

Confidential and Routine Notification of Hepatitis D by Medical Practitioners



Department
of Health

Hepatitis D 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.

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 **...year arrived in Australia**
 Australia
 Unknown
 Overseas, country > _____

Interpreter required
 No
 Yes, language > _____

Occupation

Was the case in a prison/correctional facility at the time of this test
 Yes
 No
 Unknown

**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 > _____

Clinical details

Alive/deceased
 Alive
 Died due to hepatitis D > **Date of death** ____/____/____
 Died due to other causes > _____

Has the case been tested for hepatitis D
 Yes, specify > **Date of test** ____/____/____
 No
 Unknown

Laboratory & lab ID

IgG result	IgM result	Liver biopsy result
<input type="checkbox"/> Detected	<input type="checkbox"/> Detected	<input type="checkbox"/> Detected
<input type="checkbox"/> Not detected	<input type="checkbox"/> Not detected	<input type="checkbox"/> Not detected
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown

Has the case been tested for hepatitis B surface antigen (HBsAg)
 Yes, specify > **Date of test** ____/____/____ **Result**
 No Detected
 Unknown Not detected
 Unknown

Laboratory & lab ID

Has the case been tested for hepatitis C antibodies/PCR
 Yes, specify > **Date of test** ____/____/____ **Result**
 No Detected
 Unknown Not detected
 Unknown

Form continues over page

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

Clinical details (continued)

Are there any previous results for the case indicating hepatitis B infection with a negative hepatitis D on the same specimen

- Yes
No
Unknown

Has the case been hospitalised due to this infection

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

Reason for testing (tick all that apply)

- Abnormal liver function tests
Blood or organ donor screening
Household contact of a person with hepatitis D
Investigation of acute hepatitis
Known to be hepatitis B positive
Patient request
Prison screening
Refugee screening
Sexual contact of a person with hepatitis D
Other, specify >

Risk factors

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

In the past 2 years, has the case had any of the following risks:

- Sexual partner of opposite sex with hepatitis D
Sexual partner of same sex with hepatitis D
HIV positive man who has sex with men (MSM)
Household contact with hepatitis D
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 a non health care worker
Occupational needlestick / biohazardous injury in health care worker
Non-occupational or unspecified needlestick / biohazardous injury
Other risk

Risk factors (continued)

If 'Yes' was answered for any of the previous risks, please provide further details

Multiple horizontal lines for providing further details on risk factors.

Risk unable to be determined

Clinical comments

Please include any further information (risk factors, treatment plan, etc.)

Multiple horizontal lines for providing clinical comments.

Data collection ends here. Thank you.