

Interviewer Name _____ Interview date ___/___/___

Agency _____

**COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
Hepatitis A Questionnaire**

For confirmed and suspected cases of hepatitis A
{Questions marked with a * are those that must be entered into the CEDRS record}

*Patient Name _____ CEDRS # _____
*Address _____ *Phone (hm) _____
*City _____ *County _____ ZIP _____ *Phone (wk) _____
*DOB _____ *Age _____ *Sex: M F

*Race American Indian/Alaska Native Asian Black
(check all that apply): Native Hawaiian/Pacific Islander White Other race _____

*Ethnicity: Hispanic Non-Hispanic Other/Unknown

*Place of birth: USA Other country: _____

*Occupation (specify if multiple jobs) _____

Last day worked (or attended school/child care) ___/___/___

*Note: If case is a **foodhandler** (i.e. anyone whose hands come into contact with food), fill out and attach the high-risk occupation questionnaire and the food establishment inspection worksheet. If case is a **childcare provider**, or **health/dental care worker**, fill out the high-risk occupation questionnaire.*

Employer/School/Child care facility name: _____

Address: _____ Telephone#: _____

Contact person: _____ Grade/child care class: _____

Physician (name and location) _____

*****PART ONE – ILLNESS HISTORY AND LABORATORY RESULTS*****

*Why was patient tested for hepatitis? (check all that apply)

- Asymptomatic patient with risk factors Prenatal screening
- Asymptomatic patient with no risk factors Symptoms of acute hepatitis
- Blood/organ donor screening Unknown
- Evaluation of elevated liver enzymes Other (specify): _____
- Follow-up testing for previous marker of viral hepatitis

Clinical information

*Is or was patient symptomatic? Yes No Unknown

*Did the patient experience? (answer for each symptom below)

Abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Arthralgia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Jaundice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Clay colored stool	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Loss of appetite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Dark urine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk				

*Date of onset of first symptom(s) ___/___/___ Date of onset of jaundice ___/___/___

*Was patient hospitalized for hepatitis? Yes No Unknown

*Was the patient pregnant? Yes No Unknown
Due date: ___/___/___

*Did the patient die from hepatitis? Yes No Unknown
Date of death: ___/___/___

*Date when blood was drawn for hepatitis testing ___/___/___

HAV serology results:

*Total antibody to HAV Positive Negative Unknown Not done
*IgM antibody to HAV Positive Negative Unknown Borderline

Liver enzyme values: Test date: ___/___/___

*SGPT (ALT) _____ Upper limit normal: _____

*SGOT (AST) _____ Upper limit normal: _____

Total bilirubin _____ Upper limit normal: _____

Other tests _____

*If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed case? Yes No Unknown

Vaccination history

*Has the patient ever received the hepatitis A vaccine? Yes No Unk

*If yes, how many doses? 1 ≥ 2

*In what year was the last does received? _____

*Has the patient ever received immune globulin? Yes No Unk

*If yes, when was the last does received? ___/___ (month/year)

*****PART TWO – INVESTIGATING WHERE THE CASE MAY HAVE BEEN EXPOSED*****

Use a calendar to establish the dates 50 days and 15 days prior to onset of first symptoms. This is the time period during which the case became infected.

Date 50 days prior to onset ___/___/___ 15 days prior to onset ___/___/___
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Use the time interval above to answer the following questions. *(It may be helpful for the case to consult his/her personal or business calendar to assist recall.)*

1. Restaurants and bars at which the patient ate/drank¹ (attach additional sheet if needed)

<u>Name</u>	<u>City</u>	<u>Date(s)</u>	<u>Food/Drink Items Consumed</u>
		/	
		/	
		/	
		/	

2. During this period, list group meals at which the patient ate (e.g. potluck, dinner parties, meals on wheels, etc.).

	<u>Dates</u>
	/
	/
	/
	/

3. During this period, did the patient consume raw shellfish? Yes No Unknown

If yes, **what, where and when?** _____

4. *During this period, did the patient travel outside of the USA or Canada?

Yes No Unknown

If yes, Country _____ Dates of travel: _____

If Mexico, City/Region: _____

5. During this period, did the patient travel outside of Colorado, but within the US?

Yes No Unknown

If yes, Cities/states visited _____ Dates of travel: _____

6. *In the 3 months prior to symptom onset, did anyone in the patient's household travel outside of the USA or Canada? Yes No Unknown

If yes, Country: _____

If Mexico, City/Region: _____

¹ If the case cannot recall specific meals or restaurant/grocery store visits, ask which establishments s/he would likely have visited.

7. *During this period (15-50 days before onset), did the patient have contact with a person with confirmed or suspected hepatitis A infection?

Yes No Unknown

*If yes, was the contact a: (check all that apply)

- Household member (non-sexual)
- Sex partner
- Child cared for by this patient
- Playmate
- Babysitter of this patient
- Other_____

If yes, please supply details about the contact. List names, date(s) of contact, and nature of contact (e.g. family member, dinner party, social gathering, sexual partner, etc.)

<u>Name</u>	<u>Date(s)</u>	<u>Nature of contact</u>
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

8a. *During this period, did the patient attend or work at a childcare center or preschool? Yes No Unknown

If yes, name and location of the day care/preschool(s)

Date last attended/worked at this facility ___/___/___

8b. *During this period, was the patient a household contact of a person who attends or works at a child care center or preschool?

Yes No Unknown

*If yes to either 8a or 8b, was there an identified hepatitis A case in the child care facility? Yes No Unknown

9. During this period: (please ask both questions regardless of patient's gender)

0 1 2-5 >5 Unk

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

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

10. During this period:

*Did the patient inject drugs not prescribed by a doctor? Yes No Unk

*Did the patient use street drugs but not inject? Yes No Unk

*Did the patient spend any time in jail or prison? Yes No Unk

If yes, specify facility location and dates:_____

*****PART TWO – INVESTIGATING WHERE THE CASE MAY HAVE BEEN EXPOSED*****

***Please use this section when case does not have a clear source of infection (e.g. case did not report international travel or contact with a person with hepatitis A)

Date 50 days prior to onset ___/___/___ 15 days prior to onset ___/___/___
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Water (ask about 15-50 day time frame above)

What was patient's primary source of drinking water?

- Municipal Well water Bottled water Other _____

Did patient drink any untreated water from a pond, stream, spring, or lake? Yes No Unk

If yes, specify where and when: _____

Food history Interviewer: if patient is unsure, ask patient if it is likely if s/he ate a particular food item

Did the patient eat any of the following during 15-50 day time frame above? If yes, please specify where these were likely purchased/consumed:

Produce	Where purchased/consumed?
---------	---------------------------

Any food from a salad bar	Y	N	U	
Sprouts (bean, alfalfa, clover...)	Y	N	U	
Uncooked tomatoes	Y	N	U	
Lettuce	Y	N	U	
Prepared at home	Y	N	U	
Lettuce purchased as (check all that apply):				
<input type="checkbox"/> Precut/pre-shredded	<input type="checkbox"/> Head	Brand/type: _____		
Prepared elsewhere	Y	N	U	
Uncooked green onions (scallions)	Y	N	U	
Uncooked cilantro	Y	N	U	
Other raw vegetables: _____	Y	N	U	
Any <u>unpasteurized</u> juice or cider				
Strawberries	Y	N	U	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen
Raspberries	Y	N	U	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen
Blueberries	Y	N	U	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen
Other berries: _____	Y	N	U	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen
Cantaloupe	Y	N	U	
Honeydew	Y	N	U	
Other fruit: _____	Y	N	U	

Other Food Items.

Foods brought from another country	Y	N	U
Fresh salsa / pico de gallo	Y	N	U
Cream filled pastries	Y	N	U
Health food products or supplements	Y	N	U

*****PART THREE – POTENTIAL TRANSMISSION FROM THE CASE*****

Use a calendar to establish the dates 14 days prior to symptom onset and 10 days after symptom onset. *This is the time period during which the case may have been infectious to others.*

Date 14 days prior to onset ___/___/___	10 days after onset ___/___/___
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1. *Was the case employed as a food handler during this infectious period?

- Yes No Unk

2. Did the case prepare/handle food consumed at any gatherings by people outside of case’s household (e.g. school or dinner parties, potlucks, bringing food to worksite, etc.)? Yes No Unk

If yes, please list:

<u>Occasion & Locations</u>	<u>Food(s) handled</u>	<u>Date</u>
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___

3. List below all of the case’s household contacts and other close or intimate contacts during the above infectious period. Indicate whether they attend or work in any of the settings listed (yes/no). In the last column, provide the date which that contact received immune globulin (If no IG given, write “no” in the IG date column. If known to be immune, write “immune” in IG column).

<u>Name</u>	<u>Age</u>	<u>Food Service</u>	<u>Child care/Preschool</u>	<u>Health Care</u>	<u>IG Date</u>
_____	_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	_____	___/___/___

For close contacts above who attend or work in the high risk environments, list the name and location of their work place/child care/preschool.

<u>Name</u>	<u>Location</u>
_____	_____
_____	_____
_____	_____
_____	_____

***Is the case suspected as being part of a common-source outbreak?**

- Yes No Unk

If yes, was the outbreak: (select one)

- Foodborne—associated with an infected food handler
Specify food item: _____
- Foodborne—NOT assoc. with an infected food handler
Specify food item: _____
- Waterborne
- Other: _____
- Source not identified

Please fill in the total number of doses of IG / hepatitis A vaccine given by public health as a response to this case:

IG _____
Adult hep A vaccine _____
Pediatric hep A vaccine _____

(CDPHE is collecting this information to better predict IG/vaccine ordering needs)

If you have access to the information, please fill in the total number of doses of IG / hepatitis A vaccine given at a health care provider's office as a response to this case:

IG at a health care provider's office _____
Adult hep A vaccine at a health care provider's office _____
Pediatric hep A vaccine at a health care provider's office _____

Comments:

******If you have any questions about individual cases or suspected outbreaks, feel free to contract one of the communicable disease epidemiologists at CDPHE or your regional epidemiologist. During business hours, call 303-692-2700. After hours/weekends: 303-370-9395.**

Information from questions marked with a * should be entered into the CEDRS record. Alternatively, completed questionnaires may be faxed to CDPHE (303-782-0338) for CEDRS entry.

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
 Supplemental Hepatitis A Questionnaire
 For High Risk Workers

Case Name _____

Job Title _____ Employer _____

Work address _____ City _____ County _____

Work telephone () _____ Supervisor's name _____

Date of onset of first symptom of hepatitis (e.g. fatigue, nausea, anorexia) ___/___/___

Date of onset of jaundice ___/___/___

THE INFECTIOUS PERIOD

The time period individuals are most likely to infect others with hepatitis A is from 14 days prior to the onset of symptoms until 10 days after the onset of symptoms

The date 14 days prior to the onset of symptoms was ___/___/___

The date 10 days after the onset of symptoms was ___/___/___

***The interval between these two dates is the case's infectious period. ***

Indicate exact work schedule (dates and hours worked) during the infectious period.

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate last day worked. ___/___/___

Did the case have diarrhea or loose stools on any of the days worked during the infectious period?
 Y N

If yes, please specify the date(s) worked with diarrhea/loose stools. _____

Ask the case to describe his/her handwashing technique in detail:

Does the case wash hands with soap before beginning work?

Never Sometimes Usually Always

Ask the case to describe handwashing and toilet facilities s/he uses at work (i.e. location of sinks, availability of soap, type of soap [liquid vs. bar], method of drying hands [paper towels vs. cloth towel vs. hot air drier], availability of toilet paper, availability of towels):

Questions for foodhandlers – Only

Foodhandler is defined as anyone whose hands come into contact with food.

Ask the case to describe in general his/her foodhandling activities, then mark any and all of the following job duties that the case performed during his/her infectious period:

prepared salads or did bulk prep for salads

prepared cold sandwiches

prepared or handled other uncooked foods (cold cuts, fruits and vegetables, cake/pastry icing, etc.)

handled garnishes for food and drinks (e.g. lime wedge, parsley, olives, etc.)

handled any other food that was not subsequently cooked before being served – specify below

handled ice without utensils (i.e. with bare hands)

If the case handled any of the above items, did s/he wear gloves? (please circle one)

Always Usually Occasionally Never

Did co-workers eat food handled by the case? Y N

Specify any other food-related duties, including deviations from routine job duties, during infectious period:

Questions for childcare workers – Only

How many children attend (enrolled & drop-ins) the childcare facility (CCF) where the case works?

How many staff work at the same CCF where the case works? _____

What is the age range of children who attend the CCF?
_____ (months, years) to _____ (months, years)

Are children at the CCF separated and cared for by age group? Y N

If yes, into what age groups are they separated? _____

What is the age range of the children for whom the case provided care during the infectious period?
_____ to _____

During the infectious period did the case prepare/hand out food for the children or
co-workers? Y N

If yes, specify the food and date(s)

Questions for health care or dental workers - Only

Please make any of the following work activities the case performed while not wearing gloves during the infectious period:

_____ inserted hand into patient's mouths for feeding, giving medications, or performing oral hygiene for patients

_____ handled food or ice that was consumed by patients or co-workers.

If yes, please specify food/drink and the date consumed.

Does case wash his/her hands before caring for each patient? (please circle one)

Never Sometimes Usually Always

Name of interviewer _____

Date of interview ___/___/___

Worksheet for Inspection of a Food Establishment at Which
A Case of Hepatitis A has been Identified

Name and address of establishment:

Manager/primary contact at this establishment Name _____
Phone _____

Date of onset of symptoms of case ___/___/___

Does the case work a second job? Y N If yes, specify what and where _____

- 1) Attach complete employee roster to this worksheet. (Include employees who quit/were fired during the past 45 days.)
- 2) Attach the case's exact work schedule for the 14 days prior to and for the 10 days after the case's onset date. (Include any deviations from the routine schedule.)
- 3) Were any other employees ill with jaundice or symptoms compatible with hepatitis A during the past 45 days? Y N
- 4) How many patrons does this establishment serve during a typical week? _____
- 5) Was food that the case handled ever carried over into the next shift or next day? Y N

ASSESSMENT OF CASE'S HYGIENE

Interview supervisor and/or co-workers about the case's hygiene, and ascertain:

- a) Was this employee trained in proper handwashing techniques? Y N
(Ask manager to describe how they train employees in handwashing.)
- b) Was employee ever reprimanded for inadequate personal hygiene? Y N
- c) Did employee use disposable gloves or utensils when handling cold foods?
___ Always
___ Usually
___ Occasional
___ Never
- d) If gloves were worn, were they used in a sanitary manner?
___ Always
___ Usually
___ Occasionally
___ Never
- e) Did employee wash hands regularly, or only when reminded to do so? _____

- f) Did employee use the handwashing facilities in the food preparation area prior to handling food? Always
 Usually
 Occasionally
 Never
- g) What is supervisor's overall impression of the case's hygiene?
 Good
 Adequate
 Possibly inadequate
 Clearly inadequate

ASSESSMENT OF HANDWASHING AND TOILET FACILITIES FOR EMPLOYEES

From direct inspection of the facility and interviews with staff, please ascertain:

- a) Accessibility of handwashing facilities for foodhandlers Adequate Inadequate
- b) Are there clearly labeled signs instructing employees to wash their hands? Y N
- c) Availability of soap Always present
 Usually present
 Occasionally present
 Never/nearly never present
- d) Availability of toilet tissue Always present
 Usually present
 Occasionally present
 Never/nearly never present
- e) Hand-drying provisions Single use disposable → Always available? Y N
 Single use cloth roll → Clean roll always present? Y N
 Multiple use cloth towel
 Hot Air dryer
 None
- f) Faucet type in handwashing sink Mixing valve or combination faucet
 Self-closing (metering) faucet
 Other (describe) _____

If self-closing faucet is used, is it functioning properly (i.e. minimum 15-second flow)? Y N

Inspector's overall impression of handwashing and toilet facilities Good
 Adequate
 Possibly inadequate
 Clearly inadequate

Please note below any other factors which might have had an impact on case's hygiene:

Name of inspector _____
 Date of Inspection ___/___/___

