



# Hepatitis D or E

County \_\_\_\_\_

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 # \_\_\_\_\_

## REPORT SOURCE

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

Reporter (check all that apply) ☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

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

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

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

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

OK to talk to case? ☐ Yes ☐ No ☐ DK

Date of interview \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_ days

### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ Discrete onset of symptoms

☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: \_\_\_\_

☐ ☐ ☐ ☐ Pale stool, dark urine (jaundice)

Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Abdominal cramps or pain

☐ ☐ ☐ ☐ Nausea

☐ ☐ ☐ ☐ Vomiting

☐ ☐ ☐ ☐ Loss of appetite (anorexia)

☐ ☐ ☐ ☐ Fatigue

### 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: \_\_\_\_

### Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ History of viral hepatitis, specify type:

Hepatitis A ☐ ☐ ☐ ☐

Hepatitis B ☐ ☐ ☐ ☐

Chronic hepatitis B infection

(HBsAg positive > 6 months) ☐ ☐ ☐ ☐

Hepatitis C ☐ ☐ ☐ ☐

Hepatitis D ☐ ☐ ☐ ☐

Other viral hepatitis ☐ ☐ ☐ ☐

Hepatitis of unknown type ☐ ☐ ☐ ☐

Y N DK NA

☐ ☐ ☐ ☐ Pregnant

Estimated delivery date \_\_\_\_/\_\_\_\_/\_\_\_\_

OB name, address, phone: \_\_\_\_\_

### 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 \_\_\_\_\_

### Laboratory

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

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

P N I O NT

☐ ☐ ☐ ☐ ☐ Hepatitis A IgM (anti-HAV)

☐ ☐ ☐ ☐ ☐ Hepatitis B core antigen IgM (anti-HBc)

☐ ☐ ☐ ☐ ☐ HBsAg

☐ ☐ ☐ ☐ ☐ HCV RNA by nucleic acid testing

☐ ☐ ☐ ☐ ☐ HCV RIBA (recombinant immunoblot assay)

☐ ☐ ☐ ☐ ☐ Anti-HCV with signal to cut-off predictive of true positive

☐ ☐ ☐ ☐ ☐ Hepatitis D (delta) antibody

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

☐ ☐ ☐ ☐ ☐ Serum aminotransferase (SGOT [AST] or SGPT [ALT]) levels >2.5 times the upper limit of normal

☐ ☐ ☐ ☐ ☐ Lab test for acute HDV infection

☐ ☐ ☐ ☐ ☐ Lab test for acute HEV infection

**INFECTION TIMELINE (Estimate)**

Enter onset date (first  
sx) in heavy box.  
Count forward and  
backward to figure  
probable exposure and  
contagious periods

Weeks from  
onset:

Exposure period

-8 -2

o  
n  
s  
e  
t

Contagious period

2 weeks prior, to months after, onset

Calendar dates:

**EXPOSURE (Refer to dates above)**

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
Out of: ☐ County ☐ State ☐ Country  
Dates/Locations: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ Contact with confirmed or suspect hepatitis B case  
☐ Household ☐ Sexual ☐ Needle use  
☐ Casual contact ☐ Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Birth mother has history of viral hepatitis
- ☐ ☐ ☐ ☐ Birth mother - HBsAg positive
- ☐ ☐ ☐ ☐ Birth mother has history of hepatitis C infection
- ☐ ☐ ☐ ☐ Congregate living Type: \_\_\_\_\_  
☐ Barracks ☐ Corrections ☐ Long term care  
☐ Dormitory ☐ Boarding school ☐ Camp  
☐ Shelter ☐ Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
- ☐ ☐ ☐ ☐ Food from restaurants  
Restaurant name/Location: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
- ☐ ☐ ☐ ☐ Hospitalized during exposure period
- ☐ ☐ ☐ ☐ Any medical or dental procedure:  
☐ Hemodialysis  
☐ IV or injection as outpatient
- ☐ ☐ ☐ ☐ Blood transfusion or blood products (e.g. IG, factor concentrates) Date of receipt: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ ☐ ☐ ☐ Organ or tissue transplant recipient, date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ ☐ ☐ ☐ Dental work or oral surgery
- ☐ ☐ ☐ ☐ Non-oral surgery Type: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Acupuncture
- ☐ ☐ ☐ ☐ Accidental stick or puncture with a sharps contaminated with blood or body fluids
- ☐ ☐ ☐ ☐ Accidental non-intact skin or mucous membrane exposure to blood

Y N DK NA

- ☐ ☐ ☐ ☐ Employed in job with potential for exposure to human blood or body fluids Job type:  
☐ Public Safety ☐ Health care (e.g. medical, dental, laundry) ☐ Tattoo or piercing ☐ Other  
Frequency of direct blood or body fluid exposure  
☐ Frequent (several times weekly)  
☐ Infrequent ☐ Unknown
- ☐ ☐ ☐ ☐ Shared razor, toothbrushes or nail care items
- ☐ ☐ ☐ ☐ Body piercing  
☐ Home ☐ Commercial ☐ Prison ☐ Unk
- ☐ ☐ ☐ ☐ Tattooing  
☐ Home ☐ Commercial ☐ Prison ☐ Unk
- ☐ ☐ ☐ ☐ Other body modification (e.g. scarification)
- ☐ ☐ ☐ ☐ Non-injection street drug use  
☐ ☐ ☐ ☐ Shared equipment non-IDU  
☐ ☐ ☐ ☐ Injection street drug use, type: \_\_\_\_\_  
☐ ☐ ☐ ☐ Shared injection equipment
- ☐ ☐ ☐ ☐ Born outside US
- ☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Household or sexual contact from endemic country, specify country: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Any type of sexual contact with others  
# female sexual partners (exposure period): \_\_\_\_  
# male sexual partners (exposure period): \_\_\_\_  
# **lifetime total** sexual partners: \_\_\_\_
- ☐ ☐ ☐ ☐ Physical assault on exposed person involving blood or semen
- ☐ ☐ ☐ ☐ Ever diagnosed with an STD  
Treated for STD ☐ Y ☐ N ☐ DK ☐ NA  
Year of most recent treatment: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Other blood or body fluid exposure  
Other exposure source: \_\_\_\_\_

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 food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed as health care worker, if yes: Employed in a job with human blood exposure: ☐ Several times a week ☐ Infrequently ☐ No ☐ Unknown
- ☐ ☐ ☐ ☐ Patient in a dialysis or kidney transplant unit
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Does the case or their household members have contact with a childcare or preschool
- ☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Agency and location: \_\_\_\_\_  
Specify type of donation: \_\_\_\_\_

**PUBLIC HEALTH ACTIONS**

- ☐ Notify blood or tissue bank
- ☐ Other, specify: \_\_\_\_\_

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_ Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_