Healthcare Investigation Guide Worksheet NC EDSS Event ID

Step 1. Verify the diagnosis of acute hepatitis B or hepatitis C virus infection. Does the index patient meet any of the following criteria suggestive of a new infection? This event has been determined to meet the case definition indicated below.





Step 2. Use information obtained from patient interview and standard case investigation, conducted in step 1, to weigh the likelihood that the index patient's infection is due to healthcare versus non-healthcare exposures. Information entered into this event risk history package indicates a likelihood that this person was infected through a healthcare related exposure and warrants further investigation.

Step 3. Enter information into the healthcare investigation database to identify future patterns. Entry of the event into NC EDSS fulfills this requirement, the state will identify patterns of possible exposure.

Step 4. Assess healthcare encounters that occurred during the index patient's likely exposure period and look for additional related cases. The local health department must now determine where possible exposures took place. The investigation guide uses 6 months as the normal look back period. There may be unusual circumstances where the look back period can be extended, the state viral hepatitis section will explain if any of these exist.

Date of Symptom Onset or Earliest Identification of Illness

6 months	

Start Date for Evaluating Medical Procedures =

List all invasive medical procedures, i.e. finger sticks, injections, intravenous medications, surgical, endoscopic, and dental, anything where the skin was broken or mucous membranes exposed to potential infectious material that the patient had from this date until 2 weeks prior to onset. Once completed, please attach to the NC EDSS event. State representatives will evaluate the exposures with you and develop a plan for evaluation.

Potential Healthcare Exposure Listing

Date Please list in chronological order	Procedure (i.e. finger stick, injection, infusion, surgical procedure, dental procedure, dialysis)	Provider (physician, dentist, agency name)	Location (home, hospital name, dialysis center name, medical office name etc)	Recurring Procedure? Indicate only if yes. All dates of service should be listed.