

# Confidential Notification of Hepatitis B



Health  
and Human  
Services

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

Meets at least one of the following criteria:

- Detection of hepatitis B surface antigen (HBsAg) from a person shown to be negative within the past 24 months
- Detection of hepatitis HBsAg and IgM to hepatitis B core antigen, in the absence of prior evidence of hepatitis B virus infection
- Detection of hepatitis B virus by nucleic acid testing and IgM to hepatitis B core antigen, in the absence of prior evidence of hepatitis B virus infection

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

Meets at least one of the following criteria:

- Detection of hepatitis B surface antigen (HBsAg) or hepatitis B virus by nucleic acid testing in a person with no prior evidence of hepatitis B infections AND does not meet any of the criteria for a newly acquired case
- Previously known to be hepatitis B positive

## Case details—please answer all questions

Last name

First name(s)

Date of birth

Sex

- Male  Other, specify \_\_\_\_\_  
 Female

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

...year arrived in Australia

- Australia  
 Unknown  
 Overseas > \_\_\_\_\_

Interpreter required ...language

- No  
 Yes, language > \_\_\_\_\_

Occupation and/or school and/or child care attended

Unknown

Alive/deceased

...date of death

- Alive  Died due to hepatitis B > \_\_\_\_\_  
 Died due to other causes > \_\_\_\_\_

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.

Department use only

Address

City

Postcode

Telephone

Fax

Date

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 B surface antigen (HBsAg) 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 C

- No
Unknown
Yes, specify details below

Hepatitis C antibodies/PCR
Hepatitis C test date
Detected
Not detected
Unknown

Reason for testing (tick all that apply)

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

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 B
Sexual partner of same sex with hepatitis B
HIV positive man who has sex with men (MSM)
Household contact with hepatitis B
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 risk factors.