



Hepatitis A

County _____

Case name (last, first) _____

Birth date ___/___/___ Sex at birth F M Other Alternate name _____

Phone _____ Email _____

Address type Home Mailing Other Temporary Work

Street address _____

City/State/Zip/County _____

Residence type (incl. Homeless) _____ WA resident Yes No

ADMINISTRATIVE

Investigator _____

LHJ Case ID (optional) _____

LHJ notification date ___/___/___

Classification Classification pending Confirmed
 Not reportable Probable Ruled out Suspect

Investigation status

- In progress
- Complete
- Complete – not reportable to DOH
- Unable to complete Reason _____

Investigation start date ___/___/___

Investigation complete date ___/___/___

Case complete date ___/___/___

Outbreak related Yes No

LHJ Cluster ID _____ Cluster Name _____

DEMOGRAPHICS

Age at symptom onset _____ Years Months

Ethnicity Hispanic or Latino Not Hispanic or Latino Unk

Race (check all that apply) Unk Amer Ind/AK Native

Asian Black/African Amer Native HI/other PI

White Other _____

Primary language _____

Interpreter needed Yes No Unk

Employed Yes No Unk Occupation _____

Industry _____ Employer _____

Work site _____ City _____

Student/Day care Yes No Unk

Type of school Preschool/day care K-12 College

Graduate School Vocational Online Other

School name _____

School address _____

City/State/County _____ Zip _____

Phone number _____ Teacher's name _____

REPORT SOURCE

Initial report source _____

LHJ _____

Reporter organization _____

Reporter name _____

Reporter phone _____

All reporting sources (list all that apply)

COMMUNICATIONS

Primary HCP name _____

Phone _____

OK to talk to patient (If Later, provide date)

Yes Later ___/___/___ Never

Date of interview attempt ___/___/___

Complete Partial Unable to reach

Patient could not be interviewed

Alternate contact Parent/Guardian Spouse/Partner

Friend Other _____

Name _____ Phone _____

CLINICAL INFORMATION

Complainant ill Yes No Unk Symptom Onset ___/___/___ Derived Diagnosis date ___/___/___

Illness duration _____ Days Weeks Months Years Illness is still ongoing Yes No Unk

Reason for testing Symptoms of acute hepatitis Elevated liver enzymes Follow-up testing for previous hepatitis marker

Asymptomatic with risk factor Patient request Year of birth Donor screening Prenatal

Unk Other _____

Clinical Features

Y N Unk

Acute onset of illness

Any fever, subjective or measured Temp measured? Yes No Highest measured temp _____°F

Diarrhea (3 or more loose stools within a 24 hour period) Onset date ___/___/___

Pale stool, dark urine, yellowing of skin or eyes (jaundice) Onset date ___/___/___

Abdominal pain or cramps

Anorexia (loss of appetite)

Nausea

Vomiting

Fatigue

Y N Unk

- Malaise
- Headache
- Any complication _____

Vaccination

Y N Unk

- Received any doses of hepatitis A vaccine Month/year of last dose ___/___ Total doses received _____
- Received immunoglobulin Month/year received ___/___

Hospitalization

Y N Unk

- Hospitalized at least overnight for this illness Facility name _____
Hospital admission date ___/___/___ Discharge ___/___/___ HRN _____

Y N Unk

- Died of this illness Death date ___/___/___ *Please fill in the death date information on the Person Screen*
- Death certificate lists disease as a cause of death or a significant contributing condition
Location of death Outside of hospital (e.g., home or in transit to the hospital) Emergency department (ED)
 Inpatient ward ICU Other _____

RISK AND RESPONSE (Ask about exposures 15-50 days before symptom onset)

Travel

	Setting 1	Setting 2	Setting 3
Travel out of:	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____
Destination name	_____	_____	_____
Start and end dates	___/___/___ to ___/___/___	___/___/___ to ___/___/___	___/___/___ to ___/___/___

Risk and Exposure Information

Y N Unk

- Is case a recent foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Country _____
- Household member traveled or lived outside the US or Canada Country (record all) _____
- Does the case know anyone else with similar symptoms or illness
Onset date, shared meals, relationship, etc. _____
- Congregate living
 Barracks Corrections Long term care Dormitory Boarding school Camp Shelter
 Other _____
- Child or employee in day care, nursery or preschool
- Was hepatitis A identified in facility
- Attends childcare or preschool Location/details _____
- Injected drugs not prescribed by a doctor, even if only once or a few times Describe _____
- Non-injection street drug use
- Used drugs not prescribed by a doctor but route of administration is unknown
- Failure of vaccine or post-exposure prophylaxis
- Investigating vaccine or prophylaxis failure

Food Exposure - Food exposure timeframe: 15 - 50 days prior to onset of illness. Only ask about detailed food exposures if there has been no travel exposure outside the US and Canada and no other identified risk exposure in the 15-50 days prior to the onset of illness

Sources of food IN home - During exposure timeframe did you (your child) eat foods from:

- (1) Grocery stores or supermarkets
- (2) Home delivery grocery services (CSA, grocery delivery, Amazon Fresh, Peapod, etc)
- (3) Fish or meat specialty shops (butcher shop, etc)
- (4) Warehouse stores (Costco, Sam's Club, etc.)
- (5) Meal delivery services (Blue Apron, Meals on Wheels, Schwan's, NutriSystem, etc)
- (6) Live animal market, custom slaughter facility
- (7) Small markets/mini markets (convenience stores, gas stations, etc)
- (8) Health food stores or co-ops
- (9) Ethnic specialty markets (Mexican, Asian, Indian)
- (10) Farmers markets, roadside stands, open-air markets, food purchased directly from a farm
- (11) Other _____

Type of Business (enter number next to choices above)	Business name	Address/location

Sources of food outside home - During exposure timeframe did you (your child) eat foods from:

- | | |
|--|--|
| <input type="checkbox"/> (1) Fast casual (Chipolte, Panera, etc) | <input type="checkbox"/> (10) Chinese, Japanese, Vietnamese, other Asian-style |
| <input type="checkbox"/> (2) Fast food (McDonald's, Burger King, Wendy's) | <input type="checkbox"/> (11) All-you-can-eat buffet |
| <input type="checkbox"/> (3) Sandwich shop, deli | <input type="checkbox"/> (12) Breakfast, brunch, diner, or café |
| <input type="checkbox"/> (4) Jamaican, Cuban, or Caribbean | <input type="checkbox"/> (13) Middle Eastern, Greek/Mediterranean, Arabic, Lebanese, African |
| <input type="checkbox"/> (5) Ready-to-eat prepared food from grocery or deli | <input type="checkbox"/> (14) Any takeout from a restaurant |
| <input type="checkbox"/> (6) An event where food was served (catered event, festival, church, or community meal) | <input type="checkbox"/> (15) Healthy restaurant (vegetarian, vegan, salad-based) |
| <input type="checkbox"/> (7) Mexican, Salvadorian, other Hispanic/Latino-style | <input type="checkbox"/> (16) Salad bar at a grocery store or restaurant |
| <input type="checkbox"/> (8) Food trucks, food stalls/stands | <input type="checkbox"/> (17) Other _____ |
| <input type="checkbox"/> (9) School, hospital, senior center, or other institutional setting | |

Type of Business (enter number next to choices above)	Restaurant/venue name	Date	Time of meal (Breakfast, Brunch, Lunch, Happy Hour, Dinner, Other)	Food ordered/eaten	Address/location
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other _____		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other _____		

How many times did you eat in or get take out from restaurants or delis 1-2/month 1/week 2-4/week
 5+/week Not sure

Y M N Unk
 Any food sampled (grocery, warehouse stores, food court, etc.) _____

Y M N Unk
 Bivalve shellfish (oysters, clams, mussels, etc.) County/location collected or bought _____
 Any other seafood Specify _____

Water Exposure

Y N Unk **Describe**

Source of drinking water known

Bottled water _____

Public water system _____

Individual well _____

Shared well _____

Other _____

Untreated/unchlorinated water (surface, well, lakes, streams, springs, etc.) _____

Sexual Exposure

Any type of sexual contact with others during the exposure period

Number of sexual partners during exposure period _____ Female _____ Male

Exposure and Transmission Summary

Y N Unk

- Epidemiologically linked to a lab positive case classified as confirmed
- Child cared for by this patient
- Household (nonsexual)
- Person giving care to this child
- Playmate
- Sexual
- Other _____

Likely geographic region of exposure In Washington – county _____ Other state _____
 Not in US - country _____ Unk

International travel related During entire exposure period During part of exposure period No international travel

Suspected exposure type Foodborne Waterborne Person to person Sexual Blood products IDU
 Health care associated Unk Other _____

Describe _____

Suspected exposure setting Day care/Childcare School (not college) Doctor's office Hospital ward Hospital ER
 Hospital outpatient facility Home Work College Military Correctional facility Place of worship
 Laboratory Long term care facility Homeless/shelter International travel Out of state travel Transit
 Social event Large public gathering Restaurant Hotel/motel/hostel Other _____

Describe _____

Exposure summary

Suspected transmission type (check all that apply) Foodborne Waterborne Person to person Sexual
 Blood products IDU Health care associated Unk Other _____

Describe _____

Suspected transmission setting (check all that apply) Day care/Childcare School (not college) Doctor's office
 Hospital ward Hospital ER Hospital outpatient facility Home Work College Military
 Correctional facility Place of worship Laboratory Long term care facility Homeless/shelter
 International travel Out of state travel Transit Social event Large public gathering Restaurant
 Hotel/motel/hostel Other _____

Describe _____

Public Health Issues

Y N Unk

- Employed as a food handler
- Non-occupational food handling (e.g., potlucks, receptions) during contagious period
- Employed as a health care worker
- Employed in childcare or preschool
- Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset or diagnosis Agency and location _____
Date ___/___/___ Specify type of donation _____
- Household member or close contact in sensitive occupation or setting (HCW, childcare, food)

Public Health Interventions/Actions

Y N Unk

- Exclude case from sensitive occupations (HCW, food, childcare) or situations (childcare) until diarrhea ceases and it is 7 days from onset of jaundice
- Notified blood or tissue bank (if recent donation)
- Commercial product implicated
- Initiate trace-back investigation
- Restaurant inspection Name/Location _____
- Public announcement recommended
- Prophylaxis of appropriate contacts recommended Date initiated ___/___/___
 Number of contacts recommended prophylaxis _____
 Number of household contacts _____
 Number of non-household contacts _____
 Number of contacts receiving prophylaxis _____
 Number of household contacts _____
 Number of non-household contacts _____
- Letter sent Date ___/___/___ Batch date ___/___/___

TRANSMISSION TRACKING: OPTIONAL LHJ USE – DATA ENTRY IN WDRS IS OPTIONAL FOR THIS SECTION

Contagious period: 2 weeks before onset to 1 week after onset of jaundice

Visited, attended, employed, or volunteered at any public settings while contagious Yes No Unk

Settings and details (check all that apply)

- Day care School Airport Hotel/Motel/Hostel Transit Health care Home Work College
- Military Correctional facility Place of worship International travel Out of state travel LTCF
- Homeless/shelter Social event Large public gathering Restaurant Other

	Setting 1	Setting 2	Setting 3	Setting 4
Setting Type (as checked above)				
Facility Name				
Start Date	___/___/___	___/___/___	___/___/___	___/___/___
End Date	___/___/___	___/___/___	___/___/___	___/___/___
Time of Arrival				
Time of Departure				
Number of people potentially exposed				
Details (hotel room #, HC type, transit info, etc.)				
Contact information available for setting (who will manage exposures or disease control for setting)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
	Setting 1	Setting 2	Setting 3	Setting 4
Is a list of contacts known?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk

If list of contacts is known, please fill out Contact Tracing Form Question Package

NOTES

LAB RESULTSLab report information**Lab report reviewed – LHJ**

WDRS user-entered lab report note _____

Submitter _____

Performing lab for entire report _____

Referring lab _____

Specimen**Specimen identifier/accession number** _____**Specimen collection date** ___/___/___ **Specimen received date** ___/___/___**WDRS specimen type** _____

WDRS specimen source site _____

WDRS specimen reject reason _____

Test performed and result**WDRS test performed** _____**WDRS test result, coded** _____

WDRS test result, comparator _____

WDRS result, numeric only (enter only if given, including as necessary **Comparator** and **Unit of measure**) _____

WDRS unit of measure _____

Test method _____

WDRS interpretation code _____

Test result – Other, specify _____

WDRS result summary Positive Negative Indeterminate Equivocal Test not performed PendingTest result status Final results; Can only be changed with a corrected result Preliminary results Record coming over is a correction and thus replaces a final result Results cannot be obtained for this observation Specimen in lab; results pending

Result date ___/___/___

Upload documentOrdering Provider

WDRS ordering provider _____

Ordering facility

WDRS ordering facility name _____