Hepatitis E

Agency: ______

Investigator: ______ Phone number: ______

FOR STATE USE ONLY
Status: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case
Reviewer initials:
Referred to another state:

CASE

Last name: ______
First and middle name: ______
Maiden name: ______ Suffix: ______
Address line: ______
Zip: ______ City: ______
State: ______ County: ______
Phone: ( )- - Type: ______
Long-term care resident: ☐ Yes ☐ No ☐ Unknown
Facility name: ______

Date of Birth: / / Estimated? ☐ Age: ______
Gender: ☐ Female ☐ Male ☐ Other ____
Pregnant: ☐ Yes ☐ No ☐ Unk Est. delivery date: / /
Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Parent with partner ☐ Widowed
Race: ☐ American Indian or Alaskan Native ☐ Unknown ☐ Black or African American ☐ White ☐ Hawaiian or Pacific Islander ☐ Asian
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown
Parent/Guardian name: ______
Parent/Guardian phone: ( )- - Type: ______

EVENT

Diagnosis date: / / Onset date: / /
Event outcome: ☐ Survived this illness ☐ Died from this illness ☐ Died unrelated to this illness ☐ Unknown
Outbreak related: ☐ Yes ☐ No ☐ Unknown
Outbreak name: ______
Exposure setting: ______
Epi-linked: ☐ Yes ☐ No ☐ Unk To whom: ______
Location acquired: ☐ In USA, in reporting state ☐ In USA, outside reporting state ☐ Outside USA ☐ Unknown
State: ______ Country: ______

Healthcare provider information

Last name: ______
First name: ______
Provider title: ☐ ARNP ☐ MD ☐ DO ☐ NP ☐ PA
Facility name: ______
Address line 1: ______
Address line 2: ______
Zip code: ______ City: ______
State: ______ County: ______
Phone : ( )- - Type: ______

LABORATORY FINDINGS

Laboratory: ______ Accession #: ______ Collection date: / /
Date received: / / Specimen source: ☐ Blood/serum ☐ Other Result date: / /
Result type: ☐ Preliminary ☐ Final Test type: ______ Result: ☐ Positive ☐ Negative ☐ Not done
Organism: **Hepatitis E virus**

Laboratory: ______ Accession #: ______ Collection date: / /
Date received: / / Specimen source: ☐ Blood/serum ☐ Other Result date: / /
Result type: ☐ Preliminary ☐ Final Test type: ______ Result: ☐ Positive ☐ Negative ☐ Not done
Organism: **Hepatitis E virus**

Laboratory: ______ Accession #: ______ Collection date: / /
Date received: / / Specimen source: ☐ Blood/serum ☐ Other Result date: / /
Result type: ☐ Preliminary ☐ Final Test type: ______ Result: ☐ Positive ☐ Negative ☐ Not done
Organism: **Hepatitis E virus**

OCCUPATIONS

Interpret 'occupation' very loosely and consider every person to have at least one 'occupation'.

Occupation type: _____ Job title: _____

Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown Facility name: _____

Date worked from: / / Address: _____

Date worked to: / / Zip code: _____

Removed from duties: ☐ Yes ☐ No ☐ Unknown City: _____ State: _____ County: _____

Date removed: / / Phone: ( )- - Type: _____

Handle food: ☐ Yes ☐ No ☐ Unknown
Attend or provide child care: ☐ Yes ☐ No ☐ Unknown
Attend school: ☐ Yes ☐ No ☐ Unknown
Work in a lab setting: ☐ Yes ☐ No ☐ Unknown

Work in a health care setting ☐ Yes ☐ No ☐ Unknown
Direct patient care duties in lab or health care setting: ☐ Yes ☐ No ☐ Unknown
Health care worker type:

Occupation type: _____ Job title: _____

Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown Facility name: _____

Date worked from: / / Address: _____

Date worked to: / / Zip code: _____

Removed from duties: ☐ Yes ☐ No ☐ Unknown City: _____ State: _____ County: _____

Date removed: / / Phone: ( )- - Type: _____

Handle food: ☐ Yes ☐ No ☐ Unknown
Attend or provide child care: ☐ Yes ☐ No ☐ Unknown
Attend school: ☐ Yes ☐ No ☐ Unknown
Work in a lab setting: ☐ Yes ☐ No ☐ Unknown

Work in a health care setting ☐ Yes ☐ No ☐ Unknown
Direct patient care duties in lab or health care setting: ☐ Yes ☐ No ☐ Unknown
Health care worker type:

HOSPITALIZATIONS

Was the case hospitalized? ☐ Yes ☐ No ☐ Unknown

Hospital: _____ Isolated at entry: ☐ Yes ☐ No ☐ Unk Isolation type (entry): _____

Admission date: / / Discharge date: / / Days hospitalized: _____

Currently isolated: ☐ Yes ☐ No ☐ Unk Current isolation type:

CLINICAL INFO & DIAGNOSIS

Jaundice: ☐ Yes ☐ No ☐ Unk Onset date: / / Date resolved: / /

Dark urine: ☐ Yes ☐ No ☐ Unk Onset date: / / Date resolved: / /

Diarrhea: ☐ Yes ☐ No ☐ Unk Onset date: / / Date resolved: / /

Other symptoms: ☐ Abdominal pain ☐ Fever ☐ Nausea ☐ Anorexia ☐ Malaise

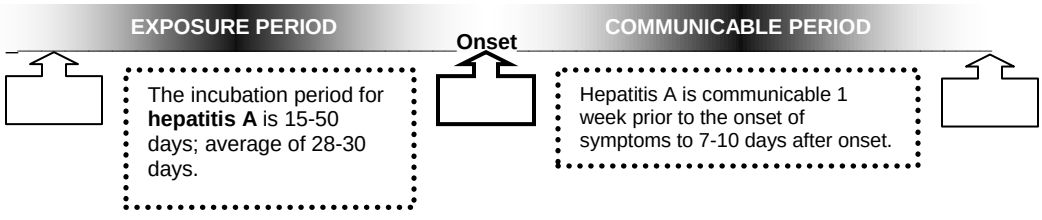
Testing reason:
☐ Elevated liver enzymes
☐ Exposure to risk factor associated with hepatitis A
☐ Exposure to someone with confirmed hepatitis A
☐ Symptoms of disease other than elevated liver enzymes
☐ Testing for immunity to hepatitis A

ALT performed? ☐ Yes ☐ No ☐ Unk Result (in IU/l): _____ Expected min (in IU/l): _____ Expected max in IU/): _____

AST performed? ☐ Yes ☐ No ☐ Unk Result (in IU/l): Expected min (in IU/l): Expected max in IU/):

INFECTION TIMELINE

Enter onset date in dark-line box. Enter dates for start of exposure period and start and end of communicable period.



RISK FACTORS/TRAVEL

Vaccinated for hepatitis A? ☐ Yes ☐ No ☐ Unknown

Date vaccinated: / /	Date vaccinated: / /
Lot #:	Lot #:
Vaccine type:	Vaccine type:
Manufacturer:	Manufacturer:

Number of vaccinations: ____

In the 50 days prior to the onset of the symptoms did the case:

Travel within Iowa? ☐ Yes ☐ No ☐ Unk — City in Iowa: _____ — Departure date: / / — Return date: / /

Travel within U.S.? ☐ Yes ☐ No ☐ Unk — State: _____ City: _____ — Departure date: / / — Return date: / /

Travel outside U.S.? ☐ Yes ☐ No ☐ Unk — Country: _____ — Departure date: / / — Return date: / /

Visit restaurants? ☐ Yes ☐ No ☐ Unknown

If Yes, complete the table below:

Establishment name	Address/Zip	Date visited	Foods consumed	Others ill?
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk

Attend Group Gatherings? ☐ Yes ☐ No ☐ Unknown

If Yes, complete the following table:

Location of gathering	Address/Zip	Date visited	Foods consumed	Others ill?
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk

Dietary Information – *In the 50 days prior to onset of symptoms did the case consume:*

Raw shellfish: ☐ Yes ☐ No ☐ Unk	From dates consumed: / /	To dates consumed: / /	List all brand names:	List all source/types:
Unpasteurized Mexican-style cheese: ☐ Yes ☐ No ☐ Unk	From dates consumed: / /	To dates consumed: / /	List all brand names:	List all source/types:
Other unpasteurized products: ☐ Yes ☐ No ☐ Unk	From dates consumed: / /	To dates consumed: / /	List all brand names:	List all source/types:
Raw fruits: ☐ Yes ☐ No ☐ Unk	From dates consumed: / /	To dates consumed: / /	List all brand names:	List all source/types:
Raw vegetables: ☐ Yes ☐ No ☐ Unk	From dates consumed: / /	To dates consumed: / /	List all brand names:	List all source/types:

Other Exposures – *In the 50 days prior to the onset of symptoms did the case:*

Wear diapers: ☐ Yes ☐ No ☐ Unk **Have contact with diapers:** ☐ Yes ☐ No ☐ Unknown

Do street drugs or inject steroids: ☐ Yes ☐ No ☐ Unk

Have sex with someone with similar symptoms: ☐ Yes ☐ No ☐ Unk Sexual preference: ☐ Hetero ☐ Homo ☐ Bisexual ☐ Unknown

CONTACTS

Number of people living in case's household: _____ **Close contacts with the case and/or same exposures?** ☐ Yes ☐ No ☐ Unk

Close contacts of case or close contacts with same exposures

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case		List symptoms	Symptom onset date	Same exposures	Is contact a case?
☐ Spouse ☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian	☐ Sexual contact ☐ Family member (non-household) ☐ Friend/acquaintance ☐ Contact- work/school/etc ☐ Unknown/Other		/ /	☐ Restaurant ☐ Gatherings ☐ Food ☐ Animal ☐ Water	☐ Yes ☐ No

If this contact is a case create a new event and/or case for this contact.

		Immune globulin		Hep A vaccine	
Documented history of hepatitis A/E disease?	☐ Yes ☐ No ☐ Unk		Contact wt:		Date vaccinated: / /
Received IG within 14 days of exposure?	☐ Yes ☐ No ☐ Unk		Date given: / /		Vaccine manufacturer:
Previously vaccinated for hepatitis A?	☐ Yes ☐ No ☐ Unk		Dose: Unit:		Vaccine type:
Vaccinated for hepatitis A w/in 14 days of exposure?	☐ Yes ☐ No ☐ Unk		Route:		Number of vaccinations:

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case		List symptoms	Symptom onset date	Same exposures	Is contact a case?
☐ Spouse ☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian	☐ Sexual contact ☐ Family member (non-household) ☐ Friend/acquaintance ☐ Contact- work/school/etc ☐ Unknown/Other		/ /	☐ Restaurant ☐ Gatherings ☐ Food ☐ Animal ☐ Water	☐ Yes ☐ No

If this contact is a case create a new event and/or case for this contact.

		Immune globulin		Hep A vaccine	
Documented history of hepatitis A/E disease?	☐ Yes ☐ No ☐ Unk		Contact wt:		Date vaccinated: / /
Received IG within 14 days of exposure?	☐ Yes ☐ No ☐ Unk		Date given: / /		Vaccine manufacturer:
Previously vaccinated for hepatitis A?	☐ Yes ☐ No ☐ Unk		Dose: Unit:		Vaccine type:
Vaccinated for hepatitis A w/in 14 days of exposure?	☐ Yes ☐ No ☐ Unk		Route:		Number of vaccinations:

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case		List symptoms	Symptom onset date	Same exposures	Is contact a case?
☐ Spouse ☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian	☐ Sexual contact ☐ Family member (non-household) ☐ Friend/acquaintance ☐ Contact- work/school/etc ☐ Unknown/Other		/ /	☐ Restaurant ☐ Gatherings ☐ Food ☐ Animal ☐ Water	☐ Yes ☐ No

If this contact is a case create a new event and/or case for this contact.

		Immune globulin		Hep A vaccine	
Documented history of hepatitis A/E disease?	☐ Yes ☐ No ☐ Unk		Contact wt:		Date vaccinated: / /
Received IG within 14 days of exposure?	☐ Yes ☐ No ☐ Unk		Date given: / /		Vaccine manufacturer:
Previously vaccinated for hepatitis A?	☐ Yes ☐ No ☐ Unk		Dose: Unit:		Vaccine type:
Vaccinated for hepatitis A w/in 14 days of exposure?	☐ Yes ☐ No ☐ Unk		Route:		Number of vaccinations:

NOTES: