Centre for Vaccines and Immunology
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Reference: Hepatitis A surveillance

Viral Hepatitis A – Case investigation form

***Province Name:*___________________________ *District Name*____________________ *Sub-District Name* ___________________________

Name of respondent (if not a case): ____

Respondent: 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 ☐ NMC Notification ☐ Other(specify)________________

CASE (PATIENT) DETAILS

Name:____ Surname:____

Date of birth(dd/mm/yy):____________________________ Age:_____________ Units: Years ☐ Months ☐ Days ☐

Sex: Female ☐ Male ☐ Race: African ☐ Indian ☐ White ☐ Coloured ☐

Street address:____

Residential area:____________________________________ Town/City:____

Occupation:____

Contact details (Cell no.):___________________________________

Occupation: Food/beverage handler ☐ Daycare employee ☐ Adult care facility employee ☐ Hospital/clinic healthcare ☐ Migrant worker ☐

Other:______________________________________

Name of the patient's work facility:____________________________________

If I a student, Name and contact details of institution (tertiary/school/ daycare): ________________________________Grade (if applicable): ____________

CLINICAL DETAILS	
1. Was the patient diagnosed with hepatitis A?	Y ☐ N ☐
2. How was the patient diagnosed with hepatitis A?	Laboratory confirmed Y ☐ N ☐ Unknown ☐ Clinical symptoms Y ☐ N ☐ Unknown ☐ Contact of a confirmed case? Y ☐ N ☐ Unknown ☐
3. Was the patient symptomatic?	Y ☐ N ☐ Unknown ☐
4. Symptoms: (Mark all that apply)	Fever ☐ Jaundice ☐ Anorexia ☐ Diarrhea ☐ Dark urine ☐ Pale/clay colored stool ☐ Nausea ☐ Vomiting ☐ Abdominal pain/cramps ☐ Any other symptoms:____________________
5. Date of onset of symptoms	(dd/mm/yy):____________________
6. Date of presentation to healthcare facility	(dd/mm/yy):____________________
7. Any complications:	Bleeding ☐ Date (dd/mm/yy):____________________ Liver failure ☐ Date (dd/mm/yy):____________________
8. Were there any underlying medical conditions?	Alcohol dependency ☐ HIV ☐ Metabolic disease (incl. diabetes mellitus) ☐ Cancer/malignancy ☐ Immunosuppression treatment (steroids/chemotherapy) ☐ Chronic liver disease ☐ Chronic kidney disease ☐ Pregnancy related ☐ Other conditions (specify):____________________
9. Was the patient hospitalized?	Y ☐ N ☐ If yes, what was the name of the hospital:____________________ Date of hospitalization (dd/mm/yy):____________________
10. Did the patient die?	Y ☐ N ☐ Unknown ☐ If yes, date of death(dd/mm/yy):____________________
11. Did the patient receive the hepatitis A vaccine?	Y ☐ N ☐ Unknown ☐ If yes, how many dose(s)?____________________

HEPATITIS A RISK FACTOR HISTORY

Section 1: Travel history & exposures outside of home in the 2 to 6 weeks prior to illness onset:

IN THE LAST 2-6 WEEKS:	Yes or No	If yes, date (dd/mm/yy)	Where did the patient travel to (please provide location, and address)
1. Did the patient travel outside of the country?	Y ☐ N ☐		
2. Did the patient travel outside of their metro?	Y ☐ N ☐		
3. Did the patient spend the night outside home?	Y ☐ N ☐		
4. Did the patient visit a healthcare clinic or general practitioner before the onset of jaundice?	Y ☐ N ☐		
5. Was the patient admitted at the hospital for any reason (before the onset of jaundice)?	Y ☐ N ☐		
6. Was the patient in an area that experienced flooding?	Y ☐ N ☐		
7. Has there been a sewage spill/s in the area where the patient lives?	Y ☐ N ☐		
8. Did the patient swim in rivers or dams?	Y ☐ N ☐		
9. Did the patient swim in public swimming pools?	Y ☐ N ☐		
10. Has the patient had exposure with laboratory-confirmed hepatitis A case?	Y ☐ N ☐	If yes, date of contact (dd/mm/yy):____________________	

11. Did the patient attend any large gatherings or group events? Y ☐ N ☐

If yes,

Describe the event	Date	Location/Address

12. Which of the following locations has the patient eaten food from outside of the home in the last 2-6 weeks ? (mark all that apply and provide details)

Place food consumed	Type of food/water	Location name	Address	Frequency of eating/drinking here per week
Restaurants				1 ☐ 1-5 ☐ >5 ☐
Work canteens				1 ☐ 1-5 ☐ >5 ☐
Fast-food / take away shops				1 ☐ 1-5 ☐ >5 ☐
Houses of friends/family				1 ☐ 1-5 ☐ >5 ☐

In the 2 to 6 weeks prior to illness onset:	**Yes or No**	**If yes, quantify**
13. Has the patient had sexual contact with women?	Y ☐ N ☐	1 occasion ☐ 2-4 occasions ☐ 5-8 occasions ☐ 9 or more occasions ☐
14. Has the patient had sexual contact with men?	Y ☐ N ☐	1 occasion ☐ 2-4 occasions ☐ 5-8 occasions ☐ 9 or more occasions ☐
15. Did the patient use any injectable/recreational drugs?	Y ☐ N ☐	1 occasion ☐ 2-4 occasions ☐ 5-8 occasions ☐ 9 or more occasions ☐

Section 2: Exposures in the 2-6 weeks prior to symptom onset:

1. What kind of toilets do you use at home: a toilet inside the house ☐ A shared toilet in the patient's yard ☐ A shared toilet in the community ☐
   Other:____

Food/ source and Exposure

2. Where did the patient buy food in the last 2-6weeks?

Store name	**Place of food purchase**	**Location/address**	**Frequency of purchasing per week**
	☐ Grocery store ☐ Fruit and vegetable market ☐ Fast food store ☐ Restaurant ☐ Other (Specify)		1 ☐ 1-5 ☐ >5 ☐

Source of drinking water at home

3. What is the source of drinking water at home in the last 2-6weeks (mark all that apply)?	☐ In the household water ☐ Community tap water ☐ Reservoir ☐ Borehole ☐ River
4. Have there been any interruptions in supply of piped drinking water at home?	Y ☐ N ☐
5. Have there been leaks in water pipes supplying the area in the last 2-6 weeks	Y ☐ N ☐

6. **Has the patient consumed any of following food, in the 2 to 6 weeks prior to illness onset?**

Seafood	**Ate (=1) Don't Know (Yes**	**Likely Ate (=2)**	**Likely Did Not Eat (=3)**	**Did Not Eat (=4)**	**Don't Know (=9)**
Shrimp	1	2	3	4	9
Oysters	1	2	3	4	9
Fish	1	2	3	4	9
Mussels	1	2	3	4	9
Crab	1	2	3	4	9
Other (Specify)	1	2	3	4	9
Raw or frozen vegetables	**Ate (=1) Don't Know (Yes**	**Likely Ate (=2)**	**Likely Did Not Eat (=3)**	**Did Not Eat (=4)**	**Don't Know (=9)**
Spinach	1	2	3	4	9
Lettuce	1	2	3	4	9
Carrot	1	2	3	4	9
Spring/salad onion	1	2	3	4	9
Cucumber	1	2	3	4	9
Tomato	1	2	3	4	9
Red or green pepper	1	2	3	4	9
Broccoli	1	2	3	4	9
Cauliflower	1	2	3	4	9
Eggplant/brinjal	1	2	3	4	9
Squash	1	2	3	4	9
Pumpkin	1	2	3	4	9
Butternut	1	2	3	4	9
Potatoes	1	2	3	4	9
Peas	1	2	3	4	9
Other (specify)	1	2	3	4	9

Fresh or frozen fruits	**Ate (=1) Don't Know (Yes**	**Likely Ate (=2)**	**Likely Did Not Eat (=3)**	**Did Not Eat (=4)**	**Don't Know (=9)**
Raspberries	1	2	3	4	9
Strawberries	1	2	3	4	9
Blueberries	1	2	3	4	9
Blackberries	1	2	3	4	9
Cherries	1	2	3	4	9
Dates	1	2	3	4	9
Apples	1	2	3	4	9
Pinaple	1	2	3	4	9
Mango	1	2	3	4	9
Papaya	1	2	3	4	9
Melon	1	2	3	4	9
Pears	1	2	3	4	9
Citrus fruits (specify)	1	2	3	4	9
Banana	1	2	3	4	9

Fresh or frozen fruits	Ate (=1) Don't Know (Yes	Likely Ate (=2)	Likely Did Not Eat (=3)	Did Not Eat (=4)	Don't Know (=9)
Guava	1	2	3	4	9
Figs	1	2	3	4	9
Kiwifruit	1	2	3	4	9
Peaches	1	2	3	4	9
Avocado	1	2	3	4	9
Other (specify)	1	2	3	4	9