Case Initials:	
State ID:	
☐ sporadic case ☐ outbreak case	
Outbreak ref:	

NSW Health

Hepatitis E Questionnaire (October 2023)

PRIVACY MESSAGE : The information you provide in this questionnaire is for the purpose of trying to prevent further cases of illness. We do this by trying to find out what is likely to have caused your illness and also by providing you with information to reduce the spread of illness to others. The data collected is kept confidential and identifying information will not be disclosed for any other purpose without your consent. You can access your information by contacting the NSW Department of Health.

Information read? ☐

1. CASE DETAILS

First Name:		Last Name:	Parent's Name (if applicable):
DOB: ____/____/____	Age:	Gender: ☐M ☐F	
Address:			
Home Phone:		Mobile Phone:	
Email:			
Born in Australia ☐Yes ☐No If no, specify where:			
English preferred language ☐Yes ☐No If no, specify:			
Are [you/the case] of Aboriginal or Torres Strait Islander origin? (check all that apply) ☐No ☐Yes, Aboriginal ☐Yes, Torres Strait Islander ☐Not stated			
Occupation:		High Risk occupational group*? ☐Yes ☐No	
School or childcare attended? ☐Yes ☐No If yes, name/location: Date last attended prior to onset: ____/____/____			

* High risk occupations are food handlers, health care workers, child care workers and children in child care. Refer to Section 10 if case is Food Handler, CCC worker, Health care worker, Child in CCC/preschool, or Institutionalised

Interviewer Initials:

Date/time	Interviewed
1	☐
2	☐
3	☐
4	☐
5	☐
6	☐

Person interviewed (if not case):

Call back notes:

Interpreter used ☐
Case lost to follow up ☐

2. TREATING DOCTOR / HOSPITAL / LABORATORY

Treating Dr:	Dr phone:
Hospital (if admitted):	MRN:
Date of admission: ____/____/____	Date of discharge/Death: ____/____/____
Consent given by Dr to interview: ☐Yes ☐No	
Name of Laboratory:	
Date of blood test 1: ____/____/____	Result (+ve): ☐ IgM ☐ IgG ☐ Total ☐ PCR
Date of blood test 2: ____/____/____	Result (+ve): ☐ IgM ☐ IgG ☐ Total ☐ PCR

3. CLINICAL

Date of onset: ____/____/____ Time of onset: ☐am ☐pm Total duration of illness: days

Symptoms: ☐Abdominal pain ☐Anorexia ☐Dark urine ☐Diarrhoea Onset date: ____/____/____ ☐Fever ☐Jaundice Onset date: ____/____/____	☐Headache ☐Malaise ☐Nausea ☐Vomiting ☐Other (Specify):	**Liver function tests:** (specify level) Date: ____/____/____ ALT: AST: Total bilirubin: Gamma GT:

History of illness:

4. MEDICAL HISTORY

Are you currently pregnant? ☐Yes ☐No If yes, how many weeks? (at time of illness onset)

Do you have any of the following illnesses or conditions?

Chronic liver disease ☐Yes ☐No

Cancer (specify) ☐Yes ☐No

Other chronic conditions (specify) ☐Yes ☐No

During the incubation period (15 to 64 days before onset), were you taking any of the following treatments?

Chemotherapy ☐Yes ☐No

Corticosteroids (e.g. Prednisone) ☐Yes ☐No

Other medication that may suppress the immune (specify) ☐Yes ☐No

5. HOUSEHOLD CONTACT DATA

Name	Age	Relationship	Occupation/School/CCC	Tested/Result

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

Comments:

6. EXPOSURE PERIOD

I'm now going to ask some questions about what you/the case did before getting sick, specifically about the period between 9 weeks prior to illness to 2 weeks prior to illness. This 7 week period would be when you likely acquired the infection.

9 weeks prior to onset ____/____/____ 2 weeks prior to onset ____/____/____

It is often helpful to have a calendar or diary in front of you to help you remember what you did during this time.

Risk Factor	Applies		Details
Household / Close contact of person known to have Hepatitis E	☐No	☐Yes	**Case name:** **NCIMS no (if confirmed):**
or Similar illness	☐No	☐Yes	
Travel Domestic	☐No	☐Yes	**Places Visited:**
International	☐No	☐Yes	**Departure: ___/ _____/ _____ Return: _____/ _____/ _____**
Homosexual Male	☐No	☐Yes	
Injecting drug use	☐No	☐Yes	**How often / regular contacts?**
Marijuana use	☐No	☐Yes	
Sex worker	☐No	☐Yes	
Blood transfusion	☐No	☐Yes	**Date:** **Facility:**
Organ transplant	☐No	☐Yes	**Date:** **Facility:**
⇨ Institutional resident	☐No	☐Yes	**Specify:**
⇨ Health care worker	☐No	☐Yes	**Duties:**
⇨ Child in child care / preschool	☐No	☐Yes	**Name of CCC / Preschool:** **Days & hrs attends:** **Room / Age group cares for:**
⇨ Child care worker / Preschool teacher	☐No	☐Yes	**Premises provides food?** no yes **Changes / wears nappies?** no yes
Non-household contact with child under 5 yrs old	☐No	☐Yes	**Relationship:** **Name of CCC / Preschool attends:**
Sewerage Worker	☐No	☐Yes	
Hunting	☐No	☐Yes	**Location:** **Animals hunted:**
Contact with farm animals	☐No	☐Yes	**Type:** **Location:**
Work in an abattoir	☐No	☐Yes	**Location:**
Other contact with a known case of Hep E	☐No	☐Yes	**Contact Name(s):**

7. POSSIBLE FOOD OR WATER SOURCES

*** Do not complete Section 7 if a source of infection has already been identified**

For the acquisition period (9 weeks prior to onset) / / (2 weeks prior to onset) to / /

7.A Visited any restaurants/cafes/takeaway food premises during this period?

☐ Yes ☐ No (Skip to section 7.B)

Restaurants

Name/location:	Date:	Foods consumed:
Name/location:	Date:	Foods consumed:
Name/location:	Date:	Foods consumed:
Name/location:	Date:	Foods consumed:
Name/location:	Date:	Foods consumed:

Take aways?

Names/locations:	Date:	Foods consumed:
Names/locations:	Date:	Foods consumed:
Names/locations:	Date:	Foods consumed:
Names/locations:	Date:	Foods consumed:
Names/locations:	Date:	Foods consumed:

7.B Food and water exposures

Possible Source	**Applies**		**Details**
Pork liver?	☐No	☐Yes	Date: / / Type / Brand: How cooked? (circle) Rare / medium / well done Where purchased:
Pork pate?	☐No	☐Yes	Date: / / Type / Brand: Where purchased:
Pork sausages?	☐No	☐Yes	Date: / / Type / Brand: How cooked? (circle) Rare / medium / well done Where purchased:
Other meat sausages?	☐No	☐Yes	Date: / / Type / Brand: How cooked? (circle) Rare / medium / well done Where purchased:
Preserved or ready to eat sausages? E.g. salami, Chinese sausage, blood sausage, German sausages, etc.	☐No	☐Yes	Date: / / Type / Brand: How cooked? Where purchased:

Pork chops?	☐No	☐Yes	Date: / / Type / Brand: How cooked? (circle) Rare / medium / well done Where purchased:
Ham?	☐No	☐Yes	Date: / / Type / Brand: Where purchased:
Other pork products?	☐No	☐Yes	Date: / / Type / Brand: How cooked? (circle) Rare / medium / well done Where purchased:
Meat spreads or spreadable sausages? E.g. Liverwurst, terrine, other pates, nduja	☐No	☐Yes	Date: / / Type / Brand: Where purchased:
Venison (deer)?	☐No	☐Yes	Date: / / Type / Brand: How cooked? (circle) Rare / medium / well done Where purchased:
Wild boar meat?	☐No	☐Yes	Date: / / Type / Brand: How cooked? (circle) Rare / medium / well done Where purchased:
Meat obtained from hunting?	☐No	☐Yes	Date: / / Type / Brand: How cooked? (circle) Rare / medium / well done Where purchased:
Goat?	☐No	☐Yes	Date: / / Type / Brand: How cooked? (circle) Rare / medium / well done Where purchased:
Lamb or mutton?	☐No	☐Yes	Date: / / Type / Brand: How cooked? (circle) Rare / medium / well done Where purchased:
Kangaroo?	☐No	☐Yes	Date: / / Type / Brand: How cooked? (circle) Rare / medium / well done Where purchased:
Rabbit?	☐No	☐Yes	Date: / / Type / Brand: How cooked? (circle) Rare / medium / well done Where purchased:
Other offal?	☐No	☐Yes	Date: / / Type / Brand: Where purchased:
Foods which may contain offal as an ingredient? E.g. Vietnamese bahn mi, steak and kidney pie, haggis, Korean gopchang	☐No	☐Yes	Date: / / Type / Brand: Where purchased:

Other red meat?	☐No	☐Yes	Date: / / Type / Brand: How cooked? (circle) Rare / medium / well done Where purchased:
Raw fish?	☐No	☐Yes	Date: / / Type / Brand: Where purchased:
Oysters / mussels / clams?	☐No	☐Yes	Date: / / Type / Brand: Where purchased:
Other shellfish?	☐No	☐Yes	Date: / / Type / Brand: Where purchased:
Frozen berries?	☐No	☐Yes	Date: / / Type / Brand: Where purchased:
Imported foods?	☐No	☐Yes	Date: / / Type / Brand: Where purchased:
Drunk from private water supply?	☐No	☐Yes	Specify type: Location: Is water treated? ☐ No ☐ Yes ☐ Unknown
Participated in Swimming / Water Sports?	☐No	☐Yes	Activity: Type of water (e.g. pool, river, etc.): Address: Date : / /

8. COMMENTS OR CONCLUSIONS

Probable source of illness:

Comments:

9. EDUCATION

Hygiene and preventing transmission discussed	☐Yes ☐No
Information provided	☐Yes ☐No

10. HIGH RISK SCENARIO FOLLOW UP AND EXCLUSIONS

For the acquisition period (9 weeks prior to onset) / / (2 weeks prior to onset) to / /

Tick box that describes case:
☐ Institutional resident ☐ Child in CCC ☐ CCC worker ☐ Health care worker ☐ Food handler

Name of related premises: Date last attended: / /

Permission to disclose details to premises? ☐Yes ☐No

Does the premises prepare food or handle food? ☐Yes ☐No

If a CCC worker / child, does nappy changing / wearing occur? ☐Yes ☐No

Movements of case at work / CCC / institution:

Date: / / Day:…… Hours:…… Location:……..

Date: / / Day:…… Hours:…… Location:……..

Date: / / Day:…… Hours:…… Location:……..

Date: / / Day:…… Hours:…… Location:……..

Date: / / Day:…… Hours:…… Location:……..

Exclusion required? ☐Yes ☐No

Exclusion discussed with case / parent / guardian. ☐Yes ☐No

It is required that if the cases is in a high risk setting / occupation, they be excluded from attendance / work until diarrhoea has ceased and 14 days after onset of jaundice.

Information provided? ☐Yes ☐No

Surveillance letter sent to contacts at premises? ☐Yes ☐No Date sent: / /

11. INTERVIEW COMPLETED BY

Name of Interviewer:

How well did the case recall the information requested? ☐Very well ☐Well ☐Not well ☐ Not at all

12. GENERAL NOTES: