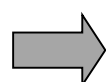


Appendix 2 - Notification to Health Protection of contacts of Chronic Hepatitis B Cases

Patient Details (Addressograph if available)	
Name	_____
Address	_____ _____
Postcode	_____
Phone no:	_____
Mobile no:	_____
D.O.B	__:__:__ CHI _____
Language	_____
GP Name	_____
Practice	_____
Phone no:	_____

Other Details	
Date of appointment	__:__:__
Seen by	_____
Serology results:	Date
HBsAg:	__:__:__
anti-HBc:	__:__:__
anti-HBe:	__:__:__
HBeAg:	__:__:__
Viral load:	__:__:__

Names of children/household and sexual contacts	Relationship	GP	D.O.B	CHI	Vaccination status
			__:__:__		
			__:__:__		
			__:__:__		
			__:__:__		
			__:__:__		
			__:__:__		
			__:__:__		
			__:__:__		



Are these contacts aware of this patient's hepatitis B diagnosis?	YES / NO
Has the patient given permission for contacts to be followed up for testing and vaccination via CTAC?	YES / NO

Any other important information:

Please forward the completed form to: Health.protection@nhslothian.scot.nhs.uk and Louise.Wellington@nhslothian.scot.nhs.uk

Health protection will send a referral to CTAC clinics on Behalf of the GP for all contacts of cases. The contacts will be contacted by phone by CTAC to arrange for serology and vaccination. Serology results will be followed up by the GP