



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Viral Hepatitis A reporting form



To be completed as soon as possible after notification of a case of hepatitis A

## Personal details

Family name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Country of birth \_\_\_\_\_

Date of birth \_\_\_\_\_ Age (years) \_\_\_\_\_ Sex: Male  Female

CIDR ID \_\_\_\_\_ CCA/LHO \_\_\_\_\_

Source of notification: Lab  GP  Hospital  Give details \_\_\_\_\_

GP name and address \_\_\_\_\_ GP telephone No. \_\_\_\_\_

## Employment/school

Occupation \_\_\_\_\_ Place of work \_\_\_\_\_

	<b>Yes</b>	<b>No</b>	
Food handler	<input type="checkbox"/>	<input type="checkbox"/>	If yes, give details ( <i>in particular, detail if case is a high risk food handler i.e. handles food that will undergo no further thermal treatment</i> ) _____
Health care worker	<input type="checkbox"/>	<input type="checkbox"/>	If yes, give details _____
Child care worker	<input type="checkbox"/>	<input type="checkbox"/>	If yes, give details _____
School	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please provide name & address _____ _____ _____ Class _____
Pre-school	<input type="checkbox"/>	<input type="checkbox"/>	
Crèche	<input type="checkbox"/>	<input type="checkbox"/>	

Does the case have difficulty implementing a good standard of personal hygiene? Yes  No

## Clinical details

Jaundice: Yes  No  If yes, date of onset of jaundice \_\_\_\_\_

Fever: Yes  No  Elevated serum aminotransferase levels Yes  No

Date of onset of first symptom (*if other than jaundice*) \_\_\_\_\_

Duration of illness (*until carrying out normal activities*) \_\_\_\_\_ (days)

Hospitalised: Yes  No  If yes, duration of hospitalisation \_\_\_\_\_ (days) Hospital \_\_\_\_\_

RIP: Yes  No  Consultant \_\_\_\_\_

## Hepatitis A laboratory results

Specimen submitted	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Specimen type</b>	Serum <input type="checkbox"/>	Saliva <input type="checkbox"/>
Specimen date	_____	IgG	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>
Name of laboratory	_____	IgM	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>
		Genotype _____	Sequence _____	

**History of exposure**

**In the 2-6 weeks prior to onset of illness:**

**Yes No**

1. 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)?
2. 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* \_\_\_\_\_
4. Did the patient drink water from a private supply or well or other potentially unsafe water source?    
*If yes, give details* \_\_\_\_\_

**Food exposures**

Food item	If yes, please tick	Details of what was eaten, where, when, source of food and whether cooked or raw
Shellfish	<input type="checkbox"/>	
Fresh or frozen berries	<input type="checkbox"/>	
Salad or uncooked vegetables	<input type="checkbox"/>	
Dates	<input type="checkbox"/>	
Food containing pomegranate	<input type="checkbox"/>	
Food containing sundried tomatoes	<input type="checkbox"/>	
Restaurant or take away food	<input type="checkbox"/>	

5. Is any particular food suspected?  
*If yes, detail (in particular, note "ready-to-eat" food e.g. salad* \_\_\_\_\_
6. Did the patient have any blood/blood products    
*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  >5

**Sexual orientation:** \_\_\_\_\_

Are you an injecting drug user? Yes  No

Do you use other street drugs? Yes  No

**Conclusion: The probable route of infection is**

Foodborne  Waterborne  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* \_\_\_\_\_

Has the patient ever received **hepatitis A vaccine**? Yes  No  Unknown

*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* \_\_\_\_\_

Action taken	Yes	No	Form completed by:
Exclusion from school or work	<input type="checkbox"/>	<input type="checkbox"/>	Name _____
Hygiene advice given	<input type="checkbox"/>	<input type="checkbox"/>	E-mail _____
Information leaflets given	<input type="checkbox"/>	<input type="checkbox"/>	Location _____
PEHO notified	<input type="checkbox"/>	<input type="checkbox"/>	Date <input type="text"/>
SPHM notified	<input type="checkbox"/>	<input type="checkbox"/>	

**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 levels

**Laboratory criteria**

At least one of the following three:

- Detection of hepatitis A virus nucleic acid in serum or stool
- Hepatitis A virus specific IgM antibody response
- Detection of hepatitis A virus antigen in stool

**Epidemiological criteria**

At least one of the following four:

- Human to human transmission
- Exposure to a common source
- Exposure to contaminated food/drinking water
- Environmental exposure

**Case classification**

- Possible:** NA
- Probable:** Any person meeting the clinical criteria with an epidemiological link
- Confirmed:** Any person meeting the laboratory criteria

\*Note: Asymptomatic cases are common in young children

