

Notification of Hepatitis C — Confidential

Notification of hepatitis C is required under the Health (Infectious Diseases) Regulations 2001. Please complete and send this notification form within five (5) days of diagnosis to: Communicable Diseases, Department of Human Services, Reply Paid 65937, Melbourne VIC 8060 (no stamp required), or fax BOTH sides to 1300 651170.

Case Details Please print clearly. Tick boxes where applicable.

Patient Surname First Name(s)

Patient Residential Address

City/Suburb/Town Postcode

Occupation and/or School and/or Child Care Attended (include past if applicable—see Risk Factors overleaf)

Sex Female Male

Date of Birth

Age (if birth date unknown) Years Months

Where was the person born? Overseas (Specify country) Australia

Year of arrival in Australia

What language does the person speak at home? English (Specify language other than English) Other

Is the patient alive? Deceased Alive

Date of Death

Died due to hepatitis B? Yes No

Is the patient of Aboriginal or Torres Strait Islander origin? No (non-Indigenous) Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander Unknown

May we contact the person directly? No Yes: Home / Work / Mobile (circle one)

Case Definition

This patient is a (tick one box below):

Hepatitis C (Newly Acquired)—Meets at least one of the following criteria

- Detection of anti-hepatitis C antibody from a person who has had a negative anti-hepatitis C antibody test recorded in the past 24 months
- Detection of hepatitis C virus by nucleic acid testing from a person who has had a negative anti-hepatitis C antibody test result within the past 24 months
- Detection of anti-hepatitis C antibody from a child aged 18–24 months
- Detection of hepatitis C virus by nucleic acid testing in a child aged 1–24 months
- Detection of anti hepatitis C antibody or hepatitis C virus RNA and clinical evidence (jaundice or bilirubin in urine or ALT 7 x upper limit of normal)

Hepatitis C Unspecified Case—Has laboratory definitive evidence (antibody or nucleic acid testing) and; does not meet any of the above criteria for a newly acquired case and; is aged more than 24 months

Date of current positive result Detected by Antibody test PCR

Has the patient had a negative hepatitis C antibody or PCR test within the past 24 months? Yes No Unknown

Last negative test? Detected by Antibody test PCR

Laboratory Lab ID

Notifying Doctor/Laboratory/Hospital Details

Name of Notifying Doctor, Laboratory or Hospital

Address

City/Suburb/Town Postcode

Telephone Signature Date

DHS Use Only

320

Check: CC:

Form continues overleaf
Enhanced Hepatitis C Notification Form
June 2006 — Page 1 of 2

Case History

What was the reason for testing?

(more than one may be ticked)

Screening:

- Drug and alcohol screening
 Patient request
 Prison screening
 Antenatal screening
 Postnatal screening in a child to a HCV positive mother
 Blood or organ donor screening
 STI screening
 Occupational exposure
 Source person
 Exposed person
 Other screening—specify _____

Other:

- Abnormal liver function test
 Symptoms and signs of acute hepatitis
 Other medical problem
 Asymptomatic sexual contact of a HCV positive case
 Asymptomatic household contact of a HCV positive case
 Monitoring of a HCV positive case

Has the patient had symptoms of acute hepatitis within the past 2 years?

Date of onset of symptoms? _____

- Bilirubin in urine
 Jaundice—result _____

ALT result	Upper normal limit	Date
_____	_____	_____/_____/_____

- No symptoms
 Unknown

Has the patient been hospitalised due to this infection?

- Yes — Hospital
 No
- | Admitted | Discharged |
|-------------------|-------------------|
| _____/_____/_____ | _____/_____/_____ |

Clinical Comments (include any relevant comments, such as possible source of infection, others with similar illness, etcetera)

Hepatitis B status tested?

- Yes — if yes:
- | | | | |
|------------------------------|-----------------------------------|---------------------------------------|----------------------------------|
| Hepatitis B surface antigen | <input type="checkbox"/> Detected | <input type="checkbox"/> Not detected | <input type="checkbox"/> Unknown |
| Hepatitis B surface antibody | <input type="checkbox"/> Detected | <input type="checkbox"/> Not detected | <input type="checkbox"/> Unknown |
| Hepatitis B core antibody | <input type="checkbox"/> Detected | <input type="checkbox"/> Not detected | <input type="checkbox"/> Unknown |
| Hepatitis B core Igm | <input type="checkbox"/> Detected | <input type="checkbox"/> Not detected | <input type="checkbox"/> Unknown |
- Test date _____
- No
 Unknown

If Hepatitis B surface antibody and core total antibody was not detected, was the patient offered hepatitis B vaccination?

- Yes
 No — if No, why? Cost Other
 Unknown _____
 Specify other reason _____

Has the patient been given immunisation against hepatitis A?

- Yes
 No — if No, why? Has immunity Cost Other
 Unknown _____
 Specify other reason _____

Risk Factors

History of injecting drug use?

- IDU ever — Age or year first injected drugs _____
 IDU only in previous 2 years
 No history of injecting drug use
 Unknown

Other risk factors (in the 2 years prior to diagnosis)

More than one may be ticked. If yes, please provide details below.

Imprisonment Yes No Unknown

Tattoos Yes No Unknown

Ear or body piercing Yes No Unknown

Accupuncture Yes No Unknown

Perinatal transmission Yes No Unknown

Sex of patients sexual partner/s (both may be ticked) Male Female

Sexual partner with hepatitis C Yes No Unknown

Household contact with hepatitis C Yes No Unknown

Surgical procedure/endoscopy Yes No Unknown

Major dental surgery Yes No Unknown

Blood/blood products/tissue in Australia Yes No Unknown

Blood/blood products/tissue overseas Yes No Unknown

Haemodialysis Yes No Unknown

Non health care worker with needle stick/biohazard injury Yes No Unknown

Health care worker with needle stick/biohazard injury Yes No Unknown

Health care worker with no documented exposure Yes No Unknown

Other risk Yes No Unknown

Risk unable to be determined Yes

Unknown (not recorded) Yes

Details of Person Completing this Form

(If different from notifier stated overleaf)

Name _____

Position _____

Telephone number _____