

# **Hepatitis A Investigation Guideline**

## **CONTENTS**

### **Investigation Protocol:**

- **Investigation Guideline**

### **Investigation Forms / Documentation Worksheets:**

- **General Investigation Form(s)**
- **Hepatitis A Supplemental Form**

### **Supporting Material:**

- **Sample Letter, Parent Notification**
- **Fact Sheet**

# Hepatitis A

## Disease Management and Investigative Guidelines

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### CASE DEFINITION (CDC, 2000)

#### A. Clinical Description for Public Health Surveillance:

An acute illness with a) discrete onset of symptoms (such as nausea, vomiting, abdominal pain and diarrhea) **and** b) jaundice or elevated serum aminotransferase levels.

#### B. Laboratory Criteria for Case Classification:

- Immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV)

#### C. Case Classification:

- Confirmed:
  - A case that meets the clinical case definition and is laboratory confirmed, or
  - A case that meets the clinical case definition and occurs in a person who has an epidemiologic link with a person who has laboratory confirmed hepatitis A (i.e., household or sexual contact of an infected person during the 15-50 days before the onset of symptoms).
- Probable: A case with no clinical information that is laboratory confirmed only. (KDHE definition for data management)

#### D. Laboratory Testing:

- Collection: Use a Serology Kit, Multi-tube Mailing Box with Yellow Top Blood Tubes
- Specimen: Serum
- Amount: 3-5 ml.
- Remarks: It is not required that specimens are forwarded to the Kansas Health and Environment Laboratories, but they are equipped to test for hepatitis A. Testing will only be provided after consultation with the Office of Surveillance and Epidemiology at 1-877-427-7317.
- For additional information and/or questions concerning specimen submission, collection/transport and laboratory kits call (785) 296-1620 or refer to online guidance at [www.kdheks.gov/labs/packaging\\_and\\_shipping.html](http://www.kdheks.gov/labs/packaging_and_shipping.html)

#### E. Bioterrorism Potential:

None.

#### F. Outbreak Definition:

- Most outbreaks are community-based and involve identified risk groups, including: daycare staff and attendees, men having sex with men, and IV drug users. Common source outbreaks also occur, often involving contamination of food or beverage by an infected foodhandler.
- The investigator should consider an outbreak when the expected number of cases in a community has been exceeded or there is linkage of multiple cases by space and time.

## INVESTIGATOR RESPONSIBILITIES

### A. Investigation Related Tasks and Activities:

- 1) Confirm diagnosis with appropriate medical provider
  - Before contacting the patient, discuss with the health care provider what the patient has been told about his/her evaluation for disease.
  - Obtain information that supports clinical findings in case definition and information on the date of service or onset date of the symptoms.
  - Obtain information on laboratory tests performed and results.
    - If only the results of a total antibody test for Hepatitis A are available; contact medical provider about reason for testing and, if necessary, attempt to have Hepatitis A IgM testing performed.
    - Obtain information on any elevated levels of serum aminotransferase (i.e. AST or SGOT; ALT or SGPT).
  - If patient hospitalized, obtain medical records, including admission notes, progress notes, lab report(s), and discharge summary.
- 2) Conduct case and/or contact investigation to identify potential source of infection and to locate additional cases and/or contacts in the community.
  - Determine if case is involved in a high-risk occupation or if another special situation is involved (e.g. food handler, daycare provider or attendee, direct patient care provider, etc.).
  - Review immunization status of contacts and deliver and/or assure immunizations are given (if appropriate).
- 3) Initiate control and prevention measures to prevent further spread of disease.
  - Provide education that includes basic information about the disease, ways to prevent transmission of illness and to facilitate early diagnosis.
  - Assure delivery of hepatitis A or post-exposure prophylaxis (PEP) to contacts within 2 weeks from last possible exposure (if appropriate).
  - If needed, work with appropriate regulatory personnel to ensure that work restrictions or exclusions are initiated for high-risk cases and/or contacts (e.g. food handler, daycare provider/attendee, direct patient care provider).
- 4) Report all suspected and confirmed cases to the KDHE Office of Surveillance and Epidemiology, using established methods.

### B. Notifications:

- No special notifications unless the case is associated with an outbreak. For outbreaks, immediately notify the Local Health Officer, the local on-call epidemiologist and KDHE (1-877-427-7317).
- As appropriate, use the notification letter and the disease fact sheet to notify the case, contacts and other individuals or groups. Because it is important to deliver PEP to contacts within 2 weeks of the last possible exposure, consider performing all initial notifications by phone or in person.

## **EPIDEMIOLOGY**

Hepatitis A has a worldwide distribution occurring both sporadically and as outbreaks. In countries where sanitation is poor, infection occurs at an early age; therefore, adults are usually immune and outbreaks are uncommon. In the United States and other developed countries, disease transmission can occur in daycare settings with diapered children and among household and sexual contacts of acute cases. Some at-risk groups include injection drug users, men who have sex with men (MSM), and with travelers visiting countries where the disease is common.

## **DISEASE OVERVIEW**

### **A. Agent:**

Hepatitis A is caused by the hepatitis A virus, an RNA virus in the picornavirus family.

### **B. Clinical Description:**

Onset of hepatitis A is usually abrupt, with fever, malaise, anorexia, nausea and abdominal discomfort, some individuals may experience diarrhea. Jaundice (i.e., yellowing of the skin and sclera), dark urine and clay-colored stool may follow a few days later. Infections range from asymptomatic (common in young children) to disabling illness that may last several months. In general, symptom severity increases with age. The duration of a typical hepatitis A infection is several weeks. Prolonged, relapsing symptoms may occur for up to 6 months to 1 year in about 15% of cases. It is seldom fatal and has no chronic carrier state. Hepatitis A is clinically indistinguishable from other types of hepatitis and must be diagnosed using laboratory tests.

### **C. Reservoirs:**

Humans

### **D. Mode(s) of Transmission:**

Transmission is by direct and indirect person-to-person spread via the fecal-oral route. Bloodborne transmission, although rare, can occur during the viremic phase of the disease.

### **E. Incubation Period:**

Range 15-50 days; average 28-30 days.

### **F. Period of Communicability:**

Individuals are most infectious from 1-2 weeks before their symptoms begin to about 1 week after onset of jaundice. The greatest amount of viral shedding occurs 2 weeks prior to symptom onset.

### **G. Susceptibility and Resistance:**

Susceptibility is general. Low incidence of apparent disease in infants and preschool children suggests that mild infections are common. Immunity after infection probably lasts for life.

### **H. Treatment:**

No specific therapy is available. Supportive care.

## STANDARD CASE INVESTIGATION AND CONTROL METHODS

Case investigation should be started as soon as possible to ensure adequate time to implement preventative measures, including the post-exposure prophylaxis to contacts. Standard investigation activities include the following:

- 1) Confirmation of diagnosis using case definition.
- 2) Collection of demographic data (birth date, county, sex, race/ethnicity)
- 3) Collection of clinical data
  - Illness onset date,
  - Presence of jaundice or other symptoms and
  - Laboratory results supporting case definition, including aminotransferase levels;
- 4) Determination of risk factors (e.g., contact with another case, daycare, hospital, or restaurant, travel history, illicit drug use, sexual orientation); and
- 5) Investigation of epi-links among cases (cluster, household, co-workers, etc).
- 6) Identification of contacts requiring post-exposure prophylaxis.

Standard investigation **includes** completion of the General Investigation Form and Hepatitis A Supplemental Form. Further investigative activity should include:

### **A. Case Investigation - Identify Potential Source of Infection:**

While interviewing the case, focus within the incubation period prior to symptom onset and potential sources. Collect information on the following:

- Reason for testing.
- Activities 2-6 weeks prior to onset:
  - Number of male and female sex partners.
  - Injection of drugs not prescribed by a doctor.
  - Use of street drugs but not injected.
  - Travel history, include dates and places
  - If no other risks identified, may want to consider restaurant / public gatherings attended and/or food history 2-6 weeks prior to onset. Use the Enteric Supplemental Form, as needed. Consider “Shellfish” as an “Other Food Item:” to consider.
- Contact with a diagnosed or suspected case of hepatitis A or jaundiced person 2-6 weeks prior:
  - List the name and address of contact or suspect case.
  - Note relationship to case (non-sexual household member, sex partner, child cared for by case, babysitter of case, playmate or other).
- Travel of anyone in household outside of the U.S. or Canada in 3 months before symptom onset.
- Note any daycare center association (including nursery school or baby-sitting group), either as attendee, employee or household contact to attendee or employee. This information will also help to identify contacts.
- Occupation prior to and after symptom onset to assist with identifying source and any potential contacts. Inquire about food handling, childcare and direct patient care. Dates and job description with location.
- Case’s hepatitis A vaccination history.

## **B. Contact Investigation – Identify Exposed Individuals / Populations:**

Considering the case's communicable period, identify the following types of contacts during the contact investigation:

- General contacts: Household members and sexual partners of a case; as well as those who shared illicit drugs with of the case.
- Daycare / Childcare Facility Contacts:
  - All direct caregivers and room/classmates of the case in a daycare with only children who are toilet trained or who are all over 2 years of age.
  - All employees and attendees of a daycare with non-toilet trained attendees, if one or more employee or child is infected or if household contacts of two or more separate attendees are infected.
  - All employees, attendees and household contacts of diapered attendees of a daycare in which outbreak recognition is delayed by  $\geq 3$  weeks.
  - Individuals who work the same shift in a daycare kitchen with an infectious food handler are also considered contacts.
  - Daycare attendees and employees who eat food prepared by an infected food handler, especially if the food handler handled ready-to-eat foods with bare hands or worked while experiencing diarrhea.
- Schools, Hospital/Long-Term Care Facilities and Other Work Setting:
  - Close contacts of a case when there is epidemiological evidence of transmission in the setting.
  - Close contacts are those who share similar exposure activities with case (e.g. common source food/drink or those who may have been assisted by case with oral care or medication).
- Food Service Contacts:
  - Co-workers who work the same shift as the infected food handler.
  - Patrons of the establishment of an infected food handler if (1) the food handler worked while infectious, (2) had poor personal hygiene, and (3) had the opportunity to have bare-hand contact with ready-to-eat food or if facility's sanitation practices are deficient; and the patrons can be identified and treated within 2 weeks of exposure.

## **C. Isolation, Work and Daycare Restrictions**

- K.A.R 28-1-6 for Hepatitis A Virus:
  - Each infected person shall be excluded from food handling, patient care, and any occupation involving the care of young children and the elderly until 14 days after the onset of illness.
- School attendee cases should be excluded from school for 1 week following onset of jaundice or, with no evidence of jaundice, 14 days after onset of other symptoms.
- The 2005 Kansas Food Code has exclusion and restriction requirements for infected food handlers. Consult pages 161-163 of the [KDHE Foodborne Illness and Outbreak Investigation Manual, March 2008 Edition](#) if any of the following situations are identified with a food handler:
  - Diagnosed with illness due to Hepatitis A virus.

- Experiencing diarrhea, fever, vomiting or jaundice.
- Consumed or prepared food implicated in a foodborne outbreak or consumed food in a setting prepared by a person ill with Hepatitis A.
- Has a household contact who has been diagnosed with Hepatitis A or worked at or attended a setting of a foodborne disease outbreak.
- Co-workers of a case that refuse hepatitis A vaccine or IG - if indicated - are not allowed to handle food for 50 days from last day of contact with case.

**Note:** Exclusion is not allowing the employee to work at the food establishment. Restriction is not allowing the employee to work with food; to clean equipment, utensils or linens; or to un-wrap single-use articles in the food establishment.

**D. Case Management, Including Follow-up of cases:**

- Educate case on measures to avoid disease transmission.
- Follow-up if a case is involved in the care of young children, the elderly or patients or in food handling to assure compliance with restrictions.
- If necessary, reference the Kansas Community Containment Toolbox for templates concerning isolation measures.

**E. Contact Management, Including Protection of Contacts:**

- Protection or prophylaxis: Contacts who are not immune to hepatitis A should be administered a single dose of single-antigen hepatitis A vaccine or immune globulin (IG) (0.02 ml/kg), as soon as possible.
  - For health persons ages 12 months – 40 years, single-antigen hepatitis A vaccine at the age-appropriate dose is preferred
  - For persons >40 years, IG is preferred; vaccine can be used if IG can not be obtained.
  - For children aged <12 months, immunocompromised persons, persons who have had chronic liver disease diagnosed, and persons for whom vaccine is contraindicated, IG should be used.
- Hepatitis A vaccine and IG are provided by the KDHE for contacts\*.
  - Contacts' insurance status should be assessed prior to vaccine administration. KDHE will reimburse adult vaccine if the contact has no insurance or is unable to pay for the vaccine.
  - To request vaccine and/or IG contact the Epidemiologist-on-call at 1-877-427-7317.
  - KDHE will not provide IG for any pre-exposure prophylaxis. If IG is required before travel, it must be ordered through a private provider.
- Provide education on avoiding further exposures and to ensure proper medical care is obtained and precautions taken if symptoms develop.
- Symptomatic contact: Considered a confirmed case; initiate any work or daycare restrictions. Encourage to seek medical evaluation.
- Consult pages 161-163 of the KDHE Foodborne Illness and Outbreak Investigation Manual, March 2008 Edition if contact is a food-handler.
- Follow-up of contacts may be needed to assure no transmission of disease.

#### **F. Environmental Measures:**

- None, unless a commercial food service facility, daycare center, health care facility or public water supply is implicated in transmission. In which case the following activities should be coordinated through the proper regulatory agency:
  - Inspection of the facility.
  - Collection of food, drink or water samples
- Consult Section 5 of KDHE Foodborne Illness and Outbreak Investigation Manual, March 2008 Edition for further assistance.

#### **G. Education:**

- Advise cases and contacts on measures to avoid future exposures.
  - Instruct patient and family members on measures to prevent fecal-oral transmission.
  - Emphasis on hand washing, cleaning fingernails and personal hygiene, especially after defecation and diaper changing and before food handling.
  - Contacts should be knowledgeable of signs and symptoms of hepatitis A in children and adults and understand that persons may be infected and infectious to other without any associated illness.
- Use the “Public Health Fact Sheet on Hepatitis A” to assist with education.

### **MANAGING SPECIAL SITUATIONS**

#### **A. Outbreak Investigation:**

- Notify KDHE immediately, 1-877-427-7317.
- Consult KDHE Foodborne Illness and Outbreak Investigation Manual for outbreaks involving food.
- Consult KDHE Control of Enteric Outbreaks in Child-Care Facilities for circumstances involving child-care.
- Active case finding will be an important part of any investigation.
- Media attention can become intense during the course of the investigation. Coordinate with the local public information officer (PIO) and/or KDHE PIO.

#### **B. Daycare Worker or Attendee:**

Illness among adult staff members or household contacts is often the first and perhaps only indication of daycare facility outbreaks since many hepatitis A infections in young children are asymptomatic. In the absence of plausible alternative hypotheses, two or more reported cases from different households linked to the same facility should be investigated as an outbreak associated with a daycare facility. If an outbreak is suspected, refer to the KDHE Control of Enteric Disease Outbreaks in Childcare Facilities for recommendations and guidelines. For one case, proceed with the following activities:

- Coordinate the following activities with the local daycare inspector.
- Interview the operator and inspect attendance records to identify any suspect cases among staff, attendees or household contacts of attendees.

- Ensure restrictions and/or exclusions for cases are initiated as outlined above.
- If  $\geq 1$  case is identified among attendees or workers at a daycare facility or in two or more households of center attendees, unvaccinated staff members and attendees should receive PEP (hepatitis A vaccine or IG):
  - Centers that do not provide care to children who wear diapers may have PEP administered to only classroom contacts of the index case.
  - Centers that do provide care to children in diapers should have PEP administered to all staff members and attendees.
  - In outbreak settings with hepatitis A cases in 3 or more families, hepatitis A vaccine or IG also should be considered for members of households that have attendees in diapers.
- Affected facilities should be discouraged from accepting new children for 50 days after onset of the last case, unless IG is given prior to admission or the child has been vaccinated. Transferring children to other facilities should also be discouraged during this period.
- Ongoing surveillance for hepatitis-like illness among households connected to the facility for 50 days after onset of the last case should be conducted.
- All children in a child care facility, family day care home or preschool or child care program operated by a school are required to have hepatitis A immunizations. Reference K.A.R. 28-1-20 for immunization requirements for the current year; on-line at: <http://www.kdheks.gov/immunize/schoolInfo.htm>

### **C. Case Is a Food handler or Restaurant Is Implicated:**

If an outbreak is suspected, refer to the KDHE Foodborne Illness and Outbreak Investigation Manual. For one case, proceed with the following activities:

- Coordinate the following activities with the local food facility inspector. The regulatory agency involved will depend upon the type of food establishment. Refer to *Section II, Step 2* of the KDHE Foodborne Illness and Outbreak Investigation Manual, March 2008 Edition for further assistance.
- Interview the manager and identify possible case(s) among staff:
  - All foodhandlers at the establishment should be evaluated to determine whether any have, or recently have had, hepatitis A.
  - The disease investigator and food service manager should monitor other food handlers at risk for hepatitis A for one incubation period (i.e., 50 days) after the last exposure to the index case.
  - If other foodhandlers are found to be infected, the risk to patrons should be carefully evaluated.
- Generally, infected foodhandler situations fall into one of 3 categories, each with their own decision-making process as outlined below:
  - If the foodhandler has not handled any high-risk food, then public notification is usually not warranted.
  - If the foodhandler handled high-risk foods, but the facility manager has

received approved food service sanitation training and uses an approved sanitation control systems, then public notification is usually not warranted.

- If the foodhandler has handled high risk foods with bare hands, but the facility manager can document receipt of approved training and implementation of an approved sanitation control systems, then public notification is usually not warranted, if the following conditions are met:
  - No transmission within the facility to co-workers or to patrons has been documented.
  - The record of inspections of the facility under present management indicates that both personal hygiene of food handlers and the facilities for food handlers to wash hands have met inspection standards.
  - Inspection of the facility after identification of the case reveals that hand washing facilities for employees are adequate.
  - Information obtained from the infected food handler, supervisor, and other reliable sources indicates that the infected food handler followed optimum hand washing practices.
  - The infected employee, while potentially infectious, did not handle high-risk foods on days when experiencing diarrhea.
- If the foodhandler has handled high-risk foods and the facility manager has not received approved training  $\leq 3$  years and/or does not use an approved sanitation control system, notification of potentially exposed patrons through the news media may be considered. This is especially true if one or more of the following has occurred:
  - Transmission within the facility to coworkers or to patrons has already been documented.
  - Inspection of the facility after identification of the case reveals that hand washing facilities for employees in the food preparation area or the employees' restroom are inadequate (e.g., no soap, no towels, no warm running water).
  - One or more food handlers are not conforming to good hygienic practices (e.g., not washing their hands on arrival at work or after using the restroom).
  - The record of inspections of the facility under the present management indicates that personal hygiene of food handlers or facilities for food handlers to wash their hands have been a problem  $\geq 2$  times during the previous 2 years.
  - The infected employee, while potentially infectious, handled high-risk foods on days when experiencing diarrhea.
  - Information obtained from the infected food handler, supervisor, or other reliable source indicates that the infected foodhandler did not follow good hand washing practices or failed to use gloves or utensils appropriately.
  - The infected food handler handled high-risk foods with bare hands.
- It is prudent to consult with the Local Health Officer and the state epidemiology staff before going public. They may want to review and

- approve any press release before it is released.
- Refer to the above “Isolation, Work and Daycare Restrictions” for further instruction on exclusion and restriction of food handlers.

**D. Public Gathering Implicated:**

- Sources may include food contaminated by a food handler.
- Conduct active case finding; ask about recent illness among food handlers.
- If a food establishment or distributor is implicated as the source of infection or if an outbreak is suspected refer to KDHE Foodborne Illness and Outbreak Investigation Manual for recommendations and guidelines.

**E. Health Care Setting:**

- Nursing home: Crowded communal living conditions and age-related risk factors including incontinence may allow transmission of enteric pathogens. The elderly are also at risk for more severe illness from hepatitis infections.
  - Coordinate investigation efforts through nursing home administrator.
  - Consider food and medication handling practices.
  - Kansas Department of Aging should be notified if a nursing home, adult care, or long-term care facility is involved in an outbreak.

**F. Residential Facility or Institutional Outbreaks:**

- Special measures may be required, including separate housing for cases and new admissions, and vigorous program of supervised hand washing
- Groups that include non-toilet trained or young children, those who are mentally deficient and those without an adequate water or hand washing facilities are the most difficult to control.
- Coordinate efforts with institutional medical staff and appropriate regulatory agency. (For example, the State Department of Corrections should be notified of outbreaks involving state prisons.)

**G. Community Water Source Implicated:**

- Consult with the State epidemiology staff when the investigation implicates that a community drinking water system.

## **DATA MANAGEMENT AND REPORTING TO THE KDHE**

**A. Organize, collect and report data utilizing the**

- General Investigation Form(s);
- Hepatitis A Supplemental Form and, if used,
- Enteric Disease Supplemental Form (for cases needing food history).

**B. Report data electronically via KS-EDSS or by fax, include:**

- At a minimum, data collected during the investigation that helps to confirm or classify a case.
- All information collected on the General Investigation and supplemental form(s).

## ADDITIONAL INFORMATION / REFERENCES

- A. **Treatment / Differential Diagnosis:** American Academy of Pediatrics. 2006 Red Book: Report of the Committee on Infectious Disease, 27th Edition. Illinois, Academy of Pediatrics, 2006.
- B. **Epidemiology, Investigation and Control:** Heymann. D., ed., Control of Communicable Diseases Manual, 18th Edition. Washington, DC, American Public Health Association, 2004.
- C. **Case Definitions:** CDC Division of Public Health Surveillance and Informatics, Available at: [http://www.cdc.gov/ncphi/diss/nndss/casedef/case\\_definitions.htm](http://www.cdc.gov/ncphi/diss/nndss/casedef/case_definitions.htm)
- D. **Quarantine and Isolation:** Kansas Community Containment Isolation/ Quarantine Toolbox Section III, Guidelines and Sample Legal Orders <http://www.waldcenter.org/Quarantine%20and%20Isolation%20Information%20for%20Health%20Officers.pdf>
- E. **Kansas Regulations/Statutes Related to Infectious Disease:** <http://www.kdheks.gov/epi/regulations.htm>
- F. **KDHE Foodborne Illness and Outbreak Investigation Manual:** Available at: [http://www.kdheks.gov/epi/download/kansas\\_foodborne\\_illness\\_manual.pdf](http://www.kdheks.gov/epi/download/kansas_foodborne_illness_manual.pdf)
- G. **KDHE Control of Enteric Disease Outbreaks in Childcare Facilities:** [http://www.kdheks.gov/epi/download/Enteric\\_Disease\\_in\\_Day\\_care\\_centersver4.pdf](http://www.kdheks.gov/epi/download/Enteric_Disease_in_Day_care_centersver4.pdf)
- H. **KDHE Foodborne Illness Resources:** <http://www.kdheks.gov/epi/foodborne.htm>
- I. **Prevention of Hepatitis A Through Active or Passive Immunization, CDC 2006:** <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm>
- J. **CDC Manual for the Surveillance of Vaccine-Preventable Diseases 3rd Edition, 2002:** <http://www.cdc.gov/vaccines/pubs/surv-manual/default.htm>
- K. **Additional Information (CDC):** <http://www.cdc.gov/health/default.htm>

# Kansas Disease Investigation Guidelines

## General Investigation Form

Investigation Information		
<b>Case Type:</b> <input type="checkbox"/> Human Case <input type="checkbox"/> Non-human Case	<b>Disease Name:</b> _____	
<b>Classification:</b> <input type="checkbox"/> Suspect <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed	<b>KS-EDSS Investigation ID:</b> _____	
<b>Outbreak:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Outbreak Name:</b> _____	<b>Outbreak #:</b> _____
<b>Onset Date:</b> _____	<b>Diagnosis Date:</b> _____	<b>Report Date:</b> _____
<b>Assigned to (Investigator):</b> _____	<b>Patient Died:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Patient Information		
<b>Name Type:</b> <input type="checkbox"/> Default/Common <input type="checkbox"/> Legal <input type="checkbox"/> Maiden <input type="checkbox"/> Nickname		
<b>Last:</b> _____	<b>First:</b> _____	<b>Middle:</b> _____
<b>Street:</b> _____	<b>City/State:</b> _____	<b>Zip:</b> _____
<b>Evening Phone #:</b> _____	<b>Daytime Phone #:</b> _____	
<b>Sex:</b> <input type="checkbox"/> Failure to Report <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Transexual <input type="checkbox"/> Unknown		
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown		
<b>Hispanic / Latino Ethnicity:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Date of Birth:</b> _____	<b>Age:</b> _____	<b>Age Unit:</b> <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years
Parent Information (if under 18)		
<b>Last:</b> _____	<b>First:</b> _____	<b>Middle:</b> _____
<b>Street:</b> _____	<b>City/State:</b> _____	<b>Zip:</b> _____
<b>Evening Phone #:</b> _____	<b>Daytime Phone #:</b> _____	
Work / Occupation or School / Grade		
<b>Worksites / School:</b> _____		
<b>Occupations / Grade:</b> _____		
Travel History		
<b>1<sup>st</sup></b>	<b>Destination:</b> _____	<b>Depart Date:</b> _____ <b>Return Date:</b> _____
<b>2<sup>nd</sup></b>	<b>Destination:</b> _____	<b>Depart Date:</b> _____ <b>Return Date:</b> _____
<b>3<sup>rd</sup></b>	<b>Destination:</b> _____	<b>Depart Date:</b> _____ <b>Return Date:</b> _____
<b>4<sup>th</sup></b>	<b>Destination:</b> _____	<b>Depart Date:</b> _____ <b>Return Date:</b> _____



# Supplemental Laboratory Report Form

**Lab Reports**

Laboratory Name: \_\_\_\_\_

Lab Report Date: \_\_\_\_\_

Ordering Provider Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Facility: \_\_\_\_\_

Specimen Accession Number: \_\_\_\_\_

Specimen Collection Date: \_\_\_\_\_

Organism Name: \_\_\_\_\_

Organism Species: \_\_\_\_\_

Organism Serogroup: \_\_\_\_\_

Organism Serotype: \_\_\_\_\_

**PFGE Results**

Pattern 1      KS: \_\_\_\_\_

Other State: \_\_\_\_\_

CDC: \_\_\_\_\_

Pattern 2      KS: \_\_\_\_\_

Other State: \_\_\_\_\_

CDC: \_\_\_\_\_

Pattern 3      KS: \_\_\_\_\_

Other State: \_\_\_\_\_

CDC: \_\_\_\_\_

**Additional Results Information**

Reported Test Name:

Coded Result:

Text Result:

Numeric Result:

Comments:

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# Supplemental Contact Form

**Contacts**

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Evening Phone #:** \_\_\_\_\_ **Daytime Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Sex:**  Failure to Report  Female  Male  Other  Transexual  Unknown

**Race:**  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  Unknown

**Hispanic / Latino Ethnicity:**  Yes  No

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Age Unit:**  Days  Weeks  Months  Years

**Worksites / School:** \_\_\_\_\_

**Occupations / Grade:** \_\_\_\_\_

**Exposure Information**

**Contact Type:**  Household  Sexual  Other: \_\_\_\_\_ **Partner / Cluster Code:** \_\_\_\_\_

**Date of First Exposure:** \_\_\_\_\_ **Date of Last Exposure:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Nature of Exposure:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

**Testing and Treatment Information**

**Clinic Code:** \_\_\_\_\_ **Examination Date:** \_\_\_\_\_

**Examination Test:** \_\_\_\_\_ **Examination Result:** \_\_\_\_\_

**Prophylaxis/empiric treatment date:** \_\_\_\_\_ **Drug / Dosage:** \_\_\_\_\_

**Provider (Name / Facility):** \_\_\_\_\_

**Disposition and Diagnosis Information**

**Initiation Date:** \_\_\_\_\_ **Disposition Date:** \_\_\_\_\_ **Disposition:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Referral Type:**  Patient  Provider **Post-test Counseled :**  Yes  No

**Currently Assigned To:** \_\_\_\_\_ **Follow-up Date:** \_\_\_\_\_

**Risk Factors**

**Pregnant:**  Yes  No **If Yes, # of Weeks:** \_\_\_\_\_

**Risk factors for complications in contact:**  None  Pregnant Woman  HIV Seropositive  Unimmunized  Index case is a super-spreader

Child younger than 5  Age > 65  Otherwise immunosuppressed (s/p transplant, high dose steroids, etc)

# Hepatitis A Supplemental Form

## Kansas Department of Health

### Epidemiologic Case History

\* indicates required fields

<b>Case Type*</b>	<b>Classification*</b>
<i>Human Case    Non Human Case</i>	<i>Confirmed    Not a Case    Probable    Suspect    Deleted    Unknown</i>

<b>Supplemental Form Status</b>
<i>Not Done    Form Complete    Form in Progress    Form Approved    Form Sent to CDC</i>

<b>Report Date*</b> <small>mm/dd/yyyy</small>
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### Patient Demographic Information

\* indicates required fields

<b>Last Name*</b>	<b>First Name*</b>	<b>Middle Name</b>	<b>Name Type*</b>	<b>Age</b>
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<b>Age Unit</b>	<b>Date of Birth</b> <small>mm/dd/yyyy</small>
<i>Days    Weeks    Months    Years</i>	

<b>Race*</b> <small>(Check all that apply)</small>			
<i>American Indian or Alaska Native</i>	<i>Asian</i>	<i>Black or African American</i>	<i>White    Unknown</i>
<i>Native Hawaiian or Other Pacific Islander</i>			

<b>Ethnicity*</b>
<i>Hispanic or Latino    Not Hispanic or Latino    Unknown</i>

<b>Sex*</b>
<i>Failure to Report    Female    Male    Other    Transexual    Unknown</i>

<b>Street Address</b>
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<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip</b>
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<b>Evening Phone</b> <small>###-###-####</small>	<b>Daytime Phone</b> <small>###-###-####</small>
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<b>Occupation</b>
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### Person Providing Report

<b>Name of Reporting Facility*</b>
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### Clinical and Diagnostic Data

<b>Reason for Testing:</b> <small>(Check all that apply)</small>	
<i>Symptoms of acute hepatitis</i>	<i>Evaluation of elevated liver enzymes</i>
<i>Screening of asymptomatic patient with reported risk factors</i>	<i>Blood / organ donor screening</i>
<i>Screening of asymptomatic patient with no risk factors (e.g., patient requested)</i>	<i>Follow-up testing for previous marker of viral hepatitis</i>
<i>Prenatal screening</i>	<i>Unknown</i>
<i>Other _____</i>	

## Clinical and Diagnostic Data cont.

<b>Clinical Data</b>	<b>Was the patient</b>	<b>Was the patient pregnant?</b>	<b>Due date:</b>
<b>Is the patient symptomatic?</b>	<b>Jaundiced?</b>		mm/dd/yyyy
Yes No Unknown	Yes No Unknown	Yes No Unknown	
	<b>Date of Onset</b> mm/dd/yyyy		

## Epidemiologic Information

During the 2 - 6 weeks prior to onset of symptoms:

**Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?**

Yes No Unknown

**If yes, was the contact:**

Household member (non-sexual) Sex partner Child cared for by this patient  
 Babysitter of this patient Playmate Other (specify) \_\_\_\_\_

<b>Was the patient a household contact of a child or employee in a day care center, nursery, or preschool?</b>	<b>If yes for either of those, was there an identified hepatitis A case in the child care facility?</b>	<b>Name of facility:</b>
Yes No Unknown	Yes No Unknown	

Please ask both of the following questions regardless of the patient's gender. In the 2-6 weeks before symptom onset:

<b>How many male sex partners did the patient have?</b>	<b>How many female sex partners did the patient have?</b>
0 1 2-5 >5 Unknown	0 1 2-5 >5 Unknown

<b>Did the patient inject drugs not prescribed by a doctor?</b>	<b>Did the patient use street drugs, but not inject?</b>
Yes No Unknown	Yes No Unknown

**Is the patient suspected as being part of a common-source outbreak?**

Yes No Unknown

**If Yes, was the outbreak:**

Foodborne - assoc. with an infected food handler  
 Foodborne - NOT assoc. with an infected food handler (specify food item) \_\_\_\_\_  
 Waterborne  
 Source not identified

## Vaccination History

<b>Has the patient ever received the hepatitis A vaccine?</b>	<b>If Yes, how many doses of hepatitis A vaccine did the patient receive?</b>
Yes No Unknown	One Dose Two or More Doses

<b>If Yes, what year was the last dose received?</b> yyyy	<b>Has the patient ever received immune globulin?</b>	<b>If Yes, when was the last dose received?</b> mm_yyyy
	Yes No Unknown	

Date:

Dear Parent:

A child who attends \_\_\_\_\_ has been recently diagnosed as having Hepatitis A. So that others do not get this illness, the Health Department recommends that your child receive hepatitis A vaccine by \_\_\_\_\_ (date). You may contact your physician or the Health Department to make arrangements to receive this vaccine.

If your child is under the age of 1 year or is not able to receive the hepatitis A vaccine due to a health condition or allergy to the vaccine or a component, please contact the Health Department to make arrangements to receive immunoglobulin (IG) by \_\_\_\_\_ (date).

Often, young children with Hepatitis A are not sick, but are still able to infect their parents and other contacts that may then become ill. A fact sheet explaining Hepatitis A and the associated sign and symptoms has been sent to you with this letter. If **ANYONE** in your family has recently had symptoms of Hepatitis A, please notify the Health Department and your physician. This information will be very helpful in stopping the spread of Hepatitis A.

Sincerely,

Investigator Name, Title

Phone #

Address Line 1

Address Line 2

City, State Zip Code

# Public Health Fact Sheet

## Hepatitis A

### What is Hepatitis A?

Hepatitis A, also known as infectious hepatitis, is a viral disease that affects the liver.

### What are the symptoms?

Symptoms are usually age dependent. Adults are more likely to have the classic symptoms of fever, fatigue, loss of appetite, nausea, diarrhea and jaundice. Someone experiencing jaundice usually has dark brown urine, pale stools (feces) and the whites of the eyes turn yellow. Young children may have mild flu-like symptoms or no symptoms at all and seldom get jaundice. Symptoms normally last 1-2 weeks but may last longer.

### How is Hepatitis A spread?

The virus is found in the stools (feces) of infected people. It is spread when people don't wash their hands after using the toilet, changing a diaper or soiled sheets then touch their mouths, prepare food for others, or touch others with their contaminated hands. It may also be spread by contaminated food or water. A person is most contagious 2 weeks before symptoms until 1 week after.

### Who gets Hepatitis A?

Anyone can. People who live with or have sex with people who have the disease are at high risk of becoming infected. Hepatitis A sometimes spreads among young children in daycare because many are in diapers and cannot wash their own hands and no one knows they have the disease because they have no symptoms.

### How is it diagnosed?

A blood sample is sent to the laboratory for testing.

### How is Hepatitis A treated?

There is no treatment for the disease and most people do not need any. Problems such as retaining fluid and blood abnormalities are rare, but they can be treated.

### Are there any health regulations for people with hepatitis A?

Yes. Because hepatitis A can easily be spread to other people, doctors are required by law to report cases of hepatitis A to the health department. To protect the public, those with hepatitis A are excluded from food handling, patient care, and any occupation involving the care of young children and the elderly until 14 days after the onset of illness. Coworkers of food handlers may also need to

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receive Hepatitis A vaccine or IG. School attendee cases should be excluded from school for 1 week following onset of illness.

### **How can you prevent Hepatitis A?**

- Vaccination with the full, two-dose series of hepatitis A vaccine is the best way to prevent hepatitis A virus infection. Hepatitis A vaccine has been licensed in the United States for use in persons 12 months of age and older.
- Who should be vaccinated routinely against hepatitis A?
  - All children at age 1 year (i.e., 12–23 months).
  - Children and adolescents ages 2–18 in states or communities where routine hepatitis A vaccination has been implemented.
  - Persons traveling to or working in places where hepatitis A virus is common (e.g., Mexico; Central and South America; African; Caribbean; all Asian countries except Japan; southern and eastern Europe). (See the CDC’s International Travel website for up-to-date information at <http://wwwn.cdc.gov/travel/> .)
  - Men who have sex with men.
  - Users of illegal injection and non-injection drugs.
  - Persons who have occupational risk for infection.
  - Persons who have chronic liver disease.
  - Persons who have clotting-factor disorders.
- Immune globulin (IG) is available for short-term protection (approximately 3 months) against hepatitis A, both pre- and post-exposure. Immune globulin must be administered within 2 weeks after exposure for maximum protection.
- Who should receive IG?
  - Travelers who are under 12 months of age.
  - Travelers who are allergic to a vaccine component or who elect not to receive vaccine.
  - For optimal protection, travelers planning to depart in <2 weeks who are older adults, immunocompromised, have chronic liver disease or other chronic medical conditions should receive the initial dose of vaccine and simultaneously be administered immune globulin at separate injection site.
  - Those exposed to hepatitis A who are under 12 months or over 40 years of age, immunocompromised persons, persons with chronic liver disease, and persons who are allergic to the vaccine or a vaccine component.
- Prevent hepatitis A with good hygiene – including hand washing after using the bathroom, changing diapers, and before preparing or eating food.

### **Where can I get more information?**

- Your Local Health Department
- Kansas Department of Health and Environment, Office of Surveillance and Epidemiology (877) 427-7317
- <http://www.cdc.gov/health/default.htm>
- Your doctor, nurse, or local health center

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