



# Hepatitis C – Chronic, short

County \_\_\_\_\_

Case name (last, first) \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_ Sex  F  M  Other  
 Phone \_\_\_\_\_  
 Address type  Home  Mailing  Other  Temporary  Work  
 Street address \_\_\_\_\_  
 City/State/Zip/County \_\_\_\_\_  
 Residence type (incl. Homeless) \_\_\_\_\_ WA resident  Yes  No

## ADMINISTRATIVE

Report source \_\_\_\_\_  
 Report date \_\_\_/\_\_\_/\_\_\_  
 Reporter organization \_\_\_\_\_  
 Reporter name \_\_\_\_\_  
 Reporter phone \_\_\_\_\_  
 LHJ notification date \_\_\_/\_\_\_/\_\_\_ Investigator \_\_\_\_\_  
 Investigation start date \_\_\_/\_\_\_/\_\_\_

## DEMOGRAPHICS

Age \_\_\_\_\_  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 \_\_\_\_\_

## COMMUNICATIONS

Interview performed  Yes  No  
 Date \_\_\_/\_\_\_/\_\_\_ Interviewer \_\_\_\_\_ Reason  Lost to follow-up  Refused  Deceased  
 Out of jurisdiction  Language barrier  Other \_\_\_\_\_

## CLINICAL EVALUATION

Reason(s) for initial screening  Prenatal screening  Follow-up testing for previous marker of viral hepatitis  DOB 1945-1965  
 Blood/organ donor screening  Elevated liver enzymes  
 **Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea or fever)**  
 Asymptomatic with risk factors  Other \_\_\_\_\_  
 If female: Pregnant?  Y  N  Unk

## Laboratory Diagnostics (Positive, Negative, Not tested, Indeterminate)

**P N NT I**  
    **Antibody to hepatitis C virus (anti-HCV)** Signal to cut-off ratio \_\_\_\_\_  
 Specimen collection date \_\_\_/\_\_\_/\_\_\_ Specimen accession # \_\_\_\_\_  
 Test laboratory \_\_\_\_\_ Test provider/facility \_\_\_\_\_  
    **HCV RNA quantitative** \_\_\_\_\_ Quantitative units  I.U.  I.U., log  RNA copies  RNA copies, log  
 Qualitative interpretation of quantitative result  
 Specimen collection date \_\_\_/\_\_\_/\_\_\_ Specimen accession # \_\_\_\_\_  
 Test laboratory \_\_\_\_\_ Test provider/facility \_\_\_\_\_  
    **HCV RNA qualitative**  
 Specimen collection date \_\_\_/\_\_\_/\_\_\_ Specimen accession # \_\_\_\_\_  
 Test laboratory \_\_\_\_\_ Test provider/facility \_\_\_\_\_  
    **HCV genotype** \_\_\_\_\_  
 Specimen collection date \_\_\_/\_\_\_/\_\_\_ Specimen accession # \_\_\_\_\_  
 Test laboratory \_\_\_\_\_ Test provider/facility \_\_\_\_\_

Deceased  Y  N  Unk Death date \_\_\_/\_\_\_/\_\_\_

## EXPOSURES (If not otherwise specified report exposure information over the lifetime)

Check all that apply – **circle the most likely exposure(s)**  
 Acupuncture  Accidental stick or puncture with contaminated sharps  Received blood products before 1992  
 Body piercing (except ears)  Chronic hemodialysis  Close contact with HCV case (contact type: \_\_\_\_\_)  
 Received clotting factor concentrates before 1987  Foreign-born (country: \_\_\_\_\_)  Incarceration  
 Injection drug use  In job with potential blood or body fluid exposure  New or risk sexual partner  
 Organ transplant before 1992  Perinatal transmission  Tattoo  Unk  Other \_\_\_\_\_

Exposure details:

No risk factors or exposures could be identified

LHJ case classification  Confirmed  Probable  Suspect  Not a case  Other, specify: \_\_\_\_\_  
 Investigation status  Not started  In progress  Complete  Complete - not reportable to DOH  Unable to complete  
 LHJ Record complete date \_\_\_/\_\_\_/\_\_\_