NSW Hepatitis A Questionnaire

National OzFoodNet enhanced Hepatitis A surveillance program

Date of notification:		NCIMS ID:	
Date of interview:		Interviewer:	
Person interviewed (if not case):		NCIMS updated:	
High risk group* (see section 8): *Includes food handlers, healthcare workers, institutional residents, child care workers, children in child care or primary school		Is there an epi link to a confirmed case? NCIMS ID of epi-linked case:	Yes ☐ No ☐
Sporadic case:	Yes ☐ No ☐ → **outbreak (cluster) ID:** _____		
Molecular typing performed	Yes ☐ → **genotype:** _____ No ☐		
Case status:	Confirmed ☐ Probable ☐ Excluded ☐		
Probable source:			

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 NSW Health.

SECTION 1: DEMOGRAPHIC DATA			
Surname:		Other names:	
Date of birth:	/ /	Age:	
Sex:	Male ☐ Female ☐ Other ☐	Parent/carer name (if applicable):	
Street address:		Suburb:	
		Postcode:	
Home Tel:		Work Tel:	
Mobile:		Email:	
Country of birth:		Year of arrival in Australia (if born overseas):	
Language spoken at home:		Interpreter required?	Yes ☐→ **Language:** _____ No ☐
Are you of Aboriginal and/or Torres Strait Islander origin?	☐ Yes, Aboriginal but not Torres Strait Islander ☐ Yes, Torres Strait Islander but not Aboriginal ☐ Yes, Both Aboriginal and Torres Strait Islander ☐ Not Indigenous ☐ Unknown ☐ Not stated		
Occupation (*full-time or part-time work, voluntary activities*) / school / child care:	☐ Child in child care/pre-school ☐ Student - primary ☐ High-risk occupation* (**includes healthcare workers, food handlers, child care workers*) ↓ **Record additional details in Sections 7 and/or 8 where applicable**	☐ Child at home ☐ Student – secondary: _____ ☐ Student - other: _____ ☐ Occupation - other: _____	
Case status:	☐ Alive ☐ Died due to notifiable disease → ☐ Died due to other/unknown causes → ☐ Unknown	Cause of death (if known): Date of death:	

NCIMS ID: _____

SECTION 2: LABORATORY INVESTIGATIONS				
Test	Collection date	Laboratory	Lab ID	Result
Serology ☐ Tested ☐ Not tested	/ /			☐ IgM detected ☐ IgM not detected ☐ IgG detected ☐ IgG not detected
PCR (HAV RNA) ☐ Tested ☐ Not tested	/ /			☐ RNA detected ☐ RNA not detected
Liver function tests ☐ Tested ☐ Not tested	/ /			Bilirubin: ALT: ALP: AST: GGT:
Specimen referred to VIDRL for molecular typing:	Yes ☐ → date: / / No ☐ → reason:			

SECTION 3: GENERAL PRACTITIONER			
Name of doctor:		Name of clinic:	
Clinic address:		Clinic Tel:	
		Fax:	
		Email:	

SECTION 4: HOSPITAL PRESENTATION			
Did the case present to the Emergency Department?	☐ Yes → Date: / / ☐ No	Name of hospital:	
Was the case admitted to hospital?	☐ Yes → Date: / / ☐ No	Hospital record no:	
Ward:		Date of discharge / death: (*circle*)	
Name of treating doctor/team:		Contact no:	

CONSENT BY TREATING DOCTOR*			
Doctor has provided consent to contact the case:	☐ Yes ☐ No ☐ N/A		
Name of doctor providing consent:		Date consent provided:	
Is the doctor aware of the case's hep A vaccination status?	☐ Vaccinated → **record details in section 6** ☐ No record of vaccination		
Is the doctor aware of the case's sexual orientation?	☐ Yes → **record details in section 8** →If case is MSM, has STI screening been arranged? ☐ Yes ☐ No ☐ No		
***Obtain preliminary information from treating doctor on illness and risk exposures: sections 5 to 8.**			

SECTION 5: ILLNESS		
Symptom		**Onset date**
Nausea	☐ Yes ☐ No ☐ Unknown	/ /
Vomiting	☐ Yes ☐ No ☐ Unknown	/ /
Diarrhoea	☐ Yes ☐ No ☐ Unknown	/ /

Abdominal pain/discomfort	☐ Yes ☐ No ☐ Unknown	/ /
Anorexia (loss of appetite) / Weight loss	☐ Yes ☐ No ☐ Unknown	/ /
Malaise / lethargy	☐ Yes ☐ No ☐ Unknown	/ /
Fever	☐ Yes ☐ No ☐ Unknown	/ /
Jaundice	☐ Yes ☐ No ☐ Unknown	/ /
Dark urine	☐ Yes ☐ No ☐ Unknown	/ /
Pale faeces	☐ Yes ☐ No ☐ Unknown	/ /
Other symptoms (please specify):		/ /
History of illness		

SUMMARY OF ILLNESS			
Date of first symptom onset:		Date of jaundice onset:	
Exposure period (15 to 50 days prior to first symptom onset)		/ / to / /	
Infectious period (2 weeks prior to first symptom onset to 1 week after jaundice or 2 weeks after onset of symptoms if no jaundice)"		/ / to / /	

SECTION 6: VACCINATION HISTORY			
Received hep A vaccination previously		☐ Yes ☐ No ☐ Unknown ☐ Yes, as post-exposure prophylaxis	
Dose 1 date:	/ /	Validated by:	☐ doctor ☐ practice records ☐ AIR
Dose 2 date:	/ /	Validated by:	☐ doctor ☐ practice records ☐ AIR
Dose 3 date:	/ /	Validated by:	☐ doctor ☐ practice records ☐ AIR
Has the case received immunoglobulin in the past 4 weeks?		☐ Yes → Date: / / ☐ No ☐ Unknown	

NOTE:
A 2 dose vaccination schedule is given for monovalent HAV vaccines and for combination HAV and Typhoid vaccines.
A 3 dose schedule is given for combination HAV and HBV vaccines.

SECTION 7: RISK FACTORS DURING EXPOSURE PERIOD			
Exposure period (between 15 and 50 days prior to onset of illness): ____/_____/___ to ____/_____/____			
Did you travel during any part of your exposure period?	☐ Yes - Domestic travel → where: ☐ Yes - International travel → where: ☐ No ☐ Unknown	Departure date: Return date: *(if multiple places, specify arrival and departure dates for each location)* *International travellers only:* Did the case spend their entire exposure period overseas?	____/_____/___ ____/_____/___ ☐ Yes → **Skip to Section 9** ☐ No ☐ Unknown

Did you have household contact, casual contact or sexual contact with anyone who had recently travelled?	☐ Yes → ☐ No ☐ Unknown	What type of contact?	☐ Household ☐ Sexual ☐ Casual
		☐ Domestic travel ☐ International travel	Places visited:
		Name of traveller:	Relationship of traveller to case:
		Departure Date: / / Return Date: / /	Did the traveller have any symptoms similar to you? ☐ Yes - approximate onset date / / ☐ No
Did you have household contact, casual contact or sexual contact with a person known or suspected to have hepatitis A?	☐ Yes → ☐ No ☐ Unknown	Case name:	NCIMS ID:
		Relationship to case:	☐Confirmed case ☐ Suspected case
		Type/place of contact:	Did you receive HAV vaccine as prophylaxis? ☐ Yes → Date administered: / / ☐ No ☐ Not applicable (suspected HAV only)

SECTION 8a: SUPPLEMENTARY RISK FACTORS DURING EXPOSURE PERIOD – Non-food exposures

Exposure period (between 15 and 50 days prior to onset of illness):
____/_____/___ to ____/_____/____

NB: * Both doctors and cases should be asked this question; ^ Additional details should be completed in Section 9 for these risk factors

Risk factor	Details	
Household or close contact of someone known to have gastroenteritis	☐ Yes → ☐ No ☐ Unknown	Case name: Relationship to case/type of contact: Contact number:
Household contact with child under 5 years old	☐ Yes → ☐ No ☐ Unknown	Does this child attend child care/preschool? ☐ Yes → Name of child care/preschool: ☐ No
Non-household contact with child under 5 years old	☐ Yes → ☐ No ☐ Unknown	Child's name and contact number: Does this child attend child care/preschool? ☐ Yes → Name of child care/preschool: ☐ No
Exposure to untreated sewage (e.g. sewage worker)	☐ Yes → ☐ No ☐ Unknown	Exposure activity: Date: ____/_____/____
*An inpatient in hospital	☐ Yes → ☐ No ☐ Unknown	Name of facility: Dates of admission/discharge:
*Received a transfusion of blood products	☐ Yes → ☐ No ☐ Unknown	Name of facility: Date of transfusion: Blood product transfused:
*Marijuana use	☐ Yes → ☐ No ☐ Unknown	Do you share drugs or equipment? ☐ Yes ☐ No ☐ Unknown Details of regular contacts: Risk factor reported by: ☐ Doctor ☐ Case ☐ Both ☐ Other

*Injecting drug use	☐ Yes → ☐ No ☐ Unknown	Do you share drugs or equipment? ☐ Yes ☐ No ☐ Unknown Details of regular contacts: Reported by: ☐ Doctor ☐ Case ☐ Both ☐ Other
*Any sexual contact	☐ Yes → ☐ No ☐ Unknown	With a person of which gender: ☐ Male ☐ Female ☐ Unknown Reported by: ☐ Doctor ☐ Case ☐ Both ☐ Other
*Male to male sexual contact	☐ Yes → ☐ No ☐ Unknown ☐ N/A	Regular partner: ☐ Yes ☐ No ☐ Unknown Casual partner: ☐ Yes ☐ No ☐ Unknown
		Do you visit any sex venues? (e.g. sex on premises venues (SOPVs), saunas, cruising grounds, festivals, private sex parties) ☐ Yes → Name of sex venue/s: ☐ No ☐ Unknown Date/s of visit:
		Do you use social networking sites to meet partners: ☐ Yes → which apps (e.g. Grindr, Tinder): ☐ No ☐ Unknown
		Are you enrolled in the EPIC-NSW study? ☐ Yes ☐ No ☐ Unknown
		Risk factor reported by: ☐ Doctor ☐ Case ☐ Both ☐ Other
*Sex work or sexual contact with sex worker	☐ Yes → ☐ No ☐ Unknown	Risk factor reported by: ☐ Doctor ☐ Case ☐ Both ☐ Other
^Institutional resident	☐ Yes → ☐ No ☐ Unknown	**^Record details of the institution in Section 9**
^Healthcare worker	☐ Yes → ☐ No ☐ Unknown	Duties and areas of work (e.g. wards): **^Record details of the institution in Section 9**
^Child in child care/preschool	☐ Yes → ☐ No ☐ Unknown	Does the child wear nappies? ☐ Yes ☐ No Room/age group: **^Record details of the institution in Section 9**
^Child in primary school	☐ Yes → ☐ No ☐ Unknown	Class: **^Record details of the institution in Section 9**
^Child care worker or preschool teacher	☐ Yes → ☐ No ☐ Unknown	Do you change nappies? ☐ Yes ☐ No Do you prepare or handle food? ☐ Yes ☐ No Room or age group case spends most time with: **^Record details of the institution in Section 9**
^Association with a prison or remand centre	☐ Yes → ☐ No ☐ Unknown	☐ Resident ☐ Visitor ☐ Staff Details and dates of contact: **^Record details of the institution in Section 9**

SECTION 8: SUPPLEMENTARY RISK FACTORS DURING EXPOSURE PERIOD – Food exposures

I would like to ask you some questions relating to the foods you ate during the period of time before you became unwell. This time period is:

Exposure period (between 15 and 50 days prior to onset of illness):
____/_____/___ to ____/_____/____

As this is a long period of time you may like to get a calendar or diary to help you remember what foods you may have been eating at this time.

During this period did you purchase your groceries from:	**Aldi** ☐ Yes ☐ No ☐ Unknown **Coles** ☐ Yes ☐ No ☐ Unknown **IGA** ☐ Yes ☐ No ☐ Unknown **Woolworths** ☐ Yes ☐ No ☐ Unknown **Other** ☐ Yes ☐ No ☐ Unknown ↳ Specify: **Location/s of stores:**

Shellfish, molluscs and raw seafood

Food item	Response	Date eaten (or frequency)	Details	Packaging and brand	Where purchased from (supermarket, take away, restaurant, food trucks, market, home delivery) OR Where eaten (location, function type) including free food samples
Oysters	☐ Yes → ☐ No ☐ Unknown	/ /	**How were they eaten?** ☐ Raw ☐ Partially cooked ☐ Cooked ☐ Unknown	**How purchased?** ☐ Fresh ☐ Frozen ☐ Canned/bottled ☐ Preserved Brand:	
Mussels	☐ Yes → ☐ No ☐ Unknown	/ /	**How were they eaten?** ☐ Raw ☐ Partially cooked ☐ Cooked ☐ Unknown	**How purchased?** ☐ Fresh ☐ Frozen ☐ Canned/bottled ☐ Preserved Brand:	
Other Shellfish	☐ Yes → ☐ No ☐ Unknown	/ /	**Clams** ☐ Raw ☐ Partially cooked ☐ Cooked ☐ Unknown	**How purchased?** ☐ Fresh ☐ Frozen ☐ Canned/bottled ☐ Preserved Brand:	
			Pippies ☐ Raw ☐ Partially cooked ☐ Cooked ☐ Unknown	**How purchased?** ☐ Fresh ☐ Frozen ☐ Canned/bottled ☐ Preserved Brand:	
			Scallops ☐ Raw ☐ Partially cooked ☐ Cooked ☐ Unknown	**How purchased?** ☐ Fresh ☐ Frozen ☐ Canned/bottled ☐ Preserved Brand:	

Other Shellfish	Cont.		**Other:** e.g. prawns, snails, abalone, crab	**How purchased?** ☐ Fresh ☐ Frozen ☐ Canned/bottled ☐ Preserved Brand:	

Fresh berries (Eaten at home or in a café - May be in foods/desserts e.g. cakes, smoothies, ice cream, yoghurt, syrup)

Food item	Response	Date eaten (or frequency)	Type	Packaging and brand	Where purchased from OR Where eaten
Fresh berries	☐ Yes → ☐ No ☐ Unknown	/ /	**Type of fresh berry:** ☐ Strawberry ☐ Raspberry ☐ Blackberry ☐ Blueberry ☐ Other:_____ ☐ Unknown		

Frozen berries and other fruit (Eaten at home or in a café - May be in foods/desserts e.g. cakes, smoothies, ice cream, yoghurt, syrup)

Food item	Response	Date eaten (or frequency)	Type	Packaging and brand	Where purchased from OR Where eaten
Frozen mixed berries	☐ Yes → ☐ No ☐ Unknown	/ /			
Frozen Strawberries	☐ Yes → ☐ No ☐ Unknown	/ /			
Frozen Blueberries	☐ Yes → ☐ No ☐ Unknown	/ /			
Frozen Blackberries	☐ Yes → ☐ No ☐ Unknown	/ /			
Frozen Raspberries	☐ Yes → ☐ No ☐ Unknown	/ /			

Other frozen fruit (Eaten at home or in a café - May be in foods/desserts e.g. cakes, smoothies, ice cream, yoghurt, syrup)

Food item	Response	Date eaten (or frequency)	Type	Packaging and brand	Where purchased from OR Where eaten
Frozen pomegranate arils	☐ Yes → ☐ No ☐ Unknown	/ /			
Frozen pitted Cherries	☐ Yes → ☐ No ☐ Unknown	/ /			
Frozen Mango	☐ Yes → ☐ No ☐ Unknown	/ /			

Frozen Acai Puree	☐ Yes → ☐ No ☐ Unknown	/ /			
Frozen pineapple Chunks	☐ Yes → ☐ No ☐ Unknown	/ /			
Frozen coconut pieces	☐ Yes → ☐ No ☐ Unknown	/ /			
Frozen Banana Chunks	☐ Yes → ☐ No ☐ Unknown	/ /			
Commercial frozen smoothie mix	☐ Yes → ☐ No ☐ Unknown	/ /			
Other frozen fruit	☐ Yes → ☐ No ☐ Unknown	/ /			

Smoothies and drinks

Food item	Response	Date eaten (or frequency)	Type	Packaging and brand	Where purchased from OR Where eaten
Smoothie mix with frozen ingredients (at home)	☐ Yes → ☐ No ☐ Unknown	/ /	Detail ingredients:		
Smoothies and dairy drinks outside the home (including milkshakes, yoghurt etc. such as from a juice bar or bought in a cafe)	☐ Yes → ☐ No ☐ Unknown	/ /	Detail ingredients:		

Dried tomatoes

Food item	Response	Date eaten (or frequency)	Type	Packaging and brand	Where purchased from OR Where eaten
Dried tomatoes (May be in pesto, pasta salad, sandwiches, antipasto mix)	☐ Yes → ☐ No ☐ Unknown	/ /	☐ Sun dried	☐Loose ☐Bagged ☐Bottled ☐Other ☐Unknown	
			☐ Semi dried	☐Loose ☐Bagged ☐Bottled ☐Other ☐Unknown	
Fresh Dates (From the fresh produce section, refrigerated)	☐ Yes → ☐ No ☐ Unknown	/ /	☐ Whole ☐ Date rolls	☐Loose ☐Punnet ☐Other ☐Unknown	

Dried Dates (From the grocery shelf, unrefrigerated)	☐ Yes → ☐ No ☐ Unknown	/ /	☐ Pitted ☐ Whole	☐Sealed bag ☐Vacuum pack ☐Other ☐Unknown	
Other					
Frozen vegetables	☐ Yes → ☐ No ☐ Unknown	/ /	☐ Corn ☐ Peas ☐ Green Beans ☐ Mixed veg – specify: ☐Other (specify):		
Specialty/world foods or foods brought from abroad (e.g. falafel, stuffed vine leaves, Indian sweets)	☐ Yes → ☐ No ☐ Unknown	/ /	Specify food:		
Exposure to untreated water (Includes consumption of ice made from untreated water)	☐ Yes → ☐ No ☐ Unknown	/ /	Type of exposure: (e.g. drinking, swimming, boating, etc.)		
			Type of water source:		
			Location:		

EATING OUT			
Venue	**Date**	**Name and address of venue/s**	**Foods eaten**
Restaurants ☐ Yes → ☐ No ☐ Unknown			
Takeaway (inc. food trucks, markets, free food samples) ☐ Yes → ☐ No ☐ Unknown			
Event (e.g. conference, wedding, festival) ☐ Yes → ☐ No ☐ Unknown			
Dined at someone else's home ☐ Yes → ☐ No ☐ Unknown			

SUMMARY	
What does the case think caused their illness?	
Potential source of illness as assessed by interviewer	

SECTION 9: HIGH RISK GROUPS AND EXCLUSION

High risk group? ☐ Yes → **Continue Section 9** ☐ No → **Skip to Section 10**

If yes, tick all that apply: ☐Commercial food handler ☐Lives or works in institutional setting → ☐Healthcare worker ☐Child care worker ☐Child in child care ☐Child in primary school	Institution type: ☐ Hospital ☐ Aged care ☐Psych facility ☐Hostel/boarding house ☐Correctional facility ☐Military facility ☐Other - specify:

Name of institution:		Tel:	
Address:		Fax:	
Contact person:		Email:	

Date last attended prior to onset: / /	Attended during infectious period:
Information and advice on hep A provided to premises/institution/child care centre/primary school?	☐ Yes → Date provided: / / ☐ No ☐ N/A
Surveillance letter sent to contacts at premises/institution/child care centre/primary school?	☐ Yes → Date sent: / / ☐ No ☐ N/A **Attach details/list of who received letter**
Prophylaxis advised for contacts at premises/institution/child care centre/primary school:?	☐ Yes → Date provided: / / ☐ No ☐ N/A **Attach details/list of those eligible for prophylaxis and cut-off date(s), and complete summary under Section 11**

ON-SITE INSPECTION REQUIRED AT FOOD PREMISES/CHILD CARE/PRE-SCHOOL/OTHER

Attendance requested: ☐ Yes ☐ No ☐ N/A

Date requested: / /	Authority: Contact person:
Date of inspection: / /	Date authority provided feedback: : / / **Attach details of inspection**

EXCLUSION

If case is a food handler, health care worker, child in child care, child in primary school or child care worker:
EXCLUDE until at least 7 days after the onset of jaundice OR 2 weeks from onset of prodromal symptoms if no jaundice.
Cases should be informed infectivity may continue beyond official cut-off date

Date exclusion ends:	/ /
Exclusion discussed with case/guardian	☐ Yes → Date: / / ☐ No ☐ N/A
Exclusion letter sent	☐ Yes → Date: / / ☐ No ☐ N/A
Other public health actions	Specify:
Information sent to workplace/school/child care	☐ Yes → Date: / / ☐ No ☐ N/A

ISOLATION	
If case is a resident of an institution e.g. aged care facility, residential care unit, correctional facility, etc.: As far as practicable, **ISOLATE** from well residents until at least 7 days after the onset of jaundice OR 2 weeks from onset of prodromal symptoms if no jaundice. Please note: Cases should be informed infectivity may continue beyond official cut-off date	
Date isolation ends:	/ /

SECTION 10: EDUCATION (ALL CASES)		
Provide information on the nature of the infection and mode of transmission. Education should include information about hygienic practices, particularly hand washing.		
Hygiene and preventing transmission discussed	☐ Yes ☐ No ☐ N/A	
Information brochure provided to case	☐ Yes → Date sent: ☐ No ☐ N/A	
Privacy information requested by case:	☐ Yes → Date sent: ☐ No ☐ N/A	
Isolation and restrictions Infectious period: ____/_____/___ to ____/_____/____ **Whilst infectious, we advise you to:**		
Not donate blood	☐ Informed	☐ N/A
Not prepare or handle food for other people	☐ Informed	☐ N/A
Practice good hand hygiene	☐ Informed	☐ N/A
Not have sex	☐ Informed	☐ N/A
Not provide personal care to others	☐ Informed	☐ N/A
Not attend preschool, child care school or high risk work	☐ Informed	☐ N/A
Not share utensils, towels or personal items with others	☐ Informed	☐ N/A
Not share drugs or drug equipment	☐ Informed	☐ N/A

NCIMS ID: _____

If living in a residential, aged care, correctional or similar facility: Isolate yourself as much as possible	☐ Informed ☐ N/A

If it is necessary, may we please contact you again?	☐ Yes ☐ No

NCIMS ID: _____

SECTION 11: CONTACT MANAGEMENT

People diagnosed with hepatitis A are generally considered infectious from two weeks before the onset of prodromal symptoms to **either** one week after the onset of jaundice (if present) **or** two weeks after the onset of prodromal symptoms if no jaundice occurs.

Infectious period: ____/_____/___ to ____/_____/____

For this period, please list contacts in table overleaf:

Contacts are not subject to enforced exclusions. Contacts can be advised to voluntarily exclude themselves from high risk settings, practice good hand hygiene and curb high risk behaviours or work practices until infectious period ends. Individual risk assessment should be utilised to inform contacts of the likelihood of getting hepatitis A and the threat they pose to others. Formalised risk assessments should be undertaken when the case is in a high risk occupation. Further information on the specific circumstances when risk assessments should be undertaken and general principles for decision making are detailed in the HAV SoNG.

Persons considered to be **contacts** include;

- Household members
- Immediate family
- Sexual partners
- People who shared primary household bathroom facilities with the case
- *People who consumed food not subjected to further cooking that was prepared by the case
- If the case is a food handler, other food handlers in the same establishment
- If the case is in nappies, persons who provided direct care to the case
- If the case attends child care or preschool, other children and adults in the same classroom or care group
- Those who shared intimate personal items or drug equipment with the case

Prophylaxis is not indicated for contacts of sporadic cases in the school or work settings, where these conditions are not met.

***In certain circumstances it may be necessary to identify/follow up patrons who have eaten at a food premises where an infectious food handler has been working.**

Refer to the Hepatitis A SoNG and local jurisdictional guidelines in order to determine whether identified contacts are eligible to receive post exposure Prophylaxis (PEP) – (Normal Human Immune Globulin (NHIG) or monovalent inactivated hepatitis A vaccine).

Summary:	
How many contacts _____ How many require Ig _____ How many require vaccine _____	How many require prophylaxis _____ How many received Ig _____ How many received vaccine _____

For more information and detailed recommendations please consult the hepatitis A national guidelines for public health units (SoNG) available at the Commonwealth Health Department Website.

Name of Interviewer: _____

Signature:_____ Date: _____/_____/_____

Contact	Contact with case	Occupation or School/Child care	Prophylaxis	
Name: Address: Phone number: Date of birth: / / Sex: ☐ Male ☐ Female ☐ Other	Type of contact with case: Date of last contact with case: / / Relationship to case:	**High risk?** ☐ Yes → Address: ☐ No ☐ Unknown	Prophylaxis required? ☐ Yes ☐ No Type: ☐ Vaccine ☐ Ig Parental consent? ☐ Yes ☐ No ☐ N/A	Date given: / / By whom: ____________ Advice letters sent ☐ Yes ☐ No ☐ N/A If yes, date: / /
Name: Address: Phone number: Date of birth: / / Sex: ☐ Male ☐ Female ☐ Other	Type of contact with case: Date of last contact with case: / / Relationship to case:	**High risk?** ☐ Yes → Address: ☐ No ☐ Unknown	Prophylaxis required? ☐ Yes ☐ No Type: ☐ Vaccine ☐ Ig Parental consent? ☐ Yes ☐ No ☐ N/A	Date given: / / By whom: ____________ Advice letters sent ☐ Yes ☐ No ☐ N/A If yes, date: / /
Name: Address: Phone number: Date of birth: / / Sex: ☐ Male ☐ Female ☐ Other	Type of contact with case: Date of last contact with case: / / Relationship to case:	**High risk?** ☐ Yes → Address: ☐ No ☐ Unknown	Prophylaxis required? ☐ Yes ☐ No Type: ☐ Vaccine ☐ Ig Parental consent? ☐ Yes ☐ No ☐ N/A	Date given: / / By whom: ____________ Advice letters sent ☐ Yes ☐ No ☐ N/A If yes, date: / /

Photocopy this page if more contacts are required

Contact page number ____ of ____

NCIMS ID: ____________________

Contact	Contact with case	Occupation or School/Child care	Prophylaxis	
Name: Address: Phone number: Date of birth: / / Sex: ☐ Male ☐ Female ☐ Other	Type of contact with case: Date of last contact with case: / / Relationship to case:	**High risk?** ☐ Yes → Address: ☐ No ☐ Unknown	Prophylaxis required? ☐ Yes ☐ No Type: ☐ Vaccine ☐ Ig Parental consent? ☐ Yes ☐ No ☐ N/A	Date given: / / By whom: ____________ Advice letters sent ☐ Yes ☐ No ☐ N/A If yes, date: / /
Name: Address: Phone number: Date of birth: / / Sex: ☐ Male ☐ Female ☐ Other	Type of contact with case: Date of last contact with case: / / Relationship to case:	**High risk?** ☐ Yes → Address: ☐ No ☐ Unknown	Prophylaxis required? ☐ Yes ☐ No Type: ☐ Vaccine ☐ Ig Parental consent? ☐ Yes ☐ No ☐ N/A	Date given: / / By whom: ____________ Advice letters sent ☐ Yes ☐ No ☐ N/A If yes, date: / /
Name: Address: Phone number: Date of birth: / / Sex: ☐ Male ☐ Female ☐ Other	Type of contact with case: Date of last contact with case: / / Relationship to case:	**High risk?** ☐ Yes → Address: ☐ No ☐ Unknown	Prophylaxis required? ☐ Yes ☐ No Type: ☐ Vaccine ☐ Ig Parental consent? ☐ Yes ☐ No ☐ N/A	Date given: / / By whom: ____________ Advice letters sent ☐ Yes ☐ No ☐ N/A If yes, date: / /

Photocopy this page if more contacts are required

Contact page number ____ of ____

SECTION 12: ATTEMPTS TO CONTACT CASE		
Date	**Time**	**Comments**

SECTION 13: INVESTIGATION NOTES