

CASE REPORT FORM**Hepatitis A**

Hepatitis A _____	EpiSurv No. _____
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Reporting Authority			
Name of Public Health Officer responsible for case _____			
Notifier Identification			
Reporting source* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ☐ Self-notification ☐ Outbreak Investigation ☐ Other			
Name of reporting source _____		Organisation _____	
Date reported* _____		Contact phone _____	
Usual GP _____		Practice _____	
		GP phone _____	
GP/Practice address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____			
Case Identification			
Name of case* Surname _____ Given Name(s) _____			
NHI number* _____		Email _____	
Current address* Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____			
Phone (home) _____		Phone (work) _____	
		Phone (other) _____	
Case Demography			
Location TA* _____		DHB* _____	
Date of birth* _____ OR Age _____ ☐ Days ☐ Months ☐ Years			
Sex* ☐ Male ☐ Female ☐ Indeterminate ☐ Unknown			
Occupation* _____			
Occupation location ☐ Place of Work ☐ School ☐ Pre-school			
Name _____			
Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____			
Alternative location ☐ Place of Work ☐ School ☐ Pre-school			
Name _____			
Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____			
Ethnic group case belongs to* (tick all that apply) ☐ NZ European ☐ Maori ☐ Samoan ☐ Cook Island Maori ☐ Niuean ☐ Chinese ☐ Indian ☐ Tongan ☐ Other (such as Dutch, Japanese, Tokelauan) *(specify) _____			

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Basis of Diagnosis			
CLINICAL CRITERIA			
Fits Clinical Description*	☐ Yes	☐ No	☐ Unknown
Clinical features Jaundice	☐ Yes	☐ No	☐ Unknown
If yes enter the onset date _____			☐ Unknown
LABORATORY CRITERIA			
Meets laboratory criteria for disease*	☐ Yes	☐ No	☐ Unknown
Elevated Serum aminotransferase	☐ Yes	☐ No	☐ Not Done ☐ Awaiting Results
Anti-HAV IGM positive (in absence of recent vaccination)	☐ Yes	☐ No	☐ Not Done ☐ Awaiting Results
EPIDEMIOLOGICAL CRITERIA			
Contact with a laboratory confirmed case of hepatitis A*	☐ Yes	☐ No	☐ Unknown
CLASSIFICATION*	☐ Under investigation	☐ Probable	☐ Confirmed ☐ Not a case
Clinical Course and Outcome			
Date of onset* _____	☐ Approximate	☐ Unknown	
Hospitalised*	☐ Yes	☐ No	☐ Unknown
Date hospitalised* _____	☐ Unknown		
Hospital* _____			
Died*	☐ Yes	☐ No	☐ Unknown
Date died* _____	☐ Unknown		
Was this disease the primary cause of death?*	☐ Yes	☐ No	☐ Unknown
If no, specify the primary cause of death* _____			
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)?*			
☐ Yes If yes, specify Outbreak No.* _____			
Risk Factors			
Household contact with a confirmed case in previous 2 months (60 days)*	☐ Yes	☐ No	☐ Unknown
Sexual contact involving possible faecal-oral transmission in previous 3 months*	☐ Yes	☐ No	☐ Unknown
Other contact with a confirmed case in previous 3 months?*	☐ Yes	☐ No	☐ Unknown
If yes, specify nature of contact: _____			
Occupational exposure to human sewage*	☐ Yes	☐ No	☐ Unknown
If yes, specify exposure in detail: _____			
Contact with contaminated food or drink*	☐ Yes	☐ No	☐ Unknown
If yes, specify contaminated food or drink: _____			
Attendance at school, pre-school or childcare*	☐ Yes	☐ No	☐ Unknown

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Risk Factors continued			
Was the case overseas during the incubation period (range = 15-50 days) for Hepatitis A?* ☐ Yes ☐ No ☐ Unknown			
If yes, date arrived in New Zealand* _____			
Specify countries visited* (from most recent to least recent)			
	Country	Date Entered	Date Departed
Last: *			
Second Last: *			
Third Last: *			
Other risk factors for Hepatitis A infection (specify)* 			
Source			
Was a source confirmed by:*			
a) Epidemiological evidence* ☐ 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* ☐ Yes ☐ No ☐ Unknown e.g. organism or toxin of same type identified in food or drink consumed by case			
If yes, specify confirmed source: * 			
If not, were any probable sources identified?* ☐ Yes ☐ No ☐ Unknown			
If yes, specify probable source(s): * 			
Protective Factors			
Prior to onset, had the case been immunised with hepatitis A vaccine?* ☐ Yes ☐ No ☐ Unknown			
If yes, specify date of last vaccination* _____			
Prior to onset, had case received immunoglobulin prophylaxis within the last 6 months?* ☐ Yes ☐ No ☐ Unknown			
If yes, to vaccine or immunoglobulin prophylaxis, how was vaccination status confirmed* ☐ Patient/Caregiver recall ☐ Documented ☐ NA			
Management			
CASE MANAGEMENT			
Case counselled about risk of transmission to others? ☐ Yes ☐ No ☐ NA ☐ Unknown			
Exclusion from work or school/pre-school/childcare until well or for at least one week after onset of jaundice ☐ Yes ☐ No ☐ NA ☐ Unknown			

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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)? ☐ 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				
Household contacts				
Sexual contacts				
Other contacts (specify)				

Comments*