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U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE

# VIRAL HEPATITIS CASE REPORT

CDC
Centers for Disease Control
and Prevention
Hepatitis Branch, (G37)
Atlanta, Georgia 30333

**The following questions should be asked for every case of viral hepatitis**

Prefix: (Mr. Mrs. Miss Ms. etc) _____ Last: _____ First: _____ Middle: _____

Preferred Name (nickname): _____ Maiden: _____

Address: Street: _____

City: _____ Phone: ( ) - Zip Code: ___ ___ ___ ___ ___ -- ___ ___ ___ ___

SSN # (optional) ___ ___ __ - ___ ___ - ___ ___ ___ ___

**Only data from lower portion of form will be transmitted to CDC**

State: _____ County: _____ Date of Public Health Report__ __ / __ __ / __ __ __ __

Was this record submitted to CDC through the NETSS system? Yes ☐ No ☐

If yes, please enter **NETSS ID NO.** ☐☐☐☐☐☐☐☐☐☐ If no, please enter **STATE CASE NO.** _____

## DEMOGRAPHIC INFORMATION

**RACE (check all that apply):**

☐ Amer Indian or Alaska Native ☐ Black or African American ☐ White
☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Other Race, specify: _____

**ETHNICITY:**

Hispanic ..... ☐
Non-hispanic ..... ☐
Other/Unknown ..... ☐

**SEX:** Male ☐ Female ☐ Unk ☐ **PLACE OF BIRTH:** ☐USA ☐Other:_____

**DATE OF BIRTH:** M M / D D / Y Y Y Y **AGE:** ___ ___ **(years)** **( 00= <1yr , 99= Unk )**

## CLINICAL & DIAGNOSTIC DATA

**REASON FOR TESTING:** (Check all that apply)

☐ Symptoms of acute hepatitis ☐ Evaluation of elevated liver enzymes
☐ Screening of asymptomatic patient with reported risk factors ☐ Blood / organ donor screening
☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested ) ☐ Follow-up testing for previous marker of viral hepatitis
☐ Prenatal screening ☐ Unknown ☐ Other: specify: _____

**CLINICAL DATA:**

Diagnosis date: M M / D D / Y Y Y Y

| | Yes | No | Unk |
|---|---|---|---|
| Is patient symptomatic? | ☐ | ☐ | ☐ |
| if yes, onset date: M M / D D / Y Y Y Y | | | |
| Was the patient | | | |
| • Jaundiced? | ☐ | ☐ | ☐ |
| • Hospitalized for hepatitis? | ☐ | ☐ | ☐ |
| Was the patient pregnant ? | ☐ | ☐ | ☐ |
| due date : M M / D D / Y Y Y Y | | | |
| Did the patient die from hepatitis? | ☐ | ☐ | ☐ |
| • Date of death: M M / D D / Y Y Y Y | | | |

**DIAGNOSTIC TESTS: CHECK ALL THAT APPLY**

| | Pos | Neg | Unk |
|---|---|---|---|
| • Total antibody to hepatitis A virus [total anti-HAV] | ☐ | ☐ | ☐ |
| • IgM antibody to hepatitis A virus [IgM anti-HAV] | ☐ | ☐ | ☐ |
| • Hepatitis B surface antigen [HBsAg] | ☐ | ☐ | ☐ |
| • Total antibody to hepatitis B core antigen [total anti-HBc] | ☐ | ☐ | ☐ |
| • IgM antibody to hepatitis B core antigen [IgM anti-HBc] | ☐ | ☐ | ☐ |
| • Antibody to hepatitis C virus [anti-HCV] | ☐ | ☐ | ☐ |
| - anti-HCV signal to cut-off ratio _____ | | | |
| • Supplemental anti-HCV assay [e.g., RIBA] | ☐ | ☐ | ☐ |
| • HCV RNA [e.g., PCR] | ☐ | ☐ | ☐ |
| • Antibody to hepatitis D virus [anti-HDV] | ☐ | ☐ | ☐ |
| • Antibody to hepatitis E virus [anti-HEV] | ☐ | ☐ | ☐ |

**LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS**

- ALT [SGPT] Result _____ Upper limit normal_____
- AST [SGOT] Result _____ Upper limit normal_____
- Date of ALT result M M / D D / Y Y Y Y
- Date of AST result M M / D D / Y Y Y Y

| • If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case? | Yes | No | Unk |
|---|---|---|---|
| | ☐ | ☐ | ☐ |

**DIAGNOSIS:** (Check all that apply)

☐ Acute hepatitis A
☐ Acute hepatitis B ☐ Chronic HBV infection ☐ Perinatal HBV infection ☐ Hepatitis Delta (co- or super-infection)
☐ Acute hepatitis C ☐ HCV infection (chronic or resolved)
☐ Acute hepatitis E ☐ Acute non-ABCD hepatitis

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**Patient History- Acute Hepatitis A** **NETSS ID NO.** ☐☐☐☐☐☐☐☐☐☐

**STATE CASE NO.** _____

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

| | Yes | No | Unk |
|---|---|---|---|
| Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection? | ☐ | ☐ | ☐ |
| If yes, was the contact (check one) | | | |
| • household member (non-sexual) | ☐ | ☐ | ☐ |
| • sex partner | ☐ | ☐ | ☐ |
| • child cared for by this patient | ☐ | ☐ | ☐ |
| • babysitter of this patient | ☐ | ☐ | ☐ |
| • playmate | ☐ | ☐ | ☐ |
| • other _____ | ☐ | ☐ | ☐ |
| Was the patient | | | |
| • a child or employee in a day care center, nursery, or preschool ? | ☐ | ☐ | ☐ |
| • a household contact of a child or employee in a day care center, nursery or preschool ? | ☐ | ☐ | ☐ |
| If yes for either of these, was there an identified hepatitis A case in the child care facility? | ☐ | ☐ | ☐ |

**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 | >5 | Unk |
|---|---|---|---|---|---|
| • male sex partners did the patient have? | ☐ | ☐ | ☐ | ☐ | ☐ |
| • female sex partners did the patient have? | ☐ | ☐ | ☐ | ☐ | ☐ |

| In the **2- 6 weeks** before symptom onset | Yes | No | Unk |
|---|---|---|---|
| Did the patient inject drugs not prescribed by a doctor? | ☐ | ☐ | ☐ |
| Did the patient use street drugs but not inject? | ☐ | ☐ | ☐ |
| Did the patient **travel** outside of the U.S.A. or Canada | ☐ | ☐ | ☐ |
| • If yes, where? 1) _____ 2) _____ (Country) 3) _____ | | | |
| In the **3 months** prior to symptom onset Did anyone in the patient's household travel outside of the U.S. A. or Canada? | ☐ | ☐ | ☐ |
| • If yes, where? 1) _____ 2) _____ (Country) 3) _____ | | | |
| Is the patient suspected as being part of a common-source outbreak? | ☐ | ☐ | ☐ |
| If yes, was the outbreak | | | |
| Foodborne- associated with an infected food handler | ☐ | ☐ | ☐ |
| Foodborne - **NOT** associated with an infected food handler | ☐ | ☐ | ☐ |
| • specify food item _____ | | | |
| Waterborne | ☐ | ☐ | ☐ |
| Source not identified | ☐ | ☐ | ☐ |
| Was the patient employed as a food handler during the **TWO WEEKS** prior to onset of symptoms or while ill? | ☐ | ☐ | ☐ |

## VACCINATION HISTORY

| | Yes | No | Unk |
|---|---|---|---|
| Has the patient ever received the hepatitis A vaccine ? | ☐ | ☐ | ☐ |
| • If yes, how many doses? | 1 ☐ | ≥ 2 ☐ | |
| • In what year was the last dose received? | Y Y Y Y | | |
| | **Yes** | **No** | **Unk** |
| Has the patient ever received immune globulin ? | ☐ | ☐ | ☐ |
| • If yes, when was the last dose received? | _____ / _____ mo yr | | |

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STATE CASE NO. _____

## Patient History- Acute Hepatitis B

NETSS ID NO. | | | | | | | | | | |

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

**If yes, type of contact**

- Sexual ☐ ☐ ☐
- Household [Non-sexual] ☐ ☐ ☐
- Other: _____ ☐ ☐ ☐

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 ? Y Y Y Y

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

- 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-** **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? M M / D D / Y Y Y Y
- 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 direct contact with human blood? ☐ ☐ ☐
  If yes, frequency of direct blood contact?
  Frequent (several times weekly) ☐ Infrequent ☐
- Did the patient receive a tattoo? ☐ ☐ ☐
  where was the tattooing performed? (select all that apply)
  ☐ commercial parlor / shop ☐ correctional facility ☐ other _____

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 _____

**Yes** **No** **Unk**

- Did the patient have dental work or oral surgery? ☐ ☐ ☐
- Did the patient have surgery ? (other than oral surgery) ☐ ☐ ☐
- Was the patient- ***Check all that apply***
  - hospitalized ? ☐ ☐ ☐
  - a resident of a long term care facility ? ☐ ☐ ☐
  - incarcerated for longer than 24 hours ? ☐ ☐ ☐

  if yes, what type of facility (check all that apply)
  prison ☐ ☐
  jail ☐ ☐
  juvenile facility ☐ ☐

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

- incarcerated for longer than 6 months ? ☐ ☐ ☐
  - If yes,
    what year was the most recent incarceration ? __ Y Y Y Y
    for how long ? __ __ __ **mos**

**Did the patient ever receive hepatitis B vaccine?** **Yes** ☐ **No** ☐ **Unk** ☐

**If yes, how many shots?** **1** ☐ **2** ☐ **3+** ☐

- In what year was the last shot received? Y Y Y Y

**Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after the last dose?** **Yes** ☐ **No** ☐ **Unk** ☐

- If yes, was the serum anti-HBs ≥ 10mIU/ml? ☐ ☐ ☐
  (answer 'yes' if the laboratory result was reported as 'positive' or 'reactive')

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**Perinatal Hepatitis B Virus Infection**

**NETSS ID NO.** | | | | | | | | | | |

**STATE CASE NO.** _____

**RACE OF MOTHER:**

☐ Amer Ind or Alaska Native ☐ Black or African American ☐ White ☐ Unknown
☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Other Race, specify: _____

**ETHNICITY OF MOTHER:**

Hispanic ..... ☐
Non-hispanic ..... ☐
Other/Unknown ..... ☐

| | Yes | No | Unk | |
|---|---|---|---|---|
| Was **Mother** born outside of United States? ..... | ☐ | ☐ | ☐ | If yes, what country?_____ |
| Was the **Mother** confirmed HBsAg positive prior to or at time of delivery ? ... | ☐ | ☐ | ☐ | |
| • If no, was the mother confirmed HBsAg positive after delivery? ..... | ☐ | ☐ | ☐ | |

Date of HBsAg positive test result ..... M M / D D / Y Y Y Y

How many doses of hepatitis B vaccine did the child receive ? ..... 0 1 2 3

- When?
- Dose 1- M M / D D / Y Y Y Y
- Dose 2- M M / D D / Y Y Y Y
- Dose 3- M M / D D / Y Y Y Y

| | Yes | No | Unk |
|---|---|---|---|
| Did the child receive hepatitis B immune globulin (HBIG)? ..... | ☐ | ☐ | ☐ |
| • If yes, on what date did the child receive HBIG? ..... | M M / D D / Y Y Y Y | | |

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NETSS ID NO. | | | | | | | | | | |

**Patient History- Acute Hepatitis C**

STATE CASE NO. _____

During the **2 weeks- 6 months** prior to onset of symptoms was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis C virus infection?

| | Yes | No | Unk |
|---|---|---|---|
| **If yes, type of contact** | | | |
| • Sexual | ☐ | ☐ | ☐ |
| • Household [Non-sexual] | ☐ | ☐ | ☐ |
| • Other: _____ | ☐ | ☐ | ☐ |

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? | ☐ | ☐ | ☐ | ☐ | ☐ |

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

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

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

| | | | |
|---|---|---|---|
| • inject drugs not prescribed by a doctor? | ☐ | ☐ | ☐ |
| • use street drugs but not inject? | ☐ | ☐ | ☐ |

During the **2 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? M M / D D / Y Y Y Y | | | |
| • receive any IV infusions and/or injections in the outpatient setting... | ☐ | ☐ | ☐ |
| • have other exposure to someone else's blood | ☐ | ☐ | ☐ |

specify: _____

During the **2 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 direct contact with human blood? | ☐ | ☐ | ☐ |

If yes, frequency of direct blood contact?

Frequent (several times weekly) ☐ Infrequent ☐

| | | | |
|---|---|---|---|
| • Did the patient receive a tattoo? | ☐ | ☐ | ☐ |

where was the tattooing performed? (select all that apply)

☐ commercial parlor / shop ☐ correctional facility ☐ other _____

During the **2 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 _____

| | Yes | No | Unk |
|---|---|---|---|
| • Did the patient have dental work or oral surgery? | ☐ | ☐ | ☐ |
| • Did the patient have surgery ? (other than oral surgery) | ☐ | ☐ | ☐ |
| • Was the patient- ***Check all that apply*** | | | |
| • hospitalized ? | ☐ | ☐ | ☐ |
| • a resident of a long term care facility ? | ☐ | ☐ | ☐ |
| • incarcerated for longer than 24 hours ? | ☐ | ☐ | ☐ |
| if yes, what type of facility (check all that apply) | | | |
| prison | ☐ | ☐ | |
| jail | ☐ | ☐ | |
| juvenile facility | ☐ | ☐ | |

| | | | |
|---|---|---|---|
| During his/her lifetime, was the patient ***EVER*** | | | |
| • incarcerated for longer than 6 months ? | ☐ | ☐ | ☐ |

• If yes,

what year was the most recent incarceration ? __ __ __ __

for how long ? __ __ __ **mos**

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NETSS ID NO. | | | | | | | | | | |

**Patient History- Hepatitis C Virus Infection (chronic or resolved)**

STATE CASE NO. _____

The following questions are provided as a guide for the investigation of lifetime risk factors for HCV infection. Routine collection of risk factor information for persons who test HCV positive is not required. However, collection of risk factor information for such persons may provide useful information for the development and evaluation of programs to identify and counsel HCV-infected persons.

| | Yes | No | Unk |
|---|---|---|---|
| • Did the patient receive a blood transfusion prior to 1992? | ☐ | ☐ | ☐ |
| • Did the patient receive an organ transplant prior to 1992? | ☐ | ☐ | ☐ |
| • Did the patient receive clotting factor concentrates produced prior to 1987? | ☐ | ☐ | ☐ |
| • Was the patient ever on long-term hemodialysis? | ☐ | ☐ | ☐ |
| • Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times? | ☐ | ☐ | ☐ |
| • How many sex partners has the patient had (approximate lifetime) ? _____ | | | |
| • Was the patient ever incarcerated? | ☐ | ☐ | ☐ |
| • Was the patient ever treated for a sexually transmitted disease? | ☐ | ☐ | ☐ |
| • Was the patient ever a contact of a person who had hepatitis ? | ☐ | ☐ | ☐ |
| If yes, type of contact | | | |
| • Sexual | ☐ | ☐ | ☐ |
| • Household [Non-sexual] | ☐ | ☐ | ☐ |
| • Other: _____ | ☐ | ☐ | ☐ |

| | Yes | No | Unk |
|---|---|---|---|
| • Was the patient ever employed in a medical or dental field involving direct contact with human blood? | ☐ | ☐ | ☐ |