



PATIENT INFORMATION

Hepatitis C - Perinatal

County

Case name (last, first)
Birth date
Sex
Alternate name
Phone
Email
Address type
Street address
City/State/Zip/County
Residence type (incl. Homeless)
WA resident

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
Date of contact attempt
Contact attempt type
Contact attempt outcome
Interviewer
Was patient acute, chronic, or perinatal at time of contact attempt?
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
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

Additional race information:

- List of racial and ethnic categories with checkboxes: 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):

- List of languages with checkboxes: 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.

**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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