



# Hepatitis C (unspecified active)

## Australian national notifiable diseases case definition

This document contains the surveillance case definition for hepatitis C (unspecified active), which is nationally notifiable within Australia. State and territory health departments use this definition to decide whether to notify the Australian Centre for Disease Control of a case.

Version	Status	Last reviewed	Implementation date
3.0	<p>Change to name of case definition, from Hepatitis C (unspecified) to Hepatitis C (unspecified active).</p> <p>Removal of introductory note, replaced by text in confirmed case criteria.</p> <p>Amendment to laboratory definitive evidence to exclude individuals with resolved hepatitis C, or who have not had RNA testing.</p> <p>Laboratory definitive evidence of re-infection reduced to a positive RNA test after one negative RNA test (rather than two negative RNA tests)</p> <p>Addition of laboratory suggestive and clinical evidence for unspecified active re-infection.</p> <p>Amendment to footnotes to clarify use of point-of-care tests, handling of negative RNA results, and circumstances that should not be reported.</p>	2025	1 January 2026
2.0	<p>Inclusion of additional lines of laboratory evidence.</p> <p>Addition of footnotes regarding inclusion of positive point of care test results as evidence and sustained virological response.</p>	2022	1 January 2023
1.0	Initial CDNA case definition	2004	2004

### Reporting

Only **confirmed cases** should be notified.

### Confirmed case

A confirmed case requires that the case is aged 24 months or older at the time of specimen collection, the case does not meet the criteria for a case of hepatitis C (newly acquired) AND either:

## Laboratory definitive evidence

OR

## Laboratory suggestive evidence AND clinical evidence.

### Laboratory definitive evidence

1. Detection of hepatitis C virus by nucleic acid testing<sup>1</sup> in a person with no prior evidence of hepatitis C virus infection<sup>2</sup>

OR

2. Detection of hepatitis C virus by nucleic acid testing<sup>1</sup> in a person who has had one negative hepatitis C nucleic acid test result recorded<sup>3</sup> more than 24 months ago<sup>2,4</sup>

OR

3. Detection of hepatitis C virus by nucleic acid testing<sup>1</sup> of a different genotype to that previously documented more than 24 months ago<sup>2</sup>.

### Laboratory suggestive clinical evidence

1. Detection of hepatitis C virus by nucleic acid testing<sup>1</sup> in a person with previous evidence of hepatitis C virus infection<sup>2,4</sup>.

### Clinical evidence

1. Documented completion of appropriate hepatitis C treatment more than 24 months ago.

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<sup>1</sup> Point-of-care tests for hepatitis C virus nucleic acid may constitute laboratory definitive or laboratory suggestive evidence if the test is listed on the [Australian Register of Therapeutic Goods](#) and administered by appropriately trained persons in-line with National Pathology Accreditation Advisory Council's (NPAAC) [Requirements for Point-of-Care Testing](#).

<sup>2</sup> Cases considered to have false positive results should not be reported.

<sup>3</sup> Indicates spontaneous clearance of a previous infection or post-treatment sustained virological response (SVR). Public health authorities are encouraged to document negative hepatitis C virus nucleic acid testing results. Negative nucleic acid testing results should be included in/append to the initial notification for the infection, where feasible.

<sup>4</sup> Cases clinically managed as treatment failure should not be classified as new notifications.