



Hepatitis B virus infection, acute 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
Date of Birth: _____
Age: _____

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

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: _____ 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 of Hepatitis?

Yes No Unknown

If Yes, Date of Death: _____

Are you pregnant?

Yes No Unknown

If Yes, Expected Delivery Date: _____

Has "Pregnancy Event" been created? Yes No

LABORATORY

Hepatitis B surface antigen:

Positive Negative Not Tested

IgM Hepatitis B core antigens:

Positive Negative Not Tested

EPIDEMIOLOGICAL

Occupation: _____

Is the patient a:

Healthcare Worker?

Yes
 No
 Unknown

Facility Name: _____
Address: _____
Telephone #: _____

Does the position involve direct contact with human blood? Yes No Unknown

Frequency of direct blood contact? Frequent
 Infrequent
 Unknown

Specify Health field: _____

Public Safety Officer?

Yes
 No
 Unknown

Facility Name: _____
Address: _____
Telephone #: _____

Does the position involve direct contact with human blood? Yes No Unknown

Frequency of direct blood contact? Frequent
 Infrequent
 Unknown

Specify Public Safety field: _____

Correctional facility?

- Yes
- No
- Unknown

Facility Name: _____

Address: _____

Telephone #: _____

Association?

- Employee
- Incarcerated

Does the position involve direct contact with human blood?

- Yes
- No
- Unknown

Frequency of direct blood contact?

- Frequent
- Infrequent
- Unknown

Group Living?

- Yes
- No
- Unknown

Facility Name: _____

Address: _____

Telephone #: _____

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

If Yes, Dates Worked or Attended/Notes: _____

Imported from: Indigenous Outside U.S. Outside of County Out of State Unknown

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

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: _____

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. Vaccination History

Did you ever receive the hepatitis B vaccine? Yes No Unknown

If **No**, is the patient 18 or younger? Yes No Unknown (If **yes**, skip to page 5)

If **Yes**, how many doses? 1 2+ Unknown

If **Yes**, please provide dates: Year of last vaccine: _____

Vaccination Date #1: _____ Unknown

Vaccination Date #2: _____ Unknown

Vaccination Date #3: _____ Unknown

Vaccination Date #4: _____ Unknown

Were you tested for antibody to HBsAG (anti-HBs) within 1-2 months after the last dose? Yes No Unknown

If **yes**, what was the result of the antibody test? Positive Negative Unknown

If patient was **18 or younger**, why were they not vaccinated?

- | | |
|---|--|
| <input type="checkbox"/> Born outside the United States | <input type="checkbox"/> Lab evidence of previous disease |
| <input type="checkbox"/> Provider diagnosis of previous disease | <input type="checkbox"/> Medical contraindication |
| <input type="checkbox"/> Never offered vaccine | <input type="checkbox"/> Parent/patient forgot to vaccinate |
| <input type="checkbox"/> Parent/patient refusal | <input type="checkbox"/> Parent/patient report of previous disease |
| <input type="checkbox"/> Philosophical objection | <input type="checkbox"/> Religious exemption |
| <input type="checkbox"/> Other | <input type="checkbox"/> Unknown |

C. Exposure – Risk Factors

- In the 6 weeks to 6 months prior to the onset of symptoms, have you been a contact of a person with suspected or confirmed hepatitis B?
 - Yes
 - No
 - Unknown

- If yes, what type of contact was it?
 - Household contact (non-sexual)
 - Sexual contact
 - Other, _____

- In the 6 weeks to 6 months prior to the onset of symptoms, how many male sex partners have you had?
 - None
 - 1
 - 2-5
 - > 5

- In the 6 weeks to 6 months prior to the onset of symptoms, how many female sex partners have you had?
 - None
 - 1
 - 2-5
 - > 5

- In the 6 weeks to 6 months 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

- If yes, have you shared needles or other equipment?
 - Yes
 - No

- In the 6 weeks to 6 months prior to the onset of symptoms, have you received a tattoo?
 - Yes
 - No

- If yes, where was the tattoo performed (check all that apply)?
 - Commercial Shop
 - Correctional Facility
 - Private Residence
 - Other, specify: _____

- If yes, please specify

Location #1:

Facility Name: _____

City: _____

Location #2:

Facility Name: _____

City: _____

Location #3:

Facility Name: _____

City: _____

- In the 6 weeks to 6 months prior to the onset of symptoms, have you had any part of your body pierced (other than ear)?

Yes

No

- If yes, where was the piercing performed (check all that apply)?

Commercial Shop

Correctional Facility

Private Residence

Other, specify: _____

- If yes, please specify

Location #1:

Facility Name: _____

City: _____

Location #2:

Facility Name: _____

City: _____

Location #3:

Facility Name: _____

City: _____

- In the 6 weeks to 6 months prior to the onset of symptoms, have you undergone hemodialysis?

Yes

No

- If yes, please specify

Location #1:

Facility Name: _____

City: _____

- In the 6 weeks to 6 months prior to the onset of symptoms, did you receive an organ transplant?
 - If yes, please specify

Location #2:

Facility Name: _____
 City: _____

Location #3:

Facility Name: _____
 City: _____

- Yes
- No

Location #1:

Organ: _____
 Facility Name: _____
 Provider Name: _____
 City: _____

Location #2:

Organ: _____
 Facility Name: _____
 Provider Name: _____
 City: _____

Location #3:

Organ: _____
 Facility Name: _____
 Provider Name: _____
 City: _____

- In the 6 weeks to 6 months prior to the onset of symptoms, have you received acupuncture?
 - If yes, please specify

- Yes
- No

Location #1:

Facility Name: _____
 City: _____

Location #2:

Facility Name: _____
 City: _____

- Have you ever donated blood?
 - If yes, when was the last time you donated blood (approximate month/year)?

Location #3:

Facility Name: _____

City: _____

Yes

No

Month (1-12): _____

Year: _____

Name of Organization: _____

- In the 6 weeks to 6 months prior to the onset of symptoms, did you have your blood monitored using a fingerstick/lancet device (e.g., glucose, cholesterol, PT/PTT, etc.)?

Yes

No

- If yes, did you share any testing equipment with another person?

Yes

No

- In the 6 weeks to 6 months prior to the onset of symptoms, did you have dental work/oral surgery?

Yes

No

- If yes, please specify

Location #1:

Facility Name: _____

Provider Name: _____

City: _____

Procedure type: _____

Location #2:

Facility Name: _____

Provider Name: _____

City: _____

Procedure type: _____

Location #3:

Facility Name: _____

Provider Name: _____

City: _____

Procedure type: _____

- In the 6 weeks to 6 months prior to the onset of symptoms, did you have any surgery (other than oral surgery)?

- If yes, please specify

- Yes
- No

Location #1:

Facility Name: _____

Provider Name: _____

City: _____

Procedure type: _____

Location #2:

Facility Name: _____

Provider Name: _____

City: _____

Procedure type: _____

Location #3:

Facility Name: _____

Provider Name: _____

City: _____

Procedure type: _____

- In the 6 weeks to 6 months prior to the onset of symptoms, have you received any IV infusions and/or injections in the outpatient setting?

- If yes, please specify

- Yes
- No

Location #1:

Facility Name: _____

Provider Name: _____

City: _____

Location #2:

Facility Name: _____

Provider Name: _____

City: _____

Location #3:

Facility Name: _____

Provider Name: _____

City: _____

- In the 6 weeks to 6 months prior to the onset of symptoms, have you received blood or blood products (transfusion)?

- Yes
- No

- If yes, please specify

Location #1:

Facility Name: _____

Provider Name: _____

City: _____

Location #2:

Facility Name: _____

Provider Name: _____

City: _____

Location #3:

Facility Name: _____

Provider Name: _____

City: _____

- In the 6 weeks to 6 months prior to the onset of symptoms, were you exposed to someone else's blood?

- Yes
- No

- If yes, what type of exposure was it?

Accidental puncture/stick with a needle

Other, specify: _____

- Please provide the circumstances of the exposure: _____

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.

Additional notes: _____

