



Completed forms may be mailed to: DOH ID PO Box 47838 Olympia WA 98504-7838

LHJ Use ID \_\_\_\_\_

Reported to DOH Date \_\_\_/\_\_\_/\_\_\_

LHJ Classification Confirmed Probable

By: Lab Clinical Epi Link: \_\_\_\_\_

Outbreak-related

LHJ Cluster #

LHJ Cluster Name: \_\_\_\_\_

DOH Outbreak # \_\_\_\_\_

Hepatitis B chronic

County

Enhanced Surveillance ID (ESID): \_\_\_\_\_

REPORT SOURCE

LHJ notification date \_\_\_/\_\_\_/\_\_\_ Investigation start date \_\_\_/\_\_\_/\_\_\_

Reporter (check all that apply) Lab Hospital HCP Public health agency Other

OK to talk to case? Yes No DK Date of interview \_\_\_/\_\_\_/\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact Parent/guardian Spouse Other Name: \_\_\_\_\_

Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Gender F M Other Unk

Ethnicity Hispanic or Latino Not Hispanic or Latino Unk

Race (check all that apply) Amer Ind/AK Native Asian Native HI/other PI Black/Afr Amer White Other Unk

Primary language: \_\_\_\_\_

CLINICAL INFORMATION

Initial Diagnosis date: \_\_\_/\_\_\_/\_\_\_ (Date person learned they had hepatitis B. If year only, enter 01/01/YYYY)

CLINICAL

Setting of current testing: Primary care clinic ID/GI/liver clinic OB/GYN clinic ER/UC Hospital Rehab facility Syringe exchange Jail/prison Non-clinical/community site EvalWeb ID: Other:

Reason for testing (check all that apply): Symptoms of hepatitis Screening, asymptomatic with risk factors Prenatal screening Screening, asymptomatic without risk factors Elevated LFTs F/u testing for previous marker of viral hep Unknown Blood/organ donor screening Other:

Y N DK NA

Pregnant If yes, EDD \_\_\_/\_\_\_/\_\_\_ Delivery hospital: \_\_\_\_\_

Diabetes If yes, diagnosis date \_\_\_/\_\_\_/\_\_\_ Ever had a liver biopsy Healthcare provider-diagnosed cirrhosis Ever diagnosed with liver cancer

Hospitalization

Y N DK NA

Hospitalized at least overnight for this illness at dx If yes, hospital name: \_\_\_\_\_

If yes, admit date \_\_\_/\_\_\_/\_\_\_ Discharge date \_\_\_/\_\_\_/\_\_\_

Died from illness If yes, death date \_\_\_/\_\_\_/\_\_\_

Vaccinations

Y N DK NA

Documented immunity to hepatitis A (due to either vaccination or previous infection) Number of doses of HAV vaccine in past: \_\_\_\_\_

LABORATORY

P= Positive N= Negative I= Indeterminate O = Other NT= Not Tested

P N I O NT

Hepatitis B core antigen IgM (anti-HBc) (mo/yr) \_\_\_/\_\_\_ Initial HBsAg (mo/yr) \_\_\_/\_\_\_ Most recent HBsAg (mo/yr) \_\_\_/\_\_\_ Initial HBeAg (mo/yr) \_\_\_/\_\_\_ Most recent HBeAg (mo/yr) \_\_\_/\_\_\_ HBV DNA qualitative (mo/yr) \_\_\_/\_\_\_ HBV DNA quantitative (mo/yr) \_\_\_/\_\_\_ Value: \_\_\_/\_\_\_mL I.U. DNA copies Anti-HDV

Liver function tests

(if >1 LFT in past 3 mo, report 3 mo. peak; else report most recent).

P N I O NT

Serum aminotransferase (SGOT [AST] or SGPT [ALT]) elevated above normal for lab ALT (SGPT) Actual value: \_\_\_ Date \_\_\_/\_\_\_/\_\_\_ AST (SGOT) Actual value: \_\_\_ Date \_\_\_/\_\_\_/\_\_\_ May be acute infection if either is >7 x normal



