# CASE REPORT FORM

# Hepatitis A

**Hepatitis A** EpiSurv No.

## 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*** **Laboratory sample date** **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 ○ Unknown ○ Other

**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

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

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

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

**EPIDEMIOLOGICAL CRITERIA**

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

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

**ADDITIONAL LABORATORY DETAILS**

**PCR result** **Genotype**

Updated ☐ Laboratory

Date result updated Sample number

## 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:*

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## Risk Factors continued

**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

**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* ☐ Unknown

**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

## 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*