

## HBV Infectious Disease Reporting Form

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

<b>Reported by</b>	<b>Form Completed on</b> <u>yyyy/mm/dd</u>
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Health Care Provider (HCP): _____	Phone #: _____
Family HCP (if different): _____	Phone #: _____

**Patient Demographics**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  M  F  X  
last name, first name yyyy/mm/dd

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  Home  Cell  Text  Other  
 \_\_\_\_\_ Primary Language:  English  French  Other: \_\_\_\_\_

**Reason for Testing**

Routine screen  Contact of case  Sexual assault  Prenatal screen **Due Date:** \_\_\_\_\_

Insurance  Immigration screening  Follow-up titre, post treatment  Other \_\_\_\_\_

Symptomatic **If symptomatic, please list symptoms and onset date:** \_\_\_\_\_

**Patient Status**

Is patient pregnant?  Not applicable  Unknown  No  Yes **Due Date:** \_\_\_\_\_

Is patient's partner pregnant?  Not applicable  Unknown  No  Yes **Due Date:** \_\_\_\_\_

Is patient HIV co-infected?  No  Yes  Unknown

**Diagnosis**

If you suspect a recently acquired, acute infection (6 months or less), please order Anti-HBc IgM if not already done. A positive anti-HBc IgM generally indicates acute infection, while a negative result is from a chronic infection. If available, please fax the IgM result to the health unit at 705-733-7738.

**All newly diagnosed hepatitis B patients should undergo follow-up serology 6 months after the initial test result to determine whether the patient has become a carrier of hepatitis B or resolved the infection (Hep B surface antigen).**

**History: (Select all that apply)**

Has the patient been tested for Hep B in the past?  Unknown  No  Yes Date: \_\_\_\_\_ Where: \_\_\_\_\_

Has the patient been previously diagnosed with Hep B?  Unknown  No  Yes Date: \_\_\_\_\_ Where: \_\_\_\_\_

Has the patient ever been vaccinated for Hep B?  Unknown  No  Yes Date: \_\_\_\_\_ Where: \_\_\_\_\_

**Hepatitis B Diagnosis: (Select one)**

Acute case  Resolved case  Carrier/chronic case

Undetermined (Will retest patient for HBsAg and anti-HBs 6 months from initial positive HBsAg)

**Status: (Select all that apply)**

Has the patient been informed of the diagnosis?  No  Yes

Has the patient been referred to Liver Specialist?  No  Yes Specialist Name: \_\_\_\_\_

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**Risk/Exposure History**

Did your patient receive any of the following services in Ontario?  
(Check all that apply)

- Blood/Blood Product Recipient
- Dialysis
- Invasive Surgical/Medical/Dental/Ocular Procedures
- Organ/Tissue Transplant Recipient
- Acupuncture
- Electrolysis
- Piercing
- Tattoo

**If any of the above services were checked, please complete the following in full:**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Date/Time of Service: \_\_\_\_\_

Details of Service: \_\_\_\_\_

Has your patient experienced any of the following risk factors?  
(Check all that apply)

- Born to case/carrier of Hep B
- Contact of known Hep B case
- Born in a Hep B endemic Country
- Co-infected with another STI or BBI
- Fighting/biting/blood brother
- High risk sexual activity
- Drug use (Intravenous/Intranasal/Inhalation)
- Shared drug use equipment
- Shared personal items (e.g. toothbrush, razors)
- Occupational exposure
- Blood exposure through accident
- Travel or live in Hep B endemic Country

**Health Teaching – Please advise the patient of the following information:**

- Key infection details: Viral infection, transmitted by sexual/bodily fluids and blood, health complications
- Use condoms and barriers with all sexual partners until testing shows partners are immune to hepatitis B
- Do 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)
- Do not share personal hygiene materials/sharp instruments (e.g. razors, nail clippers, toothbrushes, glucometer)
- Safely dispose of articles contaminated with blood (e.g. dental floss, bandages, needles)
- Cover all cuts and sores
- Clean up blood spills with 9 parts water to 1 part bleach. Leave the solution on the surface for 10 minutes before wiping it away
- Do not donate blood, organs, semen or tissue
- Inform HCPs and Personal Service Providers of Hep B status if blood exposure is possible (e.g. dentist, acupuncturist, tattooist)
- Test for TB, HIV, Hep C, chlamydia, gonorrhea and syphilis
- If the patient's partner is pregnant, partner is to follow up with a HCP to discuss strategies to protect the baby
- Lifestyle/behavioural issues can adversely affect health (e.g., alcohol and substance use, medications, nutrition)
- Free Hepatitis A vaccine is available for all persons diagnosed with hepatitis B
- Free Hepatitis B vaccine is available to all household and sexual contacts of hepatitis B carriers
- Future referrals to specialist for ongoing management as needed

**Note:** 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.

**Partner/Contact Notification – It is the patient's responsibility to notify all known contacts**

If patient is requesting Public Health notify their contact(s), anonymously and confidentially, please add contact information in table below or direct patient to call SMDHU at 1-877-721-7520 extension 8632.

**\*\*\*Contacts meeting the following criteria MUST be included below and followed up by public health.**

- All contacts who are pregnant
- All contacts who are under 16 years old (including infants)
- All contacts of cases who are under 16 years old
- All contacts of cases that are co-infected with HIV and have an unknown viral load

Name	DOB/Age	Male/Female/ Other	Contact information (i.e. address, phone number, email, online profile username)	Relationship to patient	Date of last exposure

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_