



Confidential when completed

PERSON REPORTING

Health Authority:	<input type="checkbox"/> FHA	<input type="checkbox"/> IHA	<input type="checkbox"/> VIHA	<input type="checkbox"/> NHA	<input type="checkbox"/> VCH
Name:					
	<i>Last</i>		<i>First</i>		
Phone:	()	-	ext.		
Email:					

Date Report Received at HU (YYYY/MM/DD): _____

Contact attempts (date and time) Interview?

1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>

Interviewer: ☐ Not located

A. CLIENT INFORMATION

Name:			Alternate Name(s):		
<i>Last</i>	<i>First</i>	<i>Middle</i>			
PHN:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
	YYYY / MM / DD				
Home Address:			City:		
<i>Unit #</i>	<i>Street #</i>	<i>Street Name</i>			
Postal code:	Province:	Phone number (home/office/cell) () - ext.			
Email:	Physician Name		Physician Phone Number:		
	<i>Last</i>	<i>First</i>			
	Attending Physician Name (if applicable)		Attending Phone Number:		
	<i>Last</i>	<i>First</i>			
Interview conducted with:					

B. ABORIGINAL INFORMATION

Do you wish to self-identify as an Aboriginal Person?	<input type="checkbox"/> Asked, not provided	<input type="checkbox"/> No
	<input type="checkbox"/> Not asked	<input type="checkbox"/> Yes
Aboriginal Identity:	<input type="checkbox"/> Asked, but unknown	<input type="checkbox"/> Asked, not provided
<input type="checkbox"/> First Nations and Inuit	<input type="checkbox"/> First Nations and Métis	<input type="checkbox"/> First Nations, Inuit and Métis
<input type="checkbox"/> Inuit and Métis	<input type="checkbox"/> Métis	<input type="checkbox"/> Not asked
First Nations Status:	<input type="checkbox"/> Asked, but unknown	<input type="checkbox"/> Asked, not provided
	<input type="checkbox"/> Not Asked	<input type="checkbox"/> Status Indian
		<input type="checkbox"/> Non-Status Indian

C. CLINICAL INFORMATION

Date of onset of symptoms:	YYYY / MM / DD
Signs and Symptoms	
<input type="checkbox"/> Abdominal discomfort	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Dark urine
<input type="checkbox"/> Jaundice	<input type="checkbox"/> Fever
<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Other:	<input type="checkbox"/> Malaise
<input type="checkbox"/> Other:	<input type="checkbox"/> Pale stools
Hospitalization	
Admitted to hospital:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
Admission date:	YYYY / MM / DD
Hospital name:	
Discharge date:	YYYY / MM / DD
Pregnancy	
If female, was case pregnant during illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
If yes, what was the outcome of the pregnancy:	<input type="checkbox"/> Still pregnant <input type="checkbox"/> Fetal death (miscarriage/ still birth) <input type="checkbox"/> Induced abortion <input type="checkbox"/> Live birth
Outcome	
Death:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
If yes, death date:	YYYY / MM / DD



D. PREVIOUS INFECTION

History of prior hepatitis E infection:

☐ Yes ☐ No ☐ DK

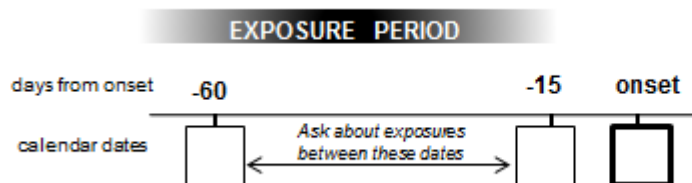
If yes, date: _____

E. LABORATORY INFORMATION

Specimen type	Reporting lab	Collection date YYYY / MM / DD	Lab test	Result	Result description
			<input type="checkbox"/> Anti-HEV IgM <input type="checkbox"/> Anti-HEV IgG <input type="checkbox"/> AST <input type="checkbox"/> ALT	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Equivocal <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Equivocal <input type="checkbox"/> Normal <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Elevated	
Convalescent sample			<input type="checkbox"/> Anti-HEV IgM <input type="checkbox"/> Anti-HEV IgG	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Equivocal <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Equivocal	

F. RISK FACTORS AND EXPOSURE INFORMATION

Enter onset date in heavy box. Count back to figure the probable exposure period.



Note: Communicable period for HEV is not known. HEV has been detected 2 weeks after jaundice and 4 weeks following exposure to contaminated food/water.

Contact with HEV case during exposure period

Contact with another case* of hepatitis E: ☐ Yes ☐ No ☐ DK If yes, was other case* a confirmed case (see section K): ☐ Yes ☐ No ☐ DK

Name of other case*: _____

Place of contact: _____

Other case* telephone: _____

*A symptomatic individual or confirmed hepatitis E case who was in contact with the client under investigation in the 15 to 60 days prior to onset

Travel

Travel or immigration during exposure period:

☐ Yes ☐ No ☐ DK If Yes: ☐ within BC ☐ outside BC but within Canada ☐ outside Canada

Dates: DEPARTURE	Dates: RETURN	Locations (e.g., city, country, resort)	Hotel or residence	Foods brought back
YYYY / MM / DD	YYYY / MM / DD			

Travel organization or travelling partners: _____

Was travel or immigration the most likely source of infection[†]? ☐ Yes

[†] Exposure (travel or immigration) to endemic area during entire exposure period **OR** Exposure (travel or immigration) to endemic area during a portion of their exposure period **AND** no epidemiological link to a confirmed HEV case or outbreak in BC. Hepatitis E endemic areas: Central America (including Mexico), Caribbean, South Asia, South East Asia, China, Africa, Middle East.



F. RISK FACTORS AND EXPOSURE INFORMATION *continued*

For cases who spent **any time** in the 15 to 60 days prior to onset in Canada and/or US, continue with remaining questions in Section G. For other cases, skip to Section H.

Special Diet - Complete for Canada and US exposures only

Vegetarian? ☐ Yes ☐ No ☐ DK Food allergies / avoidances / special diet? ☐ Yes ☐ No ☐ DK

If Yes, Details: _____

Exposures – Complete for Canada and US exposures only

In the 15 to 60 days prior to onset ...	Response	Details (e.g., include location, type or frequency of contact; for food exposures include where consumed, type, brand, location)
Did you have contact with any animals (e.g., reptiles, rodents, farm animals, pets, wildlife)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Did you eat any pork, including sausage and liver?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Did you eat any shellfish (cooked / raw / smoked)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Did you eat meat from wild animals (e.g., boar, deer) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Were you a recipient of blood/blood product, tissue or organ?^	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Did you donate blood/blood product, tissue or organ?^	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	

Events, restaurants, and grocery stores visited in the 15 to 60 days prior to onset - Complete for Canada and US exposures only

Event/Social gathering	Location	Date (YYYY/MM/DD)	Foods Eaten
Restaurants (including: take-out, cafeteria, bakery, deli, kiosk)	Location	Date (YYYY/MM/DD)	Foods Eaten
Grocery stores for food consumed during the incubation period	Location	Foods Purchased	Brands/Other details

^ Inform BCCDC of potential transfusion transmissible infections (i.e. case has received or donated blood/blood product, tissue or organ(s) 15 to 60 days prior to onset) so that BCCDC can inform Canadian Blood Services or BC Transplant. For those using Panorama please also create an acquisition event (received) or transmission event (donated) in Panorama. See Section L.



G. CONTACTS

people in household:

Name	Date ill	Nature of contact*	Occupation/Details	Contact phone	^Excluded?

*Household, sexual, close contacts

^ Please complete Contact Exclusion Form for each contact excluded.

H. INTERVENTIONS

Type	Implemented	Details
Referred for Inspection	<input type="checkbox"/>	
Hygiene Education	<input type="checkbox"/>	
Referred to another HA	<input type="checkbox"/>	
Health File Sent	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

I. OCCUPATION AND EXCLUSION

Occupation:

(Prompt for agricultural/animal contact and working in food service industry and specify)

Sensitive Setting (check if applicable):

- ☐ Work/volunteer or attend day care
☐ Work/volunteer in a health care setting
☐ Work/volunteer as a food handler
☐ Other (e.g. pool): _____

Facility name:

Excluded ☐ Y ☐ N Effective date (YYYY/MM/DD):

Details:

Symptom end date (YYYY/MM/DD):

Exclusion lifted: (YYYY/MM/DD): MHO:

J. ADDITIONAL DETAILS RELATED TO CASE INVESTIGATION

Date	Comment	Initials

K. CASE DEFINITION

A confirmed case of Hepatitis E is defined as laboratory evidence of infection with or without symptoms:

- presence of anti-HEV IgM, OR
- a four-fold rise in anti-HEV IgG on acute and convalescent sera.



L. PANORAMA DATA ENTRY DETAILS

Record **contact with a known case** in >Investigation >> Investigation Details >>> Links & Attachments >>>> Hepatitis E Investigation Form.

If *contact with a known case* = Yes, create an Acquisition Event on the Exposure Summary Screen (under Investigation on the left hand navigation).

Exposure Name: XXX-Contact-HepE *where XXX is the Health Authority recording/creating exposure (FNHA, IHA, VIHA, or NHA)*
Potential Mode of Acquisition: *Select most appropriate option*
Acquisition Start: date of first contact or 60 days prior to onset of symptoms (*select most recent*)
Acquisition End: most recent contact (*if known*)
Exposure Location: *enter place of contact details if known*

Donation/receipt of blood, organs, or tissue

To report a **transfusion transmissible infection** for a case who has **received** blood, tissue or organ(s), create an Acquisition Event on the Exposure Summary screen (under Investigation on the left hand navigation) using the Acquisition Event Details screen.

For blood:

Exposure Name: XXX-TTI-HepE *where XXX is the Health Authority recording/creating exposure (FNHA, IHA, VIHA, or NHA)*
Potential Mode of Acquisition: Transfusion transmitted
Nature of Exposure: Received other blood/blood products
Exposure Start: Date of transfusion (*if exact date unknown, enter best estimate and select the "Estimated" flag*)
Exposure Location Name: *same as Exposure Name*
Exposure Setting Type: Facility – non-recreational
Exposure Setting: Hospital
Address: Details for facility where transfusion occurred

For tissue or organs:

Exposure Name: XXX-TTI-HepE *where XXX is the Health Authority recording/creating exposure (FNHA, IHA, VIHA, or NHA)*
Source description: Tissues/Organs
Potential Mode of Acquisition: Other
Nature of Exposure: *leave blank*
Exposure Start: Date of operation (*if exact date unknown, enter best estimate and select the "Estimated" flag*)
Exposure Location Name: *same as Exposure Name*
Exposure Setting Type: Facility – non-recreational
Exposure Setting: Hospital
Address: Details for facility where operation occurred

To report a **transfusion transmissible infection** for a case who has **donated** blood, tissue or organ(s), create a Transmission Event on the Exposure Summary screen (under Investigation on the left hand navigation) using the Transmission Event Details screen.

For blood:

Exposure Name: XXX-TTI-HepE *where XXX is the Health Authority recording/creating exposure (FNHA, IHA, VIHA, or NHA)*
Mode of Transmission: Transfusion transmitted
Nature of Transmission: Donated blood/blood products
Exposure Start: Date donated blood (*if exact date unknown, enter best estimate and select the "Estimated" flag*)
Exposure Location Name: *same as Exposure Name*
Exposure Setting Type: Facility – non-recreational
Exposure Setting: Canadian Blood Services
Address: Details for facility where blood was donated

For tissue or organs:

Exposure Name: XXX-TTI-HepE *where XXX is the Health Authority recording/creating exposure (FNHA, IHA, VIHA, or NHA)*
Source description: Tissues/Organs
Mode of Transmission: Other
Nature of Transmission: *leave blank*
Exposure Start: Date of operation (*if exact date unknown, enter best estimate and select the "Estimated" flag*)
Exposure Location Name: *same as Exposure Name*
Exposure Setting Type: Facility – non-recreational
Exposure Setting: Hospital
Address: Details for facility where operation occurred

Training Materials (<https://phsa.sp.gov.bc.ca/sites/PPHIS>): [Exposures – Reference Guide - Investigations](#)

System Guidelines (<https://phsa.sp.gov.bc.ca/sites/PPHIS>): [Documentation of Transfusion Transmissible Infections \(TTI\) in Panorama, Exposures – Reference Guide - Investigations](#)