

History of exposure

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

1. Was patient a contact of a confirmed or 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 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

Exclusion from school or work

Hygiene advice given

Information leaflets given

PEHO notified

SPHM notified

Form completed by:

Name _____

E-mail _____

Location _____

Date _____

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