



## Hepatitis E virus infection Report Form

### INTERVIEW

EpiTrax # \_\_\_\_\_ Interviewer Name: \_\_\_\_\_

Number of Call Attempts: \_\_\_\_\_ Date of Interview (must enter MM/DD/YYYY): \_\_\_\_\_

Follow-up Status:  Interviewed  Refused Interview  Lost to Follow-Up\*  
Respondent was:  Self  Parent  Spouse  Other, *Specify*: \_\_\_\_\_

\*At least three attempts at different times of the day should be made before the considered lost to follow-up.

### DEMOGRAPHICS

Birth Gender:  Male  Female  
Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_

Hispanic/Latino Origin:  Yes  No  Unknown

How would you describe your race?  
 White  
 Black/African American  
 American Indian/Alaska Native  
 Asian  
 Native Hawaiian/Other Pacific Islander  
 Other \_\_\_\_\_  
 Unknown

### CLINICAL

Did you have any symptoms?  Yes  No  Unknown  
If yes, turn to page 3 and record specific symptoms under Investigation.

What date did you start to have symptoms of illness? \_\_\_\_\_ Onset Date: \_\_\_\_\_ Onset Time: \_\_\_\_\_  
Date Diagnosed: \_\_\_\_\_

Did you recover?  Yes  No  Unknown  
Were you hospitalized?  Yes  No  Unknown

If Yes, Recovery Date: \_\_\_\_\_ If Yes, Hospital Name: \_\_\_\_\_

Time Recovered: \_\_\_\_\_ Admit date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Died?

Yes  No  Unknown

If Yes, Date of Death: \_\_\_\_\_

Are you pregnant?

Yes  No  Unknown

If Yes, Expected Delivery Date: \_\_\_\_\_

**LABORATORY**

IgM Anti-HEV results:

Positive  Negative  Not Tested

**EPIDEMIOLOGICAL**

Occupation: \_\_\_\_\_

**Is the patient a:**

Food Handler?

Yes  
 No  
 Unknown

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Healthcare Worker?

Yes  
 No  
 Unknown

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Group Living?

Yes  
 No  
 Unknown

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Daycare Attendee?

Yes  
 No  
 Unknown

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

If yes, was there an identified hepatitis E case in the daycare facility?

Yes  
 No  
 Unknown

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Daycare Employee?

Yes  
 No  
 Unknown

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

If yes, was there an identified hepatitis E case in the day care facility?

Yes  
 No  
 Unknown

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

School Attendee?  Yes  No  Unknown Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

If yes, was there an identified hepatitis E case in the school facility?  Yes  No  Unknown Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

School Employee?  Yes  No  Unknown Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

If yes, was there an identified hepatitis E case in the school facility?  Yes  No  Unknown Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

If Yes to any above, did you work or attend while ill?  Yes  No  Unknown

If Yes, Dates Worked or Attended/Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INVESTIGATION**

**A. Symptoms & Signs**

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

Are you symptomatic?  Yes  No  Unknown

Jaundiced?  Yes  No  Unknown

Onset date of jaundice: \_\_\_\_\_

Dark Urine?  Yes  No  Unknown

Diarrhea?  Yes  No  Unknown

Anorexia?  Yes  No  Unknown

Abdominal Pain?  Yes  No  Unknown

Clay Stools?  Yes  No  Unknown

Fatigue?  Yes  No  Unknown

Other Symptoms?  Yes  No  Unknown

If yes, specify: \_\_\_\_\_

Do you have an underlying immunodeficiency?  Yes  No  Unknown

If yes, specify: \_\_\_\_\_

### B. Liver Enzymes Level at Diagnosis

ALT [SGPT] Result: \_\_\_\_\_

ALT Upper Limit Normal: \_\_\_\_\_

Date of ALT Result: \_\_\_\_\_

AST [SGOT] Result: \_\_\_\_\_

AST Upper Limit Normal: \_\_\_\_\_

Date of AST Result: \_\_\_\_\_

### C. Exposure – Risk Factors

- In the 3 weeks to 8 weeks prior to the onset of symptoms, have you been a contact of a person with suspected or confirmed hepatitis E?

- Yes
- No
- Unknown

- If yes, what type of contact was it?

- Household contact (non-sexual)
- Sexual contact
- A child cared for by the patient
- Babysitter of the patient
- Playmate
- Other, \_\_\_\_\_

- In the 3 weeks to 8 weeks prior to the onset of symptoms, how many male sex partners have you had?

- None
- 1
- 2-5
- > 5

- In the 3 weeks to 8 weeks prior to the onset of symptoms, how many female sex partners have you had?
  - None
  - 1
  - 2-5
  - > 5
  
- In the 3 weeks to 8 weeks prior to the onset of symptoms, have you used any type of substances illegally?
  - Yes
  - No
  - If yes, have you injected any of these substances?
    - Yes
    - No
    - Unknown
  
- In the 3 weeks to 8 weeks prior to the onset of symptoms, did you travel outside of the USA or Canada?
  - Yes
  - No
  - If yes, please specify
    - Country #1: \_\_\_\_\_
    - Country #2: \_\_\_\_\_
    - Country #3: \_\_\_\_\_
  
- In the 3 months prior to the onset of symptoms, did a household contact travel outside of the USA or Canada?
  - Yes
  - No
  - If yes, please specify
    - Country #1: \_\_\_\_\_
    - Country #2: \_\_\_\_\_
    - Country #3: \_\_\_\_\_

**Public Health Interventions (Check all that apply)**

- Hygiene Education Provided
- Daycare Inspection
- Follow-up of other household member(s)
- Work or Daycare restriction for case
- Other

If other, specify: \_\_\_\_\_

That completes the interview, thank you for taking the time to answer all these questions. Your responses may be helpful in preventing others from becoming sick.

Additional notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_