simcoe muskoka
DISTRICT HEALTH UNIT

HCV 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 ☐ Risk factor(s) ☐ Other _____

☐ Symptoms: _____

Has testing been ordered for acute hepatitis A (IgM anti-HAV) and B (IGM anti HBc)? ☐ no ☐ yes

Patient Status

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

Previous hepatitis C testing: ☐ unknown ☐ no ☐ yes date: _____ where: _____

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

Have you informed your patient of the diagnosis? ☐ no ☐ yes

HIV co-infected: ☐ unknown ☐ no ☐ yes

For reactive or inconclusive Hepatitis C antibody results, additional testing for the active virus is recommended to determine your patient's accurate status and to assist with treatment. If not already done, please order HCV RNA immediately with a repeat in 6 months. For detailed information see PHO Laboratories Labstract LAB-SD-034-001 at: http://www.publichealthontario.ca/en/eRepository/LAB_SD_034_antiHCV_results_next_steps.pdf

Has HCV-RNA testing been ordered/completed? ☐ no ☐ yes

A requisition for HCV-RNA is attached for you to order. Please give this to your patient to take to a private lab e.g. LifeLabs

A referral to a specialist is recommended when the HCV-RNA is detected with a viral load and genotype identified.

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Patient name: **DOB:**

Vaccines

Free hepatitis A, B and Pneu-P-23 vaccine is available for all persons diagnosed with Hepatitis C. To order hepatitis A &/or B vaccine for your patient, please visit SMDHU website for online vaccine ordering or follow up with the health unit in your region.

Risk History *(check all that apply, historical and current)*	
Born in an endemic Country:	☐ no ☐ yes ☐ unknown country: when:
Born to case/carrier:	☐ no ☐ yes ☐ unknown name:
Contact of known hep C case	☐ no ☐ yes ☐ unknown name:
Blood/blood product recipient:	☐ no ☐ yes ☐ unknown where: when:
Organ/tissue transplant recipient:	☐ no ☐ yes ☐ unknown where: when:
Dialysis patient:	☐ no ☐ yes ☐ unknown hospital: when:
Invasive surgical/medical/dental/ocular procedure:	☐ no ☐ yes ☐ unknown premises: when:
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:
Condom or barrier used:	☐ no ☐ yes ☐ unknown
Drug use:	☐ no ☐ yes ☐ Injection drug use ☐ Inhalation drug use (e.g. crack) ☐ Intranasal drug use ☐ unknown
Shared equipment and personal items:	☐ no ☐ yes ☐ needles ☐ other drug equipment ☐ toothbrush/razor ☐ sex toys ☐ unknown
Tattoo/piercing:	☐ no ☐ yes ☐ unknown premises: when:
Acupuncture/electrolysis:	☐ no ☐ yes ☐ unknown premises: when:
Occupational exposure:	☐ no ☐ yes ☐ unknown specify:
Fighting/biting/blood brother:	☐ no ☐ yes ☐ unknown when:
Correctional facility:	☐ no ☐ yes ☐ unknown where: when:
Blood exposure through accident:	☐ no ☐ yes ☐ unknown when:
Underhoused/homeless:	☐ no ☐ yes ☐ unknown
Other:	

Additional Comments:

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Patient name: **DOB:**

Patient Education

N.B. The following 2 pages outline the best practice educational points for patients. Please review with your patient, **check the boxes of the points discussed**, and fax back to the health unit at 705-733-7738. If you have provided all of the education listed below a public health nurse will **not** follow up with your patient.

If the RNA test is not yet done: If there is evidence of HCV infection, either current or past, the patient requires an RNA serology test to determine whether s/he is chronically infected (i.e. still has virus present, still infectious to others via blood exposure).

Educate about modes of transmission and how to avoid transmission to others and/or reinfection if RNA proves negative. This includes covering the following points:

ADVISE PATIENT:

- ☐ Transmission occurs when blood from infected person gets into another person's bloodstream
- ☐ Not to donate blood, semen, body organs or tissue
- ☐ Not to share personal care items such as toothbrushes, razors, nail clippers, manicure or pedicure equipment or any items that could potentially have dried blood on it
- ☐ Not to share needles, syringes or any other drug-using equipment such as water, pipes, mouthpieces, filters, cookers, spoons, alcohol swabs, acidifiers (Vitamin C), snorting equipment like straws, bills, etc.)
- ☐ Keep all open cuts and sores covered until healed
- ☐ Put articles with blood on them (i.e. tampons, pads, tissue, dental floss and bandages) in a separate plastic bag before disposing into household garbage
- ☐ Dispose of sharp items (razor blades, needles etc.) in a sharps container or glass jar or hard-sided container with a tight-fitting and puncture–proof lid
- ☐ Use bleach to clean blood spills. Surfaces should be soaked with 1 part bleach to 9 parts water and left for 10 minutes before wiping off. Gloves should also be worn.
- ☐ Inform health care providers (including dental care providers) of disease status where blood exposure is possible.
- ☐ Inform contacts (needle/inhalation equipment sharing, household and/or sexual partners) that they should seek testing.
  NOTE: IF CLIENT IS UNABLE TO INFORM CONTACTS, please identify ONE reason below:
  - ☐ **Contacts are Anonymous/Untraceable**
  - ☐ **Patient requests Public Health to do confidential follow up (a nurse will call the patient)**
  - ☐ **Other:** _____
- ☐ Recommend testing for HIV, hepatitis A and hepatitis B. Risk of co-infection(s) exist(s). Also assess for risk for bacterial sexually transmitted infections and offer testing as appropriate. Those who are found to be non-immune to the hepatitis A virus and hepatitis B virus should be offered vaccination, either by public health units or through their health care provider.
- ☐ Pregnancy does carry risk for transmission and monitoring of infant after delivery is required.
- ☐ Educate about risk factors for disease progression and provide support and referrals as needed.
  - ☐ deferred until RNA results available if follow-up is assured.

Education post RNA-positive test:

- ☐ Advise the patient that they are recently or chronically infected and are infectious to others.
- ☐ Refer patient to a specialist to discuss potential treatment options.
- ☐ Advise patient that the standard of care is to repeat RNA test 6 months after the first test to determine if patient has now cleared infection (it can take up to 6 months to clear HCV infection).
- ☐ Review with patient modes of transmission and how to avoid infecting others, as needed.
- ☐ Review with patient disease progression and health related recommendations such as avoidance or limiting alcohol consumption, reviewing all medications with HCP or pharmacist, immunizing against hepatitis A and B as needed, completing regular medical follow-up, and promotion of healthy lifestyle.

Education for resolved cases:

Persons with HCV antibody, but confirmed negative for RNA whether through treatment or spontaneous clearing, can be considered resolved cases and are no longer infectious. **Note**: Two negative RNA tests taken at least 6 months apart are required to rule out ongoing infection in an antibody-positive person.

- ☐ Inform patients that they have evidence of previous infection that has now resolved; where relevant, inquire about risk and treatment history.
- ☐ Inform patients that they could be at risk of becoming infected again if risk factors persist or recur. Review modes of transmission as needed.
- ☐ If there are ongoing risks, refer for further education, harm-reduction services, or other services such as addiction counselling.

Physician or Nurse Practitioner signature ______________________________ Date signed _____________________

For your convenience, we have included a hepatitis C RNA requisition. Please provide this to the patient.
Patient can go to LIFELABS, DYNACARE or other private lab.
RNA Test to be completed before referring to a specialist.

- --tear here -

Recommended websites for hepatitis C information for patients:

www.liver.ca   www.hepCinfo.ca

PHOL Use Only: Date Received: _____ PHOL No. _____

Public Health Ontario | Santé publique Ontario
PARTNERS FOR HEALTH | PARTENAIRES POUR LA SANTÉ

HEPATITIS C (HCV) RNA TEST REQUISITION

Minimum 2.5 mL serum or EDTA plasma removed from clot within 6 hours of collection and submitted frozen or minimum of 4 appropriately collected Dried Blood Spots (DBS) to PHOL.

Submitter

Courier Code

Provide Return Address:

Name
Address
City & Province
Postal Code

Clinician Initial / Surname and OHIP / CPSO Number

Tel:_____ Fax:_____

cc Doctor Information

Name:_____ Tel:_____
Lab/Clinic Name:_____ Fax:_____
CPSO #:_____
Address:_____ Postal Code:_____

Patient Information

Health No. | Sex | Date of Birth: yyyy / mm / dd

Medical Record No.

Patient's Last Name *(per OHIP card)* | First Name *(per OHIP card)*

Patient Address

Postal Code | Patient Phone No.

Submitter Lab No.

Specimen Details

Date Collected: yyyy / mm / dd

Type of Specimen:
☐ Serum
☐ EDTA Plasma
☐ DBS

(2 samples less than the detection limit (<15 IU/mL) and 6 months apart are required to confirm

☐ **Diagnostic:** To be used only in patients who are HIV positive, immunocompromised, infant of HCV positive mother, patient with anti-HCV indeterminate result and 8-10 weeks post exposure. Please specify under " Other relevant and clinical information" below the clinical reason this test is being requested for diagnosis of HCV infection.

☐ **Pre-Treatment:** Genotyping and Baseline viral load

☐ **On Treatment:**
☐4 weeks ☐ 8 weeks ☐ 12 weeks ☐Other Specify # of weeks ____

☐ **Post Treatment:** _____ weeks/months

successful treatment. No follow up required unless there is a new exposure).

☐ **HCV DRUG RESISTANCE TESTING (Criteria for Eligibility: HCV VL ≥ 1000 (1 x 10E+3) IU/mL)**

☐Test on previously tested HCV VL/GENO sample. PHL Lab no.: _____
☐Test on new sample. (Submit 2.5 mL frozen serum or EDTA plasma)

Other relevant and clinical information

_____

_____

This form is available at: http://www.publichealthontario.ca/Requisitions

The personal health information is collected under the authority of the Personal Health Information Protection Act, (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567 (03/2016)