

## Annex 11J: Acute or Chronic Viral Hepatitis Case Investigation Form

Acute or Chronic Viral Hepatitis Case Investigation Form		
No.	Variable/Description	Answer
<b>General characteristics – identification</b>		
1	Epid. Number (e.g. Country code-RRR-DDD-YY-NNN)	Country code- ___-___-___-___
2	GPS coordinates: Latitude; Longitude	
3	Reporting Region /Province	
4	Reporting District	
5	Reporting health facility	
6	Patient Health Facility Identification Number	
7	Date seen at health facility (dd/mm/yyyy)	/__/__/____/
8	Date health facility notified district (dd/mm/yyyy)	/__/__/____/
9	Patient Surname	
10	Patient Other Names	
11	Name of mother/father/ Care taker if child ≤12 years	
12	Date of birth (dd/mm/yyyy)	/__/__/____/
13	Country of Birth	
14	Age (Completed Years, Months, Days)	Years <input type="text"/> Months <input type="text"/> Days <input type="text"/>
15	Sex: M=Male F=Female	
16a	Patient's residential Address: (House Number, Location, Community of residence)	
16b	Telephone number	
16c	Occupation	
16d	Place of work	
17	Urban/Rural	
18	Sub-district of Residence	
19	District of Residence	
20	Region of Residence	
21	Country of Residence	
<b>Clinical characteristics and testing circumstances</b>		
22	Clinical diagnosis	Acute <input type="checkbox"/> Chronic <input type="checkbox"/>
23	Acute Onset	Yes <input type="checkbox"/> No <input type="checkbox"/>
24	If Acute, Onset Date (first symptoms) (dd/mm/yyyy)	
25	Systematic testing (Screening)	Yes <input type="checkbox"/> No <input type="checkbox"/>
26	History of chronic hepatitis	Yes <input type="checkbox"/> No <input type="checkbox"/>
27	In-patient or Out-patient?	

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28	If In-patient, date of admission (dd/mm/yyyy)	
29	Clinical Signs and Symptoms	Jaundice: Yes <input type="checkbox"/> No <input type="checkbox"/> Others:
<b>Prior Diagnosis and Treatment History</b>		
30	Previously identified with chronic HBV infection	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
31	Previously identified with chronic HCV infection	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
<b>Hepatitis Vaccination History</b>		
32	Has the person ever received at least one dose of hepatitis A vaccine?	Yes <input type="checkbox"/> ( ___ doses) No <input type="checkbox"/>
33	Has the person ever received at least one dose of hepatitis B vaccine?	Yes <input type="checkbox"/> ( ___ doses) No <input type="checkbox"/>
34	Has the person ever received at least one dose of hepatitis E vaccine?	Yes <input type="checkbox"/> ( ___ doses) No <input type="checkbox"/>
35	Date of last vaccination (dd/mm/yyyy)	/__/_/___/___/___/___/
<b>General Exposures</b>		
36	Is the person health-care worker exposed to blood through patient care?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
37	Is the person a man who has sex with other men?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
38	Does the person undergo chronic haemodialysis?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
39	Does the person inject recreational drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
40	Is the person involved in a reported, identified outbreak?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
<b>Possible exposures in the 2–6 weeks before onset (acute hepatitis only)</b>		
41	Was there contact with patient(s) with the same symptoms?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
42	Did the person drink water from a well or other unsafe water source?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
43	Did the person eat unwholesome food e.g. raw, uncooked shellfish?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
44	Is the person a child or a staff member in a day-care centre?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
45	Did the person travel to an area highly endemic for hepatitis A?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
<b>Possible exposures in the 1–6 months before onset (acute hepatitis only)</b>		
46	Did the person receive injections in a health-care setting?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

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47	Was the person hospitalized?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
48	Did the person undergo surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
49	Did the person receive a blood transfusion?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
50	Did the person go to the dentist?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
51	Was there sexual contact with someone with hepatitis B?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
52	Was there household contact with someone with hepatitis B?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
53	Was there unprotected sex with non-regular partner(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
54	Skin piecing and tattooing	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
55a	Outcome (1=Alive; 2=Dead; 3=Unknown)	
55b	If dead, Date of death (dd/mm/yyyy)	/_/_/_/_/_/_/_/_/_/_
56	Final classification (1=Lab Confirmed; 2=Confirmed by Epidemiological linkage; 3=Discarded (lab negative); 4= Pending (Suspected with specimen lab results pending)	
57	Date form sent to district (dd/mm/yyyy)	/_/_/_/_/_/_/_/_/_/_
58	Date received form at district (dd/mm/yyyy)	/_/_/_/_/_/_/_/_/_/_
59	Person completing form: Name, Designation, Tel No. E-mail address, Signature Name of Head of Health Facility, Tel No., E-mail	
Viral Hepatitis Laboratory Reporting Form		
<i>Part I. Referring health worker to complete this form and send a copy to the lab with the specimen</i>		
	Variable	Answer
1	Date sample collected (dd/mm/yyyy)	/_/_/_/_/_/_/_/_/_/_
2	Date sample sent to Laboratory (dd/mm/yyyy)	/_/_/_/_/_/_/_/_/_/_
3	Type of sample (specify)	
4	Date laboratory received sample (dd/mm/yyyy)	/_/_/_/_/_/_/_/_/_/_

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5	Epid Number (e.g. GHA-GAR-DDD-YY-NNN) **	GHA- _ _ _ - _ _ _ - _ _ _ - _ _ _
6	Patient name(s)	
7	Sex: (M = Male F = Female)	
8	Age (Completed Years, Months, Days)	Years _____ Months _____ Days _____
9	Person sending sample: Name, Designation, Tel No., E-mail	
<i>Part II. Laboratory Officer to complete this section and return the form to district and clinician</i>		
<b>Laboratory Name and location</b>		
10	Sample condition 1 = adequate (good) 2 = not adequate (not good)	
11	Lab Results: Hepatitis A: Anti-HAV IgM Hepatitis B: HBsAg or IgM anti-HBc Hepatitis C: Anti-HCV Hepatitis D: HBsAg or IgM anti-HBc plus anti-HDV Hepatitis E: IgM anti-HEV and/or IgG anti-HEV	Anti-HAV IgM Pos Neg Unknown Anti-HBc IgM Pos Neg Unknown HBsAg Pos Neg Unknown Anti-HCV Pos Neg Unknown HCV RNA Pos Neg Unknown HCV core Ag Pos Neg Unknown HCV genotype Pos Neg Unknown Anti-HEV IgM Pos Neg Unknown
12	Other lab results	
13	Date laboratory sent results to Clinician (dd/mm/yyyy)	/ _ _ / _ _ / _ _ _ _ /
14	Date laboratory sent results to District (dd/mm/yyyy)	/ _ _ / _ _ / _ _ _ _ /
15	Date district received laboratory results (dd/mm/yyyy)	/ _ _ / _ _ / _ _ _ _ /
16	Name of Lab Personnel completing form Phone number Signature E-mail address Date	