



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
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 (<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 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 (including herbal or supplements):

Medication Name	Dosage	Frequency

Medication Name	Dosage	Frequency

Anti-viral therapy? Name:	Date started:
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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.