



Hepatitis A, Acute Case Track Record
FINAL STATUS:
CONFIRMED, ACUTE
RULED OUT /NOT A CASE
NBS PATIENT ID#:
NBS INVESTIGATION ID#:

Patient's Name: last first
Address:
City: County: Zip:
Region: Phone:
Parent/Guardian:
Physician: Phone:
Address:
Reported by:
Agency:
Phone:
Date reported:
Investigated by:
Agency:
Phone:
Email:
Investigation start date:
Date investigation completed:

DEMOGRAPHICS: DATE OF BIRTH: AGE: PLACE OF BIRTH:
SEX: Male Female Unknown
RACE: White Black Asian Native Hawaiian or Other Pac. Islander Am. Indian or Alaska Native Unknown Other:
HISPANIC: Yes No Unknown
If female, is patient currently pregnant? Yes No Unknown
Obstetrician's name, address, and phone #:
If yes, estimated date and location of delivery:

Was the patient hospitalized for this illness? Yes / No
Hospitalized at:
Admitted: Discharged:
Duration of Stay days
Reason for testing:
Evaluation of elevated liver enzymes
Follow-up testing (prior viral hepatitis maker)
Screening of asymptomatic patient w/ risk factors
Screening of asymptomatic patient w/o risk factors
Symptoms of acute Hepatitis
Unknown
Other:

CLINICAL DATA LABORATORY TESTING (Check all that apply)
Diagnosis Date:
Is patient symptomatic? Yes No Unk
If yes, onset date: End date:
(Fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, abdominal pain, or dark urine)
Was the patient
*Jaundiced?
*Total bilirubin levels > 3.0 mg/dL?
Date of bilirubin test
Did the patient die from hepatitis?
Date of death:
Date of lab test Testing Facility:
Total antibody to hepatitis A virus [total anti-HAV] POS NEG UNK
IgM antibody to hepatitis A virus [IgM anti-HAV]
Hepatitis A virus RNA by NAT (includes genotype testing)
LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS
ALT [SGPT] Result Upper limit normal
AST [SGPT] Result Upper limit normal
Date of ALT result
Date of AST result

VACCINATION HISTORY PUBLIC HEALTH MEASURES
Did the patient ever receive hepatitis A vaccine? Yes No Unk
If yes, how many shots? 1 2 3+
In what year was the last shot received?
If this case has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case? Yes No Unk
Earliest date public health control initiated:

During the **2-6 weeks** prior to onset of symptoms:

- Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection? Yes / No / Unk
- If yes, was the contact (*check one*)
 - Household member (non sexual)..... Yes / No / Unk
 - Sex partners..... Yes / No / Unk
 - Child cared for by this patient..... Yes / No / Unk
 - Babysitter of this patient..... Yes / No / Unk
 - Playmate..... Yes / No / Unk
 - Other..... Yes / No / Unk

Was the patient:

- A child or employee in a daycare center, nursery, or preschool? Yes / No / Unk
- A household contact of a child or employee in a day care center, nursery, or preschool?..... Yes / No / Unk
- If yes for either of these, was there an identified hepatitis A in the child care facility?..... Yes / No / Unk

Please ask both of the following questions regardless of the patient's gender.

- In the **2-6 weeks** before symptom onset how many:
- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | 0 | 1 | 2-5 | Unk |
| Male sex partners did the patient have? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Female sex partners did the patient have? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In the **2-6 weeks** before symptom onset:

- Did the patient inject drugs not prescribed by a doctor? Yes / No / Unk
- Did the patient use street drugs but not inject? Yes / No / Unk
- Did the patient **travel** outside of the U.S.A. or Canada? Yes / No / Unk
- If yes, where? (Country) 1) _____ 2) _____

In the **3 months** prior to symptoms onset:

- Did anyone in the patient's household travel outside of the U.S.A. or Canada? Yes / No / Unk
- If yes, where? (Country) 1) _____ 2) _____

Is the patient suspected as being part of a common-source outbreak? Yes / No / Unk

If yes, was the outbreak:

- Foodborne -- associated with an infected food handler..... Yes / No / Unk
- Foodborne – NOT associated with an infected handler..... Yes / No / Unk
- Specify food item _____
- Waterborne..... Yes / No / Unk
- Source not identified..... Yes / No / Unk

Was the patient employed as a food handler during the **TWO WEEKS** prior to onset of symptoms or while ill? Yes / No / Unk

If yes, where? _____
 Last day of work? ____/____/____

Was the patient employed as a healthcare worker during the **THREE MONTHS** prior to onset of symptoms or while ill? Yes / No / Unk

If yes, where? _____ Specify job title or duties: _____
 Last day of work? ____/____/____

Non-sexual Household and Sexual Contacts Requiring Prophylaxis:

Name	Relation to Case	Age	HAIG	HAV Vaccine
_____	_____	_____	_/_/_	_/_/_
_____	_____	_____	_/_/_	_/_/_
_____	_____	_____	_/_/_	_/_/_
_____	_____	_____	_/_/_	_/_/_

Comments: