

CASE REPORT FORM**Hepatitis A**

Hepatitis A _____

EpiSurv No. _____

Reporting Authority

Name of Public Health Officer responsible for case _____

Notifier Identification

Reporting source* General Practitioner Hospital-based Practitioner Laboratory
 Self-notification Outbreak Investigation Other

Name of reporting source _____ Organisation _____

Date reported* _____ Contact phone _____

Usual GP _____ Practice _____ GP phone _____

GP/Practice address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Case Identification

Name of case* Surname _____ Given Name(s) _____

NHI number* _____ Email _____

Current address* Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Phone (home) _____ Phone (work) _____ Phone (other) _____

Case Demography

Location TA* _____ DHB* _____

Date of birth* _____ OR Age _____ Days Months YearsSex* Male Female Indeterminate Unknown

Occupation* _____

Occupation location Place of Work School Pre-school

Name _____

Address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Alternative location Place of Work School Pre-school

Name _____

Address Number _____ Street _____ Suburb _____
 Town/City _____ Post Code _____ GeoCode _____

Ethnic group case belongs to* (tick all that apply)

- NZ European Maori Samoan Cook Island Maori
 Niuean Chinese Indian Tongan
 Other (such as Dutch, Japanese, Tokelauan) *(specify) _____

Hepatitis A		EpiSurv No. _____
Basis of Diagnosis		
CLINICAL CRITERIA		
Fits Clinical Description*	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Clinical features Jaundice	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes enter the onset date _____		<input type="checkbox"/> Unknown
LABORATORY CRITERIA		
Meets laboratory criteria for disease*	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Elevated Serum aminotransferase	<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)	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
EPIDEMIOLOGICAL CRITERIA		
Contact with a laboratory confirmed case of hepatitis A*	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
CLASSIFICATION*	<input type="radio"/> Under investigation <input type="radio"/> Probable <input type="radio"/> Confirmed <input type="radio"/> Not a case	
Clinical Course and Outcome		
Date of onset* _____	<input type="checkbox"/> Approximate	<input type="checkbox"/> Unknown
Hospitalised*	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Date hospitalised* _____	<input type="checkbox"/> Unknown	
Hospital* _____		
Died*	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Date died* _____	<input type="checkbox"/> Unknown	
Was this disease the primary cause of death?*	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If no, specify the primary cause of death* _____		
Outbreak Details		
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 If yes, specify Outbreak No.* _____		
Risk Factors		
Household contact with a confirmed case in previous 2 months (60 days)*	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Sexual contact involving possible faecal-oral transmission in previous 3 months*	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Other contact with a confirmed case in previous 3 months?*	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, specify nature of contact: _____		
Occupational exposure to human sewage*	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, specify exposure in detail: _____		
Contact with contaminated food or drink*	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, specify contaminated food or drink: _____		
Attendance at school, pre-school or childcare*	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown

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

Hepatitis A EpiSurv No. _____

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

If yes, describe contacts and their management

	Number identified	Number counselled	Number given vaccine	Number given IG
Staff and children in child care facilities				
Household contacts				
Sexual contacts				
Other contacts (specify)				

Comments*