

HEPATITIS B

HEALTH CARE PROVIDER INVESTIGATION & REPORTING FORM

Completion of this form is required and faxed by the next working day from the initial patient visit, to the Windsor-Essex County Health Unit – Clinical Services (fax: 226-783-2132). **Refer to the Health Unit or *Canadian Guidelines on Sexually Transmitted Infections* for diagnosis and management of STIs, including complex cases.**

DATE REPORTED (YY/MM/DD)		REPORTING PROVIDER NAME		PHONE NUMBER () - ext.	
SECTION A: PATIENT INFORMATION					
PATIENT NAME (FIRST) (MIDDLE) (LAST)			SEX	DATE OF BIRTH (YY/MM/DD)	AGE
ADDRESS (STREET) (CITY) (POSTAL CODE)					
HOME PHONE: () -			ALTERNATE PHONE: () -		
SECTION B: INFECTION MANAGEMENT					
<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	Were household/sexual contacts tested for HBsAg, anti-HBs, and anti-HBc through serology?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the client pregnant?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was a referral to a specialist made?				
SECTION C: PATIENT EDUCATION					
<input type="checkbox"/>	Counsel client regarding transmission and prevention methods. Client should abstain from or have protected sexual intercourse until contacts have been screened and immunized as needed.				
<input type="checkbox"/>	Encourage client to follow up with a specialist and inform client that a follow-up blood test is required 6 months later to determine carrier status.				
<input type="checkbox"/>	Encourage client to receive hepatitis A vaccine. Hepatitis A vaccine is also available for free from the Health Unit. Providers can also call to order the vaccine at 519-258-2146 ext 3220.				
<input type="checkbox"/>	Advise client to inform sexual/household contacts to follow up with a health care provider to get testing and vaccine as needed. Inform the client that the Health Unit will provide free hepatitis B vaccine for all contacts with the following hepatitis B serology results: HBsAg – negative; and anti-HBs <10 IU/L (i.e., no infection and no immunity). The Health Unit offers a free sexual health clinic as well. Call 519-258-2146 ext 1200 to make an appointment.				
<input type="checkbox"/>	Inform client/parent that a nurse from the Health Unit will be contacting them. They may also call the Health Unit directly at 519-258-2146 ext 3220.				

REPORTING HEALTH CARE PROVIDER'S SIGNATURE: _____

Information about symptoms and diagnostic testing can be found on page 2.
The most current form is available on our website: <https://www.wechu.org/forms/>

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 **disease of public health significance** to the Medical Officer of Health.

The following checklists can assist you in making a diagnosis.

PRESENTING SIGNS AND SYMPTOMS					
√	SIGNS & SYMPTOMS	Onset Date (YY/MM/DD)	√	SIGNS & SYMPTOMS	Onset Date (YY/MM/DD)
<input type="checkbox"/>	Asymptomatic		<input type="checkbox"/>	Elevated liver enzymes	
<input type="checkbox"/>	Abdominal discomfort		<input type="checkbox"/>	Malaise	
<input type="checkbox"/>	Anorexia		<input type="checkbox"/>	Nausea	
<input type="checkbox"/>	Arthralgia		<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:	

RISK FACTORS	
It is recommended to screen individuals at first visit who present with risk factors, and routinely screen individuals who are pregnant, have HIV or hepatitis C infection, undergoing planned therapy with immunosuppressive/immunoregulatory agents, or are immunocompromised.	
√	RISK
<input type="checkbox"/>	Birth in an endemic region
<input type="checkbox"/>	Travel to/residence in endemic region
<input type="checkbox"/>	Unprotected sex, multiple sexual partners
<input type="checkbox"/>	IV drug use
<input type="checkbox"/>	Inhalational drug use
<input type="checkbox"/>	Sharing drug equipment
√	RISK
<input type="checkbox"/>	Dental/general surgery
<input type="checkbox"/>	Transfusion recipient in Canada before 1970
<input type="checkbox"/>	Exposure to blood/blood products in endemic region without routine precautions/screening
<input type="checkbox"/>	Exposure to HBsAg-positive person
<input type="checkbox"/>	Tattoos/piercings
<input type="checkbox"/>	Other, specify:

Guided by clinical suspicion, the following test can be completed for diagnosis:

SPECIMEN COLLECTION			
√	Specimen Type / Date Collected	Collection Kit*	Lab Requisition Form
<input type="checkbox"/>	Blood specimen 5mL Date Collected (YY/MM/DD): ___/___/___	Blood, clotted – vacutainer tubes (SST)	Request “ Hepatitis B ”, select “ Acute Infection and Immune Status ”, including symptoms and onset date.

*Refers to collection kits that Public Health Ontario Laboratory requires the specimen to be collected with. The **Public Health Lab Service Desk (1-877-604-4567)** is available to answer questions regarding specimen collection.

For more information: 519-258-2146 ext. 3220

Clinical Services

www.wechu.org

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