



Acute hepatitis A: Anti-HAV IgM positive **and** abnormal liver function tests with a pattern consistent with acute HAV.

Acute hepatitis B: HBsAg positive **and** anti-HBc IgM positive with abnormal liver function tests consistent with acute viral hepatitis or

Chronic hepatitis B: HBsAg positive 6 months apart OR HBsAg positive **and** anti HBc IgM negative **and** anti- HBc positive

Acute hepatitis C: HCV RNA or antigen positive **and** anti-HCV negative or equivocal in otherwise immunocompetent individual **OR** Anti-HCV positive, anti-HAV IgM negative, and anti-HBc IgM negative **and** abnormal liver function tests with a pattern consistent with acute viral hepatitis.

Patient details:

Case Soundex number (F/M) : _____ NHS number: _____ Postcode: _____

GUM Clinic: _____ DOB/Age: _____ Sex: Male Female Ethnicity: _____

Laboratory Details:

Source lab _____ Date of specimen: _____

Results: anti-HAV IgG anti-HAV IgM anti HCV HCV RNA HBsAg anti-HBc IgM HBeAg

Positive

Negative

Type of case: acute chronic not sure unknown

Have they previously tested positive for hepatitis, if so which? HAV HBV HCV

Clinical Symptoms:

Jaundice Malaise Poor Appetite Dark Urine Other _____

Please tick all possible transmission routes:

Sex between men Sex between men and women Mother to child

Injecting drug use (including steroids) Blood transfusion*/blood products

Occupational (including HCW) Surgical Dental Tattoo Household Other _____

No information

Was the infection acquired abroad? Yes No NK Country: _____

Reason for test (please tick): Blood donor Health Care Worker Antenatal Liver disease Tattoo
GUM Clinic attendance Jaundice Custodial Sentence Not known Other _____

Public Health Action:

Any sexual contacts at risk? Yes No Don't know
If yes, to be traced by: GUM PHE HPT GP

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

Any blood/injection contacts? ? Yes No Don't know
If yes to be traced by: GUM PHE HPT GP

Other comments _____

Completed by: Name and contact details: _____ Date: _____