



Acute Communicable Disease Control
313 N. Figueroa 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. Drug use questions can be completed by the investigator based on medical records if case unavailable.
3. Complete a contact line list for every home, "on street" exposure, and drug contact if during the **Infectious period** (14 days before & 7 days after onset). (See Hepatitis A Contact Line List- S2)
4. Call ACDC for consultation if case stayed at a facility during their **Infectious period**.

Patient Name (Last, First)	Date of Birth ____/____/____	Identified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Drug-user <input type="checkbox"/> Both	vCMR ID
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HELPFUL DATES - Enter date of onset in box, count backward and forward to determine probable exposure and infectious periods

	EXPOSURE PERIOD	INFECTIOUS PERIOD	
Days from onset:	-50 days	-14 days	ONSET
			+7 days

ADDITIONAL QUESTIONS – Between 14 to 50 days before illness.....

TRAVEL

Did the case travel or reside outside of Los Angeles County? 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 Unk

If Yes, Specify length of stay (in days)? _____ Specify Dates: From ____/____/____ To ____/____/____

FOOD - Between 14 to 50 days before illness.....

Did the case get food and/or drinks from the following places: (Check all that apply.)

Shelter, soup kitchen, "food lines", churches Group home/Board & Care Grocery 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.)

**ADDITIONAL QUESTIONS - During the period from 50 days before illness and 7 days after.....
WORK OR VOLUNTEER**

Did the case work for, or volunteer at a place that serves homeless persons? Yes No Unk

Did they work in food service (preparing, serving, cleaning)? Yes No Unk

If Yes to either question above, Specify Location Name & Address: _____

Describe role and duties? _____

Dates worked? _____

DRUG USE (If applicable)

*"I'm going to ask you some questions about drug use;
the information you provide will not be shared with anyone outside of Public Health"*

Did the case use any recreational drugs? Yes No Unk

If Yes, List the drugs used.

Drug Name	Method of Administration (e.g. smoked, snorted, injected, taken by mouth)

Specify all the equipment used: (Check all the apply.)

- Glass hashish pipes
 Crack cocaine pipes
 Smoking masks
 Hashish bonges
 Cocaine freebase kits
Syringes
 Roach clips
 Drug injection equipment ("Works")
Other: Specify. _____

Did the case share drugs or equipment with others? Yes No Unk

If Yes, May we follow up with the other users? (We won't mention your name if don't want). Yes No

Please provide contact information

Contact Name	Contact Phone	Last Date Shared	What was shared?

**For each contact, if last date shared was during infectious period (14 days before & 7 days after onset),
Complete the Hepatitis A Contact Line List (S2)**

Has anything changed about the case's drug use? Yes No Unk

If Yes, Started using a new drug? Yes No Unk Specify. _____

When did you start the new drug? ___/___/___

Used different drug equipment? Yes No Unk Specify. _____

ADDITIONAL QUESTIONS - During the period from 50 days before illness and 7 days after.....

HOUSING

Did the case spend the night at a **family member or friend's home**? Yes No Unk

If Yes, Specify home(s) where stayed?

Home address	Relation? Family/friend	Contact person & phone	Length of Stay (days)	Specify Dates of Stay From To	
				__/__/__	__/__/__
				__/__/__	__/__/__

**For each home, if during infectious period (14 days before & 7 days after onset),
Complete the Hepatitis A Contact Line List (S2)**

Did the case spend the night **on the street**? Yes No Unk

If Yes, Specify details.

Location/Cross streets	Describe situation(s).	Length of Stay (days)	Specify Dates of Stay From To	
	<input type="checkbox"/> Living outside (tent, shanty) <input type="checkbox"/> Temp. indoor situation (shed, abandoned building) <input type="checkbox"/> Sleeping in car/van <input type="checkbox"/> Other. _____		__/__/__	__/__/__
	<input type="checkbox"/> Living outside (tent, shanty) <input type="checkbox"/> Temp. indoor situation (shed, abandoned building) <input type="checkbox"/> Sleeping in car/van <input type="checkbox"/> Other. _____		__/__/__	__/__/__
	<input type="checkbox"/> Living outside (tent, shanty) <input type="checkbox"/> Temp. indoor situation (shed, abandoned building) <input type="checkbox"/> Sleeping in car/van <input type="checkbox"/> Other. _____		__/__/__	__/__/__

**For each site, if during infectious period (14 days before & 7 days after onset),
Complete the Hepatitis A Contact Line List (S2)**

Where did they use the bathroom? (Check all that apply.)

- Public bathroom
 Portable restroom
 Outside (alley, street, etc)
 Shelter
 Institution
Other: Specify. _____

Did the case spend time at any of the following **facilities**? (Check all that apply.)

Type of Place:

- 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 Dates of Stay From To	
			__/__/__	__/__/__
			__/__/__	__/__/__
			__/__/__	__/__/__
			__/__/__	__/__/__

**For each facility above, if during infectious period (14 days before & 7 days after onset),
Contact ACDC for consultation.**

Patient name (Last, First): _____ Date of Birth: _____ vCMR ID: _____

REMARKS

Investigator's name (print)	Investigator's signature	Date	Telephone number ()
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Health District
