



Hepatitis C (newly acquired)

Australian national notifiable diseases case definition

This document contains the surveillance case definition for hepatitis C (newly acquired), 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	Removal of introductory note, replaced by inclusion of age in confirmed case criteria. Separation of different laboratory suggestive and clinical evidence required, depending on whether the person has had a prior infection. Evidence of re-infection amended to a positive RNA test after one negative RNA test (laboratory definitive evidence) or after documented treatment completion (laboratory suggestive and clinical evidence). Amendment to footnotes to clarify use of point-of-care tests, handling of negative RNA results, and circumstances that should not be reported.	2025	1 January 2026
2.0	Reference to individuals <24 months from the newly acquired case definition has been removed to create new category (Hepatitis C (individual aged less than 24 months). Additional lines of laboratory (definitive and suggestive) and clinical evidence, including evidence to support re-infection. Addition of footnotes regarding inclusion of positive point of care test results as evidence and sustained virological response.	2022	1 January 2023
1.1	In 'Laboratory definitive evidence' change 'Detection of hepatitis C virus by nucleic acid testing in a child aged 28 days to 24 months' TO 'Detection of hepatitis C virus by nucleic acid testing in a child aged 3 months to 24 months.' In 'Laboratory suggestive evidence' added '...in a patient with no prior evidence of hepatitis C infection.' In 'Clinical evidence' changed Alanine transaminase (ALT) from seven to ten times upper limit of normal.	July 2014	1 January 2015

Version	Status	Last reviewed	Implementation date
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 AND either:

Laboratory definitive evidence

OR

Laboratory suggestive evidence AND clinical evidence [first infection]

OR

Laboratory suggestive evidence AND clinical evidence [re-infection].

Laboratory definitive evidence

1. Detection of anti-hepatitis C antibody¹ in a person who has had a negative anti-hepatitis C antibody test recorded within the past 24 months²

OR

2. Detection of hepatitis C virus by nucleic acid testing¹ in a person who has had a negative anti-hepatitis C antibody test result recorded within the past 24 months²

OR

3. Detection of hepatitis C virus by nucleic acid testing¹ in a person with previous evidence of hepatitis C virus infection who has one negative hepatitis C nucleic acid test result recorded³ within the past 24 months^{2,4}

OR

¹ Point-of-care tests for anti-hepatitis C antibody and/or 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](#).

² Cases considered to have false positive results should not be reported.

³ 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.

⁴ Cases clinically managed as treatment failure should not be classified as new notifications.

4. Detection of hepatitis C virus by nucleic acid testing¹ with a different genotype to that previously documented within the past 24 months².

Laboratory suggestive evidence AND clinical evidence [first infection]

Laboratory suggestive evidence

1. Detection of anti-hepatitis C antibody¹ in a person with no prior evidence of hepatitis C virus infection²
- OR
2. Detection of hepatitis C virus by nucleic acid testing¹ in a person with no prior evidence of hepatitis C virus infection²

Clinical evidence

Acute hepatitis within the past 24 months (in the absence of an alternate diagnosis), defined as:

1. Jaundice
- AND/OR
2. Alanine transaminase (ALT) ten times the upper limit of normal.

Laboratory suggestive AND clinical evidence [re-infection]

Laboratory suggestive evidence

1. Detection of hepatitis C virus by nucleic acid testing¹ in a person with previous evidence of hepatitis C virus infection²

Clinical evidence

1. Documented completion of appropriate hepatitis C treatment within the past 24 months.

¹ Point-of-care tests for anti-hepatitis C antibody and/or 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](#).

² Cases considered to have false positive results should not be reported.