Hepatitis B, chronic – long form (for enhanced surveillance investigation)

Completed forms may be mailed to:
[Address]

Hepatitis B, chronic

Case defining variables are in **bold**.

Answers are: Yes, No, Unknown to case, Not asked /Not answered

**LHJ Use**

- ID
- Date

**Reported to DOH**

- Confirmed
- Probable

**LHJ Classification**

- Lab
- Clinical

**Epi Link:**

- ___________

**Enhanced Surveillance ID (ESID):**

- ___________

**DOH Outbreak-related**

- LHJ Cluster #
- LHJ Cluster Name:

**Outbreak-related**

- DOH Outbreak #

**County**

- ___________

**REPORT SOURCE**

- LHJ notification date __/__/__
- Investigation start date __/__/__

**LHJ ID**

- ___________

**Reported to DOH Date** __/__/__

**LHJ Cluster**

- Confirmed
- Probable

**By:**

- Lab
- Clinical

**Epi Link:**

- ___________

**Enhanced Surveillance ID (ESID):**

- ___________

**DOH Outbreak #**

- ___________

**LHJ ID**

- ___________

**PO Box 47838**

**Olympia WA 98504-7838**

**LHJ Use**

- ID

**Reported to DOH Date** __/__/__

**LHJ Classification**

- Confirmed
- Probable

**By:**

- Lab
- Clinical

**Epi Link:**

- ___________

**Enhanced Surveillance ID (ESID):**

- ___________

**DOH Outbreak #**

- ___________

**LHJ ID**

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**Olympia WA 98504-7838**

**LHJ Use**

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**Reported to DOH Date** __/__/__

**LHJ Classification**

- Confirmed
- Probable

**By:**

- Lab
- Clinical

**Epi Link:**

- ___________

**Enhanced Surveillance ID (ESID):**

- ___________

**DOH Outbreak #**

- ___________
**Case Name: _________________________**

**Hepatitis B, chronic: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered**

### EXPOSURE (lifetime)

<table>
<thead>
<tr>
<th>Y</th>
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- Received clotting factor concentrates before 1987
- Received blood products before 1992
- Received solid organ transplant before 1992
- Organ or tissue transplant recipient, date: __/__/____
- Chronic hemodialysis
- Birth mother has history of hepatitis B infection
- Employed in job with potential for exposure to human blood or body fluids
- History of occupational needle stick or splash
- Ever had finger stick/prick blood sugar test

- Tattoo recipient
  - If yes, where obtained (check all that apply):
    - Commercial shop/parlor
    - Correctional facility
    - Other: ______________________

- Ever had body piercing (not including ear piercing) or acupuncture
  - If yes, where (check all that apply):
    - Commercial shop/parlor
    - Correctional facility
    - Other: ______________________

- Born outside US
  - If yes, country: ______________________
  - If yes, number of years in U.S.: ________

Ethnic or cultural community the patient most closely identifies with: ______________________

### Where did exposure probably occur?

- In WA (County: ______________________)
- US but not WA
- Not in US
- Unk

Exposure details: __________________________________________________________

- No risk factors or exposures could be identified

### NOTES
Hepatitis B, chronic: case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered