### Acute Hepatitis B

**Laboratory Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Upper Limit Normal</th>
<th>Date of Test (m/d/y)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALT (SGPT)</td>
<td></td>
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<tr>
<td>AST (SGOT)</td>
<td></td>
<td></td>
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<tr>
<td>Bilirubin</td>
<td></td>
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<tr>
<td>Other tests (specify)</td>
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</tbody>
</table>

#### Demographics

- **Sex**: 
  - Female
  - Male
- **Hispanic**: 
  - Yes
  - No
  - Unknown
- **Date of Birth**: mm/dd/yy
- **Place of Birth**: 
  - USA
  - Other

#### Clinical Data

- **Diagnosis Date**: mm/dd/yy
- **Symptomatic?**: 
  - Yes
  - No
  - Unknown
- **Jaundice?**: 
  - Yes
  - No
- **Pregnant**: 
  - Yes
  - No
- **Hospital Name**: 
  - Indicate home (H), work (W), message (M)
- **Hospitalized from Hepatitis**: 
  - Yes
  - No
- **Date of Death**: mm/dd/yy
- **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

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<th>Test</th>
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<tr>
<td>IgM anti-HAV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>total anti-HAV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBsAg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IgM anti-HBc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>total anti-HBc</td>
<td></td>
<td></td>
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<tr>
<td>anti-HBs</td>
<td></td>
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</tr>
<tr>
<td>HBV DNA (PCR)</td>
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<tr>
<td>HBeAg</td>
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<tr>
<td>Anti-HCV</td>
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<tr>
<td>Anti-HCV signal-to-cutoff ratio</td>
<td></td>
<td></td>
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<tr>
<td>RIBA</td>
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<tr>
<td>HCV RNA (PCR)</td>
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<tr>
<td>HCV genotype</td>
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<tr>
<td>Other</td>
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</table>
\textbf{INFECTION TIMELINE}

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

\textbf{EPI LINKAGE}

During the 6 weeks to 6 months prior to onset, was the patient
- \square associated with a known outbreak
- \square a close contact of an infectious confirmed or presumptive case

Was this case reported? \square yes \square not yet

Specify nature of contact: \square household \square sexual \square needle use \square perinatal \square 

If case is <2 years old, was hepatitis B acquired as a result of perinatal transmission?
- \square yes \square no \square unknown

Mother’s name 

\textbf{IMMUNIZATION HISTORY}

Did patient ever complete a three-shot hepatitis B immunization series?
- \square yes \square no \square unknown

If yes, provide details (dates, type of vaccine, etc.)

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Date</th>
<th>Provider/Phone</th>
<th>Verified</th>
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Was the patient tested for antibody to HBsAg (anti-HBs) after the last dose?
- \square yes \square no \square unknown

If yes, was serum anti-HBs \textgreater{} 10mIU/ml?
- \square yes \square no \square unknown

\textbf{POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD}

Interviewed? \square yes \square no

Date Interviewed: _________________

\square Other sources of information: \square provider \square medical record review \square other 

Check all that apply:
- \square no risk factor identified

\textbf{Did any of the situations below apply to the case In the 6 weeks to 6 months prior to onset of symptoms?}

\begin{itemize}
  \item \square organ transplant/artificial insemination
  \item \square IG recipient (any kind: IVIG, TIG, HBIG, etc.)
  \item \square hemodialysis patient
  \item \square needlestick or similar injury
  \item \square had other exposure to someone else’s blood (specify)
  \item \square transfusion/other blood product recipient \textit{if yes, date } \textit{m/d/y} / /
  \item \square receive any infusions or injections in the outpatient setting
  \item \square dental work or oral surgery
  \item \square hospitalized
  \item \square other surgery
  \item \square employed in medical/dental field involving direct contact with human blood \textit{if yes, frequency of direct blood contact}
  \item \square frequent (several times weekly)
  \item \square infrequent
  \item \square employed as public safety worker (fire, police, corrections) having direct contact with human blood \textit{if yes, frequency of direct blood contact}
  \item \square frequent (several times weekly)
  \item \square infrequent
  \item \square tattooing \textit{if yes, where was it done?}
  \item \square commercial parlor/shop
  \item \square correctional facility
  \item \square self
  \item \square body piercing (other than ear) \textit{if yes, where was it done?}
  \item \square commercial parlor/shop
  \item \square correctional facility
  \item \square self
  \item \square resident of long-term care facility
  \item \square incarcerated for more than 24 hours \textit{if yes, in what type of facility}
  \item \square prison
  \item \square jail
  \item \square juvenile facility
  \item \square diabetes \textit{if yes, year of diagnosis}
  \item \square use a blood glucose monitor? \square yes \square no
  \item \square share a glucose monitor? \square yes \square no
  \item \square inject insulin? \square yes \square no
  \item \square share syringes or needles? \square yes \square no
  \item \square any sexual contact \textit{if yes, number of male sexual partners}
  \item \square 0 \square 1 \square 2–5 \square \textgreater{} 5
  \item \square unknown
  \item \square number of female sexual partners
  \item \square 0 \square 1 \square 2–5 \square \textgreater{} 5
  \item \square unknown
  \item \square uses street drugs but does not inject
  \item \square injects drugs not prescribed by doctor \textit{if yes, primary drug injected (select only one)}
  \item \square Methamphetamine/Speed
  \item \square Cocaine
  \item \square Speedball (cocaïne & heroin together)
  \item \square Other 
  \item \square year of most recent drug use (if applicable)
  \item \square incarcerated more than 6 months \textit{if yes, year of most recent incarceration}
  \item \square for how many months
  \item \square treated for a sexually transmitted disease \textit{if yes, year of most recent treatment}
\end{itemize}
CASE–CONTACT AND PERINATAL CASE MANAGEMENT / FOLLOW-UP

If patient is currently pregnant: due date ___/___/____

If patient is pregnant, please complete the additional infant information on the hepatitis B perinatal case management form.


Identify other potential concerns; provide details below:

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

HOUSEHOLD ROSTER/OTHER CONTACTS

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relation to Case</th>
<th>Date Contacted</th>
<th>Located?</th>
<th>Education Provided?</th>
<th>Prophylaxis Recommended?</th>
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PROPHYLAXIS

Prophylaxis given: Referred to HCP | Refused | HBIG | Vaccine | None | Date prophylaxis given (if applicable): ___/___/___

Notes

ADMINISTRATION

Acute/Chronic Hepatitis B  Marc 2010

Completed by __________________________ Date Completed ____________ Phone ___________________ Investigation sent to OHS on ___/___/____