Viral Hepatitis Case Report

Chronic Hepatitis B

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: ◯ Confirmed ◯ Confirmed - Non Resident ◯ Not a Case ◯ Probable ◯ Suspect ◯ Unknown ◯ Non-Michigan Case

☐ State Prison Case

Patient Status	Patient Status Date *(mm/dd/yyyy)*	Case Disposition	Case Updated Date *(mm/dd/yyyy)*	Case Completion Date *(mm/dd/yyyy)*
Alive				

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: ◯ Male ◯ Female ◯ Unknown

Date of Birth *(mm/dd/yyyy)*

Age

Age Units: ◯ Days ◯ Months ◯ Years

Race *(Check all that apply)*

☐ Caucasian ☐ Black/African American ☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Asian

☐ Other (Specify) ☐ Unknown

Hispanic Ethnicity: ◯ Hispanic/Latino ◯ Non-Hispanic/Latino ◯ Unknown

Arab Ethnicity: ◯ Arab ◯ Non-Arab ◯ Unknown

Worksites/School	Occupations/Grade	MDOC ID

Referral Information

Person Providing Referral

First	Last	Phone *(###-###-####)*	Ext.	Email

– Referral Information Continued

Primary Physician

First | Last | Phone *(###-###-####)* | Ext. | Email

Street Address

City | County | State | Zip

– Hospital Information

Patient Hospitalized ◯ Yes ◯ No ◯ Unknown | Hospital | Hospital City | Hospital Record No.

Admission Date *(mm/dd/yyyy)* | Discharge Date *(mm/dd/yyyy)* | Days Hospitalized

– Clinical Information and Patient History

Place of Birth: ◯ USA ◯ Other

Did the patient die from hepatitis? ◯ Yes ◯ No ◯ Unknown

If yes, specify the date of death: *(mm/dd/yyyy)*

Was the patient aware they had viral hepatitis prior to lab testing? ◯ Yes ◯ No ◯ Unknown

Does the patient have a provider of care for hepatitis? ◯ Yes ◯ No ◯ Unknown

Does the patient have diabetes? ◯ Yes ◯ No ◯ Unknown

Diabetes Diagnosis Date: *(mm/dd/yyyy)*

Reason for Testing: *(Check all that apply)*

- ☐ Year of birth (1945-1965)
- ☐ Symptoms of acute hepatitis
- ☐ Screening of asymptomatic patient with reported risk factors
- ☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested)
- ☐ Prenatal screening
- ☐ Other
- ☐ Evaluation of elevated liver enzymes
- ☐ Blood / Organ donor screening
- ☐ Follow-up testing for previous marker of viral hepatitis
- ☐ Unknown

Is the patient symptomatic? ◯ Yes ◯ No ◯ Unknown

Is or was the patient jaundiced? ◯ Yes ◯ No ◯ Unknown

Is or was the patient pregnant? ◯ Yes ◯ No ◯ Unknown

If yes, specify the due or delivery date: *(mm/dd/yyyy)*

Diagnosis: *(Check all that apply)*

- ☐ Acute hepatitis A
- ☐ Acute hepatitis E
- ☐ Acute non-ABCD hepatitis
- ☐ Acute hepatitis B
- ☐ Chronic HBV infection
- ☐ Perinatal HBV infection
- ☐ Acute hepatitis C
- ☐ HCV infection (chronic or resolved)
- ☐ 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)			

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Epidemiologic Information

The following questions are provided as a guide for the investigation of lifetime risk factors for HBV infection. Collection of risk factor information may provide useful information for the development and evaluation of programs to identify and counsel HBV-infected persons.

Did the patient receive clotting factor concentrates produced prior to 1987?
◯ Yes ◯ No ◯ Unknown

Was the patient ever on long-term hemodialysis?
◯ Yes ◯ No ◯ Unknown

Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times?
◯ Yes ◯ No ◯ Unknown

How many sex partners has the patient had (approximate lifetime)?

Was the patient ever incarcerated?
◯ Yes ◯ No ◯ Unknown

Was the patient ever treated for a sexually transmitted disease?
◯ Yes ◯ No ◯ Unknown

Was the patient ever a contact of a person who had hepatitis?
◯ Yes ◯ No ◯ Unknown

If yes, type of contact:

Household (Non-sexual)	◯ Yes ◯ No ◯ Unknown
Sexual	◯ Yes ◯ No ◯ Unknown
Other (specify)	

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

What is the country of birth for the mother?

Has the patient received medication for the type of hepatitis being reported?
◯ Yes ◯ No ◯ Unknown

Other Information

Local 1	Local 2

Name of Person interviewed	Relationship to patient	Date of interview *(mm/dd/yyyy)*

Submitted by:	Date *(mm/dd/yyyy)*	Health Department	Phone Number *(###-###-####)*	Ext.

Comments or Additional Information

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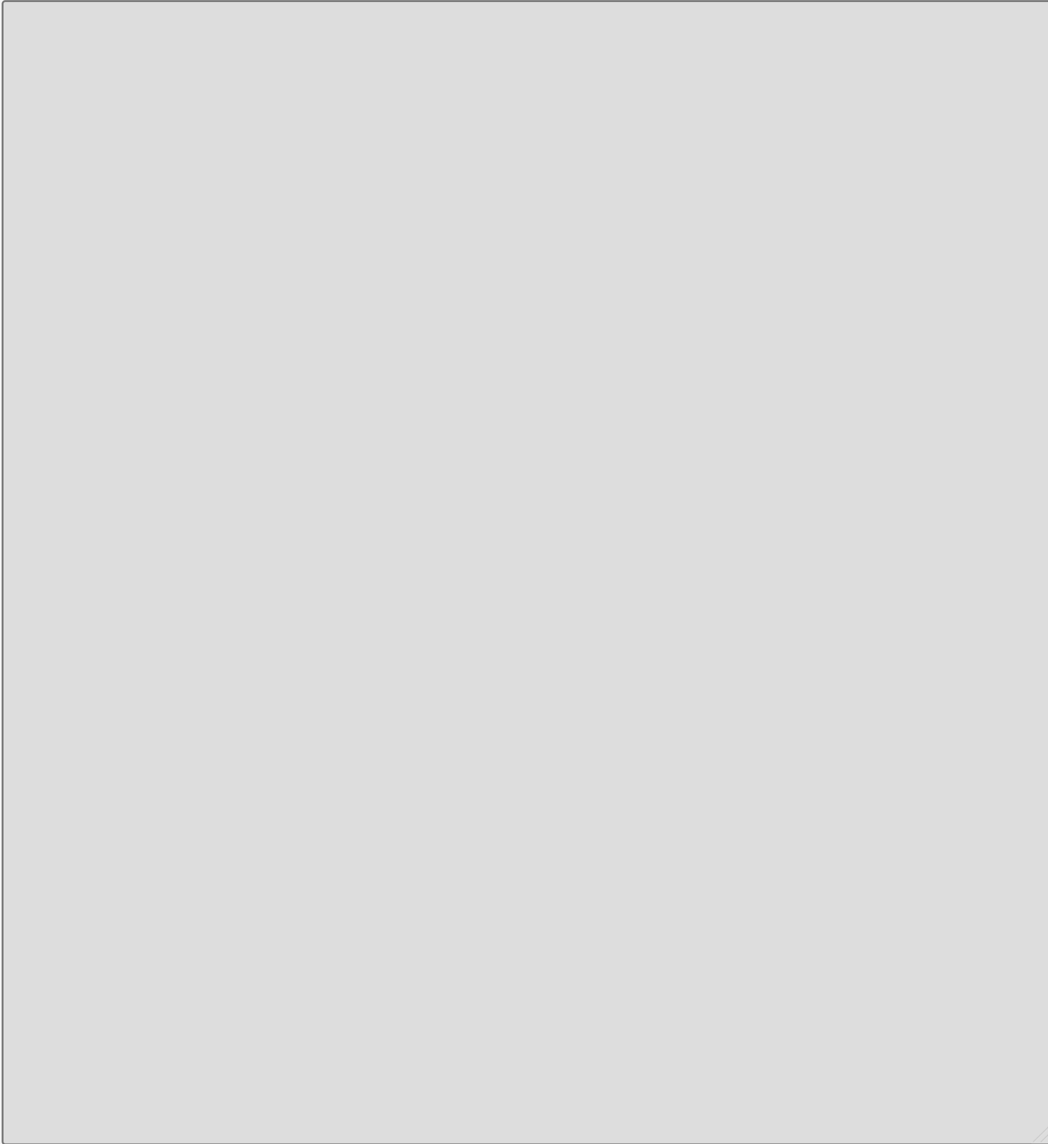
Case Notes

Notes



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Lab Results

Report Date *(mm/dd/yyyy)*	Test Name	Reported Test Name/Test Result	Specimen	Collection Date *(mm/dd/yyyy)*
No Labs				