

Hepatitis C requires written notification to the Department of Health & Human Services on initial diagnosis within five days to:

Department of Health & Human Services, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651170.

Please ensure the case (1) has been informed of their diagnosis, (2) has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*), and (3) has been informed that the department may contact them for further information about their illness. Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions nor to provide the information requested on this form.

Please indicate the condition you are notifying

Hepatitis C (Newly Acquired) [complete both sides of this form]

Meets at least one of the following criteria:

- Detection of anti-hepatitis C antibody from a person who has a negative anti-hepatitis C antibody test result 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 ages 1–24 months
- Detection of anti-hepatitis C antibody or hepatitis C virus RNA and clinical evidence (jaundice or bilirubin in urine or ALT 10 × upper limit of normal)

Hepatitis C (Unspecified) [complete the front of this form only]

Meets at least one of the following criteria:

- Has laboratory definitive evidence (antibody or nucleic acid testing) and; does not meet any of the criteria for a newly acquired case and; is aged more than 24 months
- Previously known to be hepatitis C positive

Case details—please answer all questions

Last name

First name(s)

Date of birth Sex Male Female Other, specify

Residential address

City Postcode

Tel home Tel mobile

Parent/guardian/next of kin name

Is the case of Aboriginal or Torres Strait Islander origin
 No Aboriginal Unknown Torres Strait Islander Both Aboriginal and Torres Strait Islander

Country of birth ...country Australia Unknown Overseas > ...year arrived in Australia

Interpreter required ...language No Yes, language >

Occupation and/or school and/or child care attended
 Unknown

Alive/deceased Alive Died due to hepatitis C > Died due to other causes > ...date of death

Has laboratory testing been requested
 No Yes, specify lab > Pending, specify lab >

Was the case in a prison/correctional facility at the time of this test
 No Unknown Yes

Has the case EVER worked as a health care worker, or, is currently training to work as a health care worker
 No Unknown Yes, specify occupation >

Does the case have a history of injecting drug use
 No history of injecting drug use Unknown Yes, within the past 2 years Yes, more than 2 years ago

History of illness/clinical comments include any relevant comments, such as possible source of infection, others with similar illness, etc.

Form continues over page for newly acquired cases

Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name Medicare provider no.

Address

City Postcode

Telephone Fax Date

Department use only

Please identify the case on every page

Last name

First name

Date of birth

Case details (continued for newly acquired cases)

Has the case had a negative hepatitis C antibody test within the past 24 months

- No
Unknown
Yes, specify test date and lab details

Date of LAST neg test
Laboratory & lab ID

Has the case ever had symptoms of acute hepatitis

- No
Unknown
Yes, specify details below

Onset date
Bilirubin in urine
Jaundice, result
ALT, result upper limit date

Has the case been hospitalised due to this infection

- No
Unknown
Yes, specify details below

Admission date
Discharge date
Hospital

Has the case been tested for hepatitis B

- No
Unknown
Yes, specify details below

Hepatitis B surface antigen
Hepatitis B test date
Hepatitis B surface antibodies
Hepatitis B core IgM

Reason for testing (tick all that apply)

- Patient request
Antenatal screening
Postnatal screening in a child to a HCV positive mother
Prison screening
Screening due to drug and/or alcohol use
Blood or organ donor screening
Occupational exposure
Abnormal liver function test
Other medical problem
Asymptomatic sexual contact of HCV positive case
Asymptomatic household contact of a HCV positive case
Investigation of symptomatic hepatitis
STI screening
Peri operative
Research or study
Health care worker screening
Refugee screening
Other, specify below

Has the case ever been vaccinated against hepatitis B

- No - Please consider vaccination for any non-immune individual (i.e. HBsAg, HBsAb, HBcIgM all not detected). Contact the department on 1300 882 008 or immunisation@health.vic.gov.au to order free vaccine.
Unknown
Yes

Risk factors (for newly acquired cases)

In the past 2 years, has the case had any of the following risks:

- Sexual partner of opposite sex with hepatitis C
Sexual partner of same sex with hepatitis C
HIV positive man who has sex with men (MSM)
Household contact with hepatitis C
Perinatal transmission
Imprisonment
Tattoos
Ear or body piercing
Acupuncture
Surgical procedure
Major dental surgery
Haemodialysis
Blood/blood products/tissue in Australia
Blood/blood products/tissue overseas
Organ transplantation in Australia
Organ transplantation overseas
Health care worker with no documented exposure
Occupational needlestick/biohazardous injury in health care worker
Occupational needlestick/biohazardous injury in a non health care worker
Non-occupational or unspecified needlestick / biohazardous injury
Other risk, specify below

If 'Yes' was answered for any of the above risks, please provide further details below

Blank lines for providing further details on risks.