Hepatitis B - Acute

Orpheus ID

☐ confirmed
☐ presumptive
☐ suspect
☐ no case

Name _____
LAST, first, initials (a.k.a.)

COUNTY_____

Address _____
Street City Zip

Special housing
_____

Phone number _____ / _____ _____
home (H), work (W), cell (C), message (M) home (H), work (W), cell (C), message (M)

ALTERNATIVE CONTACT

Name _____
LAST, first,initials

Phone(s) _____
home (H), work (W), cell (C), message

DEMOGRAPHICS

DOB ___/___/____
m d y

if DOB unknown, AGE _____

Sex ☐ female ☐ male

Language _____

Country of birth
_____

Worksites/school/day care center

_____

Occupation/grade _____

RACE (*check all that apply*)
☐ White
☐ Black
☐ Asian
☐ Pacific Islander
☐ American Indian/Alaska Native
☐ Unknown
☐ Other_____

HISPANIC
☐ Yes ☐ No
☐ unknown ☐ declined

PROVIDERS, FACILITIES AND LABS

Reporter
☐_____
name and phone number

Type (circle one)
PMD Lab-fax
MDx Lab-phone
ER Lab-other
ICP HCP
Lab-ELR

Reporter
☐_____
name and phone number

Type (circle one)
PMD Lab-fax
MDx Lab-phone
ER Lab-other
ICP HCP
Lab-ELR

☐ Ok to contact patient (only list once)

Local epi name_____
Date report received by LHD ___/___/____
LHD completion date ___/___/____

BASIS OF DIAGNOSIS

CLINICAL DATA

DIAGNOSIS DATE ___/___/____

Symptomatic? ☐ yes ☐ no ☐ unk
if yes, ONSET DATE (first s/s) ___/___/____

Jaundiced ☐ yes ☐ no ___/___/____

Pregnant ☐ yes ☐ no ___/___/____
due date

Hospital Name:_____

Hospitalized from hepatitis ☐ yes ☐ no ___/___/____
admit date

Died from hepatitis ☐ yes ☐ no ___/___/____
date

REASON FOR TESTING (check all that apply)

☐ Symptoms of acute hepatitis
☐ Screening of asymptomatic patient with reported risk factors
☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested)
☐ Prenatal screening
☐ Evaluation of elevated liver enzymes
☐ Blood/organ donor screening
☐ Followup testing for previous marker of viral hepatitis
☐ Unknown ☐ Other _____

LABORATORY TESTS

Lab Name:_____ Date of blood raw ___/___/____

		pos.	neg.	not. done	unk
A	IgM anti-HAV	☐	☐	☐	☐
	total anti-HAV	☐	☐	☐	☐
B	HBsAg	☐	☐	☐	☐
	IgM anti-HBc	☐	☐	☐	☐
	total anti-HBc	☐	☐	☐	☐
	anti-HBs	☐	☐	☐	☐
	HBV DNA (PCR)	☐	☐	☐	☐
	HBeAg	☐	☐	☐	☐
C	anti-HCV	☐	☐	☐	☐
	Anti-HCV signal-to-cutoff ratio _____				
	HCV RNA (PCR)	☐	☐	☐	☐
	HCV genotype _____				

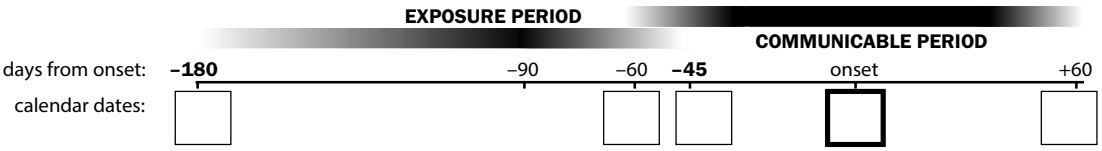
Upper limit normal
(list reference value from lab slips)

ALT (SGPT) _____ _____
AST (SGOT) _____ _____
Bilirubin _____ _____

CASE'S NAME _____

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forwards and backwards to figure probable exposure and communicable periods.



(infectious until clearance of HBsAg—about 60 days for most adults—indefinitely for carrlers

Interviewed ☐ yes ☐ no Interview date(s) _____ Interviewed by _____

Wno ☐ patient ☐provider ☐ parent ☐ other

Reason not interviewed (choose one)

☐ not indicated ☐ unable to reach ☐ out of jursdiction ☐ deceased
☐ refused ☐ physician interview ☐ medical record review

RISKS

Check all that apply. any of the situations below apply to case in 6 weeks to 6 months prior ot onset of symptoms

yes no ref unk

☐ ☐ ☐ ☐ Was the patient a close contact of an infectious confirmed or presumptive case?
if yes, type of contact
☐ sexual
☐ needle
☐ household (non-sexual)
☐ other _____

☐ ☐ ☐ ☐ organ transplant/artificial insemination[

☐ ☐ ☐ ☐ IG recipient (any kind: IVIG, TIG, HBIG, etc.)

☐ ☐ ☐ ☐ resident of long-term care facility

☐ ☐ ☐ ☐ hemodialysis patient

☐ ☐ ☐ ☐ diabetes
if yes, use a blood glucose monitor ☐ yes ☐ no
if yes, share a blood glucose monitor ☐ yes ☐ no
if yes, inject insulin ☐ yes ☐ no
if yes, share syringes or needles ☐ yes ☐ no

☐ ☐ ☐ ☐ needlestick or similar injury

☐ ☐ ☐ ☐ had exposure to someone else's blood
specify _____

☐ ☐ ☐ ☐ transfusion/or other blood product recipient
if yes, date (m/d/y) ____/ ____ /____

☐ ☐ ☐ ☐ receive any finsuions in outpatient setting

☐ ☐ ☐ ☐ dental work or oral surgery

☐ ☐ ☐ ☐ other surgery

☐ ☐ ☐ ☐ hospitalized

☐ ☐ ☐ ☐ employed in medical/dental field having contact with human blood
if yes, frequency of direct blood contact
☐ frequent (several times weekly)
☐ infrequent

☐ ☐ ☐ ☐ employed as a public safety worker (fire, police, corrections) having direct contact with human blood
if yes, frequency of direct blood contact
☐ frequent (several times weekly)
☐ infrequent

☐ ☐ ☐ ☐ tatooing
if yes, where was it done
☐ commercial parlor/shop
☐ correctional facility
☐ self
☐ other _____

Check all that apply.

yes no ref unk

☐ ☐ ☐ ☐ body piercing (other than ear)
if yes, where was it done
☐ commercial parlor/shop
☐ correctional facility
☐ self
☐ other _____

☐ ☐ ☐ ☐ incarcerated more than 24 hours
if yes, what type of facility
☐ prison
☐ jail
☐ juvenile facility

☐ ☐ ☐ ☐ any sexual contact
if yes, number of male sexual partners
☐ 0 ☐ 1 ☐ 2–5 ☐ >5 ☐ unk
if yes, number of female sexual partners
☐ 0 ☐ 1 ☐ 2–5 ☐ >5 ☐ unk

☐ ☐ ☐ ☐ case visit adult bookstore during exposure period
if yes, did case engage in any sexual act (e.g. anal/vaginal sex, give/receive oral sex etc).
☐ yes ☐ no ☐ unk

☐ ☐ ☐ ☐ uses street drugs, but does not inject

☐ ☐ ☐ ☐ injects drugs not prescribed by doctor
if yes, primary drug injected (select 1)
☐ methamphetamine/speed
☐ cocaine
☐ speedball (cocaine and heroin together)
☐ other _____
if yes, year of most recent drug use
_____

During his/her lifetime was patient EVER

☐ ☐ ☐ ☐ incarcerated more than 6 months
if yes, year of most recent incarceration
_____
for how many months _____

☐ ☐ ☐ ☐ treated for sexually transmitted disease
if yes, year of most recent treatment

CASE'S NAME

FOLLOW-UP

Check all that apply.

yes no ref unk

☐ ☐ ☐ ☐ Did the case have a documented negative hepatitis B test in the previous 6 months (includes: HBsAg, HBeAg and HBVDNA)?
if yes, date of negative hepatitis B test (if exact date unknown, give best estimate) ___/___/___

☐ ☐ ☐ ☐ Case education provided?
if yes, date ___/___/___

☐ ☐ ☐ ☐ Patient complete 3-shot hepatitis B immunization series

Vaccine Type	*Date*	*Provider/Phone*	*Verified*
	/___/		☐ yes ☐ no
	/___/		☐ yes ☐ no
	/___/		☐ yes ☐ no

☐ ☐ ☐ ☐ Was the patient tested for antibody to HBAg (anti-HBs) after the last dose?

☐ ☐ ☐ ☐ if *yes*, was serum anti-HBs ≥10 IU/ml (answer *yes* if laboratory result was reported as 'positive' or 'reactive')

☐ ☐ ☐ ☐ Is patient pregnant?
if yes, trimester when screened ☐ 1st ☐ 2nd ☐ 3rd
if yes, due date ___/___/___
Should she be retested prior to delivery? ☐ yes ☐ no
Was infant tracking file established? ☐ yes ☐ no ☐ ref ☐ unk
Was mom counselled about pregancy risks? ☐ yes ☐ no ☐ ref ☐ unk
If patient is pregnant complete the additional infant information on the hepatitis B perinatal case management form:
https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingForms/Documents/hepbperi.pdf

☐ ☐ ☐ ☐ If case<2 years old, was hepatitis B acquired as result of perinatal transmission?
If yes, mother's name;_____

Identify other potential concerns; provide details below:

☐ excessive drooling, biting, or bleeding ☐recent blood/plasma donation ☐ HCW performing invasive procedures

CONTACT MANAGEMENT AND FOLLOW-UP

Ask about other potential contacts (sexual, needle-sharing, etc.) within the period of communicability.

☐ no other contacts identified ☐ contacts identified and individual case report forms file

HOUSEHOLD ROSTER

Name	DOB/Age	Sex	Relation to case	Occupation	Education provided	Last exposure	Onset date	Interview date	Sick
		☐ M ☐ F	☐ daycare ☐ friend ☐ household ☐ sexual			___/___/___	___/___/___	___/___/___	☐Y ☐N
		☐ M ☐ F	☐ daycare ☐ friend ☐ household ☐ sexual			___/___/___	___/___/___	___/___/___	☐Y ☐N
		☐ M ☐ F	☐ daycare ☐ friend ☐ household ☐ sexual			___/___/___	___/___/___	___/___/___	☐Y ☐N

ADMINISTRATION

Orpheus January 2015

Remember to copy patient's name to the top of this page.

Case report sent to OHA on ___/___/___

Completed by _____ Date _____ Phone _____

Investigation sent to OHA on ___/___/___