

## 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: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If yes, max. temp.: _____	Anorexia: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Jaundice: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If yes, onset date: _____	Abdominal pain: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Fatigue: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Pale stools: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Nausea: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Diarrhea: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Vomiting: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Dark urine: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Other: _____		

### Liver Enzymes (at diagnosis)

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

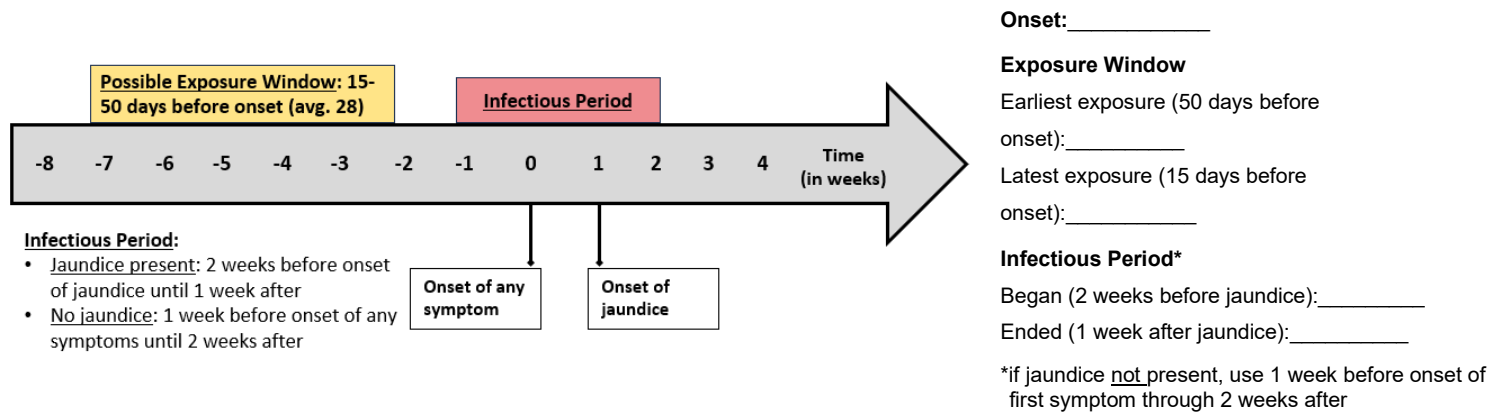
### Complications/Severity

Hospitalized ☐ Yes ☐ No If yes, admit date: \_\_\_\_\_  
 Hospital: \_\_\_\_\_  
 ICU Admission ☐ Yes ☐ No If yes, admit date: \_\_\_\_\_  
 Hospital discharge date: \_\_\_\_\_ Or ☐ Still admitted  
 Death ☐ Yes ☐ No If yes, death date: \_\_\_\_\_

**LABORATORY DATA**Was laboratory testing done? ☐ Yes ☐ No ☐ UnknownPerforming 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 ☐ UnkIf 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 ☐ UnkIs 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 onset**Please 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