Table 1. Template case report form for acute viral hepatitis*

Full name:						
Present address:						
Village / Town / City: Date of birth:	1 1	State / Province / Phone:	District:			
	, ,	Frione.				
Beneral characteristics						
Date of reporting:	/ /	UNIQUE ID: Gender:	Male	Female	Other	
Age (years) Clinical characteristics, tes	ting circumstance			remale	Other	
minour onuraotoriotios, toc	ining on ournstance	s and biomarkers				
linical characteristics and tes	sting circumstances i	n the current episod	le Biomarker	'S		
Onset date of acute hepatitis	/	/	Alanine aminotra	ansferase (ALT):	IU	/ litre Unknown
Hospitalization for hepatitis	Yes	No	Anti-HAV IgM	Pos	Neg	Unknown
Jaundice	Yes	No	Anti-HBc IgM	Pos	Neg	Unknown
Encephalopathy [†]	No Grade II	Grade IV	HBsAg	Pos	Neg	Unknown
Discharge data	Grade I	Grade III	A=# 1101/	Da-	NIc =	Hales
Discharge date	/	,	Anti-HCV	Pos	Neg	Unknown
			HCV RNA	Pos	Neg	Unknown
			HDV testing**	Pos	Neg	Unknown
			Anti-HEV IgM	Pos	Neg	Unknown
rior diagnosis and treatm	ent history					
				.,		
Previouslyidentified with chronic HBV infection				Yes	No	Unknown
Previously identified with chronic HCV infection				Yes	No No	Unknown Unknown
Previously history of the other ch	ronic liver disease			Yes	No	UNKNOWN
lepatitis vaccination histo	ry					
Has the person ever received at least one dose of hepatitis A vaccine?				Yes (doses)	No Unknow
Has the person ever received at least one dose of hepatitis B vaccine?				Yes (doses)	No Unknow
Has the person ever received at least one dose of combined hepatitis A and B vaccine?				Yes (doses)	No Unknow
Has the person ever received at lea	ast one dose of hepatitis E	vaccine?		Yes (doses)	No Unknow
eneral characteristics of th	e patient					
Is the patient a health-care worker exposed to blood through patient care?				Yes	No	Unknown
Is the patient a man who has sex with other men?				Yes	No	Unknown
Does the patient undergo haemodialysis?				Yes	No	Unknown
Is the patient injecting drugs?				Yes	No	Unknown
ossible exposures in the	2_6 weeks before	nset				
		Moci		Yes	No	Unknown
Is the patient involved in a reported, identified outbreak? Was there contact with patient (s) with the same symptoms?				Yes	No	Unknown
Didthepatienteatraw,uncookedshellfish (e.g. oysters)?				Yes	No	Unknown
Didthe patienteatraw, uncooked pork meat, boar meat or venison?				Yes	No	Unknown
Did the patient drink water from a w				Yes	No	Unknown
Is the patient a child or a staff member in a day-care centre?				Yes	No	Unknown
Did the patient travel to an area highly endemic for hepatitis A/hepatitis E?				Yes	No	Unknown
ossible exposures in the	1–6 months before	onset				
Didthe patient receive injections g				Yes	No	Unknown
Was the patient admitted to hosp	ital?			Yes	No	Unknown
Didthepatientundergo a surgical procedure?				Yes	No	Unknown
Didthepatientreceive a blood transfusion?				Yes	No	Unknown
Didthepatientreceive dental care?				Yes	No	Unknown
Didthepatientundergo endoscopy?				Yes	No	Unknown
				Yes	No	Unknown
Did the patient undergo tattooing Did the patient undergo shaving Did the patient have unprotected	by a barber?			Yes Yes	No No	Unknown Unknown

Ag: antigen; anti-HAV: antibody against hepatitis A virus; HBsAg: hepatitis B surface antigen; anti-HBc: antibody against hepatitis B core antigen; anti-HCV: antibody against hepatitis C virus; anti-HEV antibody against hepatitis E virus; HBV: hepatitis B virus; HCV; hepatitis C virus; Ig: immunoglobulin; RNA: ribonucleic acid

^{*} Information must be collected on risk factors for all cases of acute hepatitis for the 2-6 weeks and 1-6 months referent exposure period. Acute hepatitis A/E cases can then be used as controls for acute hepatitis B/C and vice versa. This form should be filled by health-care workers, after interviewing the patients and reviewing the medical records.

^{**}HDV testing can be added in highly endemic areas or deleted in non-endemic areas. † Refer to Appendix 2.