Public Health England

CONFIDENTIAL
Acute Hepatitis B Enhanced Surveillance Form

In-depth questionnaire for acute hepatitis B cases who are associated with a cluster and/or have unknown/undisclosed risk factors

Please ensure the case is in a private environment and so able to answer questions honestly.

Pre-amble (If information is from a case)

Thank you for agreeing to be interviewed.

To help prevent Hepatitis B we are keen to try and obtain as much information as possible on the way this infection is currently spreading between people, and I therefore appreciate any help you may be able to give us with this.

I shall be asking some personal questions, but if there is anything you do not wish to answer, please just say so. It is important to stress at this point that the interview will be completely confidential.

If there is anything you would like to talk about after the interview please contact Public Health England Health Protection Team on …… You will, of course, be able to discuss any issue raised with your doctor, if you so wish.

In agreeing to the interview, you will be helping us to understand the current transmission of hepatitis B in our area, and so hopefully help prevent the ongoing spread of this infection.

Information provided by:_____

[e.g. case/health care professional/relative]

PHE Publication Gateway number 2016056

Section 1 – Demographics, clinical details and testing results.

[IF ENHANCED SURVEILLANCE FORM FOR NEWLY DIAGNOSED ACUTE HEPATITIS B OR GUM ACUTE HEPATITIS REPORTING FORM ALREADY COMPLETED, TICK BOX PATIENT NAME, DOB BELOW AND GO STRAIGHT TO SECTION 2] ☐ INS

PATIENT DETAILS			
Surname/GUM Number:			**M / F**
First Name:		**Date of Birth :**	
Address:			
	Postcode:	**Tel No:** **Mobile No:**	
Pregnant: ☐ Yes ☐ No ☐ DK **If yes, Expected Date of Delivery:**			
Occupation			
Occupation (specify):		**Place of Work/Education/*Other** (*i.e. prison, home)	
Please give details if patient works in **health-care setting** (including hospitals, primary care, care homes) looking after patients, or **education-settings** (work or student):			
Name of Premises:		**Address of Premises:**	
Country of Birth:			
Ethnic Group			
Black-African	Black-Other (specify)	Indian-Subcontinent	White

Black-Caribbean	Chinese	Other Asian	Other (specify)

Was infection likely to have been acquired abroad? ☐ **Yes** ☐ **No**

If yes, specify country:

GP & HOSPITAL ADMISSION DETAILS

GP Name:	**Tel No :**
Practice Address :	
Admitted to Hospital? ☐ Yes* ☐ No	***Name of Admitting Hospital**
***Ward:**	***Consultant:**
***Admission Date:**	***Discharge Date:**

CLINICAL FEATURES

☐ **Abnormal LFTs** ☐ **Clinical Jaundice** ☐ **Hepatic Failure** ☐ **Asymptomatic**

Symptom onset date:	**Did patient die**: ☐ Yes ☐ No
Please record initial symptoms:	
Cause of death:	☐ **Acute** ☐ **Chronic**

LABORATORY CONFIRMATION / SPECIMEN DETAILS

	Pos	Neg	Equiv	Not detected	Date Positive
Hepatitis B Surface Antigen (HBsAg)					
Anti-core IgM (anti-HBcIgM)					
Total Hepatitis Anti-core Antibody (anti-HBc)					

Hepatitis B e antigen (HBeAg)					
Hepatitis B e antibody (anti-HBe)					
Hepatitis B DNA					

Is the case: ☐ **Acute** ☐ **Chronic** ☐ **Don't know**

1st Specimen Date:	**Lab Ref No:**
Laboratory:	**Other Laboratory:**

Sample sent to Colindale for repeat serology, avidity and genotyping?: ☐ Yes ☐ No

Genotype:	**Repeat serology and avidity supports acute hepatitis B diagnosis:** ☐ Yes ☐ No ☐ Equivocal

VACCINATION

Has the Patient Received:	**Yes**	**No**	**Don't Know**	
Hepatitis B immunoglobulin 6 months prior to onset				
One or more doses of hepatitis B vaccine				
Human *normal* immunoglobulin in 3 months prior to onset				

Section 2 – Risk factors

1. In the 6 months *(before you became ill),* have you had any contact [*including household contacts*] with a known case of hepatitis, either unwell or a carrier of the virus? If yes please detail type of exposure and record name of contact.

Yes ☐ No ☐

_____

2. In the 6 months (before you became ill) have you had any sexual contact with any men or women? [I*f yes please complete additional questions in section 4*]

Yes ☐ No ☐

3. Have you ever used any recreational drugs? [*If yes please complete additional questions in section 4*]

Yes ☐ No ☐

4. In the 6 months *(***before you were ill***),* have you had any operations, surgical procedures?

[Probe organ transplant/tissue, dialysis, blood transfusion /blood products /clotting factors /plasmapheresis]

Yes ☐ No ☐

If Yes, where, when, what?

_____

5. In the 6 months *(***before you were ill***),* have you had any dental treatment?

Yes ☐ No ☐

If Yes, where, when, what?

_____

6. Have you ever been a blood/ organ donor (plasma/other)?

Yes ☐ No ☐

If Yes, where, when, what

_____

7. In the 6 months ***(*before you were ill*)***, have you had any injections or needle stick injuries *(hospital or non-hospital setting),* acupuncture, tattoos, body piercing or electrolysis?

Yes ☐ No ☐

If Yes, where, when, what?

_____

8. In the 6 months (**before you became ill**) did you suffer any bites or injuries from fights?

Yes ☐ No ☐

_____

9. In the last 6 months, have you shared any toothbrushes or razors, or any instrument /item that may have been contaminated with blood?

Yes ☐ No ☐

If Yes, where, when, what?

_____

10. Have you, travelled, lived or received any kind of medical care/treatment abroad in the last 6 months**?**

Yes ☐ No ☐

If Yes, where, when, what?

_____

11. In the 6 months (before you were ill) did you live in prison, hostel or were homeless?

Yes ☐ No ☐

_____

12. In the 6 months (before you were ill), have you received and blood products or donated blood?

Yes ☐ No ☐

_____

13. Are there any potential risks that the case believes may have led to the infection?

_____

Outbreak			
Is this case part of an outbreak: ☐ Yes ☐ No	Community	Family	Other
If 'yes', please give details:			
Other relevant information/comments			

PLEASE COMPLETE SECTION 3: Follow up of cases and contacts

PLEASE ALSO COMPLETE SECTION 4 If any sexual contact or drug use is reported, or if infection is unexplained*

*For example no exposure to a known case; no exposure in a high prevalence country; no IDU; no residence in a high risk country in the six months prior to illness onset.

Section 3 - FOLLOW UP OF CASES AND CONTACTS OF ACUTE HEPATITIS B

CASE	
	Leaflet on hepatitis B given: ☐ Yes ☐ No
	Advice on prevention of onward tr0ansmission: ☐ Yes ☐ No
	Referred to GUM if sexual /IDU transmission: ☐ Yes ☐ No
	Additional information / comment:

LABORATORY TESTING FOR OTHER BBV AND STI

(If risk factors suggest sexual and/ or IDU exposure, patient should be tested by GP or referred to GUM for testing)

Has the patient being tested for:	**Yes**	**No**	**Don't know**	**Result (pos /neg/equivocal)**	**Date of test**
HIV					
HCV				Anti-HCV: HCV RNA:	
Syphilis					
Gonorrhoea					
Other STI (please specify)					

CONTACTS							
Name	**Address /tel. no.** **(if not household contact)**	**DOB**	**Sexual / household / other** **(S/H/O)**	**Details of exposure**	**Vaccinated previously (Y/N/DK)**	**Vaccination arranged (Y/N)**	**HBIG required (Y/N)**
			S/H/O		Y/N/DK	Y/N Accelerated / Super-accelerated	Y/N
			S/H/O		Y/N/DK	Y/N Accelerated / Super-accelerated	Y/N
			S/H/O		Y/N/DK	Y/N Accelerated / Super-accelerated	Y/N
			S/H/O		Y/N/DK	Y/N Accelerated / Super-accelerated	Y/N
			S/H/O		Y/N/DK	Y/N Accelerated / Super-accelerated	Y/N
			S/H/O		Y/N/DK	Y/N Accelerated / Super-accelerated	Y/N
			S/H/O		Y/N/DK	Y/N Accelerated / Super-accelerated	Y/N

Section 4 - Additional questions for those reporting sexual contact, drug use or unexplained infection

If unexplained - Your responses so far have not indicated a likely source of your infection, therefore we would like to ask some further questions; some of them will be quite personal, but if there is anything you do not want to answer, please just say so; we would appreciate it if you could be as honest as possible. It is important to stress that the interview will be completely confidential

1.1 Section 4.1: Sexual health

Your infection may have been acquired through sexual contact and we need to better understand how this may have happened. Remember all your answers will be dealt with in the strictest confidence. Please can you be as honest and frank as possible. *[Remember to record details of contacts in section 3]*

1) How many sexual partners have you had in the last 12 months / 6 months? _____ / _____
2) How many were women? _____
3) How many were men? _____

[If none despite probing, please go to section 4.2]

[If case is female please go to question 15]

[Ask males only] - For the women you have had sex with:

4) What type of partner were they?

Regular ☐ Casual ☐ other ☐ *(e.g. commercial sex worker)*_____

5) What type of sex did you have?

Oral ☐ Vaginal ☐ Anal ☐ Other ☐
_____

6) Where and how did you meet them?

(Probe internet/ apps/ location/clubs/ bars etc.)

_____
_____
_____

[Ask males only] For the men you have had sex with:

7) What type of partner were they?

Regular ☐ Casual ☐ Other ☐ *(commercial sex worker e.g. rent boy)*_____

8) Have you ever sold sex? Yes ☐ No☐

9) What type of sex did you have?

Oral ☐ Anal (insertive) ☐ Anal (receptive) ☐ Other please state_____

10) If having penetration - did you ALWAYS use a condom? Yes ☐ No ☐

11) Do you participate in "Chemsex"? Yes ☐ No ☐

***IF YES**, please obtain details*_____

[*Ask males only*]

12) Please tell me where you met your ***male*** partners for sex?

- ☐ Cruising grounds – if yes, where? When?
- ☐ Cottage (public toilet) – if yes, where? When?
- ☐ Via internet/ social networking sites – if yes, where? When?
- ☐ Saunas
- ☐ Gay club/pub/bar/disco – if yes, where? When?
- ☐ Straight club/pub/disco – if yes, where? When?
- ☐ Sex on premises venues /backrooms – if yes, where? When?
- ☐ Private sex parties – if yes, where? When?
- ☐ Other _____
- ☐ Not applicable

13) *[Ask males only]* If you have used social networking sites to meet partners, which sites have you used?

_____
_____
_____

14) *[Ask males only]* If you have used cruising grounds/saunas etc. to meet partners, which ones are they? (provide address/ location). For any other any other venues mentioned, provide name of premises, address and type of venue?

_____
_____
_____

[Ask females only] - For the women you have had sex with:

15) What type of partner were they?

Regular ☐ Casual ☐ other ☐ *(e.g.commercial sex worker)*_____

16) What type of sex did you have?

☐ Oral – vaginal/anal ☐ Finger penetration- Vaginal/ Anal

☐ Sharing sex toys – vaginal/anal ☐ Genital to genital contact

17) Where and how did you meet them?

☐ Private sex parties – if yes, where? When?

☐ Via internet/ social networking sites – if yes, where? When?

☐ Other [*Probe internet/ apps/ location/clubs/ bars etc.]*

_____
_____

[Ask females only] For the men you have had sex with:

18) What type of partner were they?

Regular ☐ Casual ☐ Other ☐ *(commercial sex worker e.g. rent boy)*_____

19) Have you ever sold sex? Yes ☐ No ☐

20) What type of sex did you have?

Oral ☐ Vaginal ☐ Anal☐ Other ☐ please state_____

21) If having penetrative sex - did you ALWAYS use a condom? Yes ☐ No ☐

22) How would you describe your sexual orientation?

Straight/Heterosexual ☐ Gay/Homosexual ☐ Bisexual ☐

Other *(Please specify)* ☐ _____

Section 4.2: Alcohol and recreational drug use questions

23) Do you drink alcohol Yes ☐ No ☐

IF YES

a. what alcohol do you drink *(probe wine, spirts, beers)*

_____

24) How many units per week? _____

25) Have you EVER used any recreational drugs?

Yes ☐ No ☐

IF YES,

a. In the previous 6 months: Yes ☐ No ☐
b. In the previous year: Yes ☐ No ☐
c. More than 1 year ago Yes ☐ No ☐

26) In the previous 6 months, what recreational drugs have you used:

Amphetamine / Speed	Yes ☐	No ☐	EVER used ☐
Cannabis	Yes ☐	No ☐	EVER used ☐
Cocaine	Yes ☐	No ☐	EVER used ☐
Crack	Yes ☐	No ☐	EVER used ☐
Crystal Meth / Methamphetamine	Yes ☐	No ☐	EVER used ☐
Ecstasy (E) / MDMA	Yes ☐	No ☐	EVER used ☐
GHB / GBL	Yes ☐	No ☐	EVER used ☐
Heroin	Yes ☐	No ☐	EVER used ☐
Ketamine	Yes ☐	No ☐	EVER used ☐
Mephedrone (M-Cat)	Yes ☐	No ☐	EVER used ☐
Methadone	Yes ☐	No ☐	EVER used ☐
Benzodiazepines (non-prescribed)	Yes ☐	No ☐	EVER used ☐
Poppers	Yes ☐	No ☐	EVER used ☐
Any other recreational drug (not listed)	Yes ☐	No ☐	EVER used ☐

27) Have you EVER injected any recreational drugs?

Yes ☐ No ☐

a. IF YES, what recreational drugs have you injected?

_____

28) Have you EVER injected any <u>other</u> drugs (e.g. steroids/ body building drugs?)

Yes ☐ No ☐

29) When was the LAST time you injected anything?

a. In the previous 3 months: Yes ☐ No ☐
b. In the previous 6 months: Yes ☐ No ☐
c. In the previous year: Yes ☐ No ☐
d. >1 year ago Yes ☐ No ☐
e. When was the FIRST time Year_____
f. Have you EVER shared Needles Yes ☐ No ☐
When last shared _____
g. Has anybody ever injected you Yes ☐ No ☐
When last time _____
h. Have you EVER shared blood Yes ☐ No ☐
When last time _____

1.2 Section 4.3: STI questions and GUM attendance

30) Can we talk about any sexually transmitted infections? Have you have **EVER** had:

Gonorrhoea	☐	Chlamydia	☐
Syphilis	☐	LGV	☐
Non-specific Urethritis	☐	Hepatitis A	☐
Genital herpes simplex	☐	Hepatitis B	☐
Genital warts	☐	Hepatitis C	☐
Genital ulceration	☐	Pubic lice	☐

If YES, please give further information (e.g. dates, partners, where treated)

_____

31) Have you ever attended a GUM clinic for a check-up or treatment?

Yes ☐ No ☐

If YES, which GUM clinic did you attend?

_____

_____

32) When did you last attend a GUM clinic?

a. In the 3 months before diagnosis ☐
b. In the year before diagnosis ☐
c. Between 1 & 5 years before ☐
d. Longer than 5 years before ☐

33) Have you ever had an HIV test in the past? Yes ☐ No ☐

IF YES,

a. What was the result? Positive ☐ Negative ☐ Not known ☐
b. When did you have your HIV test: _____
c. Where were you diagnosed? _____
d. If positive, where do you currently attend for you HIV care?

_____

_____

Section 4.4: Concluding and Understanding Hepatitis B

34) Have you got any thoughts as to where or how you acquired your infection?

---

35) If we needed to get back in touch with you to clarify any points or for further information, would you be willing for me to contact you, if so, could you give me your contact details [telephone number/email]?

_____

We have now come to the end of the interview. Thank you very much for giving up your time to meet me and for all your help with answering the questions, it has been very helpful. Is there anything else you would like to add or ask me? If you would like to discuss anything further in the future or remember anything that might be helpful for us, please do not hesitate to contact me. [*Contact details to be given – could be GUM health advisors/PHE/hepatology depending on who completes the questionnaire*]

Section 5: Interview summary sheet

36) Was the patient generally receptive/friendly? Yes ☐ No ☐
(*If NO, give details below)*

Summary of findings and how interview went, general impressions, likely route of transmission etc.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date: _____ Interviewer: _____

Please upload and attach to relevant HPzone case