The information requested on this form is required by the California Department of Public Health for purposes of identification and public health investigation.

ACUTE HEPATITIS B CASE REPORT FORM

Included below are the acceptable submission methods of this form:

- **Healthcare Providers:** Please submit this form to your local health department.
- **Local Health Jurisdictions:** Please enter this form into CalREDIE and upload a copy into the CalREDIE Electronic Filing Cabinet or send via fax to (510) 620-3949 or secure email to vpdreport@cdph.ca.gov

PATIENT INFORMATION

Last Name: _____ **First Name:** _____ **Middle Name:** _____ **Suffix:** _____

Date of Birth: _____ **Age (enter and check one):** _____ ☐ Days ☐ Weeks ☐ Months ☐ Years

Patient's Parent/Guardian Name: _____ **Primary Language:** ☐ English ☐ Other: _____

Address Number & Street: _____ **Apartment/Unit Number:** _____

City: _____ **State:** _____ **Zip Code:** _____ **County of Residence:** _____

Country of Residence: ☐ U.S. ☐ Other: _____ **Country of Birth:** ☐ U.S. ☐ Other: _____

Date of Arrival: _____ **Home Telephone:** (_____) _____ **Cellular Phone/Pager:** (_____) _____

Email Address: _____ **Other Electronic Communication:** _____

Work/School Location (Name & Address): _____

Occupation Setting: ☐ Correctional Facility ☐ Hospital/Medical/Dental ☐ Public Safety ☐ Long Term Care Facility ☐ Unknown ☐ Other: _____

Specify Occupation: _____ **Work/School Telephone:** (_____) _____

Gender: ☐ Declined to answer ☐ Female ☐ Genderqueer or non-binary ☐ Identity not listed ☐ Male ☐ Trans female/Transwoman ☐ Trans male/Transman ☐ Unknown

Sex Assigned at Birth: ☐ Male ☐ Female ☐ Declined to Answer ☐ Unknown

Sexual Orientation: ☐ Heterosexual or straight ☐ Gay, lesbian, or same-gender loving ☐ Bisexual ☐ Orientation not listed ☐ Questioning, unsure, or patient doesn't know ☐ Declined to answer ☐ Unknown

Pregnant: ☐ Yes ☐ No ☐ Unknown **Estimated Delivery Date:** _____

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Race (check all that apply):

☐ American Indian or Alaska Native

☐ Asian

☐ Asian-Burmese ☐ Bangladeshi ☐ Bhutanese ☐ Burmese ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Hmong
☐ Indian ☐ Indonesian ☐ Iwo Jiman ☐ Japanese ☐ Korean ☐ Laotian ☐ Madagascar ☐ Malaysian
☐ Maldivian ☐ Nepalese ☐ Okinawan ☐ Pakistani ☐ Singaporean ☐ Sri Lankan ☐ Taiwanese ☐ Thai
☐ Vietnamese ☐ Unknown ☐ Other: _____

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ Carolinian ☐ Chamorro ☐ Chuukese ☐ Fijian ☐ Guamanian ☐ Kiribati ☐ Kosraean ☐ Mariana Islander
☐ Marshallese ☐ Melanesian ☐ Micronesian ☐ Native Hawaiian ☐ New Hebrides ☐ Palauan ☐ Papua New Guinean
☐ Pohnpeian ☐ Polynesian ☐ Saipanese ☐ Samoan ☐ Soloman Islander ☐ Tahitian ☐ Tokelauan ☐ Tongan
☐ Yapese ☐ Unknown ☐ Other: _____

☐ White

☐ Other: _____

☐ Unknown:

CLINICAL INFORMATION

REASON FOR TESTING

Reasons (check all that apply)

☐ Blood/Organ Donor Screening ☐ Evaluation of Liver Enzymes ☐ Exposure to Case ☐ Prenatal Screening ☐ Routine Testing
☐ Symptoms of Acute Hepatitis ☐ Unknown ☐ Other: _____

SIGNS AND SYMPTOMS

Symptomatic? ☐ Yes ☐ No ☐ Unknown

Symptoms? ☐ Abdominal Pain ☐ Anorexia ☐ Clay Stools ☐ Dark Urine ☐ Diarrhea ☐ Fatigue ☐ Jaundice [Onset Date: _____]
☐ Other: _____

HOSPITALIZATION AND HOSPITAL DETAILS

Did patient visit emergency room for illness? ☐ Yes ☐ No ☐ Unknown

Was patient hospitalized? ☐ Yes ☐ No ☐ Unknown **How many total hospital nights?** _____

During any part of the hospitalization, did patient stay in an intensive care unit or critical care unit? ☐ Yes ☐ No ☐ Unknown

Hospital Name: _____ **Street Address:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Telephone:** (_____) _____

Admit Date: _____ **Discharge/Transfer Date**: _____**Medical Record Number:** _____

Discharge Diagnosis: _____

COMPLICATIONS AND OTHER SYMPTOMS

Did patient die? ☐ Yes ☐ No ☐ Lost to Follow-Up **Date of Death:** _____

VACCINATION HISTORY

Hepatitis B Vaccination History

Has the patient been immunized for hepatis B? ☐ Yes ☐ No ☐ Unknown **Vaccine Type:** _____

If ≤ 18 Years, specify why not vaccinated? _____

Hepatitis A Vaccination History

Has the patient been immunized for hepatis A? ☐ Yes ☐ No ☐ Unknown **Vaccine Type**: _____

LABORATORY INFORMATION

VIRAL HEPATITIS B DIAGNOSTIC TESTS

Hepatitis B Surface Antigen (HBsAg)
Date: _____ Result: ☐ Positive ☐ Negative ☐ Pending ☐ Not Done ☐ Unknown ☐ Borderline

IgM Antibody to Hepatitis B Core Antigen (IgM anti-HBc)
Date: _____ Result: ☐ Positive ☐ Negative ☐ Pending ☐ Not Done ☐ Unknown ☐ Borderline

Antibody to Hepatitis B Surface Antigen (Anti-HBs)
Date: _____ Result: ☐ Positive ☐ Negative ☐ Pending ☐ Not Done ☐ Unknown ☐ Borderline

Total Antibody to Hepatitis B Core Antigen (Anti-HBc total)
Date: _____ Result: ☐ Positive ☐ Negative ☐ Pending ☐ Not Done ☐ Unknown ☐ Borderline

Quantitative Hepatitis B DNA (HBV DNA Quant.)
Date: _____ Result (IU/ml): _____

Qualitative Hepatitis B DNA (HBV DNA Qual.)
Date: _____ Result: ☐ Detected ☐ Not Detected ☐ Pending ☐ Not Done ☐ Unknown

Hepatitis B Envelope Antigen (HBeAG)
Date: _____ Result: ☐ Detected ☐ Not Detected ☐ Pending ☐ Not Done ☐ Unknown ☐ Borderline

VIRAL HEPATITIS A DIAGNOSTIC TESTS

IgM Antibody to Hepatitis A Virus (IgM anti-HAV)
Date: _____ Result: ☐ Positive ☐ Negative ☐ Pending ☐ Not Done ☐ Unknown ☐ Borderline

Total Antibody to Hepatitis A Virus (Anti-HAV Total)
Date: _____ Result: ☐ Positive ☐ Negative ☐ Pending ☐ Not Done ☐ Unknown ☐ Borderline

VIRAL HEPATITIS C DIAGNOSTIC TESTS

Hepatitis C Antibody (Anti-HCV)

Date: _____ Result: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending ☐ Not Done ☐ Unknown

Hepatitis C Ribonucleic Acid (HCV RNA)

Date: _____ Result: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending ☐ Not Done ☐ Unknown

Specify HCV Genotype (if available): _____

VIRAL HEPATITIS D DIAGNOSTIC TESTS

Antibody to Hepatitis Delta (Anti-HDV)

Date: _____ Result: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending ☐ Not Done ☐ Unknown

VIRAL HEPATITIS E DIAGNOSTIC TESTS

Antibody to Hepatitis E (Anti-HEV)

Date: _____ Result: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending ☐ Not Done ☐ Unknown

LIVER ENZYME LEVELS AT DIAGNOSIS

Alaine Transaminase [Serum Glutamic Pyruvic Transaminase] (ALT [SGPT])

Date: _____ Result: _____ Upper Limit Normal: _____

Aspartate Aminotransferase [Serum Glutamic Oxaloacetic Transaminase] (AST [SGOT])

Date: _____ Result: _____ Upper Limit Normal: _____

Bilirubin

Date: _____ Result: _____

EPIDEMIOLOGICAL INFORMATION

INCUBATION PERIOD

- Hepatitis B: range 60 to 150 days, average 90 days.
- Incubation Period: _____ to _____

RISK FACTOR INFORMATION

During the incubation period, were any of the following risk factors present?	Yes	No	Unknown	Date
Contact with a confirmed or suspected case of hepatitis B	☐	☐	☐	_____
If yes, type of contact: ☐ Household ☐ Sexual ☐ Injection ☐ Occupational ☐ Other: _____				
Accidental stick/puncture with an object contaminated with blood	☐	☐	☐	_____
Other exposure to someone's blood	☐	☐	☐	_____

During the incubation period, did the patient have any of the following treatment or cosmetic procedures?	Yes	No	Unknown	Date first seen at facility	Date last seen at facility	Facility Name
Receipt of blood or blood products (transfusion)	☐	☐	☐	_____	_____	_____
Receipt of organ (transplant)	☐	☐	☐	_____	_____	_____
Hemodialysis	☐	☐	☐	_____	_____	_____
Prior hospitalization	☐	☐	☐	_____	_____	_____
Received outpatient procedure (i.e., colonoscopy, endoscopy)	☐	☐	☐	_____	_____	_____
Received injection or infusions prescribed by a doctor	☐	☐	☐	_____	_____	_____
Oral surgery or dental work	☐	☐	☐	_____	_____	_____
Surgery other than oral surgery	☐	☐	☐	_____	_____	_____
Fingerstick or blood draw in home or clinic	☐	☐	☐	_____	_____	_____
Podiatric procedures	☐	☐	☐	_____	_____	_____
Chemotherapy treatment	☐	☐	☐	_____	_____	_____
Acupuncture treatment	☐	☐	☐	_____	_____	_____

Body Piercing	☐	☐	☐	_____	_____	_____
If yes, where was piercing performed? ☐ Commercial Parlor ☐ Jail or Prison ☐ Other: _____						
Tattoo	☐	☐	☐	_____	_____	_____
If yes, where was tattoo received? ☐ Commercial Parlor ☐ Jail or Prison ☐ Other: _____						
Manicure or pedicure	☐	☐	☐	_____	_____	_____
Other treatment or cosmetic procedure that penetrated the skin (e.g. head or neck shave)	☐	☐	☐	_____	_____	_____
If yes, specify: _____						

During the incubation period, were any of the following applicable to the patient?	Yes	No	Unknown
Injection drug use not prescribed by a doctor	☐	☐	☐
Used non-injection street drugs	☐	☐	☐
Was incarcerated	☐	☐	☐
One or more male sex partners Number of male partners _____	☐	☐	☐
One or more female sex partners Number of female partners _____	☐	☐	☐
One or more trans/non-binary sex partners? Number of trans/non-binary partners _____	☐	☐	☐
Ever treated for a sexually-transmitted infection	☐	☐	☐
Ever donated blood (or was denied due to hepatitis infection) If yes, specify year and location of last blood donation _____	☐	☐	☐
Homelessness/unstable housing	☐	☐	☐
Negative HBsAg result within 6 months prior to HBV diagnosis If yes, collection date _____	☐	☐	☐
Indication of recent seroconversion (see seroconversion definition on bottom of page 4)	☐	☐	☐

EPIDEMIOLOGICAL LINKAGE

Epi-Linked to known case? ☐ Yes ☐ No ☐ Unknown **Contact Name/Case #:** _____

OUTBREAK

Part of known outbreak? ☐ Yes ☐ No ☐ Unknown

If yes, extent of outbreak ☐ One CA jurisdiction ☐ Multiple CA jurisdictions ☐ Multistate ☐ International ☐ Unknown ☐ Other: _____

Mode of Transmission ☐ Point Source ☐ Person-to-Person ☐ Unknown ☐ Other: _____

CASE DEFINITION

☐ **CONFIRMED ACUTE HEPATITIS B**:

Clinical Criteria:

In the absence of a more likely, alternative diagnosis*, acute onset or new detection of at least one of the following:

- Jaundice **OR**
- Total bilirubin > 3.0 mg/dL **OR**
- Elevated serum alanine aminotransferase (ALT) levels > 200 IU/L

**Alternative diagnoses may include evidence of acute liver disease due to other causes or liver disease due to hepatitis B reactivation or pre-existing chronic HBV infection, other causes of hepatitis including alcohol exposure, other viral hepatitis, hemochromatosis, or conditions known to produce false positives of hepatitis B surface antigen, etc.*

Confirmatory Laboratory Evidence:

Tier 1

- Detection of IgM anti-HBc **AND** detection of either HBsAg† or HBeAg or HBV DNA†† **OR**
- Detection of either HBsAg† or HBeAg or HBV DNA†† within 12 months (365 days) of a negative HBsAg test result (i.e., HBsAg seroconversion).

Tier 2

- IgM anti-HBc test not done or result not available, **AND** detection of either HBsAg† or HBV DNA††

Presumptive Laboratory Evidence:

- Detection of IgM anti-HBc **AND** HBsAg†, HBeAg, and HBV DNA†† is negative or not done.

***Confirmed*:**

- Meets Tier 1 confirmatory laboratory evidence of acute HBV infection **OR**
- Meets clinical criteria **AND** Tier 2 confirmatory laboratory evidence of acute HBV infection.

***Probable*:**

- Meets clinical criteria **AND** presumptive laboratory evidence of acute HBV infection.

BINATIONAL CASE INVESTIGATION

Binational Case Definition

Any individual with a confirmed or probable case of a notifiable infectious disease, and:

- who has recently traveled or lived in Mexico, or had recent contact with persons who lived or traveled in Mexico; or
- who is thought to have acquired the infection in Mexico or have been in Mexico during the incubation period of the infection and was possibly contagious during this period; or
- who is thought to have acquired the infection from a product from Mexico; or
- whose case requires the collaboration of both countries for the purposes of disease investigation and control.

Does this case meet the binational case definition? ☐ Yes ☐ No ☐ Unknown

NOTES

CASE INVESTIGATION

Completed by: _____ **Local Health Jurisdiction:** _____

Telephone: (_____) _____ **Date Completed:** _____ **Date Reported:** _____

RACE DESCRIPTIONS	
Race	**Description**
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal,
Black or African American	Patient has origins in **any** of the black racial groups of Africa
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

ASIAN GROUPS				
Bangladeshi	Filipino	Japanese	Maldivian	Sri Lankan
Bhutanese	Hmong	Korean	Nepalese	Taiwanese
Burmese	Indian	Laotian	Okinawan	Thai
Cambodian	Indonesian	Madagascar	Pakistani	Vietnamese
Chinese	Iwo Jiman	Malaysian	Singaporean	

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS				
Carolinian	Kiribati	Micronesian	Pohnpeain	Tahitian
Chamorro	Kosraean	Native Hawaiian	Polynesian	Tokelauan
Chuukese	Mariana Islander	New Hebrides	Saipanese	Tongan
Fijian	Marshallese	Palauan	Samoan	Yapese
Guamanian	Melanesian	Papua New Guinean	Solomon Islander	