

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

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

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Basis of Diagnosis		
CLINICAL CRITERIA		
Fits Clinical Description*		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Clinical features	Jaundice	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
LABORATORY CRITERIA		
Meets laboratory confirmation criteria for disease*		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Elevated Serum aminotransferase		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
Hepatitis B	HBsAg positive	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
	Anti-HBc IgM positive	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
	HBV nucleic acid detected	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
Hepatitis C	Anti-HCV positive	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
	HCV nucleic acid detected	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
	Documented seroconversion to HCV	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
Hepatitis NOS	Anti-HDV positive	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
	Anti-HEV positive	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
	Positive hepatitis G test	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results
	Other positive test (specify) _____	
CLASSIFICATION*		<input type="radio"/> Under investigation <input type="radio"/> Probable <input type="radio"/> Confirmed <input type="radio"/> Not a case
Clinical Course and Outcome		
Date of onset*	_____	<input type="checkbox"/> Approximate <input type="checkbox"/> Unknown
Hospitalised*	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Date hospitalised*	_____	<input type="checkbox"/> Unknown
Hospital*	_____	
Died*	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Date died*	_____	<input type="checkbox"/> Unknown
Was this disease the primary cause of death?*		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If no, specify the primary cause of death*		_____
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)?*		
<input type="checkbox"/> Yes		If yes, specify Outbreak No.* _____

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Risk FactorsHousehold contact with a confirmed case (or carrier)* Yes No UnknownSexual contact with confirmed case (or carrier)* Yes No UnknownChild of seropositive mother* Yes No UnknownOccupational 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 UnknownHistory of injecting drug use:* Yes No UnknownHas the case undergone body piercing or tattooing procedure(s) in the last 12 months?* Yes No UnknownIf yes, specify* Date of most recent procedure* _____ or Unknown

Premise/place of most recent procedure* _____

Blood product or tissue recipient* Yes No UnknownIf yes, specify most recent date* _____ or UnknownOther 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 UnknownDate given* _____ Or age when first dose given _____ Weeks Months YearsSource of information:* Patient/caregiver recall DocumentedSecond administered dose:* Hep B Not given UnknownDate given* _____ Or age when second dose given _____ Weeks Months YearsSource of information:* Patient/caregiver recall DocumentedThird administered dose:* Hep B Not given UnknownDate given* _____ Or age when third dose given _____ Weeks Months YearsSource of information:* Patient/caregiver recall DocumentedFourth administered dose:* Hep B Not given UnknownDate given* _____ Or age when fourth dose given _____ Weeks Months YearsSource of information:* Patient/caregiver recall Documented

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Management				
CASE MANAGEMENT				
Case counselled about risk of transmission to others? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
CONTACT MANAGEMENT				
Was the case pregnant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
Did case have any contacts at risk of infection? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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*				