



Hepatitis B, Acute Case Track Record
FINAL STATUS:
CONFIRMED, ACUTE
CONFIRMED, CHRONIC
RULED OUT /NOT A CASE
NBS PATIENT ID#:
NBS INVESTIGATION ID#:

Patient's Name: last first
Address:
City: County: Zip:
Region: Phone:
Parent/Guardian:
Physician: Phone:
Address:
Reported by:
Agency:
Phone:
Date reported:
Investigated by:
Agency:
Phone:
Email:
Investigation start date:
Date investigation completed:

DEMOGRAPHICS: DATE OF BIRTH: AGE: PLACE OF BIRTH:
SEX: Male Female Unknown
RACE: White Black Asian Native Hawaiian or Other Pac. Islander Am. Indian or Alaska Native Unknown Other:
HISPANIC: Yes No Unknown
If female, is patient currently pregnant? Yes No Unknown Obstetrician's name, address, and phone #:
If yes, estimated date and location of delivery:

Was the patient hospitalized for this illness? Yes / No
Hospitalized at:
Admitted: Discharged:
Duration of Stay days
Reason for testing:
Evaluation of elevated liver enzymes
Follow-up testing (prior viral hepatitis maker)
Screening of asymptomatic patient w/ risk factors
Screening of asymptomatic patient w/o risk factors
Symptoms of acute Hepatitis
Unknown
Other:

CLINICAL DATA LABORATORY TESTING (Check all that apply)
Diagnosis Date: Yes No Unk
Is patient symptomatic?
If yes, onset date: End date:
(Fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, abdominal pain)
Was the patient
*Jaundiced?
*Hospitalized for Hepatitis?
Did the patient die from hepatitis?
Date of death:
Date of lab test POS NEG UNK
Hepatitis B surface antigen [HBsAg]
Total antibody to hepatitis B core antigen [total anti-HBc]
IgM antibody to hepatitis B core antigen [IgM anti-HBc]
LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS
ALT [SGPT] Result Upper limit normal
AST [SGPT] Result Upper limit normal
Date of ALT result
Date of AST result

VACCINATION HISTORY
Did the patient ever receive hepatitis B vaccine? Yes No Unk
If yes, how many shots?
In what year was the last shot received?
Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after the last dose? Yes No Unk
If yes, was the serum anti-HBs >10mIU/ml?
(answer 'yes' if the laboratory result was reported as 'positive' or 'reactive')

*Please send all perinatal surveillance forms (Mother Case Management Report and/or Infant Case Management Report) to the Perinatal Hepatitis B Prevention Program at: Phone: (512) 533-3158 Fax: (512) 533-3167

CONTACT WITH A CASE

During the **6 weeks-6 months** prior to onset of symptoms was the patient a contact of a confirmed or suspected acute or chronic hepatitis B case? Yes No Unk

If yes, type of contact:

- Sexual.....
- Household (non-sexual).....
- Other.....

SEXUAL AND DRUG EXPOSURES

Please ask both of the following questions regardless of the patient's gender.

In the **6 months** before symptom onset how many: 0 1 2-5 >5 Unk
 • Male sex partners did the patient have?.....

Was the patient **EVER** treated for a sexually-transmitted disease?..... Yes No Unk

If yes, in what year was the most recent treatment?..... _____

BLOOD EXPOSURES PRIOR TO ONSET

During the **6 weeks-6 months** prior to onset of symptoms

- Did the patient: Yes No Unk
- Undergo hemodialysis?.....
 - Have an accidental stick or puncture with a needle or other object contaminated with blood?.....
 - Receive blood or blood products [transfusion]....
 If yes, when? ____/____/____
 - Receive any IV infusions and/or injections in the outpatient setting?.....
 - Have other exposure to someone else's blood?..
 specify: _____

During the **6 weeks-6 months** prior to onset of symptoms

Was the patient employed in a medical or dental field involving direct contact with human blood?.....

If yes, frequency of direct blood contact:
 Frequent (several times weekly) Infrequent

Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having contact with human blood?.....

If yes, frequency of direct blood contact:
 Frequent (several times weekly) Infrequent

TATTOOING/DRUGS/PIERCING

During the **6 weeks-6 months** prior to onset of symptoms:

Did the patient receive a tattoo?..... Yes No Unk

Where was the tattooing performed? (*select all that apply*)

- Commercial parlor/shop
- Correctional facility
- other _____

- Inject drugs not prescribed by a doctor?.....
- Use street drugs but not inject?.....

During the **6 weeks-6 months** prior to onset of symptoms

- Did the patient have any part of their body pierced (other than ear)?

Where was the piercing performed? (*select all that apply*)

- Commercial parlor/shop
- Correctional facility
- other _____

OTHER HEALTHCARE EXPOSURE

- Did the patient have dental work or oral surgery?.... Yes No Unk
- Did the patient have surgery?.....
- Was the patient –(*check all that apply*)
 -hospitalized?.....
 -a resident of a long term care facility?.....
 -incarcerated for longer than 24 hours?.....

INCARCERATION PRIOR TO ONSET

During the **6 weeks-6 months** prior to onset of symptoms:

- Was the patient in: Yes No
 Prison.....
 Jail.....
 Juvenile facility.....

INCARCERATION MORE THAN 6 MONTHS

During his/her lifetime, was the patient **EVER**

- Incarcerated for longer than 6 months?..... Yes No Unk

 If yes,
 -what year was the most recent incarceration?..... _____
 -for how long?..... ____ months.

Non-sexual Household and Sexual Contacts Requiring Prophylaxis:

Name	Relation to Case	Age	HBIG	HB Vaccine
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____

Control Measures (check all that apply):

- Notified blood center(s)
- Notified dialysis center, surgeon(s), acupuncturist, and/or tattoo parlor
- Disinfected all equipment contaminated with blood or infectious body fluids
- Vaccinated susceptible contacts
- Notified delivery hospital and obstetrician if a woman is pregnant
- Vaccinated infant born to HBsAg-positive women

Comments:
