# ACUTE HEPATITIS A CASE REPORT

The following questions should be asked for every case of acute hepatitis A.

**DEMOGRAPHIC INFORMATION**

- **RACE:**
  - [ ] Amer Indian or Alaska Native
  - [x] Black or African American
  - [ ] White
  - [x] Asian
  - [x] Native Hawaiian or Pacific Islander
  - [x] Other Race, specify

- **ETHNICITY:**
  - [ ] Hispanic
  - [ ] Non-Hispanic
  - [x] Other/Unknown

- **SEX:**
  - [x] Male
  - [ ] Female
  - [ ] Other
  - [ ] Unknown

- **DATE OF BIRTH:** __/__/_____

- **COUNTRY OF BIRTH**
  - [ ] USA
  - [x] Other:

- **AGE** ____________

**CLINICAL & DIAGNOSTIC DATA**

- **REASON FOR TESTING:**
  - [ ] Screening of asymptomatic patient with reported risk factors
  - [ ] Screening of asymptomatic patient with no risk factors (e.g., patient requested)
  - [x] Follow-up testing for previous marker of viral hepatitis
  - [ ] Symptoms of acute hepatitis
  - [ ] Blood/organ donor screening
  - [ ] Evaluation of elevated liver enzymes
  - [ ] Prenatal screening
  - [ ] Unknown
  - [ ] Other: specify: __________________________

- **SIGNS/SYMPTOMS:**
  - [ ] None
  - [x] Fatigue
  - [x] Pale (White/Gray) Stools
  - [ ] Fever °F
  - [x] Nausea
  - [x] Vomiting
  - [x] Abdominal Pain
  - [ ] Dark Urine
  - [x] Anorexia
  - [ ] Diarrhea
  - [ ] Other: specify: __________________________

**CLINICAL DATA:**

- **Diagnosis Date:** __/__/_____
  - Is patient symptomatic? ................................................................. [ ] Yes [ ] No [ ] Unk
  - If yes, onset date: __/__/_____
  - At diagnosis, was the patient jaundiced? ____________________________ [ ] Yes [ ] No [ ] Unk
  - Onset date: __/__/_____
  - Hospitalized for hepatitis? ............................................................ [ ] Yes [ ] No [ ] Unk
  - If yes, hospital name: ____________________________
    - Admission Date: __/__/_____
    - Discharge Date: __/__/_____
  - Was the patient pregnant? ............................................................ [ ] Yes [ ] No [ ] Unk
  - Due date: __/__/_____
  - Did the patient die from hepatitis A? ............................................ [ ] Yes [ ] No [ ] Unk
    - Date of death: __/__/_____

**LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS**

- **ALT [SGPT] Result** ____________________________ Upper limit normal __________
  - Date of ALT result: __/__/_____
- **AST [SGOT] Result** ____________________________ Upper limit normal __________
  - Date of AST result: __/__/_____
- **Total Bilirubin Result** ____________________________ Upper bilirubin normal __________
  - Date of bilirubin result: __/__/_____

**DIAGNOSTIC TESTS:**

- [ ] Total antibody to hepatitis A virus [total anti-HAV]..............
- [ ] IgM antibody to hepatitis A virus [IgM anti-HAV]................
- [ ] Nucleic Acid Testing for hepatitis A [Hep A NAT].............
  - Genotype Result
  - Hepatitis B surface antigen [HBsAg] ....................................... [ ] Yes [ ] No [ ] Unk
  - Total antibody to hepatitis B core antigen [total anti-HBc].......
  - Hepatitis B “e” antigen [HBeAg] ............................................. [ ] Yes [ ] No [ ] Unk
  - IgM antibody to hepatitis B core antigen [IgM anti-HBc] .......
  - Nucleic Acid Testing for hepatitis B [HepBNAT]...................
  - Antibody to hepatitis C virus [anti-HCV]...............................
    - anti-HCV signal to cut-off ratio
  - Supplemental anti-HCV assay [e.g., RIBA]..........................
  - Antibody to hepatitis D virus [anti-HDV]..............................
  - Antibody to hepatitis E virus [IgM anti-HEV].........................

**Final Case Classification**

- [ ] Acute hepatitis A
- [ ] Probable hepatitis A
- [x] Not a Case

**MMWR Week:** ____________ **MMWR Year:** ____________

**Date case closed:** __/__/_____

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The following questions should be asked for every case of acute hepatitis A.
### Patient History — Acute Hepatitis A

**NEDSS ID:**

#### Vaccination History

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
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<tbody>
<tr>
<td>Has the patient ever received the hepatitis A vaccine?</td>
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<td>• If yes, how many doses?</td>
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<td>• In what year was the last dose received?</td>
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</table>

#### During the 2-6 weeks prior to onset of symptoms

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
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<tbody>
<tr>
<td>Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?</td>
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<tr>
<td>• Household member (non-sexual)</td>
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<td>• Sex partner</td>
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<td>• Child cared for by this patient</td>
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<td>• Babysitter of this patient</td>
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<tr>
<td>• Playmate</td>
<td>☐</td>
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<tr>
<td>• Other</td>
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#### Did the patient have contact with someone with a similar illness?

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<tr>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
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</table>

#### Patient's occupation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
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</table>

#### Please ask the following questions regardless of the patient's gender.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
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</table>

#### In the 2-6 weeks before symptom onset how many

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
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#### In the 2-6 weeks before symptom onset:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
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Revised 9/2018
**Patient History — Acute Hepatitis A**

**NEDSS ID:**

### In the 2-6 weeks before symptom onset:

**What type of locations did the patient live in?** Check all that apply.

- [ ] Private Home/Apartment
- [ ] Motel
- [ ] Hospital
- [ ] Rehab Facility
- [ ] Shelter
- [ ] Jail/Correctional Facility
- [ ] Other

**Name and address of location(s)?** 

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**Did the patient travel or live outside of the U.S.A.?**

If yes, where?

1) ....................................................... 2) ....................................................... 3) .......................................................

(Country)

**What was the primary reason for travel?**

- [ ] Business
- [ ] New Immigrant
- [ ] Adoption
- [ ] Unknown

**Did the patient travel or live inside of the U.S.A. besides Maryland?**

If yes, where?

1) ....................................................... 2) ....................................................... 3) .......................................................

(State)

**In the 3 months prior to symptom onset did anyone in the patient’s household travel outside of the U.S.A.?**

If yes, where?

1) ....................................................... 2) ....................................................... 3) .......................................................

(Country)

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**Is the patient suspected as being part of a common-source outbreak?**

If yes, what was the outbreak name?

**If yes, was the outbreak:**

- [ ] Foodborne — associated with an infected food handler ..........................................................
- [ ] Foodborne — **NOT** associated with an infected food handler ....................................................
- [ ] Specify food item .......................................................
- [ ] Waterborne ..........................................................................................................................
- [ ] Source not identified .......................................................

**Was the patient employed as a food handler during the **TWO WEEKS** prior to onset of symptoms or while ill?**

If yes, the facility's name/address?

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**In the 2-6 weeks before symptom onset:**

**Did the patient**

- [ ] Follow any special or restricted diets? ..........................................................
- [ ] Please specify: .......................................................
- [ ] Eat outside the home? ..........................................................

If yes, fill out the attached food history questionnaire.

**Additional Comments**

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Food History Linelist

List any food/food products consumed **OUTSIDE** the home in the last 2-6 weeks prior to onset:
(include any carry out, fast food, parties, potlucks, restaurants)

<table>
<thead>
<tr>
<th>Date  (MM/DD/YY)</th>
<th>Food Consumed</th>
<th>Any raw/uncooked food?</th>
<th>Location/Event</th>
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### Contact Tracing

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<th>Name of contact</th>
<th>Age</th>
<th>Gender</th>
<th>Occupation</th>
<th>Relationship to patient</th>
<th>Household contact?</th>
<th>Prophylaxis recommended?</th>
<th>Prophylaxis given?</th>
<th>Date prophylaxis given</th>
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