

Case name: DOB / / Notification ID:
First name Surname



Hepatitis E Case Report Form

Public Health Unit Outbreak ID:
Completed by: Date sent to NOCS: / /
Telephone: Fax:

NOTIFICATION:

Date PHU notified: / / Date initial response: / /
Notifier: Organisation:
Telephone: Fax: Email:
Treating Dr:
Telephone: Fax: Email:

CASE DETAILS:

UR No:

Name:
First name Surname
Date of birth: / / Age: Years Months Sex: Male Female
Name of parent/carer:
 Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander Non-Indigenous Unknown
English preferred language: Yes No – *specify* Ethnicity – *specify*
Permanent address: Postcode:
Home telephone: Mobile: Email:
Occupation: Work telephone:
Temporary address in Queensland (*if different from permanent address*): Postcode:
Telephone: Mobile: Email:
General Practitioner: Dr
Address: Postcode:
Telephone: Fax: Email:

CLINICAL DETAILS:

Anorexia Abdominal discomfort/pain Nausea/vomiting Headache Fever °C
 Hepatomegaly Pale stool Jaundice Other *specify*
Onset first symptoms / / Unknown Date onset jaundice / dark urine: / /
Is the case pregnant? Yes No If yes, weeks Expected date of delivery: / /
Hospitalised: Yes No Unknown Hospital: Date: / / to / /
Complications: Yes – *specify* No Unknown
Outcome: Survived Died Date of death: / / Died of condition Unknown

LABORATORY:

Laboratory: First collection date: / /
Specimen type: Anti-HEV IgM Anti-HEV IgG Anti-HEV Ag
PCR: HEV RNA detected HEV RNA not detected Test type: Altered LFTs:

Case name: *First name* *Surname* DOB/...../..... Notification ID:

EXPOSURE PERIOD:

Date:/...../..... to Date:/...../.....
(Onset date – 64 days) (Onset date – 15 days)

Was there contact with another case of hepatitis E? Yes No Unknown

Contact name / NID: Type of contact:

Is case part of a known outbreak: Yes – *specify* No Unknown

Was case in hospital during exposure period? Yes No Unknown Hospital

Period of hospitalisation:/...../..... to/...../.....

Was the case interstate or overseas in exposure period? Yes No Unknown

Date of travel:/...../..... to/...../..... Places visited:

During the exposure period did the case have exposure to:

Educational/residential facility – *specify* Telephone: Dates attended:

Childcare/kindergarten/preschool – *specify* Telephone: Dates attended:

Reside/visit Indigenous community – *specify* Telephone: Dates attended:

Visitors from an Indigenous community – *specify* Telephone: Dates attended:

Did the case eat: Oysters Mussels Other shellfish

Details: (*brand / where purchased*)

Did the case share drugs during exposure period: Yes No Unknown

Specify: IV drugs Marijuana Other

Did the case (male) have sex with other males? Yes No Unknown Not applicable

PLACE ACQUIRED

Queensland Other Australian state/territory – *specify*

Unknown Other country – *specify*

INFECTIOUS PERIOD

Date:/...../..... to Date:/...../.....
(Onset of Jaundice) (Onset date jaundice + 14 days)

Was case in hospital during infectious period? Yes No Unknown Hospital

Period of hospitalisation:/...../..... to/...../..... Ward:

During the infectious period did the case expose people from

Educational/residential facility – *specify* Telephone: Dates attended:

Childcare/kindergarten/preschool – *specify* Telephone: Dates attended:

Indigenous community – *specify* Telephone: Dates attended:

Visitors from an Indigenous community – *specify* Telephone: Dates attended:

Did the case prepare or handle raw or cooked or ready-to-eat food while infectious? Yes No Unknown

Is the case a food handler? Yes No Unknown

Food outlet: Telephone

Comments:

Case name: *First name* *Surname* DOB/...../..... Notification ID:

NOTIFICATION DECISION: Confirmed – Hepatitis E case Probable – Hepatitis E case

CONTACT MANAGEMENT (PHU use Only):

Household	DOB / Age	Date of first exposure	* Relevant Occupation	Management
...../...../.....
...../...../.....
...../...../.....
...../...../.....
...../...../.....
...../...../.....

* If any household members are food handlers, childcare workers or health care workers, **record employer's details:**

Further details:

Other Contacts	DOB / Age	Date of first exposure	* Relevant Occupation	Management
...../...../.....
...../...../.....
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* If any other contacts are food handlers, childcare workers or health care workers, **record employer's details:**

COMMENTS:

Case name: *First name* *Surname* DOB/...../..... Notification ID:

LOCALLY ACQUIRED CASES ONLY:

During the exposure period: (9 weeks prior to onset)/...../..... to (2 weeks prior to onset)/...../.....

Did the case eat:

Pork liver Yes No Unknown Date consumed:/...../.....

Type / Brand:

Where purchased:

Pork pate Yes No Unknown Date consumed:/...../.....

Type / Brand:

Where purchased:

Pork sausages Yes No Unknown Date consumed:/...../.....

Type / Brand:

Where purchased:

Pork chops Yes No Unknown Date consumed:/...../.....

Type / Brand:

Where purchased:

Any other pork products? Yes No Unknown Date consumed:/...../.....

Type / Brand:

Where purchased:

Venison (deer) Yes No Unknown Date consumed:/...../.....

Type / Brand:

Where purchased:

Game meat Yes No Unknown Date consumed:/...../.....

Type / Brand:

Where purchased:

Fresh / frozen berries Yes No Unknown Date consumed:/...../.....

Type / Brand:

Where purchased:

