

CASE REPORT FORM

Hepatitis B, C, NOS

| | | | |
|-----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|
| Hepatitis B, C, NOS | | EpiSurv No. EpiSurvNumber | |
| Disease Name DiseaseName | | | |
| <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 OfficerName | | | |
| Notifier Identification | | | |
| Reporting source* ReportSrc | | <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 ReportName | | Organisation ReportOrganisation | |
| Date reported* ReportDate | | Contact phone ReportPhone | |
| Usual GP UsualGP | | Practice GPPracticeName | |
| | | GP phone GPPhone | |
| GP/Practice address | | Number houenumber Street streetname Suburb suburb | |
| Town/City towncity | | Post Code postcode <input type="checkbox"/> GeoCode geocode addressmatchaccuracy | |
| Case Identification | | | |
| Name of case* Surname Surname | | Given Name(s) GivenName | |
| NHI number* NHINumber | | Email Email | |
| Current address* Number houenumber Street streetname Suburb suburb | | Town/City towncity Post Code postcode <input type="checkbox"/> GeoCode geocode addressmatchaccuracy | |
| Phone (home) PhoneHome | | Phone (work) PhoneWork | |
| | | Phone (other) PhoneOther | |
| Case Demography | | | |
| Location TA* TA | | DHB* DHB | |
| Date of birth* DateOfBirth | | OR Age Age <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years AgeUnits | |
| Sex* Sex | | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown | |
| Occupation* Occupation | | | |
| Occupation location occupation_place_type | | <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school | |
| Name occupation_place_name | | | |
| Address Number houenumber Street streetname Suburb suburb | | Town/City towncity Post Code postcode <input type="checkbox"/> GeoCode geocode addressmatchaccuracy | |
| Alternative location occupation_place_type | | <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school | |
| Name occupation_place_name | | | |
| Address Number houenumber Street streetname Suburb suburb | | Town/City towncity Post Code postcode <input type="checkbox"/> GeoCode geocode addressmatchaccuracy | |
| Ethnic group case belongs to* (tick all that apply) | | | |
| <input type="checkbox"/> NZ European EthNZEuropean | | <input type="checkbox"/> Maori EthMaori | |
| | | <input type="checkbox"/> Samoan EthSamoan | |
| | | <input type="checkbox"/> Cook Island Maori EthCookIslandMaori | |
| <input type="checkbox"/> Niuean EthNiuean | | <input type="checkbox"/> Chinese EthChinese | |
| | | <input type="checkbox"/> Indian EthIndian | |
| | | <input type="checkbox"/> Tongan EthTongan | |
| <input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) | | *(specify) EthOther EthSpecify1 EthSpecify2 | |

Basis of Diagnosis**CLINICAL CRITERIA**Fits Clinical Description* **FitClinDes** Yes No UnknownClinical features **Jaundice Jaundice** Yes No Unknown**LABORATORY CRITERIA**Meets laboratory criteria for disease* **LabConf** Yes No UnknownElevated Serum aminotransferase **ElevSerum** Yes No Not Done Awaiting Results**Hepatitis B** HBsAg positive **HBsAg** Yes No Not Done Awaiting ResultsAnti-HBc IgM positive **AntiHBc** Yes No Not Done Awaiting Results**Hepatitis C** Anti-HCV positive **AntiHCV** Yes No Not Done Awaiting ResultsHCV PCR positive **HCVPCR** Yes No Not Done Awaiting ResultsDocumented seroconversion to HCV **Seroconv** Yes No Not Done Awaiting Results**Hepatitis NOS** Anti-HDV positive **AntiHDV** Yes No Not Done Awaiting ResultsOther positive test (specify) **OthPosTest** _____**STATUS*** **Status** Under investigation Probable Confirmed Not a case**Clinical Course and Outcome**Date of onset* **OnsetDt** _____ Approximate **OnsetDtApprox** Unknown **OnsetDtUnknown**Hospitalised* **Hosp** Yes No UnknownDate hospitalised* **HospDt** _____ Unknown **HospDtUnknown**Hospital* **HospName** _____Died* **Died** Yes No UnknownDate died* **DiedDt** _____ Unknown **DiedDtUnknown**Was this disease the primary cause of death?* **DiedPrimary** Yes No UnknownIf no, specify the primary cause of death* **DiedOther** _____**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 **Outbrk** If yes, specify Outbreak No.* **OutbrkNo** _____**Risk Factors**Household contact with a confirmed case (or carrier)* **HHoldCont** Yes No UnknownSexual contact with confirmed case (or carrier)* **SexCont** Yes No UnknownChild of seropositive mother* **PosMother** Yes No UnknownOccupational exposure to blood (e.g. health care worker)* **ExpBlood** Yes No UnknownIf yes, specify exposure detail:* **ExpBldSpec** _____Was the case overseas during the incubation period (Hepatitis B = 45-180 days; Hepatitis C = 2 weeks - 6 months) for this disease?* **Overseas** Yes No UnknownHistory of injecting drug use:* **IDUHistory** Yes No UnknownHas the case undergone body piercing or tattooing procedure(s) in the last 12 months?* **BodyPierce** Yes No UnknownIf yes, specify* Date of most recent procedure* **DtBodyPierce** _____ or Unknown **DtBodyPierceUnknown**Premise/place of most recent procedure* **PremBodyPierce** _____

Risk Factors continued

Blood product or tissue recipient* **BloodRec** Yes No Unknown

If yes, specify most recent date* **BloodDate** _____ or Unknown **BloodDateUnknown**

Other risk factors for Hepatitis B, C or NOS infection (specify)* **RiskOthSpecify** _____

Protective Factors (Hepatitis B only)

At any time prior to onset, had the case been immunised with hepatitis B vaccine?* **Immunised** Yes No Unknown

If yes, specify vaccine details

First administered dose:* **FirstDose** Hep B Unknown

Date given* **DtFirstDose** _____ Or age when first dose given **AgeFirstDose** Weeks Months Years **YMWFirstDose**

Source of information:* **SceFirstDose** Patient/caregiver recall Documented

Second administered dose:* Hep B Not given Unknown

Date given* **DtSecndDose** _____ Or age when second dose given **AgeSecndDose** Weeks Months Years **YMWSecndDose**

Source of information:* **SceSecndDose** Patient/caregiver recall Documented

Third administered dose:* **ThirdDose** Hep B Not given Unknown

Date given* **DtThirdDose** _____ Or age when third dose given **AgeThirdDose** Weeks Months Years **YMWThirdDose**

Source of information:* **SceThirdDose** Patient/caregiver recall Documented

Fourth administered dose:* **FourthDose** Hep B Not given Unknown

Date given* **DtFourthDose** _____ Or age when fourth dose given **AgeFourthDose** Weeks Months Years **YMWFourthDose**

Source of information:* **SceFourthDose** Patient/caregiver recall Documented

Management

CASE MANAGEMENT

Case counselled about risk of transmission to others? **CaseCounsel** Yes No Unknown

CONTACT MANAGEMENT

Was the case pregnant? **CasePregn** Yes No Unknown

Did case have any contacts at risk of infection? **ContRisk** 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 | _____ NoPMoth | _____ NoPMothCou | _____ NoPMothVac | _____ NoPMothIG |
| Household contacts | _____ NoHHold | _____ NoHHoldCou | _____ NoHHoldVac | _____ NoHHoldIG |
| Sexual contacts | _____ NoSexCont | _____ NoSexCCou | _____ NoSexCVac | _____ NoSexCIG |
| Percutaneous contacts (e.g. Needlestick Injury, Needle Sharing) | _____ NoPerc | _____ NoPercCou | _____ NoPercVac | _____ NoPercIG |
| Other contacts (specify) ContOtherSpec _____ | _____ NoOthr | _____ NoOthrCou | _____ NoOthrVac | _____ NoOthrIG |

Comments*

Comments

