

Report of hepatitis C - Please use this form for reporting LAB CONFIRMED hepatitis C

Fax completed form to #905-940-4541

Health Care Provider information: (Name, Address, Phone, Fax)	
Client information: (Name, Sex, DOB, Phone, Address, Language)	

CONFIRMED HEPATITIS C ANTIBODY LAB REPORT DATE: _____

NOTE: This result indicates history of viral exposure, HCV RNA testing advised

CLASSIFICATION

Does the client have a previous negative anti-HCV or HCV RNA test from the past 24 months?

NO YES – Date of previous test (yy/mm/dd): _____

Does the client have clinically compatible signs and symptoms with no other known cause?

NO YES - Symptom(s): _____ Onset date (yy/mm/dd): _____

Have acute hepatitis A and B been excluded? NO (Testing for IgM anti-HAV and IgM anti-HBc required) YES

Has HCV RNA testing been ordered?

NO YES - Date of RNA Test (yy/mm/dd): _____ HCV RNA Result: Detected Not detected*

*York Region Public Health will not follow cases with undetectable Hepatitis C RNA. Please provide health teaching on historical Hepatitis C exposure, risk of reinfection and discuss contact notification. On request, Public Health can assist with anonymous notification.

Is client currently on OR have history of hepatitis C treatment? NO YES: Current History (year) _____

Has the client been referred to a specialist? YES - Specialist: _____ No

Reasons for Testing: Routine Immigration Prenatal – EDD (yy/mm/dd): _____ Other: _____

HEALTH TEACHING HAS BEEN/WILL BE PROVIDED? (FOR RNA DETECTED/UNKNOWN CASES) YES NO

Hepatitis C Health teaching includes:

- Client has been notified of HCV exposure, discuss HCV and how it is transmitted. Assess for HCV RNA.
- Prevention strategies for sexual or blood activities; advised not to donate blood, organs, tissue or semen
- For any RNA positive clients advised to have ongoing medical follow up and treatment assessment
- For clients that have cleared virus, advise that hepatitis C reinfection can occur with new exposure
- Discuss / link with harm reduction services as needed
- Discuss screening for hepatitis A and B, and availability of these immunizations free through Public Health
- If applicable, advise client to refer to their professional college for further infection reporting and any practice recommendations/restrictions
- Advise clients that contacts including: close household members, shared drug usage, long term and high risk sexual partners, and any others with potential exposure to case's blood require notification (see 2nd page)

Public Health

4261 Highway 7 East, Suites B6-9, Unionville, ON L3R 9W6
1-877-464-9675 • TTY 1-866-512-6228 • Fax 905-940-4541

www.york.ca/sexualhealth



Would you like a Hepatitis C education package sent to the client? YES - send via: Mail Email

Client consents to receive information at email address: _____

Have other SBBI tests been done (indicate results)?

Hep B _____ HIV _____ Syphilis _____ Chlamydia _____ Gonorrhea _____ Other _____

ASSESSMENT OF RISK FACTORS

Medical Risk Factors

- Client born to a case or carrier
- Born in an endemic country - specify: _____
- Received blood or blood products
When: _____ Where: _____
- Organ/tissue transplant
When: _____ Where: _____
- Co-Diagnosis/Co-infection with existing STI
Specify: _____
- ON PrEP
- Dialysis recipient
When: _____ Where: _____
- Invasive medical/surgical procedures
When: _____ Where: _____
- Invasive dental procedures
When: _____ Where: _____
- Unknown
- Other: _____

Behavioural Risk Factors

- Acupuncture – When/ Where: _____
- Contact is hepatitis C positive
- Contact is HIV positive
- Correctional facility
- Electrolysis - When/ Where: _____
- Fighting, biting, blood brother
- High risk sexual activity
- Homeless/underhoused
- Inhalation drug use
- Injection drug use
- Intranasal drug use
- Occupational exposure to potentially hepatitis B contaminated body fluids
- Other personal services – Specify: _____
- Piercing
- Shared drug use equipment
- Shared personal items, e.g. toothbrush, razorblades
- Sex worker
- Sex with opposite sex
- Sex with same sex
- Tattoo
- Travel/live in country where hepatitis B is endemic
When: _____ Where: _____
- Unknown
- Other: _____

CONTACT NOTIFICATION (NEWLY ACQUIRED or RNA POSITIVE/UNKNOWN CASES ONLY)

Indicate who is responsible to complete

- Client** - Client has taken responsibility to inform contacts
- Health Care Provider** - Health care provider will provide each contact with notification and testing
- Public Health** - Client has requested anonymous notification of contact(s). Please provide any known identifying information about each contact(s) including name, gender, address, telephone number, age/date of birth.
Contact details: _____
- Unable to Follow** - Client does not have sufficient information for contact(s)
- Not discussed with client**

Signature of Health Care Provider: _____ Date(yy/mm/dd): _____

Comments: _____

York Region health care providers - to order free hepatitis A and B vaccine available for people with hepatitis C, please fax vaccine order form to (905) 830-0578. If you are a health care provider who practices outside of York Region, please order through your vaccine provider.