



National epidemiological surveillance for childhood Hepatitis B

UK Health Security Agency Immunisation and Vaccine Preventable Diseases

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Patient details: PLEASE COMPLETE QUESTIONNAIRE IN BLOCK CAPITAL LETTERS

Surname: Forename: Date of birth:/...../.....

Sex: Male Female NHS number:

PART A: Demographics

Was the patient born in the UK? Yes No
If yes, which hospital were they born at?
.....

If no, which country were they born in?
..... Unknown

When did they arrive in the UK?/...../..... Unknown

Other countries of residence before arrival to UK:
.....
.....
.....

	Childs' ethnicity	Mothers' ethnicity
White British	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>
White Other	<input type="checkbox"/>	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Black African	<input type="checkbox"/>	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Asian Other		
Mixed <i>Please specify</i>		
Other <i>Please specify</i>		
Asylum seeker and/or refugee: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

PART B: Reason for testing

Why was the patient tested? (Select all that apply)

- Symptoms of hepatitis
- Newly registered patient
- New arrival to UK

- Close contact of person with Hepatitis B (excluding mother to child transmission at birth)
- Born to Hepatitis B infected mother
- Other *Please specify*

PART C: Clinical presentation

Acute Chronic

What was the clinical presentation (*tick all that apply*)

- Asymptomatic
- Abnormal LFTs
- Clinical jaundice: onset date:/...../.....

- Hepatic decompensation/failure
- Other *Please specify*
- Unknown

Was patient hospitalised Yes No
If yes, ITU? Yes No

Did patient die: Yes No
If yes, cause of death:

If received, please attach a copy of the lab report.

PART D: Route(s) of transmission

Was mother hepatitis B positive at birth?

Yes No Not known

Other Possible Exposures:

Household contact with hepatitis B (excluding mother if positive at time of birth)

If yes, please detail type of exposure.

- Surgical/medical/dental procedures in the UK/overseas
- Blood transfusion/blood product recipient in the UK/overseas
- Needlestick
- Other (please specify).....

If yes to any of the above, please detail what, where and when:

.....
.....

PART E: Hepatitis B vaccination history

Dose number	Date	Vaccine trade name	Batch number
dose/...../.....
dose/...../.....
dose/...../.....
dose/...../.....
dose/...../.....
dose/...../.....

If available, please attach a copy of the immunisation page of the Red Book.

PART F: Reason for hepatitis B vaccination?

- Routine childhood primary immunisations
- Born to hepatitis B infected mother
- Household/Family/Close contact
- Travel
- Risk group (e.g. on dialysis)
- Other *Please specify*.....

If patient was not vaccinated, what was the reason?

- Offered and refused
- Not attended
- Not eligible
- Moved out of area
- Other *Please specify*

PART G: Details of specialist

Please provide details of the patient's paediatric infectious disease or hepatology specialist (If the child is 18, please provide details of their adult hepatology specialist if applicable)

Specialist name:..... Title/position:.....

Hospital:..... Contact number:.....

Address:..... Email:

If a specialist is not known, UKHSA will pass details of this patient on to a local specialist who will get in contact to ensure this child is referred to receive appropriate care.

Further comments (eg information on possible sources of infection, clinical presentation):

.....
.....
.....

Completed by: Contact number: Date:/...../.....

GP/Surgery name:

Surgery email:.....

Thank you for your time and assistance. Please attach a copy of the lab report and return by post, or email (both as detailed overleaf, please only send PII from nhs.net to nhs.net email).