

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES PUBLIC HEALTH SERVICE

VIRAL HEPATITIS CASE REPORT

CDC Centers for Disease Control and Prevention Hepatitis Branch, (G37) Atlanta, Georgia 30333

The following questions should be asked for every case of viral hepatitis

Prefix: (Mr. Mrs. Miss Ms. etc) Last: First: Middle: Preferred Name (nickname): Maiden: Address: Street: City: Phone: Zip Code: SSN # (optional)

Only data from lower portion of form will be transmitted to CDC

State: County: Date of Public Health Report

Was this record submitted to CDC through the NETSS system? Yes No

If yes, please enter NETSS ID NO. If no, please enter STATE CASE NO.

DEMOGRAPHIC INFORMATION

RACE (check all that apply): Amer Indian or Alaska Native, Black or African American, White, Asian, Native Hawaiian or Pacific Islander, Other Race, specify: SEX: Male Female Unk PLACE OF BIRTH: USA Other: DATE OF BIRTH: AGE:

ETHNICITY: Hispanic Non-hispanic Other/Unknown

CLINICAL & DIAGNOSTIC DATA

REASON FOR TESTING: (Check all that apply) Symptoms of acute hepatitis, Evaluation of elevated liver enzymes, Screening of asymptomatic patient with reported risk factors, Blood / organ donor screening, Screening of asymptomatic patient with no risk factors (e.g., patient requested), Follow-up testing for previous marker of viral hepatitis, Prenatal screening, Unknown, Other: specify:

CLINICAL DATA: Diagnosis date: Is patient symptomatic? if yes, onset date: Was the patient Jaundiced? Hospitalized for hepatitis? Was the patient pregnant? due date: Did the patient die from hepatitis? Date of death:

DIAGNOSTIC TESTS: CHECK ALL THAT APPLY Table with columns Pos, Neg, Unk and rows for various hepatitis tests (HAV, HBsAg, HBeAg, anti-HBc, anti-HCV, HCV RNA, anti-HDV, anti-HEV).

LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS: ALT [SGPT] Result, AST [SGOT] Result, Date of ALT result, Date of AST result

If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case? Yes No Unk

DIAGNOSIS: (Check all that apply) Acute hepatitis A, Acute hepatitis B, Acute hepatitis C, Acute hepatitis E, Chronic HBV infection, HCV infection (chronic or resolved), Acute non-ABCD hepatitis, Perinatal HBV infection, Hepatitis Delta (co- or super-infection)

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Perinatal Hepatitis B Virus Infection

NETSS ID NO.

STATE CASE NO. _____

RACE OF MOTHER:

- Amer Ind or Alaska Native Black or African American White Unknown
 Asian Native Hawaiian or Pacific Islander Other Race, specify: _____

ETHNICITY OF MOTHER:

- Hispanic
Non-hispanic
Other/Unknown

Was **Mother** born outside of United States? Yes No Unk If yes, what country? _____

Was the **Mother** confirmed HBsAg positive prior to or at time of delivery ? ... Yes No Unk

• If no, was the mother confirmed HBsAg positive after delivery? Yes No Unk

Date of HBsAg positive test result MM/DD/YYYY

How many doses of hepatitis B vaccine did the child receive ? 0 1 2 3

• When?

• Dose 1- MM/DD/YYYY

• Dose 2- MM/DD/YYYY

• Dose 3- MM/DD/YYYY

Yes No Unk

Did the child receive hepatitis B immune globulin (HBIG)? Yes No Unk

• If yes, on what date did the child receive HBIG? MM/DD/YYYY