# CASE REPORT FORM

**Hepatitis A**

**Hepatitis A** EpiSurv No.

## Reporting Authority

**Name of Public Health Officer responsible for case** OfficerName

## Notifier Identification

**Reporting source*** ReportSrc
○ General Practitioner ○ Hospital-based Practitioner ○ Laboratory
○ Self-notification ○ Outbreak Investigation ○ Other

**Name of reporting source** ReportName **Organisation** ReportOrganisation

**Date reported*** ReportDate **Laboratory sample date** SampleDate **Contact phone** ReportPhone

**Usual GP** UsualGP **Practice** GPPracticeName **GP phone** GPPhone

**GP/Practice address** GPAddress Number Street Suburb Town/City Post Code ☐ GeoCode

## Case Identification

**Name of case*** Surname Surname Given Name(s) GivenName

**NHI number*** NHINumber **Email** Email

**Current address*** CaseAddress Number Street Suburb 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 ○ Unknown ○ Other

**Occupation*** Occupation

**Occupation location** PlaceOfWork1Type ○ Place of Work ○ School ○ Pre-school

**Name** PlaceOfWork1

**Address** PlaceOfWork1Address Number Street Suburb Town/City Post Code ☐ GeoCode

**Alternative location** PlaceOfWork2Type ○ Place of Work ○ School ○ Pre-school

**Name** PlaceOfWork2

**Address** PlaceOfWork2Address Number Street Suburb Town/City Post Code ☐ GeoCode

**Ethnic group case belongs to*** (tick all that apply)

☐ NZ European EthNZEuropean ☐ 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

**Detection of HAV nucleic acid*** NAAT ○ Yes ○ No ○ Not Done ○ Awaiting Results

**Detection of anti-HAV IGM (in the absence of HAV vaccination in the preceding 12 weeks)*** AntiHAV ○ Yes ○ No ○ Not Done ○ Awaiting Results

**IgG seroconversion between paired sera (in the absence of HAV vaccination in the preceding 12 weeks)*** IgGSeroConv ○ Yes ○ No ○ Not Done ○ Awaiting Results

### EPIDEMIOLOGICAL CRITERIA

**Contact with a confirmed case of hepatitis A*** ContCase ○ Yes ○ No ○ Unknown

**CLASSIFICATION*** Status ○ Under investigation ○ Probable ○ Confirmed ○ Not a case

### ADDITIONAL LABORATORY DETAILS

**PCR result** SeqPCR **Genotype** AddLab

Updated AutoUpdated ☐ Laboratory Laboratory

Date result updated DateResultUpdated Sample number SampleNumber

## 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 months*** 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

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## Risk Factors continued

**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

**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 ○ 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