

CASE REPORT FORM

Hepatitis A

Hepatitis A _____	EpiSurv No. _____
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Reporting Authority	
Name of Public Health Officer responsible for case OfficerName _____	
Notifier Identification	
Reporting source* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ReportSrc ☐ Self-notification ☐ Outbreak Investigation ☐ Other	
Name of reporting source ReportName _____ Organisation ReportOrganisation _____	
Date reported* ReportDate _____ Contact phone ReportPhone _____	
Usual GP UsualGP _____ Practice GPPPracticeName _____ GP phone GPPhone _____	
GP/Practice address Number _____ Street _____ Suburb _____ GPAAddress Town/City _____ Post Code _____ ☐ GeoCode _____	
Case Identification	
Name of case* Surname Surname _____ Given Name(s) GivenName _____	
NHI number* NHINumber _____ Email Email _____	
Current address* Number _____ Street _____ Suburb _____ CaseAddress Town/City _____ Post Code _____ ☐ GeoCode _____	
Phone (home) PhoneHome _____ Phone (work) PhoneWork _____ Phone (other) PhoneOther _____	
Case Demography	
Location TA* TA _____ DHB* DHB _____	
Date of birth* DateOfBirth _____ OR Age Age _____ ☐ Days ☐ Months ☐ Years AgeUnits	
Sex* Sex ☐ Male ☐ Female ☐ Indeterminate ☐ Unknown	
Occupation* Occupation _____	
Occupation location PlaceOfWork1Type ☐ Place of Work ☐ School ☐ Pre-school	
Name PlaceOfWork1 _____	
Address Number _____ Street _____ Suburb _____ PlaceOfWork1Address Town/City _____ Post Code _____ ☐ GeoCode _____	
Alternative location PlaceOfWork2Type ☐ Place of Work ☐ School ☐ Pre-school	
Name _____	
Address Number _____ Street _____ Suburb _____ PlaceOfWork2Address Town/City _____ Post Code _____ ☐ GeoCode _____	
Ethnic group case belongs to* (tick all that apply) ☐ NZ European EthNZEuropan ☐ Maori EthMaori ☐ Samoan EthSamoan ☐ Cook Island Maori EthCookIslandMaori ☐ Niuean EthNiuean ☐ Chinese EthChinese ☐ Indian EthIndian ☐ Tongan EthTongan ☐ Other (such as Dutch, Japanese) EthOther *(specify) EthSpecify1 _____ EthSpecify2 _____	

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Basis of Diagnosis			
CLINICAL CRITERIA			
Fits Clinical Description* FitClinDes	☐ Yes	☐ No	☐ Unknown
Clinical features Jaundice Jaundice	☐ Yes	☐ No	☐ Unknown
If yes enter the onset date JaunOnsetDt _____	☐ Unknown JaunOnsetDtUnknown		
LABORATORY CRITERIA			
Meets laboratory criteria for disease* LabConf	☐ Yes	☐ No	☐ Unknown
Elevated Serum aminotransferase ElevSerum	☐ Yes	☐ No	☐ Not Done ☐ Awaiting Results
Anti-HAV IGM positive (in absence of recent vaccination) AntiHAV	☐ Yes	☐ No	☐ Not Done ☐ Awaiting Results
EPIDEMIOLOGICAL CRITERIA			
Contact with a laboratory confirmed case of hepatitis A* ContCase	☐ Yes	☐ No	☐ Unknown
CLASSIFICATION* Status	☐ Under investigation	☐ Probable	☐ Confirmed ☐ Not a case
Clinical Course and Outcome			
Date of onset* OnsetDt _____	☐ Approximate OnsetDtApprox ☐ Unknown OnsetDtUnknown		
Hospitalised* Hosp	☐ Yes	☐ No	☐ Unknown
Date hospitalised* HospDt _____	☐ Unknown HospDtUnknown		
Hospital* HospName _____			
Died* Died	☐ Yes	☐ No	☐ Unknown
Date died* DiedDt _____	☐ Unknown DiedDtUnknown		
Was this disease the primary cause of death?* DiedPrimary	☐ Yes	☐ No	☐ 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)?*			
☐ Yes Outbrk If yes, specify Outbreak No.* OutbrkNo _____			
Risk Factors			
Household contact with a confirmed case in previous 2 months (60 days)* HHoldCont ☐ Yes ☐ No ☐ Unknown			
Sexual contact involving possible faecal-oral transmission in previous 3 mths* SexCont ☐ Yes ☐ No ☐ Unknown			
Other contact with a confirmed case in previous 3 months?* OthrCont ☐ Yes ☐ No ☐ Unknown			
If yes, specify nature of contact:* OthrCntSpec _____			
Occupational exposure to human sewage* ExpSewage ☐ Yes ☐ No ☐ Unknown			
If yes, specify exposure in detail:* ExpSewageSpec _____			
Contact with contaminated food or drink* ContFD ☐ Yes ☐ No ☐ Unknown			
If yes, specify contaminated food or drink:* ContFDName ContFDSpec _____			
Attendance at school, pre-school or childcare* AttendSch ☐ 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?* 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? ☐ Yes ☐ No ☐ Unknown			
* Immunised			
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 ☐ NA			
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			

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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)? **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	NoCCare _____	NoCCareCou _____	NoCCareVac _____	NoCCareIG _____
Household contacts	NoHHold _____	NoHHoldCou _____	NoHHoldVac _____	NoHHoldIG _____
Sexual contacts	NoSexCont _____	NoSexCCou _____	NoSexCVac _____	NoSexCIG _____
Other contacts (specify)	NoOthr _____	NoOthrCou _____	NoOthrVac _____	NoOthrIG _____

ContOtherSpec _____

Comments*

Comments