Washington State Department of HEALTH

Hepatitis A

County

Case name (last, first) _____

Birth date ___/___/___ Age at symptom onset _____ ☐ Years ☐ Months

Alternate name _____

Phone _____ Email _____

Address type ☐ Home ☐ Mailing ☐ Other ☐ Temporary ☐ Work

Street address _____

City/State/Zip/County _____

Residence type (incl. Homeless) _____ WA resident ☐ Yes ☐ No

ADMINISTRATIVE

Investigator _____ LHJ Case ID (optional) _____

LHJ notification date ___/___/___

Classification

☐ Classification pending ☐ Confirmed ☐ Investigation in progress ☐ Not reportable ☐ Probable ☐ Ruled out ☐ Suspect

Investigation status

☐ Complete ☐ Complete – not reportable to DOH ☐ Unable to complete Reason _____ ☐ In progress

Dates: **Investigation start** ___/___/__ Investigation complete ___/___/__ Record complete ___/___/__ **Case complete** ___/___/__

REPORT SOURCE

Initial report source _____ LHJ _____

Reporter organization _____

Reporter name _____ Reporter phone _____

All reporting sources (list all that apply) _____

DEMOGRAPHICS

Sex at birth: ☐ Female ☐ Male ☐ Other ☐ Unknown

Do you consider yourself (your child) Hispanic, Latino/a, or Latinx?

Ethnicity ☐ Hispanic, Latino/a, Latinx ☐ Non-Hispanic, Latino/a, Latinx ☐ Patient declined to respond ☐ Unknown

What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like (check all responses):

Race ☐ Amer Ind/AK Native (***specify***: ☐ Amer Ind ***and/or*** ☐ AK Native) ☐ Asian ☐ Black or African American
☐ Native HI/Pacific Islander (***specify***: ☐ Native HI ***and/or*** ☐ Pacific Islander) ☐ White ☐ Patient declined to respond ☐ Unk

Additional race information:

☐ Afghan ☐ Afro-Caribbean ☐ Arab ☐ Asian Indian ☐ Bamar/Burman/Burmese ☐ Bangladeshi ☐ Bhutanese
☐ Central American ☐ Cham ☐ Chicano/a or Chicanx ☐ Chinese ☐ Congolese ☐ Cuban ☐ Dominican ☐ Egyptian
☐ Eritrean ☐ Ethiopian ☐ Fijian ☐ Filipino ☐ First Nations ☐ Guamanian or Chamorro ☐ Hmong/Mong
☐ Indigenous-Latino/a or Indigenous-Latinx ☐ Indonesian ☐ Iranian ☐ Iraqi ☐ Japanese ☐ Jordanian ☐ Karen
☐ Kenyan ☐ Khmer/Cambodian ☐ Korean ☐ Kuwaiti ☐ Lao ☐ Lebanese ☐ Malaysian ☐ Marshallese ☐ Mestizo
☐ Mexican/Mexican American ☐ Middle Eastern ☐ Mien ☐ Moroccan ☐ Nepalese ☐ North African ☐ Oromo
☐ Pakistani ☐ Puerto Rican ☐ Romanian/Rumanian ☐ Russian ☐ Samoan ☐ Saudi Arabian ☐ Somali
☐ South African ☐ South American ☐ Syrian ☐ Taiwanese ☐ Thai ☐ Tongan ☐ Ugandan ☐ Ukrainian
☐ Vietnamese ☐ Yemeni ☐ Other: _____

What is your (your childs) preferred language? Check one:

☐ Amharic ☐ Arabic ☐ Balochi/Baluchi ☐ Burmese ☐ Cantonese ☐ Chinese (unspecified) ☐ Chamorro ☐ Chuukese
☐ Dari ☐ English ☐ Farsi/Persian ☐ Fijian ☐ Filipino/Pilipino ☐ French ☐ German ☐ Hindi ☐ Hmong ☐ Japanese
☐ Karen ☐ Khmer/Cambodian ☐ Kinyarwanda ☐ Korean ☐ Kosraean ☐ Lao ☐ Mandarin ☐ Marshallese ☐ Mixteco
☐ Nepali ☐ Oromo ☐ Panjabi/Punjabi ☐ Pashto ☐ Portuguese ☐ Romanian/Rumanian ☐ Russian ☐ Samoan
☐ Sign languages ☐ Somali ☐ Spanish/Castilian ☐ Swahili/Kiswahili ☐ Tagalog ☐ Tamil ☐ Telugu ☐ Thai ☐ Tigrinya
☐ Ukrainian ☐ Urdu ☐ Vietnamese ☐ Other language: _____ ☐ Patient declined to respond ☐ Unknown

Interpreter needed ☐ Yes ☐ No ☐ Unk

Case Name _____ LHJ Case ID _____

EMPLOYMENT AND SCHOOL

Employed ☐ Yes ☐ No ☐ Unk Occupation _____ Industry _____
Employer _____ Work site _____ City _____

Student/Day care ☐ Yes ☐ No ☐ Unk
Type of school ☐ Preschool/day care ☐ K-12 ☐ College ☐ Graduate School ☐ Vocational ☐ Online ☐ Other
School name _____ School address _____
City/State/County _____ Zip _____ Phone number _____ Teacher's name _____

COMMUNICATIONS

Primary HCP name _____ Phone _____
OK to talk to patient (If Later, provide date) ☐ Yes ☐ Later ___/___/___ ☐ Never
Date of interview attempt ___/___/___ ☐ Complete ☐ Partial ☐ Unable to reach ☐ Patient could not be interviewed
Alternate contact: ☐ Parent/Guardian ☐ Spouse/Partner ☐ Friend ☐ Other _____
Name _____ Phone _____

Outbreak related ☐ Yes ☐ No LHJ Cluster ID _____ Cluster Name _____

CLINICAL INFORMATION

Complainant ill ☐ Yes ☐ No ☐ Unk Symptom Onset ___/___/___ ☐ Derived Diagnosis date ___/___/___
Illness duration _____ ☐ Days ☐ Weeks ☐ Months ☐ Years Illness is still ongoing ☐ Yes ☐ No ☐ Unk
Reason for testing ☐ Symptoms of acute hepatitis ☐ Elevated liver enzymes ☐ Follow-up testing for previous hepatitis marker
☐ Asymptomatic with risk factor ☐ Patient request ☐ Year of birth ☐ Donor screening ☐ Prenatal
☐ Unk ☐ Other_____

Clinical Features

Y	N	Unk	
☐	☐	☐	**Acute onset of illness**
☐	☐	☐	Any fever, subjective or measured Temp measured? ☐ Yes ☐ No Highest measured temp _____ºF
☐	☐	☐	**Diarrhea** *(3 or more loose stools within a 24 hour period)* Onset date ___/___/___
☐	☐	☐	**Pale stool, dark urine, yellowing of skin or eyes (jaundice)** Onset date ___/___/___
☐	☐	☐	**Abdominal pain or cramps**
☐	☐	☐	**Anorexia (loss of appetite)**
☐	☐	☐	**Nausea**
☐	☐	☐	**Vomiting**
☐	☐	☐	**Fatigue**

Y	N	Unk	
☐	☐	☐	Malaise
☐	☐	☐	Headache
☐	☐	☐	Any complication _____

Vaccination

Y	N	Unk	
☐	☐	☐	Received any doses of hepatitis A vaccine Month/year of last dose ___/___ Total doses received _____
☐	☐	☐	Received immunoglobulin Month/year received ___/___

Hospitalization

Y	N	Unk	
☐	☐	☐	Hospitalized at least overnight for this illness Facility name _____ Hospital admission date ___/___/___ Discharge ___/___/___ HRN _____

Y	N	Unk	
☐	☐	☐	Died of this illness Death date ___/___/___ *Please fill in the death date information on the Person Screen*
☐	☐	☐	Death certificate lists disease as a cause of death or a significant contributing condition

Location of death ☐ Outside of hospital (e.g., home or in transit to the hospital) ☐ Emergency department (ED)
☐ Inpatient ward ☐ ICU ☐ Other _____

Case Name _____ LHJ Case ID _____

RISK AND RESPONSE (Ask about exposures 15-50 days before symptom onset)

Travel

	Setting 1	Setting 2	Setting 3
Travel out of:	☐ County/City _____ ☐ State _____ ☐ Country _____ ☐ Other _____	☐ County/City _____ ☐ State _____ ☐ Country _____ ☐ Other _____	☐ County/City _____ ☐ State _____ ☐ Country _____ ☐ Other _____
Destination name			
Start and end dates	___/___/___ to ___/___/___	___/___/___ to ___/___/___	___/___/___ to ___/___/___

Risk and Exposure Information

Y N Unk

☐ ☐ ☐ Is case a recent foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Country _____
☐ ☐ ☐ Household member traveled or lived outside the US or Canada Country (record all) _____
☐ ☐ ☐ Does the case know anyone else with similar symptoms or illness
Onset date, shared meals, relationship, etc. _____
☐ ☐ ☐ Congregate living
☐ Barracks ☐ Corrections ☐ Long term care ☐ Dormitory ☐ Boarding school ☐ Camp ☐ Shelter
☐ Other _____
☐ ☐ ☐ Child or employee in day care, nursery or preschool
☐ ☐ ☐ Was hepatitis A identified in facility
☐ ☐ ☐ Attends childcare or preschool Location/details _____
☐ ☐ ☐ Injected drugs not prescribed by a doctor, even if only once or a few times Describe _____
☐ ☐ ☐ Non-injection street drug use
☐ ☐ ☐ Used drugs not prescribed by a doctor but route of administration is unknown
☐ ☐ ☐ Failure of vaccine or post-exposure prophylaxis
☐ ☐ ☐ Investigating vaccine or prophylaxis failure

Food Exposure - ***Food exposure timeframe: 15 - 50 days prior to onset of illness. Ask about detailed food exposures only if there has been no travel exposure outside the US and Canada and no other identified risk exposure in the 15-50 days prior to the onset of illness***

Sources of food IN home - During exposure timeframe did you (your child) eat foods from:

☐ (1) Grocery stores or supermarkets
☐ (2) Home delivery grocery services (CSA, grocery delivery, Amazon Fresh, Peapod, etc.)
☐ (3) Fish or meat specialty shops (butcher shop, etc.)
☐ (4) Warehouse stores (Costco, Sam's Club, etc.)
☐ (5) Meal delivery services (Blue Apron, Meals on Wheels, Schwan's, NutriSystem, etc.)
☐ (6) Live animal market, custom slaughter facility
☐ (7) Small markets/mini markets (convenience stores, gas stations, etc.)
☐ (8) Health food stores or co-ops
☐ (9) Ethnic specialty markets (Mexican, Asian, Indian)
☐ (10) Farmers markets, roadside stands, open-air markets, food purchased directly from a farm
☐ (11) Other _____

Type of Business (enter number next to choices above)	**Business name**	**Address/location**

Sources of food outside home - During exposure timeframe did you (your child) eat foods from:

☐ (1) Fast casual (Chipolte, Panera, etc)
☐ (2) Fast food (McDonald's, Burger King, Wendy's)
☐ (3) Sandwich shop, deli
☐ (4) Jamaican, Cuban, or Caribbean
☐ (5) Ready-to-eat prepared food from grocery or deli
☐ (6) An event where food was served (catered event, festival, church, or community meal)
☐ (7) Mexican, Salvadorian, other Hispanic/Latino-style
☐ (8) Food trucks, food stalls/stands
☐ (9) School, hospital, senior center, or other institutional setting
☐ (10) Chinese, Japanese, Vietnamese, other Asian-style
☐ (11) All-you-can-eat buffet
☐ (12) Breakfast, brunch, diner, or café
☐ (13) Middle Eastern, Greek/Mediterranean, Arabic, Lebanese, African
☐ (14) Any takeout from a restaurant
☐ (15) Healthy restaurant (vegetarian, vegan, salad-based
☐ (16) Salad bar at a grocery store or restaurant
☐ (17) Other ___________________________________

Type of Business (enter number next to choices above)	**Restaurant/venue name**	**Date**	**Time of meal (Breakfast, Brunch, Lunch, Happy Hour, Dinner, Other)**	**Food ordered/eaten**	**Address/ location**
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		

How many times did you eat in or get take out from restaurants or delis ☐ 1-2/month ☐ 1/week ☐ 2-4/week ☐ 5+/week ☐ Not sure

Y M N Unk
☐ ☐ ☐ ☐ Any food sampled (grocery, warehouse stores, food court, etc.) ___________________________________
☐ ☐ ☐ ☐ Bivalve shellfish (oysters, clams, mussels, etc.) County/location collected or bought _________________________
☐ ☐ ☐ ☐ Any other seafood Specify ______________________________

Water Exposure

Y N Unk **Describe**
☐ ☐ ☐ Source of drinking water known
☐ ☐ ☐ Bottled water ____
☐ ☐ ☐ Public water system ____
☐ ☐ ☐ Individual well ____
☐ ☐ ☐ Shared well ____
☐ ☐ ☐ Other ____
☐ ☐ ☐ Untreated/unchlorinated water (surface, well, lakes, streams, springs, etc.) ___________________________________

Sexual Exposure

☐ ☐ ☐ Any type of sexual contact with others during the exposure period
Number of sexual partners during exposure period _______ Female _______ Male

Exposure and Transmission Summary

Y N Unk
☐ ☐ ☐ Epidemiologically linked to a lab positive case classified as confirmed
☐ ☐ ☐ Child cared for by this patient
☐ ☐ ☐ Household (nonsexual)
☐ ☐ ☐ Person giving care to this child
☐ ☐ ☐ Playmate
☐ ☐ ☐ Sexual
☐ ☐ ☐ Other ___________________________________

Case Name _____ LHJ Case ID _____

Likely geographic region of exposure ☐ In Washington – county _____ ☐ Other state _____
☐ Not in US - country _____ ☐ Unk

International travel related ☐ During entire exposure period ☐ During part of exposure period ☐ No international travel

Suspected exposure type ☐ Foodborne ☐ Waterborne ☐ Person to person ☐ Sexual ☐ Blood products ☐ IDU
☐ Health care associated ☐ Unk ☐ Other _____
Describe _____

Suspected exposure setting ☐ Day care/Childcare ☐ School (not college) ☐ Doctor's office ☐ Hospital ward ☐ Hospital ER
☐ Hospital outpatient facility ☐ Home ☐ Work ☐ College ☐ Military ☐ Correctional facility ☐ Place of worship
☐ Laboratory ☐ Long term care facility ☐ Homeless/shelter ☐ International travel ☐ Out of state travel ☐ Transit
☐ Social event ☐ Large public gathering ☐ Restaurant ☐ Hotel/motel/hostel ☐ Other _____
Describe _____

Exposure summary

Suspected transmission type (check all that apply) ☐ Foodborne ☐ Waterborne ☐ Person to person ☐ Sexual
☐ Blood products ☐ IDU ☐ Health care associated ☐ Unk ☐ Other _____
Describe _____

Suspected transmission setting (check all that apply) ☐ Day care/Childcare ☐ School (not college) ☐ Doctor's office
☐ Hospital ward ☐ Hospital ER ☐ Hospital outpatient facility ☐ Home ☐ Work ☐ College ☐ Military
☐ Correctional facility ☐ Place of worship ☐ Laboratory ☐ Long term care facility ☐ Homeless/shelter
☐ International travel ☐ Out of state travel ☐ Transit ☐ Social event ☐ Large public gathering ☐ Restaurant
☐ Hotel/motel/hostel ☐ Other _____
Describe _____

Public Health Issues

Y N Unk

☐ ☐ ☐ Employed as a food handler
☐ ☐ ☐ Non-occupational food handling (e.g., potlucks, receptions) during contagious period
☐ ☐ ☐ Employed as a health care worker
☐ ☐ ☐ Employed in childcare or preschool
☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset or diagnosis Agency and location _____
Date ___/___/___ Specify type of donation_____
☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, childcare, food)

Public Health Interventions/Actions

Y N Unk

☐ ☐ ☐ Exclude case from sensitive occupations (HCW, food, childcare) or situations (childcare) until diarrhea ceases and it is 7 days from onset of jaundice
☐ ☐ ☐ Notified blood or tissue bank (if recent donation)
☐ ☐ ☐ Commercial product implicated
☐ ☐ ☐ Initiate trace-back investigation
☐ ☐ ☐ Restaurant inspection Name/Location _____
☐ ☐ ☐ Public announcement recommended
☐ ☐ ☐ Prophylaxis of appropriate contacts recommended Date initiated ___/___/___
Number of contacts recommended prophylaxis _____
Number of household contacts _____
Number of non-household contacts _____
Number of contacts receiving prophylaxis _____
Number of household contacts _____
Number of non-household contacts _____
☐ ☐ ☐ Letter sent Date ___/___/___ Batch date ___/___/___

Case Name _____ LHJ Case ID _____

TRANSMISSION TRACKING: OPTIONAL LHJ USE – DATA ENTRY IN WDRS IS OPTIONAL FOR THIS SECTION

Contagious period: 2 weeks before onset to 1 week after onset of jaundice

Visited, attended, employed, or volunteered at any public settings while contagious ☐ Yes ☐ No ☐ Unk

Settings and details (check all that apply)

☐ Day care ☐ School ☐ Airport ☐ Hotel/Motel/Hostel ☐ Transit ☐ Health care ☐ Home ☐ Work ☐ College
☐ Military ☐ Correctional facility ☐ Place of worship ☐ International travel ☐ Out of state travel ☐ LTCF
☐ Homeless/shelter ☐ Social event ☐ Large public gathering ☐ Restaurant ☐ Other

	Setting 1	Setting 2	Setting 3	Setting 4
Setting Type (as checked above)				
Facility Name				
Start Date	___/___/___	___/___/___	___/___/___	___/___/___
End Date	___/___/___	___/___/___	___/___/___	___/___/___
Time of Arrival				
Time of Departure				
Number of people potentially exposed				
Details (hotel room #, HC type, transit info, etc.)				
Contact information available for setting (who will manage exposures or disease control for setting)	☐ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk
	Setting 1	Setting 2	Setting 3	Setting 4
Is a list of contacts known?	☐ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk

If list of contacts is known, please fill out Contact Tracing Form Question Package

NOTES

LAB RESULTS

Lab report information
Lab report reviewed – LHJ ☐
WDRS user-entered lab report note

Submitter _____
Performing lab for entire report _____
Referring lab _____

Specimen
Specimen identifier/accession number _____
Specimen collection date ___/___/___ Specimen received date ___/___/___
WDRS specimen type _____
WDRS specimen source site _____
WDRS specimen reject reason _____

Test performed and result
WDRS test performed _____
WDRS test result, coded _____
WDRS test result, comparator _____
WDRS result, numeric only (enter only if given, including as necessary ***Comparator*** and ***Unit of measure***) _____
WDRS unit of measure _____
Test method _____
WDRS interpretation code _____
Test result – Other, specify _____
WDRS result summary ☐ Positive ☐ Negative ☐ Indeterminate ☐ Equivocal ☐ Test not performed ☐ Pending
Test result status ☐ Final results; Can only be changed with a corrected result
☐ Preliminary results
☐ Record coming over is a correction and thus replaces a final result
☐ Results cannot be obtained for this observation
☐ Specimen in lab; results pending
Result date ___/___/___
Upload document

Ordering Provider
WDRS ordering provider _____

Ordering facility
WDRS ordering facility name _____

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