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	Change to name of case definition, from Hepatitis C (unspecified) to Hepatitis C (unspecified active). Removal of introductory note, replaced by text in confirmed case criteria. Amendment to laboratory definitive evidence to exclude individuals with resolved hepatitis C, or who have not had RNA testing. Laboratory definitive evidence of re-infection reduced to a positive RNA test after one negative RNA test (rather than two negative RNA tests) Addition of laboratory suggestive and clinical evidence for unspecified active re-infection. 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	Inclusion of additional lines of laboratory evidence. Addition of footnotes regarding inclusion of positive point of care test results as evidence and sustained virological response.	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[1] in a person with no prior evidence of hepatitis C virus infection[2]

OR

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

OR

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

Laboratory suggestive clinical evidence

1. Detection of hepatitis C virus by nucleic acid testing[1] in a person with previous evidence of hepatitis C virus infection[2,4].

Clinical evidence

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

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[1] 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.

[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/appended to the initial notification for the infection, where feasible.

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