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Viral Hepatitis A reporting form



Health Service Executive To be completed as soon as possible after notification of a case of hepatitis A Personal details Family name First name Address Country of birth Telephone No. Date of birth Age (years) Sex: Male Female CIDR ID CCA/LHO Source of notification: Lab Give details GP name and address GP telephone No. Employment/school Occupation Place of work Yes No If yes, give details (in particular, detail if Food handler case is a high risk food handler i.e. handles food that will undergo no further thermal treatment) Health care worker If yes, give details Child care worker If yes, give details School If yes, please provide name & address ___ Pre-school Crèche Yes No Does the case have difficulty implementing a good standard of personal hygiene? Clinical details Jaundice: If yes, date of onset of jaundice Elevated serum aminotransferase levels Date of onset of first symptom (if other than jaundice) Duration of illness (until carrying out normal activities) (days) If yes, duration of hospitalisation (days) Hospitalised: Yes Yes Consultant Hepatitis A laboratory results Saliva Specimen type Serum Specimen submitted IgG Positive Negative Specimen date Positive Negative Name of laboratory Genotype_ Sequence

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History of exposure In the 2-6 weeks prior to onset of illness: Yes No						
Was patient a contact of a confirmed or suspected case of hepatitis A, or person with jaundice?						
If yes, type of contact Household (non-sexual) Sexual Other Give details						
Date of onset in this contact Was contact a confirmed case (by serum/saliva IgM)?						
Was patient a household contact of a child or employee of a creche, pre-school or day care centre? If yes, give details						
3. Did the patient travel abroad?						
If yes, detail countries visited & dates of visits						
Did the patient drink water from a private supply or well or other potentially unsafe water source? If yes, give details						
Food exposures	If was	Details of what was acton, where who	n course of			
Food item	If yes, please tick	Details of what was eaten, where, whe food and whether cooked or re				
Shellfish						
Fresh or frozen berries						
Salad or uncooked vegetables						
Dates						
Food containing pomegranate						
Food containing sundried tomatoes						
Restaurant or take away food						
5. Is any particular food suspected?						
If yes, detail (in particular, note "ready-to-eat" food e.g. salad						
If yes, give details						
Note to interviewer: the following questions are of a sensitive nature and should be asked if no alternative exposure has been identified						
Say: I am asking you these questions to try to find out how you got this infection						
Is it possible you could have got it sexually? Yes No						
If yes, say: I will need to ask you some very sensitive questions. Is this all right? If patient agrees, ask the following: In the 2-6 weeks before onset:						
How many male sex partners did you have? 0 1 2-5 >5						
How many female sex partners did you have? 0 1 2-5 55 Sexual orientation:						
Are you an injecting drug user?						
Do you use other street drugs?		Yes No				
Conclusion: The probable route of infection is						
	erborne	Household Contracted	abroad			
Sexual IDU Unknown/unsure						
Is the patient suspected as being part of a recognised outbreak? Yes No Unknown						
If yes, give details Hee the potient ever received honetitis A vessine? Ves \[\begin{align*} \text{No.} \text{No.} \text{No.} \text{No.} \text{No.} \text{No.} \text{No.} \text{No.} \text{No.} \text{No.} \text{No.} \text{No.} \text{No.} \text{No.}						
Has the patient ever received hepatitis A vaccine? If yes, how many doses? In what year was the last dose received?						
Did the patient donate blood in the 2-6 weeks before onset of illness? Yes No Unknown						
If yes, give details of date and location						

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Action taken	Yes	No	Form completed by:			
Exclusion from scho	ool or work		Name			
Hygiene advice give	en 🗌		E-mail			
Information leaflets	given		Location			
PEHO notified			Date			
SPHM notified		Ħ				
Comments						
Enter details in CIDR and forward a copy of the completed form to the Consultant in Public Health Medicine						
Case definition						
Clinical criteria*	(for probable case)				
Any person with a discrete onset of symptoms (e.g. fatigue, abdominal pain, loss of appetite, intermittent nausea and vomiting)						
AND						
At least one of the	following three:					
Fever Jaundice Elevated serum	aminotransferase le	evels				
Laboratory criter	ia					
At least one of the						
Hepatitis A virus	patitis A virus nuclei s specific IgM antibo patitis A virus antige	dy response	um or stool			
Epidemiological	criteria					
At least one of the	e following four:					
Human to human transmission Exposure to a common source Exposure to contaminated food/drinking water Environmental exposure						
Case classification	on					
Possible: Probable: Confirmed:	NA		al criteria with an epidemiological link atory criteria			
*Note: Asymptoma	atic cases are comn	-				
		,	_			