



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Viral Hepatitis E reporting form



CIDR ID

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

## Personal details

First name  Family name

Address

EIRCODE  Telephone No.

CCA/LHO  Country of birth

Date of birth  Age (years)  Sex: Male ☐ Female ☐

Source of notification: Lab ☐ Clinician ☐ IBTS screen? Yes ☐ No ☐ UNK ☐

Date specimen  Category: Acute ☐ Chronic ☐ UNK ☐  
(see case classification)

Laboratory results: RNA: Pos ☐ Neg ☐ IgG: Pos ☐ Neg ☐ IgM: Pos ☐ Neg ☐

GP name and address  GP phone:

## Employment/school

Occupation

Place of work/school

**Clinical details** Did the patient have symptoms? Yes ☐ No ☐ Unk ☐ If NO, skip to next page

Indicate which of the following symptoms the patient had:

Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	Joint pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
Diarrhoea	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	Loss of appetite	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
Abdominal pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	Dark coloured urine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
Headaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	Jaundice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
Nausea	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	Weakness of limbs/tingling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
Vomiting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	Other neurological symptoms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>

Other symptoms (please specify)

Date of onset of jaundice (if present)  Date of onset of first symptom (if other than jaundice)

Hospitalised: Yes ☐ No ☐ Unk ☐ If YES, date admission  Date discharge

Hospital name  Hospital clinician

Duration of illness (until carrying out normal activities)  (days) RIP: Yes ☐ No ☐ Unk ☐

**Medical History**

Is patient pregnant?

Yes ☐ No ☐*If YES, how many weeks pregnant?*

\_\_\_\_\_ Weeks

Has the patient taken any regular medication, including steroids or immunosuppressants in the year before illness (or diagnosis)?

Yes ☐ No ☐*If YES, details*

Did the patient have a history of liver disease or other serious disease, e.g. diabetes, cancer, immunocompromised, transplant in the year before illness (or diagnosis)?

Yes ☐ No ☐*If YES, details*

Did patient receive any blood or blood products in the year before illness (or diagnosis)?

Yes ☐ No ☐*If YES, details***History of exposure****TRAVEL**

Did the patient travel abroad in the nine weeks before illness (or diagnosis)?

Yes ☐ No ☐*If YES, detail countries visited & dates of visits***FOOD PREFERENCES**

Is the patient likely to have eaten pork or pork products in the nine weeks before illness (or diagnosis)?

A. Pork meat	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
B. Pork sausages (including frankfurters)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C. Ham (off-the-bone or joint of ham)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
D. Ham (sliced sandwich ham, prepacked)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
E. Bacon	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
F. Cured pork meats, e.g. salami, etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
G. Pork pate, rillette	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
H. Pork pie, ready to eat	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I. Pork liver	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
J. Other pork offal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
K. Black pudding	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
L. Other pork products, e.g. luncheon meat, lardons, etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

*If YES, were any of these pork products undercooked or uncooked?*Yes ☐ No ☐*If YES, detail what product was eaten undercooked or uncooked, where and when*

Did the patient eat any game, e.g. venison, wild boar, rabbit, etc. in the nine weeks before illness (or diagnosis)?

Yes ☐ No ☐*If YES, detail what was eaten, where, when and whether well-cooked or rare*

Did the patient eat shellfish in the nine weeks before illness (or diagnosis)?

Yes ☐ No ☐*If YES, detail what was eaten, where, when and whether cooked or raw*

**ANIMAL EXPOSURES**

Did the patient have any touching contact with animals (including pets) in the nine weeks before illness (or diagnosis)?

Yes ☐ No ☐

If YES, with which animals did they have contact in the nine weeks before illness? (tick all that apply)

☐ Cat ☐ Dog ☐ Pig ☐ Other, please specify \_\_\_\_\_

Did the patient handle/prepare food or food treats for pets or other animals in the nine weeks before illness (or diagnosis)?

Yes ☐ No ☐

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

Did patient visit or work at a farm, stable, petting farm or zoo in the nine weeks before illness (or diagnosis)?

Yes ☐ No ☐

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

**ENVIRONMENTAL/WATER EXPOSURES**

Did the patient drink water from a private supply or well or other potentially unsafe water source in the nine weeks before illness (or diagnosis)?

Yes ☐ No ☐

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

Did the patient take part in any water-based activities in the nine weeks before illness (or diagnosis)?

Yes ☐ No ☐

☐ Swimming ☐ Fishing ☐ Canoeing ☐ Other, please specify \_\_\_\_\_

Did the patient handle animal manure or fertiliser in the garden or allotment or farm in the nine weeks before illness (or diagnosis)?

Yes ☐ No ☐

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

**ALCOHOL CONSUMPTION**

Does the patient drink alcohol?

Yes ☐ No ☐

If YES, how many units does the patient consume on average per week  
(1 unit=1 small glass wine or ½ pint beer/lager/cider or pub measure of spirits)

\_\_\_\_\_ units

Has the patient had a higher level of alcohol consumption in the past?

Yes ☐ No ☐

If YES, how many units did the patient consume on average per week in the past  
(1 unit=1 small glass wine or ½ pint beer/lager/cider or pub measure of spirits)

\_\_\_\_\_ units

**Form completed by:**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Location \_\_\_\_\_ Date 

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Comments

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**Case definition****Clinical criteria**

Not relevant for surveillance purposes

**Acute case**

At least one of the following two:

- Hepatitis E virus IgM and IgG antibody positive
- Detection of hepatitis E virus RNA

**Chronic case**

Hepatitis E virus RNA persisting for at least 3 months

**Epidemiological criteria:**

Not relevant for surveillance purposes

**Case classification**

A. Possible case: N/A

B. Probable: N/A

C. Confirmed case: Any person meeting the laboratory criteria