**Liver enzyme levels at time of diagnosis:**

- **AST (SGOT) Result:** ____________
  - **Upper Limit Normal:** ____________
  - **Date of ALT Result:** __ __ / __ __ / __ __ __

- **ALT (SGPT) Result:** ____________
  - **Upper Limit Normal:** ____________
  - **Date of AST Result:** __ __ / __ __ / __ __ __

**Diagnostic Tests:**

- **Total Ab† to hepatitis A virus (tot Ab-HAV):**
  - __ Neg __ Pos __ Unk
- **IgM Ab to hepatitis A virus (IgM Ab-HAV):**
  - __ Neg __ Pos __ Unk
- **Hepatitis B surface Ag‡ (HBsAg):**
  - __ Neg __ Pos __ Unk
- **Hepatitis B "e" Ag‡ (HBeAg):**
  - __ Neg __ Pos __ Unk
- **Total Ab to hepatitis B core antigen (tot Ab-HBc):**
  - __ Neg __ Pos __ Unk
- **IgM Ab to hepatitis B core antigen (IgM Ab-HBc):**
  - __ Neg __ Pos __ Unk
- **Hepatitis B virus DNA:**
  - __ Neg __ Pos __ Unk

**Ab = Antibody, †Ag = Antigen**

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**ADPH Acute Hepatitis B (Revised 03/2012)**

**Page 1 of 4**
**EPIDEMIOLOGIC**

Case Status: □ Confirmed □ Not a Case □ Probable □ Suspect □ Unknown

MMWR Week: ____________  MMWR Year: ____________

Diagnosis:  □ Hepatitis A, acute  □ Hepatitis B viral infection, perinatal  □ Hepatitis B virus infection, chronic
 □ Hepatitis B, acute  □ Hepatitis C Virus infection, chronic or resolved  □ Hepatitis C, acute
 □ Hepatitis Delta co- or super-infection, acute  □ Hepatitis E, acute  □ Hepatitis non-ABC, acute

**ADMINISTRATIVE**

General Comments: __________________________________________________________

____________________________________________________________________________

**PHA4 SUPERVISOR REVIEW**

Date Due: __ __ / __ __ / __ __ __ __

Investigation ready for supervisor review: □ Reviewed (Complete) □ Reviewed (Incomplete)

Date investigation ready for supervisor review: __ __ / __ __ / __ __ __ __

□ Reviewed (Not a case) □ Yes

Review comments (completed by supervisor): _____________________________________________________________________________

**CONTACT ATTEMPTS**

Physician Contact Date(s):

1st Attempt: __ __ / __ __ / __ __ __ __  2nd Attempt: __ __ / __ __ / __ __ __ __  3rd Attempt: __ __ / __ __ / __ __ __ __

Patient Contact Date(s):

1st Attempt: __ __ / __ __ / __ __ __ __ Time: ______ □ AM □ PM

2nd Attempt: __ __ / __ __ / __ __ __ __ Time: ______ □ AM □ PM

3rd Attempt: __ __ / __ __ / __ __ __ __ Time: ______ □ AM □ PM

Regular Letter Mailed: __ __ / __ __ / __ __ __ __

Certified Letter Mailed: __ __ / __ __ / __ __ __ __

Was clinical information obtained from the physician or patient? □ Yes □ No

**SIGNS & SYMPTOMS**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>No</th>
<th>Unknown</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaise (unexplained tiredness)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anorexia (loss of appetite)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL HISTORY**

During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, was the patient:

A contact of a person with confirmed or suspected acute of chronic hepatitis B virus infection? □ No □ Unknown □ Yes

If yes, type of contact (Select all that apply):

□ Babysitter of this patient □ Child cared for by this patient □ Household member (non-sexual)

□ Other (specify) ______________ □ Playmate □ Sex partner □ Unknown

During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, did the patient:

Undergo hemodialysis? □ No □ Unknown □ Yes

Have an accidental stick or puncture with a needle or other object contaminated with blood? □ No □ Unknown □ Yes

Receive blood or blood products (transfusion)? □ No □ Unknown □ Yes

If yes, date of transfusion: __ __ / __ __ / __ __ __ __

Receive any IV infusions and/or injections in the outpatient setting? □ No □ Unknown □ Yes

Have other exposure to someone else’s blood? □ No □ Unknown □ Yes

If yes, specify other blood exposure: __________________________________________________________
During the 6 WEEKS to 6 MONTHS prior to onset of symptoms:

- Was the patient employed in a medical or dental field involving direct contact with human blood?  □ No □ Unknown □ Yes

- If yes, frequency of direct blood contact? □ Frequent (several times a week) □ Infrequent

- If yes, year of most recent treatment: __________________

- Has the patient had dental work or oral surgery?  □ No □ Unknown □ Yes

- If yes, frequency of direct contact with human blood?

- Did the patient receive a tattoo?  □ No □ Unknown □ Yes

- Did the patient have any part of their body pierced (other than ear)?  □ No □ Unknown □ Yes

- If yes, year of most recent incarceration: __________________

- Did the patient have a sexually-transmitted disease?  □ No □ Unknown □ Yes

- If yes, year of most recent treatment: __________________

- Was the patient a resident of a long term care facility?  □ No □ Unknown □ Yes

- During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, did the patient:

- In the 6 MONTHS before symptom onset, how may:  (ASK BOTH OF THE FOLLOWING QUESTIONS REGARDLESS OF THE PATIENT’S GENDER)

- Male sex partners did the patient have?  □ 0 □ 1 □ 2-5 □ >5 □ Unknown

- Female sex partners did the patient have?  □ 0 □ 1 □ 2-5 □ >5 □ Unknown

- During his or her lifetime, was the patient EVER:

- Treated for a sexually-transmitted disease?  □ No □ Unknown □ Yes

- If yes, year of most recent treatment: __________________

- Was the patient incarcerated for longer than 6 months?  □ No □ Unknown □ Yes

- If yes, year of most recent incarceration: __________________

- Was the patient employed as a public safety worker (firefighter, law enforcement, correctional officer) in direct contact with human blood?  □ No □ Unknown □ Yes

- If yes, frequency of direct blood contact? □ Frequent (several times a week) □ Infrequent

- If yes, year of most recent incarceration: __________________

- Was the patient employed in a medical or dental field involving direct contact with human blood?  □ No □ Unknown □ Yes

Vaccine Information:

- Has the patient ever received hepatitis B vaccine?  □ No □ Unknown □ Yes

- If yes, number of doses?  □ 1 □ 2 □ ≥ 3 □ Year last shot: ________

- Has the patient ever received hepatitis B vaccine?  □ No □ Unknown □ Yes

- If yes, number of doses?  □ 1 □ 2 □ ≥ 3 □ Year last shot: ________

- Is the patient a high-risk infant (hesitant)?  □ No □ Unknown □ Yes

- If yes, number of doses?  □ 1 □ 2 □ ≥ 3 □ Year last shot: ________

- Vaccine Information:  Must be added via the Events Tab, add new Vaccinations feature after investigation is submitted.

- Vaccination 1 Record: Date Administered: □ □ / □ □ / □ □ □ □ Age at Vaccination 1: ________ years ________ months

- Vaccine 1 Administered (Select): □ DTaP-Hep B-IPV □ DTaP-IPV-Hep B □ DTaP-IPV-Hib-Hep B, historical

- Vaccine 2 Administered (Select): □ DTaP-Hep B-IPV □ DTaP-IPV-Hep B □ DTaP-IPV-Hib-Hep B, historical

- Vaccine 3 Administered (Select): □ DTaP-Hep B-IPV □ DTaP-IPV-Hep B □ DTaP-IPV-Hib-Hep B, historical
During the 6 WEEKS to 6 MONTHS prior to illness:

If yes to dental work or oral surgery, name of dentist or oral surgeon: _____________________________________________________

Address: ___________________________ City: _____________________ Phone: (___)___-____-____

<table>
<thead>
<tr>
<th>CASE CLASSIFICATION</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the patient have acute illness with discrete onset of any sign or symptom consistent with acute viral hepatitis?</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was at least one of the following present?</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were the following laboratory criteria met?</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the patient have a documented negative hepatitis B surface antigen (HBsAg) test result within 6 months of one of the following positive hepatitis B virus tests:</td>
<td>No</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Confirmed: 1, 2 & 3 OR 4