Version: 15 Nov 2013

CASE REPORT FORM

Hepatitis B, C, NOS

Hepatitis B, C, NOS _____ EpiSurv No. _____

Disease Name

○ Hepatitis B   ○ Hepatitis C   ○ Hepatitis NOS

Reporting Authority

Name of Public Health Officer responsible for case OfficerName _____

Notifier Identification

Reporting source* ReportSrc

○ General Practitioner ○ Hospital-based Practitioner ○ Laboratory
○ Self-notification ○ Outbreak Investigation ○ 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 GPAddress

Number _____ Street _____ Suburb _____
Town/City _____ Post Code _____ ☐ GeoCode _____

Case Identification

Name of case* Surname Surname _____ Given Name(s) GivenName _____

NHI number* NHINumber _____ **Email** Email _____

Current address* CaseAddress

Number _____ Street _____ Suburb _____
Town/City _____ Post Code _____ ☐ GeoCode _____

Phone (home) PhoneHome _____ **Phone (work)** PhoneWork _____ **Phone (other)** PhoneOther _____

Case Demography

Location TA* TA _____ **DHB*** DHB _____

Date of birth* DateOfBirth _____ **OR Age** Age _____ ○ Days ○ Months ○ Years AgeUnits

Sex* Sex ○ Male ○ Female ○ Indeterminate ○ Unknown

Occupation* Occupation

Occupation location PlaceOfWork1Type ○ Place of Work ○ School ○ Pre-school

Name PlaceOfWork1 _____

Address PlaceOfWork1Address

Number _____ Street _____ Suburb _____
Town/City _____ Post Code _____ ☐ GeoCode _____

Alternative location PlaceOfWork2Type ○ Place of Work ○ School ○ Pre-school

Name _____

Address PlaceOfWork2Address

Number _____ Street _____ Suburb _____
Town/City _____ Post Code _____ ☐ GeoCode _____

Ethnic group case belongs to* (tick all that apply)

☐ NZ European EthNZEuropean ☐ Maori EthMaori ☐ Samoan EthSamoan ☐ Cook Island Maori EthCookIslandMaori

☐ Niuean EthNiuean ☐ Chinese EthChinese ☐ Indian EthIndian ☐ Tongan EthTongan

☐ Other (such as Dutch, Japanese) EthOther *(specify) EthSpecify1 _____ EthSpecify2 _____

Hepatitis B, C, NOS   EpiSurv No._____

Basis of Diagnosis

CLINICAL CRITERIA

Fits Clinical Description* FitClinDes   ○ Yes   ○ No   ○ Unknown

Clinical features   Jaundice Jaundice   ○ Yes   ○ No   ○ Unknown

LABORATORY CRITERIA

Meets laboratory confirmation criteria for disease* LabConf   ○ Yes   ○ No   ○ Unknown

Elevated Serum aminotransferase ElevSerum   ○ Yes   ○ No   ○ Not Done   ○ Awaiting Results

Hepatitis B	HBsAg positive HBsAg	○ Yes ○ No ○ Not Done ○ Awaiting Results
	Anti-HBc IgM positive AntiHBc	○ Yes ○ No ○ Not Done ○ Awaiting Results
	HBV nucleic acid detected HBVPCR	○ Yes ○ No ○ Not Done ○ Awaiting Results
Hepatitis C	Anti-HCV positive AntiHCV	○ Yes ○ No ○ Not Done ○ Awaiting Results
	HCV nucleic acid detected HCVPCR	○ Yes ○ No ○ Not Done ○ Awaiting Results
	Documented seroconversion to HCV Seroconv	○ Yes ○ No ○ Not Done ○ Awaiting Results
Hepatitis NOS	Anti-HDV positive AntiHDV	○ Yes ○ No ○ Not Done ○ Awaiting Results
	Anti-HEV positive AntiHEV	○ Yes ○ No ○ Not Done ○ Awaiting Results
	Positive hepatitis G test PosHepG	○ Yes ○ No ○ Not Done ○ Awaiting Results
	Other positive test (specify) OthPosTest	

CLASSIFICATION*Status   ○ Under investigation   ○ Probable   ○ Confirmed   ○ Not a case

Clinical Course and Outcome

Date of onset* OnsetDt   _____   ☐ Approximate OnsetDtApprox   ☐ Unknown OnsetDtUnknown

Hospitalised* Hosp   ○ Yes   ○ No   ○ Unknown

Date hospitalised* HospDt   _____   ☐ Unknown HospDtUnknown

Hospital* HospName

Died* Died   ○ Yes   ○ No   ○ Unknown

Date died* DiedDt   _____   ☐ Unknown DiedDtUnknown

Was this disease the primary cause of death?* DiedPrimary   ○ Yes   ○ No   ○ Unknown

   If 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**   _____

Hepatitis B, C, NOS   EpiSurv No._____

Risk Factors

Household contact with a confirmed case (or carrier)* HHoldCont   ◯ Yes   ◯ No   ◯ Unknown

Sexual contact with confirmed case (or carrier)* SexCont   ◯ Yes   ◯ No   ◯ Unknown

Child of seropositive mother* PosMother   ◯ Yes   ◯ No   ◯ Unknown

Occupational exposure to blood (e.g. health care worker)* ExpBlood   ◯ Yes   ◯ No   ◯ Unknown

    If yes, specify exposure detail:* ExpBloodSpec _____

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   ◯ Unknown

History of injecting drug use:* IDUHistory   ◯ Yes   ◯ No   ◯ Unknown

Has the case undergone body piercing or tattooing procedure(s) in the last 12 months?* BodyPierce   ◯ Yes   ◯ No   ◯ Unknown

    If yes, specify*   Date of most recent procedure* DtBodyPierce _____   or   ☐ Unknown DtBodyPierceUnknown

                 Premise/place of most recent procedure* PremBodyPierce _____

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 1st dose given AgeFirstDose ____   YMWFirstDose ◯ W ◯ M ◯ Y

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

Second administered dose:*   SecndDose   ◯ Hep B   ◯ Not given   ◯ Unknown

  Date given* DtSecndDose _____   Or age when 2nd dose given AgeSecndDose ____   YMWSecndDose ◯ W ◯ M ◯ Y

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

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

  Date given* DtThirdDose _____   Or age when 3rd dose given AgeThirdDose ____   YMWThirdDose ◯ W ◯ M ◯ Y

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

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

  Date given* DtFourthDose _____   Or age when 4th dose given AgeFourthDose ____   YMWFourthDose ◯ W ◯ M ◯ Y

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

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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

Version 15 November 2013   *** core surveillance data, ~ optional data**