

Communicable Disease Reporting Form

Hepatitis C

2014-06-06

Fax completed form (2 or 4 pages) to the SMDHU confidential fax line at (705) 684-9959

****during business hours; Monday-Friday 8:30-4:30**

Section A - Patient Demographics

Name: last name, first name DOB: yyyy/mm/dd Gender: Male Female Transgender Other:

Alias/former name(s) (if known): _____

Address: _____ Phone: Home Cell Other _____

_____ Phone: Home Cell Other _____

Family HCP: _____ Family HCP Phone: _____
(if not ordering physician)

Guardian/Next of Kin: _____ Phone: Home Cell Other _____
(if patient is a child or would require assistance answering questions related to this Dx)

Section B- Patient Status

Is patient pregnant? not applicable unknown no yes Due Date: yyyy/mm/dd

Reason for testing: symptomatic routine screen contact of case other

Please list symptoms if symptomatic: _____

Diagnosis:

Has the patient been informed of his/her diagnosis? yes no

Was the patient previously diagnosed? Where: _____ Date: _____

HCV: acute case resolved case under investigation, if yes has HCV RNA been ordered? YES NO

For reactive or inconclusive Anti-HCV 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 via the Ontario Public Health Laboratory for detailed information see PHO Laboratories Labstract LAB-SD-034-001 at: <http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Labstracts.aspx>

Hepatitis C is a reportable infection to Canadian Blood Services

Has the patient ever **donated** blood? NO YES, if so, When: yyyy/mm/dd Where: _____

Has the patient ever **received** blood/blood products? NO YES, if so, When: yyyy/mm/dd Where: _____

Have you informed the Canadian Blood Services about the donation or receipt of blood by this patient? YES NO

Please see page 2 to complete form...



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Patient Name: _____

Section C - Risk Factors

Check all that apply:

- Unknown
- Known contact of HCV household drug equipment sharing sexual
- Drug use (within 1 year) injection intranasal (snorting) inhalation (via pipe/bong)
- Drug use ever injection intranasal (snorting) inhalation (via pipe/bong)
- Organ/tissue transplant recipient:
When: _____ Where: _____
- Tattoo/acupuncture/ear or body piercing/electrolysis:
When: _____ Where(facility): _____
- Multiple sexual partners
- High risk sexual encounters involving potential blood-to-blood contact (e.g. unprotected anal sex, rough sex, partner with an STI)
- Co-infected with another STI or BBI (Bloodborne Infection) Specify: _____
- History of STI or BBI Specify: _____ Hemodialysis patient
- Immunocompromised:
Details: _____
- Health Care Worker:
Where: _____
- Hemophiliac
- Infant of infected mother
- Immigrant from or travel to countries with higher HCV prevalence;
When: _____ Where: _____
- Other Specify: _____

Section D Patient Education

Have you completed HCV education with patient? YES **Please see, complete and return HCV Patient Education on pages 3 & 4 of this form.**

NO If no, do you plan to do so? YES NO **Please complete and return pages 1&2 of this form.**

Do you wish educational material to be sent to you for your patient? YES NO

For patients to be followed up by Public Health; has the patient, guardian/next of kin been informed that a public health nurse will be calling: YES NO

Vaccine:

Hepatitis A series completed date recommended unknown

Hepatitis B series completed date recommended unknown

Note: Free hepatitis A & B vaccine is available for all persons diagnosed with Hepatitis C. To order hepatitis A &/or B vaccine for your patient, please call SMDHU at 705-721-7520 ext. 8808 or the health department in your region.

Additional Comments: _____

Completed by: _____ Date: _____

Patient Name: _____

HCV Patient Education

Antibody-positive (RNA test not yet done): 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 (ie: still has virus present, still infectious to others via blood exposure)

- Counselling about modes of transmission and how to avoid transmission to others and/or reinfection if RNA proves negative
 - Not donating blood, semen, breast milk, body organs or tissues
 - Not sharing toothbrushes, dental floss, razors, earrings or manicure/pedicure equipment, needles/syringes and other drug-using equipment (ie: water, pipes/mouthpieces, filters, cookers/spoons, alcohol swabs, acidifiers (Vitamin C), snorting equipment etc...)
 - Keeping all open cuts and sores covered until healed
 - Putting articles with blood on them (ie: tampons, pads, tissue, dental floss and bandages) in a separate plastic bag before disposing of them into household garbage
 - Disposing 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
 - Using 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
 - Informing health care providers (including dental care providers) of disease status where blood exposure is possible.
 - Informing contacts (needle/inhalation equipment sharing, household and/or sexual partners) that they should seek testing.
- Counselling about risk factors for disease progression and provide support and referrals as needed; can be deferred until RNA results available if follow-up is assured

See Page 3 for counselling post HCV RNA testing...



Counselling after RNA-positive test:

- The patient is recently or chronically infected, and is infectious to others
- If history suggests recent infection, refer for follow-up and consideration of early treatment (if RNA has not cleared spontaneously within 6 months of infection)
- If chronically infected, they will remain infectious for life without successful treatment and should be counselled on modes of transmission (see table below) and how to avoid infecting others, as well as risks for disease progression and how these can be reduced; counsel about the availability of treatment and the importance of regular medical follow-up, and provide referrals as needed
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Counselling resolved cases:

- Resolved cases are those with antibody but confirmed RNA-negative. The current standard is a negative RNA test following the initial positive anti-HCV test and a 2nd negative RNA test 6 months later
 - Inform patients that they have evidence of previous infection which has now resolved; inquire about risk and treatment history
 - Inform patients that they are at risk of becoming infected again, determine the presence of current risks and educate about modes of transmission as needed
 - If there are ongoing risks, referred for further counselling, harm-reduction services or other needs

Other counselling/teaching provided to the patient:

Patient is requesting Public Health counselling/follow up

Contacts of the patient that s/he requests Public Health contact for follow up (if any).

Note: The patients name and/or any identifying information will not be shared with anyone contacted by Public Health

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Other: _____

Other: _____

Completed by:

Name: _____ Designation: _____

Signature: _____ Date: _____