## *Appendix 2: Sample hepatitis B case report form for public health units*

*Attach laboratory record and contact lists if applicable. Ensure required information is recorded on the State/Territory data record system and the National Notifiable Di: Surveillance System*

Hepatitis B Case Report Form

### Notification Information

| **Health centre/practice/laboratory** | | **Health centre/practice phone nc** | **Health centre/lab state** |
|---|---|---|---|
| | | | |
| **Treating clinician** | | **Clinician phone number** | **Clinician state** |
| | | | |
| **Notifier** | **Notification date** | **Notification receive date** | **Notification ID** |
| | / / | / / | |
| **Test requested by** | | **Disease code** | **Organism code** |
| | | | |
| **Permission to contact the patient directly** | | **Organism name** | **Detection code** |
| ☐ Yes ☐ No | | | |

*Summary information for notification*

| **Case found by** | **Case category** *(refer to laboratory confirmation of case category)* | **Confirmation status** |
|---|---|---|
| ☐ Clinical presentation | ☐ Newly acquired hepatitis B | ☐ Confirmed |
| ☐ Contact tracing/epidemiological investigation | ☐ Hepatitis B unspecified | ☐ Probable |
| ☐ Screening (excluding antenatal) | | **HBV detection** |
| ☐ Clinical and epidemiology | | ☐ Yes |
| ☐ Antenatal screening | Date of last HBV negative test | ☐ No |
| ☐ Unknown | / / | ☐ Unknown |
| True onset date (the earliest date the case exhibited symptom | Place of acquisition (SACC cc | Public health response date |
| / / or ☐ N/A for asymptomatic | | / / |

**Family Name** | **Given Name**

**Date of Birth**

/ /

**Age at onset** (or notification if asymptomatic/unknown onset)

**Patient UR No.**

**Sex**

- ☐ Male
- ☐ Female
- ☐ Other, specify:

**Country of Birth**

- ☐ Australia (1101)
- ☐ Overseas– Country:________________SACC:______
- ☐ Unknown (0004 if overseas but no specific country)

**Is the person of Aboriginal or Torres Strait Islander (TSI) origi**

- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander
- ☐ Yes, Both Aboriginal and Torres Strait Islander
- ☐ No
- ☐ Unknown

**Is this person a healthcare worker (or training as a healthcare worker)**

- ☐ Yes, currently
- ☐ Yes, previously → date ceased: / /
- ☐ No
- ☐ Unknown

**Address**

**State**

**Mobile phone number**

**Suburb/community**

**Postcode**

**Other phone number**

## Clinical investigations and outcomes

**Investigations –** *Please attach pathology results to this form*

Serology specimen date ___/___/_____

| | | | | |
|---|---|---|---|---|
| Hepatitis B Surface Antigen (HBsAg) | ☐ Detected | ☐ Not Detected | ☐ Not Tested | ☐ Unknown |
| Hepatitis B core IgM (anti-HBc IgM or HBc IgM) | ☐ Detected | ☐ Not Detected | ☐ Not Tested | ☐ Unknown |
| HBsAb | ☐ Detected | ☐ Not Detected | ☐ Not Tested | ☐ Unknown |
| HBcAb | ☐ Detected | ☐ Not Detected | ☐ Not Tested | ☐ Unknown |
| HBeAg | ☐ Detected | ☐ Not Detected | ☐ Not Tested | ☐ Unknown |
| HBeAb | ☐ Detected | ☐ Not Detected | ☐ Not Tested | ☐ Unknown |

PCR Specimen date ____/_____/_______

| | | | | |
|---|---|---|---|---|
| Hepatitis B PCR or DNA | ☐ Detected | ☐ Not Detected | ☐ Not Tested | ☐ Unknown |
| **Liver function test** conducte | ☐ Conducted | ☐ Not conducted | **Test date** ____/____/_______ | |
| Liver function test result | ☐ Normal | ☐Abnormal | | |

Has this person had a **negative** hepatitis B Surface test **within the last 24 months**?

☐ Yes, date of last negative test: / /

☐ No

☐ Unknown

Has this person ever been hospitalised due to Hepat

☐ Yes

Admission date: / /

Discharge date / /

Hospital name ______________________

☐ No

☐ Unknown

Is this person alive?

☐ Alive

☐ No, died due to Hepatitis B

Date of death: / /

☐ No, died due to other causes

☐ Unknown

**Laboratory confirmation of case category –** Is the case being categorised as:

☐ Newly acquired hepatitis B because:

- ☐ Hepatitis B surface antigen (HBsAg) positive; with a negative HBV test in the months/2 years
- ☐ Detection of HBsAg and IgM to hep core antigen in the absence of prior evi hepatitis B virus infection
- ☐ Hepatitis B PCR positive and IgM tc hepatitis B core antigen in the absence c evidence of hepatitis B infection

**OR**

☐ Unspecified hepatitis B because:

- ☐ Hepatitis B surface antigen (HBsAg) positive
- ☐ Hepatitis B PCR positive

AND

The case does not meet any of the criteria for a newly acquired case

## Reason for Testing

Was this test performed to investigate symptomatic hepatitis?

**Has the patient had symptoms of hepatitis in the last two years?**

☐ Yes

☐ No

**Was this test performed to invest symptomatic hepatitis?**

☐ Yes

☐ No

Onset date if symptomatic:

/ /

Reason for testing **asymptomatic** patient

☐ Screening, specify type →

(Tick **one** option only)

- ☐ Prison screen
- ☐ Drug/Alcohol screen
- ☐ STI screen
- ☐ Antenatal screen
- ☐ Post natal screen in a child with a HBV posi mother
- ☐ Refugee screen
- ☐ Blood or organ donor scheme
- ☐ Perioperative test
- ☐ Unknown/not recorded

☐ Previous diagnosis/treatment for HBV

☐ Patient request

☐ Investigation of abnormal liver function tests

☐ Contact tracing/epidemiological investigation

☐ Occupational exposure (exposed)

☐ Research or study

☐ Other, specify(eg history of clinical illness, others with simila illness):

## Vaccination

**Has this person ever been vaccinated against Hepatitis B?**

☐ Yes, course complete } → Complete the table below   Date of last vaccination______/______/_______

☐ Yes, course incomplete

☐ Not vaccinated

☐ Unknown

| Vaccine dose | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Vaccination date | | | | | |
| Vaccine type (brand name) | | | | | |
| Vaccination validation* | | | | | |

*Vaccine information validated (i.e. from information system or medical records)/self or parent recall/information not collected

## Risk factors

Has this person had any of the following risk factors(tick **all** options that apply for each risk factor):

| | Yes, within the last two ye | Yes, but more than tw ago | Never | Unknown |
|---|---|---|---|---|
| Injecting drug use | ☐ | ☐ | ☐ | ☐ |
| Imprisonment | ☐ | ☐ | ☐ | ☐ |
| Sexual partner of opposite sex with HBV | ☐ | ☐ | ☐ | ☐ |
| Sexual partner of same sex with HBV | ☐ | ☐ | ☐ | ☐ |
| Household contact with HBV | ☐ | ☐ | ☐ | ☐ |
| Perinatal transmission | ☐ | ☐ | ☐ | ☐ |
| Tattoos | ☐ | ☐ | ☐ | ☐ |
| Acupuncture | ☐ | ☐ | ☐ | ☐ |
| Ear or body piercing | ☐ | ☐ | ☐ | ☐ |
| Occupational needlestick/biohazard injury in n healthcare worker | ☐ | ☐ | ☐ | ☐ |
| Non-occupational needlestick/biohazard injury than IDU) | ☐ | ☐ | ☐ | ☐ |

## Healthcare-associated Risk Exposures

Has this person had any of the following risk exposures (tick **all** options that apply for each risk exposure):

| | Yes, within the last two ye | Yes, over two years | No | Unknown |
|---|---|---|---|---|
| Haemodialysis | ☐ | ☐ | ☐ | ☐ |
| Surgical procedure | ☐ | ☐ | ☐ | ☐ |
| Major dental surgery (involving an anaesthetic) | ☐ | ☐ | ☐ | ☐ |
| Healthcare worker with no documented expo | ☐ | ☐ | ☐ | ☐ |
| Occupational needlestick/biohazard injury in a healthcare worker | ☐ | ☐ | ☐ | ☐ |
| Blood/blood products/tissues in Australia | ☐ | ☐ | ☐ | ☐ |
| Blood/blood products/tissues Overseas | ☐ | ☐ | ☐ | ☐ |
| Organ transplantation in Australia | ☐ | ☐ | ☐ | ☐ |
| Organ transplantation Overseas | ☐ | ☐ | ☐ | ☐ |

**Other risk factors/ no risk factors:**

No risk factors identified in the past two years ☐

Non-IDU remote risk (i.e. non IDU risk identified, but not in the last two years) ☐ *Provide details below.*

**Further details if required:**

## Contact management

**Did the case have close contact or high risk exposures (e.g. needle sharing, unprotected sex) with susceptible individuals while the case infectious?**

☐ Yes ⟶ please complete below

☐ No

☐ Unknown

| Name of contact | Type of contact (hous sexual/other) | Age | Testing | Vaccination | Post-exposure HB |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

## Further details of case management/public health response

**Details of person completing this form (stamp acceptable)**

Name:

Position:

Phone:

**Is the case part of a known disease outbreak?**

☐ Yes – outbreak reference number________________

☐ No

☐ Unknown

**Advice to cases who are healthcare workers**

If the case is identified as a health care worker, have they been provided with advice in line with the national guidelines (refer to Australian National Guideli the management of health care workers known to be infected with blood-borne viruses)?

☐ Yes ☐ No ☐ Not applicable

**Data entry and case closed**

<table>
<tr><td colspan="4">Reviewed</td><td colspan="4">Data entered</td></tr>
<tr><td>Date</td><td></td><td>Initials</td><td></td><td>Date</td><td></td><td>Initials</td><td></td></tr>
<tr><td colspan="8">Case closed</td></tr>
<tr><td>Date</td><td></td><td>Name</td><td></td><td>Signature</td><td colspan="3"></td></tr>
<tr><td colspan="8">Any other comments?</td></tr>
<tr><td colspan="8"></td></tr>
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