Hepatitis C, chronic – short form (for basic case reporting)



Local health jurisdiction \_

Completed forms may be mailed to:

LHJ Use ID	☐ Outbreak-related
☐ Reported to DOH Date// LHJ Classification ☐ Confirmed ☐ Probable	LHJ Cluster #
By: ☐ Lab ☐ Clinical ☐ Epi Link:	Name:

Washington State Department of	DOH ID PO Box 47838	LHJ Use	ID			☐ Outbreak-related	
<b>X9</b> Health	■ TEULIN Olympia WA 98504-7838					LHJ Cluster #	
Hepatitis C,	chronic		ssification  Confirmed Probable  LHJ Cluster				
County		By: □	Lab 🗆	Clinical	☐ Epi Link:	Name: DOH Outbreak #	
REPORT SOURCE							
	// Investigation star	t date/		Reporter n	ame		
Reporter (check <u>all</u> that apply)							
Public health agency Other Primary HCP name							
OK to talk to case? ☐Ye	s   No   DK   Date of interest	erview/	<u></u>				
OK to talk to case?   No DK Date of interview   Primary HCP phone   PATIENT INFORMATION							
Name (last, first)					Birth date//	Age	
	☐ Homeless ☐ Gender ☐ F ☐ M ☐ Other ☐ Un						
						spanic or Latino	
	ardian ☐ Spouse ☐ Other				Race (check all that	apply)	
	pation): F				☐ Amer Ind/AK Na		
	,		□ □ □ Native Hi/other			<del></del>	
	School/child o				Willie Doll	iei 🗆 Olik	
CLINICAL INFORMATIO		_					
		41		l <b>f</b>	t 04/04 NAAAA		
	//_(Date person learned	they had he	İ			Negative <b>I</b> = Indeterminate	
CLINICAL Setting of current testing:	□Primary care clinic □ID/GI/I	liver clinic	LABOR	ATORY		Not Tested	
	□ ER/UC □ Hospit		P N I O NT				
☐Rehab facility	□Syringe exchange □Jail/pri	son	☐ ☐ ☐ ☐ Reactive anti-HCV screen (mo/yr)/  Signal to cut-off ratio (if reported):				
-	v site → EvalWeb ID:			Sigi	nai to cut-on fatio (ii fe	:porteu)	
Other:				□ □ нс\	/ RNA qualitative	(mo/yr)/	
			□ □ □ HCV RNA quantitative (mo/yr)/				
				Valu	ue:/mL	☐ I.U. ☐ RNA copies	
			□ □ □ □ HCV genotyping (mo/yr)/				
				Res			
					☐ 6 ☐ Othe	r: Unk	
	Liver function tests						
			(if >1 LFT in past 3 months, report peak value; else report most				
			recent).				
			PNI				
					um aminotransferase T]) elevated above ne	e (SGOT [AST] or SGPT ormal for lab	
				-		e:Date//	
						e:Date/_/_	
				May	y de acute infection i	f either is >7 x normal	
EXPOSURE (lifetime)							
	bably occur? In WA (Cou	•				☐ Not in US ☐ Unk	
Exposure details:							
☐ No risk factors or exp	posures could be identified						
Investigator	Phone/ema	ail·			Investigation comm	olete date / /	

Record complete date \_\_\_/\_\_/