Hepatitis A national standard surveillance questionnaire

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| August 2012 | Changes made to reflect suggestions/comments received from HPU, laboratory and other colleagues. | 0.2 |
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**Hepatitis A case questionnaire**

To HPT and EHP colleagues,

Thank you for agreeing to complete this questionnaire, which includes questions relating to sexual orientation and sexual contact. Questions regarding sexual orientation have been found to be acceptable to patients.

Sections A, B, C, D, E, F and G should be completed for all patients. Section D2 should only be completed for men who reported having sex with men in the 8 weeks prior to illness onset. The purpose of section D2 is to identify settings or venues where transmission occurs in sexually acquired cases, as well as to more effectively monitor sexual transmission of the infection which will inform local and national prevention strategies.

Sexual history can be a sensitive topic to discuss with patients. Please seek support from your unit sexual health lead if necessary.

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| **Section A: Questionnaire details** |
| **A.1.** Interviewer: |  | **A.2.** Date of interview:(dd/mm/yyyy) |  |
| **A.3.** UKHSA Centre: |  | **A.4.** HPZ number: |  |

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| **Section B: Case details** |
| **B.1.** Surname: |  | **B.2.** Forename: |  |
| **B.3.** Date of birth:(dd/mm/yyyy) |  | **B.4.** Sex: | Male [ ]  Female [ ]  Other [ ]   |
| **B.5.** Address: |  | **B.6.** Postcode: |  |
| **B.7.** Telephone (home): |  |
| **B.8.** Mobile: |  |
| **B.9.** GP Address: |  | **B.10.** Postcode: |  |
| **B.11.** Telephone: |  |
| **B.12.** Ethnicity: | White British [ ]  Other White [ ]  Mixed [ ]  Bangladeshi [ ]  Indian [ ]  Pakistani [ ]  Other Asian [ ]  Chinese [ ]  Black African [ ]  Black Caribbean [ ]  Other Black [ ]   |
| **B.13.** Country of birth: |  |
| **Occupation:**Please provide details of the occupation or main activities of the case (including part-time work, voluntary and other activities) or if the person is a child, please provide details of their school/nursery |
| **B.14. Occupation/ activity** | **B.15. Name of workplace/ school/ nursery/ playgroup/ environment** | **B.16. Address (including postcode) of workplace/ school/ nursery/ playgroup/ environment** |
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| **Section C: Clinical features, laboratory markers and vaccine history:** |
| **C.1.** Date of onset of illness:(dd/mm/yyyy) |  |
| **C.2.** Symptom(s): | Jaundice [ ]  Fever [ ]  Nausea [ ]  Vomiting [ ]  Abdominal pain [ ]  Pale Stools [ ]  Fatigue [ ]  Other symptoms (please list): |
| **C.3.** Date of onset of jaundice (if present): (dd/mm/yyyy*)* |   |
| **C.4.** Asymptomatic: | Yes [ ]  No [ ]   |
| **C.5.** Visited A & E | Yes [ ]  No [ ]   |
| **C.6.** Admission to hospital(for at least 1 night) | Yes [ ]  No [ ]   |
| **C.7.** Visit to GP: | Yes [ ]  No [ ]  Not known [ ]   |
| **C.8.** Please indicate whether the case is: | Confirmed [ ]  Probable [ ]  (please refer to appendix A for definitions) |
| **Laboratory markers:** |
| **C.9.** Date of specimen:(dd/mm/yyyy) |  |
| **C.10.** Anti HAV IgM: | Positive [ ]  Negative [ ]  Equivocal [ ]  Not done [ ]   |
| **C.11.** Anti HAV IgG: | Positive [ ]  Negative [ ]  Equivocal [ ]  Not done [ ]   |
| **C.12.** HAV RNA: | Positive [ ]  Negative [ ]  Equivocal [ ]  Not done [ ]   |
| **C.13.** Abnormal LFT: (if yes, please complete below) | Yes [ ]  No [ ]  Not known [ ]  Not done [ ]   |
| **C.14.** Bilirubin  |  |
| **C.15.** ALT |  |
| **C.16.** AST |  |
| **C.17.** ALP |  |
| **Vaccine history:** |
| **C.18.** History of hepatitis A immunisation : | Yes [ ]  No [ ]  Not known [ ]   | **C.19.** If yes, Number of doses: | One [ ]  two [ ]   |
| **C.19.** Dose 1 date(dd/mm/yyyy): |  | **C.20.** Dose 2 date(dd/mm/yyyy) |  |

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| **Section D1: Risk factors/ transmission route** |
| **D.1.** Does the case have a history of travel abroad in the 8 week period prior to the onset of illness?:If yes, please provide details below (including reason for travel, location, and dates of travel). Please also include hotel and tour operator if relevant*.* | Yes [ ]  No [ ]  Not known [ ]   |
| **D.2. Country visited** | **D.3. Location/ accommodation****(please include tour operator, where relevant)** | **D.4. Date of departure from UK (dd/mm/yyyy)** | **D.5. Date of return to/arrival in UK *(*dd/mm/yyyy)** |
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|  |  |  |  |
| **D.6.** Primary reason for travel abroad: | New entrant to UK [ ]  Foreign visitor to UK [ ]  Holiday/ tourism [ ]  Visiting friends and relatives abroad [ ]  Business [ ]  Other [ ]  Not known [ ]  If other, please state:  |
| **D.7.** History of travel within the UK in the 8 week period prior to onset of illness?:If yes, please provide details below (including location, accommodation details, and dates of travel) | Yes [ ]  No [ ]  Not known [ ]   |
| **D.8. Location /accommodation:** | **D.9. Date of departure****(dd/mm/yyyy):** | **D.10. Date of return****(dd/mm/yyyy):** |
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| **D.11.** Contact with a person with jaundice or confirmed hepatitis A infection in an 8 week period prior to the onset of illness: | Yes [ ]  No [ ]  Not known [ ]   |
| **D.12.** Contact with a person(s) in the same household who travelled abroad in the 8 weeks before the onset of your illness | Yes [ ]  No [ ]  Not known [ ]   |
| **Hepatitis A can be sexually transmitted via the faecal-oral route. To enable us to prevent further infections we therefore ask questions about sexual history.** |
| **D.13.** Sexual contact with anyone in the last year? | Yes [ ]  No [ ]   |
| * **D.14.** If yes, was the contact with someone of the:
 | Other gender [ ]  Same gender [ ]  Case declined to answer [ ]   |
| **D.15.** Sexual contact with anyone in the 56 days (8 weeks) before the onset of illness? | Yes [ ]  No [ ]   |
| * **D.15.** If yes, was the contact with someone of the:
 | Other gender [ ]  Same gender [ ]  Case declined to answer [ ]   |
| **D.16.** Use of illicit drugs particularly injecting drug use in last 8 weeks: | Yes [ ]  No [ ]  Not known [ ]   |
| **D.17.** Does the case reside in an institutional setting: | Yes [ ]  No [ ]  Not known [ ]   |
| * **D.18.** If yes, please indicate the type of institution:
 | Prison [ ]  Care/ nursing home [ ]  Boarding school [ ]  Hospital [ ]  Other [ ]  please state:  |
| **D.19.** Water based recreational activities in last 8 weeks (ie swimming or water sports): | Yes [ ]  No [ ]  Not known [ ]   |
| * **D.20.** If yes, please specify, details (activity), location, date:
 | **Date** | **Activity** | **Location** |
|  |  |  |
|  |  |  |
|  |  |  |
| **D.21.** Event or function attended where food was available in last 8 weeks: | Yes [ ]  No [ ]  Not known [ ]   |
| * **D.22.** If yes, please specify, details, location, date:
 | **Date** | **Event/ function** | **Location** |
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| **D.23. Additional information/ notes relevant to this case:** |
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| **Section D2: additional sexual history questions**(Only to be filled for men who reported having sex with men in the 8 weeks prior to illness onset) |
| Hepatitis A can be sexually transmitted via the faecal-oral route. Gay, bisexual and other men who have sex with men (GBMSM) are at greater risk of acquiring the infection than others and there have been outbreaks of hepatitis A among the GBMSM population. To enable us to prevent further infections we therefore ask more detailed questions about sexual history. Please reassure the case that the information they provide will be kept confidential and anonymised when reported. |
| **D2.1.** When did the case last attend a GUM / sexual health clinic |
| [ ]  <3 months ago[ ]  3-6 months[ ]  >6 months to 1 year [ ]  >1 year ago [ ]  Never  |
| **D2.2.** How many people has the case had sex with in the last 8 weeks? (includes sexual contact such as oral, anal, digital-rectal including ‘fisting’ (that means fingers hand in the anus), sex toys, oro-anal (‘rimming’):

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And of those, how many were:* regular partners:
* casual partners:
* anonymous partners (partners for whom the case has no contact details:
 |
| **D2.3.** Did the case use condoms when he had sex in the last 8 weeks? |
| [ ]  Always [ ]  Most of the time (>50%) [ ]  Some of the time (<50%) [ ]  Never  |
| **D2.4** Did the case have sexual contact(s) **in the UK** **with anyone living outside of the UK** in the 8 weeks prior to the onset of illness? |
| Yes [ ]  No [ ]  Not known [ ]  |
| **D2.5.** If yes, for each different contact please specify the country(ies) and region non-UK resident sexual contact came from: | **Contact** | **Country/ region** |
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| **D2.6.** Did the case have sexual contact(s) **while outside of the UK** in the 8 weeks prior to the onset of illness? |
| Yes [ ]  No [ ]  Not known [ ]  |
| **D2.7.** If yes, specify country(ies) and region where the case had sex: | **Country /region** |
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| **D2.8.** In the 8 weeks before he became unwell did the case have any kind of sexual contact in any of the following types of venues? |
| [ ]  Gay club/pub/bar/disco [ ]  Straight club/pub/disco [ ]  Saunas [ ]  Festival [ ]  Porn cinema [ ]  School/college/university | [ ]  Sex on premises venues/dark room [ ]  Cruising grounds [ ]  Massage parlour[ ]  Cottage (public toilet)  | [ ]  Private sex parties [ ]  Other[ ]  Not disclosed[ ]  None |
| **D2.9.** Please provide details of any venues mentioned in the above question (reassure the case that all information is treated confidentially and not linked to them). |
| **Name of premises** | **Address** | **Type of venue/ description eg gay club, sauna etc.**  |
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| **D2.10.** Have you used social networking sites to meet partners in the 8 weeks prior to illness onset eg. Apps, websites? |
| Yes [ ]  No [ ]  Not known [ ]   |
| * **D2.11.** If yes, specify which ones

(ie Grindr, Scruff, Growl, Tinder, Squirt, BBRT, Gaydar, Facebook): | **App/ website:** |
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| **Public Health Advice**: please remember to provide case with information on how to reduce transmission as per UKHSA [Shigella leaflet](https://www.gov.uk/government/publications/shigella-leaflet-and-poster) as similar advice applies to hepatitis A. Also please recommend that the case attends their local sexual health clinic for STI screening and immunisation against hepatitis B as they may be at risk of other STIs such as HIV and hepatitis B.  |

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| **Section E: Food and drink exposure** |
| Please note that these additional food and drink history questions should be completed for **ALL** cases unless there is a strong suggestion from responses earlier in the questionnaire that the infection was foreign travel-related or associated with a GBMSM-related outbreak in the last 8 weeks. The food and drink history is not just restricted to the items listed below but applies to all relevant items consumed either inside or outside the home whether they were made within the UK or abroad in the 8 week period prior to onset of illness. |
| **Food/drink item:** | **Yes / No** | **Specific type of item/ product** | **Brand (where applicable)** | **Purchased from (eg. supermarket, restaurant, take-away). [Include dates]** | **Eaten at function or events attended [give details eg wedding, and dates]** |
| **E.1.** Sliced/pre-prepared fresh fruit (Prompt: pomegranate, melon, mangos, pineapple, mixed fruit salad etc) | Yes [ ]  No [ ]  | (If mixed please list types of fruit in the product) |  |  |  |
| **E.2.** Canned/ bottled fruit in juices/syrup(Prompt: mixed fruit salad, peaches, cherries etc) | Yes [ ]  No [ ]  | (If mixed please list types of fruit in the product) |  |  |  |
| **E.3.** Dried fruit (Prompt: mixed fruit and nuts dates, figs, raisins, chocolates, cakes, breakfast cereals, cereal/snack bars etc) | Yes [ ]  No [ ]  | pistachios  |  |  |  |
| **E.4.** Fresh dates | Yes [ ]  No [ ]  |  |  |  |  |
| **E.5.** Fresh berries (Prompt: raspberries, strawberries, blueberries, mixed berries etc) | Yes [ ]  No [ ]  | (If mixed please list types of berries in the product) |  |  |  |
| **E.6.** Frozen Berries(Prompt: raspberries, strawberries, blueberries, mixed berries etc) | Yes [ ]  No [ ]  | (If mixed please list types of berries in the product)  |  |  |  |
| **E.7.** Food containing frozen berries(Prompt: cakes, desserts – summer pudding, cheesecake, yoghurt, ice-cream, frozen yoghurt, smoothies, syrups, danishes) | Yes [ ]  No [ ]  | (If mixed please list types of berries in the product |  |  |  |
| **E.8.** Foods containing pomegranate (Prompt: salads, museli, grenadine/other syrups, Persian or Pakistani curries)  | Yes [ ]  No [ ]  |  |  |  |  |
| **E.9.** Cakes, Pastries, Desserts or Puddings(Prompt: fresh cream or custard filled cakes/pastries etc) | Yes [ ]  No [ ]  |  |  |  |  |
| **E.10.** Fruit Juice (Prompt: cranberry, mango, guava, mixed) | Yes [ ]  No [ ]  | (If mixed please list types of fruit in the product) |  |  |  |
| **E.11.** Fruit smoothies | Yes [ ]  No [ ]  | Makes own smoothies using frozen berries  |  |  |  |
| **E.12.** Foods containing sundried tomatoes(Prompt: pesto, pasta salad, breads, sandwiches) | Yes [ ]  No [ ]  |  |  |  |  |
| **E.13.** Uncooked/ raw salad vegetables(Prompt: lettuce, cucumbers, spring onions, tomatoes, sweet pepper, water cress, sprouted seeds: beansprouts, pea shoots, olives, sandwiches, salads ) | Yes [ ]  No [ ]  |  |  |  |  |
| **E.14.** Fresh herbs (Prompt: mint, coriander, dips, salads) | Yes [ ]  No [ ]  |  |  |  |  |
| **E.15.** Fish(Prompt: sardines, tuna, anchovy, herring, squid) | Yes [ ]  No [ ]  |  |  |  |  |
| **E.16.** Shellfish/mollusc(Prompt: oysters, mussels, prawns, scallop, octopus) | Yes [ ]  No [ ]  |  |  |  |  |
| **E.17.** Chocolate | Yes [ ]  No [ ]  |  |  |  |  |
| **E.18.** Specialty/world foods please specify(eg Indian sweets, baklava, falafel, stuffed vine leaves)  | Yes [ ]  No [ ]  |  |  |  |  |
| **E.19.** Foods bought from abroad (including any gifts) | Yes [ ]  No [ ]  |  |  |  |  |
| **E.20.** Other food item of note not mentioned above | Yes [ ]  No [ ]  |  |  |  |  |
| **E.21** Do you have a loyalty card?\* | **E.22.** Loyalty card number/Store name  | **E.23.** Consent for Food Standards Agency to access product information (ie batch codes etc) | **E.24.** Name on loyalty card |
| Yes/No |  | Yes/No |  |

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| **Section F: Information for contact tracing/ management** |
| F.1. Is the case a known food handler or did they prepare food for others in the 2 weeks before to one week after the onset of symptoms: | Yes [ ]  No [ ]  Not known [ ]  |
| F.2. Has case donated blood or platelets in the last 8 weeks? | Yes [ ]  No [ ]   |
| F.3. If yes, has the case informed the blood service of their illness? | Yes [ ]  No [ ]  Not known [ ]  |
| F.4. Have any of the case’s household/ close contact donated blood in the last 8 weeks? - If yes, please provide details below: | Yes ☐ No ☐ Not known ☐ |
| **Please provide details of any close contacts eg household and/ or sexual contact(s) exposed to the case in the 2 weeks before to one week after the onset of symptoms:** |
| **F.5. Full Name** | **F.6. Sex** | **F.7. DOB****If unknown, is the contact likely to be over 60?** | **F.8. Address** | **F.9. Relationship to case** | **F.10. History of previous HAV infection** | **F.10. History of prior hepatitis A immunisation**  | **F.11. Underlying medical conditions** | **F.12. Risk group (A/B/C/D/No)**(see appendix 2*)* | **F.13. Donated blood in the last 8 weeks**(see appendix 5*)* |
|  |  |  |  |  | Yes [ ]  No [ ]  Not known [ ]  | None [ ]  one dose [ ]  two doses [ ]  Not known [ ]  | Chronic liver disease: Yes [ ]  No [ ]  NK [ ] Pre-existing chronic HepB or HepC infection:Yes [ ]  No [ ]  NK [ ] Immunosuppression or immune deficiency:Yes [ ]  No [ ]  NK [ ]  |  | Yes [ ]  No [ ]  Not known [ ]  |
| Date of dose 1: ….…/…..…../………… Not known [ ] Date of dose 2: ..…../…..…../………… Not known [ ]  |
|  |  |  |  |  | Yes [ ]  No [ ]  Not known [ ]  | None [ ]  one dose [ ]  two doses [ ]  Not known [ ]  | Chronic liver disease: Yes [ ]  No [ ]  NK [ ] Pre-existing chronic HepB or HepC infection:Yes [ ]  No [ ]  NK [ ] Immunosuppression or immune deficiency:Yes [ ]  No [ ]  NK [ ]  |  | Yes [ ]  No [ ]  Not known [ ]  |
| Date of dose 1: ….…/…..…../………… Not known [ ] Date of dose 2: ..…../…..…../………… Not known [ ]  |
|  |  |  |  |  | Yes [ ]  No [ ]  Not known [ ]  | None [ ]  one dose [ ]  two doses [ ]  Not known [ ]  | Chronic liver disease: Yes [ ]  No [ ]  NK [ ] Pre-existing chronic hepatitis B or C infection:Yes [ ]  No [ ]  NK [ ] Immunosuppression or immune deficiency:Yes [ ]  No [ ]  NK [ ]  |  | Yes [ ]  No [ ]  Not known [ ]  |
| Date of dose 1: ….…/…..…../………… Not known [ ] Date of dose 2: ..…../…..…../………… Not known [ ]  |
|  |  |  |  |  | Yes [ ]  No [ ]  Not known [ ]  | None [ ]  one dose [ ]  two doses [ ]  Not known [ ]  | Chronic liver disease: Yes [ ]  No [ ]  NK [ ] Pre-existing chronic HepB or HepC infection:Yes [ ]  No [ ]  NK [ ] Immunosuppression or immune deficiency:Yes [ ]  No [ ]  NK [ ]  |  | Yes [ ]  No [ ]  Not known [ ]  |
| Date of dose 1: ….…/…..…../………… Not known [ ] Date of dose 2: ..…../…..…../………… Not known [ ]  |
|  |  |  |  |  | Yes [ ]  No [ ]  Not known [ ]  | None [ ]  one dose [ ]  two doses [ ]  Not known [ ]  | Chronic liver disease: Yes [ ]  No [ ]  NK [ ] Pre-existing chronic HepB or HepC infection:Yes [ ]  No [ ]  NK [ ] Immunosuppression or immune deficiency:Yes [ ]  No [ ]  NK [ ]  |  | Yes [ ]  No [ ]  Not known [ ]  |
| Date of dose 1: ….…/…..…../………… Not known [ ] Date of dose 2: ..…../…..…../………… Not known [ ]  |
|  |  |  |  |  | Yes [ ]  No [ ]  Not known [ ]  | None [ ]  one dose [ ]  two doses [ ]  Not known [ ]  | Chronic liver disease: Yes [ ]  No [ ]  NK [ ] Pre-existing chronic HepB or HepC infection:Yes [ ]  No [ ]  NK [ ] Immunosuppression or immune deficiency:Yes [ ]  No [ ]  NK [ ]  |  | Yes [ ]  No [ ]  Not known [ ]  |
| Date of dose 1: ….…/…..…../………… Not known [ ] Date of dose 2: ..…../…..…../………… Not known [ ]   |
|  |  |  |  |  | Yes [ ]  No [ ]  Not known [ ]  | None [ ]  one dose [ ]  two doses [ ]  Not known [ ]  | Chronic liver disease: Yes [ ]  No [ ]  NK [ ] Pre-existing chronic HepB or HepC infection:Yes [ ]  No [ ]  NK [ ] Immunosuppression or immune deficiency:Yes [ ]  No [ ]  NK [ ]  |  | Yes [ ]  No [ ]  Not known [ ]  |
| Date of dose 1: ….…/…..…../………… Not known [ ] Date of dose 2: ..…../…..…../………… Not known [ ]   |
|  |  |  |  |  | Yes [ ]  No [ ]  Not known [ ]  | None [ ]  one dose [ ]  two doses [ ]  Not known [ ]  | Chronic liver disease: Yes [ ]  No [ ]  NK [ ] Pre-existing chronic HepB or HepC infection:Yes [ ]  No [ ]  NK [ ] Immunosuppression or immune deficiency:Yes [ ]  No [ ]  NK [ ]  |  | Yes [ ]  No [ ]  Not known [ ]  |
| Date of dose 1: ….…/…..…../………… Not known [ ] Date of dose 2: ..…../…..…../………… Not known [ ]  |
|  | **F.14.** Should it be necessary, please may we contact you again? |
|  |  Yes [ ]  No [ ]  Not known [ ]  |

**Appendix 1. Hepatitis A case definitions**

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| **Clinical case** **(Possible)** | A person with an acute illness, discrete onset of symptoms **and** jaundice **or** elevated serum aminotransferase levels |
| **Probable case** | A person that meets the clinical case definition **and** has an **epidemiological link** to a **confirmed** hepatitis A case.OrA person that meets the clinical case definition (see above) **and** has **IgM** antibodies to hepatitis A virus. |
| **Confirmed case** | A person with hepatitis A RNA detected **regardless** of clinical featuresOrA person that meets the clinical case definition **and** is confirmed through **IgM** **and** **IgG** antibodies to hepatitis AOrAn **asymptomatic** person with no recent history of immunisation with **IgM** antibodies to hepatitis A from oral fluid or serum **and** an **epidemiological link** to a **confirmed** hepatitis A case |

**Appendix 2. Groups that pose an increased risk of spreading gastrointestinal infection**

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| **Risk group** | **Description** | **Additional comments** |
| **A** | Any person of doubtful personal hygiene or with unsatisfactory toilet, hand-washing or hand drying facilities at home, work or school.  | Risk assessment should consider, for example, hygiene facilities at the work/educational setting. |
| **B** | All children aged 5 years old or under who attend school, pre-school, nursery or other similar childcare or child minding groups.  | Explore informal childcare arrangements.  |
| **C** | People whose work involves preparing or serving unwrapped food or drink to be served raw or not subjected to further heating.  | Consider informal food handlers, eg someone who regularly helps to prepare buffets for a congregation. |
| **D** | Clinical and social care staff who work with young children, the elderly, or other particularly vulnerable people, and whose activities increase the risk of transferring infection via the faeco-oral route. Such activities include helping with feeding or handling objects that could be transferred to the mouth.  | Someone may be an informal carer, eg caring for a chronically sick relative or friends |

**Appendix 3**

As part of the ongoing enhanced surveillance of hepatitis A, all laboratories should forward all serum samples from hepatitis A cases to the Virus Reference Department at UKHSA Microbiology Services, Colindale, London, for genotyping and sequencing. Health Protection Teams should remind laboratories that this molecular biological service is provided free of charge.

**Appendix 4**

If this is a foreign travel-related case, please email the name of the case, date of birth and HPZone/CIMS number to travelhealth@ukhsa.gov.uk. Thank you.

**Appendix 5**

**Blood donation:**

**Cases of hepatitis A:**

When interviewing the case ask if they are a blood or platelet donor and if they donated in the 2 months prior to the onset of their symptoms or any time after their symptoms started. Please contact the NHS Blood and Transplant Clinical Support Team via the national 24 hr call line: 0300 123 23 23 to report donors with recent infection.

Advise the case that they will not be allowed to resume donating until 6 months after recovery.

**Close contacts of confirmed cases of hepatitis A:**

When following-up close/household contacts of a confirmed case of hepatitis A ask if they are a blood or platelet donor and if they donated either in the 2 months before the onset of symptoms in the case or any time since the case became symptomatic.

**Please inform the Clinical Support Team at NHSBT as above on 0300 123 23 23.**

**Close/household contacts must wait 6 months before they will be eligible to donate.**