

Basis of Diagnosis

CLINICAL CRITERIA

Fits Clinical Description* Yes No Unknown
 Clinical features Jaundice Yes No Unknown
 If yes enter the onset date _____ Unknown

LABORATORY CRITERIA

Meets laboratory criteria for disease* Yes No Unknown
 Elevated Serum aminotransferase Yes No Not Done Awaiting Results
 Anti-HAV IGM positive Yes No Not Done Awaiting Results

EPIDEMIOLOGICAL CRITERIA

Contact with a laboratory confirmed case of hepatitis A* Yes No Unknown

STATUS* Under investigation Probable Confirmed Not a case

Clinical Course and Outcome

Date of onset* _____ Approximate Unknown

Hospitalised* Yes No Unknown

Date hospitalised* _____ Unknown

Hospital* _____

Died* Yes No Unknown

Date died* _____ Unknown

Was this disease the primary cause of death?* Yes No Unknown

If no, specify the primary cause of death* _____

Outbreak Details

Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*

Yes **If yes, specify Outbreak No.*** _____

Risk Factors

Household contact with a confirmed case in previous 2 months (60 days)* Yes No Unknown

Sexual contact involving possible faecal-oral transmission in previous 3 months* Yes No Unknown

Other contact with a confirmed case in previous 3 months?* Yes No Unknown

If yes, specify nature of contact:*

Occupational exposure to human sewage* Yes No Unknown

If yes, specify exposure in detail:*

Contact with contaminated food or drink* Yes No Unknown

If yes, specify contaminated food or drink:*

Attendance at school, pre-school or childcare* Yes No Unknown

Risk Factors continued

Was the case overseas during the incubation period (range = 15-50 days) for Hepatitis A? * Yes No Unknown

If yes, date arrived in New Zealand* _____

Specify countries visited* (from most recent to least recent)

	Country	Date Entered	Date Departed
Last: *	_____	_____	_____
Second Last: *	_____	_____	_____
Third Last: *	_____	_____	_____

Other risk factors for Hepatitis A infection (specify) *

Source

Was a source confirmed by: *

a) Epidemiological evidence* Yes No Unknown
e.g. part of an identified common source outbreak (also record in outbreak section) or person to person contact with known case

b) Laboratory evidence* Yes No Unknown
e.g. organism or toxin of same type identified in food or drink consumed by case

If yes, specify confirmed source: *

If not, were any probable sources identified? * Yes No Unknown

If yes, specify probable source(s): *

Protective Factors

Prior to onset, had the case been immunised with hepatitis A vaccine? * Yes No Unknown
If yes, specify date of last vaccination* _____ Unknown

Prior to onset, had case received immunoglobulin prophylaxis within the last 6 months? * Yes No Unknown

If yes, to vaccine or immunoglobulin prophylaxis, how was vaccination status confirmed? * Patient/Caregiver recall Documented NA

Management**CASE MANAGEMENT**

Case counselled about risk of transmission to others? Yes No NA Unknown

Exclusion from work or school/pre-school/childcare until well or for at least one week after onset of jaundice Yes No NA Unknown

Management continued

CONTACT MANAGEMENT

Did case have any contacts at risk of infection (i.e. during latter half of incubation period and until 1 week after onset of jaundice)? Yes No NA Unknown

If yes, describe contacts and their management

	Number identified	Number counselled	Number given vaccine	Number given IG
Staff and children in child care facilities				
Household contacts				
Sexual contacts				
Other contacts (specify)				

Comments*
