HAWAI'I HEALTH & HARM REDUCTION CENTER

Project ECHO: Hawai'i Hepatitis B 2025

Hepatitis Community Case Presentation Form

Presentation Date: _____ Site: _____ Clinician: _____

General Information/Demographics

Place of Birth:		Age:		Sex at Birth:		Gender Identity:	
Race:	American Indian or Alaska Native		Native Hawaiian / Other Pacific Islander		Ethnicity:		
	Asian: East Asian, SE Asian		White		Hispanic or Latino		
	Black or African American		Other		Not Hispanic or Latino		

Insurance:	None		Commercial Health Insurance									
	Medicare		Other:									
	Medicaid, Quest (if in HI, please specify):											
	AlohaCare		HMSA		Kaiser		Ohana		UHC		Unknown	

What is the primary question you have regarding this patient:

Chronic Hepatitis B Screening

	HBsAg (surface Antigen)	Anti-HBc (core Antibody)	Anti-HBs (surface Antibody)	Interpretation/Management
Patient Results				
	+	+	-/+	Current infection, initial evaluation below; consider treatment
	-	+	+	Prior infection with immune control No transmission risk Reactivation risk if immunosuppressed
	-	+	-	Prior infection or occult infection No transmission risk (positive risk if HBV DNA(+)) Reactivation risk if immunosuppressed Check HBV DNA for occult infection if immunocompromised
	-	-	+	Immune result from vaccination
	-	-	-	Susceptible -VACCINATE

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History/Physical Exam

	Height:	Weight:		BMI:
	Signs/ symptoms of cirrhosis	Yes	No	Describe:
	Metabolic risk factors (diabetes, dyslipidemia?)	Yes	No	Describe:

	Psychiatric Diagnoses	Depression		Anxiety		Other:	
	Depression Screening:	PHQ 9:		PHQ 2:		Other:	

	Substance Use History	Does the person have a substance use disorder?				Yes	No	
		If yes, Alcohol		Opiates		Stimulants		
		Benzodiazepines		Marijuana		Other:		
		If yes, date of last use (for each):						
		History of injecting drugs?	Yes	No	If yes, date of last injection:			

	Household and sexual contact screening	Done	Not done

	Family history of HCC	Yes	No
	Relationship	Age at diagnosis or death	
	Relationship	Age at diagnosis or death	

	Hepatitis A vaccination status	Vaccinated	Not vaccinated or uncertain

	Pregnant	Yes	No	Due Date:

Routine Labs

	CBC, complete		
	Platelet count		
	CMP		
	AST		
	ALT		
	Total bilirubin		
	Alkaline phosphatase		
	Albumin		

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	Creatinine		
	INR		
	Other		

Hepatitis Labs HDV Ab IgG if in high risk group.

	HBeAg (e Antigen)	Positive	Negative
	HBeAb (e Antibody)	Positive	Negative
	HBV DNA	(>2000 IU/ml AND elevated ALT: treat)	
	Anti-HAV (total)	Positive	Negative
	Anti-HCV	Positive	Negative
	HIV Ab	Positive	Negative
	APRI Score = [(AST/upper limit of the normal AST range) X 100]/Platelet Count		
	Fib-4 Score = Age (years)×AST (U/L)/[PLT(10^9/L)×$ALT^{1/2}$ (U/L)]		

Imaging/ Staging

	Elastography	Date:	Findings:		
	Transient (Fibroscan)		Shearwave		Other (e.g. MRE)
	CT				
	MRI				
	U/S				

Current Medications:

Medication Name	Dosage	Frequency	Medication Name	Dosage	Frequency

Please list any additional pertinent information about the patient:

PLEASE NOTE that case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in this clinical setting. Always use Patient ID# when presenting a patient in clinic. Sharing patient name, initials or other identifying information violates HIPAA privacy laws.

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