

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) _____					

Basis of Diagnosis**CLINICAL CRITERIA**Fits Clinical Description* Yes No UnknownClinical features Jaundice Yes No Unknown**LABORATORY CRITERIA**Meets laboratory criteria for disease* Yes No UnknownElevated Serum aminotransferase Yes No Not Done Awaiting Results**Hepatitis B** HBsAg positive Yes No Not Done Awaiting ResultsAnti-HBc IgM positive Yes No Not Done Awaiting Results**Hepatitis C** Anti-HCV positive Yes No Not Done Awaiting ResultsHCV PCR positive Yes No Not Done Awaiting ResultsDocumented seroconversion to HCV Yes No Not Done Awaiting Results**Hepatitis NOS** Anti-HDV positive Yes No Not Done Awaiting Results

Other positive test (specify) _____

STATUS* Under investigation Probable Confirmed Not a case**Clinical Course and Outcome**Date of onset* _____ Approximate UnknownHospitalised* Yes No UnknownDate hospitalised* _____ Unknown

Hospital* _____

Died* Yes No UnknownDate died* _____ UnknownWas this disease the primary cause of death?* Yes No 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)?*

 Yes **If yes, specify Outbreak No.*** _____**Risk Factors**Household 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* _____

Risk Factors continued

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

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*