

PHEP Surveillance Control Measure Tracking Form - Hepatitis A

Patient Name: _____ Case Status: _____ Date Reported: ___/___/___ Date Reported to Central Office: ___/___/___

Onset Date: ___/___/___ Food handler: Yes No Day care worker/attendee: Yes No Institutional resident: Yes No

Action	Public Health Control Measure Initiated	Date Initiated	Within 7 days of Report?
1. Contact medical provider. Obtain clinical data, lab report, verify diagnosis, and provide recommendations.	<input type="checkbox"/> Provide medical provider with prophylaxis recommendations, isolation precautions.	1. ___/___/___	1. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
2. Interview case patient. Complete patient history to identify potential source of exposure, close contacts during period of communicability and others at risk due to case patient's occupation and living accommodations; day care, school/ grade, residence in a closed institution or high risk setting, or food handling.	<input type="checkbox"/> Educate case patient on measures to avoid disease transmission including recommended exclusion from school or work. <input type="checkbox"/> Identify potential source of infection, determine risk factors and identify transmission settings. <input type="checkbox"/> Identify close contacts. Contacts: # Identified _____ # Contacted _____	2. ___/___/___	2. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
3. Contact potentially exposed persons. Inform contacts about risk of disease, educate on disease transmission and precautions, and advise to seek immediate medical attention if signs/symptoms develop. Recommend or administer chemoprophylaxis as indicated. Identify symptomatic contacts and complete case report.	<input type="checkbox"/> Educate contacts on measures to avoid disease transmission. <input type="checkbox"/> Recommend or administer chemoprophylaxis as indicated. Ensure prophylaxis is given to contacts as indicated as soon as possible and within 14 days of exposure: either a single dose of single-antigen hepatitis A vaccine or immune globulin (depending on age and contraindications). <input type="checkbox"/> A. Refer contact to own physician for prophylaxis, or <input type="checkbox"/> B. Provide hepatitis A vaccine and/or IG directly to contacts Prophylaxis: # Recommended _____ # Completed _____	3. ___/___/___	3. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
Outbreaks and Special Settings			
4. Institute work and daycare restrictions to control and prevent further spread of disease.	<input type="checkbox"/> Institute work and daycare restrictions/exclusions for cases or suspect cases: each infected person shall be excluded from food handling, patient care and any occupation involving the care of young children and the elderly until 14 days after the onset of symptoms.	4. ___/___/___	4. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
5. Consult with day care, school, residential facility to identify possible sources of infection	<input type="checkbox"/> Review case(s) activities and potential sources of infection. <input type="checkbox"/> Initiate letter to parents as needed.	5. ___/___/___	5. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
6. Coordinate with environmental health to conduct inspections if indicated to decrease environmental spread of disease.	<input type="checkbox"/> Coordinate with environmental health to conduct environmental investigation of food establishment/daycare, etc.	6. ___/___/___	5. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
7. Work with appropriate agency to eliminate implicated source of exposure such as pulling oysters or other foods, removing sewage source, or excluding infected staff.	<input type="checkbox"/> Work with appropriate agency to eliminate source of exposure. (Describe) <input type="checkbox"/> Food _____ <input type="checkbox"/> Water _____ <input type="checkbox"/> Staff _____	7. ___/___/___	6. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
8. Identify persons potentially at risk from outbreak source, communicate risk to public as needed, and initiate appropriate interventions based on timing of exposure.	<input type="checkbox"/> Coordinate press releases and prophylaxis clinics as needed for prevention.	8. ___/___/___	6. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason: