



Hepatitis C - Perinatal

County _____

Case name (last, first) _____
Birth date ___/___/___ Sex 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

REPORT SOURCE

Report source _____
Report date ___/___/___
Reporter organization _____
Reporter name _____
Reporter phone _____

PERINATAL EVENT ADMINISTRATION / ADMINISTRATIVE

LHJ notification date ___/___/___
Investigator _____
Investigation start date ___/___/___
Investigation status Investigation not started
 In progress Complete
 Complete - not reportable to DOH
 Unable to complete
Investigation complete date ___/___/___
LHJ case classification Confirmed Probable Suspect
 Not a case State case Contact
 Control Exposure Not classified
LHJ record complete 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 race _____

CLINICAL EVALUATION – Infant information

Y N Unk
 Infant had symptoms of acute hepatitis
Describe infant's symptoms (check all that apply): Jaundice Nausea Vomiting Diarrhea
 Fever Fatigue Abdominal pain Loss of appetite
Symptom onset date ___/___/___

Vaccination History

Washington Immunization Information System (WA IIS) number _____
Documented immunity to hepatitis A (due to either vaccination or previous infection)
 Yes – vaccination Yes – previous infection No Unk
Number of doses of HAV vaccine in past _____
Documented immunity to hepatitis B (due to either vaccination or previous infection)
 Yes – vaccination Yes – previous infection No Unk
Number of doses of HBV vaccine in past _____

CLINICAL EVALUATION – Maternal information

Y N Unk
 Birth mother race or ethnicity known? If yes:
Ethnicity: Hispanic or Latino Not Hispanic or Latino Unk
Race (check all that apply): Amer Ind/AK Native Asian
 Black/African Amer Native HI/other PI White Other race _____
 Birth mother confirmed HCV RNA positive prior to or at time of delivery
Date mother confirmed HCV RNA positive ___/___/___

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 _____ 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 _____

PUBLIC HEALTH ACTIONS

Y N Unk

Counseled parents about importance of Hep A and Hep B vaccines
 Counseled parents on importance of regular healthcare to monitor liver health