

**New Jersey Department of Health
Vaccine Preventable Diseases Program
HEPATITIS B CASE REPORT**

Instructions to Health Care Provider:

Hepatitis B, a communicable disease, is reportable to the New Jersey Department of Health under the New Jersey Administrative Code (NJAC) 8:57. Please note that the Health Insurance Portability and Accountability Act (HIPAA) expressly permits disclosures without individual authorization to public health authorities authorized by law to receive information for the purpose of preventing or controlling communicable disease.

Given the complexity of the hepatitis B disease case definition and the various serologic laboratory results, additional information is needed by public health officials to determine the patient's case status. Additionally, the pregnancy status must be obtained for any HBsAg positive female age 15 to 45 years.

Your assistance is needed to determine the case status of the following patient. Please complete and return this form to the sender.

DEMOGRAPHICS

CASE ID: _____

Name: Last: _____ First: _____ Middle: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

County: _____ Phone: (____)____-_____

RACE (check all that apply):
 American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Pacific Islander
 Other, specify: _____

ETHNICITY (check all that apply):
 Hispanic Non-Hispanic Other/Unknown

SEX:
 Male Female Unknown

BIRTHDATE: ___/___/____ **PLACE OF BIRTH:** USA Other: _____

Hepatitis B Vaccination History? Yes No Unknown NJIIS ID (if applicable): _____

Dose 1: ___/___/____ Dose 2: ___/___/____ Dose 3: ___/___/____

For Females 15-45 Years of Age: PREGNANT? Yes No Unknown

If YES, Estimated Delivery Date: ___/___/____ Intended Delivery Site (if known): _____

CLINICAL AND DIAGNOSTIC DATA

SYMPTOMS (check all that apply):

Asymptomatic

Abdominal pain/cramps Malaise Nausea Vomiting Arthralgia Fever Clay-colored stool

Liver abnormalities Cirrhosis Anorexia Dark urine Loss of appetite Rash

Elevated liver enzymes* Jaundice Other, specify: _____

REASON FOR TESTING (check all that apply): *

Screening of asymptomatic patient with **no** risk factors (i.e., patient request)

Screening of asymptomatic patient with **reported** risk factors

Prenatal screening Year of birth (1945-1965)

Follow-up testing for previous marker of viral hepatitis Symptoms of acute hepatitis

Evaluation of elevated liver enzymes Unknown

Evidence of chronic hepatitis or liver disease Blood/organ donor screening

Other, specify: _____

* Please attach copies of all relevant testing done including serology, liver enzymes and DNA.

HEPATITIS B CASE REPORT (Continued)

CASE ID: _____

CLINICAL AND DIAGNOSTIC DATA, CONTINUED

CLINICAL DIAGNOSIS:

- Chronic hepatitis B Acute hepatitis B Perinatal hepatitis B infection
 Acute hepatitis A Hepatitis C infection Other, specify: _____

Diagnosis Date: ___/___/_____

Hospitalized for hepatitis? Yes No Unknown Died? Yes No Unknown

Was the patient aware they had hepatitis prior to lab testing? Yes No Unknown

RISK FACTORS

In the 6 weeks – 6 months prior to onset of symptoms, did the person (*check all that apply*):

- Have contact with a confirmed or suspected hepatitis case
 Foreign born in areas where hepatitis is endemic (where: _____)
 Unprotected sex Acupuncture Injection drug user Blood transfusion/recipient of blood products
 Perinatal exposure Dental procedure Recent hepatitis B vaccination Hemodialysis patient
 Hospitalization Tattoo/Piercing Injections/infusions Travel to high risk area
 Occupational exposure Organ donor/recipient Previous/present incarceration MSM
 Use of finger stick device/phlebotomy in home/other setting No vaccination
 Healthcare procedure (specify: _____)

EDUCATION

Was the patient *informed of diagnosis*? Yes No

Have patient and/or family member been counseled on mode of transmission and precautions regarding hepatitis B? Yes No

CONTACTS (Use additional space at the bottom if necessary)

Name	Address	Telephone Number	Nature of Contact
			<input type="checkbox"/> Household <input type="checkbox"/> Casual <input type="checkbox"/> Sexual <input type="checkbox"/> Other
			<input type="checkbox"/> Household <input type="checkbox"/> Casual <input type="checkbox"/> Sexual <input type="checkbox"/> Other
			<input type="checkbox"/> Household <input type="checkbox"/> Casual <input type="checkbox"/> Sexual <input type="checkbox"/> Other
			<input type="checkbox"/> Household <input type="checkbox"/> Casual <input type="checkbox"/> Sexual <input type="checkbox"/> Other

Comments: