

HEPATITIS C

HEALTH CARE PROVIDER INVESTIGATION & REPORTING FORM

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report **any suspect or confirmed disease of public health significance** to the Medical Officer of Health.

This form is required to be completed and faxed within one working day of the initial patient assessment to the Windsor-Essex County Health Unit (WECHU) – Infectious Disease Prevention Department (fax: 226-783-2132).

DATE REPORTED (YYYY/MM/DD)		REPORTING PROVIDER NAME		PHONE NUMBER ()) ext.	
SECTION A: PATIENT INFORMATION					
PATIENT NAME (FIRST) (MIDDLE) (LAST)			SEX	DATE OF BIRTH (YYYY/MM/DD)	AGE
ADDRESS (STREET) (CITY) (POSTAL CODE)					
HOME PHONE: ())			ALTERNATE PHONE: ())		

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client been notified of the laboratory result, indicating infection?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you believe this is a newly acquired infection (<24 months)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the client pregnant?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client received or been offered Hep C RNA testing to determine whether they have active infection or have cleared the virus (spontaneously or through treatment)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client been referred to a specialist or a Hepatitis C program?

SECTION B: PRESENTING SYMPTOMS			
<input checked="" type="checkbox"/> SIGNS & SYMPTOMS	Onset Date (YY/MM/DD)	<input checked="" type="checkbox"/> SIGNS & SYMPTOMS	Onset Date (YY/MM/DD)
<input type="checkbox"/> Asymptomatic (most common)		<input type="checkbox"/> Elevated liver enzymes	
<input type="checkbox"/> Right-sided abdominal discomfort		<input type="checkbox"/> Malaise	
<input type="checkbox"/> Anorexia		<input type="checkbox"/> Nausea	
<input type="checkbox"/> Easily bruised or bleeding		<input type="checkbox"/> Rash	
<input type="checkbox"/> Fatigue		<input type="checkbox"/> Dark urine	
<input type="checkbox"/> Fever		<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Jaundice		<input type="checkbox"/> Other, specify:	

SECTION C: RISK FACTORS	
<input type="checkbox"/> Birth in an endemic region	<input type="checkbox"/> Unprotected sex, multiple sexual partners
<input type="checkbox"/> Travel to/residence in endemic region	<input type="checkbox"/> Those with street involvement/homeless.
<input type="checkbox"/> IV drug use	<input type="checkbox"/> Inhalation/intranasal drug use
<input type="checkbox"/> Had a needlestick injury	<input type="checkbox"/> Tattoos/piercings
<input type="checkbox"/> Receiving hemodialysis	<input type="checkbox"/> Shared sharp instruments or personal hygiene materials with someone who is HCV positive
<input type="checkbox"/> Received blood transfusions, blood products or organ transplants in Canada before 1992	<input type="checkbox"/> Received health care where there is a lack of routine precautions
<input type="checkbox"/> Has been incarcerated	<input type="checkbox"/> Other, specify:

Client Name: _____ Client DOB: _____

SECTION C: PATIENT EDUCATION	
<input type="checkbox"/>	Counsel client regarding how hepatitis C is transmitted and prevention methods.
<input type="checkbox"/>	Encourage client to receive both hepatitis A and B vaccines. Hepatitis A and B vaccines are free when health care providers order through the Health Unit. The vaccine order form can be found on the Health Unit website: High Risk Hepatitis Vaccine Order Form
<input type="checkbox"/>	Advise client to inform their contacts who may have had blood-to-blood exposure (including their sexual partner(s)) to follow up with a health care provider and get tested.
<input type="checkbox"/>	Inform client that a nurse from the Health Unit will be contacting them. They may also call the Health Unit directly at 519-258-2146 ext. 1420.

REPORTING HEALTH CARE PROVIDER'S SIGNATURE: _____

The most current form is available on our website:

<https://www.wechu.org/forms/>

For more information: 519-258-2146 ext. 1420

Infectious Disease Prevention

www.wechu.org

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