



**FORM FOR REPORTING CASES OF ACUTE HEPATITIS A, ACUTE
HEPATITIS B AND ACUTE HEPATITIS C
DIAGNOSED IN GENITOURINARY MEDICINE CLINICS
TO LOCAL HEALTH PROTECTION UNITS (HPUs)**



IN STRICT CONFIDENCE

SECTION TO BE COMPLETED BY GUM CLINIC	
Your name: _____ Name of GUM clinic: _____	
Date: ____ / ____ / ____ (DD/MM/YYYY)	
Report of: <input type="checkbox"/> Acute Hepatitis A <input type="checkbox"/> Acute Hepatitis B <input type="checkbox"/> Acute Hepatitis C (please tick relevant box) <i>See page 3 for case definitions</i>	
PATIENT DETAILS	
Forename: _____	Surname: _____
Soundex ¹ : _____	Date of birth ¹ : ____ / ____ / ____ (DD/MM/YYYY)
Address: House number/name: _____	Street: _____
Town/City: _____	Postcode ¹ : _____
GUM Number _____	NHS Number: _____
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Ethnicity: <input type="checkbox"/> White – British/Irish <input type="checkbox"/> White - Other	
<input type="checkbox"/> Asian/Asian British – Indian/Pakistani/Bangladeshi <input type="checkbox"/> Asian/Asian British – Other	
<input type="checkbox"/> Black/Black British – African <input type="checkbox"/> Black/Black British – Caribbean	
<input type="checkbox"/> Black/Black British - Other <input type="checkbox"/> Chinese <input type="checkbox"/> Mixed	
Country of acquisition: _____	
CLINICAL FEATURES	
Abnormal liver function tests: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
If yes, peak AST/ALT: _____	
Symptoms:	
None:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jaundice:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatic failure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of onset of illness: _____ (DD/MM/YY)	
Has the patient been referred to hepatology? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Did patient die? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

¹ Where a patient is not willing for his/her name to be recorded, the following should be recorded: soundex, date of birth and first part of post code.

LABORATORY MARKERS

Hepatitis A:

Anti HAV IgM Positive Negative Equivocal Not Done
HAV RNA Positive Negative Equivocal Not Done
HAV RNA level _____

Hepatitis B:

HBsAg Positive Negative Equivocal Not Done
Anti-HBcIgM Positive Negative Equivocal Not Done
Quantitative IgM _____
Anti-HBe Positive Negative Equivocal Not Done
HBeAg Positive Negative Equivocal Not Done
Anti-HBc Positive Negative Equivocal Not Done
HBV DNA Positive Negative Equivocal Not Done
HBV DNA level _____

Hepatitis C:

Anti-HCV (or anti-HCV/Ag combined assay) Positive Negative Equivocal Not Done
HCV RNA Positive Negative Equivocal Not Done
HCV RNA level _____
HCV antigen Positive Negative Equivocal Not Done
HCV genotype _____
Recent seroconversion Yes No Don't Know
Reported as acute by virologist/
microbiologist Yes No Don't know

LABORATORY DETAILS

Lab name _____ Lab specimen date _____ (DD/MM/YY)
Lab specimen number _____
Lab or hospital patient identification number on lab form _____
Date of initial positive test _____ (DD/MM/YY)

TRANSMISSION ROUTE

Possible transmission route (Hepatitis A or B or C) Please answer yes to any that apply:

Injecting drug use Yes No Don't Know
If yes: Current (injected in last 4 weeks) Ex (ever injected) Not known
Heterosexual exposure Yes No Don't Know
Homosexual exposure Yes No Don't Know
Occupational Yes No Don't Know
Transfusion
Surgical/medical procedure
excluding dialysis Yes No Don't Know
Dialysis Yes No Don't Know

Skin piercing/tattooing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Needlestick (other than occupational)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Vertical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Blood products	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Contact with another case	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Contaminated food or water (Hepatitis A only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
No information	<input type="checkbox"/> Yes		

Most likely transmission route: _____
Please indicate the transmission/exposure route that you think is most likely

Is transmission likely to have occurred in a custodial setting?
 Yes No Don't Know

If yes, which? Adult Prison Police Custody
 Secure Training Centre Young Offender's Institution

Public Health Action

Any sexual contacts at risk? Yes No Don't Know
If yes, to be traced by: GUM HPU

Any other household/family contacts? Yes No Don't Know
If yes, to be traced by: GUM HPU

For hepatitis A only:
Is case a food handler? Yes No Don't Know

Additional information:

Please return this form to your local Health Protection Unit via secure fax or post. A Directory of local Health Protection Units is on the HPA website
(<http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1158945066055>)

If you have any comments on the form please contact:
Catherine.Quigley@hpa.org.uk
Or
Susie.Forster@hinchingsbrooke.nhs.uk

Case definitions²:

Acute hepatitis A

Anti-HAV IgM³ positive **and** abnormal liver function tests with a pattern consistent with acute viral hepatitis

Acute hepatitis B

HBsAg positive **and** anti-HBc IgM³ positive **and** abnormal liver function tests with a pattern consistent with acute viral hepatitis.

Acute hepatitis C

Recent seroconversion

Or

Hepatitis C RNA or antigen positive **and** anti-HCV negative or equivocal in otherwise immunocompetent individual

Or

Anti-HCV positive⁴, anti-HAV IgM negative, and anti-HBc IgM negative **and** abnormal liver function tests with a pattern consistent with acute viral hepatitis in someone with recent exposure to HCV e.g. needlestick injury, dialysis, recent injecting drug use.

² Health Protection Agency. Standards for local surveillance & follow up of hepatitis B and C. April 2006.
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947376936

³ IgM may remain positive in chronic hepatitis B and therefore the level of IgM may help determine whether case is acute or chronic. As different assays are used by different laboratories, the local consultant virologist should define whether IgM is low or high.

⁴ Or anti-HCV/Ag positive on combined assay