

CONTACT WITH A CASE

During the **6 weeks-6 months** prior to onset of symptoms was the patient a contact of a confirmed or suspected acute or chronic hepatitis B case? Yes No Unk

If yes, type of contact:

- Sexual.....
- Household (non-sexual).....
- Other.....

SEXUAL AND DRUG EXPOSURES

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

In the **6 months** before symptom onset how many: 0 1 2-5 >5 Unk
 • Male sex partners did the patient have?.....

• Female sex partners did the patient have?

Was the patient **EVER** treated for a sexually-transmitted disease?..... Yes No Unk

If yes, in what year was the most recent treatment?

BLOOD EXPOSURES PRIOR TO ONSET

During the **6 weeks-6 months** prior to onset of symptoms

Did the patient: Yes No Unk

- Undergo hemodialysis?.....
- Have an accidental stick or puncture with a needle or other object contaminated with blood?.....
- Receive blood or blood products [transfusion]....
 If yes, when? ____/____/____
- Receive any IV infusions and/or injections in the outpatient setting?.....
- Have other exposure to someone else's blood?..
 specify: _____

During the **6 weeks-6 months** prior to onset of symptoms

Was the patient employed in a medical or dental field involving direct contact with human blood?.....

If yes, frequency of direct blood contact:
 Frequent (several times weekly) Infrequent

Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having contact with human blood?.....

If yes, frequency of direct blood contact:
 Frequent (several times weekly) Infrequent

TATTOOING/DRUGS/PIERCING

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

Did the patient receive a tattoo?..... Yes No Unk

 Where was the tattooing performed? (*select all that apply*)

- Commercial parlor/shop
- Correctional facility
- other _____

- Inject drugs not prescribed by a doctor?.....
- Use street drugs but not inject?.....

During the **6 weeks-6 months** prior to onset of symptoms

- Did the patient have any part of their body pierced (other than ear)?

Where was the piercing performed? (*select all that apply*)

- Commercial parlor/shop
- Correctional facility
- other _____

OTHER HEALTHCARE EXPOSURE

- Did the patient have dental work or oral surgery?.... Yes No Unk
- Did the patient have surgery?.....
- Was the patient –(*check all that apply*)
 -hospitalized?.....
 -a resident of a long term care facility?.....
 -incarcerated for longer than 24 hours?.....

INCARCERATION PRIOR TO ONSET

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

- Was the patient in:
 Prison..... Yes No

 Jail.....
 Juvenile facility.....

INCARCERATION MORE THAN 6 MONTHS

During his/her lifetime, was the patient **EVER**

- Incarcerated for longer than 6 months?..... Yes No Unk

 If yes,
 -what year was the most recent incarceration?...
 -for how long?..... _____ months.

Non-sexual Household and Sexual Contacts Requiring Prophylaxis:

Name	Relation to Case	Age	HBIG	HB Vaccine
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____

Control Measures (check all that apply):

- Notified blood center(s)
- Notified dialysis center, surgeon(s), acupuncturist, and/or tattoo parlor
- Disinfected all equipment contaminated with blood or infectious body fluids
- Vaccinated susceptible contacts
- Notified delivery hospital and obstetrician if a woman is pregnant
- Vaccinated infant born to HBsAg-positive women

Comments:
