

# Confidential and Routine Notification of Hepatitis C by Medical Practitioners



Department  
of Health

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

**Department of Health, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651 170.**

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 or to provide the information requested on this form.

## Please indicate the condition you are notifying

### Hepatitis C - Newly acquired (infection acquired in the last 24 months)

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 or hepatitis C virus RNA and clinical evidence (jaundice or bilirubin in urine or ALT 10 x upper limit of normal)
- Detection of anti-hepatitis C antibody from a child ages 18–24 months
- Detection of hepatitis C virus by nucleic acid testing in a child aged 3 months to 24 months

### Hepatitis C - Unspecified (infection acquired > 24 months ago)

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

**Please note that a newly diagnosed infection may not be newly acquired**

## Case details—please answer all questions

Last name

First name(s)

Date of birth      Medicare or other healthcare identifier

Sex at birth  
 Male  
 Female  
 Other, specify > \_\_\_\_\_

Identified gender  
 Male  
 Female  
 Non-binary  
 They use a different term, please specify > \_\_\_\_\_

Pregnancy status  
 Pregnant, weeks gestation at diagnosis > \_\_\_\_\_  
 Not pregnant  
 Unknown

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 > \_\_\_\_\_  Unknown

Interpreter required  
 No  
 Yes, language > \_\_\_\_\_

Occupation  
 Unknown

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

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 the case 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

Has laboratory testing been requested  
 No       Confirmed, specify lab >  
 Pending, specify lab > \_\_\_\_\_

Form continues over page

## 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)

Does the case have a current hepatitis C PCR/RNA test

- Yes, positive for hepatitis C PCR/RNA
Yes, negative for hepatitis C PCR/RNA
Not tested

Does the case have a current hepatitis C genotype test

- Yes, specify genotype >
Not tested

Has the case been offered treatment for hepatitis C

- Yes
No, referred to a specialist
No, hepatitis C PCR/RNA negative
No, for another reason, specify >

For unspecified cases, data collection ends here. Complete the rest of the form for newly acquired cases only.

Clinical details

Has the case had a negative hep C antibody test in the past 24 months

- Yes, specify > Date of LAST neg test Laboratory & lab ID
No
Unknown

Has the case had a negative hep C PCR/RNA test in the past 24 months

- Yes, specify > Date of LAST neg test Laboratory & lab ID
No
Unknown

Has the case had a hepatitis C genotype in the past 24 months

- Yes, specify > Date of test Genotype
No
Unknown
Laboratory & lab ID

Has the case been tested for hepatitis B

- Yes, specify > Hepatitis B surface antigen Test date
No
Unknown
Hepatitis B surface antibodies
Hepatitis B core IgM

Reason for testing (tick all that apply)

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

Clinical details (continued)

Has the case been hospitalised due to this infection

- Yes, specify hospital >
No
Unknown Admitted date Discharged date

Has the case ever had symptoms of acute hepatitis

- Yes, specify > Onset date
No
Unknown
Bilirubin in urine
Jaundice, result >
ALT, result upper limit date

Has the case ever been vaccinated against hepatitis B

- Yes
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

Risk factors - please answer all questions

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

Risk unable to be determined