**Hepatitis E virus infection Report Form**

**INTERVIEW**

EpiTrax # ____________________  Interviewer Name: ________________________________

Number of Call Attempts: ________________  Date of Interview (must enter MM/DD/YYYY): ____________

Follow-up Status:  
- [ ] Interviewed  
- [ ] Refused Interview  
- [ ] Lost to Follow-Up*

Respondent was:  
- [ ] Self  
- [ ] Parent  
- [ ] Spouse  
- [ ] Other, Specify: ____________________

*At least three attempts at different times of the day should be made before the considered lost to follow-up.

**DEMOGRAPHICS**

Birth Gender:  
- [ ] Male  
- [ ] Female

Hispanic/Latino Origin:  
- [ ] Yes  
- [ ] No  
- [ ] Unknown

How would you describe your race?  
- [ ] White  
- [ ] Black/African American  
- [ ] American Indian/Alaska Native  
- [ ] Asian  
- [ ] Native Hawaiian/Other Pacific Islander  
- [ ] Other ______  
- [ ] Unknown

Date of Birth: ________

Age: ________

**CLINICAL**

Did you have any symptoms?  
- [ ] Yes  
- [ ] No  
- [ ] Unknown

If yes, turn to page 3 and record specific symptoms under Investigation.

What date did you start to have symptoms of illness?  
Onset Date: __________  Onset Time: ________

Date Diagnosed: ____________________

Did you recover?  
- [ ] Yes  
- [ ] No  
- [ ] Unknown

Were you hospitalized?  
- [ ] Yes  
- [ ] No  
- [ ] Unknown

If Yes, Recovery Date: __________

If Yes, Hospital Name: ____________________

Time Recovered: __________

Admit date: __________  Discharge Date: __________
Died?  □ Yes  □ No  □ Unknown
If Yes, Date of Death: ______________

Are you pregnant?
□ Yes  □ No  □ Unknown
If Yes, Expected Delivery Date: ______________

LABORATORY

IgM Anti-HEV results:  □ Positive  □ Negative  □ Not Tested

EPIDEMIOLOGICAL

Occupation: ____________________________________________

Is the patient a:

Food Handler?  □ Yes  Facility Name: _____________________________
□ No  Address: _______________________________
□ Unknown  Telephone #: ______________________________

Healthcare Worker?  □ Yes  Facility Name: _____________________________
□ No  Address: _______________________________
□ Unknown  Telephone #: ______________________________

Group Living?  □ Yes  Facility Name: _____________________________
□ No  Address: _______________________________
□ Unknown  Telephone #: ______________________________

Daycare Attendee?  □ Yes  Facility Name: _____________________________
□ No  Address: _______________________________
□ Unknown  Telephone #: ______________________________

If yes, was there an identified hepatitis E case in the daycare facility?  □ Yes  Facility Name: _____________________________
□ No  Address: _______________________________
□ Unknown  Telephone #: ______________________________

Daycare Employee?  □ Yes  Facility Name: _____________________________
□ No  Address: _______________________________
□ Unknown  Telephone #: ______________________________

If yes, was there an identified hepatitis E case in the day care facility?  □ Yes  Facility Name: _____________________________
□ No  Address: _______________________________
□ Unknown  Telephone #: ______________________________
School Attendee? □ Yes Facility Name: _____________________________
□ No Address: _____________________________
□ Unknown Telephone #: _______________________________

If yes, was there an identified hepatitis E case in the school facility?
□ Yes Facility Name: _____________________________
□ No Address: _____________________________
□ Unknown Telephone #: _______________________________

School Employee?
□ Yes Facility Name: _____________________________
□ No Address: _____________________________
□ Unknown Telephone #: _______________________________

If yes, was there an identified hepatitis E case in the school facility?
□ Yes Facility Name: _____________________________
□ No Address: _____________________________
□ Unknown Telephone #: _______________________________

If Yes to any above, did you work or attend while ill? □ Yes □ No □ Unknown

If Yes, Dates Worked or Attended/Notes:________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

INVESTIGATION

A. Symptoms & Signs

Reason for testing: □ Symptoms of acute hepatitis
□ Screening of asymptomatic patient with reported risk factors
□ Screening of asymptomatic patient with no risk factors (e.g. patient requested)
□ Prenatal screening
□ Evaluation of elevated liver enzymes
□ Blood/organ donor screening
□ Follow-up testing for previous marker of viral hepatitis
□ Other, specify: _____________________________
□ Unknown
Are you symptomatic?  □ Yes □ No □ Unknown

Jaundiced?  □ Yes □ No □ Unknown  Onset date of jaundice: _______________

Dark Urine?  □ Yes □ No □ Unknown

Diarrhea?  □ Yes □ No □ Unknown

Anorexia?  □ Yes □ No □ Unknown

Abdominal Pain?  □ Yes □ No □ Unknown

Clay Stools?  □ Yes □ No □ Unknown

Fatigue?  □ Yes □ No □ Unknown

Other Symptoms?  □ Yes □ No □ Unknown  If yes, specify: ______________________

Do you have an underlying immunodeficiency?  □ Yes □ No □ Unknown  If yes, specify: ______________________

B. Liver Enzymes Level at Diagnosis

ALT [SGPT] Result: _______  ALT Upper Limit Normal: _______  Date of ALT Result: _______

AST [SGOT] Result: _______  AST Upper Limit Normal: _______  Date of AST Result: _______

C. Exposure – Risk Factors

- In the 3 weeks to 8 weeks prior to the onset of symptoms, have you been a contact of a person with suspected or confirmed hepatitis E?  □ Yes □ No □ Unknown

  o If yes, what type of contact was it?  □ Household contact (non-sexual)

  □ Sexual contact

  □ A child cared for by the patient

  □ Babysitter of the patient

  □ Playmate

  □ Other, __________________________

- In the 3 weeks to 8 weeks prior to the onset of symptoms, how many male sex partners have you had?  □ None

  □ 1

  □ 2-5

  □ > 5
In the 3 weeks to 8 weeks prior to the onset of symptoms, how many female sex partners have you had?

- None
- 1
- 2-5
- > 5

In the 3 weeks to 8 weeks prior to the onset of symptoms, have you used any type of substances illegally?

- Yes
- No

- If yes, have you injected any of these substances?
  - Yes
  - No
  - Unknown

In the 3 weeks to 8 weeks prior to the onset of symptoms, did you travel outside of the USA or Canada?

- Yes
- No

- If yes, please specify
  - Country #1: ________________________
  - Country #2: ________________________
  - Country #3: ________________________

In the 3 months prior to the onset of symptoms, did a household contact travel outside of the USA or Canada?

- Yes
- No

- If yes, please specify
  - Country #1: ________________________
  - Country #2: ________________________
  - Country #3: ________________________

Public Health Interventions (Check all that apply)

- Hygiene Education Provided
- Daycare Inspection
- Follow-up of other household member(s)
- Work or Daycare restriction for case
- Other

If other, specify: ________________________________

That completes the interview, thank you for taking the time to answer all these questions. Your responses may be helpful in preventing others from becoming sick.