

Hepatitis A Initial Assessment for the Local Investigator

(Goal: To rapidly confirm a case and to determine potential number of contacts needing PEP.)

SYMPTOMS(S)		Onset Date	Acute symptoms include: Abdominal Pain Anorexia Dark Urine Diarrhea Fatigue Fever Headache Nausea Vomiting	
Acute hepatitis symptoms?	Yes	No		Unk.
Jaundice (yellow eyes or skin)?	Yes	No		Unk.
Diarrhea?	Yes	No		Unk.

LABORATORY RESULTS	Result	Collection Date
ALT Level		
Bilirubin		
IgM Serology		

TRAVEL / VISITOR TRAVEL HISTORY	Date(s) Arrive/Depart	Location (To / From)
Out of USA	Yes No Unk.	
Out of State	Yes No Unk.	
Out of County	Yes No Unk.	

INITIAL EPI INFORMATION	Date(s)	Location(s)
Food handler	Yes No Unk.	
Daycare / nursery association	Yes No Unk.	
Shelter / group type facility	Yes No Unk.	
Homeless / other high-risk activity	Yes No Unk.	
Contact w/ Hep A case	Yes No Unk.	
Household contact of any of above	Yes No Unk.	

Collect additional information, as requested, on the Hep A Supplemental Form Epidemiologic Information section.

Hepatitis A Vaccination History	Date(s)	Type	Manufacturer	Lot
Dose 1	Yes No Unk.			
Dose 2	Yes No Unk.			

ACTIVITIES DURING INFECTIOUS PERIOD

(Mark onset date (day 0) on 3rd row of chart – Count back 14 days and then forward 7 or 14 for infectious period)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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When evaluating household contacts, did the case prepare or handle food which was consumed at any gatherings by people outside of case's household (e.g. school or dinner parties, potlucks, bringing food to worksite, etc.)?

Yes No Unk

If yes, please list:

Occasion & Locations Food(s) handled Date

	_ / _ / _
	_ / _ / _
	_ / _ / _
	_ / _ / _

Listing of any at risk facilities (group homes, shelters, correctional facilities):

Facility Name/Address	Phone	Person to contact	Estimate number of affected persons	First Exposure Date	Last Exposure Date

Close Contact Listing -- Individuals (Administer PEP within 2 weeks of last exposure)

Type of Exposure	Phone	Name	Age	Immune? If yes, stop.		Last Exposure Date	PEP?	
				Yes	No		Yes	No