

HEPATITIS A CASE INVESTIGATION FORM

**For each case: Please complete and submit with Notification Form (GW17/5) and laboratory results to
Provincial Communicable Diseases Control Officer and NICD (outbreak@nicd.ac.za)**

(All Sections: Please tick appropriate box)

District CDC Name: _____ **District Name** _____ **Sub-District Name** _____

Name of respondent (if not a case): _____

Respondent was: Case Parent Caregiver Guardian other, specify: _____

INTERVIEWER DETAILS

Name: _____ **Surname:** _____

Contact Details (cell no.): _____

Designation: Attending Dr. OPD/WARD Nurse Infection Prevention Nurse Clinic Nurse

Other (Specify): _____

Name of the Healthcare Facility: _____

How did you hear about the case? Hospital Clinic Community Health Centre NICD Notification

CASE (PATIENT) DETAILS

Name and Surname _____

Date of birth (dd/mm/yy): _____ **Age** ____ **Units:** days months years Unknown

Gender: Female Male **Race:** African Asian Colored Indian White

Street address _____

Suburb/Residential Area _____ **Town/City:** _____

Occupation _____ **Employers Name & contact details:** _____

Work Activities: Food/Beverage Handling Daycare Adult Care Facility Hospital/Healthcare

Other: _____

If still a student,

Name and contact details of school: _____ **Grade:** _____

CLINICAL DETAILS

Date of Onset of symptoms (dd/mm/yy): _____

Date of presentation to healthcare facility (dd/mm/yy): _____

Symptoms: Fever Fatigue Diarrhea Malaise Jaundice Dark Urine Nausea Vomiting

Other (specify): _____ No symptoms

Complications: Bleeding Date (dd/mm/yy): _____ Liver Failure Date (dd/mm/yy): _____

Final Outcome: Patient Admitted – YES NO Date (dd/mm/yy): _____

Name of the hospital: _____

Patient Died: YES NO Date (dd/mm/yy): _____

Specimen Collected (Blood): YES NO Specimen Collection Date (dd/mm/yy) _____

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Hepatitis A Post Exposure Prophylaxis: HAV Vaccine: Y N Why? _____

Human Immunoglobulin: Y N Why? _____

Vaccination Information obtained from: Patient File Self-Reported Not Obtained

RISK FACTOR HISTORY

History of contact with a suspected Hepatitis A case prior 50 days of symptoms onset: Y N Unknown

History of contact with a laboratory confirmed Hepatitis A case 50 days prior symptoms onset: Y N Unknown

History of travel in the past 50 days: Y N Unknown if yes, name of place/country travelled to _____

History of previous visit or admission to a healthcare facility 50 days prior symptoms onset: Y N Unknown

If yes, Name of the Facility _____

Diagnoses at the facility _____ Date (dd/mm/yy): _____

PUBLIC HEALTH RESPONSE TO CASE

Case Notified on GW17/5 form? Y N Unknown

Notification Date (dd/mm/yy): _____ **Investigation Date (dd/mm/yy):** _____

Contact type	Personal Details of the contact			Action Taken
	Name & Surname	Age(yrs)	Date of first exposure to case	
Household				
School/Creche				
Other (Specify) _____ _____				
Was active case finding done?: Yes <input type="checkbox"/> No <input type="checkbox"/>		No of suspected HAV cases found: None <input type="checkbox"/> OR Specify no: _____		

**Use separate sheet if additional contacts are identified*