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

**CLINICAL & DIAGNOSTIC DATA**

REASON FOR TESTING: (check all that apply) [ ] Symptoms of acute hepatitis [ ] Prenatal screening
[ ] Blood/organ donor screening [ ] Unknown [ ] Evaluation of elevated liver enzymes [ ] Other: ________

CLINICAL DATA:

<table>
<thead>
<tr>
<th>Diagnosis date</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is patient symptomatic?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>if yes, onset date</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>At diagnosis, was the patient</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>• Jaundiced?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>• Hospitalized for hepatitis?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Was the patient pregnant?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Due date</td>
<td>[ ]</td>
<td>[ ]</td>
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</tr>
<tr>
<td>Did the patient die from hepatitis?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>• Date of death</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Was the patient aware they had viral hepatitis prior to lab testing?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Does the patient have a provider of care for hepatitis?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Does the patient have diabetes?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Diabetes diagnosis date</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS**

<table>
<thead>
<tr>
<th>ALT [SGPT] Result</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] upper limit normal</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Date of ALT result</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>AST [SGOT] Result</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Date of AST result</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**DIAGNOSTIC TESTS: (CHECK ALL THAT APPLY)**

- Total antibody to hepatitis A virus [total anti-HAV]_________
- IgM antibody to hepatitis A virus [IgM anti-HAV]_________
- Hepatitis B surface antigen [HBsAg]_________
- Total antibody to hepatitis B core antigen [total anti-HBc]_________
- Hepatitis B “e” antigen [HBeAg]_________
- IgM antibody to hepatitis B core antigen [IgM anti-HBc]_________
- Nucelic Acid Testing for hepatitis B [Hep B NAT]_________
- Antibody to hepatitis C virus [anti-HCV]_________
- anti-HCV signal to cut-off ratio _________
- Supplemental anti-HCV assay [e.g., RIBA]_________
- Antibody to hepatitis D virus [anti-HDV]_________
- Antibody to hepatitis E virus [IgM anti-HEV]_________

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 [ ]
### Patient History — Acute Hepatitis A

**Case ID:** INV168

During the 2–6 weeks prior to onset of symptoms:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?</strong></td>
<td>![INV602]</td>
<td>![INV603]</td>
<td>![INV604]</td>
</tr>
<tr>
<td><strong>If yes, was the contact (check one)</strong></td>
<td>![INV605]</td>
<td>![INV606]</td>
<td>![INV607]</td>
</tr>
<tr>
<td>• household member (non-sexual)</td>
<td>![INV608]</td>
<td>![INV609]</td>
<td>![INV610]</td>
</tr>
<tr>
<td>• sex partner</td>
<td>![INV611]</td>
<td>![INV612]</td>
<td>![INV613]</td>
</tr>
<tr>
<td>• child cared for by this patient</td>
<td>![INV614]</td>
<td>![INV615]</td>
<td>![INV616]</td>
</tr>
<tr>
<td>• babysitter of this patient</td>
<td>![INV617]</td>
<td>![INV618]</td>
<td>![INV619]</td>
</tr>
<tr>
<td>• playmate</td>
<td>![INV620]</td>
<td>![INV621]</td>
<td>![INV622]</td>
</tr>
<tr>
<td>• other _</td>
<td>![INV623]</td>
<td>![INV624]</td>
<td>![INV625]</td>
</tr>
</tbody>
</table>

Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Was the contact (check one)</strong></td>
<td>![INV626]</td>
<td>![INV627]</td>
<td>![INV628]</td>
</tr>
<tr>
<td>• household member (non-sexual)</td>
<td>![INV629]</td>
<td>![INV630]</td>
<td>![INV631]</td>
</tr>
<tr>
<td>• sex partner</td>
<td>![INV632]</td>
<td>![INV633]</td>
<td>![INV634]</td>
</tr>
<tr>
<td>• child cared for by this patient</td>
<td>![INV635]</td>
<td>![INV636]</td>
<td>![INV637]</td>
</tr>
<tr>
<td>• babysitter of this patient</td>
<td>![INV638]</td>
<td>![INV639]</td>
<td>![INV640]</td>
</tr>
<tr>
<td>• playmate</td>
<td>![INV641]</td>
<td>![INV642]</td>
<td>![INV643]</td>
</tr>
<tr>
<td>• other _</td>
<td>![INV644]</td>
<td>![INV645]</td>
<td>![INV646]</td>
</tr>
</tbody>
</table>

Is the patient suspected as being part of a common-source outbreak?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Was the patient employed as a food handler during the TWO WEEKS prior to onset of symptoms or while ill?</strong></td>
<td>![INV647]</td>
<td>![INV648]</td>
<td>![INV649]</td>
</tr>
</tbody>
</table>

### Vaccination History

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Has the patient ever received the hepatitis A vaccine?</strong></td>
<td>![VAC126]</td>
<td>![VAC127]</td>
<td>![VAC128]</td>
</tr>
<tr>
<td><strong>If yes, how many doses?</strong></td>
<td>![VAC132]</td>
<td>![VAC133]</td>
<td>![VAC134]</td>
</tr>
<tr>
<td>• In what year was the last dose received?</td>
<td>![VAC142]</td>
<td>![VAC143]</td>
<td>![VAC144]</td>
</tr>
<tr>
<td><strong>Has the patient ever received immune globulin?</strong></td>
<td>![VAC145]</td>
<td>![VAC146]</td>
<td>![VAC147]</td>
</tr>
<tr>
<td><strong>If yes, when was the last dose received?</strong></td>
<td>![VAC149]</td>
<td>![VAC150]</td>
<td>![VAC151]</td>
</tr>
</tbody>
</table>
**Patient History — Acute Hepatitis B**

### Case ID: INV168

#### Symptoms

During the **6 weeks – 6 months** prior to onset of symptoms was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection?

- If yes, type of contact:
  - Sexual: __________
  - Household (non-sexual): __________
  - Other: __________

#### Vaccination

Did the patient ever receive hepatitis B vaccine?

- In what year was the last shot received? __ __ __ __
- If yes, how many shots? __ __ __ __

#### Coinfection

Was the patient ever co-infected with hepatitis D?

- In the **6 weeks – 6 months** prior to positive test, how many months prior to positive test? __ __ __ __

#### Test Results

- Did patient have a negative HBsAg test within **6 months** prior to positive test? __ __ __ __
- If yes, when? __ __ / __ __ / __ __ __ __
- If yes, what type of facility (check all that apply)
  - prison
  - jail
  - juvenile facility

#### Risk Factors

- Did patient ever receive a tattoo?
  - Where was the tattooing performed? (select all that apply)
  - commercial parlor/shop
  - correctional facility
  - other __________
  - frequency of direct blood contact?
    - Frequent (several times weekly)
    - Infrequent

- Did the patient have direct blood contact with human blood?
  - Yes
  - No
  - Unknown

- Was the patient employed in a medical or dental field involving direct contact with human blood?
  - Yes
  - No
  - Unknown

- Did the patient have dental work or oral surgery?
  - Yes
  - No
  - Unknown

- Did the patient receive a co-infection with hepatitis D?
  - Yes
  - No
  - Unknown

- Was the patient tested for hepatitis D?
  - Yes
  - No
  - Unknown

- Did the patient have any part of their body pierced (other than ear)?
  - Yes
  - No
  - Unknown

- Did the patient have any part of their body injected drugs not prescribed by a doctor?
  - Yes
  - No
  - Unknown

- Did the patient use street drugs but not inject?
  - Yes
  - No
  - Unknown

- Did the patient have any part of their body incarcerated for longer than 24 hours?
  - Yes
  - No
  - Unknown

- Was the patient incarcerated for longer than **6 months**?
  - Yes
  - No
  - Unknown

- Did the patient have surgery? (other than oral surgery)?
  - Yes
  - No
  - Unknown

- Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood?
  - Yes
  - No
  - Unknown

- Was the patient tested for immunity to HBsAg (anti-HBs) within **1-2 months** after the last dose?
  - Yes
  - No
  - Unknown

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

- If yes, in what year was the most recent treatment?
  - __ __ __ __

- In the **6 weeks – 6 months** before symptom onset, how many male sex partners did the patient have?
  - __ __ __ __
  - __ __ __ __
  - __ __ __ __
  - Unknown

- In the **6 weeks – 6 months** before symptom onset, how many female sex partners did the patient have?
  - __ __ __ __
  - __ __ __ __
  - __ __ __ __
  - Unknown

- Ask both of the following questions regardless of the patient’s gender.

- In the **6 months** before symptom onset, how many transfusion recipients did the patient care for?
  - __ __ __ __
  - __ __ __ __
  - __ __ __ __
  - Unknown

- Did the patient have a co-infection with hepatitis D?
  - Yes
  - No
  - Unknown

- Did the patient have a co-infection with hepatitis D?
  - Yes
  - No
  - Unknown

- What is the sexual preference of the patient?
  - Heterosexual
  - Homosexual
  - Bisexual
  - Unknown

- In the **6 months** before symptom onset, had the patient been treated for a sexually-transmitted disease?
  - Yes
  - No
  - Unknown
**Perinatal Hepatitis B Virus Infection**

**Case ID:** _______________________________

### 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

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

**Date of earliest HBsAg positive test result**

**How many doses of hepatitis B vaccine did the child receive?**
- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3+

**Did the child receive hepatitis B immune globulin (HBIG)?**
- [ ] Yes
- [ ] No
- [ ] Unk

**If yes, on what date did the child receive HBIG?**

---

**Notes:**

- [MTH157] RACE OF MOTHER
- [MTH159] ETHNICITY OF MOTHER
- [MTH161] Was Mother born outside of United States?
- [MTH162] Was the Mother confirmed HBsAg positive prior to or at time of delivery?
- [MTH163] Date of earliest HBsAg positive test result
- [MTH164] If yes, what country?
- [VAC132] How many doses of hepatitis B vaccine did the child receive?
- [VAC143] Did the child receive hepatitis B immune globulin (HBIG)?
Patient History — Acute Hepatitis C

<table>
<thead>
<tr>
<th>Case ID: _______________________________________________</th>
</tr>
</thead>
</table>

### During the 2 weeks – 6 months prior to onset of symptoms

**Did the patient:**

- undergo hemodialysis?

**If yes, frequency of direct blood contact?**

- frequent (several times weekly)
- infrequent

- received an accidental stick or puncture with a needle or other object contaminated with blood?

**If yes, when?**

- received IV infusions and/or injections in the outpatient setting?

- have other exposure to someone else’s blood?

**Specify:**

### During the 2 weeks – 6 months prior to onset of symptoms

**What is the sexual preference of the patient?**

- heterosexual
- homosexual
- bisexual
- unknown

**Ask both of the following questions regardless of the patient’s gender.**

- **In the 6 months before symptom onset, how many:**
  - male sex partners did the patient have?
  - female sex partners did the patient have?

- **Was the patient EVER treated for a sexually-transmitted disease?**

- **If yes, in what year was the most recent treatment?**

### During the 2 weeks – 6 months prior to onset of symptoms

**If yes, type of contact**

- sexual
- household (non-sexual)
- other

**Where was the tattooing performed?**

- select all that apply:
  - frequent (several times weekly)
  - infrequent

**Where was the piercing performed?**

- select all that apply:
  - commercial parlor/shop
  - correctional facility
  - other

**During this/her lifetime, was the patient EVER incarcerated for longer than 6 months?**

- yes
- no
- unknown

**If yes, what year was the most recent incarceration?**

**For how long?**

**Has the patient received medication for the type of hepatitis being reported?**

- yes
- no
- unknown
# Patient History — Chronic Hepatitis B Infection

**Case ID:** INV168

The following questions are provided as a guide for the investigation of lifetime risk factors for HBV infection. Routine collection of risk factor information for persons who test HBV positive is not required. However, collection of risk factor information for such persons may provide useful information for the development and evaluation of programs to identify and counsel HBV-infected persons.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the patient receive clotting factor concentrates produced prior to 1987?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the patient ever on long-term hemodialysis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times?</td>
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</tr>
<tr>
<td>How many sex partners has the patient had (approximate lifetime)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Was the patient ever incarcerated?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the patient ever treated for a sexually transmitted disease?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the patient ever a contact of a person who had hepatitis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, type of contact</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sexual</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Household [Non-sexual]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

What is the birth country of the mother?

Has the patient received medication for the type of hepatitis being reported?
Patient History — Hepatitis C Infection (past or present)

Case ID: ________________________________

The following questions are provided as a guide for the investigation of lifetime risk factors for HCV infection. Routine collection of risk factor information for persons who test HCV positive is not required. However, collection of risk factor information for such persons may provide useful information for the development and evaluation of programs to identify and counsel HCV-infected persons.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the patient receive a blood transfusion prior to 1992?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Did the patient receive an organ transplant prior to 1992?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Did the patient receive clotting factor concentrates produced prior to 1987?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Was the patient ever on long-term hemodialysis?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How many sex partners has the patient had (approximate lifetime)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Was the patient ever incarcerated?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Was the patient ever treated for a sexually transmitted disease?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Was the patient ever a contact of a person who had hepatitis?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If yes, type of contact</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Sexual</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Household [Non-sexual]</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Other</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Was the patient ever employed in a medical or dental field involving direct contact with human blood?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Has the patient received medication for the type of hepatitis being reported?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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