

**CASE REPORT FORM****Hepatitis A**

Hepatitis A _____	EpiSurv No. _____
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<b>Reporting Authority</b>	
Name of Public Health Officer responsible for case <b>OfficerName</b> _____	
<b>Notifier Identification</b>	
<b>Reporting source*</b> <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory <b>ReportSrc</b>	
<input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other	
Name of reporting source <b>ReportName</b> _____ <b>Organisation</b> <b>ReportOrganisation</b> _____	
Date reported* <b>ReportDate</b> _____ <b>Contact phone</b> <b>ReportPhone</b> _____	
Usual GP <b>UsualGP</b> _____ <b>Practice</b> <b>GPPpracticeName</b> _____ <b>GP phone</b> <b>GPPhone</b> _____	
<b>GP/Practice address</b> Number _____ Street _____ Suburb _____ <b>GPAddress</b> Town/City _____ Post Code _____ <input type="checkbox"/> <b>GeoCode</b> _____	
<b>Case Identification</b>	
Name of case* Surname <b>Surname</b> _____ Given Name(s) <b>GivenName</b> _____	
NHI number* <b>NHINumber</b> _____ <b>Email</b> <b>Email</b> _____	
<b>Current address*</b> Number _____ Street _____ Suburb _____ <b>CaseAddress</b> Town/City _____ Post Code _____ <input type="checkbox"/> <b>GeoCode</b> _____	
Phone (home) <b>PhoneHome</b> _____ <b>Phone (work)</b> <b>PhoneWork</b> _____ <b>Phone (other)</b> <b>PhoneOther</b> _____	
<b>Case Demography</b>	
Location <b>TA* TA</b> _____ <b>DHB* DHB</b> _____	
<b>Date of birth* DateOfBirth</b> _____ <b>OR Age</b> <b>Age</b> _____ <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years <b>AgeUnits</b>	
<b>Sex* Sex</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown	
<b>Occupation* Occupation</b> _____	
<b>Occupation location PlaceOfWork1Type</b> <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
<b>Name PlaceOfWork1</b> _____	
<b>Address</b> Number _____ Street _____ Suburb _____ <b>PlaceOfWork1Address</b> Town/City _____ Post Code _____ <input type="checkbox"/> <b>GeoCode</b> _____	
<b>Alternative location PlaceOfWork2Type</b> <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
<b>Name</b> _____	
<b>Address</b> Number _____ Street _____ Suburb _____ <b>PlaceOfWork2Address</b> Town/City _____ Post Code _____ <input type="checkbox"/> <b>GeoCode</b> _____	
<b>Ethnic group case belongs to*</b> (tick all that apply)	
<input type="checkbox"/> NZ European <b>EthNZEuropan</b> <input type="checkbox"/> Maori <b>EthMaori</b> <input type="checkbox"/> Samoan <b>EthSamoan</b> <input type="checkbox"/> Cook Island Maori <b>EthCookIslandMaori</b>	
<input type="checkbox"/> Niuean <b>EthNiuean</b> <input type="checkbox"/> Chinese <b>EthChinese</b> <input type="checkbox"/> Indian <b>EthIndian</b> <input type="checkbox"/> Tongan <b>EthTongan</b>	
<input type="checkbox"/> Other (such as Dutch, Japanese) <b>EthOther</b> *(specify) <b>EthSpecify1</b> _____ <b>EthSpecify2</b> _____	

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<b>Basis of Diagnosis</b>			
<b>CLINICAL CRITERIA</b>			
Fits Clinical Description* <b>FitClinDes</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Clinical features Jaundice <b>Jaundice</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes enter the onset date <b>JaunOnsetDt</b> _____	<input type="checkbox"/> Unknown <b>JaunOnsetDtUnknown</b>		
<b>LABORATORY CRITERIA</b>			
Meets laboratory criteria for disease* <b>LabConf</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Elevated Serum aminotransferase <b>ElevSerum</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Done <input type="radio"/> Awaiting Results
Anti-HAV IGM positive (in absence of recent vaccination) <b>AntiHAV</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Done <input type="radio"/> Awaiting Results
<b>EPIDEMIOLOGICAL CRITERIA</b>			
Contact with a laboratory confirmed case of hepatitis A* <b>ContCase</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
<b>CLASSIFICATION*</b> <b>Status</b>	<input type="radio"/> Under investigation	<input type="radio"/> Probable	<input type="radio"/> Confirmed <input type="radio"/> Not a case
<b>Clinical Course and Outcome</b>			
Date of onset* <b>OnsetDt</b> _____	<input type="checkbox"/> Approximate <b>OnsetDtApprox</b>		<input type="checkbox"/> Unknown <b>OnsetDtUnknown</b>
Hospitalised* <b>Hosp</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Date hospitalised* <b>HospDt</b> _____	<input type="checkbox"/> Unknown <b>HospDtUnknown</b>		
Hospital* <b>HospName</b>	_____		
Died* <b>Died</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Date died* <b>DiedDt</b> _____	<input type="checkbox"/> Unknown <b>DiedDtUnknown</b>		
Was this disease the primary cause of death?* <b>DiedPrimary</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If no, specify the primary cause of death* <b>DiedOther</b>	_____		
<b>Outbreak Details</b>			
Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*			
<input type="checkbox"/> Yes <b>Outbrk</b> If yes, specify Outbreak No.* <b>OutbrkNo</b> _____			
<b>Risk Factors</b>			
Household contact with a confirmed case in previous 2 months (60 days)* <b>HHoldCont</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Sexual contact involving possible faecal-oral transmission in previous 3 mths* <b>SexCont</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Other contact with a confirmed case in previous 3 months?* <b>OthrCont</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify nature of contact:* <b>OthrCntSpec</b>	_____		
Occupational exposure to human sewage* <b>ExpSewage</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify exposure in detail:* <b>ExpSewageSpec</b>	_____		
Contact with contaminated food or drink* <b>ContFD</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
If yes, specify contaminated food or drink:*	<b>ContFDName</b>	<b>ContFDSpec</b>	_____
Attendance at school, pre-school or childcare* <b>AttendSch</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

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<b>Risk Factors continued</b>		
<b>Was the case overseas during the incubation period (range = 15–50 days) for Hepatitis A?*</b> <span style="color: red;">Overseas</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
If yes, date arrived in New Zealand* <span style="color: red;">DtArrived</span> _____		
<b>Specify countries visited*</b> (from most recent to least recent)		
	Country	Date Entered
Last: *	<span style="color: red;">LastCountry</span> _____	<span style="color: red;">LastDtEntered</span> _____
Second Last: *	<span style="color: red;">SecCountry</span> _____	<span style="color: red;">SecDtEntered</span> _____
Third Last: *	<span style="color: red;">ThirdCountry</span> _____	<span style="color: red;">ThirdDtEntered</span> _____
<b>Other risk factors for Hepatitis A infection (specify)*</b> <span style="color: red;">RiskSpec</span> _____ _____		
<b>Source</b>		
<b>Was a source confirmed by:*</b>		
a) Epidemiological evidence* <span style="color: red;">SceConfEpi</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with known case		
b) Laboratory evidence* <span style="color: red;">SceConfLab</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown e.g. organism or toxin of same type identified in food or drink consumed by case		
If yes, specify confirmed source:* <span style="color: red;">SceConfSpecify</span> _____		
<b>If not, were any probable sources identified?*</b> <span style="color: red;">SceProb</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
If yes, specify probable source(s):* <span style="color: red;">SceProbSpecify</span> _____		
<b>Protective Factors</b>		
<b>Prior to onset, had the case been immunised with hepatitis A vaccine?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown * <span style="color: red;">Immunised</span>		
If yes, specify date of last vaccination* <span style="color: red;">ImmDate</span> _____ <input type="checkbox"/> Unknown <span style="color: red;">ImmDateUnknown</span>		
<b>Prior to onset, had case received immunoglobulin prophylaxis within the last 6 months?*</b> <span style="color: red;">Immunoglob</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
If yes, to vaccine or immunoglobulin prophylaxis, how was vaccination status confirmed* <span style="color: red;">ImmBasis</span> <input type="radio"/> Patient/Caregiver recall <input type="radio"/> Documented <input type="radio"/> NA		
<b>Management</b>		
<b>CASE MANAGEMENT</b>		
<b>Case counselled about risk of transmission to others?</b> <span style="color: red;">CaseCounsel</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> Unknown		
<b>Exclusion from work or school/pre-school/childcare until well or for at least one week after onset of jaundice</b> <span style="color: red;">Excluded</span> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <input type="radio"/> Unknown		

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**Management continued****CONTACT MANAGEMENT**

Did case have any contacts at risk of infection (i.e. during latter half of incubation period and until 1 week after onset of jaundice)?  Yes  No  NA  Unknown **ContRisk**

If yes, describe contacts and their management	Number identified	Number counselled	Number given vaccine	Number given IG
Staff and children in child care facilities	NoCCare _____	NoCCareCou _____	NoCCareVac _____	NoCCareIG _____
Household contacts	NoHHold _____	NoHHoldCou _____	NoHHoldVac _____	NoHHoldIG _____
Sexual contacts	NoSexCont _____	NoSexCCou _____	NoSexCVac _____	NoSexCIG _____
Other contacts (specify)	NoOthr _____	NoOthrCou _____	NoOthrVac _____	NoOthrIG _____
<b>ContOtherSpec</b> _____				

**Comments\***

Comments