**Reporting Authority**

Name of Public Health Officer responsible for case

**Notifier Identification**

- **Reporting source***
  - General Practitioner
  - Hospital-based Practitioner
  - Laboratory
  - Self-notification
  - Outbreak Investigation
  - Other

Name of reporting source

Organisation

- **Date reported***
- **Contact phone***
- **Usual GP Practice***
  - **GP phone***
  - **GP/Practice address***
    - Number
    - Street
    - Suburb
    - Town/City
  - **Post Code**
- □ GeoCode

**Case Identification**

Name of case

Surname

Given Name(s)

- **NHI number***
- **Email***

Current address

- **Number**
- **Street**
- **Suburb**
- **Town/City**
- **Post Code**
- □ GeoCode

Phone (home)

Phone (work)

Phone (other)

**Case Demography**

Location TA*

DHB*

- **Date of birth***
  - OR Age
    - □ Days
    - □ Months
    - □ Years

Sex*

- □ Male
- □ Female
- □ Indeterminate
- □ Unknown

Occupation*

- **Occupation location***
  - □ Place of Work
  - □ School
  - □ Pre-school

Name

- **Address***
  - Number
  - Street
  - Suburb
  - Town/City
  - □ Post Code
  - □ GeoCode

Alternative location

- **Place of Work***
  - □ School
  - □ Pre-school

Name

- **Address***
  - Number
  - Street
  - Suburb
  - Town/City
  - □ Post Code
  - □ GeoCode

Ethnic group case belongs to* (tick all that apply)

- □ NZ European
- □ Maori
- □ Samoan
- □ Cook Island Maori
- □ Niuean
- □ Chinese
- □ Indian
- □ Tongan
- □ Other (such as Dutch, Japanese, Tokelauan) *(specify)
### Hepatitis A

#### Basis of Diagnosis

#### Clinical Criteria
- **Fits Clinical Description***: Yes/No/Unknown
- **Clinical features**: Jaundice Yes/No/Unknown
  - **If yes enter the onset date**: ____________

#### 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

#### 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

#### 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/No
  - **If yes, specify Outbreak No***.

---

Page 2 of 4
### 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)

<table>
<thead>
<tr>
<th>Country</th>
<th>Date Entered</th>
<th>Date Departed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last: *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Last: *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Last:*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other risk factors for Hepatitis A infection (specify)**

### Source

**Was a source confirmed by:**
- Yes
- No
- Unknown

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*

**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
- Unknown

### 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
Hepatitis A

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

<table>
<thead>
<tr>
<th>Staff and children in child care facilities</th>
<th>Number identified</th>
<th>Number counselled</th>
<th>Number given vaccine</th>
<th>Number given IG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household contacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual contacts</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other contacts (specify)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Comments*

* core surveillance data, ~ optional data