OKLAHOMA DEPARTMENT OF CORRECTIONS Contact Investigation-Acute Hepatitis A

Inmate Name:		DOC Number	nber Facility		
D	ate of Report	Date of Reception to DOC	Date of Transfer to	Facility	Date of Symptom Onset
1.	Reported to the Oklahoma State Department of Health? Yes No If "No" state reason:				
2.	In the 2-6 weeks prior to i	llness onset, was the patien	t in a DOC facility?		
	Yes - begin contact in No - coordinate conta	vestigation within DOC act investigation with OSHD			
3.	Risk Factors (2-6 weeks prior to onset of symptoms)				
	b. Illicit drug use?	confirmed or suspected acut Yes	e HAV case? 🚨 Yes	□ No	
4.	Detection of Common Source Outbreaks				
	 a. Employed in food services? ☐ Yes ☐ No b. Part of a recognized common-source foodborne outbreak? ☐ Yes ☐ No 				
5.	Vaccination History				
	a. Previously vaccinated against Hepatitis A? Yes No				
6.	Post-exposure Prophylaxis				
	Susceptible contact shoul administration.	d generally receive IG 0.02	ml/kg IM within 2 weeks	of exposu	ure. Consult with OSDH prior to
	aummstration.				
7.		(cellmates, dorm mates, sex	kual contacts, persons s	haring toil	et facilities)
		(cellmates, dorm mates, sex	dual contacts, persons s		et facilities) V Testing Results and Date
	List Susceptible Contacts	(cellmates, dorm mates, sex	<u> </u>		
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8.	List Susceptible Contacts ontact Name		DOC Number	HA	
8.	List Susceptible Contacts ontact Name All food service workers at		ned for IgM anti-HAV	HA	V Testing Results and Date
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^{*} If the index case is a food service worker, coordinate with OSHD for broad-based contact investigation and prophylaxis *