Case ID |_____|

Investigation form for Viral Hepatitis B, C & D

This form is filled in coordination with the treating physician.
The name of the patient is not recorded in the form.
The form is filled in case of alert/outbreak of viral hepatitis B, C or D.

A Investigator

Investigator name	Setting	Date of investigation	Case ESU ID

**

B Patient demography

Age (year)	Gender	Nationality	Caza of residence

**

C Disease and diagnostic circumstances

►Reported disease / condition:

□ Viral Hepatitis B: □Acute □Chronic □Other
□ Viral Hepatitis C: □Acute □Chronic □Other
□ Viral Hepatitis D

►Circumstances at diagnosis

□Symptoms:
- □Acute hepatitis
- □Chronic hepatitis
- □Evaluation of elevated liver enzymes
- □Follow up previous marker of viral hepatitis
- □Other, specify:

□ Screening:
- □Patient with reported risk factors
- □Patient with no risk factors
- □Blood donor screening
- □Pre-medical / surgical screening
- □Prenuptial screening
- □Prenatal screening
- □Other, specify:

►Circumstances at diagnosis

Presence of symptoms: □ Yes □No
Year of first symptoms: |_____|
Year of first diagnosis: |_____|

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D Vaccination status for VHB

►VHB dose zero received at birth?
- □Yes
- □No, why:
- □Unknown

►VHB first series received at under 1 year?
- □Yes
- □No, why:
- □Unknown

►Did the child receive hepatitis B immune globulin (HBIG)?
- □Yes, why:
- □No
- □Unknown

►Did the patient received VHB vaccine after 1 year
- □Yes, number of doses |____|, date/year last dose: |_____|
- □No, why:
- □Unknown

►Was the mother infected during pregnancy or delivery?
- □Yes, why:
- □No
- □Unknown

►Place of delivery?

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E Laboratory testing

Virus	Test	Date result	Result	Notes
VHB	□Hepatitis B surface antigen (HBsAg)			
	□Hepatitis B antigen (HBeAg)			
	□Total antibody to hepatitis B core antigen (total anti-HBc)			
	□IgM antibody to hepatitis B core antigen (IgM anti HBc)			
	□Other, specify:			
VHC	□Antibody to hepatitis C virus (anti-HCV)			
	□Supplemental anti-HCV assay (e.g., RIBA)			
	□HCV RNA (e.g., PCR)			
	□Anti-HCV signal to cut-off ratio			
VHD	□Antibody to hepatitis D virus (anti-HDV)			

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F General risk factors

Area	Factor	No	Yes	Specify
Professional				
	Health care professional	□	□	Profession:
	Contact with blood	□	□	
	Blood exposure injury	□	□	Nb:
	Blood exposure professions	□	□	
Health care				
	Admitted to hospitals	□	□	Nb:
	Had surgery	□	□	Nb:
	Had dialysis	□	□	Nb:
	Received blood products	□	□	Nb times:
	Received blood derived products	□	□	Products:
	Had transplantation	□	□	Organ:
	Dental care	□	□	
Household				
	Sharing toothbrushes	□	□	Frequency:
	Sharing “rasoirs”	□	□	Frequency:
	Sharing personal items	□	□	What:
Other				
	Participated in invasive religious rituals	□	□	
	Tatoos	□	□	
	Body piercing	□	□	

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G Confidential risk factors

Area	Factor	No	Yes	Specify
Drugs				
	Injecting drugs	□	□	
	Sharing needles	□	□	
	Invasive inhalation	□	□	
Prison				
	Incarcerated	□	□	
STD				
	STD: VHB, VHC, VHD, HIV, syphilis, gonorrhea	□	□	What:
	Contact with a person with STD: home	□	□	
	Contact with a person with STD: sex	□	□	
	Contact with a person with STD: other	□	□	Specify:
Sexual risk				
	Male partners	□	□	Nb:
	Female partners	□	□	Nb:
	Sexual workers	□	□	Nb:
	Protective behavior	□	□	