

CASE MANAGEMENT OF INDEX CASES AND CONTACTS

There are a variety of ways to track or follow up with the case management needed for hepatitis B index cases (acute, chronic), and their household, sexual and/or needle-sharing contacts. No matter what system is used, the CD nurse must know when and how to notify the cases and their contacts as appropriate interventions (immunizations or/or laboratory tests) are due.

Remember that household, sexual and/or needle-sharing contacts to Hepatitis B positive women *who are currently pregnant or have given birth within the last 24 months* must be entered into NC EDSS as linked contacts to the woman's event. If one of the contacts is found through testing to have an acute or chronic HBV infection, the case must be reported to the State Disease Registrar as a new hepatitis B event.

Household, sexual and needle-sharing contacts to *all other* acute or chronic hepatitis B cases (those who are not currently pregnant or have not given birth within the last 24 months) do *not* have to be entered into NC EDSS but may be if the LHD so chooses. However, if one of the contacts is found through testing to have an acute or chronic HBV infection, the case must be reported to the State Disease Registrar as a new hepatitis B event.

NOTE ABOUT TRACKING SYSTEMS:

All tracking programs should generate a reminder letter or telephone call two weeks before the next intervention (ie: immunization, lab test) is due. If the client does not come in for two weeks after the intervention is due, another letter should be mailed or telephone contact made to remind the client. These letters may be mailed directly to the client and/or to the primary health care provider.

If the client prefers to receive follow-up from his/her private health care provider, the local health department (LHD) should notify the private provider when the intervention (immunization or lab test) is due, then ensure that the intervention was, in fact, completed.

Two methods for tracking hepatitis B events and their contacts are described below. Any tracking method is acceptable as long as it assures correct and timely follow-up for testing and/or vaccination.

1. Case File/Tickler System (see sample file sheet on next page)

This system involves creating one file or sheet for each hepatitis B case and each contact. Each file/sheet can be color-coded according to type (i.e., blue for acute and/or chronic cases, yellow for contacts, pink for infants, etc). The files can be organized alphabetically, by type (acute, chronic, infants, contacts), and chronologically by the date the intervention is due. Periodic review is required in order to generate reminder letters and to ensure the intervention is completed.

The advantage of this system is that all the information relating to the case or contact is on one file/sheet. The disadvantage is that you must be sure to review each case on a regular basis to ensure all cases and contacts who require interventions are notified in a timely manner of necessary follow-up (lab test, vaccination).

NC EDSS # (if applicable) _____

HEPATITIS B CASE MANAGEMENT

CHRONIC _____ ACUTE _____ CONTACT _____ INFANT _____

NC EDSS event # of source case (for contacts) _____

NAME _____

Date of birth _____ Race _____ Gender _____ Social Security # _____

Address _____

Phone (work) _____ (cell) _____ (home) _____

Country of birth _____ Arrival in US (date) _____ Primary language _____

History of hepatitis? Y ___ N ___ Unknown ___ Pregnant ? ___ EDD _____

Physician's name/address _____

Expected delivery hospital _____

LAB RESULTS:

Test	Date	Result

VACCINATION:

Vaccine	Date Given
HBIG	
Hepatitis B vaccine # 1	
Hepatitis B vaccine # 2	
Hepatitis B vaccine # 3	
2 nd series-Hepatitis B vaccine # 1	
2 nd series-Hepatitis B vaccine # 2	
2 nd series-Hepatitis B vaccine # 3	
Twinrix #1	
Twinrix #2	
Twinrix #3	

CONTACTS:

Name	DOB	Date	Lab test	Result	HBIG	HBV vaccine # 1	HBV vaccine #2	HBV vaccine #3

NOTES:

2. NC EDSS

This method can be used only if events are created for household, sexual and/or needle-sharing contacts to *all* hepatitis B source events, not just those created for hepatitis B positive pregnant women. The NC EDSS *TASK* feature provides a method to track or follow-up the interventions needed for these cases. By creating a task which notes the required implementation date, the nurse can assure that interventions are provided at the scheduled dates and times.

To create a TASK in NC EDSS:

- Open the specific hepatitis B event.
- Click on the TASK button on the Toolbar.
- On the TASK screen, click on "ADD EVENT TASK."
- Select the type of task from the dropdown list (usually this is Workload Distribution).
- Select the status of the task (this will be "Pending" when creating the event and "Completed" when the intervention has been completed).
- Select the priority of the task (if necessary) and set a due date for the task (the due date relates to the scheduled intervention).
- Enter a brief description of the task to be done. Add notes to clarify, if needed.
- Select the user who is responsible for completing the task by searching for the NC EDSS username. Click on the username, then click SELECT.
- Click the SAVE button at the bottom of the page.
- The TASK will be displayed on the overall workflow page at the bottom under Task Specific Monitors, OPEN TASKS CREATED BY ME.
- To access the task, click on DETAILS on the right hand side of the workflow.