

# Confidential and Routine Notification of Hepatitis B by Medical Practitioners



Department  
of Health

Hepatitis B requires written notification to the Department of Health on initial diagnosis within five days to:

**Department of Health, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651 170.**

Please ensure the case (1) has been informed of their diagnosis, (2) has been advised that this information is being provided to the department (as required by the *Health Records Act 2001*), and (3) has been informed that the department may contact them for further information about their illness. Commonwealth and State privacy legislation does not negate the responsibility to notify the specified conditions or to provide the information requested on this form.

## Please indicate the condition you are notifying

### Hepatitis B - Newly acquired (infection acquired in the last 24 months)

Meets at least one of the following criteria:

- Detection of hepatitis B surface antigen (HBsAg) from a person shown to be negative within the past 24 months
- Detection of hepatitis HBsAg and IgM to hepatitis B core antigen, in the absence of prior evidence of hepatitis B virus infection
- Detection of hepatitis B virus by nucleic acid testing and IgM to hepatitis B core antigen, in the absence of prior evidence of hepatitis B virus infection

### Hepatitis B - Unspecified (infection acquired > 24 months ago)

Meets at least one of the following criteria:

- Detection of hepatitis B surface antigen (HBsAg) or hepatitis B virus by nucleic acid testing in a person with no prior evidence of hepatitis B infections AND does not meet any of the criteria for a newly acquired case
- Previously known to be hepatitis B positive

**Please note that a newly diagnosed infection may not be newly acquired**

## Case details—please answer all questions

Last name

First name(s)

Date of birth      Medicare or other healthcare identifier

### Sex at birth

- Male
- Female
- Other, specify > \_\_\_\_\_

### Identified gender

- Male
- Female
- Non-binary
- They use a different term, please specify > \_\_\_\_\_

### Pregnancy status

- Pregnant, weeks gestation at diagnosis > \_\_\_\_\_
- Not pregnant
- Unknown

Residential address

City      Postcode

Tel home      Tel mobile

Parent/guardian/next of kin name

### Is the case of Aboriginal or Torres Strait Islander origin

- No       Aboriginal
- Unknown       Torres Strait Islander
- Both Aboriginal and Torres Strait Islander

### Country of birth ...country      ...year arrived in Australia

- Australia
- Unknown
- Overseas > \_\_\_\_\_       Unknown

### Interpreter required

- No
- Yes, language > \_\_\_\_\_

### Occupation

\_\_\_\_\_  
 Unknown

### Alive/deceased      ...date of death

- Alive       Died due to hepatitis B > \_\_\_\_\_
- Died due to other causes > \_\_\_\_\_

### Was the case in a prison/correctional facility at the time of this test

- No
- Unknown
- Yes

### Has the case EVER worked as a health care worker

#### OR, is the case currently training to work as a health care worker

- No
- Unknown
- Yes, specify occupation > \_\_\_\_\_

### Does the case have a history of injecting drug use

- No history of injecting drug use
- Unknown
- Yes, within the past 2 years
- Yes, more than 2 years ago

### Has laboratory testing been requested

- No       Yes, specify lab > \_\_\_\_\_
- Pending, specify lab > \_\_\_\_\_

Form continues over page

## Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name

Medicare provider no.

Department use only

Address

City      Postcode

Telephone      Fax      Date

Please identify the case on every page

Last name

First name

Date of birth

Case details (continued)

Does the case have a current hepatitis B PCR/DNA test

- Not tested
Yes, positive for hepatitis B PCR/DNA, specify > Viral load
Yes, negative for hepatitis B PCR/DNA

Has the case been offered treatment for hepatitis B

- Yes
No, referred to a specialist
No, clinically not eligible
No, for another reason, specify >

For unspecified cases, data collection ends here. Complete the rest of the form for newly acquired cases only.

Clinical details

Has the case had a negative hepatitis B surface antigen (HBsAg) test within the past 24 months

- Yes, specify > Date of LAST neg test
No
Unknown
Laboratory & lab ID

Has the case ever had symptoms of acute hepatitis

- Yes, specify > Onset date
No
Unknown
Bilirubin in urine
Jaundice, result >
ALT, result upper limit date

Has the case been hospitalised due to this infection

- Yes, specify hospital >
No
Unknown
Admitted date
Discharged date

Has the case been tested for hepatitis C

- Yes, specify result > Hepatitis C antibodies/PCR
No
Unknown
Detected
Not detected
Unknown
Test date

Reason for testing (tick all that apply)

- Abnormal liver function test
Antenatal screening
Asymptomatic household contact of a HBV positive case
Asymptomatic sexual contact of HBV positive case
Blood or organ donor screening
Confirmation of previous hepatitis B diagnosis
Health care worker screening
Investigation of symptomatic hepatitis
Occupational exposure > Source person
Exposed person
Other medical problem
Patient request
Peri operative
Postnatal screening in a child to a HBV positive mother
Prison screening
Refugee screening
Research or study
Screening due to drug and/or alcohol use
STI screening
Treatment for hepatitis B
Other, specify >

Risk factors—please answer all questions

In the past 2 years, has the case had any of the following risks:

- Sexual partner of opposite sex with hepatitis B
Sexual partner of same sex with hepatitis B
HIV positive man who has sex with men (MSM)
Household contact with hepatitis B
Perinatal transmission
Imprisonment
Tattoos
Ear or body piercing
Acupuncture
Surgical procedure
Major dental surgery
Haemodialysis
Blood/blood products/tissue in Australia
Blood/blood products/tissue overseas
Organ transplantation in Australia
Organ transplantation overseas
Health care worker with no documented exposure
Occupational needlestick/biohazardous injury in a non health care worker
Occupational needlestick/biohazardous injury in health care worker
Non-occupational or unspecified needlestick / biohazardous injury
Other risk, specify below

If 'Yes' was answered for any of the above risks, please provide further details below

Blank lines for providing further details on risks.

Risk unable to be determined

History of illness/clinical comments include any relevant comments, such as possible source of infection, others with similar illness, etc.

Blank lines for providing history of illness/clinical comments.

Data collection ends here. Thank you.