

Acute Communicable Disease Control 313 N. Figueraa St., Rm. 212 Los Angeles, CA 90012 213-240-7941 (phone), 213-482-4856 (facsimile) publichealth.lacounty.gov/acd/



Fax completed form (S1) and contact line lists (S2) to: ACDC (213) 202-5999 Attn: Susan Hathaway, PHN

## INSTRUCTIONS FOR INVESTIGATORS:

- 1. Refer questions to the specific time period as indicated.
- 2. Questions can be completed by the investigator based on medical records if case unavailable.
- 3. Complete a separate Hepatitis A Contact Line List (S2) for each setting where the case had contact with other people during the **Infectious period** (14 days before to 7 days after symptom onset).
- 4. Call ACDC for consultation if case stayed at a facility during their Infectious period.

Patient Name (Last, First)	Date of	Birth	vCMR ID		
	Date of	,			
	/	/			
HELPFUL DATES - Enter date of onset in box,	count backward and forward to dete	ermine probable exposu	re and infectious periods		
EXPOSU	RE PERIOD	INFECTIOUS PERIOD			
Days from onset: -50 days	-14 days	ONSET*	+7 days		
		*ana at of ioundian are			
Detweend	1 to 50 days hofers	-	onset of symptoms if not jaundiced		
	4 to 50 days before	liiness			
TRAVEL					
Did the case travel or reside outside of Los Ange	eles County (inside US)?	Yes 🗌 No 🗌 Unk			
If Yes, Where? Address:					
City/County: 🛛 San Diego	□ Orange □ Pasadena	Long Beach	Ventura San Bernardino		
□Santa Cruz	Other:				
Out of State:					
Stay overnight? Yes No U					
, ,			· · <del>·</del> · · ·		
If Yes, Specify length of stay	(in days)? Spec	city Dates: From	_// To//		
FOOD					
Did the case get food and/or drinks from the follo	owing places: (Check all that	apply.)			
Shelter, soup kitchen, "food lines", ch	nurches Group home/Bo	ard & Care Gr	ocery store Restaurants		
Other: Specify.					
If any of the above are checked, Specify place and address in table below.					
Name of Place         Address, City, State, ZIP         Dates consumed? (If available.)					
	l l				

During the period from 50 days /ORK OR VOLUNTEER	s before lines	ss anu i uays a	
d the case work for, or volunteer at a place that serves ho	meless persons?	□Yes □No □Unł	ζ
d they work in food service (preparing, serving, cleaning)			
If Yes to either question above, Specify Location Name			
Describe role and duties?			
Dates worked?			
RUGUSE			
PREFACE THIS SECTION BY SAYING: "I the information you provide will not be	• • •	-	-
id the case use any recreational or illicit drugs? $\Box$ Yes [	∃No □Unk □Re	efused to answer (RTA	A)
		If NO/REFUSED, S	SKIP to Housing Question
If Yes, List the drugs used.			
Drug Name		Method of Administr	ation
	(e.g. s	moked, snorted, injected, t	aken by mouth)
Specify all the equipment (paraphernalia) used: (Check	k all that apply.)		
□Glass hashish pipes □Crack cocaine pipes	□Smoking mask	s 🛛 Hashish bongs	Cocaine freebase ki
Syringes Roach clips	Drug injection	equipment ("Works")	
Other: Specify			
Has anything changed about the case's drug use?	]Yes ∏No ∏Unł	ĸ	
If Yes, Did they start using a new drug? $\Box$ Yes	; □No □Unk S	Specify:	
When did they start using the new drug?/	/		
Using different/new drug equipment?	es □No □Unk	Specify:	
Did the case share drugs or equipment with others?	□Yes □No □U	nk 🗌 RTA	
If Yes, May we follow up with the other users? (We	won't mention your	name if you prefer.)	□Yes □No
Please provide contact information.			
Contact Name	Contact Phone	Date(s) Shared	What was shared?

(14 days before & 7 days after onset).

During the period from 50 days before illness and 7 days after... (unless specified otherwise) HOUSING

Date of Birth:

Has the case been homeless in the past year?  $\hfill\square Yes$   $\hfill No$   $\hfill$  Unk

Did the case spend the night at a **family member or friend's home** (50 days before & 7 days after)? See No

Refused to answer (RTA)

If Yes, Specify home(s) where stayed?

Homeaddress	Relation? Family/friend	Contact person & phone	Length of Stay (days)	Specify Da From	ates of Stay To

## Complete the Hepatitis A Contact Line List (S2) for each home where the case resided during infectious period (14 days before to 7 days after onset).

Did the case spend the night on the street (50 days before & 7 days after)? Yes No Unk RTA

If Yes, Specify details.

Location/Cross streets	Describe situation(s).	Length of		ates of Stay
		Stay (days)	From	То
	Living outside (tent, shanty)			
	Temp. indoor situation (shed, abandoned building)			
	□ Sleeping in car/van □ Other		//	//
	Living outside (tent, shanty)			
	Temp. indoor situation (shed, abandoned building)			
	□ Sleeping in car/van □ Other		//	//
	Living outside (tent, shanty)			
	Temp. indoor situation (shed, abandoned building)			
	□ Sleeping in car/van □ Other		//	//

## Complete the Hepatitis A Contact Line List (S2) for each unique street location where case resided during infectious period (14 days before to 7 days after onset).

Where did they use the bathroom during this time period? (Check all that apply.)

Public bathroom	Portable restroom	Outside (alley, stre	et, etc)	Shelter	Institution
Other: Specify.					
			« \0 [		

Did the case spend time at any of the following facilities (50 days before & 7 days after)? See No Unk RTA

If Yes, Specify type of place: (Check all that apply.)

Shelter Correctional facility (jail, prison, juvenile detention)

Drug treatment facility Psychiatric care facility Group home/Board and Care

Other: Specify. \_\_\_\_\_

If any of the above are checked, Specify facilities and details in table below.

Facility Name	Facility Address, City, State, ZIP	Length of Stay (days)	Specify Da From	ates of Stay To
				!!

Complete the Hepatitis A Contact Line List (S2) for each facility where case resided during infectious period (14 days before to 7 days after onset) and contact ACDC for consultation.

Patient name (Last, First):

PREFACE THIS SECTION BY SAYING: "I am going to ask you some questions about your sexual practices; the information you provide will not be shared with anyone outside of Public Health"

Date of Birth:

What is the case's sexual preference?	Homosexual	Heterosexual	Refused to answer (RTA)
		If Heter	osexual/Refused, SKIP to REMARKS.

Did the case have sex with men (MSM) during the exposure period (14 to 50 days before onset)?

□Yes □No □Unk □RTA

If Yes, How many different male sex partners did the case have? \_\_\_\_

If had any partners, Does the case use any drugs before, during or after sex? Set No Unk RTA

If Yes, How were the drugs administered?

How did the case meet their partner(s)? (If more space needed, use Remarks)

Partner	Where met partner(s)? (Check all that apply.)	Specify details (Places, apps, events, etc)
1	Bars/Clubs       Bathhouses/Sex clubs       Gym/Health club         Internet       "hook up" apps       Friends/Private party         Fair/Festival (Pride, etc.)       Other: specify	
2	Bars/Clubs       Bathhouses/Sex clubs       Gym/Health club         Internet       "hook up" apps       Friends/Private party         Fair/Festival (Pride, etc.)       Other: specify	
3	Bars/Clubs       Bathhouses/Sex clubs       Gym/Health club         Internet       "hook up" apps       Friends/Private party         Fair/Festival (Pride, etc.)       Other: specify	
4	Bars/Clubs       Bathhouses/Sex clubs       Gym/Health club         Internet       "hook up" apps       Friends/Private party         Fair/Festival (Pride, etc.)       Other: specify	
5	Bars/Clubs       Bathhouses/Sex clubs       Gym/Health club         Internet       "hook up" apps       Friends/Private party         Fair/Festival (Pride, etc.)       Other sSpecify	

REMARKS

Potential Source(s) (Check all that ap	ply): Homeless Drug-user	MSM Travel	Other:
Investigator's name (print)	Investigator's signature	Date	Telephone number ( )
Health District		·	