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

Clinical information

***Is or was patient symptomatic?** ☐ Yes ☐ No ☐ Unknown

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

Abdominal pain	☐ Yes	☐ No	☐ Unk	**Fever**	☐ Yes	☐ No	☐ Unk
Arthralgia	☐ Yes	☐ No	☐ Unk	**Jaundice**	☐ Yes	☐ No	☐ Unk
Clay colored stool	☐ Yes	☐ No	☐ Unk	**Loss of appetite**	☐ Yes	☐ No	☐ Unk
Dark urine	☐ Yes	☐ No	☐ Unk	**Nausea**	☐ Yes	☐ No	☐ Unk
Diarrhea	☐ Yes	☐ No	☐ Unk	**Vomiting**	☐ Yes	☐ No	☐ Unk
Fatigue	☐ Yes	☐ No	☐ 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 ___ /___/___

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/drank[1] (attach additional sheet if needed)

Name	City	Date(s)	Food/Drink Items Consumed
		/	
		/	
		/	
		/	

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

	Dates
	/
	/
	/
	/

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 they would have been 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.)

Name	Date(s)	Nature of contact
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

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?**	☐	☐	☐	☐	☐
***How many female sex partners did the patient have?**	☐	☐	☐	☐	☐

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 ___/___/___

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):				
☐ Precut/pre-shredded ☐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 unpasteurized juice or cider	Y	N	U	
Strawberries	Y	N	U	☐ Fresh ☐Frozen
Raspberries	Y	N	U	☐ Fresh ☐Frozen
Blueberries	Y	N	U	☐ Fresh ☐Frozen
Other berries:_____	Y	N	U	☐ Fresh ☐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 jaundice onset and 7 days after jaundice onset.
This is the time period during which the case may have been infectious to others. If case did not develop jaundice, use date of symptom onset here.

Date 14 days prior to jaundice ___/___/___ 7 days after jaundice onset ___/___/___

1. *Was the case *employed* as a food handler during this infectious period?

☐ Yes ☐ No ☐ Unk

2. Did the case prepare or handle food which was 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:

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

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 the IG column.

Name	Age	Food Service	Child care/ Preschool	Health Care	IG Date
_____	_____	____	___	___	___/___/__
_____	_____	____	___	___	___/___/__
_____	_____	____	___	___	___/___/__
_____	_____	____	___	___	___/___/__
_____	_____	____	___	___	___/___/__
_____	_____	____	___	___	___/___/__
_____	_____	____	___	___	___/___/__
_____	_____	____	___	___	___/___/__
_____	_____	____	___	___	___/___/__
_____	_____	____	___	___	___/___/__
_____	_____	____	___	___	___/___/__

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

Name	Location
_____	_____
_____	_____
_____	_____
_____	_____

***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 jaundice until 7 days after the onset of jaundice. Use onset of symptoms if patient did not develop jaundice.

The date 14 days prior to the onset of jaundice was ___/___/___
The date 7 days after the onset of jaundice 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

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 of jaundice. (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 ___/___/___

Sample Worksheet for Tracking Food Establishment Staff

Name of establishment _____ Address _____
Contact person_____ Phone _____

Number of meals served daily B _____ Days/hours of operation _____
L _____ Days/hours of operation _____
D _____ Days/hours of operation _____

Number of employees (including full-time, part-time, temporary/contract) _____

Enter available information for all employees who worked at this establishment during the past two months.

Name	Job Description	Date PEP rcvd	IG/vaccine?	Symptoms?*
1.		/		
2.		/		
3.		/		
4.		/		
5.		/		
6.		/		
7.		/		
8.		/		
9.		/		
10.		/		
11.		/		
12.		/		

**If symptoms compatible with hepatitis A, test serum for anti-HAV IgM*