Newly Acquired Hepatitis C

Case details

NCIMS no.

Surname

Given name(s)

Date of birth Age yrs. mths

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

Address:

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

State Postcode

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 HCV test?	☐	☐	☐	Last negative date	First positive date

Notes

Definition ☐ Confirmed

Laboratory

Specimen ☐ Serum Specimen date Genotype

ID method ☐ Serology ☐ HCV Ab + ☐ 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. C ☐ Y ☐ N ☐ U

Risk factors

NCIMS no.

Infection timeline

Dates

Injecting drug use

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

Administration

Completed by Date finalised PHU