

CASE REPORT FORM

Hepatitis A

Hepatitis A _____	EpiSurv No. <u>EpiSurvNumber</u>
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Reporting Authority	
Name of Public Health Officer responsible for case <u>OfficerName</u>	
Notifier Identification	
Reporting source* <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory ReportSrc <input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other	
Name of reporting source <u>ReportName</u> Organisation <u>ReportOrganisation</u>	
Date reported* <u>ReportDate</u> Contact phone <u>ReportPhone</u>	
Usual GP <u>UsualGP</u> Practice <u>GPPracticeName</u> GP phone <u>GPPhone</u>	
GP/Practice address Number <u>houzenumber</u> Street <u>streetname</u> Suburb <u>suburb</u> Town/City <u>towncity</u> Post Code <u>postcode</u> <input type="checkbox"/> GeoCode <u>geocode</u> <u>addressmatchaccuracy</u>	
Case Identification	
Name of case* Surname <u>Surname</u> Given Name(s) <u>GivenName</u>	
NHI number* <u>NHINumber</u> Email <u>Email</u>	
Current address* Number <u>houzenumber</u> Street <u>streetname</u> Suburb <u>suburb</u> Town/City <u>towncity</u> Post Code <u>postcode</u> <input type="checkbox"/> GeoCode <u>geocode</u> <u>addressmatchaccuracy</u>	
Phone (home) <u>PhoneHome</u> Phone (work) <u>PhoneWork</u> Phone (other) <u>PhoneOther</u>	
Case Demography	
Location TA* <u>TA</u> DHB* <u>DHB</u>	
Date of birth* <u>DateOfBirth</u> OR Age <u>Age</u> <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years <u>AgeUnits</u>	
Sex* <u>Sex</u> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown	
Occupation* <u>Occupation</u>	
Occupation location <u>occupation_place_type</u> <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name <u>occupation_place_name</u>	
Address Number <u>houzenumber</u> Street <u>streetname</u> Suburb <u>suburb</u> Town/City <u>towncity</u> Post Code <u>postcode</u> <input type="checkbox"/> GeoCode <u>geocode</u> <u>addressmatchaccuracy</u>	
Alternative location <u>occupation_place_type</u> <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name <u>occupation_place_name</u>	
Address Number <u>houzenumber</u> Street <u>streetname</u> Suburb <u>suburb</u> Town/City <u>towncity</u> Post Code <u>postcode</u> <input type="checkbox"/> GeoCode <u>geocode</u> <u>addressmatchaccuracy</u>	
Ethnic group case belongs to* (tick all that apply)	
<input type="checkbox"/> NZ European <u>EthNZEuropan</u> <input type="checkbox"/> Maori <u>EthMaori</u> <input type="checkbox"/> Samoan <u>EthSamoan</u> <input type="checkbox"/> Cook Island Maori <u>EthCookIslandMaori</u> <input type="checkbox"/> Niuean <u>EthNiuean</u> <input type="checkbox"/> Chinese <u>EthChinese</u> <input type="checkbox"/> Indian <u>EthIndian</u> <input type="checkbox"/> Tongan <u>EthTongan</u> <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) *(specify) <u>EthOther</u> <u>EthSpecify1</u> <u>EthSpecify2</u>	

Hepatitis A		EpiSurv No. EpiSurvNumber
Basis of Diagnosis		
CLINICAL CRITERIA		
Fits Clinical Description* FitClinDes	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Clinical features Jaundice Jaundice	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes enter the onset date JaunOnsetDt		<input type="checkbox"/> Unknown JaunOnsetDtUnknown
LABORATORY CRITERIA		
Meets laboratory criteria for disease* LabConf	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Elevated Serum aminotransferase ElevSerum	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
Anti-HAV IGM positive AntiHAV	<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* ContCase	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
STATUS* Status	<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* OnsetDt	<input type="checkbox"/> Approximate OnsetDtApprox	<input type="checkbox"/> Unknown OnsetDtUnknown
Hospitalised* Hosp	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Date hospitalised* HospDt		<input type="checkbox"/> Unknown HospDtUnknown
Hospital* HospName		
Died* Died	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Date died* DiedDt		<input type="checkbox"/> Unknown DiedDtUnknown
Was this disease the primary cause of death?* DiedPrimary	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If no, specify the primary cause of death* DiedOther		
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 Outbrk If yes, specify Outbreak No.* OutbrkNo		
Risk Factors		
Household contact with a confirmed case in previous 2 months (60 days)* HHoldCont	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Sexual contact involving possible faecal-oral transmission in previous 3 months* SexCont	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Other contact with a confirmed case in previous 3 months?* OthrCnt	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, specify nature of contact:* OthrCntSpec		
Occupational exposure to human sewage* ExpSewage	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, specify exposure in detail:* ExpSewgSpec		
Contact with contaminated food or drink* ContFD	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, specify contaminated food or drink:*		
	ContFDName	ContFDSpec
Attendance at school, pre-school or childcare* AttendSch	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown

Risk Factors continued

Was the case overseas during the incubation period (range = 15-50 days) for Hepatitis A?* **Overseas** Yes No Unknown

If yes, date arrived in New Zealand* **DtArrived** _____

Specify countries visited* (from most recent to least recent)

	Country	Date Entered	Date Departed
Last: * LastCountry	_____	LastDtEntered _____	LastDtDeparted _____
Second Last: * SecCountry	_____	SecDtEntered _____	SecDtDeparted _____
Third Last: * ThirdCountry	_____	ThirdDtEntered _____	ThirdDtDeparted _____

Other risk factors for Hepatitis A infection (specify)* **RiskSpec**

Source

Was a source confirmed by:*

a) Epidemiological evidence* **SceConfEpi** Yes No Unknown
e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with known case

b) Laboratory evidence* **SceConfLab** Yes No Unknown
e.g. organism or toxin of same type identified in food or drink consumed by case

If yes, specify confirmed source:* **SceConfSpecify**

If not, were any probable sources identified?* **SceProb** Yes No Unknown

If yes, specify probable source(s):* **SceProbSpecify**

Protective Factors

Prior to onset, had the case been immunised with hepatitis A vaccine?* **Immunised** Yes No Unknown

If yes, specify date of last vaccination* **ImmDate** _____ Unknown **ImmDateUnknown**

Prior to onset, had case received immunoglobulin prophylaxis within the last 6 months?* **Immunoglob** Yes No Unknown

If yes, to vaccine or immunoglobulin prophylaxis, how was vaccination status confirmed* **ImmBasis** Patient/Caregiver recall Documented N/A

Management**CASE MANAGEMENT**

Case counselled about risk of transmission to others? **CaseCounsel** Yes No NA Unknown

Exclusion from work or school/pre-school/childcare until well or for at least one week after onset of jaundice **Excluded** Yes No NA Unknown

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)? **ContRisk** 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	<u> </u> NoCCare	<u> </u> NoCCareCou	<u> </u> NoCCareVac	<u> </u> NoCCareIG
Household contacts	<u> </u> NoHHold	<u> </u> NoHHoldCou	<u> </u> NoHHoldVac	<u> </u> NoHHoldIG
Sexual contacts	<u> </u> NoSexCont	<u> </u> NoSexCCou	<u> </u> NoSexCVac	<u> </u> NoSexCIG
Other contacts (specify) ContOtherSpec	<u> </u> NoOthr	<u> </u> NoOthrCou	<u> </u> NoOthrVac	<u> </u> NoOthrIG

Comments*

Comments