



Mail completed form to:
DOH IDRH
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 and C, chronic

County _____

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 _____

HEPATITIS VIRUS TYPE (Concurrent infection with both hepatitis B and C must be reported on two separate forms)

Hepatitis B infection Hepatitis C infection

PATIENT INFORMATION

Name (last, first) _____ Birth date ___/___/___ Age _____
 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 _____
 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

CLINICAL INFORMATION

Diagnosis date: ___/___/___ Illness duration: _____ days

Clinical

Y N DK NA

Onset date of acute illness known
 (Mo/yr) ___/___

Y N DK NA

Condition reported while person incarcerated in a
 state correctional facility

Hospitalization

Y N DK NA

Hospitalized at least overnight for this illness

Hospital name _____

Admit date ___/___/___ Discharge date ___/___/___

Y N DK NA

Died from illness Death date ___/___/___
 Autopsy Place of death _____

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: _____

Documented immunity to hepatitis B (due to either
 vaccination or previous infection)
 Number of doses of HBV vaccine in past: _____

Laboratory

P N I O NT

Hepatitis A IgM anti-HAV (mo/yr) ___/___

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 nucleic acid test (qualitative,
 quantitative, genotype) (mo/yr) ___/___
 Value: _____ (quantitative)

Repeatedly reactive anti-HCV screen (EIA)
 [Probable] (mo/yr) ___/___

Anti-HCV screen (EIA) with signal to cut-off
 ratio > lab reference value (mo/yr) ___/___

HCV RIBA (recombinant immunoblot assay)
 (mo/yr) ___/___

HCV RNA quantitative (mo/yr) ___/___
 Value: _____/mL I.U. RNA copies

HCV qualitative or HCV genotyping (m/y) ___/___
 Results: 1 2 3 4 5
 6 Other: _____ Unk

Liver Function tests

P N I O NT

Serum aminotransferase (SGOT [AST] or SGPT
 [ALT]) elevated above normal

ALT (SGPT) Actual value: _____

AST (SGOT) Actual value: _____

May be acute infection if either is >7 x normal

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

EXPOSURE (lifetime)

Y N DK NA

- Contact with confirmed or suspect hepatitis B case
- Contact with confirmed or suspect hepatitis C case
- Any type of sexual contact with others
 - Same sex
 - Opposite sex
- Sexual partner HBV positive
- Sexual partner HCV positive
- Birth mother HBsAg positive
- Birth mother has history of hepatitis B infection
- Birth mother has history of hepatitis C infection
- Factor concentrates before 1987
- Blood products or solid organ transplant before 1992
- Organ or tissue transplant recipient, date: __/__/__

Y N DK NA

- Employed in job with potential for exposure to human blood or body fluids
- History of occupational needle stick or splash
- Non-injection street drug use
 - Shared equipment non-IDU Y N DK NA
- Injection street drug use, type: _____
- Born outside US
 - Specify country: _____
- Household or sexual contact from endemic country
 - Specify country: _____
- History tattooing
- Chronic hemodialysis
- History of incarceration

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
- Patient could not be interviewed

PUBLIC HEALTH ISSUES

Y N DK NA

- Employed as health care worker
- Did case donate blood products organs or tissue (including ova or semen)

PUBLIC HEALTH ACTIONS

- Notify blood or tissue bank
- Prophylaxis of appropriate contacts recommended
 - Number recommended prophylaxis: _____
- Vaccination of appropriate contacts recommended
 - Number recommended vaccination: _____
- Recommend Hepatitis A vaccination
- Recommend Hepatitis B vaccination
- Mom counseled about pregnancy risks
- Counseling on measures to avoid transmission
- Counseling on avoidance of liver toxins (e.g., alcohol)
- Other, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date __/__/__

Local health jurisdiction _____

Record complete date __/__/__