



Report of Notifiable Condition Hepatitis C virus or Related Death

South Australian Public Health Act 2011

FAX/PHONE the notification to the Communicable Disease Control Branch as soon as practicable and in any event, within 3 days of suspecting or confirming a diagnosis of a notifiable disease. **Facsimile (08) 7425 6696** or **telephone 1300 232 272**

A PATIENT DETAILS (please print clearly and tick all applicable boxes)

Last name _____
 Given name _____
 Name of parent/carer (if applicable) _____
 Residential Address _____
 Suburb _____ Postcode
 Phone (H) _____ Phone (M) _____
 Date of birth ____/____/____ Male Female Transgender

Is the person of Aboriginal or Torres Strait Islander origin?
 For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes
 Yes, Aboriginal Yes, Torres Strait Islander No

Where was the person born?
 Australia Overseas *Specify country:* _____

Is the person a healthcare worker?
 No Yes *If yes, specify profession:* _____

Is the person/caregiver aware of the diagnosis?
 Yes No

Date of death (if applicable) ____/____/____

B DISEASE TO NOTIFY (please tick all applicable boxes)

In your clinical opinion does the person have

Hepatitis C, acute or newly acquired infection in the past 24 months Reinfection following successful treatment
 Hepatitis C, chronic or infection of unknown duration Reinfection following natural clearance of the virus

C CLINICAL ASSESSMENT (please tick all applicable boxes)

Date of the current positive result ____/____/____ | **Positive pathology results received from**
 Abbots Clinpath Australian Clinical Laboratories SA Pathology Other *Specify:* _____

Hepatitis C antibody (Anti-HCV) Detected Not detected Not tested Unknown

Hepatitis C virus by nucleic acid testing (HCV RNA) Detected Not detected Not tested Unknown

ALT results _____ U/L | Bilirubin results _____ umol/L | Date of tests ____/____/____

Has the person had symptoms of acute hepatitis within the past 24 months?
 No Unknown Yes *If yes, specify symptoms:* _____ | Date of onset of symptoms ____/____/____

Has the person had a previous negative hepatitis C antibody test (Anti-HCV) or hepatitis C virus by nucleic acid testing (HCV RNA)?
 No Yes Not tested Unknown
If yes, specify: Negative Anti-HCV Negative HCV RNA

Location of the negative test South Australia Interstate Overseas | *Specify pathology provider (if known):* _____ | Date of test ____/____/____

Has the person previously tested positive for hepatitis C antibody (Anti-HCV) or hepatitis C virus by nucleic acid testing (HCV RNA)?
 No Yes Not tested Unknown
If yes, specify: Anti-HCV HCV RNA

Location of previous positive test South Australia Interstate Overseas | *Specify pathology provider (if known):* _____ | Date of test ____/____/____

D CLINICAL COMMENTS

E DOCTOR DETAILS (stamp acceptable)

Name _____
 Address of practice/hospital _____
 _____ Postcode
 Phone (Clinic) _____ (Mobile) _____
 Signature _____ Date ____/____/____

Please inform the person/caregiver you have notified SA Health

CONFIDENTIAL
www.sahealth.sa.gov.au/NotifiableDiseaseReporting





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| | | |
|---------------------|----------------------|-------------------|
| Patient's last name | Patient's given name | Date of birth / / |
|---------------------|----------------------|-------------------|

F EPIDEMIOLOGICAL INFORMATION

Does the person have a history of injecting drug use?

- Yes, within the last 24 months
 Yes, but not within the last 24 months
 No Unknown

The person's sexual partners in the last 24 months were:

- Male Female Male and Female

Where was the infection likely to have been acquired?

- South Australia Interstate Overseas *Specify country:*

Has the patient received previous treatment for HCV?

- No treatment Yes Unknown

If yes, *specify:* Patient had a sustained virological response Patient had no sustained virological response

Has the person had any of the following risk exposures?

| | Ever | Within the last 24 months |
|--|--------------------------|---------------------------|
| Sexual partner of the opposite sex with known HCV | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual partner of the same sex with known HCV | <input type="checkbox"/> | <input type="checkbox"/> |
| Household contact with known HCV | <input type="checkbox"/> | <input type="checkbox"/> |
| Perinatal transmission | <input type="checkbox"/> | <input type="checkbox"/> |
| Imprisonment | <input type="checkbox"/> | <input type="checkbox"/> |
| Tattoos | <input type="checkbox"/> | <input type="checkbox"/> |
| Ear or body piercing | <input type="checkbox"/> | <input type="checkbox"/> |
| Acupuncture | <input type="checkbox"/> | <input type="checkbox"/> |
| Surgical or other invasive procedure | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental surgery | <input type="checkbox"/> | <input type="checkbox"/> |
| Haemodialysis | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood/blood products/tissues in Australia | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood/blood products/tissues overseas | <input type="checkbox"/> | <input type="checkbox"/> |
| Allogeneic bone/marrow/stem cell transplant from a hep C positive donor in Australia | <input type="checkbox"/> | <input type="checkbox"/> |
| Allogeneic bone/marrow/stem cell transplant from a hep C positive donor overseas | <input type="checkbox"/> | <input type="checkbox"/> |
| Organ transplantation in Australia | <input type="checkbox"/> | <input type="checkbox"/> |
| Organ transplantation overseas | <input type="checkbox"/> | <input type="checkbox"/> |
| Healthcare worker with no documented exposure | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational needlestick/biohazardous injury in a healthcare worker | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational needlestick/biohazardous injury in a non-healthcare worker | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-occupational or unspecified needlestick/biohazardous injury | <input type="checkbox"/> | <input type="checkbox"/> |
| Other risk <i>Specify:</i> | <input type="checkbox"/> | <input type="checkbox"/> |

For acute hepatitis C or newly acquired infection in the last 24 months please provide further details about risk exposure/s.

This can include but is not limited to date, location, nature of medical procedure or blood transfusion.

Reason for testing (please tick all applicable boxes)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Investigation of symptomatic hepatitis | <input type="checkbox"/> Prison screening | <input type="checkbox"/> Blood or organ donor screening | <input type="checkbox"/> Screening for other purposes |
| <input type="checkbox"/> Abnormal liver function tests | <input type="checkbox"/> Antenatal screening | <input type="checkbox"/> Occupational screening | <input type="checkbox"/> Contact of a case |
| <input type="checkbox"/> Occupational exposure | <input type="checkbox"/> Pre-operative screening | <input type="checkbox"/> STI screening | <input type="checkbox"/> Other <i>Specify:</i> |

G PATIENT MANAGEMENT AND CONTACT TRACING

Hepatitis C antibody positive patients should also receive testing for HCV RNA. All individuals with chronic hepatitis C should be considered for treatment. The SA Viral Hepatitis Nursing Support Program can provide advice and support to doctors on the management of patients with viral hepatitis.

- **Central** 0423 782 415 / 0401 717 953
- **Northern** 0413 285 476 / 0401 717 971
- **Southern** 0466 777 876 / 0466 777 873

Patients with chronic HCV infection should encourage household members, long-term sexual partners, sexual partners with HIV and all persons who have had exposure to blood from a person with current HCV infection to be tested for HCV antibodies (Anti-HCV).

Further information on the public health management of hepatitis C can be obtained by speaking with the duty doctor at the Communicable Disease Control Branch 1300 232 272.