

# Hepatitis C

COUNTY

FOR STATE USE ONLY

#

## Acute Case

date investigation initiated \_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_ case report

confirmed

\_\_\_/\_\_\_/\_\_\_ interstate

presumptive

suspect

### CASE IDENTIFICATION

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_  
LAST, first, initials (a.k.a.) indicate home (H); work (W); message

Address \_\_\_\_\_  
Street City Zip

Special housing:  Homeless  Prison/jail  Foster home  Hospital/asst living  other \_\_\_\_\_

Language spoken \_\_\_\_\_  
ALTERNATIVE CONTACT:  Parent  Spouse  Household Member  Friend  \_\_\_\_\_

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_  
indicate home (H); work (W); message

Address \_\_\_\_\_  
Street City Zip

### SOURCES OF REPORT (check all that apply)

Lab  Infection Control Practitioner

Physician  \_\_\_\_\_

ELR

Name \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
m d (first report) yy

Primary M.D. \_\_\_\_\_  
(if different) OK to talk to patient?

Phone \_\_\_\_\_

### DEMOGRAPHICS

SEX  
 female  male

HISPANIC  
 yes  no  unknown

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_  
m d yy

or, if unknown, AGE \_\_\_\_\_

PLACE OF BIRTH  
 USA  
 other \_\_\_\_\_

RACE  
 White  American Indian or  
 Black Alaska native  
 Asian  unknown  
 Native Hawaiian or  refused to answer  
Pacific Islander  other \_\_\_\_\_

Worksites/school/day care center

Occupations/grade

### BASIS OF DIAGNOSIS

#### CLINICAL DATA

DIAGNOSIS DATE \_\_\_/\_\_\_/\_\_\_  
m d yy

Symptomatic?  yes  no  unknown

if yes, ONSET DATE (first s/s) \_\_\_/\_\_\_/\_\_\_  
m d yy

Jaundiced  yes  no \_\_\_/\_\_\_/\_\_\_  
m d yy

Pregnant  yes  no \_\_\_/\_\_\_/\_\_\_  
due date

Hospitalized from hepatitis  yes  no \_\_\_/\_\_\_/\_\_\_  
admit date

Hospital name: \_\_\_\_\_

Died from hepatitis  yes  no  
Date of death \_\_\_/\_\_\_/\_\_\_

#### 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
- Born between 1945-1965
- Unknown
- Other \_\_\_\_\_

#### LAB TESTS

Lab name: \_\_\_\_\_

Date of blood draw \_\_\_/\_\_\_/\_\_\_  
m d yy

pos. neg. pending not done

IgM anti-HAV

total anti-HAV

HBsAg

IgM anti-HBc

total anti-HBc

anti-HBs

HBV DNA (PCR)

HBeAg

Anti-HCV

Anti-HCV signal-to-cutoff ratio  
\_\_\_\_\_

s/co confirm \_\_\_\_\_

RIBA

HCV RNA (PCR)

Genotype \_\_\_\_\_

IgM anti-HDV \_\_\_\_\_ Total anti-HDV \_\_\_\_\_

IgM anti-HEV \_\_\_\_\_ Total anti-HEV \_\_\_\_\_

Upper limit normal Date of test m/d/yy

ALT (SGPT) \_\_\_\_\_ \_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_

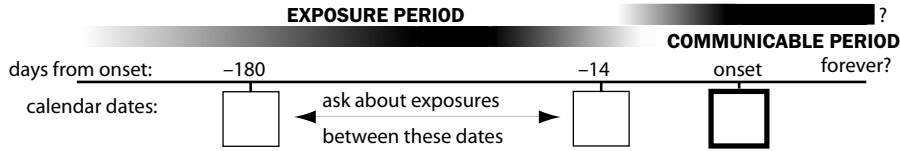
AST (SGOT) \_\_\_\_\_ \_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_

Bilirubin \_\_\_\_\_ \_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_



## INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count back to figure probable exposure period for acute case.



## EPI LINKAGE

During the 2 weeks to 6 months prior to symptom onset, was the patient:

*If yes to any question, specify relevant names, dates, places, etc.*

- associated with a known outbreak
- a close contact of an infectious **confirmed** or **presumptive** case

was this case reported?  yes  not yet

Specify nature of contact:

- household  sexual  needle use  maternal-infant  \_\_\_\_\_

## POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

*Check all that apply:*  no risk factor identified

Interviewed:  yes  no Date: \_\_\_\_\_ Other source of information:  provider  medical record review  other \_\_\_\_\_

*Did any of the situations below apply to the case in the 2 weeks to 6 months prior to onset of symptoms?* Provide details (by letter) for any risk factor(s) identified. Include names, dates, places, circumstances, etc., as applicable.

**yes no**

- organ transplant/artificial insemination
- IG recipient (any kind: IVIG, TIG, HBIG, etc.)
- hemodialysis patient
- needlestick or similar injury
- had other exposure to someone else's blood (specify) \_\_\_\_\_
- transfusion/other blood product recipient  
*if yes, date (m/d/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_*
- receive any infusions or injections in the outpatient setting
- dental work or oral surgery
- other surgery?
- hospitalized?
- employed in medical/dental field involving direct contact with human blood  
*if yes, frequency of direct blood contact*  
 frequent (several times weekly)  
 infrequent
- employed as public safety worker (fire, police, corrections) having direct contact with human blood  
*if yes, frequency of direct blood contact*  
 frequent (several times weekly)  
 infrequent

**yes no**

- tattooing  
*if yes, where was it done? \_\_\_\_\_*  
 commercial parlor/shop  
 correctional facility  
 self  
 \_\_\_\_\_
- body piercing (other than ear)  
*if yes, where was it done? \_\_\_\_\_*  
 commercial parlor/shop  
 correctional facility  
 self  
 \_\_\_\_\_
- resident of long-term care facility
- incarcerated for more than 24 hours  
*if yes, in what type of facility \_\_\_\_\_*  
 prison  
 jail

juvenile facility

**yes no**

- any sexual contact  
*if yes, number of male sexual partners \_\_\_\_\_*  
 0  1  2-5  >5  unknown
- number of female sexual partners  
 0  1  2-5  >5  unknown
- uses street drugs but does not inject
- injects drugs not prescribed by doctor  
*if yes, primary drug injected (select only one):*  
 Methamphetamine/Speed  
 Heroin  
 Cocaine  
 Speedball (cocaine & heroin together)  
 Other \_\_\_\_\_
- Year of most recent injection drug use (if applicable): \_\_\_\_\_

**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 a sexually transmitted disease  
*if yes, year of most recent treatment*  
\_\_\_\_\_

PATIENT'S NAME

\_\_\_\_\_

**CASE-CONTACT MANAGEMENT AND FOLLOW-UP**

Case education provided?  yes  no  unknown if yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_

Identify other potential concerns; provide details at right:  
 recent blood/plasma donation  yes  no  unknown  
 HCW performing invasive procedures  yes  no  unknown

Did the case have a documented negative hepatitis C test in the previous 6 months  
 yes  no  unknown  
 if yes, date of test \_\_\_\_/\_\_\_\_/\_\_\_\_  
m d y

**HOUSEHOLD ROSTER/OTHER CONTACTS**

Ask about other potential contacts (sexual, needle-sharing, etc.) within the period of communicability.  **no other contacts identified**

**PROPHYLAXIS**

Name	Age	Relation to Case	Date Contacted	Located?	Education Provided?	Prophylaxis Recommended?
_____	_____	_____	____/____/____ <small>m d y</small>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> yes by proxy <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> immune If yes, date recommended : ____/____/____ <small>m d y</small>
Prophylaxis given: <input type="checkbox"/> Referred to HCP <input type="checkbox"/> Vaccine <input type="checkbox"/> None				Date prophylaxis given (if applicable): ____/____/____ <small>m d y</small>		

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Notes

**ADMINISTRATION**

Acute Hepatitis C June 2012

Case report sent to OHA on \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by \_\_\_\_\_ Date Completed \_\_\_\_\_ Phone \_\_\_\_\_ Investigation sent to OHA on \_\_\_\_/\_\_\_\_/\_\_\_\_