State of California-Health and Human Services Agency

CDPH California Department of PublicHealth

ACUTE HEPATITIS B OR C CASE REPORT

Mail to: California Department of Public Health
Immunization Branch
850 Marina Bay Parkway
Richmond, CA 94804-6403
OR Fax to: (510)620-3949

CASE IDENTIFICATION AND DEMOGRAPHICS

PATIENT'S NAME *Last* *First* *Middle Initial*

DOB *(month/day/year)* / /	**AGE** *(enter age and check one)* ☐Days ☐Weeks ☐Months ☐Years	**DATE OF REPORT** / /

ADDRESS NUMBER & STREET	**CITY/TOWN**	**STATE**	**ZIP CODE**

COUNTY	**COUNTRY OF BIRTH** ☐USA ☐OTHER:_____	**HOME PHONE** ( )	**OTHER PHONE** *(specify)* _____ ( )

GENDER
☐F ☐M ☐FTM ☐MTF ☐Other ☐Unknown

PREGNANT?
☐Yes ☐No ☐Unknown

PATIENT'S OCCUPATION/SETTING
☐ Hospital/Medical/Dental ☐ Correctional Facility
☐ Public Safety ☐ Other: _____
☐ Long-term care facility ☐ Unknown

EMPLOYER NAME AND ADDRESS:

ETHNICITY *(check one)*
☐ Hispanic/Latino
☐ Non-Hispanic/ Non Latino
☐ Unknown

RACE *(check all that apply)*
☐ Black/African American
☐ Native American/Alaskan Native
☐ White
☐ Unknown
☐ Other: _____

☐Asian: *Please Specify:*
☐Asian Indian ☐ Hmong ☐Thai
☐Cambodian ☐ Japanese ☐Vietnamese
☐Chinese ☐ Korean ☐Other Asian: _____
☐Filipino ☐ Laotian

☐Pacific Islander: *Please Specify:*
☐Native Hawaiian
☐Guamanian
☐Samoan
☐Other Pacific Islander: _____

REASONS FOR TESTING *(check all that apply)*
☐ Symptoms of acute hepatitis ☐ Prenatal screening
☐ Evaluation of liver enzymes ☐ Unknown
☐ Exposure to case ☐ Other:_____

PHYSICIAN NAME	**CMR ID**
PHYSICIAN PHONE ( )	**CDPH ID**

CLINICAL AND DIAGNOSTIC DATA

SYMPTOMATIC? ☐ Yes ☐ No ☐Unknown **If No, report as chronic case or seroconversion**	**SYMPTOMS** *(check all that apply)* ☐Jaundice ☐Anorexia ☐Clay stools ☐Dark Urine ☐Abdominal pain ☐Fatigue ☐Diarrhea ☐Other: _____	**DIED OF HEPATITIS?** ☐ Yes ☐ No ☐Unknown **IF YES, DATE OF DEATH** / /	**ONSET OF SYMPTOMS** / / **DIAGNOSIS DATE** *(test date)* / /
HOSPITALIZED? ☐ Yes ☐ No ☐ Unknown	**HOSPITAL NAME**	**ADMIT DATE** / /	**DISCHARGE DATE** / /

HEPATITIS B VACCINE HISTORY

	Date Unknown	*Vaccine Type*
☐ Dose #1 Date __/__/____	☐	_____
☐ Dose #2 Date __/__/____	☐	_____
☐ Dose #3 Date __/__/____	☐	_____

☐ None ☐Unknown

If ≤ 18 years, why not vaccinated? _____

Tested for anti-HBs within 1-2 months after the last dose? ☐ Yes ☐No

If yes, was serum anti-HBs ≥ 10mIU/ml? ☐ Yes ☐No

HEPATITIS A VACCINE HISTORY

	Date Unknown	*Vaccine Type*
☐ Dose #1 Date __/__/____	☐	_____
☐ Dose #2 Date __/__/____	☐	_____

☐None ☐ Unknown

LIVER ENZYME LEVELS AT DIAGNOSIS

ALT [SGPT] Result	_____	__/__/____
AST [SGOT] Result	_____	__/__/____
Bilirubin Result	_____	__/__/____

LAB TESTS

	Positive	*Negative*	*Unknown*	*Month/Day/Year*
Anti-HCV	☐	☐	☐	__/__/____
HCV RNA	☐	☐	☐	__/__/____
HCV Genotype	☐	☐	☐	__/__/____
HCV Antigen*	☐	☐	☐	__/__/____
IgM anti-HAV	☐	☐	☐	__/__/____
Anti-HAV total	☐	☐	☐	__/__/____
HBsAg	☐	☐	☐	__/__/____
IgM anti-HBc	☐	☐	☐	__/__/____
Anti-HBs	☐	☐	☐	__/__/____
Anti-HBc total	☐	☐	☐	__/__/____
HBeAg	☐	☐	☐	__/__/____
HBV DNA	☐	☐	☐	__/__/____
Anti-HDV	☐	☐	☐	__/__/____
Anti-HEV	☐	☐	☐	__/__/____
Other ____	☐	☐	☐	__/__/____

DIAGNOSIS

☐ **CONFIRMED ACUTE HEPATITIS B:** Acute illness with discrete symptom onset and at least one item each from columns I, II, and III

I	II	III
- Jaundice - ALT >100IU/L	- HBsAg positive	- IgM anti-HBc positive (if done)

☐ **HEPATITIS B SEROCONVERSION:** Negative HBsAg result with a positive HBV result in the following 6 months; may be asymptomatic. Indicate date of last HBsAg negative result on page 2

☐ **PROBABLE ACUTE HEPATITIS C:** Cases are > 36 months of age, unless known to have been exposed non-perinatally with: at least one item each from columns I, II, and III, **AND** with no reports available on items in column IV and V.

☐ **CONFIRMED ACUTE HEPATITIS C**: Cases are > 36 months of age, unless known to have been exposed non-perinatally with: one item each from column I, II, and IV OR V (check box by HEPATITIS C SEROCONVERSION if true)

I	II	III	IV	V
- Jaundice - Peak elevated total bilirubin ≥3.0mg/dL - Peak elevated ALT > 200 IU/L	- The absence of a more likely diagnosis (e.g., evidence of acute liver disease due to other causes or pre-existing chronic HCV infection)	- Anti-HCV positive	- NAT for HCV RNA positive (including qualitative, quantitative, or genotype) - HCV antigen*	- Test seroconversion (documented negative anti-HCV, HCV NAT, or HCV antigen* result followed within 12 months by a positive result in someone without a prior diagnosis of HCV infection)

☐ **HEPATITIS C SEROCONVERSION:** Negative Anti-HCV, HCV NAT, or HCV antigen* result followed within 12 months by a positive result in someone without a prior diagnosis of HCV infection; may be asymptomatic. Indicate date of last negative HCV result on page 2.

INCUBATION PERIOD

Hepatitis B: range 45 to 160 days, average 90 days.
Hepatitis C: range 2 weeks to 6 months, average 6-7 weeks.
Incubation period: ____/____/_____ **to** ____/____/_____

RISK FACTOR INFORMATION *(list details below, including dates, locations, types of procedures, etc.)*

During incubation period did patient have:	*Yes*	*No*	*Unknown*	*Dates*	*Facility*
Contact of confirmed or suspected case of hepatitis B/C ☐ Household ☐ Sexual ☐ Injection ☐ Occupation ☐ Other ____	☐	☐	☐	__/__/____	
Accidental stick/puncture with an object contaminated with blood	☐	☐	☐	__/__/____	
Other exposure to someone's blood	☐	☐	☐	__/__/____	
Receipt of blood or blood products (transfusion)	☐	☐	☐	__/__/____	
Hemodialysis	☐	☐	☐	__/__/____	
Prior hospitalization	☐	☐	☐	__/__/____	
Outpatient procedure (i.e., colonoscopy, endoscopy)	☐	☐	☐	__/__/____	
Injections or infusions prescribed by doctor	☐	☐	☐	__/__/____	
Dental work or oral surgery	☐	☐	☐	__/__/____	
Surgery other than oral surgery	☐	☐	☐	__/__/____	
Finger stick/blood draw in home or clinic	☐	☐	☐	__/__/____	
Podiatric procedures	☐	☐	☐	__/__/____	
Chemotherapy treatment	☐	☐	☐	__/__/____	
Acupuncture treatment	☐	☐	☐	__/__/____	
Body piercing	☐	☐	☐	__/__/____	
Piercing Location ☐ Commercial Parlor ☐ Jail/Prison ☐ Other					
Tattoo	☐	☐	☐	__/__/____	
Tattooing Location ☐ Commercial Parlor ☐ Jail/Prison ☐ Other					
Manicure or pedicure	☐	☐	☐	__/__/____	
Other treatment or cosmetic procedure that penetrated the skin	☐	☐	☐	__/__/____	
Injected drug not prescribed by a doctor	☐	☐	☐	__/__/____	
Used non-injected street drugs	☐	☐	☐	__/__/____	
Incarceration	☐	☐	☐	__/__/____	
One or more male sex partners	☐	☐	☐	__/__/____	
How many? _____					
One or more female sex partners	☐	☐	☐	__/__/____	
How many? _____					
Treatment for sexually-transmitted disease	☐	☐	☐	__/__/____	
Ever donated blood (or was denied due to hepatitis infection)	☐	☐	☐	__/__/____	
Indication of recent seroconversion:					
Negative HBsAg result within 6 months prior to HBV diagnosis	☐	☐	☐	__/__/____	
Negative Anti-HCV result within 12 months prior to HCV diagnosis	☐	☐	☐	__/__/____	

*When and if a test for HCV antigen(s) is approved by FDA and available.

RISK FACTOR DETAILS:	
Risk Details:	Facility Details (Dates, Addresses, Procedures):

SUSPECTED SOURCE

☐ Drug Use ☐ Sexual Exposure ☐ Occupational Exposure ☐ Healthcare Exposure ☐ Wound/Accident
☐ Other, Specify:
☐ Unknown

COMPLETED BY	**LHD**	**PHONE** ( )	**DATE COMPLETED** / /	**REPORT TO CDPH** / /