



Project ECHO® (Extension for Community Healthcare Outcomes)  
**Hepatitis B Initial Case Presentation Form**



Presentation Date: \_\_\_\_\_ Site: \_\_\_\_\_ Clinician: \_\_\_\_\_

**General Information/Demographics**

Patient ECHO ID:		Age:	Country of Birth:			Sex at Birth:	Gender Identity:	
Race:	American Indian or Alaska Native		Native Hawaiian /Other Pacific Islander (specify):				Ethnicity:	
	Asian (specify):		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
<b>Patient Results</b>				
	+	+	-/+	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 ( <i>unless HBV DNA+</i> ) Reactivation risk if immunosuppressed Check HBV DNA for occult infection if immunocompromised
	-	-	+	Immune result from vaccination
	-	-	-	Susceptible -VACCINATE



**History and Physical Exam**

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

<i>Psychiatric Diagnoses</i>	Depression	Anxiety	Other:
Depression Screening:	PHQ 9:	PHQ 2:	Other:

<i>Substance Use History</i>	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:

<i>Family history of HCC, CHB, or cirrhosis</i>	Yes	No
Relationship	Age at diagnosis or death	
Relationship	Age at diagnosis or death	

<i>Household and sexual contact screening:</i>	Done	Not done
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<i>Hepatitis A vaccination status:</i>	Vaccinated	Not vaccinated or uncertain
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<i>Pregnant:</i>	No	Yes	Due Date:
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**Routine Labs**                      Date              Date              Date              Date              Date

- CBC: Platelet Count
- CMP:              AST
- ALT
- Total Bilirubin
- Alkaline Phosphatase
- Albumin
- Creatinine
- INR
- Other



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**Hepatitis-related Labs**

Date      Date      Date      Date      Date

**HBV DNA**

(if >2000 IU/ml AND elevated ALT: consider treatment)

HBeAg (e Antigen)	Positive	Negative
HBeAb (e Antibody)	Positive	Negative
Anti-HAV (total)	Positive	Negative
Anti-HCV	Positive	Negative
HIV Ab	Positive	Negative
Anti-HDV if in high risk group	Positive	Negative
APRI Score = [(AST/upper limit of the normal AST range) X 100]/Platelet Count	Calculators available online	
Fib-4 Score = Age (years)×AST (U/L)/[PLT(10 <sup>9</sup> /L)×ALT <sup>1/2</sup> (U/L)]		

**Imaging/ Staging**

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

**Current Medications (including herbal or supplements):**

Medication Name	Dosage	Frequency	Medication Name	Dosage	Frequency

**Anti-viral therapy?**    Name: \_\_\_\_\_    Date started: \_\_\_\_\_

**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.

To submit a case for presentation, please send completed forms to: [dan@hawaiilearning.org](mailto:dan@hawaiilearning.org)

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