



PATIENT INFORMATION

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(S)

Report source
Report date \_\_\_/\_\_\_/\_\_\_
Reporter name
Reporter organization
Reporter phone

COMMUNICATIONS – LHJ USE (Please document all attempts to gather information, including patient interview, provider outreach, or medical record abstraction)

Contact attempted [ ] Yes [ ] No
Date of contact attempt \_\_\_/\_\_\_/\_\_\_
Contact attempt type [ ] Phone call to patient [ ] Phone call to medical provider [ ] Medical record search [ ] Text to patient
[ ] Letter to patient [ ] E-mail to patient [ ] Patient's social media [ ] Other
Contact attempt outcome [ ] Unable to contact [ ] Contacted and interviewed [ ] Contacted and scheduled
[ ] Successful medical record review [ ] Left message [ ] Pending response [ ] Reinterviewed
Interviewer
Was patient [ ] acute, [ ] chronic, or [ ] perinatal at time of contact attempt? [ ] Unknown
Notes:

PERINATAL EVENT ADMINISTRATION – LHJ USE

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

DEMOGRAPHICS

Do you consider yourself (your child) Hispanic, Latino/a, or Latinx?
Ethnicity [ ] Hispanic, Latino/a, Latinx [ ] Non-Hispanic, Latino/a, Latinx [ ] Patient declined to respond [ ] Unknown
What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like (check all responses).
Race [ ] Amer Ind/AK Native (specify: [ ] Amer Ind and/or [ ] AK Native) [ ] Asian [ ] Black or African American
[ ] Native HI/Pacific Islander (specify: [ ] Native HI and/or [ ] Pacific Islander) [ ] White [ ] Patient declined to respond [ ] Unk

Additional race information:

- [ ] Afghan [ ] Afro-Caribbean [ ] Arab [ ] Asian Indian [ ] Bamar/Burman/Burmese [ ] Bangladeshi [ ] Bhutanese
[ ] Central American [ ] Cham [ ] Chicano/a or Chicanx [ ] Chinese [ ] Congolese [ ] Cuban [ ] Dominican [ ] Egyptian
[ ] Eritrean [ ] Ethiopian [ ] Fijian [ ] Filipino [ ] First Nations [ ] Guamanian or Chamorro [ ] Hmong/Mong
[ ] Indigenous-Latino/a or Indigenous-Latinx [ ] Indonesian [ ] Iranian [ ] Iraqi [ ] Japanese [ ] Jordanian [ ] Karen
[ ] Kenyan [ ] Khmer/Cambodian [ ] Korean [ ] Kuwaiti [ ] Lao [ ] Lebanese [ ] Malaysian [ ] Marshallese [ ] Mestizo
[ ] Mexican/Mexican American [ ] Middle Eastern [ ] Mien [ ] Moroccan [ ] Nepalese [ ] North African [ ] Oromo
[ ] Pakistani [ ] Puerto Rican [ ] Romanian/Rumanian [ ] Russian [ ] Samoan [ ] Saudi Arabian [ ] Somali
[ ] South African [ ] South American [ ] Syrian [ ] Taiwanese [ ] Thai [ ] Tongan [ ] Ugandan [ ] Ukrainian
[ ] Vietnamese [ ] Yemeni [ ] Other: \_\_\_\_\_

What is your (your child's) preferred language (check one):

- [ ] Amharic [ ] Arabic [ ] Balochi/Baluchi [ ] Burmese [ ] Cantonese [ ] Chinese (unspecified) [ ] Chamorro [ ] Chuukese
[ ] Dari [ ] English [ ] Farsi/Persian [ ] Fijian [ ] Filipino/Pilipino [ ] French [ ] German [ ] Hindi [ ] Hmong [ ] Japanese
[ ] Karen [ ] Khmer/Cambodian [ ] Kinyarwanda [ ] Korean [ ] Kosraean [ ] Lao [ ] Mandarin [ ] Marshallese [ ] Mixteco
[ ] Nepali [ ] Oromo [ ] Panjabi/Punjabi [ ] Pashto [ ] Portuguese [ ] Romanian/Rumanian [ ] Russian [ ] Samoan
[ ] Sign languages [ ] Somali [ ] Spanish/Castilian [ ] Swahili/Kiswahili [ ] Tagalog [ ] Tamil [ ] Telugu [ ] Thai [ ] Tigrinya
[ ] Ukrainian [ ] Urdu [ ] Vietnamese [ ] Other language: \_\_\_\_\_ [ ] Patient declined to respond [ ] Unknown

**CLINICAL EVALUATION – Infant information**

Infant had symptoms of acute hepatitis  Yes  No  Unknown

Describe infant's symptoms (check all that apply):

- Jaundice  Nausea  Vomiting  Diarrhea  Fever  
 Fatigue  Abdominal pain  Loss of appetite

Symptom onset date \_\_\_\_/\_\_\_\_/\_\_\_\_

Perinatal diagnosis date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Vaccination History**

Washington Immunization Information System (WA ISS) number \_\_\_\_\_

Documented immunity to hepatitis A (due to either vaccination or previous infection)

- Yes - vaccination  Yes - previous infection  No  Unknown

Number of doses of HAV vaccine in past  0  1  2  3  4 or more  Unknown

Documented immunity to hepatitis B (due to either vaccination or previous infection)

- Yes - vaccination  Yes - previous infection  No  Unknown

Number of doses of HBV vaccine in past  0  1  2  3  4 or more  Unknown

**CLINICAL EVALUATION – Maternal information**

Birth mother race or ethnicity known  Yes  No  Don't Know  Not asked/Not answered

Ethnicity  Hispanic, Latino/a, Latinx  Non-Hispanic, Latino/a, Latinx  Unknown

Race (check all that apply)  American Indian/Alaska Native  Asian  Black/African American  
 Native Hawaiian/other Pacific Islander  White  Other race \_\_\_\_\_

Mother confirmed HCV RNA positive at or before time of delivery

- Yes (Date mother confirmed HCV RNA positive \_\_\_\_/\_\_\_\_/\_\_\_\_)  No  Unknown

**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 \_\_\_\_\_

**Liver Enzyme Tests**

ALT (SGPT) Specimen collection date \_\_\_\_/\_\_\_\_/\_\_\_\_ Actual value \_\_\_\_\_

AST (SGOT) Specimen collection date \_\_\_\_/\_\_\_\_/\_\_\_\_ Actual value \_\_\_\_\_

BIL (Total) Specimen collection date \_\_\_\_/\_\_\_\_/\_\_\_\_ Actual value \_\_\_\_\_

**ADMINISTRATIVE – LHJ USE**

LHJ case classification  Confirmed  Probable  Suspect  Not a case  State case  Contact

Control  Exposure  Not classified

Investigation status  Investigation not started  In progress  Complete  Complete - not reportable to DOH

Unable to complete

LHJ investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

LHJ record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

**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

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