Version 4.0 1st October 2018

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Name of index p	Feidhmeannacht na Seirbhíse Sláinte Health Service Executive
DOB DOB	To be completed as soon as possible after notification of a case of hepatitis A Personal details Family name First name
Tel. No	Address Country of birth Telephone No. Country of birth Date of birth Age (years)
GP GP	CIDR ID CCA/LHO Source of notification: Lab GP Hospital GP name and address
	GP telephone No
Type of contact Dat contact contact	Employment/school Occupation Place of work Yes No
tact of by A	Food handler If yes, give details (in particular, detail if case is a high risk food handler i.e. handles food that will undergo no further thermal treatment) Health care worker If yes, give details
Vaccine (Y/N)	Child care worker If yes, give details School If yes, please provide name & address Pre-school If
Vaccine date	Crèche Image: Class
	Clinical details Jaundice: Yes No If yes, date of onset of jaundice Fever: Yes No Elevated serum aminotransferase levels Yes No
	Date of onset of first symptom (if other than jaundice)
Estimated infectious Period Pe	Hospitalised: Yes No If yes, duration of hospitalisation(days) Hospital RIP: Yes No Consultant
Serology result	Hepatitis A laboratory results Specimen submitted Yes No IgG Positive Negative Specimen date IgM Positive IgM Negative Negative Name of laboratory Genotype Sequence
	Name of laboratory Genotype Sequence

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History of exposure			Yes No
In the 2-6 weeks prior to onset of illnes		se of hepatitis A, or person with jaundice?	
If yes, type of contact			
Household (non-sexual)	exual Ot	her Give details	
Date of onset in this contact		as contact a confirmed case (by serum/saliva IgM)?	
2. Was patient a household contact of a contract of a cont	child or employ	ee of a creche, pre-school or day care centre?	
3. Did the patient travel abroad? If yes, detail countries visited & dates of	f visits		
4. Did the patient drink water from a priva If yes, give details	ate supply or we	ell or other potentially unsafe water source?	
Food exposures			
Food item	If yes, please tick	Details of what was eaten, where, whe food and whether cooked or r	-
Shellfish			
Fresh or frozen berries			
Salad or uncooked vegetables			
Dates			
Food containing pomegranate			
Food containing sundried tomatoes			
Restaurant or take away food			
5. Is any particular food suspected? If yes, detail (in particular, note "ready-t	o-eat" food e.g. s	salad	
6. Did the patient have any blood/blood p If yes, give details	oroducts		
Note to interviewer: the following ques exposure has been identified Say: I am asking you these questions		sensitive nature and should be asked if no a	Iternative
Is it possible you could have got it sexual	· _	No	
If yes, say: I will need to ask you some ver	y sensitive que	stions. Is this all right? If patient agrees, ask the f	ollowing:
In the 2-6 weeks before onset: How many male sex partners did	vou bavo?	0 1 2-5	⊳ 5 □
How many female sex partners do	•		>5 □
Sexual orientation:			
Are you an injecting drug user?		Yes No	
Do you use other street drugs?		Yes No	
Conclusion: The probable route of	infection is		
	erborne	Household Contracted	abroad
Sexual IDU		Unknown/unsure	
Is the patient suspected as being part of a	a recognised o	utbreak? Yes No	Jnknown
If yes, give details	vaccino?		
Has the patient ever received hepatitis A If yes, how many doses?	vaccine?	Yes No No In what year was the last dose received?	Jnknown
Did the patient donate blood in the 2-6 w	veeks before or		Jnknown 🗌
If yes, give details of date and location			

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	Yes	No	Form completed by:
Exclusion from schoo	l or work		Name
Hygiene advice given			E-mail
Information leaflets gi	ven		Location
PEHO notified			Date
SPHM notified			
Comments			
Enter details in CID	R and forward a	copy of th	ne completed form to the Consultant in Public Health Medic
Case definition			ne completed form to the Consultant in Public Health Media
Case definition Clinical criteria* (for	or probable case)	ne completed form to the Consultant in Public Health Medic e.g. fatigue, abdominal pain, loss of appetite, intermittent nause
Case definition Clinical criteria* (for Any person with a d	or probable case)	
Case definition Clinical criteria* (for Any person with a d and vomiting) AND At least one of the for	or probable case)	
Case definition Clinical criteria* (for Any person with a d and vomiting) AND	or probable case liscrete onset of s islowing three:	e) symptoms (d	
Case definition Clinical criteria* (for Any person with a d and vomiting) AND At least one of the for Fever Jaundice Elevated serum an	or probable case liscrete onset of s iollowing three: minotransferase l	e) symptoms (d	
Case definition Clinical criteria* (for Any person with a d and vomiting) AND At least one of the for Fever Jaundice	or probable case liscrete onset of s iollowing three: minotransferase l	e) symptoms (d	
Case definition Clinical criteria* (fd Any person with a d and vomiting) AND At least one of the f Fever Jaundice Elevated serum at Laboratory criteria	or probable case liscrete onset of s iollowing three: minotransferase l iollowing three: titis A virus nuclei pecific IgM antibo	e) symptoms (e levels ic acid in se ody respons	e.g. fatigue, abdominal pain, loss of appetite, intermittent nause
Case definition Clinical criteria* (fd Any person with a d and vomiting) AND At least one of the ff Fever Jaundice Elevated serum au Laboratory criteria At least one of the ff Detection of hepa Hepatitis A virus s	or probable case liscrete onset of s ollowing three: minotransferase l ollowing three: titis A virus nuclei specific IgM antibo titis A virus antige	e) symptoms (e levels ic acid in se ody respons	e.g. fatigue, abdominal pain, loss of appetite, intermittent nause
Case definition Clinical criteria* (fd Any person with a d and vomiting) AND At least one of the ff Fever Jaundice Elevated serum an Laboratory criteria At least one of the ff Detection of hepa Hepatitis A virus s Detection of hepa	or probable case liscrete onset of s iollowing three: minotransferase l iollowing three: titis A virus nuclei specific IgM antibo titis A virus antige riteria	e) symptoms (e levels ic acid in se ody respons	e.g. fatigue, abdominal pain, loss of appetite, intermittent nause
Case definition Clinical criteria* (fd Any person with a d and vomiting) AND At least one of the ff Fever Jaundice Elevated serum an Laboratory criteria At least one of the ff Detection of hepa Hepatitis A virus s Detection of hepa	or probable case liscrete onset of s iollowing three: minotransferase l ollowing three: titis A virus nuclei specific IgM antibo titis A virus antige riteria iollowing four: transmission nmon source minated food/drir	e) eymptoms (d levels ic acid in se ody respons en in stool	e.g. fatigue, abdominal pain, loss of appetite, intermittent nause erum or stool se
Case definition Clinical criteria* (fd Any person with a d and vomiting) AND At least one of the ff Fever Jaundice Elevated serum an Laboratory criteria At least one of the ff Detection of hepa Hepatitis A virus 5 Detection of hepa Epidemiological cr At least one of the ff Human to human Exposure to a cor Exposure to conta	or probable case liscrete onset of s liscrete onset of s liscrete onset of s liscrete onset of s minotransferase l liscrete onset list of the set of the s	e) eymptoms (d levels ic acid in se ody respons en in stool	e.g. fatigue, abdominal pain, loss of appetite, intermittent nause erum or stool se

*Note: Asymptomatic cases are common in young children