1 <input type="checkbox"/> Sexual 2 <input type="checkbox"/> Household (non-sexual) 3 <input type="checkbox"/> Other			
4. was the patient employed as a food handler? (77)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
5. did the patient eat raw shellfish? (78)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
6. was the patient suspected as being part of a common-source foodborne or waterborne outbreak? (79)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
7. did the patient travel outside of the U.S. or Canada? (80)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
If yes, where: (81) 1 <input type="checkbox"/> So./Central America (including Mexico) 2 <input type="checkbox"/> Africa 3 <input type="checkbox"/> Caribbean 4 <input type="checkbox"/> Middle East			
5 <input type="checkbox"/> Asia/So. Pacific 6 <input type="checkbox"/> Australia/New Zealand 7 <input type="checkbox"/> Other _____			
Duration of stay: (82) 1 <input type="checkbox"/> 1-3 Days 2 <input type="checkbox"/> 4-7 Days 3 <input type="checkbox"/> More than 7 Days			
8. was the patient a contact of a confirmed or suspected acute or chronic hepatitis B or non-A, non-B case? (83)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
If yes, type of contact: (84) 1 <input type="checkbox"/> Sexual 2 <input type="checkbox"/> Household (non-sexual) 3 <input type="checkbox"/> Other			
9. was the patient employed in a medical, dental or other field involving contact with human blood? (85)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
If yes, degree of blood contact: (86) 1 <input type="checkbox"/> Frequent (several times weekly) 2 <input type="checkbox"/> Infrequent			
10. did the patient receive blood or blood products (transfusion)? (87)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
If yes, specify date(s) received: (88-93) From ___/___/___ to ___/___/___ (94-99)			
11. was the patient associated with a dialysis or kidney transplant unit? (100)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
If yes, (101) 1 <input type="checkbox"/> Patient 2 <input type="checkbox"/> Employee 3 <input type="checkbox"/> Contact of patient or employee			
12. did the patient use needles for injection of street drugs? (102)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
13. what was the patient's sexual preference? (103) 1 <input type="checkbox"/> Heterosexual 2 <input type="checkbox"/> Homosexual 3 <input type="checkbox"/> Bisexual 9 <input type="checkbox"/> Unk			
14. how many different sexual partners did the patient have? (104) 1 <input type="checkbox"/> None 2 <input type="checkbox"/> One 3 <input type="checkbox"/> 2-5 4 <input type="checkbox"/> More than 5 9 <input type="checkbox"/> Unk			
15. did the patient have			
dental work or oral surgery? (105) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk	tattooing? (108)	1 <input type="checkbox"/>	2 <input type="checkbox"/> 9 <input type="checkbox"/>
other surgery? (106) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk	an accidental stick or puncture with a needle		
acupuncture? (107) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk	or other object contaminated with blood? (109)	1 <input type="checkbox"/>	2 <input type="checkbox"/> 9 <input type="checkbox"/>
If yes, what year? (111-112) ___ AND was the patient tested for antibody within 1-6 months after the last dose? (113)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
If yes, was the antibody test: (114) 1 <input type="checkbox"/> Pos 2 <input type="checkbox"/> Neg 3 <input type="checkbox"/> Unknown			

Comments:	Investigator's Name
	Date

WORK SHEET

CASE DEFINITION FOR REPORTING OF ACUTE VIRAL HEPATITIS

Illness with: 1) discrete onset of symptoms and
2) jaundice or elevated serum aminotransferase levels.

Hepatitis A: IgM anti-HAV positive.

Hepatitis B: IgM anti-HBc positive if done or HBsAg positive and IgM anti-HAV negative if done.

Non-A, Non-B Hepatitis: 1) IgM anti-HAV negative, and
2) IgM anti-HBc negative if done or HBsAg negative, and
3) serum aminotransferase levels greater than 2 1/2 times the upper limit of normal.

Delta Hepatitis: 1) HBsAg or IgM anti-HBc positive and
2) Anti-HDV positive.

FOR USE BY LOCAL HEALTH DEPARTMENTS TO DETERMINE THE PATIENT'S MOST PROBABLE SOURCE OF INFECTION

Patient's name _____ Home phone _____ Employed by _____ Work phone _____

Reporting physician's name, address, and phone # _____

If patient was hospitalized for hepatitis, give name of hospital _____

Results of liver function tests: SGOT (AST) _____ SGPT (ALT) _____ Bilirubin _____

FURTHER INFORMATION FOR ADMITTED RISK FACTORS AND SOURCES LISTED ON FRONT PAGE

IF APPLICABLE:

1. Name, address, and phone # of child care center _____

2. Name and address of school, grade, classroom attended _____

3. Name, address, and phone # of restaurant where food handler worked (**HEPATITIS A ONLY**) _____

4. Food history of patient for the 2-6 wks prior to onset: (**HEPATITIS A ONLY**)

a. name and location of restaurants _____

b. name and location of food stores _____

c. name and location of bakery _____

d. group meals attended (e.g., reception, church, meeting, etc.) _____

e. location raw shellfish purchased _____

5. Name, address, and phone # of known hepatitis A or hepatitis B contact _____

Relationship _____

6. **CONTACTS REQUIRING PROPHYLAXIS FOR HEPATITIS A OR HEPATITIS B**

Name	Age	Relationship to case	IG	HBIG	Vaccine
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7. If transfused, **NOTIFY BLOOD CENTER!** Name of blood center _____

a. number of units of whole blood, packed RBC or frozen RBC received _____

b. specify type of blood product (e.g., albumin, fibrinogen, factor VIII, etc.) _____

8. **IF DONOR**, name, address, and phone # of donor or plasmapheresis center _____

Date _____

9. Name, address, and phone # of dialysis center _____

10. Name, address, and phone # of dentist or oral surgeon _____

11. If other surgery performed, name, address, and phone # of location _____

12. Name, address, and phone # of acupuncturist or tattoo parlor _____

13. Is patient currently pregnant? _____ If yes, give obstetrician's name, address and phone # _____

a. estimated date and location of delivery _____

Comments: _____

Investigator's Name and Title _____ Date of Interview _____