Hepatitis C, Chronic Case Report

Viral Hepatitis Case Report C Chronic

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

☐ Cleared Status Cleared Status Date *(mm/dd/yyyy)*

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

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

Case ID	First Name	Last Name	Hepatitis C, Chronic Case Report	Page 3

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 B
- ☐ Acute hepatitis C
- ☐ Acute hepatitis E
- ☐ Chronic HBV infection
- ☐ HCV infection (chronic or resolved)
- ☐ Acute non-ABCD hepatitis
- ☐ Perinatal HBV infection
- ☐ Hepatitis Delta (co- or super-infection)

Case ID	*First Name*	*Last Name*	*Hepatitis C, Chronic Case Report*	*Page 4*

Diagnostic Tests

Test Name	Result	Date *(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		
Latest HCV RNA Result		
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)			

Case ID	First Name	Last Name	Hepatitis C, Chronic Case Report	Page 5

Epidemiologic Information

The following questions are provided as a guide for the investigation of lifetime risk factors for HCV infection. 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.

Did the patient receive a blood transfusion prior to 1992?
◯ Yes ◯ No ◯ Unknown

Did the patient receive an organ transplant prior to 1992?
◯ Yes ◯ No ◯ Unknown

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:

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

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

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

Case ID	*First Name*	*Last Name*	*Hepatitis C, Chronic Case Report*	*Page 6*

Case Management Data

Contact Type	Date *(mm/dd/yyyy)*	Interview Result

Lost to follow-up? ◯ Yes ◯ No ◯ Unknown

Insurance Status *(Check all that apply)*
☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Uninsured ☐ Other

Was the client provided with viral hepatitis education? *(Check all that apply)*
☐ Yes - General information ☐ Yes - Specific test results ☐ No education provided

Does the patient have a provider of care for Hepatitis C?
◯ Yes ◯ No ◯ In progress ◯ Unknown

Treated by provider*(report contact information only if different than primary provider, ex. HCV Treatment Prescriber)*

Select treatment provider specialty: *(Check all that apply)*
☐ Gastroenterologist ☐ Hepatologist ☐ Infectious Disease Specialist ☐ Primary Care / Family Care
☐ Other, specify

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

Street Address

City	County	State	Zip

Is or has the patient's Hepatitis C infection been treated?
◯ Yes ◯ No ◯ In progress ◯ Unknown

If 'Yes' or 'In progress'
Treatment start date
Medication ◯ Epclusa ◯ Mavyret ◯ Harvoni ◯ Zepatier ◯ Other
Treatment end date

Were any referrals made for the patient? *(Check all that apply)*
☐ Primary Care Physician ☐ HCV Treatment Provider ☐ Insurance ☐ Housing ☐ Food
☐ Transportation ☐ Syringe Service Program ☐ Medication Assisted Treatment ☐ Other

☐ The patient has cleared the virus

Case ID	*First Name*	*Last Name*	*Hepatitis C, Chronic Case Report*	*Page 7*

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

Case ID	*First Name*	*Last Name*	*Hepatitis C, Chronic Case Report*	*Page 8*

Case Notes

Notes

Case ID	First Name	Last Name	Hepatitis C, Chronic Case Report	Page 9

– Lab Results

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