NSW GOVERNMENT NSW Health

Newly Acquired Hepatitis B

Case details

NCIMS no. ____________

Surname ____________ Given name(s) ____________

Date of birth __ / __ / ____ Age ___ yrs. ___ mths

Current gender ☐ Female ☐ Male ☐ Non-binary ☐ Another term (specify): ____________

Address: ____________

____

State ____________ Postcode ____________

Sex at birth ☐ Female ☐ Male ☐ Another term (specify): ____________

Indigenous status
☐ Aboriginal ☐ Not Aboriginal or Torres St Islander
☐ Torres St Islander ☐ Not known / not stated
☐ Aboriginal & Torres St Islander

Country of birth ☐ Australia ☐ Other (specify): ____________

Language ☐ English ☐ Other (specify) ____________

Disease

	Y	N	U				
Symptomatic in past 24 months	☐	☐	☐	First symptom onset date	__ / __ / ____	*Note: If dates uncertain, approximate mm/yy*	
Jaundice	☐	☐	☐	Jaundice onset Date	__ / __ / ____		
Previous HBV test?	☐	☐	☐	Last negative date	__ / __ / ____	First positive date	__ / __ / ____

Notes ____________

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Definition ☐ Confirmed

Laboratory

Specimen ☐ Serum Specimen date __ / __ / ____ Genotype ____________

ID method ☐ Serology → ☐ HBsAg+ ☐ Anti-HBc + ☐ Anti-HBs + ☐ Anti-HBc IgM + ☐ HBeAg + ☐ Anti-HBe +

☐ PCR

Notification

First notifier ____________ Telephone ____________ Fax ____________

Notifier type (Number in order of receipt)
___ Lab
___ Doctor
___ Hospital (not lab)
___ Other: ____________

Notified date __ / __ / ____ Received date __ / __ / ____

Treating doctor ____________ Telephone ____________ Fax ____________

Address ____________

____________ Postcode ____________

Outcome

Hospitalised ☐ Y ☐ N Admitted date __ / __ / ____ Discharge date __ / __ / ____

Hospital/s ____________ MRN ____________

Hosp. doctor ____________ Telephone ____________

Address ____________

Deceased ☐ Y ☐ N Death date __ / __ / ____ Cause of death related to Hep. B ☐ Y ☐ N ☐ U

Risk factors

NCIMS no. ____________

Infection timeline

	-6 mths	-9 wks	-6 wks	-2 wks	0
		Exposure period		Infection from exposure	Symptoms (if present)
Dates	__ / __			__ / __	__ / __ __ / __

Injecting drug use

- ☐ Injecting drug use in the last 2 years only
- ☐ Injecting drug use more than 2 years ago
- ☐ Never injected drugs
- ☐ IDU unknown

Other exposures during 24 months before onset:	**Y**	**N**	**U**	**Specify**
Blood/blood products in Australia	☐	☐	☐	____________
Blood/blood products overseas	☐	☐	☐	____________
Tissues in Australia	☐	☐	☐	____________
Tissues overseas	☐	☐	☐	____________
Haemodialysis	☐	☐	☐	____________
Needle stick/biohazard injury in healthcare worker	☐	☐	☐	____________
Needle stick/biohazard injury in non-healthcare worker	☐	☐	☐	____________
Surgical procedures	☐	☐	☐	____________
Major dental procedures	☐	☐	☐	____________
Tattooing	☐	☐	☐	____________
Acupuncture	☐	☐	☐	____________
Ear or body piercing	☐	☐	☐	____________
Perinatal transmission	☐	☐	☐	____________
Residence in prison	☐	☐	☐	____________
Healthcare worker with no documented exposure	☐	☐	☐	____________
Household contact with HBV	☐	☐	☐	____________
Other risk (please specify)	☐	☐	☐	____________
Risk unable to be determined	☐	☐	-	____________

Sexual exposure during 24 months before onset?

☐ Male only   ☐ Female only   ☐ Male and Female   ☐ Unknown

☐ Other (specify): ____________

Most likely source of infection? ____________

Reason for test:

- ☐ Investigation of symptoms
- ☐ Abnormal liver function tests
- ☐ Blood donor screen
- ☐ Prison entry screen
- ☐ Antenatal screen
- ☐ D&A clinic screen
- ☐ STI clinic screen
- ☐ Peri operative screen
- ☐ Occupational exposure (exposed)
- ☐ Occupational exposure (source)
- ☐ Patient request
- ☐ Unknown
- ☐ Other (specify) ____________

Contact management (persons exposed since infection)

Case advised about reducing spread to others? ☐Y ☐N

Notes

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Administration

Completed by ____________ Date finalised __ / __ / ____ PHU ____________

OFFICIAL: Sensitive – Health Information