

Viral Hepatitis Case Report

Perinatal Hepatitis C

Michigan Department of Health and Human Services

Communicable Disease Division

Investigation Information

Investigation ID	Onset Date (mm/dd/yyyy)	Diagnosis Date (mm/dd/yyyy)	Referral Date (mm/dd/yyyy)	Case Entry Date (mm/dd/yyyy)
Investigation Status Active	Case Status <input type="radio"/> Confirmed <input type="radio"/> Confirmed - Non Resident <input type="radio"/> Not a Case <input type="radio"/> Probable <input type="radio"/> Suspect <input type="radio"/> Unknown <input type="radio"/> Non-Michigan Case			<input type="checkbox"/> State Prison Case
Patient Status Alive	Patient Status Date (mm/dd/yyyy)	Case Disposition	Case Updated Date (mm/dd/yyyy)	Case Completion Date (mm/dd/yyyy)
Investigator First Name:	Last Name:	Part of an outbreak?	Outbreak Name	

Patient Information

Patient ID	First	Last	Middle
Street Address			
City	County	State	Zip
Home Phone (###-###-####) Ext.	Other Phone (###-###-####) Ext.		
Parent/Guardian (required if under 18)			
First	Last	Middle	

Demographics

Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	Date of Birth (mm/dd/yyyy)	Age	Age Units <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years
Race (Check all that apply) <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown			
Hispanic Ethnicity <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Latino <input type="radio"/> Unknown		Arab Ethnicity <input type="radio"/> Arab <input type="radio"/> Non-Arab <input type="radio"/> Unknown	
Worksites/School	Occupations/Grade	MDOC ID	

Referral Information

Person Providing Referral

First <input type="text"/>	Last <input type="text"/>	Phone (###-###-####) <input type="text"/>	Ext. <input type="text"/>	Email <input type="text"/>
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Referral Information Continued

Primary Physician

First <input type="text"/>	Last <input type="text"/>	Phone (###-###-####) <input type="text"/>	Ext. <input type="text"/>	Email <input type="text"/>
Street Address <input type="text"/>				
City <input type="text"/>	County <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	

Hospital Information

Patient Hospitalized <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Hospital <input type="text"/>	Hospital City <input type="text"/>	Hospital Record No. <input type="text"/>
Admission Date (mm/dd/yyyy) <input type="text"/>	Discharge Date (mm/dd/yyyy) <input type="text"/>	Days Hospitalized <input type="text"/>	

Clinical Information and Patient History

Place of Birth: <input type="radio"/> USA <input type="radio"/> Other <input type="text"/>	Did the patient die from hepatitis? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	If yes, specify the date of death: (mm/dd/yyyy) <input type="text"/>	Was the patient aware they had viral hepatitis prior to lab testing? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Does the patient have a provider of care for hepatitis? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Does the patient have diabetes? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Diabetes Diagnosis Date: (mm/dd/yyyy) <input type="text"/>	
Reason for Testing: (Check all that apply)			
<input type="checkbox"/> Year of birth (1945-1965)	<input type="checkbox"/> Evaluation of elevated liver enzymes		
<input type="checkbox"/> Symptoms of acute hepatitis	<input type="checkbox"/> Blood / Organ donor screening		
<input type="checkbox"/> Screening of asymptomatic patient with reported risk factors	<input type="checkbox"/> Follow-up testing for previous marker of viral hepatitis		
<input type="checkbox"/> Screening of asymptomatic patient with no risk factors (e.g., patient requested)	<input type="checkbox"/> Unknown		
<input type="checkbox"/> Prenatal screening			
<input type="checkbox"/> Other <input type="text"/>			
Is the patient symptomatic? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Is or was the patient jaundiced? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Is or was the patient pregnant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	If yes, specify the due or delivery date: (mm/dd/yyyy) <input type="text"/>
Diagnosis: (Check all that apply)			
<input type="checkbox"/> Acute hepatitis A	<input type="checkbox"/> Acute hepatitis B	<input type="checkbox"/> Acute hepatitis C	
<input type="checkbox"/> Acute hepatitis E	<input type="checkbox"/> Chronic HBV infection	<input type="checkbox"/> HCV infection (chronic or resolved)	
<input type="checkbox"/> Acute non-ABCD hepatitis	<input type="checkbox"/> Perinatal HBV infection	<input type="checkbox"/> Hepatitis Delta (co- or super-infection)	

Diagnostic Tests

Test Name	Result	Date
	(P=Positive N=Negative UNK=Unknown)	mm/dd/yyyy
Hepatitis A		
Total antibody, hepatitis A virus [total anti-HAV]	▼	
IgM antibody to hepatitis A virus [IgM anti-HAV]	▼	
Hepatitis B		
Hepatitis B surface antigen [HBsAg]	▼	
Total antibody, hepatitis B core antigen [Total anti-HBc]	▼	
IgM antibody to hepatitis B core antigen [IgM anti-HBc]	▼	
Nucleic Acid Testing for hepatitis B [HBV NAT]	▼	
Hepatitis B Virus DNA Quantitative by PCR	▼	
Hepatitis B virus DNA Qualitative by PCR	▼	
Antibody to the hepatitis B surface antigen [anti-HBs]	▼	
Hepatitis B e antigen [HBeAg]	▼	
Antibody to hepatitis B e antigen [HBeAb or anti-HBe]	▼	
Hepatitis B Virus Genotype		
Hepatitis B Virus Drug Resistant		
Hepatitis C		
Antibody to hepatitis C virus [anti-HCV]	▼	
Anti-HCV signal to cut-off ratio		
Supplemental anti-HCV assay [e.g., RIBA]	▼	
HCV RNA [e.g., PCR]	▼	
Quantitative Hepatitis C RT-PCR	▼	
Qualitative Hepatitis C RT-PCR	▼	
Hepatitis C Virus Genotype		
Hepatitis D		
Antibody to hepatitis D virus [anti-HDV]	▼	
Hepatitis E		
Antibody to hepatitis E virus [IgM anti-HEV]	▼	
IgG hepatitis E antibody [IgG anti-HEV]	▼	
Other		
Interleukin-28		
Biopsy		
Fibroscan		

Liver Enzyme Levels at Time of Diagnosis

Test Name	Result	Upper Limit Normal	Date of Result
			(mm/dd/yyyy)
ALT (SGPT)			
AST (SGOT)			
Bilirubin (mg/dL)			

Epidemiologic Information

Was the patient born to an HCV-infected mother?

Yes No Unknown

Other Information

Local 1 <input type="text"/>	Local 2 <input type="text"/>
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Name of Person interviewed <input type="text"/>	Relationship to patient <input type="text"/>	Date of interview (mm/dd/yyyy) <input type="text"/>
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Submitted by: <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/>	Health Department <input type="text"/> ▼	Phone Number (###-###-####) <input type="text"/>	Ext. <input type="text"/>
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Comments or Additional Information

Case Notes

Notes

Lab Results

Report Date	Test Name	Reported Test Name/Test Result	Specimen	Collection Date
(mm/dd/yyyy)				(mm/dd/yyyy)

No Labs