

Hepatitis A Virus Infection Investigation Form



INTERVIEW

EpiTrax # _____

Interviewer Name: _____

Number of Call Attempts: _____

Date of Interview: _____

- Follow-up Status:
- Interviewed
 - Refused interview
 - Lost to follow-up*

- Respondent was:
- Self
 - Parent
 - Spouse
 - Other: _____

*At least 3 telephone attempts at different times of the day should be made before a case can be considered lost to follow-up.

DEMOGRAPHICS

Date of Birth: _____

- Race:
- White
 - Black/African-American
 - American Indian/Alaska Native
 - Asian
 - Native Hawaiian/Pacific Islander
 - Other: _____
 - Unknown

Age: _____

- Birth Gender:
- Male
 - Female

- Ethnicity:
- Hispanic or Latino
 - Not Hispanic or Latino

EPIDEMIOLOGICAL INFORMATION

Check all that apply. Patient is a:

- Food handler
- Healthcare worker
- Group living
- Day care attendee
- Day care employee
- School attendee
- School employee
- Any day care association

Occupation: _____

Check all that apply:

- Volunteer
- Retired
- Unemployed

Did patient work or attend school or daycare while ill? Yes No

If yes: Dates worked/attended: _____

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

Under state regulation*, is patient to be excluded from work or daycare?

- Yes
- No

*See K.A.R. 28-1-6 or Kansas Disease Investigation Guidelines for disease-specific information on exclusion criteria

If yes, Date exclusion lifted: _____

CLINICAL INFORMATION

Was Hepatitis A diagnosed? Yes No *If yes, Diagnosis Date:* _____

Was the patient symptomatic? Yes No *If yes, Onset Date of first symptom:* _____

If yes, what were the clinical symptoms? (select all that apply)

Jaundice

If yes, Jaundice start date: _____

Abdominal pain or cramps

Dark Urine

Anorexia

Pale or Clay-colored Stools

Fatigue/excessive tiredness

Diarrhea

Fever

If yes, Diarrhea start date: _____

If yes, Highest temp: _____

Any other symptoms: _____

Do you have an underlying immunodeficiency? Yes No

If yes, Specify: _____

Are you pregnant? Yes No *If yes, Expected due date:* _____

Were you hospitalized? Yes No

Hospital Name(s): _____

Medical Record Number(s): _____

Admission Date: _____ Discharge Date: _____

Mortality Event (check here if patient died) Date of death: _____

INVESTIGATION: ADDITIONAL CLINICAL INFORMATION

Laboratory Testing (Liver Enzyme Levels):

ALT [SGPT] Result: _____ ALT Upper Limit Normal: _____ Date of ALT Result: _____

AST [SGOT] Result: _____ AST Upper Limit Normal: _____ Date of AST Result: _____

Total Bilirubin Result: _____ Date of Bilirubin Result: _____

Reasons for Testing? *Select all that apply.*

Symptoms of acute hepatitis

Evaluation of elevated liver enzymes

Blood/organ donor testing

Prenatal Screening

Follow-up testing for previous marker of viral hepatitis

Screening of asymptomatic patient with reported risk factors

Screening of asymptomatic patient without reported risk factors

INVESTIGATION: ADDITIONAL CLINICAL INFORMATION, CONTINUED

Have you ever received the Hepatitis A vaccine?

Yes (add vaccine data below) No Unknown

Vaccine Number:	Vaccine Date:
1.	_____
2.	_____
3.	_____

Have you ever received immune globulin (IG)?

Yes (add IG data below) No Unknown

If yes, IG date: _____

INVESTIGATION: TRAVEL HISTORY

In the 2 weeks to 6 weeks prior to illness onset, did you travel outside of the United States?

Yes No

If yes, City, Country traveled to: _____

Resort/Hotel Name(s): _____

Date left Kansas: _____ Date left United States: _____

Date returned to KS: _____ Date returned to US: _____

In the 2 weeks to 6 weeks prior to illness onset, did you travel outside of Kansas, but within the U.S.?

Yes No

If yes, City, State traveled to: _____

Resort/Hotel Name(s): _____

Date left Kansas: _____

Date returned to KS: _____

In the 2 weeks to 6 weeks prior to illness onset, did you travel outside of your Kansas county of residence?

Yes No

If yes, City, County traveled to: _____

Resort/Hotel Name(s): _____

Date left county of residence: _____

Date returned to county of residence: _____

INVESTIGATION: CONTACTS AND EXPOSURES

In the 2 weeks to 6 weeks prior to illness onset, did you attend any large gatherings or group events? This might include parties, conferences, camps, sporting events, family reunions, weddings, or funerals.

Yes No

If, yes, Event name (list all): _____

Event date: _____

Event details (including location): _____

During the 2 weeks to 6 weeks prior to illness onset, did you spend the night at any of the following locations not related to travel? *Select all that apply.*

- Friend or family member's home
- Shelter
- Street, park, or outdoor location
- Other location(s) away from home

Provide details including name, location, and dates or length of stay for all non-travel-related overnight nights.

In the 3 months prior to illness onset, did anybody in your household live or travel outside of the United States or Canada?

Yes No Unknown

If yes, list countries: _____

CONTACT INVESTIGATION: POTENTIAL CONTACTS AND CASES

In the 2 to 6 weeks prior to illness onset, did you have contact with anybody with similar symptoms?

Yes (add contact data below) No Unknown

Contact Name:	Relationship:	Age:	Onset Date:	EpiTrax Case Number:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Two weeks prior to your illness onset to 2 weeks after (or 1 week after your jaundice onset), did you have any contact with others that could have resulted in *Hepatitis A* transmission?

Yes (add contact data below) No Unknown

Contact Name:	Relationship:	Age:	Disposition:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

At the end of the contact investigation record:

- Number of contacts recommended PEP (HAV vaccine or IG): _____
- Number of contacts who received HAV vaccine for PEP: _____
- Number of contacts who received IG for PEP: _____
- Number of IG vials shipped / distributed by KDHE: _____

If there are additional symptomatic persons identified, whether contact was before or after this patient's illness onset, fully investigate those persons as cases of hepatitis and complete a full case investigation form for each. List EpiTrax #s of all symptomatic contacts here (use additional pages as necessary):

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

INVESTIGATION: FOOD SOURCES AND FOOD EXPOSURES

Sources of food at home:

Store Name 1: _____ Location 1: _____

Store Name 2: _____ Location 2: _____

Store Name 3: _____ Location 3: _____

Store Name 4: _____ Location 4: _____

Store Name 5: _____ Location 5: _____

Sources of food away from home:

Store Name 1: _____ Location 1: _____

Store Name 2: _____ Location 2: _____

Store Name 3: _____ Location 3: _____

Store Name 4: _____ Location 4: _____

Store Name 5: _____ Location 5: _____

Store Name 6: _____ Location 6: _____

Store Name 7: _____ Location 7: _____

Store Name 8: _____ Location 8: _____

Store Name 9: _____ Location 9: _____

Store Name 10: _____ Location 10: _____

In the 2 weeks to 6 weeks prior to illness onset, did you eat any fresh fruit? Consider any fruit consumed in salads, smoothies, and other food or drinks. Yes No

In the 2 weeks to 6 weeks prior to illness onset, did you eat any frozen fruit? Consider any fruit consumed in salads, smoothies, and other food or drinks. Yes No

In the 2 weeks to 6 weeks prior to illness onset, did you eat any seafood such as shrimp, oysters, fish, mussels, or crab? Yes No

Provide the patient with educational and prevention materials as appropriate and complete the administrative section below. If the patient is under 16 years of age, thank the responder for his or her time; this ends the interview. If the patient is 16 years of age or older, continue to the final section.

INVESTIGATION: SEXUAL AND RECREATIONAL DRUG EXPOSURE QUESTIONS

THESE QUESTIONS ARE ONLY FOR THOSE PATIENTS WHO ARE 16 YEARS OF AGE OR OLDER.

Read to patient: Now I am going to ask you a few questions about having sex and drug use. I need to ask you these questions even if some may not seem to apply to you. The questions may be sensitive, but your answers will be kept private, and they will help us understand how to do a better job of preventing *Hepatitis A* infections.

In the 2 weeks to 6 weeks prior to illness onset, have you had sexual contact with a man?

Yes No

If yes: How many male sex partners did you have in the 2 weeks to 6 weeks before becoming ill?

1 2 to 5 More than 5

In the 2 weeks to 6 weeks prior to illness onset, have you had sexual contact with a woman?

Yes No

If yes: How many female sex partners did you have in the 2 weeks to 6 weeks before becoming ill?

1 2 to 5 More than 5

In the 2 weeks to 6 weeks prior to illness onset, did you use any recreational drugs?

Yes No

This completes the interview. Thank you for your time.

ADMINISTRATIVE

Public health interventions (*select all that apply*):

- Hygiene education provided
- Follow-up of other household members
- Daycare inspection
- Work or daycare restriction for case
- Other: _____

Outbreak associated:

Yes No Unknown

Outbreak Name: _____

LHD Case Status (*select one*):

- Confirmed
- Probable
- Suspect
- Not a case

Date first reported to LHD: _____

Date LHD investigation started: _____

Date LHD investigation completed: _____