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TEXAS Health and Human Services | Texas Department of State Health Services

Hepatitis A, Acute Case Track Record

FINAL STATUS:
- ☒ CONFIRMED, ACUTE
- ☐ RULED OUT /NOT A CASE

NBS PATIENT ID#: 123456789

NBS INVESTIGATION ID#: 987654321

Patient's Name: Doe (last) Jane (first)
Address: 1600 Clifton Rd
City: Atlanta County: DeKalb Zip: 30333
Region: GA Phone: (404) 639-3311
Parent/Guardian: John Doe
Physician: Juan Pérez Phone: (404) 639-3311
Address: 1670 Clairmont Rd, Decatur, GA 30033

☐ Check box if history of homelessness in last 6 months

Reported by: Juan Pérez
Agency: CDC
Phone: (404) 639-3311
Date reported: 3/31/24
Investigated by: Juan Pérez
Agency: CDC
Phone: (404) 639-3311
Email: juanperez@cdc.gov
Investigation start date: 3/1/24
Date investigation completed: 3/31/24

DEMOGRAPHICS: *DATE OF BIRTH:* 1/1/70 *AGE:* 54 *PLACE OF BIRTH:* ☒ USA ☐ Other:_____ ☐ Unknown

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

If yes, estimated date and location of delivery: ____/____/____

Obstetrician's name, address, and phone #: Zhng Sn 1364 Clifton Rd, Atlanta GA 30322 404-712-200(

Was the patient hospitalized for this illness? ☒Yes / ☐No

Hospitalized at: Emory Univ Hospital

Admitted: 3/1/24 Discharged: 3/3 24

Duration of Stay 30 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

Diagnosis Date: _ __/__ _/_ __

	Yes	No	Unk
Is patient symptomatic?	☐	☐	☐
If yes, onset date: ____/____/____ End date: ____/____/____			
(Fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, abdominal pain, or dark urine)			
Was the patient			
*Jaundiced?	☐	☐	☐
*Total bilirubin levels > 3.0 mg/dL?	☐	☐	☐
Date of bilirubin test____/____/____			
Did the patient die from hepatitis?	☐	☐	☐
Date of death: ____/____/____			

LABORATORY TESTING (*Check all that apply*)

Date of lab test_____/____/_____ Testing Facility: _____

	POS	NEG	UNK
Total antibody to hepatitis A virus [total anti-HAV]……..	☐	☐	☐
IgM antibody to hepatitis A virus [IgM anti-HAV]…….	☐	☐	☐
Hepatitis A virus RNA by NAT (includes genotype testing)..	☐	☐	☐

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

	Yes	No	Unk
Did the patient ever receive hepatitis A vaccine?	☐	☐	☐

	1	2	3+
If yes, how many shots?.....	☐	☐	☐

In what year was the last shot received?..... ☐☐☐☐

PUBLIC HEALTH MEASURES

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

Earliest date public health control initiated: ____/____/____

Patient History – Hepatitis A, Acute Pt. Name: Doe , Jane NBS Pt. ID: 123456789

During the **2-6 weeks** prior to onset of symptoms:

Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection? ☒Yes / ☐No / ☐Unk

If yes, was the contact *(check one)*

Household member (non sexual) ☐Yes / ☐No / ☐Unk

Sex partners ☐Yes / ☐No / ☐Unk

Child cared for by this patient ☐Yes / ☐No / ☐Unk

Babysitter of this patient ☐Yes / ☐No / ☐Unk

Playmate ☐Yes / ☐No / ☐Unk

Other ☐Yes / ☐No / ☐Unk

Was the patient:

A child or employee in a daycare center, nursery, or preschool? ☐Yes / ☐No / ☐Unk

A household contact of a child or employee in a day care center, nursery, or preschool? ☐Yes / ☐No / ☐Unk

If yes for either of these, was there an identified hepatitis A in the child care facility? ☐Yes / ☐No / ☐Unk

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

In the **2-6 weeks** before symptom onset how many:	0	1	2-5	Unk
Male sex partners did the patient have?	☐	☐	☐	☐
Female sex partners did the patient have?	☐	☐	☐	☐

In the **2-6 weeks** before symptom onset:

Did the patient inject drugs not prescribed by a doctor? ☐Yes / ☐No / ☐Unk

Did the patient use street drugs but not inject? ☐Yes / ☐No / ☐Unk

Did the patient **travel** outside of the U.S.A. or Canada? ☐Yes / ☐No / ☐Unk

If yes, where? (Country) 1)_____ 2)_____

In the **3 months** prior to symptoms onset:

Did anyone in the patient's household travel outside of the U.S.A. or Canada? ☐Yes / ☐No / ☐Unk

If yes, where? (Country) 1)_____ 2)_____

Is the patient suspected as being part of a common-source outbreak? ☐Yes / ☐No / ☐Unk

If yes, was the outbreak:

Foodborne -- associated with an infected food handler ☐Yes / ☐No / ☐Unk

Foodborne – NOT associated with an infected handler ☐Yes / ☐No / ☐Unk

Specify food item_____

Waterborne ☐Yes / ☐No / ☐Unk

Source not identified ☐Yes / ☐No / ☐Unk

Was the patient employed as a food handler during the **TWO WEEKS** prior to onset of symptoms or while ill? ☐Yes / ☐No / ☐Unk

If yes, where? _____

Last day of work? _____/____/____

Was the patient employed as a healthcare worker during the **THREE MONTHS** prior to onset of symptoms or while ill? ☐Yes / ☐No / ☐Unk

If yes, where? _____ Specify job title or duties:_____

Last day of work? _____/____/____

Non-sexual Household and Sexual Contacts Requiring Prophylaxis:

Name	Relation to Case	Age	HAIG	HAV Vaccine
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____

Comments: