<table>
<thead>
<tr>
<th><strong>Confirmed Case Classification</strong></th>
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<tbody>
<tr>
<td><strong>Laboratory Criteria for Diagnosis</strong></td>
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<tr>
<td>For a case to be laboratory confirmed, the specimen must be tested and confirmatory antibodies must be present.</td>
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| **Clinical Description** |
| An acute illness with a discrete onset of any sign or symptom consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain), and either a) jaundice, or b) elevated serum alanine aminotransferase (ALT) or aspartate aminotransferase (AST) levels. |

| **Laboratory Criteria for Diagnosis** |
| Immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV) positive |

| **Confirmed Case Classification** |
| A case that meets the clinical case definition and is laboratory confirmed, OR a case that meets the clinical case definition and occurs in a person who has an epidemiologic link with a person who has laboratory-confirmed hepatitis A (i.e., household or sexual contact with an infected person during the 15-50 days before the onset of symptoms). |

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Revised on 2/14/2017
During 2 weeks prior to symptom onset (mm/dd/yr): ___/____/___ to (mm/dd/yr): ___/____/___ or while symptomatic (CONTAGIOUS PERIOD)

1. Was the patient employed as or at a: □ Food handler □ Healthcare worker □ Daycare/Nursery/ or Preschool □ Group Home
   If yes, name of establishment: ____________________________ Address: ____________________________
   Date(s) worked: __/___/___, __/___/___, ___/___/___, ___/___/___, ___/___/___, ___/___/___, ___/___/___, ___/___/___

During 2 to 6 weeks prior to onset of symptoms (mm/dd/yr): __________ to (mm/dd/yr): __________ (ask the below EXPOSURE questions)

2. Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection? □ Yes □ No □ Unk
   If yes, was the contact: Household member (non-sexual) □ Yes □ No □ Unk
   Sex partner □ Yes □ No □ Unk
   Child cared for by this patient □ Yes □ No □ Unk
   Babysitter of this patient □ Yes □ No □ Unk
   Playmate □ Yes □ No □ Unk
   Other, specify ____________________________ □ Yes □ No □ Unk

3. Was the patient a child or employee in a day care center, nursery or preschool? □ Yes □ No □ Unk
   If yes, name of facility ____________________________ Address: ____________________________

4. Was the patient a household contact of a child or employee in a day care center, nursery, or preschool? □ Yes □ No □ Unk
   If yes, name of facility ____________________________ Address: ____________________________

5. If yes to question 2 or 3, was there an identified hepatitis A case in the child care facility? □ Yes □ No □ Unk
   If yes, provide details ______________________________________________________________________________________________

6. Was the patient employed as a healthcare worker with direct patient contact? □ Yes □ No □ Unk
   If yes, name of facility ____________________________ Address: ____________________________

7. Was the patient employed in a medical, dental or other field involving contact with human blood? □ Yes □ No □ Unk
   If yes, what was the degree of blood contact: 1. □ Frequent (several times a week) 2. □ Infrequent
   Date(s) worked: __/___/___, __/___/___, ___/___/___, ___/___/___, ___/___/___, ___/___/___, ___/___/___

8. Did the patient receive blood or blood products (transfusion)? □ Yes □ No □ Unk
   If yes, specify from where and when? Facility: ____________________________ Date(s) ___/___/___ to ___/___/___

9. Was the patient associated with a dialysis or kidney transplant unit? □ Yes □ No □ Unk
   If yes, specify 1. □ Patient 2. □ Employee 3. □ Contact of a patient or employee
   If yes, from where and when? Facility: ____________________________ Date(s) ___/___/___ to ___/___/___

10. Did the patient have: □ Dental work/oral surgery □ Surgery □ Tattooing □ Acupuncture □ Accidental puncture object contaminated w blood?

11. Did the patient inject drugs not prescribed by a doctor? □ Yes □ No □ Unk

12. Did the patient use street drugs but not inject? □ Yes □ No □ Unk

13. What is the sexual preference of the patient □ Heterosexual □ Homosexual □ Bisexual □ Unknown

   Please ask both of the following questions regardless of the patient’s gender:

   14. How many male sex partners did the patient have? □ 0 □ 1 □ 2-5 □ >5 □ Unk

   15. How many female sex partners did the patient have? □ 0 □ 1 □ 2-5 □ >5 □ Unk

16. Was the patient in contact with a child recently adopted from outside the United States? □ Yes □ No □ Unk
   If yes, what was the date the child arrived in US ___/___/___, what country ____________________________

17. Did the patient travel or live outside of the US or Canada? □ Yes □ No □ Unk
   If yes, what country (please select the region and indicate dates of travel below)
   □ So./Central America (including Mexico) □ Africa □ Caribbean □ Middle East □ Asia/So. Pacific □ Australia/ New Zealand □ Other ________
   Date(s) of travel 1: ___/___/___ - ___/___/___ Date(s) of travel 2: ___/___/___ - ___/___/___ Date(s) of travel 3: ___/___/___ - ___/___/___
   Principle reason for travel: □ Business □ New immigrant □ Tourism □ Adoption □ Visiting relatives □ Other ________ □ Unk

During 3 months prior to onset of symptoms (mm/dd/yr): ___/___/___ to (mm/dd/yr): ___/___/___ (ask the below question)

18. Did anyone in the patient’s household travel outside the US or Canada? □ Yes □ No □ Unk
   If yes, what country (please select the region and indicate dates of travel below)
   □ So./Central America (including Mexico) □ Africa □ Caribbean □ Middle East □ Asia/So. Pacific □ Australia/ New Zealand □ Other ________
   Date(s) of travel 1: ___/___/___ - ___/___/___ Date(s) of travel 2: ___/___/___ - ___/___/___ Date(s) of travel 3: ___/___/___ - ___/___/___

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Please use this section when the case does not report international travel or report contact with a person with hepatitis A

During 2 to 6 weeks prior to onset of symptoms (mm/dd/yr: ___/___/___ to mm/dd/yr: ___/___/___) (ask the below questions)

19. List any restaurants at which the case ate/drank during 2 to 6 weeks prior to onset (Note: If case cannot recall specific meals or restaurant visits, ask which establishments case would likely have visited.)

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>Date(s)</th>
<th>Foods/Drinks Consumed</th>
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20. List any grocery stores, markets, bakeries, fruit stands where case purchased foods consumed 2 to 6 weeks prior to onset.

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21. Untreated water exposures, e.g., swimming, camping, private well, pools, and hot tubs (names, locations, dates):

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22. Did the case consume any of the following foods or drinks during 2 to 6 weeks prior to onset?

- **Any food from a salad bar**
  - If yes, where purchased/consumed
  - Specify items consumed

- **Any unpasteurized juice or cider**
  - If yes, where purchased/consumed

- **Any raw shellfish**
  - If yes, type/brand, where purchased/consumed

- **Any other seafood**
  - If yes, type/brand, where purchased/consumed
  - If consumed raw/undercooked, specify

- **Fruit smoothies**
  - If yes, where purchased/consumed
  - Types/brands of fruits (and fresh or frozen)

- **Strawberries**
  - If yes, brand and where purchased
  - Were they fresh or frozen?

- **Raspberries**
  - If yes, brand and where purchased
  - Were they fresh or frozen?

- **Blueberries**
  - If yes, brand and where purchased
  - Were they fresh or frozen?

- **Mixed berries**
  - If yes, brand and where purchased
  - Were they fresh or frozen?

- **Pomegranate (seeds or fruit)**
  - If yes, brand and where purchased
  - Were they fresh or frozen?

- **Green onion/scallion**
  - If yes, brand and where purchased

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CASE AND CONTACT MANAGEMENT

Definitions:
“Contact” is generally defined as a person who has had close contact with a confirmed case during the 2 weeks before and 1 week after onset of jaundice and usually includes:
- household contacts (H)
- sexual contacts (S)
- other ongoing close personal contact (e.g. regular babysitting) (O)
- staff and children in the same child care center (C)
- foodhandlers employed in the same establishment (F)

HCP = health care provider
PEP = post-exposure prophylaxis

CONTACT ROSTER Please list all close contacts below and complete at least information in SECTION A.

<table>
<thead>
<tr>
<th>SECTION A</th>
<th>SECTION B</th>
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<tbody>
<tr>
<td>Name</td>
<td>Age</td>
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PATIENT EDUCATION

Was education provided regarding nature of disease and preventive measures? □ Yes □ No

If yes, how was education provided? □ Verbally □ Sent written material □ Other ________________________________

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