

## Expanded Hepatitis A reporting form, 2019



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



### 1. Personal Details

First name:		Surname:	
Address:			
Telephone no.:		Country of birth:	
DOB: ___/___/_____	Age (years):	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
CIDR ID:		CCA/LHO:	
Source of notifications: Lab <input type="checkbox"/> GP <input type="checkbox"/> Hospital <input type="checkbox"/>		Give details:	
GP name and address:		GP tel. no.:	

If age <18 years of age; administer the questionnaire to a relative:

Name of Relative:

Relationship to the case:

### 2. Employment/school

Occupation:		Place of work:	
Food handler: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details:		
Health care worker: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details:		
Child care worker: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details:		
School: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide name, address and class:		
Pre-school: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Crèche: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does the case have difficulty implementing a good standard of personal hygiene? Yes <input type="checkbox"/> No <input type="checkbox"/>			

### 3. Clinical Details

Jaundice: Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	If yes, date of onset of jaundice: ___/___/_____
Fever: Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	
Elevated serum aminotransferase levels: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of onset of first symptom (if other than jaundice): ___/___/_____	
Duration of illness (days until carrying out normal activities):	
Hospitalised: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, duration of hospitalisation (days): Hospital:
Interviewer to record if case deceased/RIP: Yes <input type="checkbox"/> No <input type="checkbox"/>	Consultant:

### 4. Hepatitis A laboratory results

Specimen submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Specimen type	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: _____	

## 5. History of exposure

### 5.1 Potential contact with another case and travel history

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

**Did you have any contact with a confirmed/suspected case of hepatitis A or person with jaundice?** Yes  No

*If yes, type of contact:* Household (non-sexual)  Sexual  Other

Give details: \_\_\_\_\_

Date of onset in contact: \_\_/\_\_/\_\_\_\_ Was the contact a confirmed case (serum/saliva IgM)? Yes  No

**Were you a household contact of a child or employee of a crèche, pre-school or day care centre?** Yes  No

*If yes, give details* \_\_\_\_\_

**Did you travel abroad?** Yes  No

*If yes, detail countries visited & dates of visits* \_\_\_\_\_

\_\_\_\_\_

### 5.2 Water and Food Exposures

#### 5.2.1 WATER:

**In the 2-6 weeks prior to illness, did you drink water from a private supply, well or other potentially unsafe water source?**

Yes  No

*If yes, give details* \_\_\_\_\_

## 5.2.2 Seafood and Shellfish

Q. In the 2-6 weeks prior to your illness, were you likely to have eaten either shellfish/mollusc such as oysters, mussels, prawns, scallop, octopus or raw seafood such as sushi?

Yes  No  Not sure

If YES, which of the following items were you likely to eat?

(Please go through each of the items listed; if respondent answered “No” or “Not sure” above, go through each of the items listed to verify this is definitely the situation)

Food item	Yes	No	Not sure	If yes, how often (frequency)								Place of purchase (name and location of shop, supermarket, café, restaurant, market etc. where purchased)	Brand	
				5 or more times /week	3-4 times /week	1-2 times /week	2-3 times /month	Once / month	Once in the 2-6 week period	Never	Don't remember			
Shell fish/mollusc (e.g. oysters, mussels, prawns, scallops, octopus)														
Raw seafood (including sushi)														
<b>Notes:</b>														

### 5.2.3 Raw/uncooked vegetables:

Q. In the 2-6 weeks prior to your illness, were you likely to have eaten uncooked or raw vegetables e.g. in salads

Yes  No  Not sure

If YES, which of the following items were you likely to eat?

(Please go through each of the items listed; if respondent answered “No” or “Not sure” above, go through each of the items listed to verify this is definitely the situation)

Raw vegetables	Yes	No	Not sure	If yes, how often (frequency)								Place of Purchase (name and location of shop, supermarket, café, restaurant, market etc. where purchased)	Brand or Type
				5 or more times /week	3-4 times /week	1-2 times /week	2-3 times /month	Once / month	Once in the 2-6 week period	Never	Don't remember		
Lettuce													
Cucumbers													
Scallions/Spring Onions													
Tomatoes													
Peppers													
Bean sprouts													
Carrots													
Celery													
Other, specify													
<b>Notes:</b>													

### 5.2.4 Uncooked Dried fruit (excluding currants and raisins):

Q. In the 2-6 weeks prior to your illness, were you likely to have eaten uncooked dried fruits (excluding currants and raisins) but including semi-dried tomatoes, dried dates, dried figs, dried cranberries or dried mixed berries?

Yes  No  Not sure

If YES, which of the following dried fruits were you likely to eat?

(Please go through each of the items listed; if respondent answered “No” or “Not sure” above, go through each of the items listed to verify this is definitely the situation)

Dried fruit	Yes	No	Not sure	If yes, how often (frequency)								Place of Purchase (name and location of shop, supermarket, café, restaurant, market etc. where purchased)	Brand	
				5 or more times /week	3-4 times /week	1-2 times /week	2-3 times /month	Once / month	Once in the 2-6 week period	Never	Don't remember			
Semi-dried tomatoes														
Dates														
Figs														
Cranberries														
Mixed fruit														
Other, specify														
<b>Notes:</b>														

### 5.2.5 Pomegranate

Q. In the 2-6 weeks prior to your illness were you likely to have eaten pomegranate fruit? (Note: it is the seeds of the pomegranate that are eaten)

Yes  No  Not sure

If YES, which of the following pomegranate items were you likely to eat?

(Please go through each of the items listed; if respondent answered “No” or “Not sure” above, go through each of the items listed to verify this is definitely the situation)

Pomegranate	Yes	No	Not sure	If yes, how often (frequency)						Place of purchase (name and location of shop, supermarket, café, restaurant, market etc. where purchased)	Brand	
				5 or more times /week	3-4 times /week	1-2 times /week	2-3 times /month	Once / month	Once in the 2- 6 week period			Never
Raw/Fresh (on its own or as a garnish on desserts, salads or other dishes)												
Juice												
Dried												
Frozen product												
Antioxidant blend												
Other, specify												
<b>Notes:</b>												

## 5.2.6 FRESH BERRIES:

Q. In the 2-6 weeks prior to your illness, were you likely to have eaten fresh berries either on their own or as a garnish with desserts and salads, these include strawberries, raspberries, blackberries, blueberries, cranberries and also blackcurrants and redcurrants (re-emphasise it is either on their own or as a garnish)

Yes  No  Not sure

If YES, which of the following fresh berries were you likely to eat?

(Please go through each of the items listed; if respondent answered “No” or “Not sure” above, go through each of the items listed to verify this is definitely the situation)

Fresh Berries / Currants	Yes	No	Not sure	If yes, how often (frequency)							Place of Purchase (name and location of shop, supermarket, café, restaurant, market etc. where fruit purchased)	Brand	
				5 or more times /week	3-4 times /week	1-2 times /week	2-3 times /month	Once / month	Once in the 2-6 week period	Never			Don't remember
Strawberries													
Raspberries													
Blackberries													
Blueberries													
Cranberries													
Blackcurrants													
Redcurrants													
Other, specify													
<b>Notes:</b>													

## 5.2.7 Berry-flavoured Smoothies:

Q. In the 2-6 weeks prior to your illness, were you likely to have drunk berry-flavoured smoothies made in juice bars, deli bars, cafés, restaurants, markets or at home?

Flavours include mixed berry, strawberry, raspberry, blackberry, blueberry etc. (Note: in case clarification sought by the respondent smoothies are of thicker consistency than juices and may contain yoghurt and/or banana as the thickening agent, sometimes they may also contain milk and/or ice cream)

Yes  No  Not sure

If YES, which of the following berry-flavoured smoothies were you likely to drink?

(Please go through each of the items listed; if respondent answered “No” or “Not sure” above, go through each of the items listed to verify this is definitely the situation)

Smoothies	Yes	No	Not sure	If yes, how often (frequency)							Prepared at home			If yes, prepared at home; type of fruit used				Place of Purchase (name and location of shop, supermarket, café, restaurant, market where smoothie(s) or berries for home-prepared smoothie(s) were purchased)	Brand		
				5 or more times /week	3-4 times /week	1-2 times /week	2-3 times /month	Once / month	Once in the 2-6 week period	Never	Don't remember	Yes	No	Don't know	Fresh	Frozen	Both			Don't know	
Mixed berry																					
Strawberry																					
Raspberry																					
Blackberry																					
Blueberry																					
Other, specify																					
<b>Notes:</b>																					



### 5.2.8 Berry-flavoured Juices:

Q. In the 2-6 weeks prior to your illness, were you likely to have drunk berry-flavoured juices made in juice bars, deli bars, cafés, restaurants, markets, at home or berry-flavoured juices produced on Irish fruit farms, these can be craft/artisan style or organic juices? Flavours include mixed berry, strawberry, raspberry, blackberry, blueberry etc.

Yes  No  Not sure

If YES, which of the following berry-flavoured juices were you likely to drink?

(Please go through each of the items listed; if respondent answered “No” or “Not sure” above, go through each of the items listed to verify this is definitely the situation)

Juice	Yes	No	Not sure	If yes, how often (frequency)							Prepared at home			If yes, prepared at home; type of fruit used				Place of Purchase (name and location of shop, supermarket, café, restaurant, market where juices(s) or berries for home-prepared juice(s) were purchased)	Brand		
				5 or more times /week	3-4 times /week	1-2 times /week	2-3 times /month	Once / month	Once in the 2-6 week period	Never	Don't remember	Yes	No	Don't know	Fresh	Frozen	Both			Don't know	
Mixed berry																					
Strawberry																					
Raspberry																					
Blackberry																					
Blueberry																					
Cranberry																					
Other, specify																					
<b>Notes:</b>																					

### 5.2.9 Berry-flavoured cheesecake:

Q. In the 2-6 weeks prior to your illness, were you likely to have eaten berry-flavoured cheesecake?

Flavours include mixed berry, strawberry, raspberry, blackberry, blueberry and also blackcurrant or redcurrant etc.

Yes  No  Not sure

If YES, which of the following berry-flavoured cheesecakes were you likely to eat?

(Please go through each of the items listed; if respondent answered “No” or “Not sure” above, go through each of the items listed to verify this is definitely the situation)

Cheesecake	Yes	No	Not sure	If yes, how often (frequency)								Prepared at home			If yes, prepared at home; type of fruit used				Place of Purchase (name and location of shop, supermarket, café, restaurant, market where cheesecake or berries/currants for home-prepared cheesecake were purchased)	Brand			
				5 or more times /week	3-4 times /week	1-2 times /week	2-3 times /month	Once / month	Once in the 2-6 week period	Never	Don't remember	Yes	No	Don't know	Fresh	Frozen	Both	Don't know					
Mixed berry																							
Strawberry																							
Raspberry																							
Blackberry																							
Blueberry																							
Black currant																							
Red currant																							
Other, specify																							
<b>Notes:</b>																							

### 5.2.10 Yoghurt containing a layer of berry purée/berry compote or whole berries:

Q. In the 2-6 weeks prior to your illness, were you likely to have eaten  yoghurt containing a layer of berry purée/berry compote or whole berries?

Flavours include mixed berry e.g. fruit of the forest, strawberry, raspberry, blackberry, blueberry etc.

Yes  No  Not sure

If YES, which of the following berry-flavoured yoghurts were you likely to eat?

(Please go through each of the items listed; if respondent answered “No” or “Not sure” above, go through each of the items listed to verify this is definitely the situation)

Yoghurt	Yes	No	Not sure	If yes, how often (frequency)								Place of Purchase (name and location of shop, supermarket, café, restaurant, market where yoghurt was purchased)	Brand Please ascertain brand of berry yoghurt
				5 or more times /week	3-4 times /week	1-2 times /week	2-3 times /month	Once / month	Once in the 2-6 week period	Never	Don't remember		
Mixed berry/ fruit of the forest etc.													
Strawberry													
Raspberry													
Blackberry													
Blueberry													
Other, specify													
<b>Notes:</b>													

### 5.2.11 Berry-flavoured Ice cream:

Q. In the 2-6 weeks prior to your illness, were you likely to have eaten berry-flavoured ice cream that was handmade or craft/artisan/farmhouse style ice cream or homemade ice cream? Flavours include mixed berry, strawberry, raspberry, blackberry, blueberry etc.

Yes  No  Not sure

If YES, which of the following berry-flavoured ice creams were you likely to eat?

(Please go through each of the items listed; if respondent answered “No” or “Not sure” above, go through each of the items listed to verify this is definitely the situation)

Ice cream	Yes	No	Not sure	If yes, how often (frequency)							Prepared at home			If yes, prepared at home; type of fruit used				Place of Purchase (name and location of shop supermarket, café, restaurant, market where ice cream or berries for home- prepared ice cream were purchased)	Brand		
				5 or more times /week	3-4 times /week	1-2 times /week	2-3 times /month	Once / month	Once in the 2-6 week period	Never	Don't remember	Yes	No	Don't know	Fresh	Frozen	Both			Don't know	
Mixed berry																					
Strawberry																					
Raspberry																					
Blackberry																					
Blueberry																					
Other, specify																					
<b>Notes:</b>																					

### 5.2.12 Berry-flavoured sauce/coulis/purée:

Q. In the 2-6 weeks prior to your illness, were you likely to have eaten berry-flavoured sauce/coulis/purée with sweet or savoury dishes such as with panna cotta, cheesecake, ice cream, yoghurt, game meat or poultry e.g. cranberry with turkey, berries with deep-fried brie or pâté?

Yes  No  Not sure

If YES, which of the following berry-flavoured sauces/coulis/purées were you likely to eat?

(Please go through each of the items listed; if respondent answered “No” or “Not sure” above, go through each of the items listed to verify this is definitely the situation)

Sauce Coulis Purée	Yes	No	Not sure	If yes, how often (frequency)							Prepared at home			If yes, prepared at home; type of fruit used				Place of Purchase (name and location of shop, supermarket, café, restaurant, market where sauce etc. or berries/currants for home-prepared sauce etc. were purchased)	Brand	
				5 or more times /week	3-4 times /week	1-2 times /week	2-3 times /month	Once / month	Once in the 2-6 week period	Never	Don't remember	Yes	No	Don't know	Fresh	Frozen	Both			Don't know
Mixed berry																				
Strawberry																				
Raspberry																				
Blackberry																				
Blueberry																				
Cranberry																				
Other, specify																				
<b>Notes:</b>																				

**5.2.13 Frozen Berries:**

**Q. In the 2-6 weeks prior to your illness, were you likely to have eaten frozen berries on their own or as a topping on cereals, yoghurts or desserts (e.g. mixed berries, strawberries, raspberries, blackberries, blueberries and also red currants and black currants)**

**Yes**  **No**  **Not sure**

**If YES, which of the following frozen berries were you likely to eat?**

**(Please go through each of the items listed; if respondent answered “No” or “Not sure” above, go through each of the items listed to verify this is definitely the situation)**

Frozen berries	Yes	No	Not sure	If yes, how often (frequency)								Place of Purchase (name and location of shop, supermarket, café, restaurant, market where frozen berries were purchased)	Brand	
				5 or more times /week	3-4 times /week	1-2 times /week	2-3 times /month	Once / month	Once in the 2-6 week period	Never	Don't remember			
Mixed berries														
Strawberries														
Raspberries														
Blackberries														
Blueberries														
Cranberries														
Redcurrants														
Blackcurrants														
Other, specify														

**Notes:**

### 5.2.14 Other Frozen berries:

Q. Can you think of any other food item that you ate in the 2-6 week period prior to your illness that may have contained frozen berries?

Yes  No  Not sure

If YES, please give details

Item	Yes	No	Not sure	If yes, how often (frequency)							Place of Purchase (name and location of shop, supermarket, café, restaurant, market where frozen berries were purchased)	Brand	
				5 or more times /week	3-4 times /week	1-2 times /week	2-3 times /month	Once / month	Once in the 2-6 week period	Never			Don't remember

**Notes:**

### 5.2.15 Final check

Q. During the course of the interview have you remembered having other berries or berry products during the 2-6 week period that you haven't already mentioned?

Insert details below and if relevant in the related section of the questionnaire and checking on frequency, place or purchase etc.

### 5.2.16 Usual food shopping outlets

Q. Where would you routinely shop for food?

### 5.2.17 Restaurant or take away food

Q. Did you eat in any restaurants or takeaways in the 2-6 weeks before you became unwell?

### 5.2.18 Motorway service stations, food premises typically used when eating on-the-go

Q. Are there any particular motorway service stations, restaurants/food premises where you would purchase food when away from home/on-the-go/travelling in Ireland (e.g. for work)?

### 5.2.19 Is any particular food suspected?

If yes, detail (in particular note "ready-to-eat" food e.g. salad)



**6. Blood products**

In the 2-6 weeks prior to illness did you receive any blood products?

Yes  No *If yes, give details* \_\_\_\_\_**7. Sexual exposure and drug use****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 the 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 **8. Vaccination and blood donation**

Have you ever received hepatitis A vaccine?

Yes  No  Unknown 

If yes, how many doses? \_\_\_\_\_

In what year was the last dose received? \_\_\_\_\_

Did you donate blood in the 2-6 weeks before onset of illness?

Yes  No  Unknown *If yes, give details of date and location* \_\_\_\_\_

**9. Conclusions and Public Health Actions taken**

Is the patient suspected as being part of a recognised outbreak?

Yes  No  Unknown 

If yes, give details \_\_\_\_\_

**The probable route of infection is:**Foodborne  Waterborne  Household  Contracted abroad  Sexual  IDU  Unknown/unsure **Action taken**Exclusion from school or work Yes  No Hygiene advice given Yes  No Information leaflets given Yes  No PEHO notified Yes  No SPHM notified Yes  No **Form completed by:**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

Please enter details in CIDR (for the fields that are in CIDR), and forward a copy of the completed form to the Consultant in Public Health Medicine

Please email completed anonymised questionnaires to [gzv@hpsc.ie](mailto:gzv@hpsc.ie)

It is important that you ensure that the form is anonymised before sending it to HPSC. Please **do not** send the list of Hepatitis A contacts to HPSC.

## Hepatitis A 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

## Hepatitis A contacts

Name of index patient \_\_\_\_\_ CIDR event ID \_\_\_\_\_ Form completed by \_\_\_\_\_ Date 

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Estimated Infectious Period \_\_\_\_\_

Name of contact	DOB	Tel. No	GP	Type of contact	Date of contact	Vaccine (Y/N)	Vaccine date	HNIG (Y/N)	HNIG date	Serology test date	Serology result