

CASE REPORT FORM**Hepatitis B, C, NOS**

Hepatitis B, C, NOS		EpiSurv No. _____	
Disease Name			
☐ Hepatitis B		☐ Hepatitis C	
		☐ Hepatitis NOS	
Reporting Authority			
Name of Public Health Officer responsible for case _____			
Notifier Identification			
Reporting source* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ☐ Self-notification ☐ Outbreak Investigation ☐ Other			
Name of reporting source _____		Organisation _____	
Date reported* _____		Contact phone _____	
Usual GP _____		Practice _____	
		GP phone _____	
GP/Practice address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____			
Case Identification			
Name of case* Surname _____ Given Name(s) _____			
NHI number* _____		Email _____	
Current address* Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____			
Phone (home) _____		Phone (work) _____	
		Phone (other) _____	
Case Demography			
Location TA* _____		DHB* _____	
Date of birth* _____		OR Age _____	
		☐ Days ☐ Months ☐ Years	
Sex* ☐ Male ☐ Female ☐ Indeterminate ☐ Unknown			
Occupation* _____			
Occupation location ☐ Place of Work ☐ School ☐ Pre-school			
Name _____			
Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____			
Alternative location ☐ Place of Work ☐ School ☐ Pre-school			
Name _____			
Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____			
Ethnic group case belongs to* (tick all that apply)			
☐ NZ European	☐ Maori	☐ Samoan	☐ Cook Island Maori
☐ Niuean	☐ Chinese	☐ Indian	☐ Tongan
☐ Other (such as Dutch, Japanese, Tokelauan) *(specify) _____			

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Basis of Diagnosis			
CLINICAL CRITERIA			
Fits Clinical Description*		☐ Yes	☐ No
Clinical features	Jaundice	☐ Yes	☐ No
LABORATORY CRITERIA			
Meets laboratory confirmation criteria for disease*		☐ Yes	☐ No
Elevated Serum aminotransferase		☐ Yes	☐ No
Hepatitis B	HBsAg positive	☐ Yes	☐ No
	Anti-HBc IgM positive	☐ Yes	☐ No
	HBV nucleic acid detected	☐ Yes	☐ No
Hepatitis C	Anti-HCV positive	☐ Yes	☐ No
	HCV nucleic acid detected	☐ Yes	☐ No
	Documented seroconversion to HCV	☐ Yes	☐ No
Hepatitis NOS	Anti-HDV positive	☐ Yes	☐ No
	Anti-HEV positive	☐ Yes	☐ No
	Positive hepatitis G test	☐ Yes	☐ No
	Other positive test (specify) _____	☐ Yes	☐ No
CLASSIFICATION*		☐ Under investigation	☐ Probable
		☐ Confirmed	☐ Not a case
Clinical Course and Outcome			
Date of onset*	_____	☐ Approximate	☐ Unknown
Hospitalised*	☐ Yes	☐ No	☐ Unknown
Date hospitalised*	_____	☐ Unknown	
Hospital*	_____		
Died*	☐ Yes	☐ No	☐ Unknown
Date died*	_____	☐ Unknown	
Was this disease the primary cause of death?*		☐ Yes	☐ No
If no, specify the primary cause of death*		☐ Unknown	
Outbreak Details			
Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*			
☐ Yes		If yes, specify Outbreak No.* _____	

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Risk Factors		
Household contact with a confirmed case (or carrier)*	☐ Yes	☐ No ☐ Unknown
Sexual contact with confirmed case (or carrier)*	☐ Yes	☐ No ☐ Unknown
Child of seropositive mother*	☐ Yes	☐ No ☐ Unknown
Occupational exposure to blood (e.g. health care worker)*	☐ Yes	☐ No ☐ Unknown
If yes, specify exposure detail: * _____		
Was the case overseas during the incubation period (Hepatitis B = 45-180 days; Hepatitis C = 2 weeks - 6 months) for this disease?*	☐ Yes	☐ No ☐ Unknown
History of injecting drug use:*	☐ Yes	☐ No ☐ Unknown
Has the case undergone body piercing or tattooing procedure(s) in the last 12 months?*	☐ Yes	☐ No ☐ Unknown
If yes, specify* Date of most recent procedure* _____ or ☐ Unknown		
Premise/place of most recent procedure* _____		
Blood product or tissue recipient*	☐ Yes	☐ No ☐ Unknown
If yes, specify most recent date* _____ or ☐ Unknown		
Other risk factors for Hepatitis B, C or NOS infection (specify)*		
Protective Factors (Hepatitis B only)		
At any time prior to onset, had the case been immunised with hepatitis B vaccine?*		☐ Yes ☐ No ☐ Unknown
If yes, specify vaccine details		
First administered dose: *	☐ Hep B	☐ Unknown
Date given* _____	Or age when first dose given _____ ☐ Weeks ☐ Months ☐ Years	
Source of information: *	☐ Patient/caregiver recall	☐ Documented
Second administered dose: *	☐ Hep B	☐ Not given ☐ Unknown
Date given* _____	Or age when second dose given _____ ☐ Weeks ☐ Months ☐ Years	
Source of information: *	☐ Patient/caregiver recall	☐ Documented
Third administered dose: *	☐ Hep B	☐ Not given ☐ Unknown
Date given* _____	Or age when third dose given _____ ☐ Weeks ☐ Months ☐ Years	
Source of information: *	☐ Patient/caregiver recall	☐ Documented
Fourth administered dose: *	☐ Hep B	☐ Not given ☐ Unknown
Date given* _____	Or age when fourth dose given _____ ☐ Weeks ☐ Months ☐ Years	
Source of information: *	☐ Patient/caregiver recall	☐ Documented

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Management			
CASE MANAGEMENT			
Case counselled about risk of transmission to others?		☐ Yes ☐ No ☐ Unknown	
CONTACT MANAGEMENT			
Was the case pregnant?		☐ Yes ☐ No ☐ Unknown	
Did case have any contacts at risk of infection?		☐ Yes ☐ No ☐ Unknown	
If yes, describe contacts and their management			
Type of contact	Number identified	Number counselled	Number advised to get vaccine (hep B only) Number given IG (hep B only)
Child of carrier mother	_____	_____	_____
Household contacts	_____	_____	_____
Sexual contacts	_____	_____	_____
Percutaneous contacts (e.g. Needlestick Injury, Needle Sharing)	_____	_____	_____
Other contacts (specify) _____	_____	_____	_____
Comments*			