### Newly Acquired Hepatitis C

#### Case Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Given name</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>M/F</td>
</tr>
<tr>
<td>DOB</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Indigenous</td>
<td></td>
</tr>
<tr>
<td>COB</td>
<td></td>
</tr>
<tr>
<td>Language</td>
<td></td>
</tr>
</tbody>
</table>

#### Disease

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptomatic in past 24 months</td>
<td>Y/N/U</td>
</tr>
<tr>
<td>First symptom onset date</td>
<td></td>
</tr>
<tr>
<td>Jaundice</td>
<td>Y/N/U</td>
</tr>
<tr>
<td>Jaundice onset</td>
<td></td>
</tr>
<tr>
<td>Previous HCV test?</td>
<td>Y/N/U</td>
</tr>
<tr>
<td>Date last Negative</td>
<td></td>
</tr>
<tr>
<td>Date 1st positive</td>
<td></td>
</tr>
</tbody>
</table>

#### Definition

- **O confirmed**

#### Laboratory

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen</td>
<td>Serum</td>
</tr>
<tr>
<td>Specimen date</td>
<td></td>
</tr>
<tr>
<td>Genotype</td>
<td></td>
</tr>
<tr>
<td>ID method</td>
<td>Serology</td>
</tr>
<tr>
<td></td>
<td>HCV Ab +</td>
</tr>
<tr>
<td></td>
<td>PCR</td>
</tr>
</tbody>
</table>

#### Notification

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First notifier</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>Notifier type</td>
<td></td>
</tr>
<tr>
<td>No. in order of receipt</td>
<td></td>
</tr>
<tr>
<td>Notified date</td>
<td></td>
</tr>
<tr>
<td>Received date</td>
<td></td>
</tr>
<tr>
<td>Treating doctor</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
</tbody>
</table>

#### Outcome

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalised</td>
<td>Y/N</td>
</tr>
<tr>
<td>Admitted date</td>
<td></td>
</tr>
<tr>
<td>Discharge date</td>
<td></td>
</tr>
<tr>
<td>Hospital/s</td>
<td></td>
</tr>
<tr>
<td>Hosp doctor</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Deceased</td>
<td>Y/N/U</td>
</tr>
<tr>
<td>Death date</td>
<td></td>
</tr>
<tr>
<td>Cause of death</td>
<td></td>
</tr>
</tbody>
</table>
Risk factors

Infection timeline

<table>
<thead>
<tr>
<th>Dates</th>
<th>Exposure period</th>
<th>Infectious from exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
</tbody>
</table>

Injecting drug use

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

Other exposures during 24 months before onset:

- 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:

- O Investigation of symptoms
- O Abnormal liver function tests
- O Blood donor screen
- O Prison entry screen
- O Antenatal screen
- O D&A clinic screen
- O STI clinic screen
- O Peri operative screen
- O Occupational exposure (exposed)
- O Occupational exposure (source)
- O Patient request
- O 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  
   - O Male  
   - O 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?  
   - O Yes  
   - O No  
   - O Don't know

   If yes,  
   - Month & year of onset mm yy  
   - Approximate if exact date unknown

7. Has the patient previously had a **positive** hepatitis C antibody test?  
   - O Yes  
   - O No  
   - O Don't know

   If yes,  
   - 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?  
   - O Yes  
   - O No  
   - O Don't know

   If yes,  
   - 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?  
   - O Yes  
   - O No  
   - O 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.