Hepatitis C Virus Investigation Form

Kansas Department of Health and Environment

INTERVIEW

EpiTrax # _____ **Interviewer Name:** _____

Number of Call Attempts: _____ **Date of Interview:** _____

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

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

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

DEMOGRAPHICS

Date of Birth: _____

Age: _____

Birth Gender:
- ☐ Male
- ☐ Female

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

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

EPIDEMIOLOGICAL INFORMATION

Occupation: _____ ☐ **Volunteer** ☐ **Retired** ☐ **Unemployed**

***Check all that apply*. Patient is a:**

- ☐ * Healthcare worker
  - Specify type: _____
- ☐ * Public safety officer
  - Specify type: _____
- ☐ * Correctional facility
  - ☐ Employee ☐ Incarcerated
- ☐ Group living resident

*** Does the position involve direct contact with human blood?**

☐ Yes ☐ No

If yes, ***frequency of direct contact:***

- ☐ Frequent (several times weekly)
- ☐ Infrequent
- ☐ Unknown

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

CLINICAL INFORMATION

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

Were symptoms of acute hepatitis present? ☐ Yes ☐ No *If yes,* **Onset Date:** _____

If yes, what were the ACUTE clinical symptoms that were present: *(select all that apply)*

☐ Jaundice

If yes, Jaundice start date: _____

☐ Dark Urine

☐ Pale or Clay-colored Stools

☐ Diarrhea

☐ Any other symptoms: _____

☐ Abdominal pain or cramps

☐ Anorexia

☐ Fatigue/excessive tiredness

☐ Fever

If yes, Highest temp: _____

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: _____ Date of ALT Result: _____ ALT Upper Limit Normal: _____

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

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 (i.e., age-related screening)

☐ Other, specify: _____

INVESTIGATION: EXPOSURES, BASIC QUESTIONS

What year were you first diagnosed with hepatitis C? _____

Read to patient: Now I am going to ask you a few questions about potential exposures to hepatitis C. 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 c infections.

Have you ever been a contact of a person with confirmed or suspected hepatitis C virus infection?

☐ Yes ☐ No ☐ Unknown

If yes: what type of contact?

☐ Household ☐ Sexual ☐ Other

Have you ever donated blood or plasma? ☐ Yes ☐ No

If yes: when was the last time you donated blood (month, year)? _____

Name of Organization: _____ City: _____

If patient tested positive during the last donation, inquire about any other prior donation.

Did you receive a blood transfusion prior to 1992? ☐ Yes ☐ No

Did you receive clotting factor concentrates prior to 1987? ☐ Yes ☐ No

Have you ever received an organ transplant? ☐ Yes ☐ No

If yes: specify year of the transplant? _____ Organ: _____

Name of Facility: _____ City: _____

Provider Name: _____

If more than one transplant, record all years, organs, facilities and providers.

Have you ever received long-term hemodialysis? ☐ Yes ☐ No

If yes: have you had hemodialysis within the last 6 months? ☐ Yes ☐ No

If yes: Facility name: _____ City: _____

Facility name: _____ City: _____

If more than one facility, record each facility and city.

INVESTIGATION: EXPOSURES, BASIC CONTINUED

Do you currently have your blood monitored using a fingerstick/lancet device?
(This includes meters for glucose, cholesterol, PT/PTT, ect.) ☐ Yes ☐ No

If yes: have you ever shared any testing equipment with another person?

☐ Yes ☐ No

Have you ever received acupuncture? ☐ Yes ☐ No

If yes: have you had acupuncture within the last 6 months? ☐ Yes ☐ No

If yes: Facility name: _____ City: _____

Facility name: _____ City: _____

Facility name: _____ City: _____

Have you ever had a body piercing (other than ear)? ☐ Yes ☐ No

If yes: where was the body piercing performed (check all that apply)?

☐ Commercial shop ☐ Correctional Facility ☐ Private Residence

☐ Other, specify: _____

If yes: have you had a body piercing in the last 6 months? ☐ Yes ☐ No

If yes: Facility name: _____ City: _____

Facility name: _____ City: _____

Facility name: _____ City: _____

Have you ever had a tattoo? ☐ Yes ☐ No

If yes: where was the tattoo performed (check all that apply)?

☐ Commercial shop ☐ Correctional Facility ☐ Private Residence

☐ Other, specify: _____

If yes: have you had a tattoo in the last 6 months? ☐ Yes ☐ No

If yes: Facility name: _____ City: _____

Facility name: _____ City: _____

INVESTIGATION: EXPOSURES, DRUG AND SEXUAL EXPOSURES

Have you used any recreational drugs, drugs not prescribed to you, or any type of illegal substance?

☐ Yes ☐ No

If yes: have you injected any of these drugs or substances?

☐ Yes ☐ No

If yes: when is the last time you injected any of these drugs or substances?

☐ In the past 6 months ☐ More than 6 months ago

If yes: have you shared needles or other equipment?

☐ Yes ☐ No

THESE QUESTIONS ARE ONLY FOR THOSE PATIENTS WHO WERE RECENTLY DIAGNOSED (WITHIN THE LAST 6 MONTHS TO A YEAR) THE SEXUAL QUESTIONS ARE FOR THOSE 16 YEARS OF AGE OR OLDER.

Read to patient: Now I am going to ask you a few questions about sexual and health care exposures that focus on what occurred in the last 6 months. Remember not all question may apply to you and your answers will be kept private.

In the past 6 months, have you had sexual contact with a man? ☐ Yes ☐ No

If yes: in the past 6 months, how many male sex partners have you had?

☐ 1 ☐ 2 to 5 ☐ More than 5

In the past 6 months, have you had sexual contact with a woman? ☐ Yes ☐ No

If yes: In the past 6 months, how many female sex partners have you had?

☐ 1 ☐ 2 to 5 ☐ More than 5

How many sexual partners (both male and female have you had in your lifetime? _____

INVESTIGATION: MEDICAL EXPOSURES (PAST 6 MONTHS)

In the past 6 months, have you had any dental work/ oral surgery? ☐ Yes ☐ No

If yes: Name of Facility: _____ City: _____

Provider Name: _____ Procedure: _____

If more than one facility, record facilities, providers, and procedures.

In the past 6 months, have you had any surgery (other than oral surgery)? ☐ Yes ☐ No

If yes: Name of Facility: _____ City: _____

Provider Name: _____ Procedure: _____

If more than one facility, record facilities, providers, and procedures.

In the past 6 months, have you had any IV infusions and/or injections in the outpatient setting?

☐ Yes ☐ No

If yes: Name of Facility: _____ City: _____

Provider Name: _____

If more than one facility, record facilities, providers, and procedures.

In the past 6 months, have you received any blood or blood products (transfusion)?

☐ Yes ☐ No

If yes: Name of Facility: _____ City: _____

Provider Name: _____

If more than one facility, record facilities, providers, and procedures.

In the past 6 months, were you exposed to someone else's blood? ☐ Yes ☐ No

If yes: what type of exposure was it?

☐ Accidental puncture/stick with a needle ☐ Other

Please provide details on the circumstances of the exposure:

_____

This completes the interview. Thank you for your time

Provide educational and prevention materials as appropriate and complete the administrative section.

ADMINISTRATIVE

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

- ☐ Education provided
- ☐ Follow-up of other household members
- ☐ Other: _____

LHD Case Status *(select one)*:

- ☐ Confirmed
- ☐ Probable
- ☐ Suspect
- ☐ Not a case

Outbreak associated:

☐ Yes ☐ No ☐ Unknown

Outbreak Name: _____

Date first reported to LHD: _____

Date LHD investigation started: _____

Date LHD investigation completed: _____