



Infectious Disease Epidemiology and Outbreak Response Bureau
Maryland Department of Health
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DEPARTMENT OF HEALTH

Hepatitis A Case Report Form

Final Case Status:

- CONFIRMED
- PROBABLE
- NOT A CASE

NEDSS Patient ID:

NEDSS Investigation ID:

MMWR Week:

MMWR Year:

PATIENT INFORMATION

Name: _____
Date of Birth: _____ Age: _____
Address: _____
City: _____
County: _____ Zip: _____
Phone: _____
Parent/Guardian: _____

INVESTIGATION INFORMATION

Reported by: _____
Report date: _____
LHD investigator: _____
LHD: _____
Email: _____ Phone: _____
Investigation start date: _____
Investigation completion date: _____

DEMOGRAPHICS

Sex: Male Female Other/Unknown If female, currently pregnant? Yes No Unknown

Sexual Orientation: Heterosexual Homosexual Bisexual Other/Unknown Refused

Race: White Black Asian Native Hawaiian or Other Pac Islander American Indian or Alaska Native
 Multiracial Unknown Other: _____

Hispanic: Yes No Unknown

Place of Birth: USA Unknown Other: _____

ILLNESS INFORMATION

Diagnosis date: _____

Does case have signs/symptoms of acute hepatitis A? Yes No Unknown If yes, date of first symptom: _____

If no, reason for testing: _____

Signs/Symptoms

Fever: Yes No Unk If yes, max. temp.: _____
Jaundice: Yes No Unk If yes, onset date: _____
Fatigue: Yes No Unk
Nausea: Yes No Unk
Vomiting: Yes No Unk
Other: _____

Anorexia: Yes No Unk
Abdominal pain: Yes No Unk
Pale stools: Yes No Unk
Diarrhea: Yes No Unk
Dark urine: Yes No Unk

Liver Enzymes (at diagnosis)

	Date	Result	Upper Limit (Normal)
ALT [SGPT]:	_____	_____	_____
AST [SGOT]:	_____	_____	_____
Total Bilirubin:	_____	_____	_____

Complications/Severity

Hospitalized	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, admit date: _____
Hospital:	_____		
ICU Admission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, admit date: _____
Hospital discharge date:	_____		
Death	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, death date: _____
Or	<input type="checkbox"/> Still admitted		

LABORATORY DATA

Was laboratory testing done? Yes No Unknown

Performing Laboratory: MDPHL Other: _____

Test Type	Specimen	Collection Date	Result	Report Date
Serology (IgM)	_____	_____	_____	_____
Serology (Total)	_____	_____	_____	_____
PCR	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

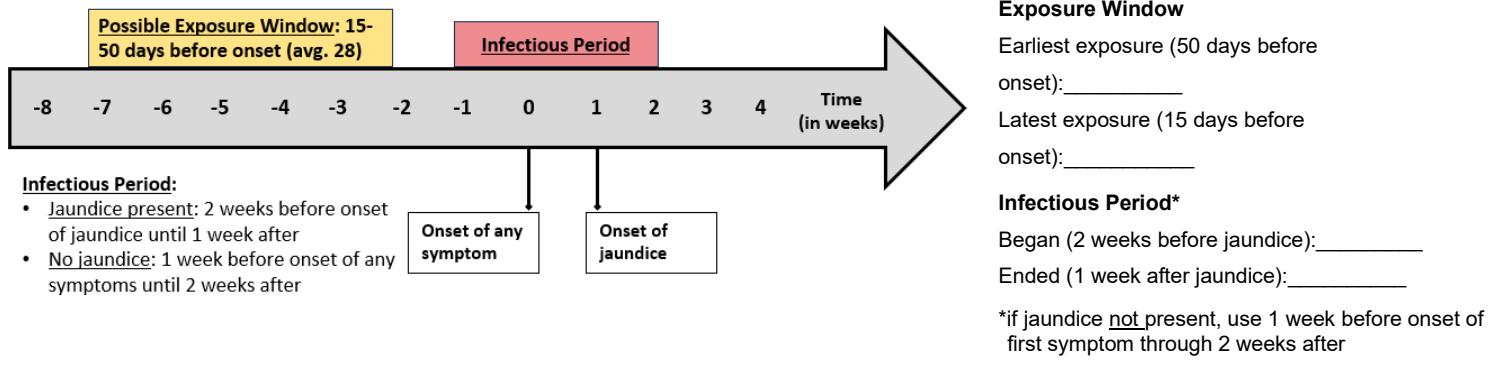
Comments: _____

IMMUNIZATION HISTORY

Has the case received hepatitis A vaccine? Yes No Unk

If yes, how many doses? 1 2 3 4 Date of last dose: _____

Has the case ever received hepatitis A immune globulin? Yes No Unk If yes, date received: _____

INFECTION TIMELINE**POTENTIAL SOURCES OF INFECTION**

In the 15-50 days (~2-7 weeks) prior to onset of jaundice:

Was the case a contact of a known/suspected case of hepatitis A? Yes No Unknown

If yes: Name or NEDSS Pt ID (if known): _____ Type of contact (e.g., sexual, household): _____

Date(s) and location(s) of exposure (if known): _____

Did the case travel within the exposure window? Yes No Unk

If yes, list dates, locations, and modes of transportation: _____

Did the case use illicit/street drugs (injection or non-injection)? Yes No Unk

If yes, describe: _____

Did the case experience homelessness? Yes No Unk

Is the case linked to an outbreak? Yes No Unk If yes, list outbreak number: _____

Comments: _____

CONTACTS DURING INFECTIOUS PERIOD**In the 14 days before onset of jaundice through 7 days after:**

What is the case's occupation? _____

If case works in a healthcare setting, school or childcare setting, or food service, list setting(s) and dates worked: _____

Did the case stay in a residential institution, including healthcare settings, correctional facilities, and homeless shelters? Yes No Unknown If yes, describe: _____**Did the case attend school, childcare, adult day care, or any other setting/activity that may have brought them into close contact with others?** Yes No Unknown If yes, describe: _____**Household Contacts**

Name	Relation to Case	Age	Symptoms / Onset (if applicable)	Up to date on vaccine?	Type of PEP / Date Treated (if applicable)

Other Contacts (including sexual)

Name	Relation to Case	Age	Symptoms / Onset (if applicable)	Up to date on vaccine?	Type of PEP / Date Treated (if applicable)

If more space is needed for additional contacts, please reach out to MDH for a line list, or attach a document with the above information.

FOOD HISTORY: 15-50 days (2-7 weeks) prior to illness onsetPlease list what the case typically eats for **breakfast** (foods and/or restaurants):Please list what the case typically eats for **lunch** (foods and/or restaurants):

Please list what the case typically eats for **dinner** (foods and/or restaurants):

Please list what the case typically eats for **snacks** (foods and/or restaurants):

Where does the case typically purchase food? Include restaurants, grocery stores, markets, and pre-packaged meal delivery services (e.g., Hello Fresh)? _____

Will the case provide **membership/shopper club numbers** for stores that they frequent (if yes, list)? _____

List any **special events** (e.g., food festival, party, holiday gathering) where the case may have consumed food (including dates, if possible):

Comments