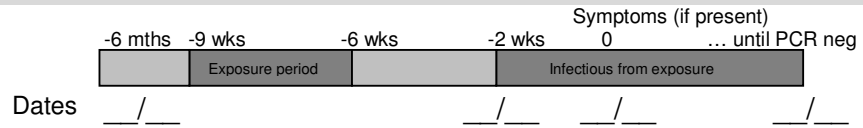


# NEWLY ACQUIRED HEPATITIS C

Case details				NDD no.	
Surname	_____	Given name	_____	Sex	M F
DOB	__/__/__	Age	___ yrs/mths		
Address: _____					
_____ Postcode _____					
Indigenous	<input type="radio"/> Aboriginal <input type="radio"/> Torres St Islander <input type="radio"/> No	COB	<input type="radio"/> Australia <input type="radio"/> Other: <i>specify</i> _____	Language	<input type="radio"/> English <input type="radio"/> Other: <i>specify</i> _____
Disease					
<b>Symptomatic</b> in past 24 months	Y N U	First symptom onset date:	__/__/__	<i>If dates uncertain, approximate mm/yy</i>	
Jaundice	Y N U	Jaundice onset	__/__/__		
Previous HCV test?	Y N U	Date last Negative	__/__/__	Date 1 <sup>st</sup> positive	__/__/__
Notes _____ _____ _____ _____					
<b>Definition</b>	<input type="radio"/> confirmed				
Laboratory					
Specimen	<input type="radio"/> serum	Specimen date	__/__/__	Genotype	_____
ID method	<input type="radio"/> serology	<input type="radio"/> HCV Ab +	<input type="radio"/> PCR		
Notification					
First notifier	_____	Telephone	_____	Fax	_____
Notifier type <small>No. in order of receipt</small>	<input type="checkbox"/> Lab <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital (not lab) <input type="checkbox"/> Other _____	Notified date	__/__/__	Received date	__/__/__
Treating doctor	_____	Telephone	_____	Postcode	_____
Address	_____			Fax	_____
Outcome					
Hospitalised	Y N	Admitted date	__/__/__	Discharge date	__/__/__
Hospital/s	_____			MRN	_____
Hosp doctor	_____	Telephone	_____	Address	_____
Deceased	Y N	Death date	__/__/__	Cause of death	Y N U

**Risk factors**

**Infection timeline**



**Injecting drug use**

- Injecting drug use in the last 2 years only
- Injecting drug use more than 2 years ago
- Never injected drugs
- IDU unknown

**Other exposures during 24 months before onset:**

*Specify*

Blood/blood products in Australia	Y	N	U	_____
Blood/blood products overseas	Y	N	U	_____
Tissues in Australia	Y	N	U	_____
Tissues overseas	Y	N	U	_____
Haemodialysis	Y	N	U	_____
Needle stick/biohazard injury in healthcare worker	Y	N	U	_____
Needle stick/biohazard injury in non-healthcare worker	Y	N	U	_____
Surgical procedures	Y	N	U	_____
Major dental procedures	Y	N	U	_____
Tattooing	Y	N	U	_____
Acupuncture	Y	N	U	_____
Ear or body piercing	Y	N	U	_____
Perinatal transmission	Y	N	U	_____
Homosexual contact with partner with HCV	Y	N	U	_____
Heterosexual contact with partner with HCV	Y	N	U	_____
Residence in prison	Y	N	U	_____
Healthcare worker with no documented exposure	Y	N	U	_____
Household contact with HCV	Y	N	U	_____
Other risk (please specify)	Y	N	U	_____
Risk unable to be determined	Y	N	U	_____

Most likely source of infection? \_\_\_\_\_

**Reason for test:**

- Investigation of symptoms
- Abnormal liver function tests
- Blood donor screen
- Prison entry screen
- Antenatal screen
- D&A clinic screen
- STI clinic screen
- Peri operative screen
- Occupational exposure (exposed)
- Occupational exposure (source)
- Patient request
- Unknown
- Other (specify) \_\_\_\_\_

**Contact management (persons exposed since infection)**

Case advised about reducing spread to others?      Y N

**Notes**

**Administration**

Completed by \_\_\_\_\_ Date finalised \_\_\_/\_\_\_/\_\_\_ PHU \_\_\_\_\_

# HEPATITIS C QUESTIONNAIRE

CONFIDENTIAL

## Case details

1. Surname \_\_\_\_\_ Given name \_\_\_\_\_

2. Sex  Male  
 Female

3. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Full address of residence \_\_\_\_\_

5. Postcode of residence \_\_\_\_\_

## The disease

6. Has the patient had symptoms of acute hepatitis during the past 24 months where other causes can be excluded?  Yes → **If yes,**  
 No  
 Don't know Month & year of onset \_\_\_\_/\_\_\_\_  
mm yy  
*Approximate if exact date unknown*

7. Has the patient previously had a **positive** hepatitis C antibody test?  Yes → **If yes,**  
 No  
 Don't know Month & year of **first positive** test \_\_\_\_/\_\_\_\_  
mm yy  
*Approximate if exact date unknown*

8. Has the patient ever had a **negative** hepatitis C antibody test?  Yes → **If yes,**  
 No  
 Don't know Month & year of **last negative** test \_\_\_\_/\_\_\_\_  
mm yy  
*Approximate if exact date unknown*

9. If the patient could have acquired infection in the previous 2 years, may we contact the patient for further follow-up?  Yes  
 No  
 Check with me first!

## Notes

Thank you for your help.

Please return this form to the Public Health Unit in the reply paid envelope provided.