

# **Hepatitis C**

## **(Acute and Chronic)**

# **Investigation Guideline**

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# Hepatitis C (Acute & Chronic)

## Disease Control and Investigation Guidelines

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### CASE DEFINITION – Acute (CDC 2007)

#### Clinical Description for Public Health Surveillance (Acute):

Acute illness with a discrete onset of any sign or symptom consistent with acute viral hepatitis (e.g., anorexia, abdominal discomfort, nausea, vomiting), and either jaundice, or serum alanine aminotransferase (ALT or SGPT) levels >400 IU/L.

#### Laboratory Criteria for Case Classification (Acute):

One or more of the following three criteria:

- Antibodies to hepatitis C virus (anti-HCV) screening-test-positive with a signal to cut-off ratio predictive of a true positive as determined for the particular assay as defined by CDC. (URL for the signal to cut-off ratios: [http://www.cdc.gov/ncidod/diseases/hepatitis/c/sc\\_ratios.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/c/sc_ratios.htm)), OR
- Hepatitis C Virus Recombinant Immunoblot Assay (HCV RIBA) positive, OR
- Nucleic Acid Test (NAT) for HCV RNA positive

AND, meets the following two criteria:

- IgM antibody to hepatitis A virus (IgM anti-HAV) negative, AND
- IgM antibody to hepatitis B core antigen (IgM anti-HBc) negative

#### Case Classification (Acute):

- **Confirmed:** A case that meets the clinical case definition; is laboratory confirmed and is not known to have chronic hepatitis C.

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### CASE DEFINITION – Chronic\* (CDC 2010)

#### Clinical Description for Public Health Surveillance:

Most HCV-infected persons are asymptomatic; many have chronic liver disease, which ranges from mild to severe including cirrhosis and liver cancer.

#### Laboratory Criteria for Case Classification:

One or more of the following criteria:

- Anti – HCV positive (repeatedly reactive) by enzyme immunoassay (EIA) verified by at least one additional more specific assay, OR
- HCV- RIBA (recombinant immunoblot assay) positive, OR
- Nucleic Acid Test (NAT) for HCV RNA positive, OR
- Report of HCV genotype, OR
- Antibodies to hepatitis C virus (anti-HCV) screening-test-positive with a signal to cut-off ratio predictive of a true positive as determined for the particular assay and posted by CDC.<sup>1</sup>

#### Case Classification:

- **Confirmed:** case that is laboratory confirmed and does not meet the case definition for acute hepatitis C.
- **Probable:** case that is anti-HCV positive (repeat reactive) by EIA and has alanine aminotransferase (ALT or SGPT) values above the upper limit of normal, but the anti-HCV EIA result has not been verified by an additional more specific assay or the signal to cut-off ratio is unknown.

\* Previously reported as “Hepatitis C, past or present”.

<sup>1</sup> Viral Hepatitis ([www.cdc.gov/ncidod/diseases/hepatitis/c/sc\\_ratios.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/c/sc_ratios.htm))

## LABORATORY ANALYSIS

KDHE laboratory limits testing resources to pre-natal infant care and special clinics serving those at higher risk of acquiring HCV or sexually transmitted diseases.

- Collection: KHEL Serology kit with red topped, clot separator blood tubes
- Specimen: Serum; amount: 3-5 ml.
- For additional information and/or questions, call (785) 296-1620 or refer to guidance at [www.kdheks.gov/labs/lab\\_ref\\_guide.htm](http://www.kdheks.gov/labs/lab_ref_guide.htm).

## EPIDEMIOLOGY

Hepatitis C virus (HCV) has a worldwide distribution. In the United States, an estimated 3.2 million people are chronically infected with 19,000 people infected each year (2006 estimates). The highest incidence of acute infection is among persons 20-39 years of age. Prevalence is higher among injection drug users, inmates, and those with hemophilia, on long-term hemodialysis or who have received blood or organ products prior to June 1992.

## DISEASE OVERVIEW

### A. Agent:

An enveloped RNA virus, genotypes (1- 6); type 1 most common in U.S.

### B. Clinical Description:

Symptoms include fever, fatigue, dark urine, clay-colored stool, abdominal pain, appetite loss, nausea, vomiting, joint pain and/or jaundice, but nearly 80% of acutely infected people experience no symptoms. 75-85% of those infected, may develop chronic infection usually diagnosed when anti-HCV is present and ALT levels remain elevated for more than 6 months. Of the chronically infected, 60-70% may develop liver disease, 5-20% may develop cirrhosis, and 1-5% may die of the consequences of chronic liver infection.

### C. Reservoirs:

Humans

### D. Mode(s) of Transmission:

Transmitted primarily through large or repeated percutaneous exposures to infectious blood, such as injection drug use (currently the most common means of HCV transmission in the United States); receipt of donated blood, blood products, and organs (once a common means of transmission but now rare in the United States since blood screening became available in 1992); needle-stick injuries in healthcare settings; and birth to an HCV-infected mother

HCV can also be spread infrequently through sex with an HCV-infected person (an inefficient means of transmission); sharing personal items contaminated with infectious blood, such as razors or toothbrushes (also inefficient vectors of transmission); and other healthcare procedures that involve invasive procedures, such as injections (usually recognized in the context of outbreaks).

### E. Incubation Period:

Ranges from 2 weeks to 6 months; average 6-9 weeks.

### F. Period of Communicability:

From one or more weeks prior to onset; may persist indefinitely with carrier

state is common. Peak virus concentration correlates with ALT activity.

#### **G. Susceptibility and Resistance:**

Susceptibility is general; degree of immunity following infection is unknown.

#### **H. Treatment**

Acute HCV is not usually treated with medications but requires rest, adequate nutrition, and fluids. All chronic HCV patients should be immunized against hepatitis A and hepatitis B and additional treatment options should be discussed with a doctor who specializes in treating hepatitis.

### **INVESTIGATOR RESPONSIBILITIES**

- 1) Use current [case definition](#), to confirm diagnosis with the medical provider. (*Investigate all cases to determine if acute symptoms are present.*)
- 2) Conduct a [case investigation](#) to identify potential source of infection for all acute infections and all newly diagnosed chronic infections.
- 3) Conduct [contact investigation](#) to identify additional cases, as needed.
- 4) Identify whether the source of infection is major public health concern.
- 5) Initiate control and prevention measures.
- 6) Complete and report all information requested on the [General Investigation Form](#) and the [Acute Hepatitis](#) or [Viral Hepatitis Supplemental Form](#).
- 7) As appropriate, use the disease [fact sheet](#) to notify individuals or groups.

### **STANDARD CASE INVESTIGATION AND CONTROL METHODS**

No follow-up is needed if a case is determined to be a previously reported chronic case; but if a new address is available, it should be updated in KS-EDSS.

For **acute** Hepatitis C cases and **newly diagnosed chronic** hepatitis C cases, standard investigation includes completion of the [General Investigation Form](#)(s) and a viral hepatitis supplemental form.

#### **Case Investigation**

- 1) Contact the medical provider who ordered testing of the case and obtain the following information. (This includes medical records for hospitalized patients.)
  - Collect the following clinical information:
    - Illness onset date,
    - Jaundice (yes/no),
    - Other symptoms of acute hepatitis, and
    - Serum alanine aminotransferase (ALT or SGPT) levels.
  - Examine laboratory testing. If needed, obtain copies of reports needed for case confirmation that have not yet been reported in KS-EDSS.
  - Collect case's demographic data and contact information (birth date, county, sex, race/ethnicity, occupation, address, phone number(s))
  - Record pregnancy status for women of childbearing age.
  - Record hospitalizations: location, admission and discharge dates
  - Record outcomes: recovered or date of death
  - Did the case donate blood or plasma  $\leq$  3 months prior to symptom onset? If yes, refer to [Managing Special Situations](#).

- 2) **Acute Cases:** investigate to identify potential source of infection; focus within the incubation period and on the following potential sources of infection:
  - Contact with confirmed or suspect HCV case within 2 weeks -6 months prior to onset. List the name and address of suspect case and note relationship to case (sexual, household or other).
  - 6 months before to onset, number of male and/or female sex partners.
  - Sexually transmitted disease diagnosis; date of recent treatment.
  - During 2 weeks -6 months prior to symptom onset; the case:
    - Injected drugs not prescribed or used street drugs not injected.
    - Received tattoo, body piercing, acupuncture, electrolysis or self-injections (suspected or admitted); specify when and location of provider
    - Had hemodialysis, dental work or oral surgery, any other surgery; specify when and location of provider
    - Received blood or blood products; specify when and location
    - Received IV infusions and/or injections in an outpatient setting; location
    - Had a stick / puncture with needle or other blood contaminated object
    - Had exposure to someone else's blood; specify
    - Was hospitalized, resident of long-term care, or incarcerated >24 hours
  - At-risk occupation, 2 weeks-6 months prior to symptom onset (medical or dental field or public safety worker); note frequency of blood exposure
  - Any incarceration for  $\geq 6$  months during lifetime; most recent, how long
  - Hepatitis C status of mother if case is less than  $\leq 5$  year of age.
- 3) **Newly reported chronic cases:** attempt to collect the following information:
  - Blood transfusion or organ transplant prior to 1992
  - Clotting factor concentrates produced prior to 1987
  - Ever on long-term hemodialysis
  - Ever injected drugs not prescribed by a doctor (even if only a few times)
  - How many sex partners has patient had in a lifetime
  - Ever incarcerated
  - Ever treated for a sexually transmitted disease
  - Ever a contact of a person who had hepatitis (if yes, describe contact type)
  - Ever employed in medical or dental field involving direct contact with blood.
- 4) Collect information on potential contacts that may require testing.
- 5) Investigate epi-links among cases (clusters, household, co-workers, etc).
  - Inquire about others in the household with similar symptoms.
  - For suspected [outbreaks](#) to Managing Special Situations Section.

### Contact Investigation

- 1) At-risk contacts are defined as:
  - Individuals with mucosal or percutaneous exposure to blood of an infectious person, i.e., injecting drug users and workers after needle sticks)
  - Children born to HCV positive mothers.

*Because sexual and household contacts are at a very limited risk of acquiring HCV ([infrequent modes of transmission](#)), post-exposure testing under normal circumstances is not recommended. (Refer to [Contact Management](#).)*

- 2) At risk- contacts should be identified and referred for medical evaluation.

### **Isolation, Work and Daycare Restrictions**

Persons should not be excluded from work, school, play, child care, or other settings on the basis of their HCV infection status. There is no evidence of HCV transmission from food handlers, teachers, or other service providers in the absence of blood-to-blood contact.

There are no current recommendations to restrict professional activities of healthcare workers with HCV infection. As recommended for all health-care workers, those who are HCV-positive should follow strict aseptic technique and standard precautions, including appropriate use of hand washing, protective barriers, and care in the use and disposal of needles and other sharp instruments.

Hemodialysis settings do have hemodialysis-specific infection-control practices to prevent the transmission of HCV, refer to [Managing Special Situations](#).

*Source: CDC's recommendations for prevention and control of HCV infection, <http://www.cdc.gov/mmwr/PDF/RR/RR4719.pdf>*

### **Case Management**

- 1) Provide information to cases regarding the need to prevent further harm to their liver, reduce risks for transmitting HCV to others, and the need to obtain medical evaluation for chronic liver disease and possible treatment (including the need for hepatitis A or B vaccination).
- 2) Follow-up with acute cases to determine the outcome of infection (resolved or developed chronic infection).
- 3) For cases with long-term steady partners, recommend that they discuss the need for counseling and testing with their partner. If the partner tests positive, appropriate counseling and medical evaluation should occur.
- 4) Cases with identified risk factors of injection drug use and/or multiple sex partners should also be evaluated for hepatitis B and HIV.

### **Contact Management**

- 1) There is no prophylaxis available for contacts; refer at-risk contacts for medical evaluation that includes appropriate testing, counseling and follow-up.
- 2) Provide education on avoiding further exposures and to ensure proper medical care is obtained and precautions taken if symptoms develop.
- 3) Children born to HCV positive mothers should be tested: HCV RNA at 1-2 months of age or Anti-HCV at 18 months of age.
- 4) For additional guidance on persons for whom HCV testing is recommended (i.e., household contacts, non-injecting drug user contact) refer to the CDC's [Recommendations for Prevention and Control of HCV Infection and HCV-Related Chronic Disease](#). (MMWR 1998;47(RR-19): [pp. 20-30])

### **Environmental Measures**

If a health or long-term care facility or a facility that provides tattoo, piercing, cosmetic or alternative medical procedures is implicated in transmission, an

inspection of the facility should be coordinated through the proper regulatory agency. Contact KDHE at 1-877-427-7317 for assistance.

## Education

- 1) Provide counseling on the importance of appropriate medical care.
- 2) Cases should be advised on the risk of transmitting HCV to others, specific instructions include:
  - Cases should not donate blood, semen, body organs or tissue.
  - Cases should not share personal items that may be contaminated with blood and cover all cuts and sores.
  - Although sexual transmission is rare, condom use should be discussed and encouraged especially if there are multiple partners to consider.
  - Injecting drug users should be encouraged to stop using drugs and advised not to share needles, syringes or other drug paraphernalia.
- 3) Encourage cases on the necessity of protecting their liver, specific instructions include:
  - Avoid alcohol, as consumption aggravates HCV infection.
  - No new medication (including OTC) medicines should be used without the consent of a physician.
  - Hepatitis A and B vaccines should be given, as concurrent infection with serious complication could arise.
- 4) HCV-positive women do NOT need to avoid pregnancy or breastfeeding.
- 5) Distribute and use fact sheets as necessary.
- 6) Refer to the CDC website ([www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)) for information on hepatitis for health care professionals and the public.

## MANAGING SPECIAL SITUATIONS

### A. Outbreak Investigation:

Outbreak Definition: The occurrence of  $\geq 2$  cases of hepatitis C in association with a common exposure is considered an outbreak.

- Notify KDHE immediately, 1-877-427-7317.
- Active case finding will be an important part of any investigation.

### B. Needle-stick and Similar Exposures:

Persons who suffer such injuries should have a baseline blood sample collected followed by testing again at 6 months. No prophylaxis is available.

### C. Case Is a Recent Blood or Plasma Donor:

If the case has donated blood or plasma  $\leq 3$  months prior to onset of symptoms, notify KDHE at 1-877-427-7317 with the relevant information about the blood bank or plasma center and necessary identification information (e.g., date, identifiers, etc.) so that the agency that received the blood or plasma may be notified and any unused product can be recalled.

### D. Chronic hemodialysis settings:

Hemodialysis-center precautions are more stringent than standard precautions; intensive efforts must be made to educate new staff and reeducate existing

staff regarding hemodialysis-specific infection-control practices. Along with routine standard precautions for the care of all hemodialysis patients:

- Glove use is required whenever patients or hemodialysis equipment is touched.
- Patients should have specific dialysis stations assigned to them, and chairs and beds should be cleaned after each use.
- Sharing among patients of ancillary supplies such as trays, blood pressure cuffs, clamps, scissors, and other non-disposable items should be avoided.
- Non-disposable items should be cleaned or disinfected appropriately between uses.
- Medications and supplies should not be shared among patients, and medication carts should not be used.
- Medications should be prepared and distributed from a centralized area.
- Clean and contaminated areas should be separated (e.g., handling and storage of medications and hand washing should not be done in the same or an adjacent area where used equipment or blood samples are handled).
- Supplies, instruments, and medications are not shared among patients before thorough disinfection.

Appropriate use of hemodialysis-center precautions should prevent transmission of HCV among chronic hemodialysis patients, and isolation of HCV-positive patients is not necessary or recommended.

## **DATA MANAGEMENT AND REPORTING TO THE KDHE**

### **A. Organize, collect and report data utilizing the following forms:**

- Acute hepatitis C case:
  - General Investigation Form(s)
  - Viral Hepatitis, Acute Supplemental Form
- Chronic hepatitis C case, with follow-up needed (not previously reported):
  - General Investigation Form(s)
  - Viral Hepatitis Supplemental Form
  - At minimum report, the Clinical and Diagnostic Data that indicates case does not have an acute infection; may need to provide notes with additional supporting information collected during investigation.*
- Past or present hepatitis C case, previously reported
  - A case in which the spelling of the name and date of birth (DOB) match an older case in the surveillance system are considered previously reported. The new report will not be entered into the system and no review is needed at the local level.
  - If there is a discrepancy, with the spelling of the name or the DOB, the local investigator will need to investigate to identify if the case is a previously reported case or is actually a new case of hepatitis C (through verification of name and DOB).

### **B. Report data electronically via KS-EDSS or by fax, include:**

- At a minimum, all data collected that helps to confirm or classify a case.
- All information collected on General Investigation and supplemental form(s).

**Note:** Laboratory reports not supporting an acute hepatitis C infection are initially reported in the KS-EDSS as “Hepatitis C Infection, Past or Present.” Information from the investigation may result in changing the event to “Hepatitis C, Acute.”

For cases reported as acute and  $\geq 6$  months later be determined to have converted to chronic, the initial “Hepatitis C, Acute” event will remain. A second event “Hepatitis C Infection, Past or Present” will be entered. The KS-EDSS ID# for the first event will be noted under the new event.

Chronic (Hepatitis C, Past or Present) cases are not closed in KS-EDSS; but, after the investigation is completed, can be marked as “Reviewed” under investigation status. This will remove the case from the new and active case listings.

## **ADDITIONAL INFORMATION / REFERENCES**

- A. Treatment / Differential Diagnosis:** American Academy of Pediatrics. 2009 Red Book: Report of the Committee on Infectious Disease, 28th Edition. Illinois, Academy of Pediatrics, 2009.
- B. Epidemiology, Investigation and Control:** Heymann. D., ed., Control of Communicable Diseases Manual, 19th Edition. Washington, DC, American Public Health Association, 2009.
- C. Case Definitions:** CDC Division of Public Health Surveillance and Informatics, available at: [www.cdc.gov/ncphi/diss/nndss/casedef/case\\_definitions.htm](http://www.cdc.gov/ncphi/diss/nndss/casedef/case_definitions.htm)
- D. CDC Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease.** MMWR 1998; 47(No. RR-19), available at: [www.cdc.gov/mmwr/PDF/RR/RR4719.pdf](http://www.cdc.gov/mmwr/PDF/RR/RR4719.pdf)
- E. KDHE Viral Hepatitis:** [www.kdheks.gov/epi/hepatitis.htm](http://www.kdheks.gov/epi/hepatitis.htm)
- F. Additional Information (CDC):** [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)

# Investigation Form(s)

# Kansas Disease Investigation Guidelines

## General Investigation Form

Investigation Information		
<b>Case Type:</b> <input type="checkbox"/> Human Case <input type="checkbox"/> Non-human Case	<b>Disease Name:</b> _____	
<b>Classification:</b> <input type="checkbox"/> Suspect <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed	<b>KS-EDSS Investigation ID:</b> _____	
<b>Outbreak:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Outbreak Name:</b> _____	<b>Outbreak #:</b> _____
<b>Onset Date:</b> _____	<b>Diagnosis Date:</b> _____	<b>Report Date:</b> _____
<b>Assigned to (Investigator):</b> _____	<b>Patient Died:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Patient Information		
<b>Name Type:</b> <input type="checkbox"/> Default/Common <input type="checkbox"/> Legal <input type="checkbox"/> Maiden <input type="checkbox"/> Nickname		
<b>Last:</b> _____	<b>First:</b> _____	<b>Middle:</b> _____
<b>Street:</b> _____	<b>City/State:</b> _____	<b>Zip:</b> _____
<b>Evening Phone #:</b> _____	<b>Daytime Phone #:</b> _____	
<b>Sex:</b> <input type="checkbox"/> Failure to Report <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Transexual <input type="checkbox"/> Unknown		
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown		
<b>Hispanic / Latino Ethnicity:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Date of Birth:</b> _____	<b>Age:</b> _____	<b>Age Unit:</b> <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years
Parent Information (if under 18)		
<b>Last:</b> _____	<b>First:</b> _____	<b>Middle:</b> _____
<b>Street:</b> _____	<b>City/State:</b> _____	<b>Zip:</b> _____
<b>Evening Phone #:</b> _____	<b>Daytime Phone #:</b> _____	
Work / Occupation or School / Grade		
<b>Worksites / School:</b> _____		
<b>Occupations / Grade:</b> _____		
Travel History		
<b>1<sup>st</sup></b>	<b>Destination:</b> _____	<b>Depart Date:</b> _____ <b>Return Date:</b> _____
<b>2<sup>nd</sup></b>	<b>Destination:</b> _____	<b>Depart Date:</b> _____ <b>Return Date:</b> _____
<b>3<sup>rd</sup></b>	<b>Destination:</b> _____	<b>Depart Date:</b> _____ <b>Return Date:</b> _____
<b>4<sup>th</sup></b>	<b>Destination:</b> _____	<b>Depart Date:</b> _____ <b>Return Date:</b> _____



# Supplemental Laboratory Report Form

**Lab Reports**

Laboratory Name: \_\_\_\_\_

Lab Report Date: \_\_\_\_\_

Ordering Provider Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Facility: \_\_\_\_\_

Specimen Accession Number: \_\_\_\_\_

Specimen Collection Date: \_\_\_\_\_

Organism Name: \_\_\_\_\_

Organism Species: \_\_\_\_\_

Organism Serogroup: \_\_\_\_\_

Organism Serotype: \_\_\_\_\_

**PFGE Results**

Pattern 1      KS: \_\_\_\_\_

Other State: \_\_\_\_\_

CDC: \_\_\_\_\_

Pattern 2      KS: \_\_\_\_\_

Other State: \_\_\_\_\_

CDC: \_\_\_\_\_

Pattern 3      KS: \_\_\_\_\_

Other State: \_\_\_\_\_

CDC: \_\_\_\_\_

**Additional Results Information**

Reported Test Name:

Coded Result:

Text Result:

Numeric Result:

Comments:

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# Supplemental Contact Form

**Contacts**

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Evening Phone #:** \_\_\_\_\_ **Daytime Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Sex:**  Failure to Report  Female  Male  Other  Transexual  Unknown

**Race:**  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  Unknown

**Hispanic / Latino Ethnicity:**  Yes  No

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Age Unit:**  Days  Weeks  Months  Years

**Worksites / School:** \_\_\_\_\_

**Occupations / Grade:** \_\_\_\_\_

**Exposure Information**

**Contact Type:**  Household  Sexual  Other: \_\_\_\_\_ **Partner / Cluster Code:** \_\_\_\_\_

**Date of First Exposure:** \_\_\_\_\_ **Date of Last Exposure:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Nature of Exposure:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

**Testing and Treatment Information**

**Clinic Code:** \_\_\_\_\_ **Examination Date:** \_\_\_\_\_

**Examination Test:** \_\_\_\_\_ **Examination Result:** \_\_\_\_\_

**Prophylaxis/empiric treatment date:** \_\_\_\_\_ **Drug / Dosage:** \_\_\_\_\_

**Provider (Name / Facility):** \_\_\_\_\_

**Disposition and Diagnosis Information**

**Initiation Date:** \_\_\_\_\_ **Disposition Date:** \_\_\_\_\_ **Disposition:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Referral Type:**  Patient  Provider **Post-test Counseled :**  Yes  No

**Currently Assigned To:** \_\_\_\_\_ **Follow-up Date:** \_\_\_\_\_

**Risk Factors**

**Pregnant:**  Yes  No **If Yes, # of Weeks:** \_\_\_\_\_

**Risk factors for complications in contact:**  None  Pregnant Woman  HIV Seropositive  Unimmunized  Index case is a super-spreader

Child younger than 5  Age > 65  Otherwise immunosuppressed (s/p transplant, high dose steroids, etc)

# Supplemental Form

# Hepatitis C, acute Supplemental Form

## Kansas Department of Health and Environment

### Epidemiologic Case History

\* indicates required fields

<b>Case Type*</b>	<b>Classification*</b>
<i>Human Case    Non Human Case</i>	<i>Confirmed    Not a Case    Probable    Suspect    Deleted    Unknown</i>

<b>Supplemental Form Status</b>
<i>Not Done    Form Complete    Form in Progress    Form Approved    Form Sent to CDC</i>

<b>Report Date*</b> <small>mm/dd/yyyy</small>
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<b>Date Investigation Started</b> <small>mm/dd/yyyy</small>
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### Patient Demographic Information

\* indicates required fields

<b>Last Name*</b>	<b>First Name*</b>	<b>Middle Name</b>	<b>Name Type*</b>	<b>Age</b>
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<b>Age Unit</b>	<b>Date of Birth</b> <small>mm/dd/yyyy</small>
<i>Days    Weeks    Unknown    Months    Years</i>	

<b>Race*</b> <small>(Check all that apply)</small>				
<i>American Indian or Alaska Native</i>	<i>Asian</i>	<i>Black or African American</i>		
<i>Native Hawaiian or Other Pacific Islander</i>	<i>White</i>	<i>Unknown</i>		

<b>Ethnicity*</b>		
<i>Hispanic or Latino</i>	<i>Not Hispanic or Latino</i>	<i>Unknown</i>

<b>Sex*</b>				
<i>Failure to Report</i>	<i>Female</i>	<i>Male</i>	<i>Other</i>	<i>Transsexual    Unknown</i>

<b>Street Address</b>			
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<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip</b>
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<b>Evening Phone</b> <small>###-###-####</small>	<b>Daytime Phone</b> <small>###-###-####</small>
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<b>Occupation</b>
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### Person Providing Report

<b>Name of Reporting Facility*</b>
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# Clinical and Diagnostic Data

**Reason for Testing:**

(Check all that apply)

*Symptoms of acute hepatitis*

*Evaluation of elevated liver enzymes*

*Screening of asymptomatic patient with reported risk factors*

*Blood / organ donor screening*

*Screening of asymptomatic patient with no risk factors (e.g., patient requested)*

*Follow-up testing for previous marker of viral hepatitis*

*Prenatal screening*

*Unknown*

*Other \_\_\_\_\_*

<b>Was the patient jaundiced?</b> <i>Yes No Unknown</i>		<b>Date of Onset</b> <small>mm/dd/yyyy</small>	<b>Was the patient pregnant?</b> <i>Yes No Unknown</i>		<b>Due date:</b> <small>mm/dd/yyyy</small>
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<b>Was the patient hospitalized for hepatitis?</b> <i>Yes No Unknown</i>	<b>Death</b> <i>Yes No Unknown</i>	<b>If Death, Date</b> <small>mm/dd/yyyy</small>
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## Epidemiologic Information

Ask both of the following questions regardless of the patient's gender. IN THE 6 MONTHS BEFORE SYMPTOM ONSET HOW MANY:

<b>Did the patient eat raw shellfish?</b> <i>Yes No Unknown</i>	<b>Male sex partners did the patient have?</b> <i>0 1 2-5 &gt;5 Unknown</i>	<b>Female sex partners did the patient have?</b> <i>0 1 2-5 &gt;5 Unknown</i>
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<b>What was the patient's sexual preference?</b> <i>Hetrosexual Homosexual Unknown Bisexual</i>	<b>Was the patient EVER treated for a sexually transmitted disease?</b> <i>Yes No Unknown</i>
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<b>If yes, which disease(s):</b> <small>(Check all that apply)</small> <i>Syphilis Gonorrhea Chlamydia Other, specify _____</i>	<b>If yes, in what year was the most recent treatment?</b> <small>yyyy</small>
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<b>During the 2 weeks - 6 months prior to onset of symptoms:</b>	
<b>Did the patient inject drugs not prescribed by a doctor?</b> <i>Yes No Unknown</i>	<b>Did the patient use street drugs, but not inject?</b> <i>Yes No Unknown</i>

<b>Did the patient undergo hemodialysis?</b> <i>Yes No Unknown</i>	<b>Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood?</b> <i>Yes No Unknown</i>	<b>If yes, when?</b> <small>mm/dd/yyyy</small>
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<b>Did the patient receive blood or blood products (transfusion)?</b> <i>Yes No Unknown</i>	<b>If yes, when?</b> <small>mm/dd/yyyy</small>	<b>If Yes, where?</b>
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<b>Did the patient receive any IV infusions and/or injections in the outpatient setting?</b> <i>Yes No Unknown</i>	<b>Did the patient have other exposure to someone else's blood?</b> <i>Yes No Unknown</i>
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<b>If Yes, specify:</b>	<b>Was the patient employed in a medical or dental field involving direct contact with human blood?</b> <i>Yes No Unknown</i>
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<b>If yes, frequency of direct blood contact:</b> <i>Frequent (several times weekly) Infrequent Unknown</i>
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<b>Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood?</b> <i>Yes No Unknown</i>
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<b>If yes, frequency of direct blood contact:</b> <i>Frequent (several times weekly) Infrequent Unknown</i>	<b>If yes, specify health field:</b>	<b>If yes, specify facility of employment:</b>
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## Epidemiologic Information cont.

<b>Did the patient receive a tattoo?</b> <i>Yes No Unknown</i>	<b>If yes, where was the tattooing performed?</b> <small>(Check all that apply)</small> <i>Commercial parlor/shop Correctional facility Other (specify) _____</i>	
<b>Did the patient have any part of their body pierced (other than ear)?</b> <i>Yes No Unknown</i>	<b>Did the patient have acupuncture?</b> <i>Yes No Unknown</i>	
<b>If yes, where was the piercing performed?</b> <small>(Check all that apply)</small> <i>Commercial parlor/shop Correctional facility Other (specify) _____</i>		
<b>Did the patient have dental work or oral surgery?</b> <i>Yes No Unknown</i>	<b>If yes, indicate facility:</b>	
<b>Did the patient have surgery? (other than oral surgery)</b> <i>Yes No Unknown</i>	<b>Was patient hospitalized because of this illness?</b> <i>Yes No Unknown</i>	
<b>Was the patient a resident of a long term care facility?</b> <i>Yes No Unknown</i>	<b>If yes, indicate facility:</b>	
<b>Was the patient incarcerated for longer than 24 hours?</b> <i>Yes No Unknown</i>	<b>If yes, what type of facility?</b> <small>(Check all that apply)</small> <i>Prison Jail Juvenile facility</i>	<b>Name of facility:</b>
<b>During his/her lifetime, was the patient EVER incarcerated for longer than 6 months?</b> <i>Yes No Unknown</i>	<b>If yes, what year was the most recent incarceration?</b> <small>YYYY</small>	<b>If yes, for how long?</b> <small>(months)</small>

# Viral Hepatitis Supplemental Form

## Hepatitis C Virus Infection Case Report

Kansas Department of Health and Environment

### Epidemiologic Case History

\* indicates required fields

<b>Case Type*</b> <i>Human Case    Non Human Case</i>	<b>Classification*</b> <i>Confirmed    Not a Case    Probable    Suspect    Deleted    Unknown</i>
<b>Supplemental Form Status</b> <i>Not Done    Form Complete    Form in Progress    Form Approved    Form Sent to CDC</i>	
<b>Report Date*</b> <small>mm/dd/yyyy</small>	
<b>Date Investigation Started</b> <small>mm/dd/yyyy</small>	

### Patient Demographic Information

\* indicates required fields

<b>Last Name*</b>	<b>First Name*</b>	<b>Middle Name</b>	<b>Name Type*</b>	<b>Age</b>
<b>Age Unit</b> <i>Days    Weeks    Unknown    Months    Years</i>			<b>Date of Birth</b> <small>mm/dd/yyyy</small>	
<b>Race*</b> <small>(Check all that apply)</small> <i>American Indian or Alaska Native    Asian    Black or African American Native Hawaiian or Other Pacific Islander    White    Unknown</i>				
<b>Ethnicity*</b> <i>Hispanic or Latino    Not Hispanic or Latino    Unknown</i>				
<b>Sex*</b> <i>Failure to Report    Female    Male    Other    Transexual    Unknown</i>				
<b>Street Address</b>				
<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip</b>	
<b>Evening Phone</b> <small>###-###-####</small>			<b>Daytime Phone</b> <small>###-###-####</small>	
<b>Occupation</b>				

### Person Providing Report

<b>Name of Reporting Facility*</b>
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# Clinical and Diagnostic Data

**Reason for Testing:**

(Check all that apply)

*Symptoms of acute hepatitis*

*Evaluation of elevated liver enzymes*

*Screening of asymptomatic patient with reported risk factors*

*Blood / organ donor screening*

*Screening of asymptomatic patient with no risk factors  
(e.g., patient requested)*

*Follow-up testing for previous marker of viral hepatitis*

*Prenatal screening*

*Unknown*

*Other \_\_\_\_\_*

<b>Clinical Data</b>		Was the patient
<b>Is the patient symptomatic?</b>	<b>If yes, date of onset:</b> <small>mm/dd/yyyy</small>	<b>Was the patient hospitalized for hepatitis?</b>
<i>Yes No Unknown</i>		<i>Yes No Unknown</i>

## Epidemiologic Information

The following questions are provided as a guide for the investigation of lifetime risk factors for HCV infection. Routine collection of risk factor information for persons who test HCV positive is not required. However, collection of risk factor information for such persons may provide useful information for the development and evaluation of programs to identify and counsel HCV-infected persons.

<b>Did the patient eat raw shellfish?</b>	<b>Did the patient receive a blood transfusion prior to 1992?</b>
<i>Yes No Unknown</i>	<i>Yes No Unknown</i>
<b>Did the patient receive an organ transplant prior to 1992?</b>	<b>Did the patient receive clotting factor concentrates produced prior to 1987?</b>
<i>Yes No Unknown</i>	<i>Yes No Unknown</i>
<b>Was the patient ever on long-term hemodialysis?</b>	<b>Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times?</b>
<i>Yes No Unknown</i>	<i>Yes No Unknown</i>
<b>How many sex partners has the patient had (approximate lifetime)?</b>	<b>Was the patient ever incarcerated?</b>
	<i>Yes No Unknown</i>
<b>What was the patient's sexual preference?</b>	
<i>Hetrosexual Homosexual Unknown Bisexual</i>	
<b>Was the patient EVER treated for a sexually transmitted disease?</b>	
<i>Yes No Unknown</i>	
<b>Was the patient ever a contact of a person who had hepatitis?</b>	<b>If yes, type of contact:</b>
<i>Yes No Unknown</i>	<i>Sexual Household (Non-sexual) Other _____</i>
<b>Was the patient ever employed in a medical or dental field involving direct contact with human blood?</b>	
<i>Yes No Unknown</i>	
<b>Did the patient have acupuncture?</b>	
<i>Yes No Unknown</i>	

# Supporting Materials

## Fact Sheet

Supporting Materials are available under attachments:

**CLICK HERE TO VIEW ATTACHMENTS**

Then double click on the document to open.

*Other Options to view attachments:*

*Go to <View>; <Navigation Pane>; <Attachments>*

*– OR –*

*Click on the “Paper Clip” icon on the right.*

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