Global Clinical Data Platform

Severe acute hepatitis of unknown aetiology in children

CASE REPORT FORM (CRF)

INTRODUCTION

Multiple countries are reporting severe acute cases of hepatitis of unknown aetiology in children, in several regions of the world. WHO has developed this clinical case report form (CRF) to support and facilitate reporting of anonymized, patient-level data of acute hepatitis of unknown aetiology. This form is intended to support standardized data collection in support of the following objectives:

- To understand the clinical characterization of disease, its natural history and severity.
- To understand risk factors for severe disease, including which children may be at highest risk of the disease and severe outcomes.
- To generate hypotheses about disease aetiology.
- To better characterize the scale of this public health threat to guide the public health response and the development of clinical management guidance including approaches to investigations and infection prevention and control interventions.

HOW TO REPORT

Any Member State or institution is encouraged to use this form to report anonymized clinical data on patients with severe acute hepatitis of unknown aetiology meeting the WHO working case definition (consistent with the European Centre for Disease Prevention and Control current case definition). The data can be shared and uploaded to the **WHO Global Clinical Platform**

Member States can also report cases of severe acute hepatitis through other surveillance mechanisms, e.g. IHR or the TESSy platform in the European Region.

WHO WORKING CASE DEFINITION (published 23 April 2022)

Confirmed: N/A at present.
Probable: A person presenting with an acute hepatitis (non-hepatitis A-E*) with serum transaminase > 500 IU/L aspartate transaminase (AST) or alanine aminotransaminase (ALT), who is aged 16 years and younger, since 1 October 2021
Epi-linked: A person presenting with an acute hepatitis (non-hepatitis A-E*) of any age who is a close contact of a probable case, since 1 October 2021.

* Cases of hepatitis with known aetiology such those due to specific infections, drug toxicity, metabolic inherited/genetic, autoimmune disease or acute on chronic hepatitis presentation should not be reported.

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HOW TO USE THIS CASE REPORT FORM (CRF)

The CRF is designed to collect data obtained through examination, interview with parents/caregivers and review of clinic and hospital notes. Data may be collected prospectively or retrospectively. This CRF has two modules that capture different periods in the clinical course and hospital stay:

Module 1: **Covering period from initial symptoms to hospital admission**
1a clinical inclusion criteria; **1b** demographics; **1c** date of onset of symptoms/signs; **1d** admission vital **1e** symptoms/signs on admission; signs; **1f** existing medical conditions; **1g** COVID-19 infection status; **1h** COVID-19 vaccination status; **1i** childhood vaccination status; **1j** exposure to medications; **1k** other exposures

Module 2: **To be completed at discharge from hospital or death**
2a routine lab tests; **2b** diagnostic tests; **2c** pathologic liver tissue findings; **2d** medications; **2e** supportive care received; **2f** outcomes

WHO encourages the use of the CRF to collect data on cases meeting the WHO case definition, even if the form cannot be fully completed.

CONSIDERATIONS TO GUIDE PRIORITY CLINICAL WORK-UP IN RESOURCE-LIMITED SETTINGS

WHO recognizes that it may not be feasible to collect every data element outlined in this CRF. Evaluation of a child with hepatitis of unknown aetiology can require extensive investigations, which may not be readily available in resource-limited settings. The following list outlines some of the known causes to consider in the clinical work-up and **should not be taken as exclusion criteria for reporting cases.**

Consider investigating for recognized causes of acute hepatitis in children other than hepatitis A–E:

See Module 1, section 1f (existing medical conditions) and sections 1j and 1k (exposure history) of the CRF.

- **Autoimmune hepatitis** (total IgG, anti-nuclear antibody [ANA], anti-smooth muscle antibody [ASMA], anti-liver kidney microsomal [LKM-1] antibody, anti-soluble liver antigen, anti-neutrophil cytoplasmic antibody [ANCA]). *See Module 2, section 2b for a list of diagnostic tests for autoimmune disease.*
- **Metabolic liver diseases due to genetic/inherited disorders,** e.g. **Wilson's disease** (serum caeruloplasmin and 24-hour urine for copper), Alpha -1 antitrypsin **deficiency** (alpha-1 antitrypsin level). Points in history that may raise suspicion (e.g. family history of metabolic disorder, unexplained infant deaths, miscarriages neurodevelopmental impairment and seizures).
- **Medications/toxin ingestion** (serum paracetamol level, urine screen for toxins/drugs).
- **Chemotherapy-induced hepatitis with active malignancy.**
- **Other viral infections, e.g. herpes (HSV), Epstein-Barr virus (EBV), cytomegalovirus (CMV).** *See Module 2, section 2b for a list of diagnostic tests for investigating infectious and non-infectious aetiologies.*

Laboratory testing

See Module 2, section 2b for a list of diagnostic tests that should be considered for investigating infectious and non-infectious aetiology.

The relevance and feasibility of these tests will vary by region and country capacity, and as investigations progress. *The list includes but is not limited to viral infections (SARS-CoV-2, EBV, adenovirus, parvovirus, herpes simplex virus, HHV6 and 7, cytomegalovirus, enterovirus, rubella, paramyxoviruses), bacterial infections (salmonella species), as well as infections in certain regions only (malaria, dengue, leptospirosis, yellow fever).*

Where there are laboratory capacity limitations, facilities should collect and store samples for future and/or referral testing.

WHO is developing interim guidance and establishing a network of regional and global referral labs to support Member States with laboratory testing (in progress).

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MODULE 1. Complete on hospital admission (within 24 hrs from hospital admission)

Facility name ___________________________ **State/Region:** _________________ **Country** _________________

Patient transferred to this facility from another facility? ☐Yes ☐No ☐Unknown
If yes, name the facility______________________

If yes, admission date at the first facility [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Date of report [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

1a. CLINICAL INCLUSION CRITERIA FOR USE OF CRF

Please note that cases that do not meet the WHO case definition will not be classified as a probable case:

- **Is the patient ≤ 16 years?** ☐Yes ☐No ☐ **Unknown**
- **Does the patient have an ALT or AST > 500 IU/L?** ☐Yes ☐No ☐ **Unknown**
- **Did the patient present after October 2021?** ☐Yes ☐No ☐ **Unknown**
- **Has the patient been evaluated and tested negative for:**
  a. **Hepatitis virus A** ☐Yes ☐No ☐ **Pending** ☐ **Not tested**
  b. **Hepatitis virus B** ☐Yes ☐No ☐ **Pending** ☐ **Not tested**
  c. **Hepatitis virus C** ☐Yes ☐No ☐ **Pending** ☐ **Not tested**
  d. **Hepatitis virus E** ☐Yes ☐No ☐ **Pending** ☐ **Not tested**

  Complete details in section 2b.

1b. DEMOGRAPHICS

Sex assigned at birth ☐Male ☐Female ☐Transgender ☐Unknown

Date of birth [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

If date of birth is unknown, record: **Age** [_____[_____]**years** O R [_][_] **months** O R [ ][ ] **days**

Race/ethnicity (tick all that apply)

☐ Asian ☐ African/Black ☐ Caucasian/White ☐ Hispanic/Latino ☐ Other specify ___________ ☐ Unknown

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1c. DATE OF ONSET OF INITIAL SYMPTOMS

Symptom onset (date of first/earliest symptom) [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Fever ☐Yes ☐No ☐Unknown If yes, (max.) ________ °C **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	Scleral icterus ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Decreased appetite/anorexia ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	Jaundice ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Fatigue ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_	Nausea ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Rhinorrhoea ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	Vomiting ☐Yes ☐No ☐Unknown **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Sore throat ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	Diarrhoea ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Conjunctivitis (pink eye) ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	Abdominal pain ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Shortness of breath ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	Dark-coloured urine ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Wheezing ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	Pale stool ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Cough ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	Seizures ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Joint pain (arthralgia) ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	Excessive sleepiness ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Muscle aches (myalgia) ☐Yes ☐No ☐Unknown If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	☐ Other _____________ If yes, **Onset** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

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1d. CLINICAL EVALUATION ON ADMISSION: CLINICAL SYMPTOMS/SIGNS ON ADMISSION	
Decreased appetite/anorexia ☐Yes ☐No ☐Unknown	Sclera icterus ☐Yes ☐No ☐Unknown
History of fever/chills ☐Yes ☐No ☐Unknown	Skin Jaundice ☐Yes ☐No ☐Unknown
Inconsolable crying ☐Yes ☐No ☐Unknown	Nausea ☐Yes ☐No ☐Unknown
Fatigue ☐Yes ☐No ☐Unknown	Vomiting ☐Yes ☐No ☐Unknown
Inability to walk ☐Yes ☐No ☐Unknown	Diarrhoea ☐Yes ☐No ☐Unknown
Runny nose (rhinorrhoea) ☐Yes ☐No ☐Unknown	Abdominal pain ☐Yes ☐No ☐Unknown
Sore throat ☐Yes ☐No ☐Unknown	Peripheral oedema ☐Yes ☐No ☐Unknown
Conjunctivitis ☐Yes ☐No ☐Unknown	Hepatomegaly ☐Yes ☐No ☐Unknown
Shortness of breath ☐Yes ☐No ☐Unknown	Splenomegaly ☐Yes ☐No ☐Unknown
Wheezing ☐Yes ☐No ☐Unknown	Ascites ☐Yes ☐No ☐Unknown
Cough ☐Yes ☐No ☐Unknown	Petechiae/haematomas ☐Yes ☐No ☐Unknown
Muscle aches (myalgia) ☐Yes ☐No ☐Unknown	Palmar erythema ☐Yes ☐No ☐Unknown
Joint pain (arthralgia) ☐Yes ☐No ☐Unknown	Caput medusa ☐Yes ☐No ☐Unknown
Lymphadenopathy ☐Yes ☐No ☐Unknown	Pale stool ☐Yes ☐No ☐Unknown
Skin rash ☐Yes ☐No ☐Unknown If yes, describe ________________________	Dark-coloured urine ☐Yes ☐No ☐Unknown
Seizures ☐Yes ☐No ☐Unknown	Asterixis (flapping hands /tremor) ☐Yes ☐No ☐Unknown

Features of acute liver failure

Acute impairment of liver function (INR > 1.5) unresponsive to vitamin K, with or without (> 2) encephalopathy ☐Yes ☐No ☐Unknown

Date of onset [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Other signs/symptoms of liver failure:

- Fever ☐Yes ☐No ☐Unknown
- Presence of dehydration ☐Yes ☐No ☐Unknown; if yes, ☐severe ☐moderate ☐mild
- Inability to maintain oral hydration ☐Yes ☐No ☐Unknown
- Not passing urine ☐Yes ☐No ☐Unknown
- Severe or persistent nausea and vomiting ☐Yes ☐No ☐Unknown
- Repeated episodes of hypoglycaemia ☐Yes ☐No ☐Unknown
- Spontaneous bleeding (nasal, oral, vaginal, bloody diarrhoea and vomiting) ☐Yes ☐No ☐Unknown
- Variceal bleed ☐Yes ☐No ☐Unknown
- Mental state changes/evidence of encephalopathy: examples include excessive sleepiness, irritability, agitation, disorientation, confusion, abnormal behaviour or decreased level of consciousness: ☐Yes ☐No ☐Unknown

If yes, then grading of encephalopathy: check one that applies

Grade 1	Irritable, apathetic, behavioural and sleep disturbance
Grade 2	Drowsy, confused, but responds to commands
Grade 3	Severely confused or agitated, but response to pain
Grade 4	Unrousable, no response to pain

Multisystem involvement ☐Yes ☐No ☐Unknown

If yes, please specify

Renal failure ☐Yes ☐No ☐Unknown

Haemodynamic changes ☐Yes ☐No ☐Unknown

Pulmonary complications ☐Yes ☐No ☐Unknown

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1e. VITAL SIGNS *(at admission)*

Symptom onset (date of first/earliest symptom)
[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Admission date at this facility [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Temperature [_][_____].[_]°C **Heart rate** [___][___][_]beats/min

Respiratory rate [_][___]breaths/min

Saturation O_2 [_][___]% on ☐Room air ☐Oxygen therapy

BP [_] [_] [_](systolic) [___][_][_](diastolic) mmHg

Severe dehydration ☐Yes ☐No ☐Unknown

Sternal capillary refill time > 2 seconds ☐Yes ☐No ☐Unknown

Jaundice: ☐Sclera ☐Skin ☐Unknown

A V P U (circle one)

Glasgow Coma Score (GCS/15) [_][_]

Malnutrition ☐Yes ☐No ☐Unknown Unknown

Mid-upper arm circumference [_][_][___]mm

Height [___] [___][___]cm

Weight [_][_][___]kg

1f. EXISTING MEDICAL CONDITIONS *(existing at admission)*

Gestational age at birth < 37 weeks? ☐Yes ☐No ☐Unknown
If yes, age when born [___][ ]weeks

Condition		Condition	
Chronic cardiac disease (including congenital disease)	☐Yes ☐No ☐Unknown ☐Yes ☐No ☐Unknown	Diabetes mellitus If yes, ☐Type1 ☐Type2	☐Yes ☐No ☐Unknown
Autoimmune disease If yes, specify: ___________	☐Yes ☐No ☐Unknown	Tuberculosis (*active*) If yes, ☐active ☐previous	☐Yes ☐No ☐Unknown
Chronic pulmonary disease or asthma If yes, specify: ___________	☐Yes ☐No ☐Unknown	HIV If yes, ☐on ART ☐No ART	☐Yes ☐No ☐Unknown
Acute or chronic kidney disease If yes, specify: ___________	☐Yes ☐No ☐Unknown	Asplenia	☐Yes ☐No ☐Unknown
Chronic liver disease If yes, specify: ___________	☐Yes ☐No ☐Unknown	Malignancy (lymphoma, leukaemia/chemotherapy	☐Yes ☐No ☐Unknown
Metabolic disease If yes, specify: ___________	☐Yes ☐No ☐Unknown	Other immunosuppressive condition (including primary ID) If yes, specify: ___________	☐Yes ☐No ☐Unknown
Mitochondrial disease If yes, specify: ___________	☐Yes ☐No ☐Unknown	History of any transplant If yes, specify: ___________	☐Yes ☐No ☐Unknown
Chronic haematologic disease	☐Yes ☐No ☐Unknown	Haemochromatosis (GALD) – neonatal	☐Yes ☐No ☐Unknown ☐Yes ☐No ☐Unknown
Development disorder If yes, specify: ___________	☐Yes ☐No ☐Unknown	Sickle cell disease	☐Yes ☐No ☐Unknown
Chronic neurological disorder (including congenital disease)	☐Yes ☐No ☐Unknown ☐Yes ☐No ☐Unknown	Thalassaemia	☐Yes ☐No ☐Unknown
Rheumatologic disease	☐Yes ☐No ☐Unknown	G6P deficiency	☐Yes ☐No ☐Unknown

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1g. COVID-19 INFECTION STATUS

Presence of signs or symptoms suggestive of COVID-19 within the last 3 months ☐Yes ☐No ☐Unknown

Date of onset of symptoms: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

If yes, specify clinical features: ____

Were there features of COVID-19 MIS-C (multisystem inflammatory syndrome in children)?

(requires fever, elevated inflammatory markers, at least two signs of multisystem involvement, evidence of SARS-CoV-2 infection or exposure, and exclusion of other potential causes)

If yes, specify clinical features: ____

Laboratory confirmation of COVID-19 (antigen test or molecular test)

Antigen test ☐Yes ☐No ☐Unknown

Molecular test ☐Yes ☐No ☐Unknown

If positive, date of most recent test [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Previous laboratory tests for COVID-19 (antigen test or molecular test) ☐Yes ☐No ☐Unknown

Date of previous tests [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] **Result** ☐ Pos ☐ Neg

Date of previous tests [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] **Result** ☐ Pos ☐ Neg

Date of previous tests [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] **Result** ☐ Pos ☐ Neg

Serology for COVID-19 antibody ☐Yes ☐No ☐Unknown

Date of test [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

SARS-CoV-2 anti-nucleocapsid ☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown

SARS-CoV-2 anti-spike ☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown

Other, specify result: ________________________

Exposure or high-risk contact COVID-19 in family or community ☐Yes ☐No ☐Unknown

Date of exposure _D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

1h. COVID-19 VACCINATION STATUS

Did the patient receive a COVID-19 vaccine? ☐Yes ☐No ☐Unknown

Source of information ☐Documented evidence (vaccine card/vaccine passport/facility-based record/other) ☐Recall

If yes, number of doses received ☐1 ☐ 2 ☐3 ☐ 4 ☐ > 4 ☐Unknown

Dose 1, Date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] **specify** ☐Pfizer ☐Moderna ☐Janssen ☐AZ ☐Sinovac ☐Sinopharm ☐Bharat (Covaxin) ☐Sputnik ☐Other ☐Unknown

Dose 2, Date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]**specify** ☐Pfizer ☐Moderna ☐Janssen ☐AZ ☐Sinovac ☐Sinopharm ☐Bharat (Covaxin) ☐Sputnik ☐Other ☐Unknown

Dose 3, Date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] **specify** ☐Pfizer ☐Moderna ☐Janssen ☐AZ ☐Sinovac ☐Sinopharm ☐Bharat (Covaxin) ☐Sputnik ☐Other ☐Unknown

Dose 4, Date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] **specify** ☐Pfizer ☐Moderna ☐Janssen ☐AZ ☐Sinovac ☐Sinopharm ☐Bharat (Covaxin) ☐Sputnik ☐Other ☐Unknown

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1i. CHILDHOOD VACCINATION STATUS

Vaccination	Date Dose 1 (dd/mm/yyyy)	Date Dose 2 (dd/mm/yyyy)	Date Dose 3 (dd/mm/yyyy)	Date Dose 4 (dd/mm/yyyy)
Hepatitis A virus				
Hepatitis B virus				
Rotavirus				
DTaP/Tdap				
Hib				
IPV				
MMR				
Varicella				
Influenza				
BCG				
Yellow fever				
PCV 13				
Meningococcal B				
HPV				

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1j. EXPOSURE TO MEDICATION in the 2 months prior to symptom onset

Paracetamol/acetaminophen ☐Yes ☐No ☐Unknown First date given: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Dose: ___________ Frequency: ____________ Route: ______________ Total duration: ___________ in days ___

Allergy medicine ☐Yes ☐No ☐Unknown First date given: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
If yes, specify: _______________
Dose: ___________ Frequency: ___________Route: ___________ Duration: ____________ in days_

Aspirin ☐Yes ☐No ☐Unknown First date given: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Dose:___________ Frequency: ___________Route:___________ Duration: ___________ in days __

Cough ☐Yes ☐No ☐Unknown First date given: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
If yes, specify: _______________
Dose: ___________ Frequency: ___________Route: ___________ Duration: __________ in days ___

Ibuprofen ☐Yes ☐No ☐Unknown First date given: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Dose: ___________ Frequency: ___________Route: ___________ Duration: __________ in days ___

Antibiotics ☐Yes ☐No ☐Unknown First date given: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
If yes, specify: ____
Dose: ___________ Frequency: ___________Route: ___________ Duration: ___________ in days __

Simethicone drops ☐Yes ☐No ☐Unknown First date given: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Dose: ___________ Frequency: ___________Route: ___________ Duration: ___________ in days __

Antiepileptic medication ☐Yes ☐No ☐Unknown First date given: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
If yes, specify: ____
Dose: ___________ Frequency: ___________Route: ___________ Duration: ___________ in days __

Herbal medicine/naturopathic/homeopathic medicine
☐Yes ☐No ☐Unknown First date given: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
If yes, specify: ____
Dose: ___________ Frequency: ___________Route: ___________ Duration: ____________

Other medication ☐Yes ☐No ☐Unknown
If yes, specify: ____ First date given: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Dose: ___________ Frequency: ___________ Route:___________ Duration: ____________

Other medication ☐Yes ☐No ☐Unknown
If yes, specify: _______________________________________ First date given: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Dose: ___________ Frequency: ___________ Route: ___________ Duration: ____________

Other medication ☐Yes ☐No ☐Unknown
If yes, specify: ____ First date given: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Dose: ___________ Frequency: ___________ Route: ___________ Duration: ____________

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1k. OTHER EXPOSURES in 2 months prior to symptom onset

1a. Attendance to in-person **school or day care** in the 2 months prior to symptom onset ☐Yes ☐No ☐Unknown
Last attendance: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Name of school or day care: ____

1b. Any outbreaks reported by school or day care in the 2 months prior to symptom onset ☐Yes ☐No ☐Unknown
Date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] If yes, specify details: ______________________

2. Any new **illnesses or infections in household members** or other close contacts in the 2 months prior to symptom onset
☐Yes ☐No ☐Unknown Date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
If yes, specify: ____

3a. Any national or overseas **trip** In the 2 months prior to symptom onset ☐Yes ☐No ☐Unknown
Date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
If yes, specify location: ____

3b. During the trip, did the child get sick? ☐Yes ☐No ☐Unknown
If yes, specify symptoms: ____

4. Any **contact with wild animals, or a pet or animal living** with the patient or any friend/relative at the time of the illness
☐Yes ☐No ☐Unknown
If yes, specify: ____

5. Any **bite or reaction to any insect or animal** contacts in the 2 months prior to symptom onset ☐Yes ☐No ☐Unknown
Date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
If yes, specify: ____

6. Any problem or exposure to different **water** in the 2 months prior to symptom onset ☐Yes ☐No ☐Unknown
Date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
If yes, specify: ____

7. Any problem or exposure to different **food** in the 2 months prior to symptom onset ☐Yes ☐No ☐Unknown
Date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
If yes, specify: ____

8. Did the child or household member start using **any <u>new</u> personal care products** (e.g. soaps, lotions) in the 2 months prior to symptom onset? ☐Yes ☐No ☐Unsure
If yes, specify:____

Other exposures:
9. For infants < 6 months, is the child:
☐ Exclusively breastfeeding ☐Mixed feeding ☐Replacement feeding (infant formula)
If mixed feeding/formula feeding, which brand of formula? ______________________

9b. For infants and children 6–59 months
Is the child still receiving breastmilk? ☐Yes ☐No ☐Unsure
Is the child still receiving infant formula? ☐Yes ☐No If yes, which brand of formula: ____________
What age did the child start complementary foods other than breastmilk/infant formula? _______ ☐Not started
What age was breastmilk stopped? _________________ ☐Unknown
What age was infant formula stopped? ______________ ☐Unknown
What brand of formula did you use? ____

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MODULE 2. Complete at discharge/death

2a.LABORATORY TESTING

Test name	Admission value	Date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	Most abnormal value	Date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
HAEMATOLOGY (specify if different units)				
WBC (cells x 10^9/L)				
Total lymphocyte count (10^3/µL)				
Absolute neutrophil count (cells per mm^3)				
Haematocrit (%)				
Platelets (x 10^9/L)				
ESR (mm/h)				
CRP (mg/dL)				
Ferritin (ug/L)				
D-dimer (U/L)				
BIOCHEMISTRY AND ELECTROLYTES (specify if different units)				
ALT (U/L)				
AST (U/L)				
Total bilirubin (mg/dL)				
Alkaline phosphatase (U/L)				
Sodium (mEq/L)				
Chloride (mmol/L)				
Potassium (mEq/L)				
Calcium (mg/dL)				
Glucose (mg/dL)				
Creatinine (mg/dL)				
Blood urea nitrogen (mg/dL)				
Albumin (g/dL)				
Uric acid (mg/dL)				
Ammonia (umol/L)				
Lactate (mmol/L)				
BLOOD GASES				
Carbon dioxide (mmol/L)				
Bicarbonate (mmol/L)				
pH				
COAGULATION				
INR (International Normalized Ratio)				
Prothrombin time				
Activated partial thromboplastin time (aPTT)				
Fibrinogen (mg/dL)				

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2b. DIAGNOSTIC TESTS *(to identify aetiology)*

AUTOIMMUNE MARKERS (specify units)				
Total immunoglobulin (IgG) g/L				
Smooth muscle antibody (SMA)				
Liver kidney microsomal antibody (LKM)				
Antinuclear antibody (ANA) (titre)				
METABOLIC LIVER DISEASES				
Serum caeruloplasmin				
24-hr urine for copper serum ferritin level				
Serum transferrin saturation				
MEDICATION/TOXIN SCREEN				
Serum paracetamol level				
Urine screen for toxins/drugs				

MICROBIOLOGY		**Date**
Hepatitis A	☐Yes ☐No ☐Unknown	
IgM anti-HAV	☐ Not tested ☐ Tested Lab-based EIA RDT ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown	
IgG anti-HAV	☐ Not tested ☐ Pos ☐ Neg ☐ Pending ☐ Unknown	
Total anti-HAV	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown	
Hepatitis B		
HBsAg	☐ Not tested ☐ Tested Lab-based EIA RDT ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown	
IgM anti-HBc	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown	
Total anti-HBc	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown	
HBeAg	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown	
Anti-HBeAg	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown	
HBV DNA	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown	
Hepatitis C		
Anti-HCV	☐ Not tested ☐ Tested Lab-based EIA RDT ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown	
HCV RNA	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown	
Hepatitis D		
Anti-HDV	☐ Not tested ☐ Tested Lab-based EIA RDT ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown	
HDV RNA	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown	
Hepatitis E		
IgM anti-HEV	☐ Not tested ☐ Tested Lab-based EIA RDT ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown	
IgG anti-HEV	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown	
HEV RNA	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown	

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OTHER MICROBIOLOGICAL STUDIES ☐Yes ☐No ☐Unknown			
Test	Result	Type of test and sample	Date
SARS-CoV-2	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown **☐ Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Whole blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
Adenovirus	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown **☐Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Whole blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
Influenza	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown **☐ Sample stored for potential future testing** Specify subtype (A, B or H1N1): __________	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Whole blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
Parainfluenza	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown **☐ Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Whole blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
EBV	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown **☐ Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Whole blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
CMV	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown **☐ Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Whole blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
Varicella	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown **☐ Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Whole blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	

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HIV	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐ **Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐Blood ☐Serum ☐Other	
HHV-6	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐**Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
HHV-7	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐ **Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
RSV	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐ **Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
Parvovirus B19	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐ **Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
HSV-1	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐ **Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
HSV-2	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐ **Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
Enteric viruses: norovirus, enterovirus, rotavirus, astrovirus, sapovirus	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐ **Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	

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Bocavirus	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐ **Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
HPeV	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐ **Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
Leptospirosis	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐ **Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
Mycoplasma	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐ **Sample stored for potential future testing**	☐PCR ☐Serology ☐Culture ☐Other Location: ☐ Blood ☐Serum ☐Stool ☐Respiratory ☐Nasopharyngeal ☐Urine ☐CSF ☐Liver tissue ☐Other	
Blood culture	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐ **Sample stored for potential future testing**	☐Bacterial ☐Fungal pathogen: ______________________________	
Throat swab culture	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐ **Sample stored for potential future testing**	☐Bacterial panel including Streptococcus gr A pathogen: ______________________________	
Stool culture	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐ **Sample stored for potential future testing**	☐Bacterial panel including Salmonella spp. pathogen: ______________________________	
Urine culture	☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown ☐ **Sample stored for potential future testing**	☐Bacterial ☐Fungal pathogen: ______________________________	

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RADIOLOGY ☐Yes ☐No ☐Unknown			
Imaging study	**Conducted**	**Date (mm/dd/yyyy)**	**Key findings**
Abdominal ultrasound with echo doppler	☐Yes ☐No ☐Unknown		
Fibroscan	☐Yes ☐No ☐Unknown		
Abdominal CT scan	☐Yes ☐No ☐Unknown		
Abdominal MRI	☐Yes ☐No ☐Unknown		
Magnetic resonance cholangiopancreatography (MRCP)	☐Yes ☐No ☐Unknown		
Chest X-ray	☐Yes ☐No ☐Unknown		
Endoscopy (gastroscopy)	☐Yes ☐No ☐Unknown		

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2c. PATHOLOGIC LIVER TISSUE FINDINGS

LIVER BIOPSY

Specimen collected ☐Yes ☐No ☐Unknown **Date:** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

If yes, what were the findings?

☐ Acute/active hepatitis ☐ Fibrosis ☐ Macrovesicular steatosis ☐ Granuloma
☐ Autoimmune hepatitis ☐ Haemophagocytosis ☐ Portal inflammation/hepatitis
☐ Bile duct injury/inflammation ☐ Interface hepatitis ☐ Smudge cells
☐ Chronic hepatitis ☐ Microvesicular steatosis ☐ Viral/intranuclear inclusions

Was there hepatocellular necrosis ☐Yes ☐No ☐Unknown
Select type (check all that apply) ☐ Single cell ☐ Confluent ☐ Piecemeal ☐ Diffuse/massive

Immunochemistry ☐Yes ☐No ☐Unknown
If yes, specify results: ____

Electron microscopy ☐Yes ☐No ☐Unknown
If yes, specify results: ____

Microbiology ☐Yes ☐No ☐Unknown
Virus ☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown
☐PCR ☐Serology ☐Culture ☐Other **Result** ________________________________

Bacteria ☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown
☐PCR ☐Serology ☐Culture ☐Other **Result** _____________________________________

Fungal ☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown
☐PCR ☐Serology ☐Culture ☐Other **Result** _____________________________________

Parasites ☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown
☐PCR ☐Serology ☐Culture ☐Other **Result** _____________________________________
Other: ____

LIVER TRANSPLANT

Received liver transplant ☐Yes ☐No ☐Unknown **Date** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Did the patient have the explanted liver tissue analysed by pathology? ☐Yes ☐No ☐Unknown
If yes, what were the findings?

☐ Acute/active hepatitis ☐ Fibrosis ☐ Macrovesicular steatosis
☐ Autoimmune hepatitis ☐ Haemophagocytosis ☐ Portal inflammation/hepatitis
☐ Bile duct injury/inflammation ☐ Interface hepatitis ☐ Smudge cells
☐ Chronic hepatitis ☐ Microvesicular steatosis ☐ Viral/intranuclear inclusions

Was there hepatocellular necrosis ☐Yes ☐No ☐Unknown
Select type (check all that apply) ☐ Single cell ☐ Confluent ☐ Piecemeal ☐ Diffuse/massive

Immunochemistry ☐Yes ☐No ☐Unknown
If yes, specify results: ____

Electron microscopy ☐Yes ☐No ☐Unknown
If yes, specify results: ____

Microbiology ☐Yes ☐No ☐Unknown

Virus ☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown
☐PCR ☐Serology ☐Culture ☐Other **Result** ________________________________

Bacteria ☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown
☐PCR ☐Serology ☐Culture ☐Other **Result** _____________________________________

Fungal ☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown
☐PCR ☐Serology ☐Culture ☐Other **Result** _____________________________________

Parasites ☐ Not tested ☐ Pos ☐ Neg ☐ Indeterm ☐ Pending ☐ Unknown
☐PCR ☐Serology ☐Culture ☐Other **Result** _____________________________________

Other: ____

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2d. MEDICATIONS At any time during hospital stay, did the patient receive					
Group of drugs IM = intramuscular, INH = inhaled, IV = intravenous, PO = per oral, PR = per rectal, SC = subcutaneous	**Medication**	**Date start**	**Dose**	**Frequency**	**Duration (days)**
Antivirals ☐PO ☐ IV					
Antibiotics ☐PO ☐IV ☐IM					
Antifungals ☐PO ☐IV					
Antimalarials ☐PO ☐IV ☐IM					
Corticosteroids ☐PO ☐ IV ☐INH					
N-acetylcysteine ☐PO ☐ IV					
Lactulose ☐PO ☐PR					
Rifaximin ☐IV					
Antiepileptic medication ☐PO ☐IV ☐IM ☐PR					
Mannitol ☐IV					
Hypertonic saline (3%) ☐IV					
Pentoxifylline ☐IV					
Norepinephrine ☐IV ☐IM					
Albumin ☐IV					
Vasopressin ☐IV					
Terlipressin ☐IV					
Midodrine ☐IV					
Octreotide ☐IV					
Vitamin K ☐PO ☐IV					
Glucose ☐PO ☐IV					
Heparin ☐PO ☐SC ☐IV					
Other medications:					

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2e. SUPPORTIVE CARE At any time during this admission, did the patient receive:

ICU or high dependency unit admission? ☐Yes ☐No ☐Unknown **Date** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Discharge date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Oxygen therapy? ☐Yes ☐No ☐Unknown **Date** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

If yes, complete all below:

O_2 flow: ☐1–5 L/min ☐6–10 L/min ☐11–15 L/min ☐> 15 L/min ☐Unknown

Non-invasive ventilation? ☐Yes ☐No ☐Unknown **Specify** ☐BiPAP ☐CPAP ☐HFNO

Invasive ventilation (any)? ☐Yes ☐No ☐Unknown **Date** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Extracorporeal liver support/extracorporeal support (ECMO)? ☐Yes ☐No ☐Unknown **Date: ___________**
[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Haemodialysis/peritoneal dialysis? ☐Yes ☐No ☐Unknown **Date** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

High-volume plasma exchange? ☐Yes ☐No ☐Unknown **Date** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Inotropes/vasopressors? ☐Yes ☐No ☐Unknown **Date** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Liver transplant ☐Yes ☐No ☐Unknown **Date** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Other ____

2f. DIAGNOSIS CATEGORY AND OUTCOME

☐ Acute hepatitis without liver failure at presentation or during clinical course
☐ Acute hepatitis without liver failure at presentation but developed liver failure during disease course but no transplantation
☐ Acute hepatitis without liver failure at presentation but developed liver failure during disease course and had transplantation
☐ Acute hepatitis with liver failure at presentation but without transplantation
☐ Acute hepatitis with liver failure at presentation and transplantation

Outcome ☐Discharged alive ☐Hospitalized ☐Transfer to other facility ☐Death ☐Palliative discharge ☐Unknown

Outcome date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐Unknown

If discharged alive, ability to self-care at discharge versus before illness:

☐Same as before illness ☐Worse ☐Better ☐Unknown

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