Washington State Department of HEALTH

Hepatitis C – Chronic, short

County

PATIENT INFORMATION

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 _____

Diagnosis at state correctional facility ☐ Yes ☐ No ☐ Unknown *If yes*, Diagnosis type ☐ Acute ☐ Chronic

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:

CHRONIC 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

Chronic diagnosis date ___/___/___

Chronic – Reason(s) for Initial Screening (select all that apply)

Y N Unk

☐ ☐ ☐ Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever)
☐ ☐ ☐ Asymptomatic with risk factors
☐ ☐ ☐ Asymptomatic without risk factors
☐ ☐ ☐ Prenatal screening
☐ ☐ ☐ Follow-up testing for previous marker of viral hepatitis
☐ ☐ ☐ Blood/organ donor screening
☐ ☐ ☐ Elevated liver enzymes
☐ ☐ ☐ High risk exposure
☐ ☐ ☐ Other reason for testing _____

Settings of initial screening ☐ Primary care clinic ☐ ID/GI/Liver clinic ☐ OB/GYN clinic ☐ Emergency room/urgent care ☐ Hospital ☐ Rehab facility ☐ Syringe exchange ☐ Jail/prison ☐ Non-clinical community site ☐ Other _____

PREGNANCY

Pregnant ☐ Yes ☐ No ☐ Unknown
Date that the individual was assessed for pregnancy ___/___/___
If pregnant,
Subtype at time of this pregnancy ☐ Acute ☐ Chronic ☐ Unknown
Estimated delivery date ___/___/___

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 _____

Liver Enzyme Tests

☐ ALT (SGPT) Specimen collection date ___/___/___ Actual value _____
☐ AST (SGOT) Specimen collection date ___/___/___ Actual value _____
☐ BIL (Total) Specimen collection date ___/___/___ Actual value _____

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

Y N Unk

☐ ☐ ☐ Received clotting factor concentrates When ☐Before 1987 ☐1987 or later
☐ ☐ ☐ Received blood products When ☐Before 1992 ☐1992 or later
☐ ☐ ☐ Received solid organ transplant When ☐Before 1992 ☐1992 or later
☐ ☐ ☐ Other organ or tissue transplant recipient Date ___/___/___
☐ ☐ ☐ Long term hemodialysis
☐ ☐ ☐ Birth mother has history of hepatitis C infection
☐ ☐ ☐ Employed in job with potential for exposure to human blood or bodily fluids
Job type ☐Medical ☐Dental ☐Public safety (e.g. law enforcement/firefighter) ☐Tattoo/piercing ☐Other _____
Frequency of direct contact w/ blood or body fluids ☐Frequent (several times a week) ☐Infrequent ☐Unknown
☐ ☐ ☐ Accidental stick or puncture with sharps contaminated with blood or body fluid
☐ ☐ ☐ History of occupational needle stick or splash
☐ ☐ ☐ Ever had a finger stick/prick blood sugar test
☐ ☐ ☐ Ear or body piercing
Body site _____ Address/name _____
Body piercing was performed at ☐Commercial parlor/shop ☐Correctional facility ☐Other _____
☐ ☐ ☐ Ever received acupuncture
☐ ☐ ☐ Tattoo recipient
Tattoo was performed at ☐Commercial parlor/shop ☐Correctional facility ☐Other _____

Y N Unk

☐ ☐ ☐ History of incarceration
☐ ☐ ☐ Born outside US
Country _____ Number of years in US _____
☐ ☐ ☐ Contact with confirmed or suspected hepatitis C case (acute or chronic)
Type of contact ☐Sexual ☐Household (non-sexual) ☐Needle use ☐Birth ☐Casual contact ☐Other _____

Approximate number of lifetime sex partners ☐0 ☐1 ☐2-5 ☐6-10 ☐11-20 ☐>20 ☐Unknown
Gender of sex partners ☐Male (Number _____) ☐Female (Number _____) ☐Transgender (Number _____)

☐ ☐ ☐ Received treatment for an STD
Year of most recent STD treatment _____
☐ ☐ ☐ Ever injected drugs not prescribed by a doctor, even if only once or a few times
Injection drug use type (check all that apply) ☐Heroin (includes Diacetylmorphine) ☐Cocaine ☐Amphetamine
☐Methamphetamine ☐MDMA ☐Ketamine ☐PCP ☐Opioids (prescription or non-prescription) ☐Anabolic steroids
☐Unknown ☐Other _____
Ever shared needles ☐Yes ☐No ☐Unknown
Ever shared other injection equipment ☐Yes_____ ☐No ☐Unknown
Ever used needle exchange services ☐Yes ☐No ☐Unknown
☐ ☐ ☐ Non-injection street drug use/use street drugs
Specify drug(s) _____
Route of administration ☐Inhalation ☐Oral ☐Transdermal ☐Other _____
☐ ☐ ☐ Used drugs not prescribed by a doctor and route of administration is unknown
☐ ☐ ☐ Patient used injection drugs in the past 3 months

Most likely exposure (select one) ☐Acupuncture ☐Blood product ☐Body piercing (except ears) ☐Chronic hemodialysis
☐Close contact ☐Clotting factor ☐Incarceration ☐Injection drug use ☐In job with potential blood or body fluid exposure
☐New or risk sexual partner ☐Organ transplant ☐Perinatal transmission ☐Tattoo ☐Multiple risk factors ☐Unknown
☐Other _____

DEATH

If deceased, please change the vital status and update date of death on the Edit Person screen
Deceased ☐ Yes ☐ No
Date of death ___/___/___ Source used to verify vital status ☐ Death records ☐ Medical records ☐ Other _____
Death document ID _____

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 ___/___/___

(NOT REQUIRED) HCV CONTINUUM OF CARE – LHJ USE

Stage on the HCV continuum (select all that apply)

☐ HCV antibody positive
Antibody date: ___/___/___

☐ Not an HCV case (RNA negative)
RNA negative date: ___/___/___

☐ HCV confirmed (RNA positive)
RNA positive date ___/___/___

☐ Linked to HCV care
Linked to care date: ___/___/___

☐ HCV treatment
Treatment date: ___/___/___

☐ Cured/SVR
Cured date: ___/___/___

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