NEWLY ACQUIRED HEPATITIS B

Case details

NDD no. _____

Surname _____ Given name _____ Sex M F

DOB ___/___/___ Age ____ yrs/mths

Address: _____

_____ Postcode_____

Indigenous
O Aboriginal
O Torres St Islander
O No

COB
O Australia
O Other: *specify*
_____

Language
O English
O Other: *specify*
_____

Disease

Symptomatic in past 24 months Y N U

First symptom onset date: __/__/__

If dates uncertain, approximate mm/yy

Jaundice Y N U

Jaundice onset __/__/__

Previous HBV test? Y N U

Date last Negative __/__/__

Date 1st positive __/__/__

Notes _____

_____

_____

_____

_____

Definition O confirmed

Laboratory

Specimen O serum

Specimen date __/__/__

Genotype _____

ID method
O serology → O HBsAg + O Anti-HBc + O Anti-HBs +
O Anti-HBc IgM + O HBeAg + O Anti-HBe +
O PCR

Notification

First notifier _____ Telephone _____ Fax _____

Notifier type
No. in order of receipt
__ Lab
__ Doctor
__ Hospital (not lab)
__ 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

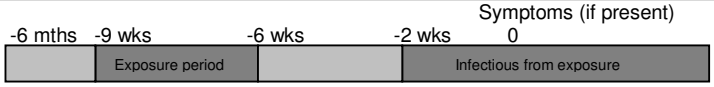
Death date __/__/__

Cause of death Y N U

NDD no. _____

Risk factors

Infection timeline



Dates __/__ __/__ __/__ __/__

Injecting drug use

O Injecting drug use in the last 2 years only
O Injecting drug use more than 2 years ago
O Never injected drugs
O 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 HBV	Y	N	U	_____
Heterosexual contact with partner with HBV	Y	N	U	_____
Residence in prison	Y	N	U	_____
Healthcare worker with no documented exposure	Y	N	U	_____
Household contact with HBV	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 Unknown

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 B 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 _____

The disease

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

7. Has the patient previously had a **positive** hepatitis B test? (HBsAg, anti-HBc, anti-HBc IgM, HBeAg, anti-HBe or PCR)
   - O Yes → **If yes**, Month & year of **first positive** test _____/_____ mm yy *Approximate if exact date unknown*
   - O No
   - O Don't know

8. Has the patient ever had a **negative** hepatitis B serology test? (HBsAg, anti-HBc, anti-HBc IgM, HBeAg, anti-HBe or PCR)
   - O Yes → **If yes,** Month & year of **last negative** test _____/_____ mm yy *Approximate if exact date unknown*
   - O No
   - O Don't know

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.

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