

HEPATITIS C

HEALTH CARE PROVIDER INVESTIGATION & REPORTING FORM

If hepatitis C is suspected or diagnosed, 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: 519-254-0134). Refer to *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 | 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 C: PATIENT EDUCATION | | | | | |
| <input type="checkbox"/> | Counsel client regarding how hepatitis C is transmitted and prevention methods. | | | | |
| <input type="checkbox"/> | Encourage clients to receive both hepatitis A and B vaccines. Hepatitis A and B vaccines are available for free from the Health Unit. Call to order the vaccine at 519-258-2146 ext. 3220. | | | | |
| <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. The Health Unit offers a free sexual health clinic and can be reached at 519-258-2146 ext 1200. | | | | |
| <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 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 (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: | |

| RISK FACTORS | |
|--|---|
| It is recommended to screen individuals at first visit who present with high risk factors, consider screening for those with elevated risk factors or with clinical suspicion of HCV infection, and routinely screen individuals who are pregnant. | |
| √ | HIGH RISK |
| <input type="checkbox"/> | Birth in an endemic region |
| <input type="checkbox"/> | Travel to/residence in endemic region |
| <input type="checkbox"/> | IV drug use |
| <input type="checkbox"/> | Had a needlestick injury |
| <input type="checkbox"/> | Receiving hemodialysis |
| <input type="checkbox"/> | Received blood transfusions, blood products or organ transplants in Canada before 1992 |
| <input type="checkbox"/> | Have been incarcerated |
| <input type="checkbox"/> | Received health care where there is a lack of universal precautions |
| √ | ELEVATED RISK |
| <input type="checkbox"/> | Unprotected sex, multiple sexual partners |
| <input type="checkbox"/> | Those with street involvement/homeless. |
| <input type="checkbox"/> | Inhalation/intranasal drug use |
| <input type="checkbox"/> | Tattoos/piercings |
| <input type="checkbox"/> | Shared sharp instruments or personal hygiene materials with someone who is HCV positive |
| <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 C - Acute Infection ”, 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.