

OKLAHOMA DEPARTMENT OF CORRECTIONS
Contact Investigation-Acute Hepatitis B

Offender Name:		DOC Number	Facility
Date 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 6 weeks to 6 months prior to illness onset, was the patient in a DOC facility?
 Yes - begin contact investigation within DOC
 No - coordinate contact investigation with OSHD

3. Risk Factors (6 weeks to 6 months prior to onset of symptoms)

- a. Close contact with a confirmed or suspected acute HBV case? Yes No
- b. Illicit drug use? Yes No
- c. Sexual contact? Yes No
- d. Other contact with blood or body fluids? Yes No
- e. Chronic hemodialysis patient? Yes No
- f. Recent hospitalization? Yes No If "Yes" state hospital _____
- g. Recent outpatient injections? Yes No If "Yes" state location _____
- h. Recent dental work? Yes No If "Yes" state location _____
- i. Recent tattoo or body piercing? Yes No

4. Vaccination History
a. Previously vaccinated against Hepatitis B? Yes No

5. Post-exposure Prophylaxis
Non-immune contacts with identified percutaneous or mucosal exposure to blood or potentially infectious body fluids should generally receive HBIG 0.06 ml/kg IM within 2 weeks and begin HBV vaccination. Consult OSHD prior to administration.

7. List Susceptible Contacts (injection drug use contacts, sexual contacts, tattoo contacts)

Contact Name	DOC Number	HAV Testing Results and Date

8. Close personal contacts without identified percutaneous or mucosal exposures

Contact Name	DOC Number / Employee ID	HAV Testing Results and Date