simcoe muskoka DISTRICT HEALTH UNIT

HBV Communicable Disease Reporting Form

All information requested below is required.
Please complete and return to SMDHU by fax (705) 733-7738

Reported by

Health Care Provider (HCP): _____ Phone #: _____

Family HCP (if different): _____ Phone #: _____

Patient Demographics

Name: _____ DOB: _____ ☐ Male ☐ Female ☐ _____
last name, first name *yyyy/mm/dd*

Address: _____ Phone:_____ ☐ Home ☐ Cell ☐Text ☐Other

_____ Phone:_____ ☐ Home ☐ Cell ☐Text ☐Other

Primary Language: ☐ English ☐ French ☐ Other:

Reason for Testing

☐ Routine screen ☐ Contact of case ☐ Sexual assault ☐ Prenatal screen

☐ Insurance ☐ Immigration screening ☐ Follow-up titre, post treatment ☐ Other _____

☐ Symptoms, please list: _____

Patient Status

Is patient pregnant? ☐ not applicable ☐ unknown ☐ no ☐ yes **due date**: _____

Is patient's partner pregnant? ☐ not applicable ☐ unknown ☐ no ☐ yes **due date**: _____

HIV co-infected ☐ unknown ☐ no ☐ yes

Diagnosis

If you suspect a recently acquired, acute infection (6 months or less) and have ordered acute testing on a public health requisition then anti-HBc IgM test result should be available and if not, please order. A positive anti-HBc IgM generally indicates acute infection and a negative result is usually a chronic infection. If available, please fax the IgM result to the health unit at 705-733-7738.

anti-HBc IgM testing ordered/recommended: ☐ no ☐ yes

In the absence of an anti-HBc IgM result, all newly diagnosed hepatitis B patients should undergo follow-up serology 6 months after the initial test result, in order to determine whether the patient has become a carrier of hepatitis B or resolved the infection.

Previously diagnosed with hepatitis B: ☐ unknown ☐ no ☐ yes date: _____ where:_____

Previous hep B testing: ☐ unknown ☐ no ☐ yes date: _____ where: _____

Has the patient been informed of the diagnosis? ☐ no ☐ yes

Hepatitis B: ☐ acute case ☐ resolved case ☐ carrier/chronic case

2017.02.17

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Patient name:	**DOB:**

Vaccination

Hepatitis B series: Was this patient ever vaccinated for hepatitis B? yes, when:_____ no unknown
Hepatitis A series: completed recommended unknown

Note: Free hepatitis A vaccine is available for all persons diagnosed with hepatitis B. Hepatitis B vaccine is available to all household and sexual contacts of hepatitis B carriers. To order vaccine for your patient or contacts, please visit SMDHU website for online vaccine ordering or follow up with the health department in your region.

Risk History *(if known, check all that apply to assist in target health promotion and protection)*	
Immigrant from or travel to countries with higher HBV prevalence:	☐ no ☐ yes ☐ unknown Details: country/when
Born to case/carrier:	☐ no ☐ yes ☐ unknown Details: name
Contact of known hep B case	☐ no ☐ yes ☐ unknown Details: name
Blood/blood product transfusion:	☐ no ☐ yes ☐ unknown Details: where/when
Organ/tissue transplant recipient:	☐ no ☐ yes ☐ unknown Details: where/when
Dialysis patient:	☐ no ☐ yes ☐ unknown Details: where/when
Invasive surgical/medical/dental/ocular procedure:	☐ no ☐ yes ☐ unknown Details: where/when
History of STI or BBI (Blood borne Infection):	☐ no ☐ yes ☐ unknown Details:
Co-infected with another STI or BBI:	☐ no ☐ yes ☐ unknown Details:
Sexual activity:	☐ with opposite sex ☐ with same sex ☐ with trans ☐ with sex trade worker ☐ anonymous sex ☐ sex at bath house ☐ partners met online ☐ unknown
Sex trade worker:	☐ no ☐ yes ☐ unknown Details:
New contact in past 2 months:	☐ no ☐ yes ☐ unknown
More than 1 partner in last 2 years:	☐ no ☐ yes #_____ ☐ unknown
No condom or barrier used:	☐ no ☐ yes ☐ unknown
Drug use:	☐ no ☐ yes ☐ Injection drug use ☐ Intranasal/Inhalation drug use ☐ unknown
Shared equipment and personal items:	☐ no ☐ yes ☐ needles ☐ other drug equipment ☐ toothbrush/razor ☐ sex toys ☐ unknown
Tattoo/piercing:	☐ no ☐ yes ☐ unknown Details: where/when
Acupuncture/electrolysis:	☐ no ☐ yes ☐ unknown Details where/when
Household contact:	☐ no ☐ yes ☐ unknown Details: name
Occupational exposure:	☐ no ☐ yes ☐ unknown Details: specify
Fighting:	☐ no ☐ yes ☐ unknown Details: when
Correctional facility:	☐ no ☐ yes ☐ unknown Details: where/when
Blood exposure through shared accident:	☐ no ☐ yes ☐ unknown Details: when
Underhoused/homeless:	☐ no ☐ yes ☐ unknown
Other:	

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Patient name: **DOB:**

Patient Education

For HCPs taking on this responsibility, SMDHU requires that the following information be included in your counselling:

HCP taking on responsibility to provide the following hepatitis B education ☐ No ☐ Yes (check boxes below that apply)

- ☐ Provide key disease details including transmission of the virus and health complications
- ☐ Encourage the use of condoms and barriers with all sexual partners until testing shows partners are immune to hepatitis B
- ☐ Advise patient to not share any equipment used to prepare, inject, or inhale drugs (e.g., syringes/needles, spoons, drug solutions, water, wash filters, cookers, pipes, straws, devices for snorting drugs)
- ☐ Advise patient to not share personal hygiene materials/sharp instruments (e.g., razors, nail clippers, toothbrushes, glucometer)
- ☐ Advise patient to safely dispose of articles contaminated with blood (e.g., dental floss, bandages, needles)
- ☐ Advise patient to cover all cuts and sores
- ☐ Advise patient to clean up blood spills with diluted household bleach (9 parts water to 1 part bleach). Leave the solution on the surface for 10 minutes before wiping it away
- ☐ Advise patient to not donate blood, organs, semen or tissue
- ☐ Advise patient to inform HCPs and other providers of personal services of their disease status where blood exposure is possible (e.g., dentist, acupuncturist, tattoo artist)
- ☐ Advise patient to test for TB, HIV, Hep C, chlamydia, gonorrhea and syphilis
- ☐ Advise patient if their partner is pregnant, partner is to follow up with a HCP to discuss strategies to protect the baby
- ☐ Review lifestyle/behavioural issues that can adversely affect health i.e. alcohol and substance use, medications, nutrition
- ☐ Discuss potential for future referral to specialist for ongoing management as needed

Partner/Contact Notification

Health Care Providers who wish to assume responsibility for partner notification, the following information must be provided to the SMDHU: contact's name, sex, date of birth, address, phone number. This information is kept confidential and is important that notification be documented for legal purposes.

HCP taking on responsibility to interview patient for partner/contact(s) information ☐ No ☐ Yes

# of household contacts _____ # of sexual partners _____

- ☐ Patient declined to give partner(s) names and information
- ☐ Untraceable partner(s): anonymous partner(s) or insufficient contact information
- ☐ Health Unit to notify contact(s). All partner(s) information provided on the following page

Physician or Nurse Practitioner signature _____ Date signed _____

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Patient name:		**DOB:**			
Public Health will be contacting the named individuals to verify contact/partner notification is complete. Please provide information including full name and demographic information:					
Name	**M / F**	**Contact information (i.e. address, phone number, email, online profile user name)**	**Age/DOB**	**Relationship to patient**	**Date of last exposure**

2017.03.22