VIRAL HEPATITIS CASE RECORD
FOR REPORTING OF PATIENTS WITH SYMPTOMATIC ACUTE VIRAL HEPATITIS
(SEE CASE DEFINITION ON REVERSE)

STATE GEOGRAPHIC CODE ___ ___ ___ ___ ___ (1) (2) (3) (4) (5)

STATE CASE N0. ___ (8) (9) (10) (11)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Centers for Disease Control and Prevention
Hepatitis Branch, (G37)
Atlanta, Georgia 30333

CDC CASE NO. ___ (8) (9) (10) (11)

PATIENT'S LAST NAME (please print clearly) (12-26) | FIRST AND MIDDLE NAME (or initials) | OCCUPATION

STREET ADDRESS | TOWN OR CITY | STATE (Zip Code) | COUNTY (27-36) | COUNTY FIPS CODE (37-40)

AGE (yrs) (41-42) ___ ___ 00 = < 1yr 99 = Unk

DATE OF BIRTH (43-48) __ __ / __ __ / __ __ Mo Day Yr

SEX (49) 1 ☐ Male 2 ☐ Female 9 ☐ Unk

RACE (50) 1 ☐ American Indian or Alaskan Native 2 ☐ Asian or Pacific Islander 3 ☐ Black 5 ☐ White 9 ☐ Unk

ETHNICITY (51) 1 ☐ Hispanic 2 ☐ Non-Hispanic 9 ☐ Unk

Reporting physician's diagnosis (52-53) 1 ☐ Hepatitis A 2 ☐ Hepatitis B 3 ☐ Non-A, Non-B Hepatitis 4 ☐ Hepatitis D (Delta) 5 ☐ Hepatitis Unspecified

DO NOT REPORT CASES OF CHRONIC HEPATITIS OR CHRONIC CARRIERS!!

CLINICAL DATA

	Mo Day Yr
Date of first symptom (54-59)	___ ___ / ___ ___ / ___ ___
Date of diagnosis (60-65)	___ ___ / ___ ___ / ___ ___
Was the patient jaundiced? (66)	1 ☐ Yes 2 ☐ No
Was the patient hospitalized for hepatitis? (67)	1 ☐ Yes 2 ☐ No
Did the patient die from hepatitis? (68)	1 ☐ Yes 2 ☐ No

LABORATORY RESULTS

	Pos	Neg	Not Tested/Unk
IgM Hepatitis A antibody (IgM anti-HAV) (69)	1 ☐	2 ☐	9 ☐
Hepatitis B surface antigen (HBsAg) (70)	1 ☐	2 ☐	9 ☐
IgM Hepatitis B core antibody (IgM anti-HBc) (71)	1 ☐	2 ☐	9 ☐
Antibody to Delta (anti-HDV) (72)	1 ☐	2 ☐	9 ☐

For purposes of National Surveillance, ASK ALL OF THE FOLLOWING QUESTIONS FOR EVERY CASE OF HEPATITIS. These questions may help determine where the patient acquired his/her infection. Please refer to the work sheet on the back of the last page for additional questions.

During the 2-6 weeks prior to illness	Yes	No	Unk
1. was the patient a child or employee in a nursery, day care center, or preschool? (73)	1 ☐	2 ☐	9 ☐
2. was the patient a household contact of a child or employee in a nursery, day care center, or preschool? (74)	1 ☐	2 ☐	9 ☐
3. was the patient a contact of a confirmed or suspected hepatitis A case? (75)	1 ☐	2 ☐	9 ☐
If yes, type of contact: (76) 1 ☐ Sexual 2 ☐ Household (non-sexual) 3 ☐ Other			
4. was the patient employed as a food handler? (77)	1 ☐	2 ☐	9 ☐
5. did the patient eat raw shellfish? (78)	1 ☐	2 ☐	9 ☐
6. was the patient suspected as being part of a common-source foodborne or waterborne outbreak? (79)	1 ☐	2 ☐	9 ☐
7. did the patient travel outside of the U.S. or Canada? (80)	1 ☐	2 ☐	9 ☐
If yes, where: (81) 1 ☐ So./Central America (including Mexico) 2 ☐ Africa 3 ☐ Caribbean 4 ☐ Middle East 5 ☐ Asia/So. Pacific 6 ☐ Australia/New Zealand 7 ☐ Other_____			
Duration of stay: (82) 1 ☐ 1-3 Days 2 ☐ 4-7 Days 3 ☐ More than 7 Days			
During the 6 weeks-6 months prior to illness			
8. was the patient a contact of a confirmed or suspected acute or chronic hepatitis B or non-A, non-B case? (83)	1 ☐	2 ☐	9 ☐
If yes, type of contact: (84) 1 ☐ Sexual 2 ☐ Household (non-sexual) 3 ☐ Other			
9. was the patient employed in a medical, dental or other field involving contact with human blood? (85)	1 ☐	2 ☐	9 ☐
If yes, degree of blood contact: (86) 1 ☐ Frequent (several times weekly) 2 ☐ Infrequent			
10. did the patient receive blood or blood products (transfusion)? (87)	1 ☐	2 ☐	9 ☐
If yes, specify date(s) received: (88-93) From ___ ___/___ ___/___ ___ to ___ ___/___ ___/___ ___ (94-99)			
11. was the patient associated with a dialysis or kidney transplant unit? (100)	1 ☐	2 ☐	9 ☐
If yes, (101) 1 ☐ Patient 2 ☐ Employee 3 ☐ Contact of patient or employee			
12. did the patient use needles for injection of street drugs? (102)	1 ☐	2 ☐	9 ☐
13. what was the patient's sexual preference? (103) 1 ☐ Heterosexual 2 ☐ Homosexual 3 ☐ Bisexual 9 ☐ Unk			
14. how many different sexual partners did the patient have? (104) 1 ☐ None 2 ☐ One 3 ☐ 2-5 4 ☐ More than 5 9 ☐ Unk			
15. did the patient have			
dental work or oral surgery? (105) 1 ☐ Yes 2 ☐ No 9 ☐ Unk tattooing? (108)	1 ☐	2 ☐	9 ☐
other surgery? (106) 1 ☐ Yes 2 ☐ No 9 ☐ Unk an accidental stick or puncture with a needle			
acupuncture? (107) 1 ☐ Yes 2 ☐ No 9 ☐ Unk or other object contaminated with blood? (109)	1 ☐	2 ☐	9 ☐
Has this patient ever received the three dose series of Hepatitis B vaccine? (110)	1 ☐	2 ☐	9 ☐
If yes, what year? (111-112) ___ ___ AND was the patient tested for antibody within 1-6 months after the last dose? (113)	1 ☐	2 ☐	9 ☐
If yes, was the antibody test: (114) 1 ☐ Pos 2 ☐ Neg 3 ☐ Unknown			

Comments: _____

_____

Investigator's Name _____

Date

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WORK SHEET

CASE DEFINITION FOR REPORTING OF ACUTE VIRAL HEPATITIS

Illness with: 1) discrete onset of symptoms and
2) jaundice or elevated serum aminotransferase levels.

Hepatitis A: IgM anti-HAV positive.

Hepatitis B: IgM anti-HBc positive if done or HBsAg positive and IgM anti-HAV negative if done.

Non-A, Non-B Hepatitis: 1) IgM anti-HAV negative, and
2) IgM anti-HBc negative if done or HBsAg negative, and
3) serum aminotransferase levels greater than 2 1/2 times the upper limit of normal.

Delta Hepatitis: 1) HBsAg or IgM anti-HBc positive and
2) Anti-HDV positive.

FOR USE BY LOCAL HEALTH DEPARTMENTS TO DETERMINE THE PATIENT'S MOST PROBABLE SOURCE OF INFECTION

Patient's name_____ Home phone_____ Employed by_____ Work phone_____
Reporting physician's name, address, and phone #_____

_____

If patient was hospitalized for hepatitis, give name of hospital_____
Results of liver function tests: SGOT (AST)_____ SGPT (ALT)_____ Bilirubin_____

FURTHER INFORMATION FOR ADMITTED RISK FACTORS AND SOURCES LISTED ON FRONT PAGE

IF APPLICABLE:

1. Name, address, and phone # of child care center_____
2. Name and address of school, grade, classroom attended_____
3. Name, address, and phone # of restaurant where food handler worked **(HEPATITIS A ONLY)**_____

   _____
4. Food history of patient for the 2-6 wks prior to onset: **(HEPATITIS A ONLY)**
   a. name and location of restaurants_____
   b. name and location of food stores_____
   c. name and location of bakery_____
   d. group meals attended (e.g., reception, church, meeting, etc.)_____
   e. location raw shellfish purchased_____
5. Name, address, and phone # of known hepatitis A or hepatitis B contact_____

   _____ Relationship_____

6. **CONTACTS REQUIRING PROPHYLAXIS FOR HEPATITIS A OR HEPATITIS B**

Name	Age	Relationship to case	IG	HBIG	Vaccine

7. If transfused, **NOTIFY BLOOD CENTER!** Name of blood center_____
   a. number of units of whole blood, packed RBC or frozen RBC received_____
   b. specify type of blood product (e.g., albumin, fibrinogen, factor VIII, etc.)_____
8. **IF DONOR**, name, address, and phone # of donor or plasmapheresis center_____

   _____ Date_____
9. Name, address, and phone # of dialysis center_____
10. Name, address, and phone # of dentist or oral surgeon_____
11. If other surgery performed, name, address, and phone # of location_____

    _____
12. Name, address, and phone # of acupuncturist or tattoo parlor_____
13. Is patient currently pregnant?_____ If yes, give obstetrician's name, address and phone #_____

    _____
    a. estimated date and location of delivery_____

Comments:_____

_____

_____Investigator's Name and Title_____Date of Interview_____